Use of the CAHPS Medicaid Managed Care Questionnaire by the New Jersey Medicaid Program

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The New Jersey Medicaid program has worked with RAND as one of the Medicaid demonstration sites for the Consumer Assessment of Health Plan Study (CAHPS), which is funded by the Agency for Health Care Policy and Research. The New Jersey Medicaid Office of Managed Health Care conducted a CAHPS survey during 1997 using the CAHPS Medicaid managed care questionnaires for adults and children. This report summarizes the adaptations the New Jersey Medicaid program made to the CAHPS questionnaires in response to its unique program requirements and interests.

BACKGROUND

Managed Care in the New Jersey Medicaid program

The New Jersey Medicaid program serves approximately 423,000 individuals who qualify for Medicaid under Aid to Families with Dependent Children (AFDC) and an additional 189,000 who qualify under rules for the aged, blind, and disabled; Supplemental Security Income (SSI); or other New Jersey Medicaid coverage provisions.[1] The New Jersey Medicaid program implemented mandatory managed care enrollment under a Section 1915(b) Medicaid waiver. Health plan enrollment is currently mandatory only for AFDC and AFDC-related (New Jersey Care) Medicaid beneficiaries. New Jersey is preparing to expand these provisions to include beneficiaries in SSI and special programs for the aged, blind and disabled in the near future. Mental health services are excluded from coverage by the managed care plans because these Medicaid benefits are provided on a fee-for-service basis. Beginning in mid-1998, mental health services will be carved out in a statewide contract with a managed mental health care organization.

The Office of Managed Health Care has contracted with Foundation Health Federal Services to manage the enrollment process and provide enrollment counseling services for New Jersey Medicaid beneficiaries. Like most mandatory Medicaid managed care programs, Medicaid beneficiaries who do not choose a health plan are randomly assigned (called auto-assignment) to a health plan by the Medicaid program. Beginning in 1995, the New Jersey Medicaid Office of Managed Health Care phased in managed care enrollment on a county-by-county basis, achieving full implementation of the mandatory program by early 1997. All but 3 of the 21 counties have mandatory managed care enrollment.[2] As of July 1997, 89.5 percent of the state's Medicaid AFDC population were enrolled in health plans. Through the efforts of a proactive enrollment program, the state has achieved quite high rates of voluntary choice of health plans and has had to auto-assign only about 15 percent of new Medicaid beneficiaries. In addition, approximately 4.5 percent of the non-AFDC Medicaid beneficiaries are enrolled voluntarily in health plans.

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[1] These enrollment figures are as of July 1997.

[2] Less than a total of 5,000 Medicaid beneficiaries live in the three counties without mandatory enrollment. These counties are Cape May, Sussex, Warren, and Hunterdon.

A commitment to monitoring the Medicaid managed care program has been made by the New Jersey Medicaid Office of Managed Health Care. They conducted a survey of Medicaid health plan enrollees in 1996 to learn about beneficiaries' perceptions of their managed care experiences, identify issues that merit attention, and examine health plan performance (Minot, Hunte and Dugger, 1996). For their 1997 survey, the Office of Managed Health Care decided to participate as one of RAND's CAHPS demonstration projects, which would allow them to use the CAHPS survey instruments and benefit from the expertise accumulated by the CAHPS project. The New Jersey CAHPS Medicaid managed care survey was fielded in the summer of 1997. They are scheduled to begin disseminating CAHPS reports to new Medicaid beneficiaries in March 1998, which will provide them consumer rating information from this survey to assist in making choices of Medicaid health plans.

Use of the CAHPS Medicaid Managed Care Questionnaires

The CAHPS Medicaid managed care questionnaires consist of versions for adults and children, each of which is provided in both mail and telephone forms. Each questionnaire contains all the CAHPS core questions (either adult or child), which are considered mandatory to qualify a survey as a CAHPS survey. The Medicaid questionnaires also contain recommended supplemental questions that cover topics such as problems communicating with health professionals due to language differences, using an interpreter to speak with health professionals, and health plan enrollment processes. In addition, Medicaid programs may add other questions, either using their own questions or drawing upon CAHPS optional supplemental items on dental care, mental health, chronic conditions, pregnancy care (adult only), prescription medicine, and transportation.

The New Jersey Medicaid Office of Managed Health Care fielded separate CAHPS questionnaires for adults and children, using both mail and telephone forms. Although they made some changes to the CAHPS Medicaid questionnaire items, the New Jersey questionnaires conform closely to the CAHPS templates. Their questionnaires use some of the CAHPS optional supplemental questions as well as some questions from the New Jersey 1996 survey that provide trend information for selected issues of importance to them.

COMPARISON OF THE CAHPS AND NEW JERSEY QUESTIONNAIRES

This section discusses the changes made by the New Jersey Medicaid program to the adult and child CAHPS Medicaid managed care questionnaires. The telephone and mail forms of each New Jersey Medicaid questionnaire version (adult and child) are identical, except for the instructions included in the mail questionnaire to guide respondents in completing it. Therefore, we use the mail questionnaires to perform the comparisons, which allows us to compare both the contents of the questions and the special instructions required for the mail questionnaires.

In most cases, New Jersey made the same changes to both the adult and child questionnaires. Where changes differ for these two versions, the differences are described.

The modifications made by New Jersey to the CAHPS questionnaires are organized into five categories:

1. **Changes to the CAHPS core questions**–includes reworded questions, omission of core questions, changes in the question order, changes in the skip patterns of questions, and special treatment of items.

2. **Changes to the recommended supplemental questions**–consists of omission of some recommended questions.

3. **Use of optional supplemental questions**–includes descriptions of the questions used, modifications made to those questions, and their placement within the questionnaire.

4. **Addition of new questions**–includes identification of the questions added and placement of the questions within the questionnaire.

5. **Changes that affect only the mail questionnaire forms**–includes omission of tailored not-applicable responses for questions that follow "screener" questions and modification of the instructions at the beginning of the questionnaire.

Two appendices provide additional comparative information for the New Jersey adult and child questionnaires to support this narrative report. Appendix A contains crosswalk comparisons of the adult version of the CAHPS Medicaid managed care and New Jersey questionnaires: Table A-1 is an item-by-item list of changes that New Jersey made to the basic CAHPS Medicaid managed care questionnaire (core and recommended supplemental questions); Table A-2 lists changes made to the optional supplemental questions included in the New Jersey questionnaire; Table A-3 lists all new questions that New Jersey added to their version of the questionnaire. Appendix B contains the same information for the child version of the questionnaires. Copies of the New Jersey Adult and Child Medicaid Managed Health Care Questionnaires are contained in Appendices C and D, respectively.

Changes to CAHPS Core Questions

Five types of changes to the CAHPS core questions were made by New Jersey: rewording of core questions, omission of questions, reordering of question sequence, changing skip patterns for the mail surveys, and special treatment of some items. We organize our discussion by these categories. For each item changed, we present the original CAHPS question number and text, the New Jersey version of the question, and the rationale of the New Jersey Medicaid Office of Managed Health Care for the change(s) they made.

Reworded Questions. Changes that New Jersey made to the core questions differed somewhat for the adult and child questionnaires. Where both versions are changed in the same way, we discuss them together; otherwise we discuss them separately.

- **CAHPS Medicaid Adult Q. 8 and Child Q. 9.** Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and others who specialize one area of health care. In the last 6 months, have you thought you (your child) needed to see a specialist? Yes/No

New Jersey version: "Psychiatrist" was deleted from list of examples in both the adult and child versions of the question.

Rationale: The New Jersey Medicaid mental health benefits are carved out from the standard managed care plans and currently are provided as Medicaid fee-for-service benefits. They believed that retaining the psychiatrist as an example of specialist care would conflict with their policy and could confuse Medicaid beneficiaries.

- **CAHPS Medicaid Adult Q. 54 and Child Q. 66.**

Adult: Not counting pregnancy, do you now have any medical conditions that have lasted for at least 3 months? Yes/No

Child: Does your child now have any medical conditions that have lasted for at least 3 months? Yes/No.

NJ version: Do you (Does your child) now have any medical conditions that have lasted for at least 3 months? (INCLUDES ASTHMA, DIABETES, HIGH BLOOD PRESSURE, ETC.) NOTE FOR WOMEN: Do not count pregnancy. Yes/No

(The child version excludes a reference to pregnancy.)

Rationale: New Jersey added examples of medical conditions and moved the reference to pregnancy later in the question to improve the clarity of the question.

- **CAHPS Medicaid Child Q. 82.** How are you related to the child?
(open-ended response)

NJ version: How are you related to the child?
Mother
Father
Grandparent
Aunt or uncle
Older sibling
Other relative
Legal guardian

Rationale: New Jersey added closed-ended response options to the question to clarify options for respondents and simplify coding of responses.

Omitted Core Questions. Two CAHPS core questions in both the adult and child questionnaires were omitted from New Jersey's questionnaire.

- **CAHPS Medicaid Adult Q. 43 and Child Q. 55.** Is this the health insurance plan you use for all or most of your (your child's) health care? Yes/No.

- **CAHPS Medicaid Adult Q. 45 and Child Q. 57.** In the last 6 months, how often did you have more forms to fill out for your (your child's) health insurance plan than you thought was reasonable?

  Never
  Sometimes
  Usually
  Always

  Rationale: New Jersey omitted both of these questions because they are not relevant to the regulations or operation of the Medicaid program. Medicaid is typically the only source of health insurance for New Jersey Medicaid beneficiaries, and little paperwork is required of those who use health care services.

Reordered Question Sequence. One CAHPS core question was moved to a different location in the New Jersey Medicaid questionnaire. This was done for both the adult and child versions.

- **CAHPS Medicaid Adult Q. 44 and Child Q. 56.** How many months or years in a row have you (has your child) been covered by this health insurance plan.

  Less than 6 months
  6 to 11 months
  12 to 23 months
  2 to 5 years
  5 to 10 years
  more than 10 years

  NJ Version: This question was moved to the beginning of the questionnaire (Q. 2) and the interview was terminated for respondents who answered "less than 6 months."

  Rationale: Using this question as a screener, New Jersey eliminated from the survey those respondents who reported they were not enrolled in a plan for the required time period because all respondents should be able to reference this entire time period within their current health plan when answering questions that use a 6-month recall time frame. Although the sample data file was limited to Medicaid beneficiaries who had been enrolled in their health plan for at least six months, this data file was updated only periodically, and a change in health plans during the intervening period would make the administrative information invalid. For this reason, New Jersey chose to rely on the respondents' report of the duration of their enrollment in the health plan rather than administrative records. New Jersey had used only 3 months as its reference period in its previous survey, and found this time was not sufficient to allow respondents to have some experience with the plan. Therefore, they were particularly committed to the six months criterion for selection of survey respondents to provide useful information for the survey.

