



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Medicaid Program

## CAHPS® 5.0 Child Medicaid Summary Report

June 2016



# Georgia Medicaid Program

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**Introduction.** The CAHPS® 5.0H Survey is a comprehensive tool for assessing parents'/caregivers' experiences with Georgia Medicaid Program's (GA-CHMD Program) services for children. This report is designed to allow the Medicaid program to look at summaries of members' experiences using two types of presentation. First, this executive summary presents a brief description of the survey methodology, a graphic presentation of key results for rating questions and composites, and a sample disposition. Second, member responses are presented by question, including information about the response options used for scoring achievements. A copy of the questionnaire is found as an appendix.

Assessing consumers' experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the Medicaid program to improve. Composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

### Results

This report summarizes the findings of the child Medicaid 5.0 CAHPS survey conducted for GA-CHMD Program. Attempts were made to survey 1650 member households by mail and telephone during the period February 9, 2016 through April 26, 2016, using a mixed-mode procedure and standard questionnaire. The survey procedure and questionnaire were developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA).

The survey drew as potential respondents the parents or caretakers of child members of GA-CHMD Program who were continuously enrolled in the plan for at least 6 months as of November 30, 2015, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 1650 cases was drawn. The survey was offered in English and Spanish. Questionnaires were considered complete if respondents did not answer 'No' to Q1 and provided valid responses to at least three out of five key questions throughout the questionnaire, as per NCQA's 2016 completeness requirements. Complete interviews were obtained from 451 GA-CHMD Program members, and the response rate was 27.8%.

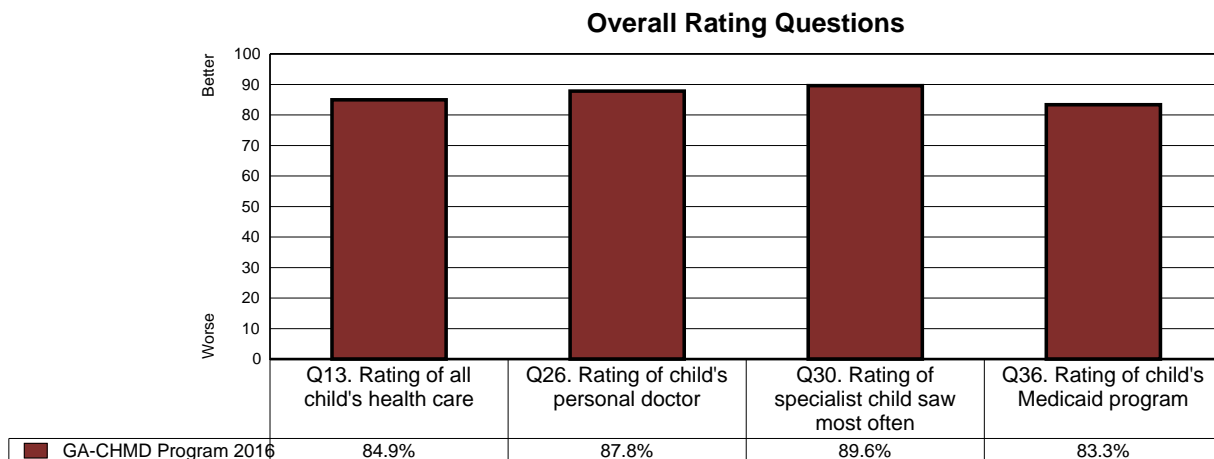
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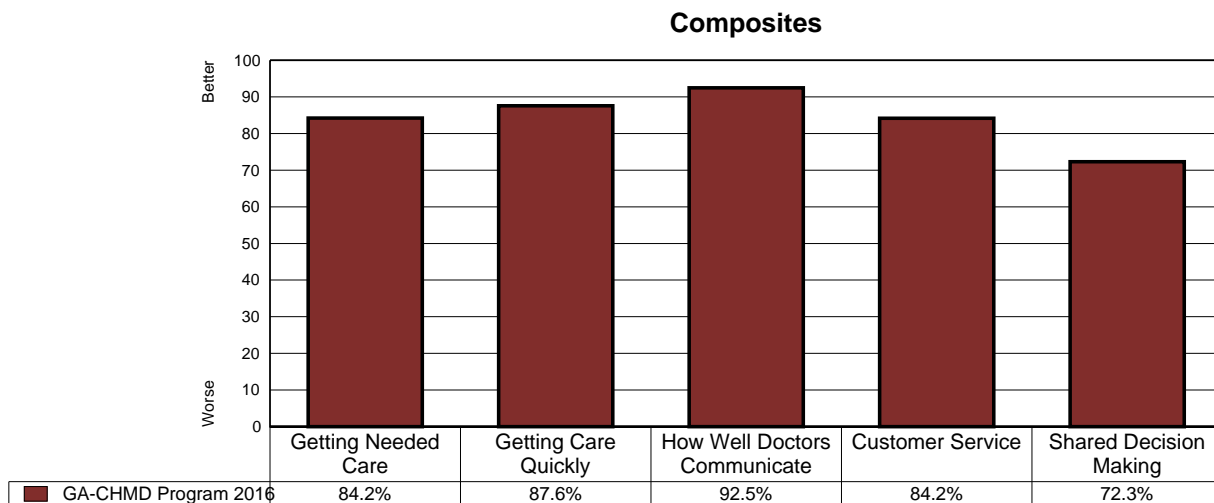
### SUMMARY OF OVERALL RATING QUESTIONS

Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and program. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the proportion of members whose response was an achievement.



### SUMMARY OF COMPOSITES

A composite score is calculated for each of five domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. The composite scores provide a summary assessment of how the plan performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. Responses of "Yes" are considered achievements for the Shared Decision Making composite. For all other composites, responses of "Usually" or "Always" are considered achievements.



## Sample Disposition

	GA-CHMD Program 2016
First mailing - sent	1650
*First mailing - usable survey returned	149
Second mailing - sent	1423
*Second mailing - usable survey returned	96
*Phone - usable surveys	206
<b>Total - usable surveys</b>	<b>451</b>
†Ineligible: According to population criteria‡	21
†Ineligible: Language barrier	4
†Ineligible: Deceased	0
†Ineligible: Mentally or physically unable to complete survey	0
Invalid address and phone number	49
Refusal	43
Incomplete survey - mail or phone	49
<b>Adjusted Response Rate</b>	<b>27.8%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

‡Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

Note: *Adjusted Response Rate = Total Usable Surveys / Total Eligible Cases*

## Responses by Question

**Q1. Our records show that your child is now in Georgia Medicaid Program. Is that right?**

	GA-CHMD Program 2016%	
Yes	450	100.0%
No	0	0.0%
<b>Total</b>	450	100.0%
Not Answered	1	

### *Your Child's Health Care in the Last 6 Months*

**Q3. In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?**

	GA-CHMD Program 2016%	
Yes	142	31.6%
No	308	68.4%
<b>Total</b>	450	100.0%
Not Answered	1	

**Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

	GA-CHMD Program 2016%	
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	7	5.3%
<input type="radio"/> Usually	13	9.8%
<input type="radio"/> Always	112	84.8%
<b>Total</b>	132	100.0%
Not Answered	10	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	94.7%	

**Q5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?**

	GA-CHMD Program 2016%	
Yes	320	72.1%
No	124	27.9%
<b>Total</b>	444	100.0%
Not Answered	7	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Your Child's Health Care in the Last 6 Months (continued)

**Q6.** In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

	GA-CHMD Program 2016%	
<input type="radio"/> Never	3	1.0%
<input type="radio"/> Sometimes	37	12.3%
<input checked="" type="radio"/> Usually	55	18.2%
<input checked="" type="radio"/> Always	207	68.5%
<b>Total</b>	302	100.0%
Not Answered	18	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	86.8%	

