

Appendix E:
Guidance for Conducting the Child
Consumer Assessment of Healthcare
Providers and Systems (CAHPS®)
Health Plan Survey 5.1H

Assessing patient experiences with health care is an important dimension of the quality of care. The Child Core Set includes a measure of experiences with health care based on the CAHPS® Survey.¹ This appendix provides additional guidance to states in carrying out CAHPS data collection, including information on the version of CAHPS used for FFY 2024 Child Core Set reporting, contracting with a survey vendor, generating a sample frame, identifying the supplemental sample of children with chronic conditions, drawing the sample, and conducting the survey using standard protocols.

A. Version of CAHPS for FFY 2024 Child Core Set Reporting

CAHPS is a family of surveys designed to assess consumer experiences with care. Different versions of the survey are available for use among various populations, payers, and settings. The version of the CAHPS Survey specified in the 2024 Child Core Set is the CAHPS Health Plan Survey 5.1H, Child Version Including Medicaid and Children With Chronic Conditions (CCC) Supplemental Items.² [Appendix D](#) contains the survey instrument for the Child Questionnaire with CCC Supplemental Items.

States will produce two separate sets of results: one for the general child population and one for the population of children with chronic conditions. For each population, results include the same ratings, composites, and individual question summary rates included in the core Child Questionnaire. In addition, five CCC-specific results are calculated for the CCC population: (1) Access to Specialized Services, (2) Family-Centered Care: Personal Doctor Who Knows Child, (3) Coordination of Care for Children With Chronic Conditions, (4) Access to Prescription Medicines, and (5) Family-Centered Care: Getting Needed Information.

B. Contracting with a Survey Vendor

To adhere to CAHPS 5.1H measure specifications, states must follow the HEDIS protocol which includes creating a sample frame and contracting with an NCQA-certified HEDIS measurement year (MY) 2023 survey vendor to administer the survey. The survey vendor draws the actual samples and fields the survey.

NCQA maintains a list of survey vendors that have been trained and certified to administer the CAHPS 5.1H survey. Each survey vendor is assigned a maximum capacity of samples. The capacity reflects the firm's and NCQA's projection of resources available to be dedicated to administer the survey. A current listing of NCQA-certified HEDIS MY 2023 survey vendors is available at <https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/cahps-5-1h-survey-certification/vendor-directory/>.

C. Generating a Sample Frame

States are responsible for generating a complete, accurate, and valid sample frame data file that is representative of the entire eligible population (Table E-1). If states choose to have their sample frame validated, they should arrange for an auditor to verify the integrity of the sample frame before the survey vendor draws the sample and administers the survey.

¹ CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² AHRQ is the measure steward for the survey instrument and NCQA is the developer of the survey administration protocol.

Table E-1. Eligible Population for Child CAHPS 5.1H

Age	Age 17 and younger as of December 31 of the measurement year.
Continuous enrollment	The last six months of the measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the beneficiary may not have more than a 1-month gap in coverage (a beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Current enrollment	Currently enrolled at the time the survey is completed.

Source: HEDIS MY 2023 Volume 3: Specifications for Survey Measures (<https://store.ncca.org/hedis-my-2023-volume-3-epub.html>).

To enable the survey vendor to generate the systematic sample, states must generate a sample frame data file for each survey to be fielded. States are strongly encouraged to generate sample frames after eliminating disenrolled and deceased beneficiaries and updating eligibility files with address and telephone number corrections. When sampling, keep the following in mind:

- If a state collects CAHPS data for both its Medicaid and CHIP programs, states must generate a separate sample frame for children in separate CHIP to meet CHIPRA requirements. Children in the Title XXI-funded Medicaid Expansion CHIP may be included in the Medicaid sample.³
- If each managed care plan carries out its own CAHPS survey, a separate sample frame must be generated for each plan.
- If a state has children enrolled in multiple delivery systems (managed care, primary care case management, and/or fee for service), the sample frame(s) should be representative of all children covered by the entire program. A state may generate one statewide sample frame that includes children in all delivery systems or separate sample frames for each delivery system. The sample frame(s) should represent all children that meet the eligibility criteria specified in Table E-1.

D. Identifying the Supplemental Sample of Children with Chronic Conditions

To identify the supplemental sample of children with chronic conditions, states use transaction data or other administrative databases to assign a prescreen status code to each child beneficiary in the CAHPS child survey sample frame data file. The prescreen status code identifies children who are more likely to have a chronic condition.

³ CHIP requirements for CAHPS: Section 2108(e) of the Social Security Act (the Act), as implemented through CHIPRA section 402, requires Title XXI programs to submit to CMS "data regarding access to primary and specialty services, access to networks of care, and care coordination provided under the State child health plan, using quality of care and consumer satisfaction measures included in the CAHPS survey." CHIPRA requires States to submit data that are representative of all children covered by their entire Title XXI program (CHIP Medicaid Expansion, Separate CHIP Program, or Combination CHIP Program). If a state chooses to collect CAHPS data for children in both Medicaid and CHIP, the state must separately sample and submit data for children enrolled in its separate CHIP program to fulfill the CHIPRA requirement. Children in the Title XXI-funded Medicaid Expansion CHIP may be included in the Medicaid sample.

