



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Medicaid Program

## CAHPS® 5.0 Child Medicaid Summary Report

July 2015



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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) 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. Attempts were made to survey 1650 member households by mail and telephone during the period March 17, 2015 through May 1, 2015, 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 who were continuously enrolled in the plan for at least 6 months as of December 31, 2014, 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. Questionnaires were considered complete if respondents did not answer 'No' to Q1 and provided a valid response to at least one item in the questionnaire. Complete interviews were obtained from 427 GA-CHMD members, and the response rate was 26.8%.

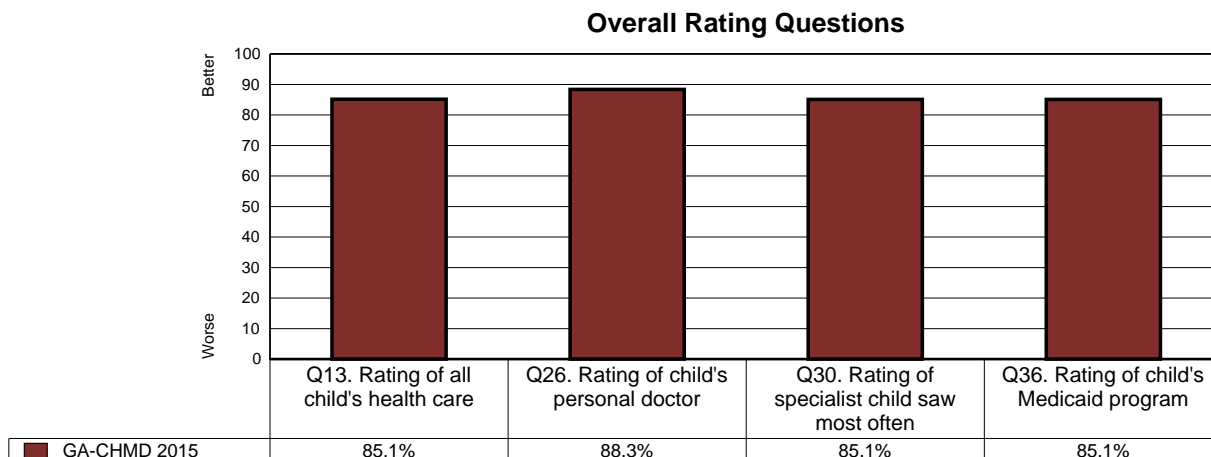
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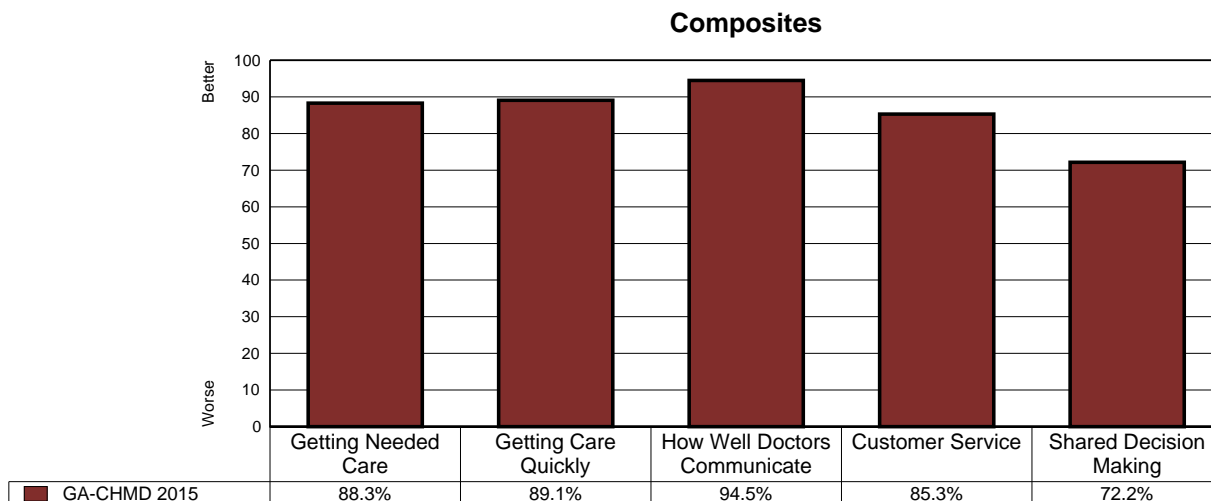
### SUMMARY OF OVERALL RATING QUESTIONS