Changed Skip Patterns. The New Jersey version of the questionnaire contains changes to skip patterns related to four core items in both the adult and child questionnaires. For all the questions involved, the CAHPS questions do not skip respondents out of all follow-up questions if they give a "no" answer to the questions, whereas the New Jersey versions of the questions do skip them out. The CAHPS questions seek responses to more than one question because they are designed to probe for additional information on the topics being addressed. New Jersey, however, used the initial questions strictly as screening questions. In many cases, they viewed the distinctions made by the initial and follow-up questions as too subtle to be perceived by the respondents, and they were concerned that respondents would interpret the follow-up questions incorrectly. Additional detail on the New Jersey rationale for each question involved is provided following the question.

- **CAHPS Medicaid Adult Q. 1 and Child Q. 1.** Our records show that you are (your child is) now covered by (MEDICAID PLAN NAME). Is this right? Yes/No

  If the respondent says he/she is not covered by the specified plan, the CAHPS questionnaire continues with the interview.

  NJ Version: The New Jersey version terminates the interview if the respondent is not covered by that health insurance plan.

  Rationale: The CAHPS survey intended this information to be used together with administrative information on health plan enrollment for deciding about the eligible sample. New Jersey chose to accept respondents' answers as the correct information, screening respondents out of the survey who said they were not covered by the health plan listed in the administrative records. This choice was based on the assumption that individuals who do not recognize the name of their health plan would not provide very valid survey responses, even if they were enrolled in the plan on record. For other cases, a "no" response may reflect a change in health plan, and termination of the interview is indicated because the respondent would not meet the six month enrollment criterion for the new health plan.

- **CAHPS Medicaid Adult Q. 2 and Child Q. 2.** Since you joined the plan, have you tried to find a personal doctor or nurse for yourself (your child)? Yes/No

  If the response to this question is "no," CAHPS asks a follow-up question about how easy it was to find a personal doctor.

  NJ Version: The New Jersey questionnaire skips the follow-up question about how easy it was to find a personal doctor if the respondent has not tried to find one.

Rationale: The CAHPS survey uses the follow-up question to probe the extent to which respondents perceived limited choices to be a barrier that would make it difficult to try to find a personal doctor or nurse, thus contributing to their not seeking specialty care. It was felt by New Jersey, however, that respondents who had not tried to find a personal doctor or nurse would be confused by the follow-up question concerning how easy it was to find one "with the choices the plan gives you." The CAHPS rationale for asking this question assumes a specific relationship between the two questions, which New Jersey thinks would be addressed better with other, more direct questions.

- **CAHPS Medicaid Adult Q. 9 and Child Q. 10 and follow-up questions about specialist care.** In the last 6 months, how often did you (your child) see a specialist when you thought you needed one?

  Never
  Sometimes
  Usually
  Always
  I didn't need to see a specialist in the last 6 months

If the response to this question is "never," CAHPS asks a follow-up question to determine whether a referral or permission was required to see a specialist.

NJ Version: New Jersey skips all the following questions about specialty care if the respondent did not see a specialist.

Rationale: The CAHPS survey uses the follow-up question to probe the extent to which respondents are discouraged from seeking specialist services because of the perceived barrier created by mandatory referrals by a gatekeeper. New Jersey decided to skip the question about required referrals because all Medicaid beneficiaries in New Jersey are required to join an HMO, and a referral is needed for most specialist care. Accordingly, it was decided that to ask persons who had not received specialist care if they needed to get a referral would be confusing to the respondent and would not yield new or useful information. In addition, as in the case of CAHPS Q. 2, New Jersey thinks that, while perceived barriers to referrals is a very important issue, the CAHPS rationale assumes that the need for a referral is the reason that respondents did not receive the specialist care they thought they needed. New Jersey felt that a more effective way to explore this issue would be to ask directly whether they actually *tried* to get specialist care (or even requested a referral) and why they did not receive the specialist care they thought they needed for themselves or their children.

- **CAHPS Medicaid Adult Q. 22 and Child Q. 23.** In the last 6 months (not counting times you went to an emergency room), how many times did you (your child) go for your own care to a doctor's office or clinic?

  None
  1 time
  2 times
  3 to 4 times
  5 to 9 times
  10 or more times

  If the respondent reports no visits in the last 6 months, CAHPS skips Adult Qs. 23-36 and Child Qs. 24-42 in the doctor visit series and continues the survey with the questions about using an interpreter.

  NJ Version: If no visits in the last 6 months, New Jersey skips over both the follow-up questions in the doctor visit series and the interpreter questions.

  Rationale: New Jersey believed that, when a respondent reports no visits in the last 6 months, the interpreter questions should be treated the same way as the other doctor visit questions. They did not view the interpreter questions as addressing a more general need for assistance, whether or not care actually was obtained during the specified time period.

Special Treatment of Core Questions. New Jersey made a unique combination of changes to two CAHPS questions regarding assistance in completing the survey, which we address separately here. The two questions appear only on the adult version of the CAHPS questionnaire. New Jersey modified the wording of both questions, and they also added the revised items to the child questionnaire in the same place they appear on the adult questionnaire.

- **CAHPS Medicaid Adult Q. 64.** Did someone help you complete this survey? Yes/No (If no, please return the survey in the self-addressed envelope.)

- **CAHPS Medicaid Adult Q. 65.** How did that person help you?

  Read you the questions and/or wrote down the answers you gave
  Answered the questions for you
  Helped in some other way.

  NJ version: Did someone help you complete this questionnaire? Yes/No (If no, thank you and please return this questionnaire in the provided postage-paid return envelope.)

  In which way were you helped with this questionnaire?

  Someone read it to me or wrote down my answers
  Someone answered the questions for me
  Helped me in some other way.

Rationale: New Jersey used the word "questionnaire" instead of "survey" in both questions and revised the response options to improve the clarity of the questions. The questions were added to the child questionnaire because, even though the questionnaire is completed by a parent or guardian, this person may have physical, cognitive, or language limitations and therefore may require assistance from someone else.

Changes to Recommended Supplemental Questions

The CAHPS Medicaid adult questionnaire contains 8 recommended supplemental questions that cover the topics of health plan enrollment, language spoken, and need for an interpreter. The CAHPS child questionnaire contains 16 recommended supplemental questions. In addition to the topics addressed in the adult questionnaire, the child version includes questions regarding the child's language requirements plus questions on routine checkups for well child care. The New Jersey Medicaid questionnaire includes 6 of the 8 questions on the adult questionnaire and 10 of the 16 questions on the child questionnaire. In addition, some of the questions were modified for use in the New Jersey questionnaire.

Omitted Questions. The following recommended supplemental questions were omitted by New Jersey from its questionnaires.

- **CAHPS Medicaid Adult Q. 39 and Child Q. 51.** Some states pay health plans to care for people covered by (Medicaid/State name for Medicaid). With these health plans, you may have to choose a (your child's) doctor from the plan list, or go to a clinic or health care center on the plan list. Are you covered by a health plan like this? Yes/No

  Rationale: This question is not relevant to New Jersey because all its Medicaid health plan enrollees are subject to restrictions on provider choice.

- **CAHPS Medicaid Child Q. 45.** In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health professionals? Yes/No

- **CAHPS Medicaid Child Q. 46.** In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health professionals, how often did he or she get one?

  Never
  Sometimes
  Usually
  Always
  My child had no visits in the last 6 months or my child did not need an interpreter in the last 6 months

Rationale: New Jersey thought other questions adequately addressed the language barrier issue and therefore these additional questions were unnecessary. In particular, they felt that the language barrier would more likely be a problem for parents than for children, who are growing up and going to school in this country. In addition, the first question was excluded from the New Jersey survey because the question specifically references a 6-month time frame and some respondents have no visits within that period. Because the need for an interpreter is not time limited, New Jersey would have asked this question of all respondents had the six months time frame not been specified. This would have been sufficient to address a more general need for assistance, whether or not care actually was obtained during the specified time period.

- **CAHPS Medicaid Child Q. 50.** Did you get an appointment for your child's first visit to a doctor or other health professional for a check-up or for shots or drops, as soon as you wanted? Yes/No

  Rationale: This question was to be asked about all children 2 years of age and younger and thus had a time frame of up to 2 years. It was omitted from the New Jersey survey because mandatory HMO enrollment is relatively recent in New Jersey and many respondents with children 2 years of age and younger were enrolled in a different type of health plan at the time of their child's first visit to a doctor. Accordingly, analysis of many of the responses to these questions by current HMO would have been invalid.

- **CAHPS Medicaid Adult Q. 63, Child Q. 75, and Child Q. 81.**

  Adult Q. 63 and Child Q. 81: What language do you mainly speak at home?
  English/Spanish/Other

  Child Q. 75: What language does your child mainly speak at home?
  English/Spanish/Other

  Rationale: New Jersey eliminated these questions about the specific language spoken because, based on previous survey experience with the New Jersey Medicaid population, there would have been an insufficient number of respondents in any language subgroup (with the exception of English and Spanish) to allow for subgroup analyses. They felt that the important information to obtain was whether respondents had a language barrier in communicating with the doctor and, by omitting these questions, they shortened the questionnaire without losing information on language barriers that was important to them.

Reworded Questions. The following recommended supplemental questions were modified by New Jersey for its questionnaires.

Introduction to CAHPS Medicaid Adult Q. 40-43 and Child Q. 52-55. The next questions ask about your experience with your (your child's) health insurance plan in the past 6 months.

NJ Version: The reference to "the last 6 months" was removed from the introductory statement to health plan enrollment questions.

Rationale: These questions ask about respondents' experiences with the health plan in which they currently are enrolled, and New Jersey is interested in this experience, even if it took place before the last 6 months (e.g., at time of initial enrollment).

- **CAHPS Medicaid Child Q. 48.** After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing, or for shorts or drops? Yes/No

- **CAHPS Medicaid Child Q. 49.** Since your child was born, has he or she gone to a doctor or other health professional for a check-up to see how he or she was doing, or for shots or drops? Yes/No

NJ Version: Uses the time reference of "in the last 6 months" for both questions, instead of "since the child was born."

Rationale: This change was made to retain consistency with the 6-month time reference used throughout the questionnaire. Recognizing that some of the children will be older than 6 months, New Jersey wanted to avoid collecting information about an earlier time period that does not apply to the health plan in which a respondent currently is enrolled.

