

What Consumers Say About the Quality of Their Health Plans and Medical Care

**National CAHPS®
Benchmarking Database
2002 Chartbook**

NCBD 2002 Chartbook

September 2002

The National CAHPS[®] Benchmarking Database (NCBD) is funded by the U.S. Agency for Healthcare Research and Quality and administered by Westat and Shaller Consulting under Contract Number 290-01-0003. For more information about the NCBD and CAHPS[®], please visit the NCBD Web site (<http://ncbd.cahps.org>) or contact the CAHPS Survey Users Network (SUN). The SUN can be reached through the password-protected SUN Web site (<http://www.cahps-sun.org>) via e-mail to cahps1@westat.com or by calling the SUN Helpline at 1-800-492-9261.

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Introduction

The *NCBD 2002 Chartbook* presents aggregate results from the 2002 National CAHPS[®] Benchmarking Database (NCBD) along with the NCBD 2001 results. NCBD is the national repository for CAHPS[®] survey data and is intended to support benchmarking and research related to consumer assessments of care.

The NCBD is the nation's only resource where data about consumer assessments of their health care are compiled in one place for Commercial (employer-sponsored), Medicaid, and Medicare health plans. The data presented in this chartbook include summary-level distributions of survey results in 2001 and 2002 for the following populations:

- Adult Commercial
- Child Commercial
- Adult Medicaid
- Child Medicaid
- Medicare Managed Care

For the Adult Commercial and Adult Medicaid populations, summary-level distributions are also presented by plan model type.

The NCBD Chartbook is published annually to provide sponsors of CAHPS surveys and others the most recent national CAHPS survey results available. Beginning in 2003, the NCBD Chartbook will expand to include CAHPS results from State Children's Health Insurance Program (SCHIP) sponsors participating in the NCBD.

The results presented in this chartbook include the CAHPS consumer report composites and ratings. Results for the individual question items that make up the consumer report composites are available upon request.

Key Findings

The charts in this report present CAHPS survey results for 2002 and 2001 in the Commercial, Medicaid, and Medicare sectors. Because the data sources for the two years are not exactly the same (see Data Sources, page 5), results for the two years cannot be directly compared. However, results for 2002 and 2001 are remarkably consistent for all sectors. Key findings include:

Overall Results

- Overall, survey respondents rate their health care highly and report positive experiences with their doctors and other health care providers.
- The most positive experiences are reported for questions related to “getting needed care”. In contrast, the least positive experiences are reported for questions related to “getting care quickly”.
- Parents generally give higher ratings and report more positive experiences for their children's care than adults for their own care.
- In general, respondents rate their health plans lower than they rate their personal doctors and specialists.

Differences Across Sectors

- Commercial, Medicaid, and Medicare enrollees rate their care differently, with Medicare managed care enrollees reporting the most positive experiences compared to Commercial and Medicaid HMO enrollees.
- Medicaid enrollees give high ratings to their plans and providers, but report the least positive experiences in “getting needed care” and “getting care quickly”.

Differences Across Plan Model Types

- Respondents in Preferred Provider Organizations (PPOs) give a higher percentage of positive responses than respondents enrolled in Health Maintenance Organizations (HMOs) and Point of Service (POS) health plans.
- Data from 2001 suggests that enrollees in Medicaid Primary Care Case Management (PCCM) programs report more positive experiences and rate their plans more highly than Medicaid HMO enrollees.

About the CAHPS[®] Surveys

CAHPS, sponsored by the Agency for Healthcare Research and Quality, is a family of survey instruments and reporting tools designed to measure important dimensions of health care performance from the consumer's point of view. The CAHPS surveys were developed for use with all types of health insurance enrollees (Commercial, Medicaid, and Medicare) and across the full range of health care delivery systems from fee-for-service to managed care plans. A core survey questionnaire is available for adults concerning their own experiences and for parents or guardians concerning the experience of care for their children. Supplemental questions have been developed to meet other needs of users. For example, there are supplemental items for identifying and collecting data on the health care of adults receiving mental health services.

The CAHPS Survey and Reporting Kit provides users with all the tools required to conduct the survey, analyze the data and report the results. This Kit and further information on CAHPS are available through the CAHPS Survey Users Network (SUN). The SUN can be reached through the password-protected SUN Web site (<http://www.cahps-sun.org>), via e-mail to cahps1@westat.com, or by calling the SUN Helpline at 1-800-492-9261.

About the NCBD

The growing use of CAHPS has been accompanied by an increasing demand for a national database that can be used for benchmarking health plan performance and for conducting research related to consumer assessments of care. The National CAHPS Benchmarking Database (NCBD) was initiated in 1998 to address this need. Since 1999, the NCBD has been funded by the Agency for Healthcare Research and Quality and administered by Westat and Shaller Consulting through the CAHPS Survey Users Network (SUN). An advisory group composed of representatives from survey sponsor organizations and other interested groups provides oversight and direction for the NCBD.

All sponsors of CAHPS surveys that are administered independently according to CAHPS survey specifications are invited to participate in the NCBD.¹ Commercial, Medicaid, and SCHIP sponsors submitting data to NCBD receive a customized report that compares their own results to appropriate national and regional benchmarks. Researchers may gain authorized access to the NCBD research files by submitting an application that is reviewed by a special committee of the NCBD Advisory Group.

Further information about the NCBD is available through the NCBD Web site at:
<http://ncbd.cahps.org>

¹ CAHPS surveys that have not been administered according to CAHPS specifications are evaluated for comparability before data are reported in the chartbook.

Data Sources

The data presented in this report were compiled from CAHPS survey results submitted to the NCBD by various sponsors, including public and private employers, state Medicaid agencies, Medicare, and individual health plans. The 2002 results are based on survey data collected between September 2001 and July 2002. The 2001 results are based on survey data collected between September 2000 and July 2001.

The following table presents the number of Commercial, Medicaid, and Medicare survey respondents and health plan samples included in the NCBD, for 2002 and 2001, respectively. The number of health plan samples is indicated in parentheses.

Number of Survey Respondents and Health Plan Samples 2002 and 2001

	Commercial		Medicaid		Medicare
	Adult	Child	Adult	Child	Adult
NCBD 2002	94,546 (219)	5,600 (10)	48,109 (136)	60,534 (122)	153,172 (321)
NCBD 2001	165,500 (266)	9,913 (24)	45,127 (142)	36,940 (124)	179,451 (381)

Several differences can be noted in comparing NCBD data sources for the two years. In the Commercial sector, there was a significant decline in the number of health plan samples and survey respondents between 2001 and 2002 (e.g., 252 samples compared to 205 in the adult sample). This decline was due primarily to fewer plans participating in the Federal Employees Health Benefit Program, administered by the U.S. Office of Personnel Management, which is a major source of Commercial plan data for the NCBD. Despite the decline, the relative distribution of plan samples across states remained fairly constant.

In contrast to the Commercial sector, there was a notable increase in the number of survey respondents submitted by Medicaid sponsors, especially for the child population (36,940 compared to 60,534). This increase was due primarily to the use of the new CAHPS 2.0 Child Survey which includes additional questions related to care of children with chronic conditions, and therefore requires that larger sample sizes be collected per plan sample. The number of plan samples and participating sponsors remained fairly stable between the two years.

In the Medicare managed care population, both the number of health plan samples and respondents declined between 2001 and 2002, reflecting the corresponding decline in health plans participating in the Medicare managed care program.

