

# 2023 Survey of Children Served by MaineCare

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## Executive Summary

The annual Survey of Children Served by MaineCare is designed to monitor the quality of services delivered by MaineCare, the State of Maine's Medicaid and Child Health Insurance Program (CHIP). The 2023 survey uses a standardized instrument — the Consumer Assessment of Healthcare Providers and Systems (CAHPS 5.1H) — as its primary means of examining the experiences of families with children enrolled in MaineCare. The CAHPS 5.1H is designed to provide feedback to Medicaid fee-for-service and managed care plans by identifying performance dimensions in which they excel and areas in which they need improvement.

The sample frame for the 2023 survey included children aged 17 or younger who were enrolled in MaineCare for at least 5 months, with no more than a 30-day break in enrollment, between April 1, 2022 and September 30, 2022. Computer-assisted telephone interviews were conducted by trained interviewers from the Catherine Cutler Institute Survey Research Center from February to August of 2023. Of the 3,551 eligible families who were contacted, 1,215 interviews were completed for an overall response rate of 34%.

### Ratings of Overall Health

- **Eighty-two percent of respondents rated their child's overall health as "excellent/very good," 15% as "good," and 3% as "fair/poor."** Overall health ratings of "excellent/very good" were significantly higher for non-CSHCN compared to CSHCN (93% vs. 65%), and lower for children aged 13 or older compared to those aged five or younger and six to 12 (76% vs. 89% and 81%).
- **Sixty-six percent of respondents rated their child's overall mental or emotional health as "excellent/very good," 23% as "good," and 11% as "fair/poor."** Non-CSHCN were significantly more likely than CSHCN to be reported to be in "excellent/very good" overall mental or emotion health (85% vs. 36%), as were children aged five or younger compared to those aged six to 12 and 13 or older (83% vs. 63% and 51%), and BIPOC compared to White children (77% vs. 63%). Children in the North/Downeast region were more likely than those in the Southern and Central/West regions to be in "excellent/very good" mental or emotional health (70% vs. 63% and 64%).

### CAHPS Core and Chronic Conditions Items

- **MaineCare met or exceeded the national median on many patient experience measures in both the core and chronic conditions CAHPS item sets.** MaineCare's scores compared favorably to other state child Medicaid programs on CAHPS measures for getting urgent and non-urgent care quickly; personal doctors explaining things clearly; personal doctors spending enough time with the child; personal doctors seeming informed and up to date about care received from other providers; being easy to get special therapy; personal doctors talking about how the child is feeling, growing, or behaving; and providers answering questions. MaineCare scored in the 90<sup>th</sup> percentile for providers helping to contact the child's school or daycare.
- **MaineCare ranked below the national median for providing needed care.** MaineCare scores for getting needed care, tests, or treatment fell below the 25<sup>th</sup> percentile (55% vs. 65%), and scores for getting appointments with specialists (54% vs. 55%) fell in the 25<sup>th</sup> to 50<sup>th</sup> percentile nationally.
- **MaineCare ranked below the 25<sup>th</sup> percentile on overall health plan information and customer service.** Of the 6% of respondents who contacted MaineCare Member Services for information or help, 47% indicated staff "always" gave them information or help they needed (the national median was 58%).
- **MaineCare ranked below the 25<sup>th</sup> percentile for ratings of child's personal doctors, specialist, overall health care, and health plan.** MaineCare ranked lower than the national median on ratings of child's personal doctor (71% vs. 77%), specialist (63% vs. 73%), overall health care (58% vs. 70%), and health plan (64% vs. 71%).
- **MaineCare ranked below the national median for a number of chronic care services.** MaineCare ranked below the national median for obtaining special medical equipment or devices (50% vs. 51%), treatment or counseling (32% vs. 46% - under 25<sup>th</sup> percentile), and prescription medicines (66% vs.

69%). MaineCare also ranked below the national median for the proportion of members who received help from their child's health plan, doctor's office, or clinic to coordinate care among different providers/services (47% vs. 60% - under 25<sup>th</sup> percentile) and who reported their child's personal doctor understood how the child's health conditions affected either the child's (92% vs. 93%) or family's day-to-day life (88% vs. 90%).

- **MaineCare member experience on core CAHPS items was comparable for children enrolled in Title XIX and Title XXI programs with some notable differences between the groups.**<sup>1</sup> For example, both eligibility categories reported "poor" ratings (less than 25<sup>th</sup> percentile) for the child's doctor, specialists, health care, health plan, and health plan information and customer services. And both categories reported "fair" ratings (25<sup>th</sup>-50<sup>th</sup> percentile) for getting needed care. However, the ability to get care quickly was rated "good" by Title XIX members but "very good" by Title XXI members; and doctor communication was rated as "fair" (25<sup>th</sup>-50<sup>th</sup> percentile) by Title XIX enrollees but "good" (50<sup>th</sup>- 75<sup>th</sup> percentile) by Title XXI enrollees.
- **Title XIX and Title XXI respondents ranked MaineCare similarly on most chronic conditions CAHPS items.** Both groups provided "poor" ratings for obtaining treatment or counseling and getting help coordinating care among different providers. Both provided "fair" ratings for getting special medical equipment or devices, getting prescription medicines, and the extent to which the child's doctor understood how the child's health conditions affected the family's day to day life. And both groups rated MaineCare as "good" on the extent to which the child's doctor talked about how the child was feeling, growing, or behaving and how often questions were answered by doctors and other providers.

### **Children with Special Health Care Needs (CSHCN)**

- **Over one-third of all MaineCare children had special health care needs.** Forty percent of children enrolled in MaineCare had special health care needs in 2023. Of the five qualifying health consequences,<sup>2</sup> use or need of prescription medications was the most prevalent at 25%.
- **There were between-group differences when comparing children with special health care needs (CSHCN) to those without.** Parents and guardians of CSHCN were significantly less likely than non-CSHCN to report it was easy to get needed care, tests, or treatment (46% vs. 63%); urgent care (74% to 85%); routine care (62% vs. 72%); and prescription medicines their child needed (61% vs. 74%), and that their child's doctor understands how the child's health conditions affect the family's day to day life (86% vs. 99%). However, parents of CSHCN were significantly more likely to receive help from MaineCare, their child's doctor's office, or clinic in coordinating care among different providers or services (53% vs. 39%).

### **Other MaineCare Priority Areas**

In addition to CAHPS items, Maine's 2023 survey included supplemental questions focused on priority areas for the Department including emotional, developmental, and behavioral health treatment and counseling; availability and use of telehealth services; and access to and satisfaction with dental services. Key findings include:

#### **Behavioral Health Treatment and Counseling**

- **Twenty-six percent of respondents indicated their child had an emotional, developmental, or behavioral problem for which they need or get counseling.** Of those children, 71% received at least some of the care needed over the last six months. Children aged 6 and older were more likely to need

<sup>1</sup> The Title XIX group includes children enrolled in the Medicaid eligibility category of MaineCare, while the Title XXI group comprises children in the CHIP and Medicaid Expansion categories. See Appendix A for data on family income eligibility limits, premium payments, and funding sources for each MaineCare eligibility group.

<sup>2</sup> The five qualifying health consequences for CSHCN include: 1) use or need of prescription medication; 2) above average use or need of medical, mental health or educational services; 3) functional limitations compared with others of the same age; 4) use or need of specialized therapies; 5) treatment or counseling for emotional, behavioral, or developmental problem.

these services than those 5 or younger, and CSHCN were more likely than non-CSHCN to need these services. BIPOC children were less likely than their White counterparts to have received the necessary care over the last six months (54% vs. 68% respectively).

- **The most common types of treatments or counseling received were school-based treatment or counseling (60%) and office-based treatment or counseling (49%).** Children living in the Southern region and those aged 6 to 12 years were more likely to receive school-based treatment or counseling than those in other regions or age groups. Those aged 5 or younger were more likely than older children to receive home and/or community-based treatment or counseling.
- **Fifty-one percent of respondents indicated it was “always” easy to get the treatment or counseling,** compared to 24% who “usually”, 22% who “sometimes” and 3% who “never found it easy to get the needed treatment or counseling.

### Telehealth

- **Eighteen percent of respondents indicated their child was offered a telehealth appointment instead of an in-person appointment in 2023,** a significant decline from 24% in 2022. CSHCN were significantly more likely than non-CSHCN to have been offered a telehealth visit (37% vs. 6%), as were older age groups (26% among children aged 13 or older compared to 18% among children aged six to 12 years old and 12% among children aged five or younger), and children located in the North/Downeast region of the state (23% compared to 18% in the Southern region and 15% in the Central/West region).
- **Twenty-four percent of respondents reported using telehealth for primary care, 51% for mental health services, 18% for school-related learning needs; and 23% for some other type of specialist.** CSHCN were significantly more likely than non-CSHCN to have been offered a telehealth visit (37% vs. 6%). Other groups more likely to be offered a telehealth visit included older age groups (26% among children aged 13 or older compared to 18% among children aged six to 12 years old and 12% among children aged five or younger), and children located in the North/Downeast region of the state (23% compared to 18% in the Southern region and 15% in the Central/West region). BIPOC children were borderline significantly less likely than White children to be offered a telehealth visit (13% vs. 19%).
- **Fifty-seven percent of respondents were very satisfied with the care their child received through telehealth; 34% were somewhat satisfied; and 9% were somewhat or very dissatisfied with the care received.** Sixty-one percent of respondents reported being very likely to continue using telehealth; 30% were somewhat likely; and 9% were somewhat or very unlikely to continue using it.

### Dental care

- **Rates of dental care and rates of delayed or foregone dental care were similar in 2023 compared to 2022.** Fifty-five percent of all children enrolled in MaineCare reported receiving dental services in the past six months (compared to 54% in 2022). Twenty-three percent of children with MaineCare coverage in 2023 had dental care that was delayed or not received at some time in the past 6 months.
- **Overall, most children served by MaineCare (72%) had a usual source of dental care.** About half of children used a private dental office as their usual source of dental care (56%). Other sources of care included community-based (39%) and school-based (4%) clinics. Children ages six and older and children in the Title XXI eligibility categories were significantly more likely than other children to have a usual source of dental care.

## Introduction

The annual Survey of Children Served by MaineCare has two key purposes: (1) to monitor the quality of services delivered to children enrolled in MaineCare, the State of Maine’s Medicaid and Child Health Insurance Program (CHIP), and (2) to ascertain whether certain subgroups of MaineCare members have unmet health care needs that could be better addressed through targeted interventions.

As one means of accomplishing these ends, the 2023 survey included a standardized instrument—the Consumer Assessment of Healthcare Providers and Systems (CAHPS 5.1H). The CAHPS 5.1H is designed specifically to provide feedback to Medicaid fee-for-service and managed care plans by identifying performance dimensions in which they excel as well as areas in which they need improvement.<sup>3</sup> Participant responses to the CAHPS were used in several ways to generate insight into MaineCare’s performance. First, we compared CAHPS results from the entire MaineCare survey sample to results from child Medicaid programs in other states to determine how the MaineCare program as a whole ranked against national benchmarks.<sup>4</sup> We also compared MaineCare’s CAHPS results from 2023 to those of 2022.

Further, we analyzed CAHPS results separately for children eligible for MaineCare under Medicaid (Title XIX) and for those eligible under the Medicaid Expansion or Child Health Programs, both of which are funded by the federal CHIP program (Title XXI) in order to assess differences between children enrolled in each of these programs and to comply with Children’s Health Program Reauthorization Act (CHIPRA) reporting requirements.<sup>5</sup>

Finally, we compared CAHPS responses provided by families of children with special health care needs to those obtained from families of children without such needs, to arrive at a better understanding of how these two groups differed with respect to their appraisals of MaineCare.

In addition to the standardized CAHPS instrument, the 2023 survey incorporates supplemental questions designed to provide insight on topics of special interest selected by MaineCare program managers. In 2023, these topics included member experience with MaineCare Member Services; availability and use of telehealth services; emotional, developmental, and behavioral health treatment or counseling; and access to and satisfaction with dental services. In 2023, Maine also integrated more detailed state-added questions on race, ethnicity, primary language, and gender to supplement the core demographic items included in CAHPS 5.1H.

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<sup>3</sup> For more information on the CAHPS survey, see CAHPS Patient Experience Surveys and Guidance. Available at: <http://www.ahrq.gov/cahps/surveys-guidance/index.html>

<sup>4</sup> National comparisons are based on the latest national CAHPS data available as of the writing of this report, which was for 2022.

<sup>5</sup> See Center for Medicare and Medicaid Services (December, 2012). Collecting and reporting the CAHPS Survey as required under the Children’s Health Insurance Program Reauthorization Act (CHIPRA). Available at: <https://www.medicare.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf>

## Methods

The 2023 Survey of Children Served by MaineCare was fielded in accordance with the 2022 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set) technical specifications for administration of the CAHPS Health Plan Survey 5.1H, Child Medicaid version.<sup>6</sup> The sample frame for the 2023 survey included children aged 17 or younger who were enrolled in MaineCare for at least 5 months, with no more than a 30-day break in enrollment, between April 1, 2022 and September 30, 2022. One child per household was randomly selected so that no family would be interviewed about the experience of more than one child. To reduce respondent burden, children living in households that participated in the 2022 survey of children with MaineCare coverage were excluded from the sample. Children living in households where a child had recently died were also excluded, as were children with no identifiable adult parent or guardian (i.e., children in state custody). Finally, children who received only wraparound services through MaineCare or who had comprehensive health insurance from a third-party payer were also excluded.