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 2015
First mailing - sent	1650
*First mailing - usable survey returned	115
Second mailing - sent	1434
*Second mailing - usable survey returned	95
*Phone - usable surveys	217
<b>Total - usable surveys</b>	<b>427</b>
†Ineligible: According to population criteria‡	21
†Ineligible: Language barrier	6
†Ineligible: Deceased	0
†Ineligible: Mentally or physically unable to complete survey	0
Bad phone number OR bad address	171
Refusal	31
Nonresponse - Unavailable by mail AND phone	994
<b>Adjusted Response Rate</b>	<b>26.3%</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. Is that right?**

	GA-CHMD 2015	
	N	%
Yes	420	100.0%
No	0	0.0%
<b>Total</b>	420	100.0%
Not Answered	7	

### *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 2015	
	N	%
Yes	138	33.2%
No	278	66.8%
<b>Total</b>	416	100.0%
Not Answered	11	

**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 2015	
	N	%
<input type="radio"/> Never	3	2.4%
<input type="radio"/> Sometimes	12	9.4%
<input checked="" type="radio"/> Usually	12	9.4%
<input checked="" type="radio"/> Always	100	78.7%
<b>Total</b>	127	100.0%
Not Answered	11	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	88.2%	

**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 2015	
	N	%
Yes	299	72.2%
No	115	27.8%
<b>Total</b>	414	100.0%
Not Answered	13	

**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 2015	
	N	%
<input type="radio"/> Never	3	1.1%
<input type="radio"/> Sometimes	28	9.8%
<input type="radio"/> Usually	48	16.8%
<input type="radio"/> Always	206	72.3%
<b>Total</b>	285	100.0%
Not Answered	14	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	89.1%	

- 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 for yourself?

	GA-CHMD 2015	
	N	%
None	102	25.3%
1 time	107	26.6%
2	79	19.6%
3	47	11.7%
4	27	6.7%
5 to 9	28	6.9%
10 or more times	13	3.2%
<b>Total</b>	403	100.0%
Not Answered	24	

- 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 2015	
	N	%
<input type="radio"/> Yes	213	72.9%
<input type="radio"/> No	79	27.1%
<b>Total</b>	292	100.0%
Not Answered	9	
<b>Reporting Category</b>	Single Items	
Achievement Score	72.9%	

**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 2015	
	N	%
Yes	91	31.0%
No	203	69.0%
<b>Total</b>	294	100.0%
Not Answered	7	

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

	GA-CHMD 2015	
	N	%
<input checked="" type="radio"/> Yes	81	90.0%
<input type="radio"/> No	9	10.0%
<b>Total</b>	90	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	90.0%	

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

	GA-CHMD 2015	
	N	%
<input checked="" type="radio"/> Yes	50	55.6%
<input type="radio"/> No	40	44.4%
<b>Total</b>	90	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	55.6%	

- 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 2015	
	N	%
<input checked="" type="radio"/> Yes	63	70.0%
<input type="radio"/> No	27	30.0%
<b>Total</b>	90	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	70.0%	

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 2015	
	N	%
● Worst health care possible	0	0.0%
● 1	0	0.0%
● 2	1	0.3%
● 3	4	1.4%
● 4	2	0.7%
● 5	10	3.5%
● 6	2	0.7%
● 7	24	8.3%
● 8	61	21.1%
● 9	56	19.4%
● Best health care possible	129	44.6%
<b>Total</b>	289	100.0%
Not Answered	12	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	85.1%	

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

	GA-CHMD 2015	
	N	%
● Never	4	1.4%
● Sometimes	27	9.2%
● Usually	62	21.2%
● Always	199	68.2%
<b>Total</b>	292	100.0%
Not Answered	9	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	89.4%	