Tables on the following two pages present the number of respondents and health plan samples in the NCBD for 2002 and 2001 by state, U.S. territory and the District of Columbia..

NCBD 2002 Survey Respondents and Health Plan Samples by State

State	Commercial		Medicaid		Medicare
	Adult	Child	Adult	Child	Adult
Alabama	813 (2)	–	–	–	1,840 (4)
Arizona	1,422 (4)	–	–	–	4,341 (9)
Arkansas	–	–	–	–	1,028 (2)
California	4,005 (10)	–	328 (1)	245 (1)	22,898 (48)
Colorado	2,530 (5)	149 (1)	534 (1)	2,435 (4)	4,614 (9)
Connecticut	1,142 (3)	–	325 (1)	–	2,438 (5)
Delaware	385 (1)	–	–	–	585 (2)
DC	322 (1)	–	290 (1)	300 (1)	519 (1)
Florida	2,066 (7)	–	4,585 (14)	–	15,039 (34)
Georgia	1,249 (3)	–	–	–	1,017 (2)
Guam	338 (1)	–	–	–	–
Hawaii	1,162 (2)	–	2,903 (5)	–	1,451 (3)
Idaho	–	–	–	–	1,029 (2)
Illinois	1,734 (4)	–	143 (1)	137 (1)	3,958 (8)
Indiana	3,335 (8)	–	–	–	2,508 (5)
Iowa	1,394 (3)	–	952 (4)	1,225 (4)	1,022 (2)
Kansas	1,146 (3)	–	1,024 (2)	3,641 (3)	2,106 (4)
Kentucky	530 (1)	–	–	–	1,024 (2)
Louisiana	665 (2)	–	–	–	2,392 (5)
Maryland	2,900 (7)	–	2,597 (7)	5,691 (7)	978 (2)
Massachusetts	4,775 (9)	1,331 (2)	1,947 (6)	2,397 (5)	5,020 (10)
Michigan	3,954 (10)	674 (1)	8,224 (19)	12,562 (19)	2,995 (6)
Minnesota	494 (1)	–	–	–	3,045 (7)
Mississippi	–	–	–	–	460 (1)
Missouri	3,450 (9)	–	–	–	3,671 (8)
Nebraska	–	–	–	–	511 (1)
Nevada	885 (3)	–	807 (2)	–	1,909 (4)
New Hampshire	502 (1)	–	–	–	493 (1)
New Jersey	1,872 (6)	–	559 (2)	235 (1)	4,952 (10)
New Mexico	2,135 (5)	1,250 (2)	1,141 (3)	1,697 (3)	966 (2)
New York	6,026 (15)	825 (2)	7,488 (29)	7,540 (29)	11,118 (26)
North Carolina	502 (1)	–	–	–	1,566 (3)
North Dakota	–	–	–	–	475 (1)
Ohio	4,233 (9)	–	1,885 (2)	1,688 (1)	9,120 (18)
Oklahoma	762 (2)	–	1,744 (5)	393 (1)	1,501 (3)
Oregon	370 (1)	–	4,844 (16)	4,962 (17)	6,144 (12)
Pennsylvania	3,407 (8)	570 (1)	2,829 (7)	2,513 (7)	10,965 (23)
Puerto Rico	316 (1)	–	–	–	–
Rhode Island	–	–	475 (1)	–	1,489 (3)
South Dakota	587 (1)	–	–	–	482 (1)
Tennessee	1,365 (4)	–	529 (1)	–	1,582 (3)
Texas	6,127 (10)	–	959 (3)	940 (3)	4,238 (9)
Utah	455 (1)	–	–	2,481 (4)	–
Vermont	589 (1)	–	–	345 (1)	–
Virginia	755 (2)	801 (1)	997 (3)	2,292 (3)	514 (1)
Washington	7,664 (14)	–	–	6,815 (7)	4,782 (10)
West Virginia	–	–	–	–	1,550 (3)
Wisconsin	9,226 (26)	–	–	–	2,837 (6)
Multi-state plans	6,957 (12)	–	–	–	–
TOTAL	94,546 (219)	5,600 (10)	48,469 (136)	60,534 (122)	153,172 (321)

NCBD 2001 Survey Respondents and Health Plan Samples by State

State	Commercial		Medicaid		Medicare
	Adult	Child	Adult	Child	Adult
Alabama	654 (1)	–	–	–	1,978 (4)
Arizona	1,742 (3)	344 (1)	–	–	4,071 (9)
Arkansas	–	–	505 (1)	469 (1)	1,042 (2)
California	8,700 (14)	471 (1)	8,106 (30)	7,554 (30)	20,306 (45)
Colorado	1,664 (2)	–	1,831 (5)	1,481 (5)	4,833 (10)
Connecticut	3,199 (5)	418 (1)	–	–	4,331 (9)
Delaware	2,076 (3)	–	–	–	531 (1)
DC	2,584 (4)	–	–	–	486 (1)
Florida	2,902 (5)	604 (2)	3,826 (13)	–	14,756 (35)
Georgia	1,212 (2)	–	–	–	2,335 (5)
Guam	635 (1)	–	–	–	–
Hawaii	3,090 (4)	413 (1)	3,395 (6)	–	1,921 (4)
Idaho	–	–	–	–	1,050 (2)
Illinois	2,958 (4)	–	–	–	4,885 (10)
Indiana	4,658 (7)	454 (1)	–	–	3,612 (8)
Iowa	2,394 (3)	–	–	–	1,481 (3)
Kansas	701 (1)	–	462 (1)	455 (1)	2,552 (5)
Kentucky	1,461 (2)	–	–	–	1,854 (4)
Louisiana	520 (1)	–	–	–	3,134 (7)
Maine	1,339 (2)	–	–	–	539 (1)
Maryland	3,854 (7)	–	–	–	2,647 (6)
Massachusetts	3,820 (6)	436 (1)	1,453 (5)	2,319 (5)	5,209 (11)
Michigan	4,734 (7)	496 (1)	6,272 (18)	5,519 (18)	3,506 (7)
Minnesota	825 (1)	536 (1)	4,696 (8)	2,027 (6)	3,017 (6)
Mississippi	456 (1)	–	–	–	–
Missouri	5,702 (9)	–	–	–	4,906 (10)
Nebraska	–	–	–	–	529 (1)
Nevada	1,588 (3)	–	348 (1)	1,170 (4)	1,899 (4)
New Hampshire	671 (1)	–	–	–	520 (1)
New Jersey	3,717 (6)	–	–	–	4,934 (10)
New Mexico	6,083 (9)	976 (3)	342 (1)	329 (1)	1,953 (4)
New York	12,141 (17)	3,181 (7)	263 (1)	434 (1)	13,455 (31)
North Carolina	1,338 (2)	857 (2)	–	–	2,113 (4)
North Dakota	–	–	–	–	497 (1)
Ohio	6,062 (8)	425 (1)	3,683 (8)	3,931 (8)	11,759 (24)
Oklahoma	1,337 (2)	302 (1)	351 (1)	1,591 (5)	1,963 (4)
Oregon	2,197 (3)	–	–	–	5,932 (12)
Pennsylvania	3,783 (5)	–	2,110 (6)	1,910 (6)	13,113 (26)
Puerto Rico	549 (1)	–	–	–	–
Rhode Island	–	–	–	–	1,493 (3)
Tennessee	1,196 (4)	–	449 (1)	–	3,063 (6)
Texas	26,453 (54)	–	2,876 (24)	3,869 (24)	9,219 (20)
Utah	685 (1)	–	–	–	–
Vermont	864 (1)	–	1,859 (5)	–	–
Virginia	2,543 (4)	–	–	–	1,027 (2)
Washington	10,374 (13)	–	2,300 (7)	3,882 (9)	6,687 (14)
West Virginia	–	–	–	–	1,537 (3)
Wisconsin	10,979 (25)	–	–	–	2,776 (6)
Multi-state plans	11,060 (12)	–	–	–	–
TOTAL	165,500 (266)	9,913 (24)	45,127 (142)	36,940 (124)	179,451 (381)

Health Plan Model Types

The following table shows the distribution of health plan model types for the adult population in the NCBD 2002 and 2001. Although the total number of plan samples declined between 2001 and 2002, the relative distribution of model types within each sector remained consistent between the two years. (See Appendix A for definition of health plan model types.)