To ensure that sample sizes would be sufficient to conduct separate analyses for children in Title XXI eligibility categories and for children with chronic conditions, we used a stratified random sample design that over-sampled these two groups. Children with a chronic condition diagnosis were identified during the sampling process using diagnosis codes from MaineCare claims for outpatient, inpatient, and emergency department visits. However, it is important to note that the final determination of whether a child has a chronic condition is made based on their responses to a five-item “children with special healthcare needs” (CSHCN) screener used in the survey and not their claims diagnoses; a detailed description of the CSHCN screening criteria can be found on page 24 of this report. The purpose of using diagnosis codes in the sampling process is to identify children in the sampling frame who are more likely to screen positive for a chronic condition. Prescreening with claims diagnosis codes reduces the total sample size needed to obtain a sufficient number of children with chronic conditions for analysis and reporting. Using this sampling process, a group of 3,551 families were selected to be surveyed.

The 2023 survey instrument included the core questions from the CAHPS 5.1H Child Medicaid Health Plan Survey, as well as the Children with Chronic Conditions item set. Questions addressing additional priority topics identified by MaineCare Services were inserted in addition to the CAHPS questions. The complete survey instrument is included in Appendix B. Consent to participate in the survey was obtained verbally through use of a script. All survey protocols, including the survey instrument and consent script, were reviewed and approved by the University of Southern Maine Institutional Review Board.

Computer-assisted telephone interviews were conducted by trained interviewers from February to August of 2023. Of the 3,551 eligible families that were contacted, 1,215 interviews were completed — including 552 children who were identified as having special health care needs based on their survey responses — for an overall response rate of 34%.

Table 1 summarizes the unweighted distribution of characteristics of children living in households with completed interviews (n=1,215) and compares them to the unweighted distribution of characteristics of the eligible population not surveyed (N=107,386) using the MaineCare member file. As noted above, children in Title XXI programs and those with a chronic condition diagnosis were oversampled to increase their likelihood of being included in the survey and ensure adequate sample sizes to conduct statistical analyses of these subgroups. Weights were developed to adjust for the unequal probability of selection and for non-response. More information on the development of sample weights is included in Appendix C.

Unless otherwise specified, all results are based on weighted data to more closely represent prevalence among the total population of children enrolled in MaineCare. All statistical tests were calculated using SAS version 9.4

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<sup>6</sup> For a more detailed description of the CAHPS survey methodology and administration plan please refer to the Center for Medicaid and CHIP Services Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) Resource Manual and Technical Specifications for Federal Fiscal Year 2023 Reporting at: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>



with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data. Comparisons of 2023 to 2022 survey results were performed using Microsoft Excel.

**Table 1. Characteristics of Survey Sample and Eligible Population in MaineCare Member File**

Characteristics	Percent of Respondents*	Percent of Population Not Surveyed
	(n = 1,215)	(N = 107,386)
<b>MaineCare Eligibility</b>		
CHP/Cub Care & Expansion (Title XXI) <sup>†</sup>	44.1%	15.1%
Medicaid (Title XIX)	55.9%	84.9%
<b>Household Density</b>		
One enrolled child living in household	26.3%	30.7%
Two or more enrolled children	73.7%	69.3%
<b>Chronic Condition Diagnosis</b>		
Chronic condition diagnosis in claims <sup>†</sup>	52.2%	41.2%
No chronic condition	47.8%	58.8%
<b>Age of Child</b>		
1-5	28.9%	30.0%
6-12	43.2%	40.9%
13-18	27.9%	29.1%
<b>Gender in Member File</b>		
Female	47.0%	48.2%
Male	53.0%	51.8%
<b>Race in Member File</b>		
White, Not Hispanic, and Unknown Race	85.6%	85.7%
Black, Indigenous, and People of Color	14.4%	14.3%
<b>Region of Residence (County)</b>		
Region I (York and Cumberland)	27.9%	28.0%
Region II (Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset, and Waldo)	43.4%	45.0%
Region III (Aroostook, Hancock, Penobscot, Piscataquis, and Washington)	28.7%	27.1%

\*Unweighted sample characteristics shown here reflect the MaineCare member file and not self-reported survey data.

<sup>†</sup>Denotes subpopulations that were oversampled.

### Survey-Reported Child Race, Ethnicity, and Gender

The population and sample characteristics shown in Table 1 reflect the demographic data available in the MaineCare member file used to draw the sample. Notably, race/ethnicity was recorded as “indetermined” or “none” in the member file for 14.6% of 2023 survey respondents, limiting the usefulness of race data available in the member file for exploring potential differences in member experience by race. Additionally, neither the MaineCare member file nor the standard CAHPS 5.1H questionnaire collect information on nonbinary gender identities. The Office of MaineCare Services sought to collect more detailed information on the racial and gender identities of survey respondents in 2023 to develop a better understanding of how the experience of care may differ among members who identify as Black, Indigenous, and People of Color (BIPOC) or with non-binary gender identities.

Results for the 2023 survey questions on race and gender are shown in Table 2 and Table 3 below. Notably, survey-reported race data were missing for just 2% of respondents compared to roughly 15% unknown in the member file, showing greater representation of BIPOC members than suggested by the member file. Respondents identified 80% of children in the sample as White; 7% as Black/African American; 7% as Biracial or Multiracial; 1% as Asian; 0.8% as Native Hawaiian/Pacific Islander; 0.1% as American Indian/Alaska Native; and 1.2% as “other.” Among the 5.7% of children who were identified as Hispanic or Latino origin (n=69), 67% also identified as White, 13% as Other, 12% as Biracial or Multiracial, 17% as Other, and 9% as Black/African American (data not shown).

**Table 2. Survey-Reported Child Race and Gender**

Characteristics	Percent of Respondents <sup>*†</sup>
	(n = 1,215)
<b>Race</b>	
White	80.2%
Black/African American	7.4%
Biracial/Multiracial	6.8%
Asian	1.4%
Other	1.2%
Native Hawaiian/Pacific Islander	0.8%
American Indian/Alaska Native	0.1%
Missing	2.0%
<b>Dichotomous Race</b>	
White	80.2%
Black, Indigenous, and People of Color	17.8%
Missing	2.0%
<b>Hispanic or Latino origin</b>	
Yes	5.7%
No	93.3%
Missing	1.1%
<b>Gender</b>	
Male	52.8%
Female	46.3%
Nonbinary	0.5%
Other	0.1%
Missing	0.2%

\* Unweighted sample characteristics shown here reflect self-reported survey data.

† Column may not total to 100% due to rounding.

Follow up questions were asked of respondents who identified their child as Black/African American or Asian to collect more detailed information on the child’s racial and ethnic identity. Of those who identified their child as Black/African American (n=124), 36% identified as African American, 27% as Black, 22% as multiple categories, 11% as African, 2% as West Indian, and 2% as “other.” Among children who were identified as Asian (n=25), 20% also identified as Filipino, 16% as “other,” 16% as Vietnamese, 12% as Cambodian, 12% as Korean, 12% as Chinese, 8% as Asian Indian, and 4% as Japanese. We also asked respondents if their children were members of a federally recognized tribe. As shown in Table 3, 3.1% of children were identified as members of various tribes. The unweighted results for survey-reported gender show that 0.5% of respondents (n=6) identified their child as

nonbinary, and 0.1% of respondents (n=1) identified their child as “other” rather than female or male. We asked separately whether their child identified as transgender and found that 1.2% (n=15) identified as transgender, 94.5% as cisgender, and the remaining 4.3% did not provide valid responses (data not shown). Although sample sizes were too small to conduct detailed sub-analyses across gender identities or racial and ethnic groups, we compared all survey items by dichotomous survey-reported race (BIPOC and White) and report any significant differences throughout the report. Demographically, there were no observed differences between BIPOC and White respondents in age or Title XIX versus Title XXI eligibility; however, BIPOC respondents were less likely to be CSHCN than White respondents (26% vs. 42%,  $p \leq .001$ ), and more likely to live in the Southern region of the state compared to the more rural Central/West and North/Downeast regions (42% vs. 32% and 26%,  $p \leq .001$ ) (data not shown).

**Table 3. Survey-Reported Detailed Child Race and Tribal Status**

Characteristics	Percent of Respondents*
<b>Black or African American</b>	<b>(n = 124)</b>
African American	36.3%
Black	27.4%
Multiple	21.8%
African	11.3%
West Indian	1.6%
Other	1.6%
<b>Asian</b>	<b>(n = 25)</b>
Filipino	20.0%
Other	16.0%
Vietnamese	16.0%
Cambodian	12.0%
Korean	12.0%
Chinese	12.0%
Asian Indian	8.0%
Japanese	4.0%
Multiple	0.0%
<b>Tribal Status<sup>‡</sup></b>	<b>(n = 1,200)</b>
Not member of a federally recognized tribe	96.9%
A different tribe	1.0%
Passamaquoddy tribe at Indian Township - Motahkomikuk	0.6%
Passamaquoddy tribe at Pleasant Point - Sipayik	0.5%
Houlton band of Maliseet Indians	0.4%
Penobscot Indian Nation	0.3%
Aroostook band of Micmac Indians	0.3%
Multiple	0.0%

\* Unweighted sample characteristics shown here reflect self-reported survey data.

† Column may not total to 100% due to rounding.

‡ Demographic questions asked of all respondents.

## Respondent Characteristics

Table 4 shows the unweighted distribution of respondent age, gender, educational attainment, and relationship to the child. In 2023, 91% of respondents indicated they were between the ages of 25 and 54, 87% were female, and 95% were the parent or stepparent of the target child. Forty-one percent of respondents reported a high

school education or less while 22% reported a four-year degree or more. Another 36% completed some college.

**Table 4. Characteristics of Survey Respondents**

Characteristics	Percent of Respondents
	(n = 1,215)
<b>Respondent Age</b>	
18-24	2.8%
25-34	32.8%
35-44	43.3%
45-54	14.7%
55-64	4.3%
65 or older	0.7%
Missing	1.5%
<b>Respondent Gender</b>	
Male	12.5%
Female	86.7%
Nonbinary	0.2%
Missing	0.7%
Other	0.0%
<b>Respondent Education Level</b>	
Less than HS	6.3%
HS graduate/GED	34.9%
Some college/two-year degree	35.8%
Four-year degree	17.9%
More than four-year degree	4.3%
Missing	0.9%
<b>Relationship to Child</b>	
Parent or Stepparent	95.3%
Grandparent	2.6%
Legal Guardian	0.8%
Missing	0.7%
Other	0.6%

\*Unweighted sample characteristics shown here reflect self-reported survey data.

†Columns may not total to 100% due to rounding.

## Healthcare Access and Utilization

The following section describes healthcare access and utilization. As shown in Table 5, 31% of respondents indicated that their child needed care needed urgent care during the past six months, and 66% had a checkup or routine care. (The proportion of children who “always” received these services in a timely manner is described below under the “getting care quickly” domain in Table 7). Seventy-four percent of children had one or more healthcare visits in the past six months. While nearly all respondents (94%) stated that their child had a personal doctor, this was a statistically significant ( $p \leq .05$ ) decrease from 2022 when 97% of children had a personal doctor.<sup>7</sup> Among those who had a personal doctor, 67% saw their doctor at least once. About one quarter (23%)

<sup>7</sup>A personal doctor is defined in the CAHPS 5.1H survey as the provider the child sees if they need a check-up, want advice about a health problem, or get sick or hurt.

needed care from a specialist and, of those children, 88% visited a specialist at least once.

Healthcare utilization was generally higher among children aged 5 or younger compared to those aged 6 or older. Thirty-nine percent of the youngest group needed care urgently compared to 25% of those 6 to 12 and 29% of those 13 and older ( $p \leq .001$ ). Those 5 or younger needed a routine appointment more often than those aged six to 12 and 13 and older (75% vs. 61% and 64%,  $p \leq .01$ ), were more likely to receive healthcare (82% vs. 71% and 70%,  $p \leq .01$ ), and were more likely to see their personal doctor (78% vs. 62% and 63%,  $p \leq .001$ ). However, need for specialist appointments was lowest among children aged 5 and younger (17% vs. 25% and 25%,  $p \leq .05$ ) (data not shown).

Unsurprisingly, healthcare utilization was higher for children with special health care needs (CSHCN) compared to non-CSHCN. CSHCN were more likely to need care right away (38% vs. 26%,  $p \leq .001$ ), to schedule a routine appointment (73% vs. 62%,  $p \leq .001$ ), to have any healthcare visits (84% vs. 68%,  $p \leq .001$ ), to visit their personal doctor (71% vs. 65%,  $p \leq .05$ ), or to have a specialist appointment (39% vs. 12%,  $p \leq .001$ ) (data not shown). Additionally, BIPOC children were less likely than White children to need care right away (22% vs. 33%,  $p \leq .05$ ), and were less likely to have an assigned personal doctor (88% vs. 96%,  $p \leq .01$ ) (data not shown).

**Table 5. Healthcare Access and Utilization**

Domain/Item	Results		
	n	Percent	95% CI
<i>Urgent Care</i>			
Needed care right away	1210	31%	(28% - 34%)
<i>Checkup or Routine Care</i>			
Had checkup or routine care	1206	66%	(63% - 70%)
<i>Number of Healthcare Visits in Past 6 months</i>			
1	1183	23%	(20% - 26%)
2 to 4	1183	38%	(35% - 42%)
5 or more	1183	13%	(11% - 15%)
None	1183	26%	(23% - 29%)
<i>Personal Doctor</i>			
Child has a personal doctor	1206	94%	(92% - 96%)
<i>Number of Visits to Personal Doctor in Past 6 months</i>			
1	1133	37%	(33% - 40%)
2 to 4	1133	27%	(24% - 30%)
5 or more	1133	4%	(3% - 6%)
None	1133	33%	(29% - 36%)
<i>Specialty Care</i>			
Had specialist visit	1214	23%	(20% - 25%)
<i>Number of Visits to Specialist(s) in Past 6 months</i>			
1	300	59%	(52% - 65%)
2 to 4	300	26%	(21% - 31%)
5 or more	300	4%	(1% - 6%)
None	300	12%	(7% - 16%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare.