### *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 2015	
	N	%
Yes	361	89.1%
No	44	10.9%
<b>Total</b>	405	100.0%
Not Answered	22	

○ **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 2015	
	N	%
None	75	21.7%
1 time	99	28.7%
2	74	21.4%
3	41	11.9%
4	23	6.7%
5 to 9	27	7.8%
10 or more times	6	1.7%
<b>Total</b>	345	100.0%
Not Answered	16	

**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 2015	
	N	%
<input type="radio"/> Never	5	1.9%
<input type="radio"/> Sometimes	8	3.0%
<input type="radio"/> Usually	41	15.2%
<input type="radio"/> Always	215	79.9%
<b>Total</b>	269	100.0%
Not Answered	1	
<b>Reporting Category</b>	Communication	
Achievement Score	95.2%	

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

	GA-CHMD 2015	
	N	%
<input type="radio"/> Never	2	0.7%
<input type="radio"/> Sometimes	7	2.6%
<input type="radio"/> Usually	44	16.4%
<input type="radio"/> Always	215	80.2%
<b>Total</b>	268	100.0%
Not Answered	2	
<b>Reporting Category</b>	Communication	
Achievement Score	96.6%	

**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 2015	
	N	%
<input type="radio"/> Never	3	1.1%
<input type="radio"/> Sometimes	6	2.3%
<input type="radio"/> Usually	34	12.8%
<input type="radio"/> Always	223	83.8%
<b>Total</b>	266	100.0%
Not Answered	4	
<b>Reporting Category</b>	Communication	
Achievement Score	96.6%	

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

	GA-CHMD 2015	
	N	%
Yes	190	70.6%
No	79	29.4%
<b>Total</b>	269	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 2015	
	N	%
<input type="radio"/> Never	3	1.6%
<input type="radio"/> Sometimes	8	4.3%
<input type="radio"/> Usually	36	19.1%
<input type="radio"/> Always	141	75.0%
<b>Total</b>	188	100.0%
Not Answered	2	
<b>Reporting Category</b>	Single Items	
Achievement Score	94.1%	

**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 2015	
	N	%
<input type="radio"/> Never	8	3.0%
<input type="radio"/> Sometimes	20	7.5%
<input type="radio"/> Usually	53	20.0%
<input type="radio"/> Always	184	69.4%
<b>Total</b>	265	100.0%
Not Answered	5	
<b>Reporting Category</b>	Communication	
Achievement Score	89.4%	

**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 2015	
	N	%
Yes	237	90.8%
No	24	9.2%
<b>Total</b>	261	100.0%
Not Answered	9	

**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 2015	
	N	%
Yes	94	35.5%
No	171	64.5%
<b>Total</b>	265	100.0%
Not Answered	5	

**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 2015	
	N	%
<input type="radio"/> Never	4	4.3%
<input type="radio"/> Sometimes	9	9.8%
<input type="radio"/> Usually	18	19.6%
<input type="radio"/> Always	61	66.3%
<b>Total</b>	92	100.0%
Not Answered	2	
<b>Reporting Category</b>	Single Items	
Achievement Score	85.9%	

**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 2015	
	N	%
● Worst personal doctor possible	1	0.3%
● 1	0	0.0%
● 2	0	0.0%
● 3	1	0.3%
● 4	2	0.6%
● 5	9	2.6%
● 6	8	2.3%
● 7	19	5.5%
● 8	54	15.7%
● 9	51	14.9%
● Best personal doctor possible	198	57.7%
<b>Total</b>	343	100.0%
Not Answered	18	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	88.3%	

### *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 2015	
	N	%
Yes	76	18.9%
No	326	81.1%
<b>Total</b>	402	100.0%
Not Answered	25	

- 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 2015	
	N	%
● Never	7	9.2%
● Sometimes	9	11.8%
● Usually	16	21.1%
● Always	44	57.9%
<b>Total</b>	76	100.0%
Not Answered	0	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	78.9%	