Use of Optional Supplemental Questions

The adult and child versions of the New Jersey Medicaid questionnaire include optional supplementary questions on dental care and prescription medicine, and the adult version also has questions on pregnancy care (See Tables A-2 and B-2). Each question series was inserted in the recommended place in the questionnaire. We note also that New Jersey addressed transportation issues in their questionnaire, but they chose not to use the CAHPS supplemental questions on transportation and instead provided their own questions. This modification is discussed below in the section on new questions added to the questionnaire.

Dental Care (adult and child). The New Jersey questionnaire included all four of the optional dental care items (Questions D1-D4 for adults and children) and utilized the same skip patterns. The items were placed at the end of the section on "Care Received During the Last 6 Months," which is consistent with the intent of the CAHPS instructions. We note, however, that the instructions at the top of the set of dental questions direct the user to insert the questions after the overall rating question on the core questionnaires. If this direction is followed in the Medicaid questionnaire, the dental questions would not be placed at the end of the section because the overall rating question is not the last one in the section.[3]

[3] Although the instructions are clarified in the narrative of the most recent version of the Implementation Handbook, the incorrect reference to the question number remains in questionnaire documents in the appendix.

Prescription medications (adult and child). The New Jersey questionnaire included all three of the CAHPS questions on prescription medicine (Questions PM1-PM3 for adults and children) and placed these questions in the recommended location. However, the skip pattern was changed at the first question in the series. If the respondent answers "no" to the first question about getting any prescription medicine in the last six months, the CAHPS questionnaire skips the first follow-up item about getting a prescription without taking a lot of time/energy, but it asks the second item about how often needed prescriptions were obtained through the health insurance plan. The New Jersey version skips the respondent out of both follow-up questions.

Pregnancy Care (adult only). The CAHPS optional series on pregnancy care includes four items. New Jersey used all four items without change. They also added four other items, which are described below and listed in Appendix A-3.

> *Rationale*: These sets of questions represent priority issues for the New Jersey Medicaid program. The CAHPS questions for dental services and prescription medications covered the issues to their satisfaction. They changed the skip pattern for the prescription medication questions to avoid respondent confusion they thought the CAHPS version would cause. For pregnancy care questions on the adult questionnaire, New Jersey supplemented the CAHPS questions to collect more detailed information on specific aspects of pregnancy care.

Addition of New Questions

New Jersey added 11 new questions to their adult questionnaire and 6 new questions to their child questionnaire. The new adult questionnaire items are listed in Appendix A-3 and those for the child questionnaire are in Appendix B-3. The added questions address issues considered to be priorities by the New Jersey Medicaid Office of Managed Health Care. In some cases, they felt the CAHPS questions did not address the issues adequately; in other cases, they wanted to use questions from the previous year's New Jersey Medicaid survey to examine trends in responses. The general CAHPS guideline for placement of new questions is to insert the items at the end of the section of the questionnaire to which they are most relevant. This was appropriate placement for some of New Jersey's new items. For other items, however, New Jersey preferred to place them in other locations, and they consulted with the RAND team to discuss possible approaches. Our team agreed with the final decisions New Jersey made, even though they did not follow the CAHPS directions strictly, because the questions were placed in appropriate context for the subjects they addressed.

Specialty care. One new question about specialty care was added by New Jersey (NJ Adult Q13, Child Q.14). This was done after extensive consultation with RAND because they wanted to insert the question in the middle of the CAHPS core questions on specialists, rather than at the end of the section. RAND and New Jersey reached agreement that placement within the core specialty care questions was appropriate because the new questions built upon the core questions and were consistent with the flow of logic established for the existing questions.

Transportation. As reported above, New Jersey replaced the three optional supplemental CAHPS transportation questions with three of its own questions (NJ Adult Q. 9, 10, 43; Child Q. l0, 11, 49). One reason for this change was that the questions used were more direct in addressing transportation issues that are specific to New Jersey. Another was the desire to obtain trend data on transportation issues by using questions from New Jersey's 1996 survey. In addition, because each of the new transportation questions dealt with getting to different types of care, the questions were placed individually in different locations close to the topics to which they related.

Pregnancy care. Reflecting the importance of the issue of prenatal care for the New Jersey Medicaid program, they felt the 4 CAHPS optional supplemental items on pregnancy care were not collecting adequate information. Interestingly, New Jersey expanded this section by using five questions that the CAHPS survey team had developed but dropped from the final CAHPS instruments (NJ Adult Q. 50, 52, 54, 55, 56). They drew these questions from earlier versions of the CAHPS questionnaires that they received for review and comment in the final stages of instrument development.

Change of doctors. New Jersey added two questions about whether people had to change doctors when they joined a Medicaid health plan, also reflecting a strong policy priority for the state (NJ Adult Q. 60 and 61; Child Q. 60 and 61). They placed both items at the end of the section on "Insurance Plan," which is in accord with the CAHPS instructions.

Changes Specific to the Mail Questionnaires

Omitted Tailored Not-Applicable Answer Choices. Some of the CAHPS questionnaire items are "screening" questions that skip over one or more subsequent questions when a respondent answers "no" to the screening question. For these cases, the CAHPS mail questionnaires provide "tailored not-applicable" answers among the response options for the subsequent questions, which allow respondents to confirm their "no" answers even if they answer the questions they were instructed to skip. For example, for respondents who report they did not see a specialist in the last 6 months, the tailored not-applicable response of "I did not see a specialist" is a response option for all the follow-up specialist questions. When this option is not available, respondents may get confused and provide another answer to the follow-up questions rather than simply leaving them blank.

The New Jersey adult and child questionnaires inadvertently excluded all the tailored not-applicable responses for the relevant core and supplemental questions in both adult and child versions. This unintentional omission was due to the choice by the survey contractors to begin their work by adapting the CAHPS telephone version to establish the New Jersey telephone version. They were under time pressure to get the mail survey in the field, so they chose to use the telephone survey (which did not include these tailored/not applicable responses) as the basis for the mail survey instrument, rather than taking the extra time to make parallel revisions to the CAHPS mail version. The absence of these response choices in the final mail survey was not initially apparent to New Jersey's survey contractor because this was the first time they (or anyone) had worked with the CAHPS survey instruments. With multiple versions, it appears the CAHPS instruments are

vulnerable to this type of error as contractors in the field justifiably seek efficiencies in preparing questionnaires for administration. Counts of questions affected are:

Type of Question	Adult	Child
Core	28	32
Recommended Supplemental	3	4
Optional Supplemental	4	4

The specific questions affected are identified in Tables A.1 and B.1 in the appendices. When respondents gave conflicting responses, answering "no" to the screening question and also answering the follow-up questions, New Jersey chose to accept the "no" answer to the initial question and coded the follow-up responses as missing.

Survey Instructions. New Jersey made several changes to the instructions for completing the mail questionnaire. Example questions 1 and 2 on the adult and child surveys were changed to ask about eyeglasses instead of a hearing aid; question 3 was changed to ask about getting headaches frequently in place of having any headaches in the last 6 months. Also, the statement about confidentiality is deleted from the New Jersey mail questionnaire.

> *Rationale:* Using eyeglasses as the example, rather than hearing aids, was thought to be more relevant to the Medicaid population. Also the reference to "frequent headaches" was considered to be a more familiar health problem to respondents than the CAHPS reference to the 6-month time period. With respect to the confidentiality statement, this information was provided in the cover letter to the mail questionnaire.

DISCUSSION OF ISSUES AND FINDINGS

The adaptation of the CAHPS Medicaid managed care questionnaires by the New Jersey Medicaid program yielded generally positive feedback about the design and contents of the CAHPS instruments. The CAHPS questions covered the topics of interest to the leadership of the Medicaid Office of Managed Health Care. The core items were acceptable to them, with just a few exceptions, and the optional supplemental questions were useful for addressing additional topics for which they wanted information. At the same time, the changes the Office of Managed Health Care made to the CAHPS questionnaire offer useful insights to the CAHPS consortium for strengthening the instruments. We summarize highlights of these findings here.

Questions about health plan membership and length of enrollment. These two questions contribute to establishing the survey sample, yet they inevitably are affected by conflicts between respondents' understanding of their plan enrollment status and what is reported in administrative data. New Jersey chose to accept the respondents' answers for these two questions, eliminating from the sample anyone who said they were in a different plan or were enrolled for less than 6 months. This approach may be reasonable where the administrative data are known to be incomplete or inaccurate, or where people may have switched plans after the sample contact information was drawn, but it can result in loss of people from the sample for whom the administrative information is correct. The discussion

in the Handbook of options for managing this issue should be reviewed, and modified where appropriate, to ensure that guidance is provided for future users to reduce the risk of losing people from the sample unnecessarily.

Changes to the items on the questionnaire. The variety of changes that New Jersey made to questionnaire items point to possible revisions that would improve the CAHPS questionnaire. These revisions should be considered as the next version is developed, including:

- Editorial changes that New Jersey made to the wording of several CAHPS questions should be adopted to improve the clarity of the questions;
- The set of questions about language barriers should be revised to reduce confusion by sponsors and respondents about the information the questions are intended to collect;
- Parallel questions asking whether the respondent or parent/guardian required assistance in completing the questionnaire should be established in the adult and child questionnaires;
- Mail questionnaire instructions should be revised to be relevant to as many audiences as possible.

Caution regarding eliminating items from the questionnaire. Although New Jersey dropped some questions because they were not relevant for Medicaid audiences, the questions may be quite appropriate for other audiences. These include core items on other health plan coverage and paperwork requirements and a supplemental question on choosing a doctor when joining a plan. Instructions in the Implementation Handbook should be reviewed to ensure that users have clear guidance on when they can eliminate items from the questionnaire. The Handbook also should highlight which core items are essential to calculating ratings for the report. Inadvertent elimination of such items by sponsors, who have not been made aware of the reporting implications, could compromise their ability to report ratings.

Screening questions and skip patterns. For three screening questions, New Jersey made substantial changes to the use of followup questions and related skip patterns because they felt that the questions were confusing to respondents and it would be difficult to interpret their responses. The screening questions involved are those that ask about finding a personal doctor or nurse, seeing a specialist, and going to a doctor's office for care. The logic and language for both the screening and followup questions should be re-evaluated as the questionnaire is revised.

Improvements to supplemental questions. New Jersey's choices regarding addition of new questions to the questionnaire offer insights into areas where the CAHPS supplemental questions might be expanded and improved. These topics may be generalizable to other audiences as well. In particular, New Jersey used its own transportation questions because the CAHPS transportation questions did not adequately address the issues in which the sponsor was interested. The number of questions about pregnancy care also was increased, in fact, drawing upon questions developed by CAHPS but not included in the final version 1.0 questionnaire.

