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November 16, 2020

Dear Colleague:

NCQA is pleased to present the HEDIS^{®1} MY 2020 *Volume 3: Technical Update*. With this memo, NCQA freezes the technical specifications for Volume 3.

This update includes changes to the technical specifications and surveys. The CAHPS survey was updated from the 5.0H version to the 5.1H version. The updated surveys (included as attachments to this memo) reflect the increased use of telehealth; some questions were revised to include phone and video visits.

All references to 5.0H in Volume 3 are now outdated and will be changed to 5.1H in the next release of Volume 3. To reduce burden, we are not including all of these edits in the update memo.

Review all items below and incorporate them into your implementation processes. NCQA-Certified HEDIS Survey Vendors will consider these documents to be part of the specifications.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through My NCQA (<https://my.ncqa.org/>). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy

Enclosure

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

HEDIS MY 2020 Volume 3: Specification Updates

This document contains corrections, policy changes and clarifications to the HEDIS MY 2020 *Volume 3, Technical Specifications for Survey Measures*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
55	Calculation of HEDIS CAHPS Survey Results	Table S-4: CAHPS Rating Questions	Replace the text for Q22 with: We want to know your rating of the specialist you talked to most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?
55	Calculation of HEDIS CAHPS Survey Results	Table S-5: CAHPS Composite Questions	Replace the text for Q6 with: In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
56	Calculation of HEDIS CAHPS Survey Results	Table S-5: CAHPS Composite Questions	Replace the text for Q20 with: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?
57	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q6 with: In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
57	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q20 with: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?
58	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q22 with: We want to know your rating of the specialist you talked to most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?
1-1	Appendix 1	CAHPS 5.0H Adult Questionnaire (Commercial)	Replace the questionnaire with Attachment A.
2-1	Appendix 2	CAHPS 5.0H Adult Questionnaire (Medicaid)	Replace the questionnaire with Attachment B.
3-1	Appendix 3	CAHPS 5.0H Child Questionnaire (With CCC Measure)	Replace the questionnaire with Attachment C.
4-1	Appendix 4	CAHPS 5.0H Child Questionnaire (Without CCC Measure)	Replace the questionnaire with Attachment D.

Attachment A

CAHPS® 5.1H Adult Questionnaire (Commercial)

SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes **→If Yes, Go to Question 1**

No

{This box should be placed on the Cover Page}

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?

- ¹ Yes → If Yes, Go to Question 3
² No

2. What is the name of your health plan? (Please print)

YOUR HEALTH CARE IN THE LAST 12 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away?

- ¹ Yes
² No → If No, Go to Question 5

4. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

5. In the last 12 months, did you make any in person, phone, or video appointments for a check-up or routine care?

- ¹ Yes
² No → If No, Go to Question 7

6. In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

⁰ None → If None, Go to Question 10

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

⁰⁰ 0 Worst health care possible

⁰¹ 1

⁰² 2

⁰³ 3

⁰⁴ 4

⁰⁵ 5

⁰⁶ 6

⁰⁷ 7

⁰⁸ 8

⁰⁹ 9

¹⁰ 10 Best health care possible

9. In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

¹ Yes

² No → If No, Go to Question 19

11. In the last 12 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

⁰ None → If None, Go to Question 18

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more times

12. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

13. In the last 12 months, how often did your personal doctor listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

14. In the last 12 months, how often did your personal doctor show respect for what you had to say?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

15. In the last 12 months, how often did your personal doctor spend enough time with you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 Yes
- 2 No → If No, Go to Question 18

17. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 00 0 Worst personal doctor possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you make any appointments with a specialist?

Yes

No →If No, Go to Question 23

20. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?

Never

Sometimes

Usually

Always

21. How many specialists have you talked to in the last 12 months?

None →If None, Go to Question 23

1 specialist

2

3

4

5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. In the last 12 months, did you get information or help from your health plan's customer service?

- Yes
 No →If No, Go to Question 26

24. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

- Never
 Sometimes
 Usually
 Always

25. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

26. In the last 12 months, did your health plan give you any forms to fill out?

- Yes
 No →If No, Go to Question 28

27. In the last 12 months, how often were the forms from your health plan easy to fill out?

- Never
 Sometimes
 Usually
 Always

28. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?