NCBD 2002 Adult Health Plan Samples by Plan Model Type

Health Plan Model Type	Commercial		Medicaid		Medicare	
	2001	2002	2001	2002	2001	2002
Health Maintenance Organization (HMO)	NA	NA	NA	NA	381	321
HMO/Point of Service (POS)*	247	201	129	128	0	0
Preferred Provider Organization (PPO)	19	17	1	0	0	0
Primary Care Case Management (PCCM)**	NA	NA	11	6	0	0
Indemnity/Fee-for-Service	0	1	1	2	0	0
TOTAL	266	219	142	136	381	321

NA = Not applicable

* For some sponsor submissions of CAHPS survey data to the NCBD, it was not possible to determine if the model type was an HMO, a POS, or a combination of HMO/POS respondents. For this reason, the model type for such adult commercial submissions is shown as HMO/POS.

** The NCBD threshold for reporting a benchmark is a minimum of 10 plan samples. In 2002 only six PCCM plan samples were submitted and therefore are not reported.

Comparing Consumer Reports of Their Experiences with Care

Most of the CAHPS survey questions ask respondents to report on their experiences with different aspects of their care. These reporting questions are combined into groups that address the same aspect of care or service to arrive at a broader assessment. CAHPS reporting questions fall into five major groups, called composites, that summarize enrollee experiences in the following areas:

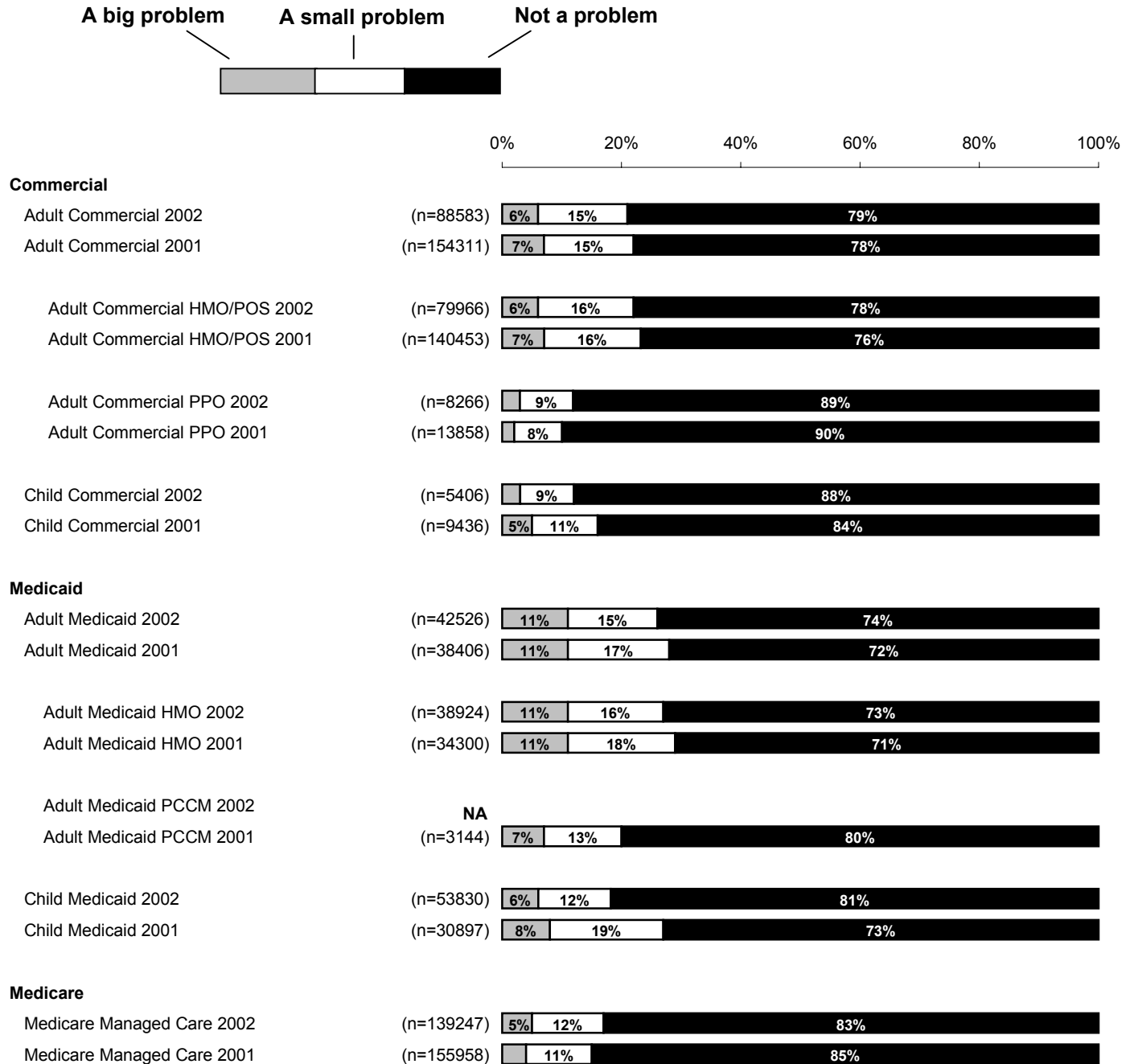
- Getting needed care
- Getting care quickly
- Doctors who communicate well
- Courteous and helpful office staff
- Health plan customer service

The reporting questions that make up the “getting needed care” and “customer service” composites ask respondents to indicate how much of a problem the respondent has with a certain aspect of care in the past 12 months: “not a problem,” “a small problem,” or “a big problem.” Results for these composites are reported as the percentage of respondents indicating “not a problem.”

The reporting questions that make up the other three composites ask respondents how often something happened in the past 12 months: “never,” “sometimes,” “usually,” or “always.” Results for these composites are reported as the percentage of respondents giving the most positive response.