States search claims and encounters for the measurement year and the year prior to the measurement year and assign codes as follows:

1 = No claims or encounters during the measurement year or the year prior to the measurement year that meet the criteria listed for prescreen status code 2.

2 = The child has claims or encounters during the measurement year or the year prior to the measurement year that indicate the child is likely to have a chronic condition. To identify a sample of children with chronic conditions, refer to the CCC-CH value sets in the FFY 2024 Child Core Set HEDIS Value Set Directory. Any of the following meet criteria.

- At least one outpatient visit (Outpatient Value Set), telephone visit (Telephone Visits Value Set), e-visit or virtual check-in (Online Assessments Value Set), nonacute inpatient encounter (Nonacute Inpatient Value Set), acute inpatient encounter (Acute Inpatient Value Set; Newborn/Pediatric Acute Inpatient Value Set) or emergency department visit (ED Value Set) during the measurement year or the year prior to the measurement year with a diagnosis code from the Chronic Conditions Value Set. The diagnosis does not have to be the principal diagnosis.
- At least one acute or nonacute inpatient discharge during the measurement year or the year prior to the measurement year with a diagnosis code from the Chronic Conditions Value Set. The diagnosis does not have to be the principal diagnosis. To identify acute and nonacute inpatient discharges:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Identify the discharge date for the stay.
- At least one psychiatry visit (Psychiatry Value Set) with a diagnosis code from the Chronic Conditions Value Set and a place of service code from one of the following:
 - Acute Inpatient POS Value Set
 - Nonacute Inpatient POS Value Set
 - ED POS Value Set
 - Outpatient POS Value Set
 - Telehealth POS Value Set
 - Partial Hospitalization POS Value Set
 - Community Mental Health Center POS Value Set
- At least two outpatient visits (Outpatient Value Set), telephone visits (Telephone Visits Value Set) or e-visits or virtual check-ins (Online Assessments Value Set) on different dates of service during the measurement year or the year prior to the measurement year with a diagnosis code from any of the value sets listed below. The two visits must have diagnosis codes from the same value set (for example, one visit with a code from the Conduct Disorder Value Set and another visit with a code from the Asthma Value Set does not qualify). The diagnosis does not have to be the principal diagnosis. The visit codes need not be from the same value set (for example, one visit with a code from the Outpatient Value Set and another visit with a code from the Telephone Visits Value Set qualifies).
 - Conduct Disorder Value Set
 - Emotional Disturbance Value Set
 - Hyperkinetic Syndrome Value Set

- Asthma Value Set
- Failure To Thrive Value Set
- At least two psychiatry visits (Psychiatry Value Set) on different dates of service during the measurement year or the year prior to the measurement year with a place of service code (Outpatient POS Value Set; Telehealth POS Value Set; Partial Hospitalization POS Value Set; Community Mental Health Center POS Value Set) and a diagnosis code from any of the value sets listed below. The two visits must have diagnosis codes from the same value set (for example, one visit with a code from the Conduct Disorder Value Set and another visit with a code from the Asthma Value Set does not qualify). The diagnosis does not have to be the principal diagnosis.
 - Conduct Disorder Value Set
 - Emotional Disturbance Value Set
 - Hyperkinetic Syndrome Value Set
 - Asthma Value Set
 - Failure To Thrive Value Set
- At least one acute inpatient encounter (Acute Inpatient Value Set; Newborn/Pediatric Acute Inpatient Value Set), nonacute inpatient encounter (Nonacute Inpatient Value Set) or emergency department visit (ED Value Set) during the measurement year or the year prior to the measurement year with a diagnosis code from any of the value sets listed below. The diagnosis does not have to be the principal diagnosis.
 - Conduct Disorder Value Set
 - Emotional Disturbance Value Set
 - Hyperkinetic Syndrome Value Set
 - Asthma Value Set
 - Failure To Thrive Value Set
- At least one acute or nonacute inpatient discharge during the measurement year or the year prior to the measurement year with a diagnosis code from any of the following value sets: Conduct Disorder Value Set; Emotional Disturbance Value Set; Hyperkinetic Syndrome Value Set; Asthma Value Set; Failure To Thrive Value Set. The diagnosis does not have to be the principal diagnosis. To identify acute and nonacute inpatient discharges:
 1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
 2. Identify the discharge date for the stay.
- At least one psychiatry visit (Psychiatry Value Set) with a diagnosis code (the diagnosis does not have to be the principal diagnosis) and a place of service code from the lists below:

Diagnosis Code Value Sets	Place of Service Code Value Sets
<ul style="list-style-type: none"> • <u>Conduct Disorder Value Set</u> • <u>Emotional Disturbance Value Set</u> • <u>Hyperkinetic Syndrome Value Set</u> • <u>Asthma Value Set</u> • <u>Failure To Thrive Value Set</u> 	<ul style="list-style-type: none"> • <u>Acute Inpatient POS Value Set</u> • <u>Nonacute Inpatient POS Value Set</u> • <u>ED POS Value Set</u>

E. Drawing the Sample

The survey vendor is responsible for drawing the survey samples from the sample frame generated by the state. For each survey administered, the survey vendor draws a systematic sample of 1,650 children from the general child population and then draws the CCC supplemental sample. The survey vendor selects 1,840 children for the CCC supplemental sample from the set of beneficiaries with a prescreen status code of 2 who were not already selected for the general child population sample. The survey vendor combines the general child population sample (n=1,650) and the CCC supplemental sample (n=1,840) for survey administration and submission of survey results.

Deduplication

To reduce respondent burden, the survey vendor should deduplicate samples so that only one child per household is included in the sample. The survey vendor must use the deduplication method included in HEDIS MY 2023 Volume 3 before pulling the systematic sample.

Oversampling

A state should instruct its survey vendor to oversample if it has a prior history of low survey response rates, if it anticipates that a significant number of addresses or telephone numbers in the enrollment files are inaccurate, if it cannot eliminate disenrolled children from eligibility files, or if it does not expect to achieve a denominator of 100 for most survey calculations. The required sample sizes are based on the average number of complete and eligible surveys obtained by health plans during prior years; therefore, using the required sample size for a given survey does not guarantee that a state will achieve the goal of 411 completed surveys or the required denominator of 100 complete responses for each survey result. The state should work with its survey vendor to determine the number of complete and eligible surveys it can expect to obtain without oversampling based on prior experience.

If its prior response rates or the number of completed surveys is expected to fall below the goal of 411 completed surveys, the survey vendor should oversample. For example, if the vendor increases the general child population sample by 5 percent, the final sample size would be 1,733. If the vendor increases the general child population sample by 20 percent, the final sample size would be 1,980. The survey vendor will work with the state to determine an appropriate sampling strategy. For a detailed discussion of oversampling, see "HEDIS MY 2023 Volume 3: Specifications for Survey Measures," Appendix 7, "General Recommendations for Oversampling Survey Measures."

F. Survey Administration

The sampling and data collection procedures that the survey vendors have been trained and certified to carry out promote both the standardized administration of the survey instruments by different survey vendors and the comparability of resulting data. For results to comply with CAHPS 5.1H survey specifications, the state's survey vendor must follow one of the standard CAHPS 5.1H survey protocols. The state will have to work with its survey vendor to select one of two standard options for administering HEDIS CAHPS surveys:

1. The mail-only methodology, a five-wave mail protocol with three questionnaire mailings and two reminder postcards
2. The mixed methodology, a four-wave mail protocol (two questionnaires and two reminder postcards) with telephone follow-up of a minimum of three and a maximum of six telephone attempts

The basic tasks and time frames for the two protocol options are detailed in Tables E-2 and E-3. Regardless of the approach selected, the survey vendor is expected to maximize the final survey response rate and to pursue contacts with potential respondents until the selected data collection protocol is exhausted. Achieving the targeted number of completed surveys does not justify ceasing the survey protocol.

Neither the state nor the survey vendor may use incentives of any kind for completion of the survey. Either a parent or caretaker who is familiar with the child's health care may complete the child survey.

The vendor is expected to maintain the confidentiality of sampled children. The health plan does not have access to the names of children selected for the survey.

Table E-2. Mail-Only Methodology

Survey Vendor Tasks	Time Frame
Send first questionnaire and cover letter to the surveyed child's family.	0 days
Send a postcard reminder to non-respondents 4–10 days after mailing the first questionnaire.	4–10 days
Send a second questionnaire and second cover letter to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4–10 days after mailing the second questionnaire.	39–45 days
Send a third questionnaire and third cover letter to non-respondents approximately 25 days after mailing the second questionnaire.	60 days
Allow at least 21 days for the third questionnaire to be returned by the respondent.	81 days

Source: HEDIS MY 2023 Volume 3: Specifications for Survey Measures.

Table E-3. Mixed Methodology

Survey Vendor Tasks	Time Frame
Send first questionnaire and cover letter to the surveyed child's family.	0 days
Send a postcard reminder to non-respondents 4–10 days after mailing the first questionnaire.	4–10 days
Send a second questionnaire and second cover letter to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4–10 days after mailing the second questionnaire.	39–45 days
Initiate telephone interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents so that at least 3 telephone calls (and no more than 6 telephone calls) are attempted at different times of the day, on different days of the week, and in different weeks.	56–70 days
Complete telephone follow-up sequence (completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

Source: HEDIS MY 2023 Volume 3: Specifications for Survey Measures.

G. For Further Information

Information about the CAHPS Health Plan Survey is available at <https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html>.

Information about participating in the CAHPS Health Plan Survey Database is available at <https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html>.