- Yes
 No →If No, Go to Question 31
 Don't know →If Don't know, Go to Question 31

29. In the last 12 months, how often did your health plan handle your claims quickly?

- Never
 Sometimes
 Usually
 Always
 Don't know

30. In the last 12 months, how often did your health plan handle your claims correctly?

- Never
 Sometimes
 Usually
 Always
 Don't know

31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health plan possible

ABOUT YOU

32. In general, how would you rate your overall health?

- Excellent
 Very Good
 Good
 Fair
 Poor

33. In general, how would you rate your overall mental or emotional health?

- Excellent
 Very Good
 Good
 Fair
 Poor

34. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- Yes
 No
 Don't know

35. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
 Some days
 Not at all → If Not at all, Go to Question 39
 Don't know → If Don't know, Go to Question 39

36. In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

37. In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

38. In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

39. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

40. Are you male or female?

- 1 Male
- 2 Female

41. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

42. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
² No, Not Hispanic or Latino

43. What is your race? Mark one or more.

- a White
b Black or African-American
c Asian
d Native Hawaiian or other Pacific Islander
e American Indian or Alaska Native
f Other

THANK YOU

Please return the completed survey in the postage-paid envelope.

Attachment B

CAHPS® 5.1H Adult Questionnaire (Medicaid)

SURVEY INSTRUCTIONS

1. Answer each question by marking the box to the left of your answer.
2. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, Go to Question 1**

No

{This box should be placed on the Cover Page}

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

***If you want to know more about this study, please call
{SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.***

1. Our records show that you are now in {INSERT HEALTH PLAN NAME/ STATE MEDICAID PROGRAM NAME}. Is that right?

¹ Yes → If Yes, Go to Question 3

² No

2. What is the name of your health plan? (Please print)
-

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

¹ Yes

² No → If No, Go to Question 5

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

¹ Yes

² No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

⁰ None → If None, Go to Question 10

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

⁰⁰ 0 Worst health care possible

⁰¹ 1

⁰² 2

⁰³ 3

⁰⁴ 4

⁰⁵ 5

⁰⁶ 6

⁰⁷ 7

⁰⁸ 8

⁰⁹ 9

¹⁰ 10 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

¹ Yes

² No → If No, Go to Question 19

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

⁰ None → If None, Go to Question 18

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more times

12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

¹ Never

² Sometimes

³ Usually

⁴ Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- 1 Never
2 Sometimes
3 Usually
4 Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- 1 Never
2 Sometimes
3 Usually
4 Always

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 Yes
2 No → If No, Go to Question 18

17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- 1 Never
2 Sometimes
3 Usually
4 Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

- 00 0 Worst personal doctor possible
01 1
02 2
03 3
04 4
05 5
06 6
07 7
08 8
09 9
10 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
 No → If No, Go to Question 23

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
 Sometimes
 Usually
 Always

21. How many specialists have you talked to in the last 6 months?

- None → If None, Go to Question 23
 1 specialist
 2
 3
 4
 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

23. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
 No → If No, Go to Question 26

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
 Sometimes
 Usually
 Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
 Sometimes
 Usually
 Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
 No → If No, Go to Question 28

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
 Sometimes
 Usually
 Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 Worst health plan possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health plan possible

ABOUT YOU

29. In general, how would you rate your overall health?

- 1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

30. In general, how would you rate your overall mental or emotional health?

- 1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- 1 Yes
2 No
3 Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- 1 Every day
2 Some days
3 Not at all → If Not at all,
Go to Question 36
4 Don't know → If Don't know,
Go to Question 36

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- 1 Never
2 Sometimes
3 Usually
4 Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?

Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- 1 Never
2 Sometimes
3 Usually
4 Always

35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- 1 Never
2 Sometimes
3 Usually
4 Always

36. What is your age?

- ¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

37. Are you male or female?

- ¹ Male
² Female

38. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
² Some high school, but did not graduate
³ High school graduate or GED
⁴ Some college or 2-year degree
⁵ 4-year college graduate
⁶ More than 4-year college degree

39. Are you of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
² No, Not Hispanic or Latino

40. What is your race? Mark one or more.

- ^a White
^b Black or African-American
^c Asian
^d Native Hawaiian or other Pacific Islander
^e American Indian or Alaska Native
^f Other

THANK YOU

Please return the completed survey in the postage-paid envelope.