Instructions for addition of new questions. The uncertainty that New Jersey experienced in determining placement of new items in the questionnaire indicates that the Implementation Handbook instructions for addition of new questions should be revised to improve clarity and consistency.

Tailored not-applicable responses. The inadvertent omission of the tailored not-applicable responses on the New Jersey mail questionnaire demonstrates the risk of error by new users in implementing the CAHPS instruments. Working within tight time deadlines, the survey contractors began with the CAHPS telephone questionnaire to adapt it for use with New Jersey Medicaid. When they copied the modified telephone questionnaire to prepare the New Jersey mail version, their lack of awareness of the tailored not-applicable responses on the CAHPS mail version led to omission of these response options from the New Jersey mail version. The Handbook should explain in some detail how to prepare questionnaires for local implementation, including suggestions for efficient ways to make modifications, and it should highlight the key features of each version that users should retain (and why). In addition, feedback was received from New Jersey that the large number of CAHPS questionnaire versions contributed to the confusion, and reducing the number of versions could be a helpful change for users.

In summary, the New Jersey Medicaid demonstration has highlighted a number of areas where the CAHPS questionnaires can be improved and made more "user friendly." In addition to modifications to the questions themselves, we also identified implementation issues involved in applying the CAHPS questionnaires to sponsors' circumstances. As we address these issues in the Implementation Handbook, we face the challenge of helping users of the Handbook ***find*** the important issues about which they should be aware as they use CAHPS. Perhaps a useful addition to the Handbook would be a summary sheet at the front of each section (in this case the survey section) that lists the important issues to consider and pitfalls to avoid. Such lists would draw upon the "real-life" successes, mistakes, and creative approaches of the CAHPS demonstration sites and early adopters.

REFERENCES

Minot, K. O., Hunte, D. E., and Dugger, H. K. (1996). *Medicaid Enrollees' Experience with Managed Care. Interim Report of Member Satisfaction with the New Jersey Care 2000 Program: Results of Phase One Survey*. Health Visions, Inc.

APPENDIX A

Comparison of CAHPS and New Jersey Medicaid Managed Care Questionnaires

Version: Adult Mail

QUESTION BY QUESTION COMPARISON OF CAHPS AND NEW JERSEY MEDICAID MANAGED CARE QUESTIONNAIRES

(Adult Mail Version)

Table A-1: Basic Medicaid Managed Care Questions (includes CAHPS core and recommended supplemental*)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Covered by XX insurance. Yes / No	1	1	Terminated interview if no (not covered by that insurance)
Finding personal doctor	2	3	Skipped next question if no (did not try to find personal doctor)
Ease of finding personal doctor	3	4	No NA choice
Have personal doctor	4	5	
Try to see personal doctor	5	6	
See someone other than personal doctor	6	7	No NA choice
Rating of personal doctor	7	8	No NA choice
Needed a specialist	8	11	Omitted psychiatrist example (mental health is carve-out)
How often see specialist	9	12	Skipped rest of specialist series if never saw specialist. No NA choice.
Referral needed for specialist	10	14	No NA choice
Easy to get referral	11	15	No NA choice
Rating of specialist	12	16	No NA choice

Table A-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
How often phone for help/advice	13	17	
How often received help	14	18	No NA choice
Received phone help without long wait	15	19	No NA choice
See doctor for illness/injury	16	20	
See doctor as soon as wanted	17	21	No NA choice
Appointment for routine care made	18	22	
Get routine appointment soon as wanted	19	23	No NA choice
Insurance encouraged exercise	20	24	
Times visited emergency room	21	25	
Times visited doctor office for care	22	26	Changed skip. If no visits, skipped interpreter questions, Q37/38 (CAHPS); Q41/42 (NJ).
Wait more than 30 minutes	23	27	No NA choice
Doctor staff courteous/respectful	24	28	No NA choice
Doctor staff helpful	25	29	No NA choice
Doctor listens carefully	26	30	No NA choice
Language barrier (communication)	27 *	31	No NA choice

Table A-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Doctor explained clearly	28	32	No NA choice
Doctor respected comments	29	33	No NA choice
Doctor spent enough time	30	34	No NA choice
Doctor knew medical history	31	35	No NA choice
Decisions about health care made	32	36	
Involved in health care decisions	33	37	No NA choice
Needed treatment/tests	34	38	
Received necessary treatment/tests	35	39	No NA choice
Rating of health care	36	40	No NA choice
Needed interpreter	37 *	41	
Interpreter used how often	38 *	42	No NA choice
Covered under state health plan	39 *		Omitted question. In introduction to health plan series, did not ask about "last 6 months."
Chose or given health plan	40 *	57	
Received information re: plan before sign up	41 *	58	

Table A-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
How much information before sign up	42 *	59	No NA choice
Insurance used for all care	43		Omitted question
Length of coverage	44	2	Changed order/moved to beginning of questionnaire; terminated R's with less than 6 months coverage
Too many forms	45		Omitted question
Plan approved/paid for health care	46	62	
Plan approved without taking much time	47	63	No NA choice
Called customer service	48	64	
Customer service without long wait	49	65	No NA choice
Get all information from customer service	50	66	No NA choice
Customer service helpful	51	67	No NA choice
Rating of health insurance plan	52	68	No NA choice
Patient in hospital	53	72	
Medical condition/at least 3 months	54	73	Reworded: Added examples: asthma, diabetes, high blood pressure. Put "Do not count pregnancy" at end of question.
Seen doctor at least 2 times for condition	55	74	No NA choice

Table A-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Rx for 3 months condition	56	75	No NA choice
Rate overall health	57	76	
Age now	58	77	Omitted age range choices
Sex	59	48	Inserted sex question prior to pregnancy/birth series (as recommended if pregnancy series included)
Highest grade completed	60	78	
Hispanic or Spanish	61	79	
Race	62	80	
Language mainly speak at home	63 *		Omitted question
Receive help with survey	64	81	Reworded slightly: changed "survey" to "questionnaire." Added thank you.
How did person help you	65	82	Reworded

* Questions marked with an asterik are CAHPS' recommended supplemental questions.

Table A-2: Optional Supplemental Questions

Series/Item Description Recommended Placement in Q'aire	CAHPS Supp. Q#	NJ Medicaid Q#	NJ change, if any
Dental Care To be inserted after "rating of healthcare," Q.36 in CAHPS Medicaid Q'aire)	D1 - D4	44 - 47	Used same question series and skips. Inserted after "cancelling appointment due to transportation" item.
Tried to get dental care	D1	44	
Get all dental care needed through health insurance plan	D2	45	
Number of times visited dental office	D3	46	Did not underline "for your own care"
Rating of dental care	D4	47	No NA choice
Pregnancy Care To be inserted after "received necessary tests/treatment," Q.35 in CAHPS Medicaid Q'aire)	P1 - P4	48 - 56	Used same question series and added new questions. (See A-3, Q50, 52, 54-56.) Inserted after dental care questions.
Sex of respondent	P1	48	
Pregnant now	P2	49	
Seen health care professional for this pregnancy	P3	51	No NA choice
Given birth in last 6 months	P4	53	

Series/Item Description Recommended Placement in Q'aire	CAHPS Supp. Q#	NJ Medicaid Q#	NJ change, if any
Prescription Medicine	PM1 - PM3	69 - 71	Used same question series.
To be inserted after "rating of health insurance plan," Q.52 in CAHPS Medicaid Q'aire)			Inserted in recommended location.
Get any prescription medicine in last 6 months. Yes/No.	PM1	69	Changed skip. If no, skipped out of series instead of to Q.PM3/71.
How often get prescription without taking lot of time/energy	PM2	70	No NA choice
How often get prescription thought needed through health insurance plan	PM3	71	No NA choice
Transportation	T1 - T3	9, 10, 43	Replaced all questions with new ones. (See A-3.)
To be inserted after "rating of health insurance plan," Q.52 in CAHPS Medicaid Q'aire)			Not inserted in recommended location.
Try to get transportation help from health insurance plan	T1		Omitted question
When tried, how often got help from health insurance plan	T2		Omitted question
How often help with transportation met needs	T3		Omitted question

Table A-3. Questions New Jersey Added to Adult CAHPS Medicaid Managed Care Questionnaire

9. When you go to your personal doctor or nurse how many minutes does it usually take you to get there?

_____minutes

10. What kind of transportation do you usually use when you go to your regular doctor or nurse?

Own private automobile
Other's private automobile
Public transportation (bus, subway, train)
Walk/ride bicycle
Ambulance
CWA transportation program (Lower Mode)
Paratransit
Taxi
Other

13. In the last 6 months, which type of specialist did you see most often?

(CHOOSE ONE ANSWER ONLY)

Allergist
Cardiologist (Chest & Heart)
Chiropractor (Back)
Dermatologist (Skin)
Endocrinologist (Glands)
Gastroenterologist (Digestive)
Surgeon
Neurologist (Brain)
Obstetrics/Gynecology or OB/GYN (Female)
Oncologist (Cancer)
Orthopedist (Bone)
Otolaryngologist (Ear/Nose/Throat)
Pulmonary Disease Dr. (Lungs)
Radiologist (X-Ray)
Plastic Surgeon
Urologist (Urinary System)
Other
Eye Dr. (Vision)
Not sure of specialty

43. In the last 6 months, have you canceled an appointment with a doctor or other health professional or not scheduled one when you needed it because of transportation problems.

Yes
No

50. How many months pregnant are you?

_____**months**

52. How many months pregnant were you when you had your first pregnancy care check-up for this pregnancy?

Less than 1 month
1 to 2 months
3 to 4 months
5 to 6 months
7 or more months

54. A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for medical care when your are pregnant.

When you were pregnant, did you visit a doctor or other health professional for pregnancy care check-ups anytime before this child was born?

Yes
No → **Go to Question 57 on Next Page**

55. How many months pregnant were you when you had your first pregnancy care check-up for this pregnancy?

Less than 1 month
1 to 2 months
3 to 4 months
5 to 6 months
7 or more months

56. Overall, how would you rate the quality of the pregnancy care you received when you were pregnant with this child?

Use any number on a scale from <u>0 to 10</u> where 0 is the worst pregnancy care possible, and 10 is the best pregnancy care possible. How would you rate your pregnancy care?