**Q7.** In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

	GA-CHMD Program 2016%	
None	119	27.1%
1 time	99	22.6%
2	106	24.1%
3	53	12.1%
4	23	5.2%
5 to 9	31	7.1%
10 or more times	8	1.8%
<b>Total</b>	439	100.0%
Not Answered	12	

**Q8.** In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

	GA-CHMD Program 2016%	
<input checked="" type="radio"/> Yes	214	67.7%
<input type="radio"/> No	102	32.3%
<b>Total</b>	316	100.0%
Not Answered	4	
<b>Reporting Category</b>	Single Items	
Achievement Score	67.7%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### *Your Child's Health Care in the Last 6 Months* (continued)

- Q9.** In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	104	33.1%
No	210	66.9%
<b>Total</b>	314	100.0%
Not Answered	6	

- Q10.** Did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

	GA-CHMD Program 2016 <sup>6</sup>	
<span style="color: green;">●</span> Yes	87	85.3%
<span style="color: red;">●</span> No	15	14.7%
<b>Total</b>	102	100.0%
Not Answered	2	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	85.3%	

- Q11.** Did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

	GA-CHMD Program 2016 <sup>6</sup>	
<span style="color: green;">●</span> Yes	60	58.3%
<span style="color: red;">●</span> No	43	41.7%
<b>Total</b>	103	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	58.3%	

- Q12.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

	GA-CHMD Program 2016 <sup>6</sup>	
<span style="color: green;">●</span> Yes	73	73.7%
<span style="color: red;">●</span> No	26	26.3%
<b>Total</b>	99	100.0%
Not Answered	5	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	73.7%	

**Response scored as:** ● Achievement ● Room for improvement

# Responses by Question

## Your Child's Health Care in the Last 6 Months (continued)

**Q13.** Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

	GA-CHMD Program 2016 <sup>o</sup>	
● Worst health care possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	1	0.3%
● 4	2	0.6%
● 5	18	5.8%
● 6	8	2.6%
● 7	18	5.8%
● 8	59	18.9%
● 9	66	21.2%
● Best health care possible	140	44.9%
<b>Total</b>	312	100.0%
Not Answered	8	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	84.9%	

**Q14.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

	GA-CHMD Program 2016 <sup>o</sup>	
● Never	8	2.5%
● Sometimes	36	11.4%
● Usually	70	22.2%
● Always	202	63.9%
<b>Total</b>	316	100.0%
Not Answered	4	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	86.1%	

## Your Child's Personal Doctor

**Q15.** A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

	GA-CHMD Program 2016 <sup>o</sup>	
Yes	407	91.1%
No	40	8.9%
<b>Total</b>	447	100.0%
Not Answered	4	

○ **Response scored as:** ● Achievement ● Room for improvement



# Responses by Question

## Your Child's Personal Doctor (continued)

**Q16. In the last 6 months, how many times did your child visit his or her personal doctor for care?**

	GA-CHMD Program 2016 <sup>6</sup>	
None	84	21.6%
1 time	120	30.8%
2	88	22.6%
3	39	10.0%
4	24	6.2%
5 to 9	31	8.0%
10 or more times	3	0.8%
<b>Total</b>	<b>389</b>	<b>100.0%</b>
Not Answered	18	

**Q17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?**

	GA-CHMD Program 2016 <sup>6</sup>	
<input type="radio"/> Never	5	1.6%
<input type="radio"/> Sometimes	16	5.3%
<input checked="" type="radio"/> Usually	50	16.4%
<input checked="" type="radio"/> Always	233	76.6%
<b>Total</b>	<b>304</b>	<b>100.0%</b>
Not Answered	1	
<b>Reporting Category</b>	Communication	
Achievement Score	93.1%	