Attachment C

CAHPS® 5.1H Child Questionnaire (With CCC Measure) SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → If Yes, Go to Question 1

No

{This box should be placed on the Cover Page}

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {INSERT STATE MEDICAID PROGRAM NAME}. Is that right?
 - ¹ Yes → If Yes, Go to Question 3
 - ² No

2. What is the name of your child's health plan? (please print)

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
 - ¹ Yes
 - ² No → If No, Go to Question 5

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - ¹ Never
 - ² Sometimes
 - ³ Usually
 - ⁴ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?
 - ¹ Yes
 - ² No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a **check-up or routine care** for your child as soon as your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

7. In the last 6 months, **not counting the times your child went to an emergency room**, how many times did he or she get health care in person, by phone, or by video?

0 None → If None, Go to Question 11

- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 00 0 Worst health care possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best health care possible

10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. Is your child now enrolled in any kind of school or daycare?

- 1 Yes
- 2 No → If No, Go to Question 14

12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

¹ Yes

² No → If No, Go to Question 14

13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

¹ Yes

² No

SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

¹ Yes

² No → If No, Go to Question 17

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

¹ Never

² Sometimes

³ Usually

⁴ Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

¹ Yes

² No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

¹ Yes

² No → If No, Go to Question 20

18. In the last 6 months, how often was it easy to get this therapy for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- 1 Yes
- 2 No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

- 1 Yes
- 2 No → If No, Go to Question 23

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- 1 Yes
- 2 No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- 1 Yes
- 2 No → If No, Go to Question 25

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- 1 Yes
- 2 No

YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No →If No, Go to Question 40

26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

None →If None, Go to Question 36

- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

30. Is your child able to talk with doctors about his or her health care?

- Yes
- No →If No, Go to Question 32

31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No →If No, Go to Question 36

35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

- Yes
- No →If No, Go to Question 40

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

- Yes
- No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

- Yes
- No → If No, Go to Question 44

41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

42. How many specialists has your child talked to in the last 6 months?

- None → If None, Go to Question 44
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

44. In the last 6 months, did you get information or help from customer service at your child's health plan?

- 1 Yes
- 2 No → If No, Go to Question 47

45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

47. In the last 6 months, did your child's health plan give you any forms to fill out?

- 1 Yes
- 2 No → If No, Go to Question 49

48. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- 00 0 Worst health plan possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best health plan possible

PRESCRIPTION MEDICINES

50. In the last 6 months, did you get or refill any prescription medicines for your child?
- 1 Yes
- 2 No → If No, Go to Question 53
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?
- 1 Yes
- 2 No

ABOUT YOUR CHILD AND YOU

53. In general, how would you rate your child's overall health?
- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
54. In general, how would you rate your child's overall mental or emotional health?
- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- 1 Yes
- 2 No → If No, Go to Question 58
56. Is this because of any medical, behavioral, or other health condition?
- 1 Yes
- 2 No → If No, Go to Question 58
57. Is this a condition that has lasted or is expected to last for at least 12 months?
- 1 Yes
- 2 No

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
- ¹ Yes
- ² No → If No, Go to Question 61
59. Is this because of any medical, behavioral, or other health condition?
- ¹ Yes
- ² No → If No, Go to Question 61
60. Is this a condition that has lasted or is expected to last for at least 12 months?
- ¹ Yes
- ² No
61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- ¹ Yes
- ² No → If No, Go to Question 64
62. Is this because of any medical, behavioral, or other health condition?
- ¹ Yes
- ² No → If No, Go to Question 64
63. Is this a condition that has lasted or is expected to last for at least 12 months?
- ¹ Yes
- ² No
64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- ¹ Yes
- ² No → If No, Go to Question 67
65. Is this because of any medical, behavioral, or other health condition?
- ¹ Yes
- ² No → If No, Go to Question 67
66. Is this a condition that has lasted or is expected to last for at least 12 months?
- ¹ Yes
- ² No
67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- ¹ Yes
- ² No → If No, Go to Question 69
68. Has this problem lasted or is it expected to last for at least 12 months?
- ¹ Yes
- ² No
69. What is your child's age?
- ⁰⁰ Less than 1 year old
- _____ YEARS OLD (*write in*)
70. Is your child male or female?
- ¹ Male
- ² Female