0 Worst Pregnancy care possible
1
2
3
4
5
6
7
8
9
10 Best Pregnancy care possible

60. When you joined this health plan, did you change your personal doctor or nurse?

Yes
No **Go to Question 62 on Next Page**

61. Was changing to a new personal doctor or nurse a problem for you?

Yes
No

APPENDIX B

Comparison of CAHPS and New Jersey Medicaid Managed Care Questionnaires

Version: Child Mail

QUESTION BY QUESTION COMPARISON OF CAHPS AND NEW JERSEY MEDICAID MANAGED CARE QUESTIONNAIRES

(Child Mail Version)

Table B-1: Basic Medicaid Managed Care Questions (includes CAHPS core and recommended supplemental*)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Covered by XX insurance. Yes / No	1	1	Terminated interview if no (not covered by that insurance)
Finding personal doctor	2	3	Skipped next question if no (did not try to find personal doctor)
Ease of finding personal doctor	3	4	No NA choice
Have personal doctor	4	5	
Try to see personal doctor	5	6	
See someone other than personal doctor	6	7	No NA choice
Doctor concerned with child's development	7	8	No NA choice
Rating of personal doctor	8	9	No NA choice
Needed a specialist	9	12	Omitted psychiatrist example (mental health is carve-out)
How often see specialist	10	13	Skipped rest of specialist series if never saw specialist. No NA choice.
Referral needed for specialist	11	15	No NA choice
Easy to get referral	12	16	No NA choice
Rating of specialist	13	17	No NA choice

Table B-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
How often phone for help/advice	14	18	
How often received help	15	19	No NA choice
Received phone help without long wait	16	20	No NA choice
See doctor for illness/injury	17	21	
See doctor as soon as wanted	18	22	No NA choice
Appointment for routine care made	19	23	
Get routine appointment soon as wanted	20	24	No NA choice
Doctor encouraged preventive health steps	21	25	
Times visited emergency room	22	26	
Times visited doctor office for care	23	27	Changed skip. If no visits, skipped interpreter questions, Q47/48
Wait more than 30 minutes	24	28	No NA choice
Doctor staff courteous/respectful	25	29	No NA choice
Doctor staff helpful	26	30	No NA choice
Doctor listens carefully	27	31	No NA choice
Language barrier (communication)	28 *	32	No NA choice

Table B-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Doctor explained things clearly	29	33	No NA choice
Doctor respected comments	30	34	No NA choice
Child too young to talk to doctors	31	35	
Doctor listen carefully to child	32	36	No NA choice
Language barrier between doctor and child	33 *	37	No NA choice
Doctor explain clearly to child	34	38	No NA choice
Doctor showed respect for child's comments	35	39	No NA choice
Doctor spent enough time	36	40	No NA choice
Doctor knew medical history	37	41	No NA choice
Decisions about health care made	38	42	
Involved in health care decisions	39	43	No NA choice
Needed treatment/tests	40	44	
Received necessary treatment/tests	41	45	No NA choice
Rating of health care	42	46	No NA choice
Needed interpreter	43 *	47	
Interpreter used how often	44 *	48	No NA choice

Table B-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Did child need interpreter	45 *		Omitted question
Child interpreter used how often	46 *		Omitted question
Is child 2 years or younger	47 *	54	
Reminders for child check up	48 *	55	Asked about different time frame-past 6 months instead of since child born
Has child gone for check up appointment	49 *	56	Asked about different time frame-past 6 months instead of since child born
Appointment for check up when wanted	50 *		Omitted question
Covered under state health plan	51 *		Omitted question. In introduction to health plan series, did not ask about "last 6 months".
Chose or given child's health plan	52 *	57	
Received information re: plan before sign up	53 *	58	
How much information was correct	54 *	59	No NA choice
Insurance used for all or most care	55		Omitted question
Length of coverage	56	2	Changed order/moved to beginning; terminated interview if less than 6 months coverage
Too many forms to fill out	57		Omitted question

Table B-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Plan approved/paid for health care	58	62	
Plan approved without taking much time/energy	59	63	No NA choice
Called customer service	60	64	
Customer service without long wait	61	65	No NA choice
Get all needed information from customer service	62	66	No NA choice
Customer service helpful	63	67	No NA choice
Rating of health insurance plan	64	68	No NA choice
Patient in hospital	65	72	
Medical condition/at least 3 months	66	73	Reworded. Added examples asthma, diabetes, high blood pressure.
Seen doctor at least 2 times for condition	67	74	No NA choice
Prescription for 3 months for above condition	68	75	No NA choice
Child have learning or behavioral difficulties	69	76	
Rate overall health	70	77	
Child's age now	71	78	

Table B-1 (Cont'd)

Item Description	CAHPS Medicaid Q#	NJ Medicaid Q#	NJ change, if any
Child's sex	72	79	
Child Hispanic or Spanish	73	80	
Child's race	74	81	
Child speaks mainly which language	75 *		Omitted question
Age of respondent	76	82	
Sex of respondent	77	83	
Highest grade respondent completed	78	84	
Hispanic or Spanish	79	85	
Race of respondent	80	86	
Language you mainly speak at home	81 *		Omitted question
How related to child	82	87	Added 7 answer choices. (CAHP's version was open-ended.)

* Questions marked with an asterik are CAHP recommended supplemental questions for the Medicaid Managed Care Questionnaire.

Table B-2: Optional Supplemental Questions

Series/Item Description Recommended Placement in Q'aire	CAHPS Supp. Q#	NJ Medicaid Q#	NJ change, if any
Dental Care	D1 - D4	50 - 53	Used same question series and skips
To be inserted after "rating of child's healthcare," Q. 42 in CAHPS Medicaid Questionnaire)			Inserted after interpreter questions. Refer to narrative for detail
Tried to get dental care in last 6 months	D1	50	
Get all dental care needed through health insurance plan	D2	51	No NA choice
Number of times visited dental office	D3	52	
Rating of dental care	D4	53	No NA choice
Prescription Medicine	PM1 - PM4	69 - 71	Used 3 of the 4 questions in the series
To be inserted after "rating of child's health insurance plan," Q.64 in CAHPS Medicaid Q'aire)			Inserted in recommended location
Get any prescription medicine in last 6 months. Yes/No.	PM1	69	Changed skip. If no, skipped out of series instead of to Q.PM4/71.
Pick up any prescription medicine for child	PM2		Omitted question
How often get prescription without taking lot of time/energy	PM3	70	No NA choice
How often get prescription thought needed through health insurance plan	PM4	71	No NA choice

Series/Item Description Recommended Placement in Q'aire	CAHPS Supp. Q#	NJ Medicaid Q#	NJ change, if any
Transportation To be inserted after "rating of health insurance plan," Q.64 in CAHPS Medicaid Q'aire)	T1 - T3	10, 11, 49	Replaced all questions with new ones. (See B-3, Q10, 11, 49.) Not inserted in recommended location.
Try to get transportation help from health insurance plan	T1		Omitted question
When tried, how often got help from health insurance plan	T2		Omitted question
How often help with transportation met needs	T3		Omitted question

Table B-3. Questions New Jersey Added to Child CAHPS Medicaid Managed Care Questionnaire

10. When you go to your child's personal doctor or nurse, how long does it usually take you to get there?

_____**minutes**

11. What kind of transportation do you usually use when you go to your child's regular doctor or nurse?

own private automobile
other's private automobile
public transportation (bus, subway, train)
walk/ride bicycle
ambulance
CWA transportation program (Lower mode)
paratransit
taxi
other

14. In the last 6 months, which type of specialist did your child see most often?
(CHOOSE ONE ANSWER ONLY)

Allergist
Cardiologist (Chest & Heart)
Chiropractor (Back)
Dermatologist (Skin)
Endocrinologist (Glands)
Gastroenterologist (Digestive)
Surgeon
Neurologist (Brain)
Obstetrics/Gynecology or OB/GYN (Female)
Oncologist (Cancer)
Orthopedist (Bone)
Otolaryngologist (Ear/Nose/Throat)
Pulmonary Disease Dr. (Lungs)
Radiologist (X-Ray)
Plastic Surgeon
Urologist (Urinary System)
Other
Eye Dr.(Vision)
Not sure of Specialty

49. In the last 6 months, have you canceled an appointment with your child's doctor or other health professional or not scheduled one when your child needed it because of transportation problems?

Yes
No

60. When your child joined this plan, did you change your child's personal doctor or nurse?

Yes
No → **Go to Question 62**

61. Was changing your child to a new personal doctor or nurse a problem for you?

Yes
No

88. Did someone help you complete this questionnaire?

Yes
No **Thank you and please return this questionnaire in the provided postage-paid envelope.**

89. In which way were you helped with this questionnaire?

Someone read it to me or wrote down my answers
Someone answered the questions for me
Helped me in some other way

APPENDIX C

New Jersey Medicaid Managed Care Questionnaire

Adult Mail

N.J. MEDICAID MANAGED HEALTH CARE

(Formerly known as NJ Health)

ADULT QUESTIONNAIRE

77-5675

Mail Version

REVISED 7/22/97

SURVEY INSTRUCTIONS

This survey asks about you and your health care. Answer each question thinking about yourself. Please take the time to complete this survey. Your answers are very important to us.

Please return the survey with your answers in the enclosed postage-paid envelope.

- Answer all the questions by checking the box to the left of your answer, like this:

  1☑ Yes

- Be sure to read all the answer choices given before checking your answer.
- You are sometimes told not to answer 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: **[➔ Go to Question 3].** See the examples below:

1. Do you wear glasses now?

1☐ Yes
2☑ No **➔ Go to Question 3**

2. Do you wear glasses only to read?

1☐ Yes
2☐ No

3. Do you get headaches frequently?

1☐ Yes
2☑ No

If you have any questions or want to know more about this study please call Hilary Dugger at Health Vision Inc. at (609)662-2050. THANK YOU

1. Our records show that you are now covered by

Is this right?

1☐ Yes
2☐ No **Thank you for your time. Please now mail back this survey in the provided postage-paid envelope so we can adjust our records.**

2. **How many month or years <u>in a row</u> have you been covered by your health insurance plan?**

- 1 ☐ Less than 6 months **Thank you for your time. Please now mail back this survey in the provided postage-paid envelope so we can adjust our records.**
- 2 ☐ 6 to 11 months
- 3 ☐ 12 to 23 months
- 4 ☐ 2 to 5 years
- 5 ☐ 5 to 10 years
- 6 ☐ More than 10 years

YOUR PERSONAL DOCTOR OR NURSE

The next questions ask about health care <u>for yourself</u>. They <u>are not</u> about care you got when you stayed overnight in a hospital. They <u>are not</u> about the times you went to a dentist or for dental care.