**Q18. In the last 6 months, how often did your child's personal doctor listen carefully to you?**

	GA-CHMD Program 2016 <sup>6</sup>	
<input type="radio"/> Never	4	1.3%
<input type="radio"/> Sometimes	14	4.6%
<input checked="" type="radio"/> Usually	52	17.2%
<input checked="" type="radio"/> Always	233	76.9%
<b>Total</b>	<b>303</b>	<b>100.0%</b>
Not Answered	2	
<b>Reporting Category</b>	Communication	
Achievement Score	94.1%	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Your Child's Personal Doctor (continued)

**Q19.** In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

	GA-CHMD Program 2016%	
● Never	3	1.0%
● Sometimes	9	3.0%
● Usually	49	16.1%
● Always	243	79.9%
<b>Total</b>	304	100.0%
Not Answered	1	
<b>Reporting Category</b>	Communication	
Achievement Score	96.1%	

**Q20.** Is your child able to talk with doctors about his or her health care?

	GA-CHMD Program 2016%	
Yes	218	71.7%
No	86	28.3%
<b>Total</b>	304	100.0%
Not Answered	1	

**Q21.** In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

	GA-CHMD Program 2016%	
● Never	0	0.0%
● Sometimes	14	6.5%
● Usually	49	22.6%
● Always	154	71.0%
<b>Total</b>	217	100.0%
Not Answered	1	
<b>Reporting Category</b>	Single Items	
Achievement Score	93.5%	

○ **Response scored as:** ● Achievement ● Room for improvement

# Responses by Question

## Your Child's Personal Doctor (continued)

**Q22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

	GA-CHMD Program 2016%	
<input type="radio"/> Never	6	2.0%
<input type="radio"/> Sometimes	35	11.6%
<input checked="" type="radio"/> Usually	76	25.2%
<input checked="" type="radio"/> Always	184	61.1%
<b>Total</b>	301	100.0%
Not Answered	4	
<b>Reporting Category</b>	Communication	
Achievement Score	86.4%	

**Q23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**

	GA-CHMD Program 2016%	
Yes	279	91.8%
No	25	8.2%
<b>Total</b>	304	100.0%
Not Answered	1	

**Q24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**

	GA-CHMD Program 2016%	
Yes	111	36.5%
No	193	63.5%
<b>Total</b>	304	100.0%
Not Answered	1	

**Q25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?**

	GA-CHMD Program 2016%	
<input type="radio"/> Never	7	6.4%
<input type="radio"/> Sometimes	19	17.4%
<input checked="" type="radio"/> Usually	27	24.8%
<input checked="" type="radio"/> Always	56	51.4%
<b>Total</b>	109	100.0%
Not Answered	2	
<b>Reporting Category</b>	Single Items	
Achievement Score	76.1%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### *Your Child's Personal Doctor* (continued)

- Q26.** Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

	GA-CHMD Program 2016 <sup>6</sup>	
● Worst personal doctor possible	0	0.0%
● 1	0	0.0%
● 2	1	0.3%
● 3	0	0.0%
● 4	0	0.0%
● 5	10	2.5%
● 6	9	2.3%
● 7	28	7.1%
● 8	62	15.8%
● 9	64	16.3%
● Best personal doctor possible	219	55.7%
<b>Total</b>	393	100.0%
Not Answered	14	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	87.8%	

### *Getting Health Care From Specialists*

- Q27.** Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	89	19.9%
No	358	80.1%
<b>Total</b>	447	100.0%
Not Answered	4	

- Q28.** In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

	GA-CHMD Program 2016 <sup>6</sup>	
● Never	2	2.3%
● Sometimes	21	24.4%
● Usually	20	23.3%
● Always	43	50.0%
<b>Total</b>	86	100.0%
Not Answered	3	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	73.3%	

○ **Response scored as:** ● Achievement ● Room for improvement

## Responses by Question

### Getting Health Care From Specialists (continued)

**Q29.** How many specialists has your child seen in the last 6 months?

	GA-CHMD Program 2016%	
None	7	8.3%
1 specialist	50	59.5%
2	17	20.2%
3	7	8.3%
4	1	1.2%
5 or more specialists	2	2.4%
<b>Total</b>	<b>84</b>	<b>100.0%</b>
Not Answered	5	