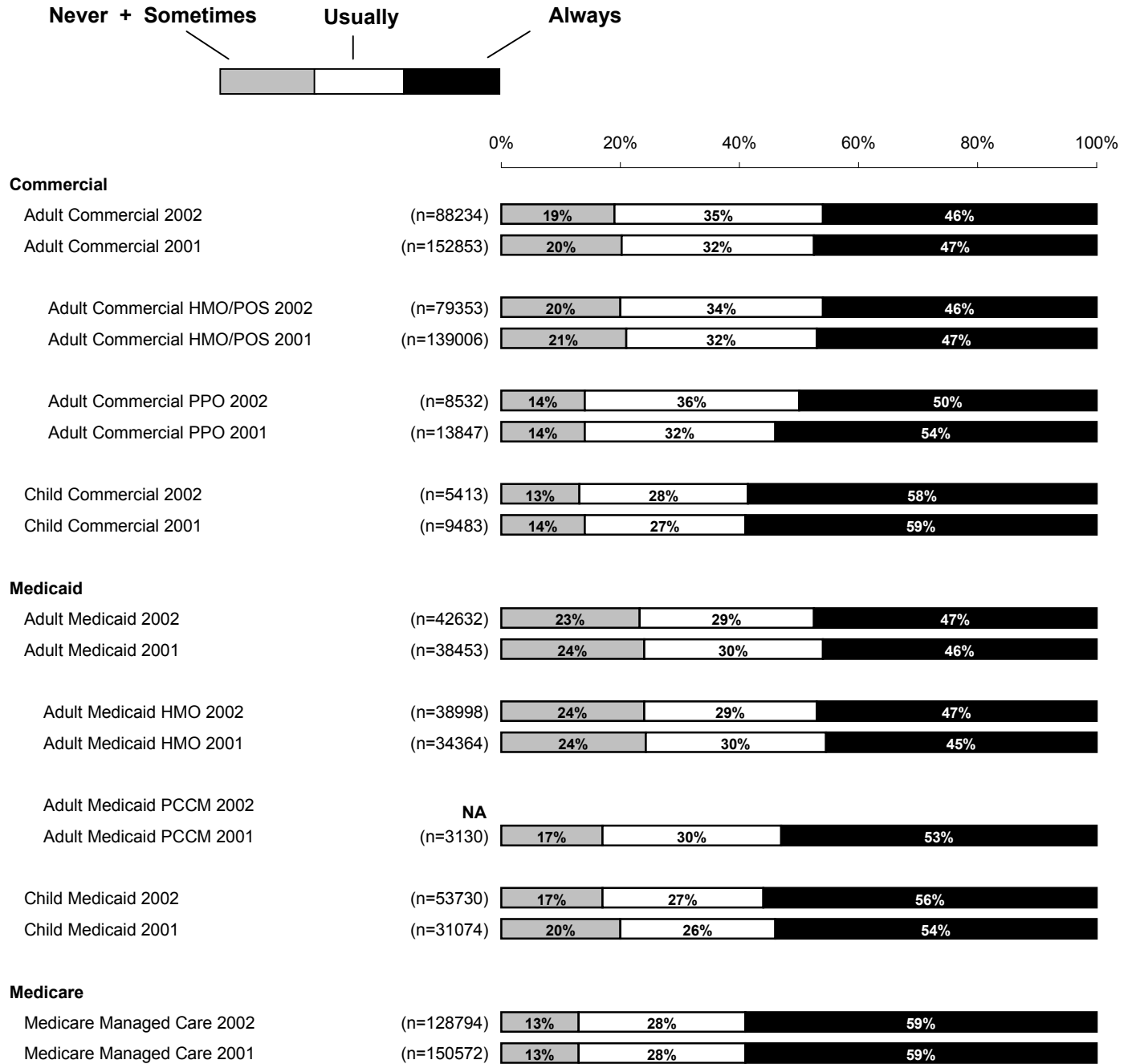
The following charts show the distribution of CAHPS survey scores for each of the five composite categories. The definitions of terms used in the charts are presented in Appendix A. The specific question items and response options that make up each of the composites are presented in Appendix B.

Getting Needed Care: *Combines responses from four questions regarding how much of a problem, if any, consumers had with various aspects of getting needed care.*



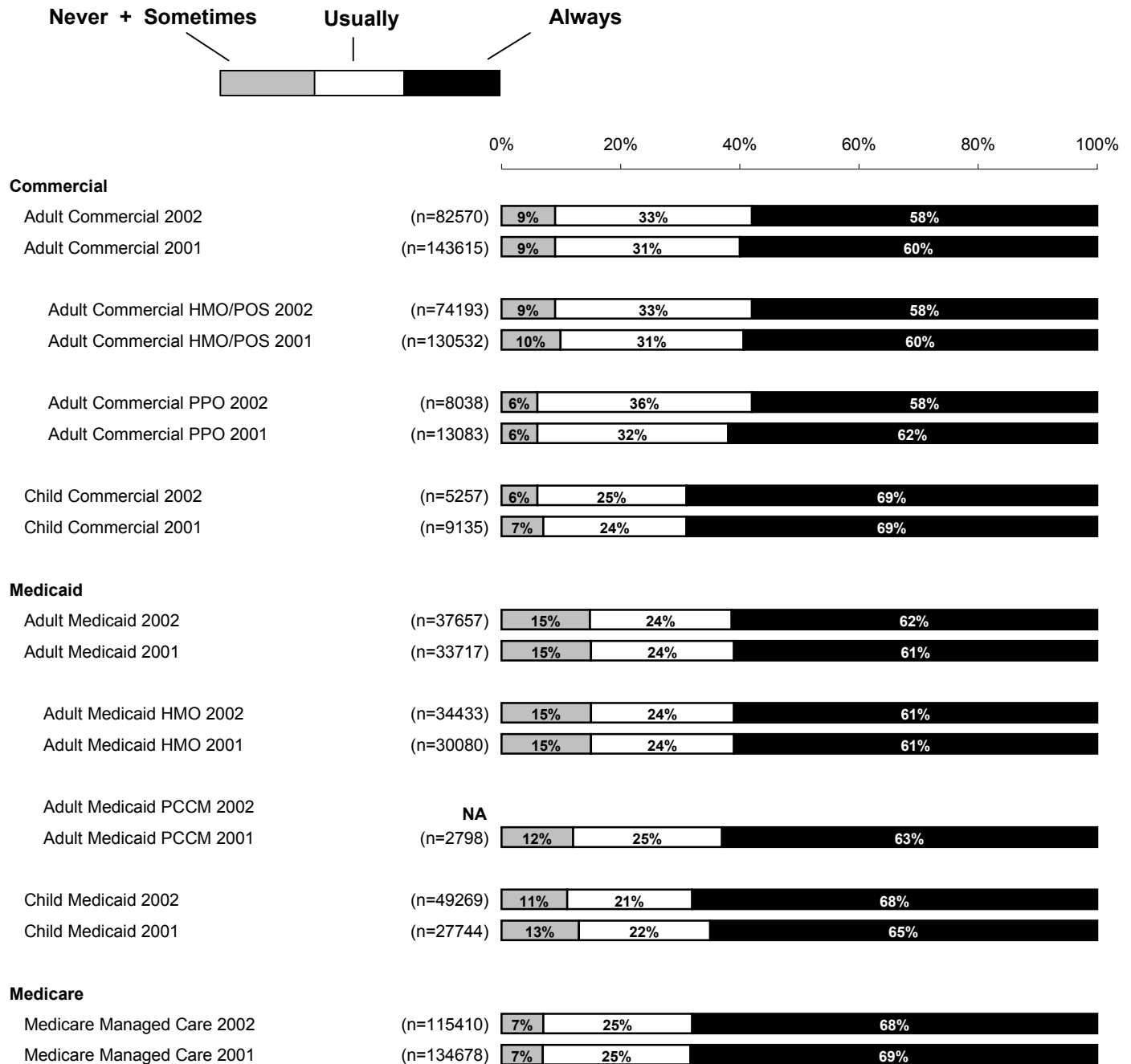
NOTE: Response distributions may not sum to 100 percent due to rounding.