3. **A <u>personal doctor or nurse</u> is the health professional who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse.**

   Since you joined the plan, have you tried to find a personal doctor or nurse <u>for yourself</u>?

- 1 ☐ Yes
- 2 ☐ No **Go To Question 5**

4. **With the choices your health insurance plan gives you, was it easy to find a personal doctor or nurse you are happy with?**

- 1 ☐ Yes
- 2 ☐ No

5. **Do you have one person you think of as your personal doctor or nurse?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 11 on Next Page**

6. **In the last 6 months, did you <u>try</u> to see your personal doctor or nurse?**

- 1 ☐ Yes
- 2 ☐ No → **Go To Question 8 on Next Page**

7. **In the last 6 months, how often did you have to see someone else when you wanted to see your personal doctor or nurse?**

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

8. **We want to know your rating of your personal doctor or nurse.**

Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- ☐ 0 WORST PERSONAL DOCTOR OR NURSE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST PERSONAL DOCTOR OR NURSE

9. **When you go to your personal doctor or nurse how many minutes does it usually take you to get there?**

_____**minutes**

10. **What kind of transportation do you usually use when you go to your regular doctor or nurse?**

- 1 ☐ Own private automobile
- 2 ☐ Other's private automobile
- 3 ☐ Public transportation (bus, subway, train)
- 4 ☐ Walk/ride bicycle
- 5 ☐ Ambulance
- 6 ☐ CWA transportation program (Lower Mode)
- 7 ☐ Paratransit
- 8 ☐ Taxi
- 9 ☐ Other

GETTING HEALTH CARE FROM A SPECIALIST

The next questions ask about your appointments with specialists. Do not include dentists and dental specialists in your answers.

11. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.**

In the last 6 months, have you thought you needed to see a specialist?

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 17 on Page 4**

12. **In the last 6 months, how often did you see a specialist when you thought you needed one?**

- 1 ☐ Never → **Go to Question 17 on Page 4**
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

13. **In the last 6 months, which type of specialist did you see most often?**

(CHOSE ONE ANSWER ONLY)

- 1 ☐ Allergist
- 2 ☐ Cardiologist (Chest & Heart)
- 3 ☐ Chiropractor (Back)
- 4 ☐ Dermatologist (Skin)
- 5 ☐ Endocrinologist (Glands)
- 6 ☐ Gastroenterologist (Digestive)
- 7 ☐ Surgeon
- 8 ☐ Neurologist (Brain)
- 9 ☐ Obstetrics/Gynecology or OB/GYN (Female)
- 10 ☐ Oncologist (Cancer)
- 11 ☐ Orthopedist (Bone)
- 12 ☐ Otolaryngologist (Ear/Nose/Throat)
- 13 ☐ Pulmonary Disease Dr. (Lungs)
- 14 ☐ Radiologist (X-Ray)
- 15 ☐ Plastic Surgeon
- 16 ☐ Urologist (Urinary System)
- 17 ☐ Other
- 18 ☐ Eye Dr.\Vision
- 99 ☐ Not sure of specialty

14. **In the last 6 months, in order to see a specialist did you need to get a referral, that is approval or permission, from your doctor?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 16**

15. **In the last 6 months, was it always easy to get a referral when you needed one?**

- 1 ☐ Yes
- 2 ☐ No

16. **We want to know your rating of the <u>specialist you saw most often</u> in the last 6 months.**

Use <u>any number</u> on a scale <u>from 0 to 10</u> where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the specialist?

- ☐ 0 WORST SPECIALIST POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST SPECIALIST POSSIBLE

PHONING FOR MEDICAL HELP DURING THE WEEK

17. **In the last 6 months, did you phone a doctor's office or clinic <u>during the day Monday to Friday</u> to get medical help or advice <u>for yourself</u>?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 20**

18. **In the last 6 months, how often did you <u>get</u> the medical help or advice you needed when you phoned the doctor's office or clinic during the day Monday to Friday?**

- ☐ 1 Never → **Go to Question 20**
- ☐ 2 Sometimes
- ☐ 3 Usually
- ☐ 4 Always

19. **In the last 6 months, how often did you get that help or advice during the day Monday to Friday <u>without a long wait</u>?**

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

YOUR HEALTH CARE IN THE LAST 6 MONTHS

The next questions ask about your appointments with <u>health professionals</u>. <u>Do not</u> include dentists in your answers.

20. **A <u>health professional</u> could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.**

In the last 6 months, did you <u>try</u> to see a doctor or other health professional right away to get care for an <u>illness or injury</u>?

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 22**

21. **In the last 6 months, when you tried to be seen for an <u>illness or injury</u>, how often did you see a doctor or other health professional as soon as you wanted?**

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

22. **In the last 6 months, did you <u>try</u> to make any appointments with a doctor or other health professional for <u>regular or routine</u> health care?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 24 on Next Page**

23. **In the last 6 months, when you needed regular or routine health care, how often did you get an appointment as soon as you wanted?**

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

24. **In the last 6 months, has a health professional or your health insurance plan encouraged you to exercise or eat a healthy diet?**

1 ☐ Yes
2 ☐ No

25. **In the last 6 months, how many times did you go for your own care to an emergency room?**

1 ☐ None
2 ☐ 1 time
3 ☐ 2 times
4 ☐ 3 to 4 times
5 ☐ 5 to 9 times
6 ☐ 10 or more times

26. **In the last 6 months (not counting times you went to an emergency room), how many times did you go for your own care to a doctor's office or clinic?**

1 ☐ None → **Go to Question 43 on Page 8**
2 ☐ 1 time
3 ☐ 2 times
4 ☐ 3 to 4 times
5 ☐ 5 to 9 times
6 ☐ 10 or more times

27. **In the last 6 months, how often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time to see the person you went to see?**

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

28. **In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?**

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

29. **In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?**

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

30. **In the last 6 months, how often did doctors or other health professionals listen carefully to you?**

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

31. **In the last 6 months, how often have you had a hard time speaking with or understanding a doctor or other health professional because you spoke different languages?**

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

32. **In the last 6 months, how often did doctors or other health professionals explain things in a way you could understand?**

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

33. **In the last 6 months, how often did doctors or other health professionals show respect for what you had to say?**

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

34. **In the last 6 months, how often did doctors or other health professionals spend enough time with you?**

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

35. **In the last 6 months, how often did doctors or other health professionals know what you thought they should know about your medical history?**

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

36. **We want to know how you, your doctors, and other health professionals make decisions about your health care.**

In the last 6 months, were any decisions made about your health care?

1 ☐ Yes
2 ☐ No → **Go to Question 38 on Next Page**

37. **In the last 6 months, how often were you involved as much as you wanted in these decisions about your health care?**

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

38. **In the last 6 months, did you think you needed any tests or treatment?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 40**

39. **In the last 6 months, how often did you get the tests or treatment you thought you needed?**

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

40. **We want to know your rating of all your health care in the last 6 months from all doctors and other health professionals.**

Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your health care?

- ☐ 0 WORST HEALTH CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH CARE POSSIBLE

41. **An interpreter is someone who repeats or signs what one person says in a language used by another person.**

In the last 6 months, did you need an interpreter to help you speak with doctors or other health professionals?

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 43 on Next Page**

42. **In the last 6 months, when you needed an interpreter to help you speak with doctors or other health professionals, how often did you get one?**

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

43. **In the last 6 months, have you canceled an appointment with a doctor or other health professional or not scheduled one when you needed it because of transportation problems.**

- 1 ☐ Yes
- 2 ☐ No

YOUR DENTAL CARE IN THE LAST 6 MONTHS

44. **In the last 6 months, have you tried to get care from a dentist's office or dental clinic?**

- 1 ☐ Yes
- 2 ☐ No **Go to Question 48**

45. **In the last 6 months, did you get all the dental care you needed through your health insurance plan?**

- 1 ☐ Yes
- 2 ☐ No

46. **In the last 6 months, how many times did you go for your own care to the dentist's office or dental clinic?**

- 1 ☐ None **Go to Question 48**
- 2 ☐ 1 time
- 3 ☐ 2 times
- 4 ☐ 3 to 4 times
- 5 ☐ 5 to 9 times
- 6 ☐ 10 or more times

47. **We want to know your rating of your dental care from all dentists and other dental professionals in the last 6 months.**

Use any number on a scale from 0 to 10, where 0 is the worst dental care possible, and 10 is the best dental care possible.
How would you rate your dental care?

- ☐ 0 WORST DENTAL CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST DENTAL CARE POSSIBLE

48. **Are you male or female?**

- 1 ☐ Male **Go to Question 57 on Page 10**
- 2 ☐ Female

QUESTIONS 49--56 FOR WOMEN ONLY

PREGNANCY CARE IN THE LAST 6 MONTHS

49. **Are you pregnant right now?**

1 ☐ Yes
2 ☐ No **Go to Question 53**

50. **How many months pregnant are you?**

_____ **months**

51. **A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for medical care when your are pregnant.**

Have you been to a doctor or other health professional for a pregnancy care check-up for this pregnancy

1 ☐ Yes
2 ☐ No **Go to Question 57 on Next Page**

52. **How many months pregnant were you when you had your first pregnancy care check-up for this pregnancy?**

1 ☐ Less than 1 month
2 ☐ 1 to 2 months
3 ☐ 3 to 4 months
4 ☐ 5 to 6 months
5 ☐ 7 or more months

SKIP TO QUESTION 57 ON NEXT PAGE

53. **Have you given birth to a child in the last 6 months?**

1 ☐ Yes
2 ☐ No **Go to question 57 on Next Page**

54. **A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, a mid-wife, or anyone else you would see for medical care when your are pregnant.**

When you were pregnant, did you visit a doctor or other health professional for pregnancy care check-ups anytime before this child was born?

1 ☐ Yes
2 ☐ No **Go to Question 57 on Next Page**

55. **How many months pregnant were you when you had your first pregnancy care check-up for this pregnancy?**

- 1 ☐ Less than 1 month
- 2 ☐ to 2 months
- 3 ☐ 3 to 4 months
- 4 ☐ 5 to 6 months
- 15 ☐ 7 or more months

56. **Overall, how would you rate the quality of the pregnancy care you received when you were pregnant with this child?**

Use any number on a scale from 0 to 10 where 0 is the worst pregnancy care possible, and 10 is the best pregnancy care possible. How would you rate your pregnancy care?