## Ratings of Overall Health

As shown in Table 6, 82% of respondents rated their child's overall health as "excellent/very good," 15% as "good," and 3% as "fair/poor." Overall health ratings of "excellent/very good" were higher among non-CSHCN compared to CSHCN (93% vs. 65%,  $p \leq .001$ ) and children aged five or younger compared to those aged six to 12

and 13 or older (89% vs. 81% and 76%,  $p \leq .01$ ) (data not shown). For children’s overall mental or emotional health, 66% of respondents rated their child as “excellent/very good,” 23% as “good,” and 11% as “fair/poor” (Table 6). Again, non-CSHCN were more likely to be reported to be in “excellent/very good” overall mental or emotion health compared to CSHCN (85% vs. 36%,  $p \leq .001$ ), as were children aged 5 or younger relative to those aged 6 to 12 and 13 or older (83% vs. 63% and 51%,  $p \leq .001$ ) (data not shown). Finally, children in the North/Downeast region were more likely than those in the Southern and Central/West regions of the state to be in “excellent/very good” mental or emotional health (71% vs. 63% and 64%,  $p \leq .05$ ), as were BIPOC compared to White children (77% vs. 63%,  $p \leq .01$ ) (data not shown).

**Table 6. Ratings of Child’s Overall Health and Mental or Emotional Health**

Domain/Item	Results		
	n	Percent *	95% CI
<i>In general, how would you rate child’s overall health?</i>			
Excellent or very good	1,211	82%	(80% - 84%)
Good	1,211	15%	(12% - 17%)
Fair or poor	1,211	3%	(2% - 5%)
<i>In general, how would you rate child’s overall mental or emotional health?</i>			
Excellent or very good	1,207	66%	(63% - 69%)
Good	1,207	23%	(20% - 26%)
Fair or poor	1,207	11%	(9% - 13%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare.

\*Columns may not total to 100% due to rounding.

## Overall Findings: CAHPS 5.1H Core and Chronic Conditions Item Sets

### CAHPS 5.1H Core Item Set

The Core CAHPS 5.1H questions focus on the following areas: Getting Needed Care, Getting Care Quickly, How Well the Child’s Doctors Communicate, Health Plan Information and Customer Service, and Overall Ratings (of child’s personal doctor, specialist, health care, and health plan). We compare results from the 2023 MaineCare survey with data on children served by other state Medicaid programs using the 2022 CAHPS data, which was the most recent year of data available in the national CAHPS Database.<sup>8</sup> In Table 7, we display Top Box scores for each of the CAHPS 5.1H Health Plan survey items and domain scores. Top Box scores represent the percent of respondents reporting the most positive response for a given domain, rating, or question item. For example, on scales that use “always” to “never”, the Top Box score is the percentage of respondents who chose “always”; on rating scales where 0 is the worst and 10 is the best score, the Top Box score is the percentage selecting “9 or 10.” Domain scores are the average of all items within a given domain; they reflect the responses of participants who provided answers to any individual items in the domain. The last two columns in Table 7 provide summary ratings using comparative data obtained from the national CAHPS database. The summary ratings indicate how the MaineCare results compare to Top Box scores from respondents served by Medicaid managed care and fee-for-service plans in other states. The third column in the table gives MaineCare’s Top Box category, which indicates the program’s percentile rank relative to the Top Box scores of other state Medicaid programs for children. The fourth column contains the median Top Box scores for child Medicaid programs in 2022. The Top Box summary rating categories are defined as follows:

### Top Box Rating Categories

Symbol	Rating	Percentile
◆◆◆◆	Excellent	Higher than 90th
◆◆◆	Very Good	75th – 90th
■ ■	Good	50th – 75th
■	Fair	25th – 50th
□	Poor	Less than 25th

As shown in Table 7, MaineCare’s domain scores for the core CAHPS items ranged from “poor” to “good” in 2023. MaineCare performed best relative to the national median on the getting care quickly domain (74% vs. 71%), receiving a rating of “good” (50<sup>th</sup>-75<sup>th</sup> percentile). Within this domain, respondents rated MaineCare as “very good” for always providing non-urgent appointments as soon as needed (68% vs. 64%). However, respondents in the Southern region of the state were less likely than those in the Central/West or North/Downeast regions to report always promptly receiving a non-urgent appointment (59% vs. 71% and 72%,  $p \leq .05$ ) (data not shown). CSHCN were also less likely than non-CSHCN to always receive a non-urgent appointment when needed (62% vs. 72%,  $p \leq .05$ ). Also within the getting care quickly domain, BIPOC children were less likely than White children to always receive urgent care as soon as necessary (64% vs. 82%,  $p \leq .05$ ); as were CSHCN compared to non-CSHCN (74% vs. 85%,  $p \leq .05$ ) (data not shown). MaineCare was rated “fair” on the getting needed care (55% vs. 60%) and doctor communication (79% vs. 80%) domains (Table 7). The rating for getting needed care represented an increase of two percentage points over last year’s rating, which was considered “poor” relative to the national median. Within the doctor communication domain, members in the Central/West region were less likely than those in the Southern or North/Downeast regions to report that their child’s doctor listened carefully (75% vs. 81% and 87%,  $p \leq .05$ ) (data not shown). The overall rating for the

<sup>8</sup> Consumer Assessment of Healthcare Providers and Systems Database. Available at: <https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

MaineCare Member Services customer service line dropped almost 6 percentage points from its “fair” rating in 2022 rated as “poor” relative to the national median (61% vs. 69%) (Table 7). BIPOC members were significantly less likely than White members to report the child always received urgent care as soon as they needed (64% vs. 82%,  $p \leq .05$ ), but more likely to report the child’s personal doctor always explained things in a way that was easy for the child to understand (83% vs. 72%,  $p \leq .05$ ) (data not shown).

While not statistically significant, members reported slightly higher overall ratings for the child’s personal doctor (up from 68% to 71%), and slightly lower ratings for ratings of the child’s specialist (66% to 63%) and health plan (67% to 64%) in 2023 (Table 7). Despite the modest increase in ratings for personal doctors, MaineCare continued to rank under the 25<sup>th</sup> percentile for each of the four measures. Notably, BIPOC members were significantly more likely than White members to report an overall rating of “9 or 10” (on a 10-point scale) for the child’s personal doctor (80% vs. 70%,  $p \leq .05$ ), health care (69% vs. 55%,  $p \leq .01$ ), and health plan (74% vs. 62%,  $p \leq .01$ ) (data not shown). Parents and guardians of CSHCN were significantly less likely than those of non-CSHCN to rate all of their child’s healthcare a “9 or 10” (50% vs. 63%,  $p \leq .01$ ) and to rate the health plan a “9 or 10” (57% vs. 58%,  $p \leq .01$ ). Members in the Central/West and Southern regions were less likely than those in the North/Downeast to rate the health plan as a “9 or 10” (60% and 62% vs. 71%,  $p \leq .05$ ). And BIPOC members ( $n=11$ ) were also borderline significantly more likely than White members ( $n=53$ ) to report that customer service at the child’s health plan was always courteous and respectful (90% vs. 73%,  $p = .06$ ) (data not shown).

**Table 7. CAHPS 5.1H Core Item Set: Results for Entire Sample with National Medicaid Comparisons**

Domain/Item	2023 MaineCare Results*		National Comparisons <sup>†</sup>	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	2022 National Child Medicaid Median
<b>Core CAHPS 5.1H Health Plan Item Set</b>				
<i>Getting Needed Care</i>	55%		■	60%
How often was easy to get needed care, tests, or treatment for child	55%	(51% - 59%)	□	65%
How often was easy to get appointments with specialists for child	54%	(47% - 61%)	■	55%
<i>Getting Care Quickly</i>	74%		■■	71%
Child got urgent care for illness, injury or condition as soon as wanted	80%	(75% - 85%)	■■■	78%
Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed	68%	(64% - 72%)	◆◆◆	64%
<i>How Well the Child's Doctors Communicate</i>	79%		■	80%
Child's personal doctor explained things clearly	83%	(80% - 86%)	■■■	82%
Child's personal doctor listened carefully	80%	(76% - 83%)	□	84%
Child's personal doctor respected consumer comments	86%	(83% - 89%)	■	87%
Child's personal doctor explained things in a way that was easy for child to understand	73%	(69% - 78%)	□	77%
Child's personal doctor spent enough time with child	74%	(71% - 78%)	■■■	71%



**Table 7. (continued) CAHPS 5.1H Core Item Set: Results for Entire Sample with National Medicaid Comparisons**

Domain/Item	2023 MaineCare Results*		National Comparisons†	
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category	2022 National Child Medicaid Median
<b>Core CAHPS 5.1H Health Plan Item Set</b>				
<i>Health Plan Information and Customer Service</i>	61%		□	69%
Customer service at child's health plan gave information or help needed‡	47%	(32% - 62%)	□	58%
Customer service staff at child's health plan courteous and respectful‡	75%	(62% - 89%)	□	80%
<b>Overall Ratings</b>				
Rating of child's personal doctor	71%	(68% - 75%)	□	77%
Rating of child's specialist	63%	(56% - 70%)	□	73%
Rating of all child's health care	58%	(54% - 61%)	□	70%
Rating of child's health plan	64%	(61% - 67%)	□	71%

\*Results are weighted to represent the entire population of children enrolled in MaineCare

†Comparisons based on National 2022 Child Medicaid 5.1H Percentile Top Box Scores downloaded from CAHPS Database October 12, 2023: <https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

‡Sample size less than 100. Use results with caution.

### Experience with MaineCare Member Services Help Line

Beginning in 2016, additional questions were added to the CAHPS items on health plan information and customer services to obtain more detailed information about member experience with the MaineCare Member Services Help Line. In 2023, approximately 6% of respondents (unweighted n= 69) attempted to get information or help from the MaineCare Member Services telephone help line. Of these, 74% indicated they “usually” or “always” got the information or help they needed, while 15% “never” and 11% “sometimes” got the information or help they needed (data not shown).

Table 8 shows the most common reasons respondents did not receive needed information or help. Because sample sizes are less than 100, results should be interpreted with caution. In 2023, 52% of respondents indicated they had to wait too long to speak with someone; 41% indicated that Member Services did not have the information they needed; and 27% did not have their questions answered by Member Services. Additionally, 27% of respondents had to call several times before they were able to speak with someone at Member Services, 11% were given the wrong information, 11% were never able to get through, and 6% indicated they could not speak to someone in their preferred language. This year, 71% percent of respondents reported that if Member Services could not address their issue they were “usually” or “always” directed to the correct department. An additional 13% said they were “sometimes” correctly re-directed, and 15% were “never” correctly re-directed. These rates were not statistically different from those reported in 2022.

Among members that called the Help Line, 42% gave MaineCare Member Services a score of “9 or 10” out of 10. This was slightly lower than, but statistically similar to, last year’s results of 52%. Additionally, 90% of respondents who spoke to Member Services indicated that staff “usually” or “always” treated them with courtesy and respect, again statistically similar to the 94% reported in 2022.

**Table 8. Experience With MaineCare Member Services Help Line**

Domain/Item	Results		
	n	Percent	95% CI
<i>Reasons why needed help or information was not received after calling MaineCare Member Services (Percent of "Yes" responses)<sup>†</sup></i>			
Had to wait too long to speak to someone	37	52%	(29% - 74%)
They did not have the information needed	37	41%	(19% - 63%)
Unable to answer questions	37	27%	(11% - 43%)
Had to call several times before speaking to someone	37	27%	(10% - 43%)
Was given wrong information	37	11%	(2% - 21%)
Was never able to get through	37	11%	(0% - 25%)
Could not speak to someone in my preferred language	37	6%	(0% - 16%)
Some other reason	37	4%	(1% - 7%)
The information they gave me was hard to understand	37	0%	(0% - 0%)
<i>If MaineCare Member Services could not address your issue, how often were you directed to the correct MaineCare Department?<sup>†</sup></i>			
Never	28	15%	(1% - 30%)
Sometimes	28	13%	(0% - 31%)
Usually	28	45%	(23% - 66%)
Always	28	27%	(5% - 48%)
<i>How often did MaineCare Member Services treat you with courtesy and respect?<sup>†</sup></i>			
Never	64	1%	(0% - 2%)
Sometimes	64	10%	(0% - 19%)
Usually	64	14%	(3% - 25%)
Always	64	75%	(62% - 89%)
<i>MaineCare Member Services Top Box Score (Percent rating 9 or 10)<sup>†</sup></i>	64	42%	(27% - 57%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare.

<sup>†</sup>Sample size less than 100. Use results with caution.

### CAHPS 5.1H Children with Chronic Conditions Item Set

The CAHPS survey also includes a supplemental set of items designed to measure health plan performance in addressing topics that tend to be of more concern to families of children with chronic health conditions. These questions were asked of all survey participants, regardless of the chronic condition status of the child, in order to allow for comparisons across groups of children with and without special health care needs. The measures in the supplemental chronic care item set include Access to Specialized Services, Access to Prescription Medicines, Family-Centered Care (including having a personal doctor who knows the child and getting needed information) and Coordination of Care and Services. We again computed the Top Box results for each measure and compared them to national results from the CAHPS Database (Table 9). Note that the findings in Table 9 pertain to all 2023 survey participants, including children with and without chronic conditions. Although statistically significant differences between CSHCN and non-CSHCN are noted throughout this report, a more detailed discussion of the experience of care among children with and without special health care needs is presented below (see Table 13 in section entitled: “MaineCare Patient Experience of Children with Special Health Care Needs”).