Getting Care Quickly: *Combines responses from four questions regarding how often consumers received various types of care in a timely manner.*



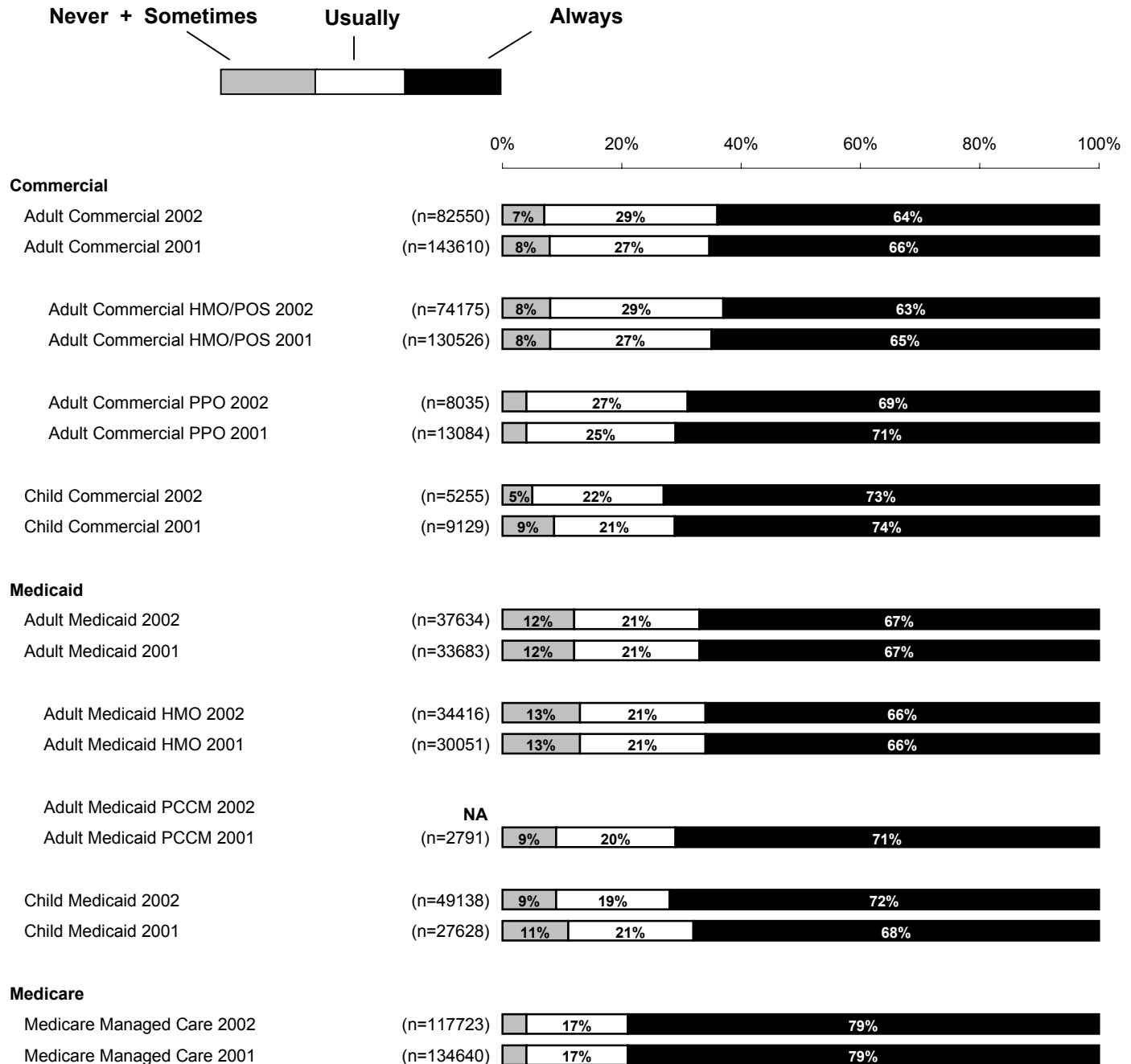
NOTE: Response distributions may not sum to 100 percent due to rounding.

Doctors Who Communicate Well: *Combines responses to four questions regarding how often doctors communicated well with consumers.*



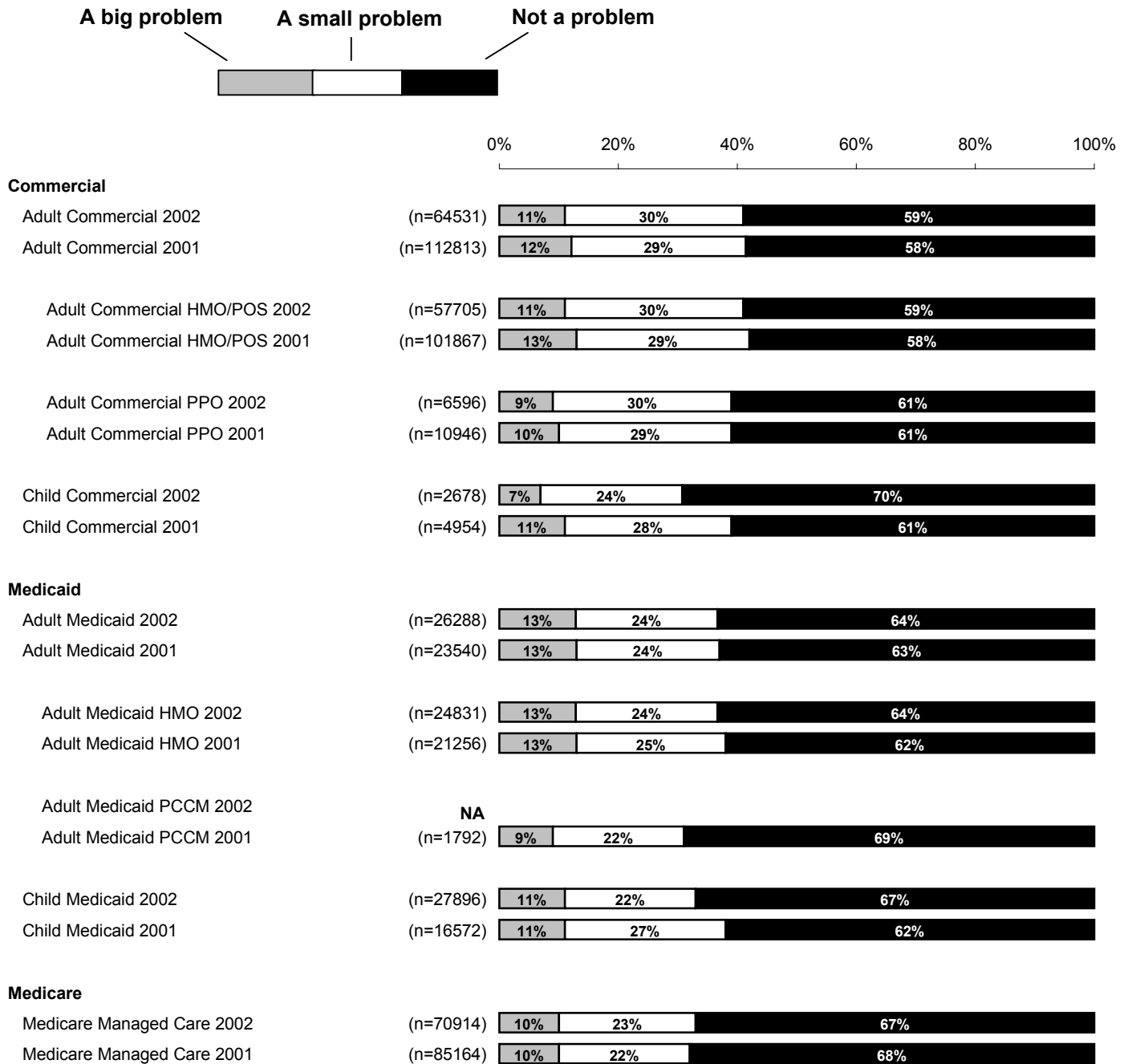
NOTE: Response distributions may not sum to 100 percent due to rounding.