- ☐ 0 WORST PREGNANCY CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST PREGNANCY CARE POSSIBLE

YOUR HEALTH INSURANCE PLAN

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

57. **Did you choose your health plan or were you told which plan you were in?**

- 1 ☐ I chose my plan.
- 2 ☐ I was told which plan I was in.

58. **You can get information about plan services in writing, by telephone, or in-person.**

Did you get any information about your health plan before you signed up for it?

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 60**

59. **How much of the information you were given before you signed up for the plan was correct?**

- 1 ☐ All of it
- 2 ☐ Most of it
- 3 ☐ Some of it
- 4 ☐ None of it

60. **When you joined this health plan, did you change your personal doctor or nurse?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 62 on Next Page**

61. **Was changing to a new personal doctor or nurse a problem for you?**

- 1 ☐ Yes
- 2 ☐ No

62. **In the last 6 months, was your health insurance plan asked to approve or pay for any health care for you?**

1 ☐ Yes
2 ☐ No → **Go to Question 64**

63. **In the last 6 months, how often did your health insurance plan deal with approvals or payments without taking a lot of your time and energy?**

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

64. **In the last 6 months, did you call your health insurance plan's customer service to get information or help of any other kind?**

1 ☐ Yes
2 ☐ No → **Go to Question 68**

65. **In the last 6 months, how often were your calls to the health insurance plan's customer service taken care of without a long wait?**

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

66. **In the last 6 months, how often did you get all the information or other help you needed when you called the health insurance plan's customer service?**

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

67. **In the last 6 months, how often were the people at the health insurance plan's customer service as helpful as you thought they should be?**

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

68. **We want to know your rating of all your experience with your health insurance plan.**

Use any number on a scale from 0 to 10, where 0 is the worst health insurance plan possible, and 10 is the best health insurance plan possible. How would you rate your health insurance plan now?

☐ 0 WORST HEALTH INSURANCE PLAN POSSIBLE
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10 BEST HEALTH INSURANCE PLAN POSSIBLE

69. **In the last 6 months, did you get**

any prescription medicine?

1 ☐ Yes
2 ☐ No **Go to Question 72**

70. **In the last 6 months, how often did you get your prescription medicine without taking a lot of your time and energy?**

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

71. **In the last 6 months, how often did you get the prescription medicine you thought you needed through your health insurance plan?**

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

ABOUT YOU

72. **In the last 12 months, have you been a patient in a hospital overnight or longer?**

1 ☐ Yes
2 ☐ No

73. **Do you now have any medical conditions that have lasted for at least 3 months? (INCLUDES ASTHMA, DIABETES, HIGH BLOOD PRESSURE, ECT.) NOTE FOR WOMEN: Do not count pregnancy.**

1 ☐ Yes
2 ☐ No → **Go to Question 76**

74. **In the last 12 months, have you seen a doctor or other health professional more than twice for any of these conditions?**

1 ☐ Yes
2 ☐ No

75. **Have you been taking prescription medicine for at least 3 months for any of these conditions?**

1 ☐ Yes
2 ☐ No

76. **In general, how would you rate your overall health now?**

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

77. **What is your age now?**_____

78. **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 ☐ 1-3 years of college
- 5 ☐ 4-year college graduate
- 6 ☐ More than 4-year college degree

79. **Are you of Hispanic or Spanish family background?**

- 1 ☐ Yes
- 2 ☐ No

80. **How would you describe your race?**

- 1 ☐ American Indian or Alaskan Native
- 2 ☐ Asian or Pacific Islander
- 3 ☐ Black or African-American
- 4 ☐ White
- 8 ☐ Another race or multiracial *(write in)*

_____

81. **Did someone help you complete this questionnaire?**

- 1 ☐ Yes
- 2 ☐ No **Thank you and please return this questionnaire in the provided postage-paid return envelope.**

82. **In which way were you helped with this questionnaire?**

- 1 ☐ Someone read it to me or wrote down my answers
- 2 ☐ Someone answered the questions for me
- 3 ☐ Helped me in some other way

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

PLEASE RETURN THIS QUESTIONNAIRE IN THE PROVIDED POSTAGE-PAID RETURN ENVELOPE.

APPENDIX D

New Jersey Medicaid Managed Care Questionnaire

Child Mail

N.J. MEDICAID MANAGED HEALTH CARE

(Formerly known as NJ Health)

CHILD QUESTIONNAIRE

775675c

Mail Version

Revised 8/6/97

SURVEY INSTRUCTIONS

This survey should be filled out by the person that best knows the health needs of

This survey asks about your child and your child's health care. Answer each question thinking about your child. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope.

- Answer all the questions by checking the box to the left of your answer, like this:

  ☑ Yes

- Be sure to read all the answer choices given before checking your answer.
- You are sometimes told not to answer 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:

  [➔ Go to Question 3]. See the examples below:

  1. **Does your child wear glasses now?**

     ☐ Yes

     ☑ No **➔ Go to Question 3**

  2. **Does your child wear glasses only to read?**

     ☐ Yes

     ☐ No

  3. **Does your child get headaches frequently?**

     ☐ Yes

     ☑ No

If you have any questions or want to know more about this study please call Hilary Dugger at Health Visions Inc. at (609)662-2050. THANK YOU

The following questions are about your child

1. **Our records show that your child is now covered by**

   Is this right?

   ☐ Yes

   ☐ No **Thank you for your time. Please now mail back this survey in the provided postage-paid envelope so we can adjust our records.**

2. **How many months or years in a row has your child been covered by this plan?**

- ☐ 1 Less than 6 months **Thank you for your time. Please now mail back this survey in the provided postage-paid envelope so we can adjust our records.**
- ☐ 2 6 to 11 months
- ☐ 3 12 to 23 months
- ☐ 4 2 to 5 years
- ☐ 5 5 to 10 years
- ☐ 6 More than 10 years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions are about health care for your child. They are not about care your child got when he or she stayed overnight in a hospital. They are not about the times your child went to a dentist or for dental care.

3. **A personal doctor or nurse is the health professional who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, or a nurse.**

   Since your child joined the plan, have you tried to find a personal doctor or nurse for your child?

- ☐ 1 Yes
- ☐ 2 No **Go to Question 5**

4. **With the choices your child's health insurance plan gives you, was it easy to find a personal doctor or nurse for your child you are happy with?**

- ☐ 1 Yes
- ☐ 2 No

5. **Do you have one person you think of as your child's personal doctor or nurse?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 12 on Next Page**

6. **In the last 6 months, did your child try to see his or her personal doctor or nurse?**

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 9 on Next Page**

7. **In the last 6 months, how often did your child have to see someone else when you wanted to see his or her personal doctor or nurse?**

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

8. **In the last 6 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, and behaving?**

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

9. **We want to know your rating of your child's personal doctor or nurse.**

Use any number on a scale from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

- ☐ 0 WORST PERSONAL DOCTOR OR NURSE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST PERSONAL DOCTOR OR NURSE POSSIBLE

10. **When you go to your child's personal doctor or nurse, how long does it usually take you to get there?**

_____ **minutes**

11. **What kind of transportation do you usually use when you go to your child's regular doctor or nurse?**

- ☐ 1 own private automobile
- ☐ 2 other's private automobile
- ☐ 3 public transportation (bus, subway, train)
- ☐ 4 walk/ride bicycle
- ☐ 5 ambulance
- ☐ 6 CWA transportation program (Lower mode)
- ☐ 7 paratransit
- ☐ 8 taxi
- ☐ 9 other

GETTING HEALTH CARE FROM A SPECIALIST

The next questions ask about appointments with specialists. Do not include dentists and dental specialists in your answers.

12. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.**

In the last 6 months, have you thought your child needed to see a specialist?

- ☐ 1 Yes
- ☐ 2 No → **Go to Question 18 on Page 4**

13. **In the last 6 months, how often did your child see a specialist when you thought he or she needed one?**

- 1 ☐ Never → **Go to Question 18 on Next Page**
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

14. **In the last 6 months, which type of specialist did your child see most often? (CHOSE ONE ANSWER ONLY)**

- 1 ☐ Allergist
- 2 ☐ Cardiologist (Chest & Heart)
- 3 ☐ Chiropractor (Back)
- 4 ☐ Dermatologist (Skin)
- 5 ☐ Endocrinologist (Glands)
- 6 ☐ Gastroenterologist (Digestive)
- 7 ☐ Surgeon
- 8 ☐ Neurologist (Brain)
- 9 ☐ Obstetrics/Gynecology or OB/GYN (Female)
- 10 ☐ Oncologist (Cancer)
- 11 ☐ Orthopedist (Bone)
- 12 ☐ Otolaryngologist (Ear/Nose/Throat)
- 13 ☐ PulmonaryDesease Dr. (Lungs)
- 14 ☐ Radiologist (X-Ray)
- 15 ☐ Plastic Surgeon
- 16 ☐ Urologist (Urinary System)
- 17 ☐ Other
- 18 ☐ Eye Dr.\Vision
- 99 ☐ Not sure of Specialty

15. **In the last 6 months, in order for your child to see a specialist did you need to get a referral, that is approval or permission, from his or her doctor?**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 17**

16. **In the last 6 months, was it always easy to get a referral when your child needed one?**

- 1 ☐ Yes
- 2 ☐ No

17. **We want to know your rating of the <u>specialist your child saw most often</u> in the last 6 months.**

Use <u>any number</u> on a scale <u>from 0 to 10</u> where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

- ☐ 0 WORST SPECIALIST POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST SPECIALIST POSSIBLE

PHONING FOR MEDICAL HELP DURING THE WEEK

18. **In the last 6 months, did you phone a doctor's office or clinic during the day Monday to Friday to get medical help or advice for your child?**

    1 ☐ Yes
    2 ☐ No → **Go to Question 21**

19. **In the last 6 months, how often did you get the medical help or advice you needed for your child when you phoned the doctor's office or clinic during the day Monday to Friday?**

    1 ☐ Never → **Go to Question 21**
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

20. **In the last 6 months, how often did you get that help or advice for your child during the day Monday to Friday without a long wait?**

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

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

The next questions ask about your child's appointments with health professionals. Do not include dentists in your answers.

21. **A health professional could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else your child would see for health care.**

    In the last 6 months, did you try to have your child see a doctor or other health professional right away to get care for an illness or injury?