**Q30.** We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

	GA-CHMD Program 2016%	
● Worst specialist possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	1	1.3%
● 4	0	0.0%
● 5	1	1.3%
● 6	1	1.3%
● 7	5	6.5%
● 8	11	14.3%
● 9	12	15.6%
● Best specialist possible	46	59.7%
<b>Total</b>	<b>77</b>	<b>100.0%</b>
Not Answered	0	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	89.6%	

### Your Child's Health Plan

**Q31.** In the last 6 months, did you get information or help from customer service at your child's health plan?

	GA-CHMD Program 2016%	
Yes	144	32.5%
No	299	67.5%
<b>Total</b>	<b>443</b>	<b>100.0%</b>
Not Answered	8	

○ Response scored as: ● Achievement ● Room for improvement

## Responses by Question

### *Your Child's Health Plan* (continued)

**Q32.** In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

	GA-CHMD Program 2016 <sup>6</sup>	
● Never	4	2.8%
● Sometimes	29	20.6%
● Usually	41	29.1%
● Always	67	47.5%
<b>Total</b>	141	100.0%
Not Answered	3	
<b>Reporting Category</b>	Customer Service	
Achievement Score	76.6%	

**Q33.** In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

	GA-CHMD Program 2016 <sup>6</sup>	
● Never	4	2.8%
● Sometimes	7	5.0%
● Usually	29	20.6%
● Always	101	71.6%
<b>Total</b>	141	100.0%
Not Answered	3	
<b>Reporting Category</b>	Customer Service	
Achievement Score	92.2%	

**Q34.** In the last 6 months, did your child's health plan give you any forms to fill out?

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	129	29.5%
No	308	70.5%
<b>Total</b>	437	100.0%
Not Answered	14	

○ **Response scored as:** ● Achievement ● Room for improvement

## Responses by Question

### Your Child's Health Plan (continued)

**PQ35.** In the last 6 months, how often were the forms from your child's health plan easy to fill out? [NOTE: Response of 'Always' padded with Q34 = 'No', based on NCQA scoring guidelines.]

	GA-CHMD Program 2016 <sup>6</sup>	
● Never	7	1.6%
● Sometimes	17	3.9%
● Usually	42	9.7%
● Always	368	84.8%
<b>Total</b>	434	100.0%
Not Answered	3	
<b>Reporting Category</b>	Single Items	
Achievement Score	94.5%	

**Q36.** Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

	GA-CHMD Program 2016 <sup>6</sup>	
● Worst health plan possible	2	0.5%
● 1	1	0.2%
● 2	1	0.2%
● 3	1	0.2%
● 4	4	0.9%
● 5	16	3.6%
● 6	13	2.9%
● 7	36	8.1%
● 8	59	13.3%
● 9	84	18.9%
● Best health plan possible	227	51.1%
<b>Total</b>	444	100.0%
Not Answered	7	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	83.3%	

○ Response scored as: ● Achievement ● Room for improvement

# Responses by Question

## About Your Child and You

**Q37.** In general, how would you rate your child's overall health?

	GA-CHMD Program 2016%	
● Excellent	174	39.2%
● Very Good	153	34.5%
● Good	97	21.8%
● Fair	18	4.1%
● Poor	2	0.5%
<b>Total</b>	444	100.0%
Not Answered	7	
<b>Reporting Category</b>	Single Items	
Achievement Score	73.6%	

**Q38.** In general, how would you rate your child's overall mental or emotional health?

	GA-CHMD Program 2016%	
● Excellent	195	44.2%
● Very Good	120	27.2%
● Good	85	19.3%
● Fair	28	6.3%
● Poor	13	2.9%
<b>Total</b>	441	100.0%
Not Answered	10	
<b>Reporting Category</b>	Single Items	
Achievement Score	71.4%	