○ **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 2015	
	N	%
None	7	9.2%
1 specialist	39	51.3%
2	20	26.3%
3	5	6.6%
4	1	1.3%
5 or more specialists	4	5.3%
<b>Total</b>	<b>76</b>	<b>100.0%</b>
Not Answered	0	

**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 2015	
	N	%
● Worst specialist possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	0	0.0%
● 4	0	0.0%
● 5	1	1.5%
● 6	1	1.5%
● 7	8	11.9%
● 8	11	16.4%
● 9	13	19.4%
● Best specialist possible	33	49.3%
<b>Total</b>	<b>67</b>	<b>100.0%</b>
Not Answered	2	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	85.1%	

### 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 2015	
	N	%
Yes	128	32.2%
No	269	67.8%
<b>Total</b>	<b>397</b>	<b>100.0%</b>
Not Answered	30	

○ 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 2015	
	N	%
<input type="radio"/> Never	2	1.6%
<input type="radio"/> Sometimes	23	18.5%
<input type="radio"/> Usually	28	22.6%
<input type="radio"/> Always	71	57.3%
<b>Total</b>	124	100.0%
Not Answered	4	
<b>Reporting Category</b>	Customer Service	
Achievement Score	79.8%	

**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 2015	
	N	%
<input type="radio"/> Never	4	3.2%
<input type="radio"/> Sometimes	7	5.6%
<input type="radio"/> Usually	19	15.2%
<input type="radio"/> Always	95	76.0%
<b>Total</b>	125	100.0%
Not Answered	3	
<b>Reporting Category</b>	Customer Service	
Achievement Score	91.2%	

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

	GA-CHMD 2015	
	N	%
Yes	104	26.5%
No	288	73.5%
<b>Total</b>	392	100.0%
Not Answered	35	

**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 2015	
	N	%
● Never	9	2.3%
● Sometimes	13	3.4%
● Usually	20	5.2%
● Always	345	89.1%
<b>Total</b>	387	100.0%
Not Answered	5	
<b>Reporting Category</b>	Single Items	
Achievement Score	94.3%	

**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 2015	
	N	%
● Worst health plan possible	0	0.0%
● 1	0	0.0%
● 2	1	0.3%
● 3	3	0.8%
● 4	4	1.0%
● 5	10	2.5%
● 6	9	2.3%
● 7	32	8.1%
● 8	69	17.5%
● 9	75	19.0%
● Best health plan possible	192	48.6%
<b>Total</b>	395	100.0%
Not Answered	32	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	85.1%	

○ **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 2015	
	N	%
● Excellent	166	42.0%
● Very Good	131	33.2%
● Good	77	19.5%
● Fair	18	4.6%
● Poor	3	0.8%
<b>Total</b>	395	100.0%
Not Answered	32	
<b>Reporting Category</b>	Single Items	
Achievement Score	75.2%	

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

	GA-CHMD 2015	
	N	%
● Excellent	188	47.4%
● Very Good	103	25.9%
● Good	75	18.9%
● Fair	26	6.5%
● Poor	5	1.3%
<b>Total</b>	397	100.0%
Not Answered	30	
<b>Reporting Category</b>	Single Items	
Achievement Score	73.3%	

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

	GA-CHMD 2015	
	N	%
Less than 1 year old	7	1.8%
1 to 2 years old	45	11.4%
3 to 4 years old	47	11.9%
5 to 7 years old	78	19.8%
8 to 10 years old	78	19.8%
11 to 13 years old	65	16.5%
14 to 19 years old	74	18.8%
<b>Total</b>	394	100.0%
Not Answered	33	

○ **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 2015	
	N	%
Male	196	49.4%
Female	201	50.6%
<b>Total</b>	397	100.0%
Not Answered	30	

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

	GA-CHMD 2015	
	N	%
Yes, Hispanic or Latino	108	27.8%
No, Not Hispanic or Latino	280	72.2%
<b>Total</b>	388	100.0%
Not Answered	39	

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

	GA-CHMD 2015	
	N	%
Yes	167	45.1%
No	203	54.9%
<b>Total</b>	370	100.0%
Not Answered	57	