Scores for the chronic conditions item set were generally stable from 2022 to 2023 across all items and domains. Sixty-five percent of respondents indicated that their child’s personal doctor seemed informed and up to date about care received from other doctors or providers. Regarding access to specialized services, 50% of respondents indicated it was always easy to get special medical equipment or devices for the child, and 55% indicated it was always easy to get special therapy for their child. Interestingly, BIPOC members were more likely than White members to report it was always easy to get special therapy (72% vs. 51%,  $p \leq .05$ ) (data not shown). The proportion of respondents who indicated that it was always easy to get treatment or counseling decreased by 13 percentage points, from 45% in 2022 to 32% in 2023 ( $p \leq .05$ ), remaining in the “poor” category and well below the national median of 46%. Sixty-six percent of respondents reported it was always easy to obtain prescription medicines through MaineCare (a rating of “good” relative to the national median of 69%), but CSHCN were less likely than non-CSHCN to do so (61% vs. 74%,  $p \leq .05$ ) (data not shown).

MaineCare scored well on family centered care with 91% of respondents reporting that their child’s doctor talked about how the child was feeling, growing, or behaving (a rating of “very good”); 92% indicating the doctor understood how the child’s health conditions affected the child’s day to day life (a rating of “good”); and 88% indicating the child’s doctor understood how the child’s health conditions affected the family’s day to day life (again, a rating of “good”). Parents and guardians of CSHCN were less likely than those of non-CSHCN to indicate their child’s doctor understood how the child’s health conditions affected the family’s day to day life (86% vs. 99%,  $p \leq .001$ ), and borderline significantly less likely to understand how the conditions affected the child’s day to day life (91% vs. 97%,  $p = .069$ ) (data not shown). The only other significant change from 2022 to 2023 for the chronic conditions item set included a 6-percentage point decrease in the proportion of respondents indicating their child’s doctors or health providers always answered their questions (80% to 74%,  $p \leq .05$ ). Parents and guardians of BIPOC children were borderline significantly less likely than White children to report their child’s providers always answered their questions (67% vs. 76%,  $p = .06$ ) (data not shown). With regard to care coordination, 98% of families surveyed said they consistently got the help they needed from their child’s doctors or health providers when contacting their school or day care (a rating of “excellent”). And just 47% routinely got the help they needed to coordinate care among the child’s different providers and services, below the national median of 60% (a rating of “poor”).

**Table 9. CAHPS 5.1H Children with Chronic Conditions Item Set: Results for Entire Sample with National Medicaid Comparisons**

Domain/Item	2023 MaineCare Results*		National Comparisons†	
	MaineCare Top Box Score	Confidence Interval	MaineCare Top Box Category	2022 National Child Medicaid Median
<b>Children with Chronic Conditions Item Set</b>				
Child's personal doctor seemed informed and up to date about care received from other doctors or providers	65%	(59% - 71%)	■ ■	60%
<i>Getting Specialized Services</i>				
How often was easy to get special medical equipment or devices for child‡	50%	(36% - 64%)	■	51%
How often was easy to get special therapy for child	55%	(46% - 63%)	■ ■	50%
How often was easy to get treatment or counseling for child	32%	(25% - 38%)	□	46%
<i>Getting Prescription Medicine</i>				
How often was easy to get prescription medicines for child through health plan	66%	(61% - 71%)	■	69%
<i>Family Centered Care: Personal Doctor Who Knows Child</i>				
Child's personal doctor talked about how child was feeling, growing, or behaving	91%	(88% - 93%)	■ ■	90%
Child's personal doctor understood how health conditions affected child's day to-day life.	92%	(89% - 95%)	■	93%
Child's personal doctor understood how health conditions affected child's family's day-to-day life.	88%	(84% - 92%)	■	90%
<i>Family Centered Care: Getting Needed Information</i>				
How often questions answered by child's doctors or health providers	74%	(70% - 78%)	■ ■	73%
<i>Coordination of Care and Services</i>				
Got help needed from child's doctors or health providers in contacting child's school or daycare	98%	(96% - 100%)	◆ ◆ ◆ ◆	93%
Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services	47%	(42% - 52%)	□	60%

\*Results are weighted to represent the entire population of children enrolled in MaineCare

†Comparisons based on National 2022 Child Medicaid 5.1H Percentile Top Box Scores downloaded from CAHPS Database October 12, 2023:

<https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

‡Sample size less than 100. Use results with caution.

## MaineCare Member Experience Among Title XIX and Title XXI Eligibility Categories

We also examined CAHPS results separately for Title XIX and Title XXI MaineCare eligibility categories to assess the extent to which the experiences of children in these groups differed. The Title XIX group includes children enrolled in the Medicaid eligibility category of MaineCare and the Title XXI group includes children in the Children's Health Insurance Program (CHIP) and Expansion categories.<sup>9</sup> We analyzed differences for the CAHPS core items as well as the chronic care items.

### CAHPS 5.1H Core Item Set

There were modest differences between Title XIX and Title XXI program enrollee ratings of MaineCare on the core CAHPS 5.1H survey items. As shown in Table 10 below, both eligibility categories reported “fair” overall ratings (25<sup>th</sup>-50<sup>th</sup> percentile) for the getting needed care domain relative to the national median. For the getting care quickly domain, Title XIX enrollees rated MaineCare as “good” (50<sup>th</sup>-75<sup>th</sup> percentile) whereas Title XXI enrollees rated MaineCare “very good” (75<sup>th</sup>-90<sup>th</sup> percentile). For the doctor communication domain, Title XIX enrollees rated MaineCare as “fair” while Title XXI enrollees rated the program “good.” For the health plan information and customer service domain, both Title XIX and Title XXI enrollees rated MaineCare as “poor” (down from “fair” in 2022); however, sample sizes are less than 100 for all items in this domain, so results should be interpreted with caution. Overall ratings for the child’s personal doctor, specialist, health care, and health plan were “poor,” below the 25th percentile nationally, for both eligibility categories. There were no statistically significant differences between the Title XIX and Title XXI groups on the core CAHPS 5.1H items in 2023.

### CAHPS 5.1H Children with Chronic Conditions Item Set

Table 11 shows MaineCare performance by eligibility category on the CAHPS children with chronic conditions item set. As with the core items, results were consistent between the eligibility categories for the chronic conditions items. That being said, Title XIX enrollees were slightly more likely to report that their child’s doctor seemed informed and up to date about care the child had received from other providers compared to Title XXI enrollees, resulting in a “very good” rating among Title XIX enrollees compared to a “good” rating among Title XXI. This was the only significant or borderline significant difference in MaineCare performance on the chronic conditions item set between Title XIX and Title XXI members (65% vs. 63%,  $p=.062$ ) (data not shown). Title XIX enrollees also rated MaineCare higher than their Title XXI counterparts on the extent to which their child’s personal doctor understood how health conditions affected the child’s day to day life (92% vs. 90%), resulting in a rating of “fair” for Title XIX compared to “poor” for Title XXI. On the other hand, 61% of Title XXI enrollees reported that it was always easy to get special therapy for their child (“very good” relative to the national median) compared to 54% of Title XIX enrollees (“good” relative to the national median). Finally, Title XIX enrollees rated MaineCare as “excellent” on the extent to which the family was able to get needed help from their child’s providers in contacting their school or daycare compared to “very good” among Title XXI enrollees.

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<sup>9</sup> See Appendix A for data on family income eligibility limits, premium payments, and funding sources for each MaineCare eligibility group.

**Table 10. CAHPS 5.1H Core Item Set by MaineCare Title XIX and Title XXI Eligibility**

Domain/Item	2023 MaineCare Title XIX Results*			2023 MaineCare Title XXI Results*				
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category <sup>†</sup>		MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category <sup>†</sup>	
<b>Core CAHPS 5.1H Health Plan Item Set</b>								
<i>Getting Needed Care</i>	55%		■		55%		■	
How often was easy to get needed care, tests, or treatment for child	55%	(51% - 60%)	□		56%	(51% - 61%)	□	
How often was easy to get appointments with specialists for child	54%	(46% - 62%)	■		53%	(44% - 62%)	■	
<i>Getting Care Quickly</i>	74%		■■		76%		◆◆◆	
Child got urgent care for illness, injury or condition as soon as thought needed	79%	(74% - 85%)	■■		84%	(79% - 90%)	◆◆◆	
Got non-urgent appointment for child at doctor's office or clinic as soon as thought needed	68%	(64% - 73%)	◆◆◆		68%	(63% - 73%)	◆◆◆	
<i>How Well the Child's Doctors Communicate</i>	79%		■		81%		■■	
Child's personal doctor explained things clearly	82%	(79% - 86%)	■■		86%	(82% - 90%)	◆◆◆	
Child's personal doctor listened carefully	79%	(76% - 83%)	□		82%	(78% - 86%)	■	
Child's personal doctor respected consumer comments	86%	(82% - 89%)	■		86%	(83% - 90%)	■	
Child's personal doctor explained things in a way that was easy for child to understand	73%	(68% - 78%)	□		74%	(69% - 79%)	■	
Child's personal doctor spent enough time with child	74%	(70% - 78%)	■■		77%	(72% - 81%)	◆◆◆	
<i>Health Plan Information and Customer Service</i>	61%		□	‡	61%		□	‡
Customer service at child's health plan gave information or help needed	47%	(31% - 64%)	□	‡	43%	(25% - 61%)	□	‡
Customer service staff at child's health plan courteous and respectful	75%	(59% - 90%)	□	‡	80%	(64% - 95%)	■	‡
<b>Overall Ratings</b>								
Rating of child's personal doctor	71%	(68% - 75%)	□		72%	(68% - 76%)	□	
Rating of child's specialist	63%	(54% - 71%)	□		66%	(57% - 76%)	□	
Rating of all child's health care	57%	(53% - 62%)	□		60%	(55% - 65%)	□	
Rating of child's health plan	65%	(61% - 58%)	□		60%	(56% - 64%)	□	

\*Results are weighted to represent the entire population of children enrolled in MaineCare

†Comparisons based on National 2022 Child Medicaid 5.1H Percentile Top Box Scores downloaded from CAHPS Database October 12, 2023:

<https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

‡Sample size less than 100. Use results with caution.

**Table 11. CAHPS 5.1H Children with Chronic Conditions Item Set by MaineCare Title XIX and Title XXI Eligibility**

Domain/Item	2023 MaineCare Title XIX Results				2023 MaineCare Title XXI Results			
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category*		MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category*	
<b>Children with Chronic Conditions Item Set</b>								
Child's personal doctor seemed informed and up to date about care received from other doctors or providers	65%	(59% - 72%)	◆◆◆		63%	(55% - 70%)	■ ■	
<b>Getting Specialized Services</b>								
How often was easy to get special medical equipment or devices for child	51%	(35% - 66%)	■	‡	44%	(26% - 62%)	■	‡
How often was easy to get special therapy for child	54%	(44% - 63%)	■ ■		61%	(50% - 72%)	◆◆◆	‡
How often was easy to get treatment or counseling for child	32%	(25% - 40%)	□		29%	(21% - 38%)	□	
<b>Getting Prescription Medicine</b>								
How often was easy to get prescription medicines for child through health plan	65%	(60% - 71%)	■		68%	(62% - 74%)	■	
<b>Family Centered Care: Personal Doctor Who Knows Child</b>								
Child's personal doctor talked about how child was feeling, growing, or behaving	91%	(88% - 94%)	■ ■		90%	(87% - 94%)	■ ■	
Child's personal doctor understood how health conditions affected child's day-to-day life.	92%	(89% - 96%)	■		90%	(86% - 95%)	□	
Child's personal doctor understood how health conditions affected child's family's day-to-day life.	88%	(84% - 92%)	■		89%	(85% - 94%)	■	

\*Results are weighted to represent the entire population of children enrolled in MaineCare

†Comparisons based on National 2022 Child Medicaid 5.1H Percentile Top Box Scores downloaded from CAHPS Database October 12, 2023:

<https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

‡Sample size less than 100. Use results with caution.

**Table 11. (continued) CAHPS 5.1H Children with Chronic Conditions Item Set by MaineCare Title XIX and Title XXI Eligibility**

Domain/Item	2023 MaineCare Title XIX Results			2023 MaineCare Title XXI Results			
	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category*	MaineCare Top Box Score	95% Confidence Interval	MaineCare Top Box Category*	
<i>Family Centered Care: Getting Needed Information</i>							
How often questions answered by child's doctors or health providers	74%	(69% - 78%)	■ ■	76%	(72% - 81%)	■ ■	
<i>Coordination of Care and Services</i>							
Got help needed from child's doctors or health providers in contacting child's school or daycare	99%	(96% - 100%)	◆ ◆ ◆ ◆	96%	(91% - 100%)	◆ ◆ ◆	‡
Got help from child's health plan, doctor's office, or clinic to coordinate child's care among different providers/services	48%	(42% - 54%)	□	38%	(35% - 48%)	□	

\*Results are weighted to represent the entire population of children enrolled in MaineCare

†Comparisons based on National 2022 Child Medicaid 5.1H Percentile Top Box Scores downloaded from CAHPS Database October 12, 2023:

<https://datatools.ahrq.gov/cahps/?type=tab&tab=cahpscarhps>

‡Sample size less than 100. Use results with caution.



## MaineCare Member Experience of Children with Special Health Care Needs

Children with special health care needs (CSHCN) have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition which require health care and related services of a type or amount beyond that required by children generally.<sup>10</sup> Several federal and state programs target CSHCN, including children in the foster care or adoption assistance programs (Title IV-E), Supplemental Security Income (SSI), Title V-funded care coordination services,<sup>11</sup> and services under a 1903(3) option, known as the Katie Beckett<sup>12</sup> option.

### Prevalence of CSHCN in MaineCare

We identified CSHCN in our survey sample using the CSHCN Screener developed by Bethell et al. (2002).<sup>13</sup> The CSHCN Screener is included in the Child Medicaid survey, and identifies children who experience at least one of five different health consequences: (1) use or need of prescription medication, (2) above-average use or need of medical, mental health or educational services, (3) functional limitations compared with others of the same age, (4) use or need of specialized therapies, and (5) treatment or counseling for emotional or developmental problems. To qualify as a CSHCN, the following must all be present:

- The child must currently experience one of the five specific consequences noted above;
- The consequence must be due to a medical, behavioral, or other health condition; and
- The duration or expected duration of the condition must be 12 months or longer.