**Q39.** What is your child's age?

	GA-CHMD Program 2016%	
Less than 1 year old	10	2.3%
1 to 2 years old	48	10.9%
3 to 4 years old	57	12.9%
5 to 7 years old	68	15.4%
8 to 10 years old	80	18.1%
11 to 13 years old	81	18.4%
14 to 19 years old	97	22.0%
<b>Total</b>	441	100.0%
Not Answered	10	

**Response scored as:** ● Achievement ● Room for improvement



## Responses by Question

### *About Your Child and You* (continued)

**Q40. Is your child male or female?**

	GA-CHMD Program 2016 <sup>6</sup>	
Male	247	55.9%
Female	195	44.1%
<b>Total</b>	442	100.0%
Not Answered	9	

**Q41. Is your child of Hispanic or Latino origin or descent?**

	GA-CHMD Program 2016 <sup>6</sup>	
Yes, Hispanic or Latino	129	29.8%
No, Not Hispanic or Latino	304	70.2%
<b>Total</b>	433	100.0%
Not Answered	18	

**Q42.1. What is your child's race? Response: White.**

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	195	48.8%
No	205	51.3%
<b>Total</b>	400	100.0%
Not Answered	51	

**Q42.2. What is your child's race? Response: Black or African-American.**

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	174	43.5%
No	226	56.5%
<b>Total</b>	400	100.0%
Not Answered	51	

**Q42.3. What is your child's race? Response: Asian.**

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	17	4.3%
No	383	95.8%
<b>Total</b>	400	100.0%
Not Answered	51	

## Responses by Question

### *About Your Child and You* (continued)

**Q42.4.** What is your child's race? Response: Native Hawaiian or other Pacific Islander.

	GA-CHMD Program 2016%	
Yes	7	1.8%
No	393	98.3%
<b>Total</b>	400	100.0%
Not Answered	51	

**Q42.5.** What is your child's race? Response: American Indian or Alaskan Native.

	GA-CHMD Program 2016%	
Yes	11	2.8%
No	389	97.3%
<b>Total</b>	400	100.0%
Not Answered	51	

**Q42.6.** What is your child's race? Response: Other.

	GA-CHMD Program 2016%	
Yes	48	12.0%
No	352	88.0%
<b>Total</b>	400	100.0%
Not Answered	51	

**Q43.** What is your age?

	GA-CHMD Program 2016%	
Under 18	25	5.7%
18 to 24	26	5.9%
25 to 34	156	35.5%
35 to 44	143	32.6%
45 to 54	45	10.3%
55 to 64	27	6.2%
65 to 74	16	3.6%
75 or older	1	0.2%
<b>Total</b>	439	100.0%
Not Answered	12	

## Responses by Question

### *About Your Child and You* (continued)

**Q44. Are you male or female?**

	GA-CHMD Program 2016 <sup>6</sup>	
Male	31	7.1%
Female	407	92.9%
<b>Total</b>	<b>438</b>	<b>100.0%</b>
Not Answered	13	

**Q45. What is the highest grade or level of school that you have completed?**

	GA-CHMD Program 2016 <sup>6</sup>	
8th grade or less	53	12.2%
Some high school but did not graduate	62	14.3%
High school graduate or GED	141	32.5%
Some college or 2-year degree	136	31.3%
4-year college graduate	24	5.5%
More than 4-year college degree	18	4.1%
<b>Total</b>	<b>434</b>	<b>100.0%</b>
Not Answered	17	

**Q46. How are you related to the child?**

	GA-CHMD Program 2016 <sup>6</sup>	
Mother or father	386	90.4%
Grandparent	29	6.8%
Aunt or uncle	4	0.9%
Older brother or sister	0	0.0%
Other relative	0	0.0%
Legal guardian	6	1.4%
Someone else	2	0.5%
<b>Total</b>	<b>427</b>	<b>100.0%</b>
Not Answered	24	

**Q47. Did someone help you complete this survey?**

	GA-CHMD Program 2016 <sup>6</sup>	
Yes	16	6.6%
No	226	93.4%
<b>Total</b>	<b>242</b>	<b>100.0%</b>
Not Answered	3	