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

	GA-CHMD 2015	
	N	%
Yes	174	47.0%
No	196	53.0%
<b>Total</b>	370	100.0%
Not Answered	57	

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

	GA-CHMD 2015	
	N	%
Yes	10	2.7%
No	360	97.3%
<b>Total</b>	370	100.0%
Not Answered	57	

## 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 2015	
	N	%
Yes	2	0.5%
No	368	99.5%
<b>Total</b>	370	100.0%
Not Answered	57	

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

	GA-CHMD 2015	
	N	%
Yes	16	4.3%
No	354	95.7%
<b>Total</b>	370	100.0%
Not Answered	57	

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

	GA-CHMD 2015	
	N	%
Yes	42	11.4%
No	328	88.6%
<b>Total</b>	370	100.0%
Not Answered	57	

**Q43.** What is your age?

	GA-CHMD 2015	
	N	%
Under 18	22	5.6%
18 to 24	24	6.2%
25 to 34	153	39.2%
35 to 44	122	31.3%
45 to 54	42	10.8%
55 to 64	19	4.9%
65 to 74	6	1.5%
75 or older	2	0.5%
<b>Total</b>	390	100.0%
Not Answered	37	

## Responses by Question

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

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

	GA-CHMD 2015	
	N	%
Male	46	11.5%
Female	353	88.5%
<b>Total</b>	<b>399</b>	<b>100.0%</b>
Not Answered	28	

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

	GA-CHMD 2015	
	N	%
8th grade or less	41	10.6%
Some high school but did not graduate	49	12.6%
High school graduate or GED	141	36.3%
Some college or 2-year degree	113	29.1%
4-year college graduate	22	5.7%
More than 4-year college degree	22	5.7%
<b>Total</b>	<b>388</b>	<b>100.0%</b>
Not Answered	39	

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

	GA-CHMD 2015	
	N	%
Mother or father	348	89.5%
Grandparent	27	6.9%
Aunt or uncle	1	0.3%
Older brother or sister	4	1.0%
Other relative	1	0.3%
Legal guardian	6	1.5%
Someone else	2	0.5%
<b>Total</b>	<b>389</b>	<b>100.0%</b>
Not Answered	38	

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

	GA-CHMD 2015	
	N	%
Yes	20	9.8%
No	185	90.2%
<b>Total</b>	<b>205</b>	<b>100.0%</b>
Not Answered	5	

## 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 2015	
	N	%
Yes	6	35.3%
No	11	64.7%
<b>Total</b>	17	100.0%
Not Answered	8	

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

	GA-CHMD 2015	
	N	%
Yes	5	29.4%
No	12	70.6%
<b>Total</b>	17	100.0%
Not Answered	8	

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

	GA-CHMD 2015	
	N	%
Yes	2	11.8%
No	15	88.2%
<b>Total</b>	17	100.0%
Not Answered	8	

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

	GA-CHMD 2015	
	N	%
Yes	11	64.7%
No	6	35.3%
<b>Total</b>	17	100.0%
Not Answered	8	

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

	GA-CHMD 2015	
	N	%
Yes	0	0.0%
No	17	100.0%
<b>Total</b>	17	100.0%
Not Answered	8	

# Custom Questions

## About You

**Q38a.** Has your child had either a flu shot or flu spray in the nose since July 1, 2014?

	GA-CHMD 2015	
	N	%
<input checked="" type="radio"/> Yes	213	57.3%
<input checked="" type="radio"/> No	159	42.7%
<input checked="" type="radio"/> Don't know	23	
<b>Total</b>	372	100.0%
Not Answered	32	
<b>Reporting Category</b>	Single Items	
Achievement Score	57.3%	

**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 you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the 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 the [Georgia Medicaid/PeachCare for Kids Program]. 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 doctors or other health providers 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 Personal        |                       |                       |                       |                       |                       | Best Personal         |                       |                       |                       |                       |
| Doctor Possible       |                       |                       |                       |                       |                       | Doctor 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?

- 0 1 2 3 4 5 6 7 8 9 10  
 Worst Specialist Possible                      Best Specialist Possible

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?

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

### 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, 2014?

- 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

**THANK YOU**

**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**





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