Based on our survey, an estimated 40% of children enrolled in MaineCare met the CSHCN screening criteria (Table 12), similar to the 44% identified in last year's study. Of the five qualifying health consequences, use or need of prescription medications was most prevalent at 25%; followed by treatment or counseling for emotional, behavioral, or developmental problems at 24%; and above average use or need of medical, mental health, or educational services at 21% (all statistically similar to rates found in the 2022 survey.)

The prevalence of children with special health care needs is higher among children enrolled in MaineCare than among the general population of children in Maine. Data from a national survey conducted in 2022 showed that 26.6% of all children in Maine and 20.8% of children nationwide had special health care needs.<sup>14</sup> As noted above and shown in Table 12, 40% of children enrolled in MaineCare in 2023 had special health care needs. Results from the 2023 survey do not suggest differences in rates of CSHCN across eligibility categories or region. However, White children were more likely than BIPOC children to be identified as CSHCN (42% vs. 26%,  $p \leq .001$ ), as were children aged 13 and older compared to ages six to 12 and five or younger (56% vs. 45% and 18%,  $p \leq .001$ ).

When asked to rate their child's overall health, parents and guardians of CSHCN were significantly more likely

<sup>10</sup> McPherson, M., et al. (1998). A new definition of children with special health care needs. *Pediatrics*; 102: 137-40.

<sup>11</sup> The Title V Maternal and Child Health Block Grant supports work in Maine to ensure the health of mothers, women, children and youth, including children with special health care needs and their families through the following programs: Birth Defects Program; Cleft Lip & Palate Program; Partners in Care Coordination; Newborn Hearing Program; Genetics Program; Newborn Bloodspot Screening Program; Maternal, Fetal & Infant Mortality Review; Perinatal Health; Women's Health; Adolescent and School Health; Public Health Nursing; Injury and Suicide Prevention; Oral Health. See Maine Center for Disease Control and Prevention. Maternal & Child Health. Federal Title V Maternal and Child Health Program. Available at: <https://www.maine.gov/dhhs/mecdc/population-health/mch/>, and Health Resources and Services Administration. Title V Maternal and Child Health (MCH) Block Grant. Available at: <https://mchb.hrsa.gov/programs-impact/title-v-maternal-child-health-mch-block-grant>

<sup>12</sup> Katie Beckett is a MaineCare option for children with serious health conditions. For more information go to: <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/katie-beckett-option>

<sup>13</sup> For more information, see Bethell, C.D., Read, D., Stein, R., et al. (2002). Identifying children with special health care needs: development and evaluation of a short screening instrument. *Ambulatory Pediatrics*; 2:49-57. The complete CSHCN Screener is also available at: <http://depts.washington.edu/dbpeds/Screening%20Tools/CSHCN-CAMHIScreener.pdf>

<sup>14</sup> Child and Adolescent Health Measurement Initiative. 2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Available at: [www.childhealthdata.org](http://www.childhealthdata.org).

( $p \leq .001$ ) than those of non-CSHCN to rate their child's health as fair/poor (8% vs. 0.5%) or good (27% vs. 6%), and less likely to report excellent/very good health (65% vs. 93%). When asked to rate their child's overall mental health, CSHCN respondents were again significantly more likely ( $p \leq .001$ ) to rate it as fair/poor (26% vs. 2%) or good (38% vs. 13%), and less likely to rate it as excellent/very good (36% vs. 85%) (data not shown).

**Table 12. Children with Special Health Care Needs Screener Results**

Item	Results		
	n	%	95% CI
<i>Health consequence of child's chronic condition or special health care needs</i>			
Use or need of prescription medication	1,197	25%	(22% - 28%)
Treatment or counseling for emotional, behavioral or developmental problems	1,185	24%	(21% - 26%)
Above average use or need of medical, mental health or educational services	1,166	21%	(18% - 23%)
Functional limitations compared with others of the same age	1,183	15%	(12% - 17%)
Use or need of specialized therapies (occupational therapy, physical therapy, speech therapy, etc.)	1,200	12%	(10% - 15%)
<i>Child with Special Health Care Needs (experiences one or more of these health consequences)</i>	1,214	40%	(37% - 43%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare.

### Differences in Experience of Care for CSHCN and non-CSHCN

Ensuring that children with special health care needs enrolled in MaineCare have adequate access to needed services is important not only for their health and well-being, but also for the control of current and future MaineCare expenditures. By helping children and families to better manage their chronic conditions, MaineCare can help avoid the use of more costly emergency and hospital services.

To identify areas where MaineCare may be able to improve the quality of services delivered to CSHCN, we compared Top Box scores for CSHCN and non-CSHCN on the core and chronic condition CAHPS items. For the core items, parents in the CSHCN group were significantly less likely than their non-CSHCN counterparts to report a score of "9 or 10" for their MaineCare coverage (57% vs. 68%,  $p \leq .01$ ) or for their child's healthcare (51% vs. 63%,  $p \leq .01$ ). Parents of CSHCN were also less likely to report that it was "always" easy to get the care, tests, or treatment their child needed (46% vs. 63%,  $p \leq .001$ ); less likely to report that they "always" got a routine appointment as soon as they thought they needed (62% vs. 72%,  $p \leq .05$ ); less likely to report that their child "always" got urgent care for an illness, injury, or condition, as soon as they thought they needed (74% vs. 85%,  $p \leq .05$ ); and were less likely to report their child's personal doctor understands how their condition(s) affect the family's day-to-day life (86% vs. 99%,  $p \leq .001$ ). Although not statistically significant, parents in the CSHCN group were also less likely to report that Member Services "always" treated them with courtesy and respect (69% vs. 80%), and less likely to report that they received an appointment with a specialist as soon as thought needed (50% vs. 62%) (Table 13).

For the chronic conditions item set, parents of CSHCN were less likely to report that it was "always" easy to get prescription medicines (61% vs. 74%,  $p \leq .05$ ), and more likely to report getting help from their child's MaineCare plan, a doctor's office, or clinic in coordinating care among different providers or services (53% vs. 39%,  $p \leq .05$ ) (Table 13).

Of note, 10 categories (eight of the core CAHPS items and two of the chronic condition CAHPS items) showed

notable differences between the two groups (CSHCN vs. non-CSHCN) in 2023, compared to only six categories (three in the core and three in the chronic conditions items) in 2022.

**Table 13. CAHPS 5.1H Select Results for Children with and without Special Health Care Needs**

Domain/Item	Results			
	n	CSHCN	Non-CSHCN	CSHCN Comparison
<b>Core Item Set</b>				
Using any number from zero to ten, how would you rate child's MaineCare? (% "9-10")**	1,203	57%	68%	↓
Using any number from zero to ten, how would you rate child's healthcare? (% "9-10")**	900	51%	63%	↓
How often was it easy to get care, tests, or treatment child needed? (% "Always")***	928	46%	63%	↓
Child got urgent care for illness, injury or condition as soon as thought needed (% "Always")*	388	74%	85%	↓
How often did MaineCare Member Services staff treat you with courtesy and respect? (% "Always")†	64	69%	80%	↓
How often did you get appointments for your child with a specialist as soon as thought needed (% "Always")	299	50%	62%	↓
How often did you get an appointment for routine care as soon as thought needed (% "Always")*	803	62%	72%	↓
Does your child's personal doctor understand how their conditions affect your family's day-to-day life? (% "Yes")***	449	86%	99%	↓
<b>Children with Chronic Conditions Item Set</b>				
How often was it easy to get prescription medicines for child through MaineCare? (% "Always")*	570	61%	74%	↓
Did anyone from your child's MaineCare plan, doctor's office, or clinic help coordinate child's care among different providers or services? (% "Yes")*	520	53%	39%	↑
<b>Legend:</b>	CSHCN at least 10% lower			↓
	CSHCN at least 10% higher			↑

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare  
Differences significant at  $p \leq .05$ \*,  $p \leq .01$ \*\* ,  $p \leq .001$ \*\*\*

†Sample size less than 100. Use results with caution.

## Findings: Other Topics Relevant to MaineCare Policy

### Behavioral Health

In 2023, a short behavioral health treatment and counseling module was added to the questionnaire to collect data on utilization and types of treatments. For respondents who indicated their child had an emotional, developmental, or behavioral problem for which they need or get treatment or counseling, follow up questions were asked about the treatment or counseling. Behavioral health is important to overall wellbeing and is often intertwined with physical health. There has been a shift throughout health systems to integrate behavioral health services into general healthcare, and to promote mental wellness with equal importance as physical wellbeing.<sup>15</sup>

As shown in Table 14, 26% of respondents indicated that their child needed behavioral health treatment or counseling. By comparison, a 2022 report published by the Agency for Healthcare Research and Quality (AHRQ) found that nationally, nearly 20% of children aged 3-17 had a mental, emotional, developmental, or behavioral disorder.<sup>16</sup> In our survey, need varied across age groups and by CSHCN status. Only 10% of those aged 5 or younger needed treatment or counseling compared to 30% of children aged 6 to 12 and 37% aged 13 or older ( $p \leq .001$ ). Unsurprisingly, a much higher percentage of CSHCN needed behavioral health services compared to non-CSHCN (61% vs. 2%,  $p \leq .001$ ) (data not shown).

Of those who needed treatment or counseling, 71% received it. There were no observed differences between respondents who received the care they needed across age, eligibility group, or region; however, only 54% of BIPOC children received the care they needed, compared to 68% of White children ( $p \leq .05$ ).

Respondents whose children received behavioral health treatment or services were asked which type of treatment or counseling they received (office-based, school-based, or home/community-based services). Many respondents indicated their child received more than one type of care, and more than half (60%) indicated they received school-based treatment or counseling. Children aged six to 12 were most likely to use school-based treatment (72% vs. 42% under age five, and 51% aged 13 and older,  $p < .01$ ). Additionally, those in the Southern region of Maine were more likely to use school-based services compared to those in the Central/West or North/Downeast regions (79% vs. 59% and 41%,  $p \leq .001$ ). Children enrolled in Title XIX were also more likely to utilize school-based treatment or counseling than were children enrolled in Title XXI (62% vs. 48%,  $p \leq .05$ ) (data not shown).

Additionally, 49% of children had received office-based treatment or counseling, 31% received home and/or community-based treatment or counseling, and 4% received other types of services including medication management, telehealth behavioral appointments, and in-hospital treatments. Three percent of respondents “never,” 22% “sometimes,” 24% “usually,” and 51% “always” found it easy to get the treatment or counseling that their child needed.

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<sup>15</sup> World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/publications/i/item/9789240049338>

<sup>16</sup> 2022 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2022. AHRQ Pub. No. 22(23)-0030. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK587174/>

**Table 14. Behavioral Health Treatment and Counseling**

Domain/Item	Results		
	n	%	95% CI
<i>Needed Treatment or Counseling</i>			
Child has any kind of emotional, developmental, or behavioral problem for which they need or get treatment or counseling	1,199	26%	(23% - 28%)
<i>Received Treatment or Counseling</i>			
Yes	335	71%	(66% - 77%)
No	335	29%	(23% - 34%)
<i>Types of Treatment or Counseling</i>			
Office-based treatment or counseling	252	49%	(42% - 56%)
School-based treatment or counseling	252	60%	(53% - 67%)
Home and/or community-based treatment or counseling	252	31%	(24% - 38%)
Other treatment or counseling	252	4%	(2% - 7%)
<i>How Often it was Easy to get Treatment or Counseling</i>			
Never	250	3%	(1% - 6%)
Sometimes	250	22%	(16% - 28%)
Usually	250	24%	(18% - 30%)
Always	250	51%	(44% - 58%)

n=unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare

## Telehealth

The COVID-19 pandemic led to increased telehealth service use to ensure continued patient access to routine and specialty care. Preliminary data suggested that rates of telehealth use in the early months of the pandemic were higher among children enrolled in MaineCare than in any other state Medicaid program.<sup>17</sup> Additionally, MaineCare has long had a robust telehealth policy, and both CMS and the state of Maine created additional flexibilities to encourage the continued expansion of telehealth services during and beyond the COVID-19 emergency period.<sup>18,19,20</sup> However, persistent challenges such as limited access to providers and broadband availability pose significant barriers, particularly in rural areas of the state,<sup>21</sup> and telehealth may be less effective for serving children with special healthcare needs.<sup>22</sup> In order to better understand the experience of telehealth service use among children enrolled in MaineCare, the 2023 survey included a series of questions on telehealth access, utilization, and satisfaction with services.

<sup>17</sup> Service use among Medicaid & CHIP beneficiaries ages 18 and under during COVID-19. (2020). Preliminary Medicaid & CHIP Data Snapshot: Services through May 31, 2020. Available at: <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

<sup>18</sup> Maine Department of Health and Human Services. (2020). MaineCare Guidance Relating to Telehealth and Telephone Services During COVID-19 Emergency Period. Available at: [https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/pdfs\\_doc/COVID-19/041620-Telehealth-Guidance.pdf](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/documents/pdfs_doc/COVID-19/041620-Telehealth-Guidance.pdf)

<sup>19</sup> Centers for Medicare and Medicaid Services. (2020). State Medicaid & CHIP Telehealth Toolkit. Policy Considerations for States Expanding Use of Telehealth. COVID-19 Version. Available at: <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>

<sup>20</sup> Centers for Medicare and Medicaid Services. (2020). State Medicaid & CHIP Telehealth Toolkit. Policy Considerations for States Expanding Use of Telehealth. COVID-19 Version: Supplement 1. Available at: <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>

<sup>21</sup> Jonk, Y.C., Burgess, A., Williamson, M.E., Thayer, D., Mackenzie, J., McGuire, C., ... Coburn, A. F. (2020). Telehealth Use in a Rural State: A Mixed-Methods Study Using Maine's All-Payer Claims Database. *The Journal of Rural Health*. <https://doi.org/10.1111/jrh.12527>

<sup>22</sup> Landry, T.A. (2020, August 18). NAHSP Virtual Annual Conference. State Health Policy: Flexibility and Resiliency through COVID-19 and Beyond: Telehealth for Vulnerable Populations.