    1 ☐ Yes
    2 ☐ No → **Go to Question 23**

22. **In the last 6 months, when you tried to have your child seen for an illness or injury, how often did you see a doctor or other health professional as soon as you wanted?**

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

23. **In the last 6 months, did you try to make any appointments for your child with a doctor or other health professional for regular or routine health care?**

    1 ☐ Yes
    2 ☐ No → **Go to Question 25 on Next Page**

24. **In the last 6 months, when your child needed regular or routine health care, how often did your child get an appointment as soon as you wanted?**

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

25. **In the last 6 months, has a health professional or your child's health plan encouraged you to take any type of preventive health steps for your child such as watching what the child eats or using bicycle helmets or car seats?**

- 1 ☐ Yes
- 2 ☐ No

26. **In the last 6 months, how many times did your child go to an emergency room?**

- 1 ☐ None
- 2 ☐ 1 time
- 3 ☐ 2 times
- 4 ☐ 3 to 4 times
- 5 ☐ 5 to 9 times
- 6 ☐ 10 or more times

27. **In the last 6 months, (not counting times your child went to an emergency room) how many times did your child go to a doctor's office or clinic?**

- 1 ☐ None → **Go to Question 49 on Page 8**
- 2 ☐ 1 time
- 3 ☐ 2 times
- 4 ☐ 3 to 4 times
- 5 ☐ 5 to 9 times
- 6 ☐ 10 or more times

28. **In the last 6 months, how often did your child wait in the doctor's office or clinic more than 30 minutes past the appointment time to see the person you went to see?**

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always
- 5 ☐ I don't know

29. **In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?**

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

30. **In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?**

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

31. **In the last 6 months, how often did your child's doctors or other health professionals listen carefully to you?**

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

32. **In the last 6 months, how often have you had a hard time speaking with or understanding your child's doctor or other health professionals because you spoke different languages?**

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

33. **In the last 6 months, how often did your child's doctors or other health professionals explain things in a way you could understand?**

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

34. **In the last 6 months, how often did your child's doctors or other health professionals show respect for what you had to say?**

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

35. **Is your child too young to talk with doctors?**

- 1 ☐ Yes → **Go to Question 40 on Next Page**
- 2 ☐ No

36. **In the last 6 months, how often did your child's doctors or other health professionals listen carefully to your child?**

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

37. **In the last 6 months, how often has your child had a hard time speaking with or understanding a doctor or other health professionals because they spoke different languages?**

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

38. **In the last 6 months, how often did your child's doctors or other health professionals explain things in a way your child could understand?**

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

39. **In the last 6 months, how often did doctors or other health professionals show respect for what your child had to say?**

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

40. **In the last 6 months, how often did your child's doctors or other health professionals spend enough time with your child?**

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

41. **In the last 6 months, how often did doctors or other health professionals know what you thought they should know about your child's medical history?**

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

42. **We want to know how you, your child's doctors, and other health professionals make decisions about your child's health care.**

In the last 6 months, were any decisions made about your child's health care?

- 1 ☐ Yes
- 2 ☐ No ➔ **Go to Question 44**

43. **In the last 6 months, how often were you involved as much as you wanted in these decisions about your child's health care?**

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

44. **In the last 6 months, did you think your child needed any tests or treatment?**

- 1 ☐ Yes
- 2 ☐ No ➔ **Go to Question 46 on Next Page**

45. **In the last 6 months, how often did your child get the tests or treatment you thought your child needed?**

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

46. **We want to know your rating of all your child's health care in the last 6 months from all doctors and other health professionals.**

Use any number on a scale from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

- ☐ 0 WORST HEALTH CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH CARE POSSIBLE

47. **An interpreter is someone who repeats or signs what one person says in a language used by another person.**

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health professionals?

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 49**

48. **In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health professionals, how often did you get one?**

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

49. **In the last 6 months, have you canceled an appointment with your child's doctor or other health professional or not scheduled one when your child needed it because of transportation problems?**

- 1 ☐ Yes
- 2 ☐ No

YOUR CHILD'S DENTAL CARE IN THE LAST 6 MONTHS

50. **In the last 6 months, have you tried to get care for your child from a dentist's office or dental clinic?**

- 1 ☐ Yes
- 2 ☐ No → **GO TO QUESTION 54 ON NEXT PAGE**

51. **In the last 6 months, did your child get all the dental care he/she needed through his/her health insurance plan?**

- 1 ☐ Yes
- 2 ☐ No

52. **In the last 6 months, how many times did your child go to a dentist's office or dental clinic?**

- ☐ 1 None → **GO TO QUESTION 54**
- ☐ 2 1 time
- ☐ 3 2 times
- ☐ 4 3 to 4 times
- ☐ 5 5 to 9 times, or
- ☐ 6 10 or more times

53. **We want to know <u>your rating of your child's dental</u> care from all dentists and <u>other dental professionals</u> in the last 6 months.**

Use any number on a scale <u>from 0 to 10</u> where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate your child's dental care?

- ☐ 0 WORST DENTAL CARE POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST DENTAL CARE POSSIBLE

54. **Is your child under the age of two?**

- ☐ 1 Yes
- ☐ 2 No → **GO TO QUESTION 57**

55. **Reminders from your doctor's office or clinic, or from the health insurance plan can come to you by mail by telephone, or in-person during a visit.**

In the past 6 months, did you get any reminders to bring him or her in for a check-up to see how he or she was doing, or for shots or drops?

- ☐ 1 Yes
- ☐ 2 No

56. **In the past 6 months, has he or she gone to a doctor or other health professional for a check-up to see how he or she was doing, or for shots or drops?**

- ☐ 1 Yes
- ☐ 2 No

YOUR CHILD'S HEALTH INSURANCE PLAN

The next questions ask about your experience with your child's <u>health insurance plan</u>.

57. **Did you choose your child's health insurance plan or were you told which plan your child was in?**

- ☐ 1 I chose my plan
- ☐ 2 I was told which plan my child was in.

58. **You can get information about your child's plan services in writing, by telephone, or in-person.**

Did you get any information about your child's health plan before you signed him or her up for it?

1 ☐ Yes
2 ☐ No → **Go to Question 60**

59. **How much of the information you were given before you signed your child up for the plan was correct?**

1 ☐ All of it
2 ☐ Most of it
3 ☐ Some of it
4 ☐ None of it

60. **When your child joined this plan, did you change your child's personal doctor or nurse?**

1 ☐ Yes
2 ☐ No **Go to Question 62**

61. **Was changing your child to a new personal doctor or nurse a problem for you?**

1 ☐ Yes
2 ☐ No

62. **In the last 6 months, was your health insurance plan asked to approve or pay for any health care for your child?**

1 ☐ Yes
2 ☐ No **Go to Question 64**

63. **In the last 6 months, how often did your child's health insurance plan deal with approvals or payments without taking a lot of your time and energy?**

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

64. **In the last 6 months, did you call the health insurance plan's customer service to get information or help of any other kind?**

1 ☐ Yes
2 ☐ No → **Go to Question 68 on Next Page**

65. **In the last 6 months, how often were your calls to the health insurance plan's customer service taken care of without a long wait?**

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

66. **In the last 6 months, how often did you get all the information or other help you needed when you called the health insurance plan's customer service?**

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

67. **In the last 6 months, how often were the people at the health insurance plan's customer service as helpful as you thought they should be?**

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

68. **We want to know your rating of all your experience with your child's health insurance plan.**

Use any number on a scale from 0 to 10 where 0 is the worst health insurance plan possible, and 10 is the best health insurance plan possible. How would you rate your child's health insurance plan now?

- ☐ 0 WORST HEALTH INSURANCE PLAN POSSIBLE
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 BEST HEALTH INSURANCE PLAN POSSIBLE

69. **In the last 6 months, did your child get any prescription medicine?**

- 1 ☐ Yes
- 2 ☐ No **Go to Question 72**

70. **In the last 6 months, how often did you get your child's prescription medicine without taking a lot of your time and energy?**

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

71. **In the last 6 months, how often did your child get the prescription medicine you thought he/she needed through his/her health insurance plan?**

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

ABOUT YOUR CHILD

72. **In the last 12 months, has your child been a patient in a hospital overnight or longer?**

- 1 ☐ Yes
- 2 ☐ No

73. **Does your child now have any medical conditions that have lasted for at least 3 months? (INCLUDES ASTHMA, DIABETES, HIGH BLOOD PRESSURE)**

- 1 ☐ Yes
- 2 ☐ No → **Go to Question 76 on Next Page**

74. **In the last 12 months, has your child seen a doctor or other health professional more than twice for any of these conditions?**

1 ☐ Yes
2 ☐ No

75. **Has your child been taking prescription medicine for at least 3 months for any of these conditions?**

1 ☐ Yes
2 ☐ No

76. **Does your child have any kind of learning or behavior difficulty now for which he or she has received professional treatment or counseling?**

1 ☐ Yes
2 ☐ No

77. **In general, how would you rate your child's overall health now?**

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

78. **What is your child's age now?**

1 ☐ Less than one year old

_____ YEARS OLD

79. **Is your child male or female?**

1 ☐ Male
2 ☐ Female

80. **Is your child of Hispanic or Spanish family background?**

1 ☐ Yes
2 ☐ No

81. **How would you describe your child's race?**

1 ☐ American Indian or Alaskan Native
2 ☐ Asian or Pacific Islander
3 ☐ Black or African-American
4 ☐ White
8 ☐ Another race or multiracial
(*write in*) _____

ABOUT YOU

82. **What is your age now?**

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

83. **Are you male or female?**

1 ☐ Male
2 ☐ Female

84. **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 1-3 years of college
- ☐ 5 4-year college graduate
- ☐ 6 More than 4-year college degree

85. **Are you of Hispanic or Spanish family background?**

- ☐ 1 Yes
- ☐ 2 No

86. **How would you describe your race?**

- ☐ 1 American Indian or Alaskan Native
- ☐ 2 Asian or Pacific Islander
- ☐ 3 Black or African-American
- ☐ 4 White
- ☐ 8 Another race or multiracial (*write in*) _____

87. **How are you related to the child?**

- ☐ 1 Mother
- ☐ 2 Father
- ☐ 3 Grandparent
- ☐ 4 Aunt or Uncle
- ☐ 5 Older sibling
- ☐ 6 Other relative
- ☐ 7 Legal guardian

88. **Did someone help you complete this questionnaire?**

- ☐ 1 Yes
- ☐ 2 No **Thank you and please return this questionnaire in the provided postage-paid envelope.**

89. **In which way were you helped with this questionnaire?**

- ☐ 1 Someone read it to me or wrote down my answers
- ☐ 2 Someone answered the questions for me
- ☐ 3 Helped me in some other way

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

PLEASE RETURN THIS QUESTIONNAIRE IN THE PROVIDED POSTAGE-PAID RETURN ENVELOPE.