## Responses by Question

### *About Your Child and You* (continued)

**Q48.1.** How did that person help you? Response: Read the questions to me.

	GA-CHMD Program 2016%	
Yes	7	43.8%
No	9	56.3%
<b>Total</b>	16	100.0%
Not Answered	3	

**Q48.2.** How did that person help you? Response: Wrote down the answers I gave.

	GA-CHMD Program 2016%	
Yes	4	25.0%
No	12	75.0%
<b>Total</b>	16	100.0%
Not Answered	3	

**Q48.3.** How did that person help you? Response: Answered the questions for me.

	GA-CHMD Program 2016%	
Yes	1	6.3%
No	15	93.8%
<b>Total</b>	16	100.0%
Not Answered	3	

**Q48.4.** How did that person help you? Response: Translated the questions into my language.

	GA-CHMD Program 2016%	
Yes	12	75.0%
No	4	25.0%
<b>Total</b>	16	100.0%
Not Answered	3	

**Q48.5.** How did that person help you? Response: Helped in some other way.

	GA-CHMD Program 2016%	
Yes	1	6.3%
No	15	93.8%
<b>Total</b>	16	100.0%
Not Answered	3	

# Custom Questions

## About You

**Q38a.** Has your child had either a flu shot or flu spray in the nose since July 1, 2015?

	GA-CHMD Program 2016	
<input checked="" type="radio"/> Yes	198	45.7%
<input checked="" type="radio"/> No	235	54.3%
<input checked="" type="radio"/> Don't know	9	
<b>Total</b>	433	100.0%
Not Answered	9	
<b>Reporting Category</b>	Single Items	
Achievement Score	45.7%	

**Response scored as:**  Achievement  Room for improvement



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

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

If you want to know more about this study, please call 1-877-455-7161.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark ●

Incorrect Marks ⊘



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

● Yes → Go to Question 1
○ No

START HERE

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

- 1. Our records show that your child is now in [Georgia Medicaid/PeachCare for Kids]. Is that right?

○ Yes → Go to Question 3
○ No

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

\_\_\_\_\_



**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?  
 Yes  
 No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?  
 Never  
 Sometimes  
 Usually  
 Always
  
- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?  
 Yes  
 No → *Go to Question 7*
  
- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?  
 Never  
 Sometimes  
 Usually  
 Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?  
 None → *Go to Question 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
  
- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?  
 Yes  
 No
  
- 9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?  
 Yes  
 No → *Go to Question 13*
  
- 10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?  
 Yes  
 No
  
- 11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?  
 Yes  
 No



12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
 No

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

0 1 2 3 4 5 6 7 8 9 10
Worst Health Care Possible Best Health Care Possible

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

- Never
 Sometimes
 Usually
 Always

YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
 No -> Go to Question 27

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None -> Go to Question 26
 1 time
 2
 3
 4
 5 to 9
 10 or more times

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Never
 Sometimes
 Usually
 Always

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

- Yes
 No -> Go to Question 22





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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Personal Doctor       |                       |                       |                       |                       | Personal Doctor       |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

**GETTING HEALTH CARE FROM SPECIALISTS**

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

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 31**

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always



29. How many specialists has your child seen in the last 6 months?

- None → Go to Question 31
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Specialist            |                       |                       |                       |                       | Specialist            |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

### YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → Go to Question 34

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → Go to Question 36

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

- Never
- Sometimes
- Usually
- Always

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Plan           |                       |                       |                       |                       | Health Plan           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

### ABOUT YOUR CHILD AND YOU

37. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor



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

- Excellent
- Very good
- Good
- Fair
- Poor

38a. Has your child had either a flu shot or flu spray in the nose since July 1, 2015?

- Yes
- No
- Don't know

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

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

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

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

43. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

44. Are you male or female?

- Male
- Female

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

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

46. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

47. Did someone help you complete this survey?

- Yes → **Go to Question 48**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

◆ **48. How did that person help you? Mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**