As shown in Table 15 below, 18% of respondents (n=247) indicated their child was offered a telehealth appointment instead of an in-person appointment in 2023. This represented a significant decrease from 24% in 2022 ( $p \leq .01$ ), which itself was a significant decline from the 34% reported in 2021 ( $p \leq .001$ ). Twenty-one percent of respondents reported five or more telehealth visits; 15% reported three to four visits; 38% reported one to two visits; and 26% reported zero visits.

Notably, CSHCN were significantly more likely than non-CSHCN to have been offered a telehealth visit (37% vs. 6%,  $p \leq .001$ ). Other groups that were more likely to be offered telehealth visits included older age groups (26% among children aged 13 or older compared to 18% among children aged six to 12 years old and 12% among children aged five or younger,  $p \leq .001$ ), and children located in the North/Downeast region of the state (23% compared to 18% in the South and 15% in the Central/West region,  $p \leq .05$ ) (data not shown). BIPOC children were also borderline significantly less likely than White children to be offered a telehealth visit (13% vs. 19%,  $p = .0534$ ). CSHCN (n=197) were more likely than non-CSHCN (n=51) to report five or more telehealth visits (24% vs. 8%,  $p \leq .05$ ), whereas non-CSHCN were more likely to report zero telehealth visits (40% vs. 22%,  $p \leq .05$ ) (data not shown). Finally, White children (n=211) were more likely to have five or more visits (23% vs. 9%,  $p \leq .05$ ) while a higher proportion of BIPOC children (n=32) had zero visits (47% vs. 23%,  $p \leq .05$ ) (data not shown).

**Table 15. Telehealth Access and Utilization**

Domain/Item	Results		
	n	%	95% CI
<i>Telehealth appointment offered</i>			
Child was offered telehealth instead of in-person appointment	1200	18%	(16% - 21%)
<i>Number of telehealth visits in past 6 months</i>			
None	248	26%	(20% - 33%)
1-2	248	38%	(30% - 45%)
3-4	248	15%	(10% - 20%)
5 or more	248	21%	(16% - 26%)
<i>Types of telehealth services used in past 6 months</i>			
Mental health	192	51%	(43% - 58%)
Primary care	192	24%	(17% - 31%)
Therapy for school-related learning needs	192	18%	(11% - 24%)
Other type of specialty care	192	23%	(16% - 30%)

n=unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare

Among respondents whose child used telehealth services, 24% reported using it for primary care (a significant decline from 40% in 2022,  $p \leq .01$ ); 51% to access mental health services (a non-significant increase of six percentage points from 2022); 18% for school-related learning needs; and 23% to see a wide range of other providers specializing in areas such as pediatrics, behavioral health, autism, immunology, urology, endocrinology, neurology, gastroenterology, otolaryngology, oral surgery, nutrition and diet, case management, and medication management (Table 15).

Non-CSHCN (n=30) were more likely than CSHCN (n=162) to have used telehealth for primary care (42% vs. 20%,  $p \leq .05$ ), as were BIPOC children (n=20) compared to White children (n=168) (47% vs. 22%,  $p \leq .05$ ). Children aged 13 and older (n=84) and six to 12 (n=72) were more likely than those aged 5 or younger (n=36) to have used telehealth for mental health visits (73% and 46% vs. 16%,  $p \leq .001$ ), as were CSHCN compared to non-

CSHCN (28% vs. 20%,  $p \leq .001$ ) (data not shown). And children aged five and younger ( $n=36$ ) were more likely than those aged six to 12 ( $n=72$ ) and 13 and older ( $n=84$ ) to use telehealth for school related learning needs (40% vs. 9% and 14%,  $p \leq .001$ ) (data not shown).

Finally, while respondents could select more than one type of telehealth service, those who used it for primary care reported fewer total telehealth visits (64% had one or two visits and just 15% had 5 or more) than those who used telehealth for mental health (36% had one or two visits while 37% had five or more) and/or school-related learning needs (40% had one or two visits while 37% had five or more) (data not shown).

We also asked respondents about their satisfaction with the care received through telehealth, and how likely they were to continue using telehealth services. Fifty-seven percent of respondents indicated they were very satisfied with the care their child received through telehealth; 34% were somewhat satisfied; and 9% were somewhat or very dissatisfied with the care received (Table 16). No statistically significant differences in satisfaction with telehealth services were observed by region, title, CSHCN status, age, or race. Sixty-one percent of respondents reported being very likely to continue using telehealth; 30% were somewhat likely; and 9% were somewhat or very unlikely to continue using it.

**Table 16. Satisfaction with Telehealth Services**

Domain/Item	Results		
	n	%	95% CI
<i>How satisfied are you with the care child received through telehealth?</i>			
Very satisfied	186	57%	(48% - 65%)
Somewhat satisfied	186	34%	(27% - 42%)
Somewhat dissatisfied	186	7%	(2% - 11%)
Very dissatisfied	186	2%	(0% - 5%)
<i>How likely are you to continue using telehealth?</i>			
Very likely	168	61%	(53 - 70%)
Somewhat likely	168	30%	(22% - 38%)
Somewhat unlikely	168	7%	(3% - 11%)
Very unlikely	168	2%	(0% - 4%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare

### Dental Care Utilization and Unmet Need for Dental Care

The MaineCare program has identified oral health and access to dental care as a key priority area. As a result, several questions related to dental services are included in the annual survey (Table 17). Nearly three quarters of children enrolled in MaineCare (72%) had a usual source of dental care in 2023, similar to the 75% reported in 2022. Children enrolled in MaineCare were significantly more likely ( $p \leq .001$ ) to use a private dental office (56%) or community clinic (39%) than a school-based clinic (4%). Notably, children with Title XXI eligibility were more likely than children in the Title XIX eligibility category to have a usual source of dental care (80% vs. 70%,  $p \leq .001$ ), as were children aged six to 12 and 13 and older compared to those aged five and younger (80% and 80% vs. 54%,  $p \leq .001$ ) (data not shown).

Survey results show that 55% of all children enrolled in MaineCare in 2023 received dental services in the past six months (Table 17), similar to the 54% reported in 2022. Children aged six to 12 or 13 and older were more likely than those aged five and younger to have received dental care (64% and 62% vs. 37%,  $p \leq .001$ ), as were those in the Title XIX compared to Title XXI eligibility category (53% vs. 64%,  $p \leq .001$ ) (data not shown).

Approximately one fourth (23%) of all children with MaineCare coverage in 2023 had dental care that was delayed or not received, similar to the 26% reported in 2022. Notably, CSHCN were statistically more likely than non-CSHCN to have experienced a delay or unmet need for dental care (34% vs. 16%,  $p \leq .001$ ) (data not shown).

Finally, among the 291 respondents who provided a reason why their child's dental care, tests, or treatments were delayed or not received, the most cited reasons were long waits to get an appointment (36%), no dentists in the area that accept MaineCare patients (27%), and scheduling issues (13%). Seven percent of respondents indicated a dental provider refused to accept MaineCare. Other reasons cited for delays in dental care included COVID-19-related delays, lack of appointments for new patients, and shortages of staff in dental offices.

**Table 17. Dental Care Utilization and Prevalence of Unmet Need for Dental Care**

Domain/Item	Results		
	n	%	95% CI
<i>Any Dental Care</i>			
Child received care from a dentist/dental clinic in past 6 months	1,195	55%	(52% - 59%)
<i>Usual source of Dental Care</i>			
Particular dentist or dental clinic child goes to for dental needs or advice (all ages)	1,204	72%	(69% - 75%)
Age 5 or younger	349	54%	(48% - 60%)
Ages 6 - 12	518	80%	(75% - 84%)
Age 13 or older	337	80%	(75% - 86%)
<i>Site of Visit</i>			
Private dental office	816	56%	(52% - 60%)
Community Clinic	816	39%	(35% - 43%)
School clinic	816	4%	(3% - 6%)
<i>Unmet Need for Dental Care</i>			
Dental care delayed or not received at some time in past 6 months	1,194	23%	(20% - 26%)
<i>Reasons for Unmet Need for Dental Care</i>			
Long wait to get appointment	291	36%	(29% - 42%)
No dentists in area take MaineCare patients	291	27%	(21% - 34%)
Scheduling issues	291	13%	(8% - 17%)
Some other reason	291	9%	(5% - 14%)
Dental provider refused MaineCare	291	7%	(4% - 10%)
MaineCare would not cover care	291	3%	(1% - 5%)
Did not know where to get care	291	2%	(0% - 4%)
Dentists too far away	291	2%	(0% - 3%)
Problems getting to dentist's office	291	1%	(0% - 3%)
Could not afford care	291	0.1%	(0% - 0.3%)

n = unweighted sample size; percent estimates weighted to represent entire population of children enrolled in MaineCare



## Conclusions and Recommendations

The above findings show variation across a wide range of performance measures and indicators, with MaineCare exhibiting strong performance on CAHPS items related to getting care quickly and doctor communication. Results also suggest potential areas for improvement such as accessing specialized services, getting prescription medicines, health plan information and customer service, and coordination of care. Additionally, state-added questions on access to and utilization of behavioral health and counseling, telehealth, and dental services offer valuable insights into the MaineCare member experience. We recommend continued administration of the CAHPS Child Medicaid Survey in 2024 and beyond to allow for continued monitoring of member experience with the MaineCare program. Ongoing use of the CAHPS Survey will allow assessment of program performance changes over time and enable MaineCare to comply with federal CHIPRA reporting requirements.<sup>23</sup> MaineCare administrators may also wish to explore strategies described in the [CAHPS Improvement Guide](#) available from the Agency for Healthcare Research and Quality (AHRQ) to address areas for potential improvement identified in the 2023 survey.<sup>24</sup> The CAHPS Improvement Guide is a comprehensive resource for health plans, medical groups, and other providers seeking to improve their performance in the domains of patient experience measured by the CAHPS Survey. Finally, the results of this survey can help identify potential areas for improvement not only within the MaineCare program but also among providers serving this population. In future surveys, MaineCare should continue to integrate MaineCare-specific questions to gather information on key initiatives and priority areas for the Department.

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<sup>23</sup> Annual reporting of the CHIPRA Core Measures, including the CAHPS survey, is a deliverable for the CHIPRA Quality Demonstration Grant described above. Moreover, provisions of CHIPRA effective 2013 require states to report separate CAHPS data for children enrolled in Medicaid and CHIP programs.

<sup>24</sup> Agency for Healthcare Research and Quality. CAHPS Improvement Guide. Available at: <https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>

## Appendix A: Summary of MaineCare Coverage for Children

Eligibility Group	Family Income Eligibility Limits (% of Federal Poverty Level) *			Premium Payments	Funding Source
	Children Ages 0 to 1 <sup>†</sup>	Children Ages 1 to 5	Children Ages 6 to 18		
<b>Medicaid</b>	191%	139%	131%	No monthly premiums	Medicaid (Title XIX)
<b>Medicaid Expansion (using CHIP funds)</b>	N/A	140 – 157%	132 – 157%	No monthly premiums	CHIP (Title XXI)
<b>Separate Children’s Health Insurance Program (CHIP)</b>	192 – 208%	158 – 208%		Monthly premiums of \$8 to \$64, on sliding scale	CHIP (Title XXI)

Note: Children up to age 18 with a disabling condition and monthly income up to 300% of the federal SSI income eligibility limit (approximately 225% FPL) are also eligible for MaineCare. These children are grouped with the “Medicaid” group for the purposes of the survey.

\*Eligibility levels listed here are the highest income levels under which each age group of children is covered under MaineCare. The income levels listed under Medicaid Expansion represent the levels to which Medicaid has expanded using CHIP funds, which became available in 1997 when CHIP was created. Separate CHIP eligibility limits for children from birth through age 18 begin where Medicaid coverage ends.

<sup>†</sup>Infants are not included in the target population for purposes of this survey.

Age Group	Family Income Eligibility Limits (% of Federal Poverty Level)		
Age 0 to 1	Traditional Medicaid 0 – 191% FPL		CHIP 192 – 208% FPL
Ages 1 to 5	Traditional Medicaid 0 – 139% FPL	Medicaid Expansion 140 – 157% FPL	CHIP 158 – 208% FPL
Ages 6 to 18	Traditional Medicaid 0 – 131% FPL	Medicaid Expansion 132 – 157% FPL	CHIP 158 – 208% FPL

Note: To be eligible for the infant category, the child has not yet reached their first birthday. To be eligible for the “1 to 5” category, the child is age one or older but has not yet reached their sixth birthday. To be eligible in the “6 through 18” category, the child is age six or older, but has not yet reached their 19th birthday.