71. Is your child of Hispanic or Latino origin or descent?

- ¹ Yes, Hispanic or Latino
² No, not Hispanic or Latino

72. What is your child's race? Mark one or more.

- ^a White
^b Black or African-American
^c Asian
^d Native Hawaiian or other Pacific Islander
^e American Indian or Alaska Native
^f Other

73. What is your age?

- ⁰ Under 18
¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

74. Are you male or female?

- ¹ Male
² Female

75. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
² Some high school, but did not graduate
³ High school graduate or GED
⁴ Some college or 2-year degree
⁵ 4-year college graduate
⁶ More than 4-year college degree

76. How are you related to the child?

- ¹ Mother or father
² Grandparent
³ Aunt or uncle
⁴ Older brother or sister
⁵ Other relative
⁶ Legal guardian
⁷ Someone else

THANK YOU

Please return the completed survey in the postage-paid envelope.

Attachment D

CAHPS® 5.1H Child Questionnaire (Without CCC Measure) SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes →If Yes, Go to Question 1

No

{This box should be placed on the Cover Page}

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in {INSERT STATE MEDICAID PROGRAM NAME}. Is that right?

¹ Yes → If Yes, Go to Question 3

² No

2. What is the name of your child's health plan? (please print)

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

¹ Yes

² No → If No, Go to Question 5

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

¹ Never

² Sometimes

³ Usually

⁴ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

¹ Yes

² No → If No, Go to Question 7

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

0 None → If None, Go to Question 10

- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 00 0 Worst health care possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best health care possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

YOUR CHILD'S PERSONAL DOCTOR

10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

Yes
 No → If No, Go to Question 22

11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

None → If None, Go to Question 21

1 time
 2
 3
 4
 5 to 9
 10 or more times

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

Never
 Sometimes
 Usually
 Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

Never
 Sometimes
 Usually
 Always

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

Never
 Sometimes
 Usually
 Always

15. Is your child able to talk with doctors about his or her health care?

Yes
 No → If No, Go to Question 17

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

Never
 Sometimes
 Usually
 Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Never
 Sometimes
 Usually
 Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

Yes
 No

19. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
- ¹ Yes
- ² No → If No, Go to Question 21
20. In the last 6 months, how often did your child’s personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child’s personal doctor?
- ⁰⁰ 0 Worst personal doctor possible
- ⁰¹ 1
- ⁰² 2
- ⁰³ 3
- ⁰⁴ 4
- ⁰⁵ 5
- ⁰⁶ 6
- ⁰⁷ 7
- ⁰⁸ 8
- ⁰⁹ 9
- ¹⁰ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when he or she stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?
- ¹ Yes
- ² No → If No, Go to Question 26
23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
24. How many specialists has your child talked to in the last 6 months?
- ⁰ None → If None, Go to Question 26
- ¹ 1 specialist
- ² 2
- ³ 3
- ⁴ 4
- ⁵ 5 or more specialists

25. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

26. In the last 6 months, did you get information or help from customer service at your child's health plan?
1 Yes
2 No → If No, Go to Question 29
27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
1 Never
2 Sometimes
3 Usually
4 Always
28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?
1 Never
2 Sometimes
3 Usually
4 Always
29. In the last 6 months, did your child's health plan give you any forms to fill out?
1 Yes
2 No → If No, Go to Question 31

30. In the last 6 months, how often were the forms from your child’s health plan easy to fill out?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child’s health plan?

- 00 0 Worst health plan possible
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 08 8
- 09 9
- 10 10 Best health plan possible

ABOUT YOUR CHILD AND YOU

32. In general, how would you rate your child’s overall health?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

33. In general, how would you rate your child’s overall mental or emotional health?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

34. What is your child’s age?

- 00 Less than 1 year old
- _____ YEARS OLD (*write in*)

35. Is your child male or female?

- 1 Male
- 2 Female

36. Is your child of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

37. What is your child's race? Mark one or more.

- a White
- b Black or African-American
- c Asian
- d Native Hawaiian or other Pacific Islander
- e American Indian or Alaska Native
- f Other

38. What is your age?

- 0 Under 18
- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

39. Are you male or female?

- 1 Male
- 2 Female

40. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

41. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else

THANK YOU

Please return the completed survey in the postage-paid envelope.