Courteous and Helpful Office Staff: *Combines responses from two questions regarding how often office staff were courteous and helpful.*



NOTE: Response distributions may not sum to 100 percent due to rounding.

Customer Service: *Combines responses from two questions regarding how often office staff were courteous and helpful.*



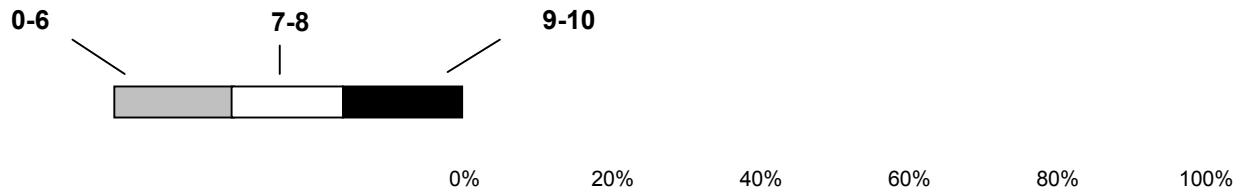
NOTE: Response distributions may not sum to 100 percent due to rounding.

Comparing Consumer Ratings of Their Experiences with Care

CAHPS was designed with four ratings to distinguish among important aspects of care. The four questions ask plan enrollees to rate their experiences in the past 12 months (6 months for Medicaid enrollees) with their personal doctor or nurse; the specialist they saw most often; health care received from all doctors and other health providers; and their health plan. Ratings are scored from 0 to 10, where 0 is the “worst possible” and 10 is the “best possible.”

The following charts show the distribution of CAHPS survey scores across the three sectors for each of the four ratings. The definitions of terms used in the charts are presented in Appendix A. The specific question wording and response options for each of the ratings are presented in Appendix B.

Overall Rating of Personal Doctor: *Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your personal doctor or nurse?*



Commercial

Adult Commercial 2002	(n=79892)	12%	35%	53%
Adult Commercial 2001	(n=138626)	13%	35%	52%
Adult Commercial HMO/POS 2002	(n=71888)	13%	36%	52%
Adult Commercial HMO/POS 2001	(n=126234)	13%	35%	51%
Adult Commercial PPO 2002	(n=7685)	7%	33%	60%
Adult Commercial PPO 2001	(n=12392)	8%	33%	60%
Child Commercial 2002	(n=5016)	7%	32%	61%
Child Commercial 2001	(n=8672)	7%	31%	62%

Medicaid

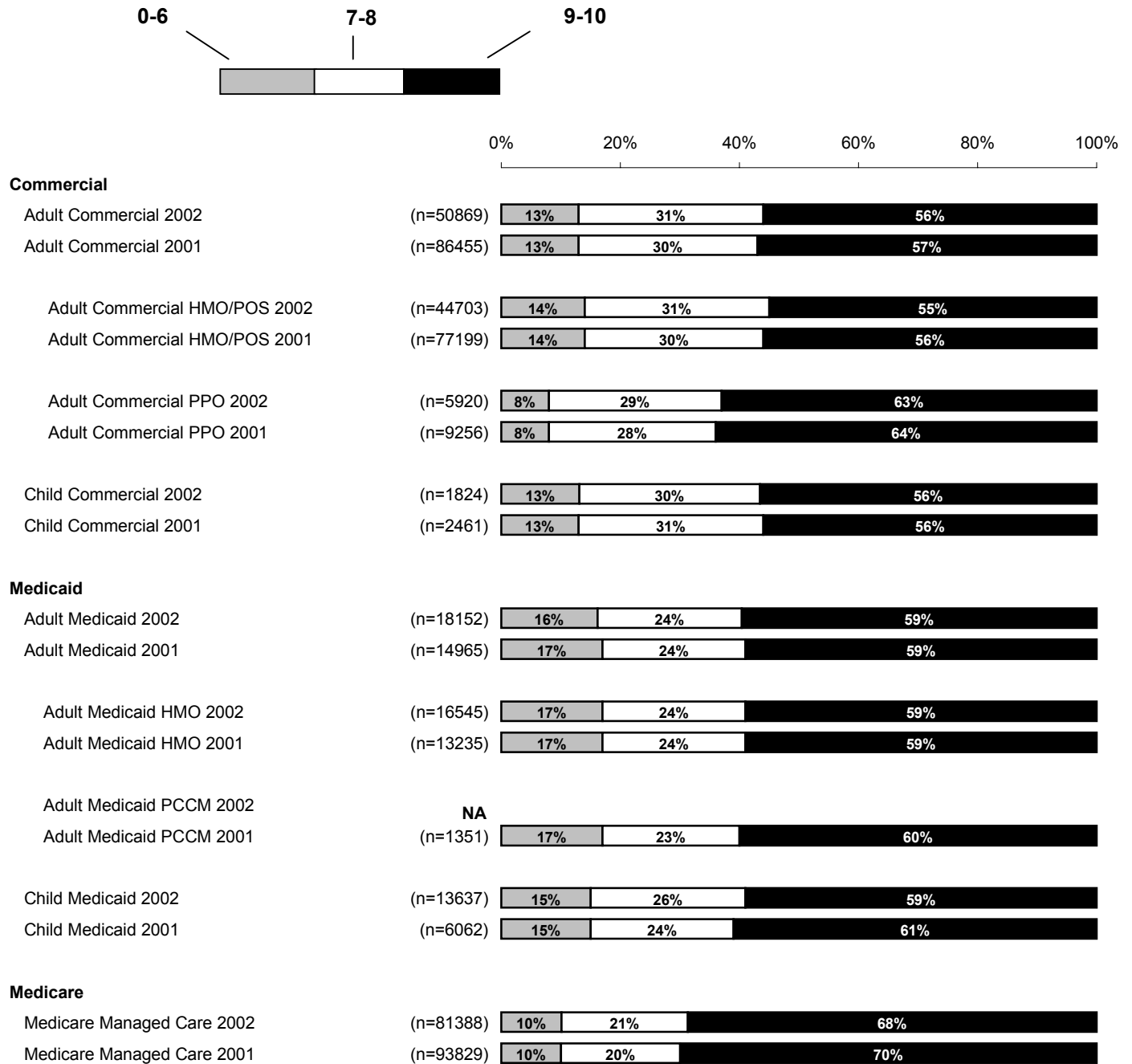
Adult Medicaid 2002	(n=35742)	14%	26%	60%
Adult Medicaid 2001	(n=31616)	14%	25%	61%
Adult Medicaid HMO 2002	(n=32578)	15%	26%	60%
Adult Medicaid HMO 2001	(n=28035)	14%	25%	61%
Adult Medicaid PCCM 2002		NA		
Adult Medicaid PCCM 2001	(n=2794)	15%	27%	58%
Child Medicaid 2002	(n=47723)	11%	27%	62%
Child Medicaid 2001	(n=26251)	12%	26%	62%