### Sources:

Medicaid and CHIP Payment and Access Commission (MACPAC). MACStats EXHIBIT 35. Medicaid and CHIP Income Eligibility Levels as a Percentage of the FPL for Children and Pregnant Women by State. Available at: <https://www.macpac.gov/publication/macstats-compiled/>

Maine Department of Health and Human Services. Cub Care Fact Sheet. Available at: <https://www.maine.gov/dhhs/oms/mainecare-options/children>

## Appendix B: 2023 Survey Instrument

### SURVEY QUESTIONS

Q1		Option
The Department of Health and Human Services records indicate that <i>[Child's name]</i> is now enrolled in MaineCare. Is this correct? [IF "NO" OR "UNSURE", PROBE: MaineCare is health insurance provided by DHHS. They give you a plastic ID card if you are eligible.]		
Q1	1 YES	Q3
Q1	2 YES, AFTER PROBE	Q3
Q1	3 NO	Q2
Q1	4 YES, SECONDARY, DENTAL, VISION, ETC.	Q2
Q1	8 NA	END OF SURVEY
Q1	9 DK	END OF SURVEY
Q2		Text Entry
What is the name of your child's health plan?		
Q2	0 FILL-IN RESPONSE	END OF SURVEY
Q3		Option
What is your child's gender?		
Q3	1 MALE	NEXT
Q3	2 FEMALE	NEXT
Q3	3 NONBINARY	NEXT
Q3	4 OTHER [SPECIFY] <i>text box entry:</i> _____	NEXT
Q3	5 DECLINE TO STATE	NEXT
Q4		Option
These questions ask about <i>[Child's name]</i> 's health care over the last 6 months from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do <b>not</b> include dental visits <b>or</b> care your child got when <i>he/she/they</i> stayed <i>overnight</i> in a hospital.		
In the last 6 months, did <i>[Child's name]</i> have an illness, injury, or condition that needed care right away? {INTERVIEWER NOTE: IN A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE}		
Q4	1 YES	NEXT
Q4	2 NO	Q6
Q4	8 DK	Q6
Q4	9 NA	Q6
Q5		Option
In the last 6 months, when <i>[Child's name]</i> needed care right away, how often did <i>he/she/they</i> get care as soon as <i>he/she/they</i> needed?		
Q5	1 Never	NEXT
Q5	2 Sometimes	NEXT
Q5	3 Usually	NEXT
Q5	4 Always	NEXT
Q5	8 DK	NEXT
Q5	9 NA	NEXT
Q6		Option
In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for <i>[Child's name]</i> ?		
Q6	1 YES	NEXT
Q6	2 NO	Q8
Q6	8 DK	Q8
Q6	9 NA	Q8
Q7		Option
In the last 6 months, how often did you get an appointment for a <i>check-up or routine care</i> for <i>[Child's name]</i> as soon as <i>he/she/they</i> needed? {INTERVIEWER NOTE: AT A DOCTOR'S OFFICE OR CLINIC}		
Q7	1 Never	NEXT
Q7	2 Sometimes	NEXT
Q7	3 Usually	NEXT
Q7	4 Always	NEXT
Q7	8 DK	NEXT
Q7	9 NA	NEXT

Q8 Option

In the last 6 months, not counting the times [Child's name] went to an emergency room, how many times did he/she/they get healthcare in person, by phone, or by video?

Q8	1 1	NEXT
Q8	2 2	NEXT
Q8	3 3	NEXT
Q8	4 4	NEXT
Q8	5 5 TO 9	NEXT
Q8	6 10 OR MORE	NEXT
Q8	7 NONE	Q12
Q8	8 DK	Q11
Q8	9 NA	Q11

Q9 Option

In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

Q9	1 Never	NEXT
Q9	2 Sometimes	NEXT
Q9	3 Usually	NEXT
Q9	4 Always	NEXT
Q9	8 DK	NEXT
Q9	9 NA	NEXT

Q10 Text Entry

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 [Child's name]'s health care in the last 6 months?

Q10	0 RESPONSE (98=DK, 99=NA)	NEXT
-----	---------------------------	------

Q11 Option

In the last 6 months, how often was it easy to get the care, tests, or treatment [Child's name] needed?

Q11	1 Never	NEXT
Q11	2 Sometimes	NEXT
Q11	3 Usually	NEXT
Q11	4 Always	NEXT
Q11	8 DK	NEXT
Q11	9 NA	NEXT
Q11	10 NOT APPLICABLE/NO CARE RECEIVED	NEXT

Q12 Option

Is your child now enrolled in any kind of school or daycare?

Q12	1 YES	NEXT
Q12	2 NO	Q15
Q12	8 DK	Q15
Q12	9 NA	Q15

Q13 Option

In the last 6 months, did you need [Child's name]'s doctors or other health providers to contact a school or daycare center about his/her/their health or health care?

Q13	1 YES	NEXT
Q13	2 NO	Q15
Q13	8 DK	Q15
Q13	9 NA	Q15

Q14 Option

In the last 6 months, did you get the help you needed from [Child's name]'s doctors or other health providers in contacting his/her/their school or daycare?

Q14	1 YES	NEXT
Q14	2 NO	NEXT
Q14	8 DK	NEXT
Q14	9 NA	NEXT

Q15 Option

SPECIALIZED SERVICES

Special medical equipment or devices include things such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for [Child's name]?

Q15	1 YES	NEXT
Q15	2 NO	Q18
Q15	8 DK	Q18
Q15	9 NA	Q18

Q16 Option

In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

Q16	1 Never	NEXT
Q16	2 Sometimes	NEXT
Q16	3 Usually	NEXT
Q16	4 Always	NEXT
Q16	8 DK	NEXT
Q16	9 NA	NEXT

Q17 Option

Did anyone from [Child's name]'s MaineCare plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

Q17	1 YES	NEXT
Q17	2 NO	NEXT
Q17	3 (VOL) SOMEONE ELSE HELPED	NEXT
Q17	8 DK	NEXT
Q17	9 NA	NEXT

Q18 Option

In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for [Child's name]?

Q18	1 YES	NEXT
Q18	2 NO	Q21
Q18	8 DK	Q21
Q18	9 NA	Q21

Q19 Option

In the last 6 months, how often was it easy to get this therapy for him/her/them? [IWER NOTE: "WE DON'T KNOW YET; HAVEN'T GOT IT YET" = DK]

Q19	1 Never	NEXT
Q19	2 Sometimes	NEXT
Q19	3 Usually	NEXT
Q19	4 Always	NEXT
Q19	8 DK	NEXT
Q19	9 NA	NEXT

Q20 Option

Did anyone from [Child's name]'s MaineCare plan, doctor's office, or clinic help you get this therapy for your child?

Q20	1 YES	NEXT
Q20	2 NO	NEXT
Q20	3 (VOL) SOMEONE ELSE HELPED	NEXT
Q20	8 DK	NEXT
Q20	9 NA	NEXT

Q21 Option

In the last 6 months, did you get or try to get treatment or counseling for [Child's name] for an emotional, developmental, or behavioral problem?

Q21	1 YES	NEXT
Q21	2 NO	Q24
Q21	8 DK	Q24
Q21	9 NA	Q24

Q22

Option

In the last 6 months, how *often* was it easy to get this treatment or counseling for your child?

Q22	1 Never	NEXT
Q22	2 Sometimes	NEXT
Q22	3 Usually	NEXT
Q22	4 Always	NEXT
Q22	8 DK	NEXT
Q22	9 NA	NEXT

Q23

Option

Did anyone from *[Child's name]*'s MaineCare plan, doctor's office, or clinic help you get this treatment or counseling for *him/her/them*?

Q23	1 YES	NEXT
Q23	2 NO	NEXT
Q23	3 (VOL) SOMEONE ELSE HELPED	NEXT
Q23	8 DK	NEXT
Q23	9 NA	NEXT

Q24

Option

*Skip if Q8>6*

In the last 6 months, did *[Child's name]* get care from more than one kind of health care provider or use more than one kind of health care service?

[INTERVIEWER NOTE: THIS COULD INCLUDE DENTISTS, THERAPISTS, SPECIALISTS, AND SO ON]

Q24	1 YES	NEXT
Q24	2 NO	Q26
Q24	8 DK	NEXT
Q24	9 NA	NEXT

Q25

Option

*Skip if Q8>6*

In the last 6 months, did anyone from *[Child's name]*'s MaineCare plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

Q25	1 YES	NEXT
Q25	2 NO	NEXT
Q25	3 (VOL) SOMEONE ELSE HELPED	NEXT
Q25	8 DK	NEXT
Q25	9 NA	NEXT

Q26

Option

#### YOUR CHILD'S PERSONAL DOCTOR

A personal doctor is the one your child would talk to if *he/she/they* needs a check-up, has a health problem, or gets sick or hurt. Does *[Child's name]* have a personal doctor?

[INTERVIEWER NOTE: A PERSONAL DOCTOR CAN BE A DOCTOR, PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR ANOTHER HEALTH CARE PROVIDER]

Q26	1 YES	NEXT
Q26	2 NO	Q41
Q26	8 DK	Q41
Q26	9 NA	Q41

Q27

Option

In the last 6 months, how many times did *[Child's name]* have an in-person, phone, or video visit with *his/her/their* personal doctor?

Q27	1 1	NEXT
Q27	2 2	NEXT
Q27	3 3	NEXT
Q27	4 4	NEXT
Q27	5 5 to 9	NEXT
Q27	6 10 or more	NEXT
Q27	7 NONE	Q37
Q27	8 DK	NEXT
Q27	9 NA	NEXT

Q28

Option

In the last 6 months, how *often* did *his/her/their* personal doctor explain things in a way that was easy to understand?

Q28	1 Never	NEXT
Q28	2 Sometimes	NEXT
Q28	3 Usually	NEXT
Q28	4 Always	NEXT
Q28	8 DK	NEXT
Q28	9 NA	NEXT

---

Q29

Option

In the last 6 months, how often did *[Child's name]'s* personal doctor listen carefully to you?

Q29	1 Never	NEXT
Q29	2 Sometimes	NEXT
Q29	3 Usually	NEXT
Q29	4 Always	NEXT
Q29	8 DK	NEXT
Q29	9 NA	NEXT

---

Q30

Option

In the last 6 months, how often did *his/her/their* personal doctor show respect for what you had to say?

Q30	1 Never	NEXT
Q30	2 Sometimes	NEXT
Q30	3 Usually	NEXT
Q30	4 Always	NEXT
Q30	8 DK	NEXT
Q30	9 NA	NEXT

---

Q31

Option

Is *[Child's name]* able to talk with doctors about *his/her/their* health care?

Q31	1 YES	NEXT
Q31	2 NO	Q33
Q31	8 DK	Q33
Q31	9 NA	Q33

---

Q32

Option

In the last 6 months, how *often* did *[Child's name]'s* personal doctor explain things in a way that was easy for *him/her/them* to understand?

Q32	1 Never	NEXT
Q32	2 Sometimes	NEXT
Q32	3 Usually	NEXT
Q32	4 Always	NEXT
Q32	8 DK	NEXT
Q32	9 NA	NEXT

---

Q33

Option

In the last 6 months, how often did *[Child's name]'s* personal doctor spend enough time with *him/her/them*?

Q33	1 Never	NEXT
Q33	2 Sometimes	NEXT
Q33	3 Usually	NEXT
Q33	4 Always	NEXT
Q33	8 DK	NEXT
Q33	9 NA	NEXT

---

Q34

Option

In the last 6 months, did *[Child's name]'s* personal doctor talk with you about how *[Child's name]* is feeling, growing, or behaving?

Q34	1 YES	NEXT
Q34	2 NO	NEXT
Q34	8 DK	NEXT
Q34	9 NA	NEXT

---

Q35

Option

In the last 6 months, did *[Child's name]* get care from a doctor or other health provider besides *his/her/their* personal doctor?

Q35	1 YES	NEXT
Q35	2 NO	Q37
Q35	8 DK	Q37
Q35	9 NA	Q37

Q36

Option

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

Q36	1 Never	NEXT
Q36	2 Sometimes	NEXT
Q36	3 Usually	NEXT
Q36	4 Always	NEXT
Q36	8 DK	NEXT
Q36	9 NA	NEXT

Q37

Text Entry

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 *[Child's name]'s* personal doctor?

Q37	0 RESPONSE (98=DK, 99=NA)	NEXT
-----	---------------------------	------

Q38

Option

Does *[Child's name]* have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

Q38	1 YES	NEXT
Q38	2 NO	Q41
Q38	8 DK	Q41
Q38	9 NA	Q41

Q39

Option

Does *[Child's name]'s* personal doctor understand how these medical, behavioral, or other health conditions affect *[Child's name]'s* day-to-day life?

Q39	1 YES	NEXT
Q39	2 NO	NEXT
Q39	8 DK	NEXT
Q39	9 NA	NEXT

Q40

Option

Does *[Child's name]'s* personal doctor understand how these medical, behavioral, or other health conditions affect *your family's* day-to-day life?

Q40	1 YES	NEXT
Q40	2 NO	NEXT
Q40	8 DK	NEXT
Q40	9 NA	NEXT

Q41

Option

When you answer the next questions, include the care your child got in person, by phone, or by video. Do not include dental visits or care your child got when *he/she/they* stayed overnight in a hospital.

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 *[Child's name]* with a specialist?

[INTERVIEWER NOTE: IF THEY TRIED AND COULDN'T GET AN APPOINTMENT, SELECT 'NO']

Q41	1 YES	NEXT
Q41	2 NO	Q45
Q41	8 DK	Q45
Q41	9 NA	Q45



Q42 Option

In the last 6 months, how often did you get appointments for *[Child's name]* with a specialist as soon as *he/she/they* needed?

Q42	1 Never	NEXT
Q42	2 Sometimes	NEXT
Q42	3 Usually	NEXT
Q42	4 Always	NEXT
Q42	8 DK	NEXT
Q42	9 NA	NEXT

Q43 Option

How many specialists has your child talked to in the last 6 months?

Q43	1 1	Q44A
Q43	2 2	Q44B
Q43	3 3	Q44B
Q43	4 4	Q44B
Q43	5 5 OR MORE	Q44B
Q43	7 NONE	Q45
Q43	8 DK	Q45
Q43	9 NA	Q45

Q44A Statement

We want to know your rating of the specialist *[Child's name]* talked to in the last 6 months.

Q44A	Q44C
------	------

Q44B Statement

We want to know your rating of the specialist *[Child's name]* talked to most often in the last 6 months.

Q44B	NEXT
------	------

Q44C Text Entry

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?

Q44C	0 RESPONSE (98=DK, 99=NA)	NEXT
------	---------------------------	------

Q45 Option

The following questions ask about your experience with the MaineCare Member Services Help Line. They are responsible for helping you understand your coverage and assisting you with provider identification and referral; they do **not** deal with eligibility issues.