Medicare

Medicare Managed Care 2002	(n=135213)	10%	24%	65%
Medicare Managed Care 2001	(n=142137)	10%	23%	67%

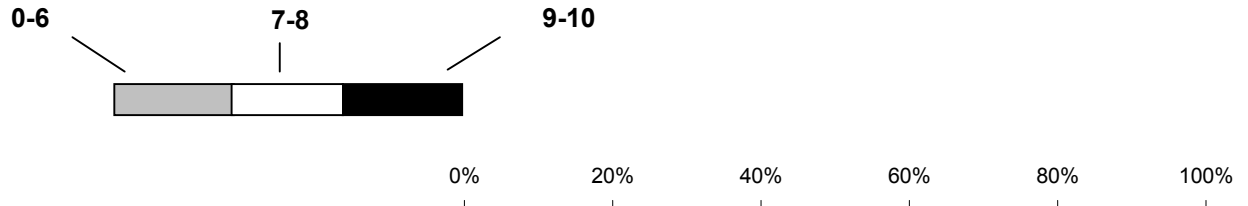
NOTE: Response distributions may not sum to 100 percent due to rounding.

Overall Rating of Specialist: *Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your specialist?*

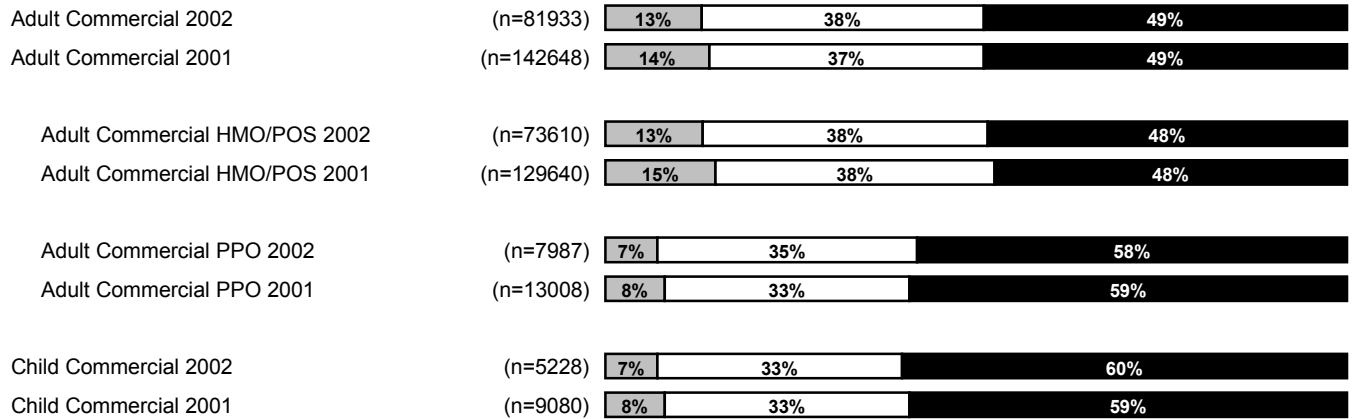


NOTE: Response distributions may not sum to 100 percent due to rounding.

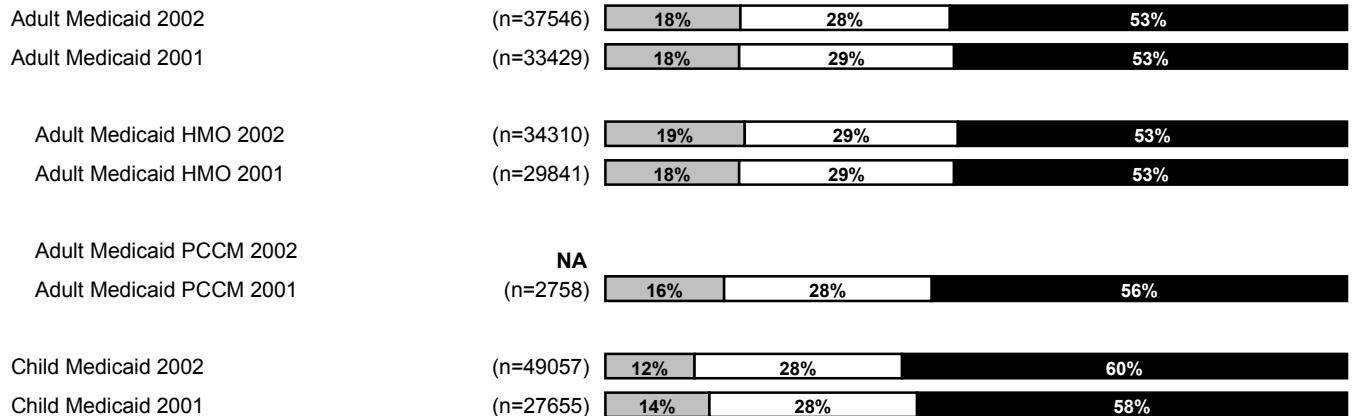
Overall Rating of Health Care: *Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate all your health care?*



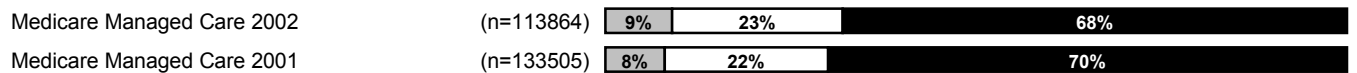
Commercial



Medicaid

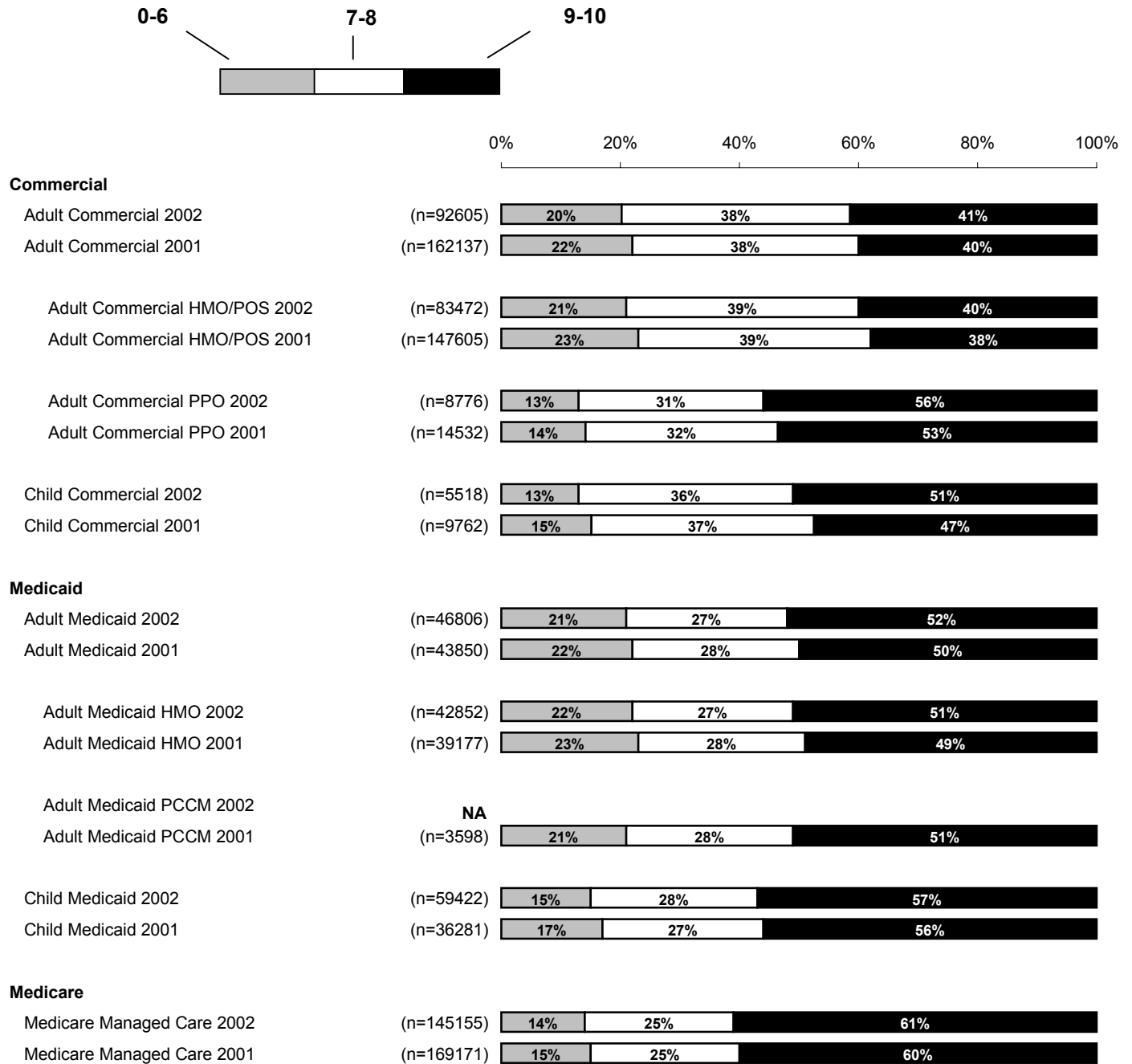


Medicare



NOTE: Response distributions may not sum to 100 percent due to rounding.

Overall Rating of Health Plan: *Using 0 to 10 where 0 is the worst possible and 10 is the best possible, how would you rate your health plan?*



NOTE: Response distributions may not sum to 100 percent due to rounding.

Appendix A: Chart Definitions

Commercial Population:

- **Adult Commercial:** The distribution of results for all adult commercial surveys in the NCBD.
- **Adult Commercial HMO/POS:** The distribution of results for all adult commercial surveys of HMO, POS and HMO/POS plans in the NCBD.
- **Adult Commercial PPO:** The distribution of results for all adult commercial surveys of PPO plans in the NCBD.
- **Child Commercial:** The distribution of results for all child commercial surveys in the NCBD.

Medicaid Population:

- **Adult Medicaid:** The distribution of results for all adult Medicaid surveys in the NCBD.
- **Adult Medicaid HMO:** The distribution of results for all adult Medicaid surveys of HMO plans in the NCBD.
- **Adult Medicaid PCCM:** The distribution of results for all adult Medicaid surveys of PCCM (Primary Care Case Management) programs in the NCBD.
- **Child Medicaid:** The distribution of results for all child Medicaid surveys in the NCBD.

Medicare Population:

- **Medicare Managed Care:** The distribution of results for all Medicare managed care surveys in the NCBD.

Health Plan Model Definitions

Health Maintenance Organization (HMO) – A health care system that is responsible for the financing and delivery of a broad range of comprehensive health services to an enrolled population. An HMO monitors the services that members use to assure quality and appropriate care. Members must receive their care from providers affiliated with the HMO.

- **Point of Service (POS)** – An HMO that allows members to use doctors and hospitals that are not contracted with the health plan usually for increased cost to the member. In these types of plans, members may choose to receive services either from doctors and hospitals that contract with the plan or from those that do not and the level of benefits and cost to the member is generally determined by which provider the member uses. The plan also monitors the services members use to assure quality and appropriate care.
- **Preferred Provider Organization (PPO)** – A health plan that provides incentives for members to use designated doctors and hospitals that contract with the PPO. The PPO also provides coverage for services provided by doctors and hospitals that are not contracted with the plan, but members usually pay more out-of-pocket for these services.
- **Primary Care Case Management (PCCM)** – A state-administered health program that contracts with providers (physicians, group practices, or other entities) to locate, coordinate, and monitor covered primary care services.

Appendix B: Definition of Consumer Reports and Ratings

The following chart lists the question items and responses for each of the five CAHPS consumer reports presented in this report.

Consumer Reports and Items	Response Groupings for Presentation
Getting Needed Care	
<ul style="list-style-type: none"> With the choices your (child's) health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with? 	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, was it to get a referral to a specialist that you (your child) needed to see? 	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, was it to get the care (for your child) you or a doctor believed necessary? 	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, were delays in (your child's) health care while you waited for approval from your (child's) plan? 	A big problem, A small problem, Not a problem
Getting Care Quickly	
<ul style="list-style-type: none"> In the last...months, when you called during regular office hours, how often did you get the help or advice you needed (for your child)? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often did you (your child) get an appointment for regular or routine health care as soon as you wanted? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, when you (your child) needed care right away for an illness or injury, how often did you (your child) get care as soon as you wanted? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often did you (your child) wait in the doctor's office or clinic more than 15 minutes past your appointment time to see the person you (your child) went to see? 	Never + Sometimes, Usually, Always
Doctors Who Communicate Well	
<ul style="list-style-type: none"> In the last...months, how often did (your child's) doctors or other health providers listen carefully to you? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often did (your child's) doctors or other health providers explain things in a way you could understand? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often did (your child's) doctors or other health providers show respect for what you had to say? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often did doctors or other health providers spend enough time with you (your child)? 	Never + Sometimes, Usually, Always
Courteous and Helpful Office Staff	
<ul style="list-style-type: none"> In the last...months, how often did office staff at a (your child's) doctor's office or clinic treat you (and your child) with courtesy and respect? 	Never + Sometimes, Usually, Always
<ul style="list-style-type: none"> In the last...months, how often were office staff at a (your child's) doctor's office or clinic as helpful as you thought they should be? 	Never + Sometimes, Usually, Always
Health Plan Customer Service	
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, was it to find or understand information in the written materials? 	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, was it to get the help you needed when you called your (child's) health plan's customer service? 	A big problem, A small problem, Not a problem
<ul style="list-style-type: none"> In the last...months, how much of a problem, if any, did you have with paperwork for your (child's) health plan? 	A big problem, A small problem, Not a problem

The following chart presents the exact question wording for each of the four ratings questions presented in this report.

Consumer Rating Items	Response Grouping for Presentation
Rating of Personal Doctors	
<ul style="list-style-type: none"> 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? 	0-6, 7-8, 9-10
Rating of Specialists	
<ul style="list-style-type: none"> Use any number on a scale from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate the (your child's) specialist? 	0-6, 7-8, 9-10
Rating of Health Care	
<ul style="list-style-type: none"> 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? 	0-6, 7-8, 9-10
Rating of Health Plan	
<ul style="list-style-type: none"> Use any number on a scale from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your (child's) health plan now? 	0-6, 7-8, 9-10