In the last 6 months, did you get information or help for *[Child's name]* from the MaineCare Member Services telephone Help Line?

[INTERVIEWER NOTE: IF THEY TRIED TO BUT DID NOT GET THROUGH, SELECT 'NO']

Q45	1 YES	NEXT
Q45	2 NO	Q52
Q45	8 DK	Q52
Q45	9 NA	Q52

Q46 Option

In the last 6 months, how *often* did MaineCare Member Services staff give you the information or help you needed for *[Child's name]*?

Q46	1 Never	NEXT
Q46	2 Sometimes	NEXT
Q46	3 Usually	NEXT
Q46	4 Always	Q48
Q46	8 DK	Q48
Q46	9 NA	Q48

## Q47 Multiple Check Entry

Please tell me if any of the following are reasons why you did not get the information or help you needed when you called the MaineCare Member Services Help Line? [READ, CHECK ALL THAT APPLY]

Q47	1 They were unable to answer your questions	NEXT
Q47	2 You were never able to get through	Q51
Q47	3 You had to call several times before you could speak with someone	NEXT
Q47	4 You had to wait too long to speak with someone	NEXT
Q47	5 The information you were given was wrong	NEXT
Q47	6 Member Services did not have the information you needed	NEXT
Q47	7 The information they gave you was hard to understand	NEXT
Q47	8 You could not talk to someone in the language you prefer	NEXT
Q47	9 Some other reason [PLEASE DESCRIBE] <i>text box entry:</i> _____	NEXT
Q47	10 DK	NEXT
Q47	11 NA	NEXT

## Q48 Option

In the last 6 months, how *often* was it easy to understand the information you got when you called MaineCare Member Services staff for [Child's name]?

Q48	1 Never	NEXT
Q48	2 Sometimes	NEXT
Q48	3 Usually	NEXT
Q48	4 Always	NEXT
Q48	8 DK	NEXT
Q48	9 NA	NEXT

Q49 Option *Skip if Q46>3*

In the last 6 months, if MaineCare Member Services could not address your issue, how *often* did Member Services direct you to the correct MaineCare department?

Q49	1 Never	NEXT
Q49	2 Sometimes	NEXT
Q49	3 Usually	NEXT
Q49	4 Always	NEXT
Q49	8 DK	NEXT
Q49	9 NA	NEXT

## Q50 Option

In the last 6 months, how *often* did MaineCare Member Services staff treat you with courtesy and respect?

Q50	1 Never	NEXT
Q50	2 Sometimes	NEXT
Q50	3 Usually	NEXT
Q50	4 Always	NEXT
Q50	8 DK	NEXT
Q50	9 NA	NEXT

## Q51 Text Entry

We want to know your rating of the MaineCare Members Services Help Line. Using a scale from 0 to 10 where 0 is the worst customer service possible and 10 is the best customer service possible, what number would you use to rate MaineCare Member Services Help Line?

Q51	0 RESPONSE (98=DK, 99=NA)	NEXT
-----	---------------------------	------

## Q52 Option

In the last 6 months, did MaineCare give you any forms to fill out for [Child's name]?

Q52	1 YES	NEXT
Q52	2 NO	Q54
Q52	8 DK	Q54
Q52	9 NA	Q54

Q53

Option

In the last 6 months, how *often* were the forms from MaineCare easy to fill out?

Q53	1 Never	NEXT
Q53	2 Sometimes	NEXT
Q53	3 Usually	NEXT
Q53	4 Always	NEXT
Q53	8 DK	NEXT
Q53	9 NA	NEXT

Q54

Text Entry

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 *[Child's name]*'s MaineCare?

Q54	0 RESPONSE (98 = DK, 99 = NA)	NEXT
-----	-------------------------------	------

Q55

Option

In the last 6 months, did you get or refill any prescription medicines for *[Child's name]*?

Q55	1 YES	NEXT
Q55	2 NO	Q58
Q55	8 DK	Q58
Q55	9 NA	Q58

Q56

Option

In the last 6 months, how *often* was it easy to get prescription medicines for *[Child's name]* through MaineCare?

Q56	1 Never	NEXT
Q56	2 Sometimes	NEXT
Q56	3 Usually	NEXT
Q56	4 Always	NEXT
Q56	8 DK	NEXT
Q56	9 NA	NEXT

Q57

Option

Did anyone from *[Child's name]*'s MaineCare plan, doctor's office, or clinic help you get *his/her/their* prescription medicines?

Q57	1 YES	NEXT
Q57	2 NO	NEXT
Q57	3 (VOL) SOMEONE ELSE HELPED	NEXT
Q57	8 DK	NEXT
Q57	9 NA	NEXT

Q58

Option

In general, how would you rate *[Child's name]*'s overall health?

Q58	1 Excellent	NEXT
Q58	2 Very Good	NEXT
Q58	3 Good	NEXT
Q58	4 Fair	NEXT
Q58	5 Poor	NEXT
Q58	8 DK	NEXT
Q58	9 NA	NEXT

Q59

Option

In general, how would you rate *[Child's name]*'s overall mental or emotional health?

Q59	1 Excellent	NEXT
Q59	2 Very Good	NEXT
Q59	3 Good	NEXT
Q59	4 Fair	NEXT
Q59	5 Poor	NEXT
Q59	8 DK	NEXT
Q59	9 NA	NEXT

Q60

Option

Does *[Child's name]* currently need or use medicine prescribed by a doctor (other than vitamins)?

[INTERVIEWER NOTE: PROMPT IF NECESSARY - Do they need a prescription from a doctor to get it?]

Q60	1 YES	NEXT
Q60	2 NO	Q63
Q60	8 DK	Q63
Q60	9 NA	Q63

Q61

Option

Is this because of any medical, behavioral, or other health condition?

Q61	1 YES	NEXT
Q61	2 NO	Q63
Q61	8 DK	Q63
Q61	9 NA	Q63

Q62

Option

Is this a condition that has lasted or is expected to last for at least 12 months?

Q62	1 YES	NEXT
Q62	2 NO	NEXT
Q62	8 DK	NEXT
Q62	9 NA	NEXT

Q63

Option

Does *[Child's name]* need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

Q63	1 YES	NEXT
Q63	2 NO	Q66
Q63	8 DK	Q66
Q63	9 NA	Q66

Q64

Option

Is this because of any medical, behavioral, or other health condition?

Q64	1 YES	NEXT
Q64	2 NO	Q66
Q64	8 DK	Q66
Q64	9 NA	Q66

Q65

Option

Is this a condition that has lasted or is expected to last for at least 12 months?

Q65	1 YES	NEXT
Q65	2 NO	NEXT
Q65	8 DK	NEXT
Q65	9 NA	NEXT

Q66

Option

Is *[Child's name]* limited or prevented in any way in *his/her/their* ability to do the things most children of the same age can do?

Q66	1 YES	NEXT
Q66	2 NO	Q69
Q66	8 DK	Q69
Q66	9 NA	Q69

Q67

Option

Is this because of any medical, behavioral, or other health condition?

Q67	1 YES	NEXT
Q67	2 NO	Q69
Q67	8 DK	Q69
Q67	9 NA	Q69

Q68

Option

Is this a condition that has lasted or is expected to last for at least 12 months?

Q68	1 YES	NEXT
Q68	2 NO	NEXT
Q68	8 DK	NEXT
Q68	9 NA	NEXT

Q69

Option

Does *[Child's name]* need or get special therapy such as physical, occupational, or speech therapy?

Q69	1 YES	NEXT
Q69	2 NO	Q72
Q69	8 DK	Q72
Q69	9 NA	Q72

Q70

Option

Is this because of any medical, behavioral, or other health condition?

Q70	1 YES	NEXT
Q70	2 NO	Q72
Q70	8 DK	Q72
Q70	9 NA	Q72

Q71

Option

Is this a condition that has lasted or is expected to last for at least 12 months?

Q71	1 YES	NEXT
Q71	2 NO	NEXT
Q71	8 DK	NEXT
Q71	9 NA	NEXT

Q72

Option

Does *[Child's name]* have any kind of emotional, developmental, or behavioral problem for which *he/she/they* needs or gets treatment or counseling?

Q72	1 YES	NEXT
Q72	2 NO	Q77
Q72	8 DK	Q77
Q72	9 NA	Q77

Q73

Option

During the past 6 months, did *[Child's name]* receive that treatment or counseling?

Q73	1 YES, SOME	NEXT
Q73	2 YES	NEXT
Q73	3 NO	Q76
Q73	8 DK	NEXT
Q73	9 NA	NEXT

Q74

Multiple Check Entry

Which types of treatment or counseling did *[Child's name]* receive?

[READ – CHECK ALL THAT APPLY]

Q74	1 Office-based treatment or counseling	NEXT
Q74	2 School-based treatment or counseling	NEXT
Q74	3 Home and/or community-based treatment or counseling	NEXT
Q74	4 OTHER [SPECIFY]: <i>text box entry:</i> _____	NEXT
Q74	8 DK	NEXT
Q74	9 NA	NEXT

Q75

Option

How often was it easy to get this treatment or counseling?

Q75	1 Never	NEXT
Q75	2 Sometimes	NEXT
Q75	3 Usually	NEXT
Q75	4 Always	NEXT
Q75	8 DK	NEXT
Q75	9 NA	NEXT

Q76			Option
Has this problem lasted or is it expected to last for at least 12 months?			
Q76	1 YES		NEXT
Q76	2 NO		NEXT
Q76	8 DK		NEXT
Q76	9 NA		NEXT

Q77

Option

These questions ask about getting any health care for your child using video by computer or mobile phone (e.g., Zoom, Facetime), or a scheduled phone call with sound only (i.e., no video). We refer to these services as telehealth services.

In the last 6 months, was a telehealth appointment offered for your child instead of an in-person appointment?			
Q77	1 YES		NEXT
Q77	2 NO		Q82
Q77	8 DK		NEXT
Q77	9 NA		NEXT

Q78			Option
In the last 6 months, how many times did you have a telehealth visit to get care, tests, or treatment for your child?			
Q78	1 None		Q82
Q78	2 1		NEXT
Q78	3 2		NEXT
Q78	4 3		NEXT
Q78	5 4		NEXT
Q78	6 5 to 9		NEXT
Q78	7 10 OR MORE TIMES		NEXT
Q78	8 DK		NEXT
Q78	9 NA		NEXT

Q79			Multiple Check Entry
In the last 6 months, which of the following types of telehealth services did your child receive? [READ, CHECK ALL THAT APPLY]			
Q79	1 Primary care services (e.g. check-ups, well- child visits, sick visits)		NEXT
Q79	2 Mental health services		NEXT
Q79	3 Therapy for school-related learning needs (i.e. physical therapy, occupational therapy, speech therapy)		NEXT
Q79	4 Some other type of specialty care [SPECIFY] <i>text box entry:</i> _____		NEXT
Q79	8 DK		NEXT
Q79	9 NA		NEXT

Q80			Option
Compared to in-person healthcare visits, how satisfied are you with the care your child received through telehealth?			
Are you...			
Q80	1 Very satisfied		NEXT
Q80	2 Somewhat satisfied		NEXT
Q80	3 Somewhat dissatisfied		NEXT
Q80	4 Very dissatisfied		NEXT
Q80	8 DK		NEXT
Q80	9 NA		NEXT

Q81			Option
How likely are you to continue using telehealth?			
Q81	1 Very likely		NEXT
Q81	2 Somewhat likely		NEXT
Q81	3 Somewhat unlikely		NEXT
Q81	4 Very unlikely		NEXT
Q81	8 DK		NEXT
Q81	9 NA		NEXT

Q82 Option

The next questions are about your child’s dental care.

Is there a particular dentist or dental clinic that *[Child’s name]* usually goes to if *he/she/they* needs dental care or dental advice, for example, a provider who *[Child’s name]* sees for regular non-emergency dental care?

Q82	1 YES	NEXT
Q82	2 NO	Q84
Q82	8 DK	Q84
Q82	9 NA	Q84

Q83 Option

Is your child’s regular source of dental care a:

Q83	1 Private dental office	NEXT
Q83	2 School clinic	NEXT
Q83	3 Community Clinic or	NEXT
Q83	4 Another source? [PLEASE DESCRIBE] <i>text box entry:</i> _____	NEXT
Q83	8 DK	NEXT
Q83	9 NA	NEXT

Q84 Option

In the last 6 months, did *[Child’s name]* get care from a dentist’s office or dental clinic?

Q84	1 YES	NEXT
Q84	2 NO	NEXT
Q84	8 DK	NEXT
Q84	9 NA	NEXT

Q85 Option

UNMET NEED FOR DENTAL CARE

Sometimes people have difficulty getting dental care when they need it. During the past 6 months, was there any time when *[Child’s name]* needed dental care but it was delayed or not received?

Q85	1 YES	NEXT
Q85	2 NO	Q87
Q85	8 DK	Q87
Q85	9 NA	Q87

Q86 Option

Which of the following *best describes* the main reason *[Child’s name]* was delayed in getting dental care, tests, or treatments you or a dentist believed necessary? I’ll read you a list of possible reasons.

[INTERVIEWER NOTE: READ ALL OPTIONS FIRST – THEN SELECT ONE OPTION]

Q86	1 Couldn’t afford care	NEXT
Q86	2 MaineCare wouldn’t approve, cover, or pay for care	NEXT
Q86	3 Dentists are too far away	NEXT
Q86	4 Dental provider refused to accept MaineCare	NEXT
Q86	5 Nobody in area takes MaineCare patients	NEXT
Q86	6 Long wait to get an appointment	NEXT
Q86	7 Scheduling issues	NEXT
Q86	8 Problems getting to dental provider’s office	NEXT
Q86	9 Didn’t know where to go to get care, or	NEXT
Q86	10 Some other reason [PLEASE DESCRIBE] <i>text box entry:</i> _____	NEXT
Q86	11 DK	NEXT
Q86	12 NA	NEXT

Q87 Option

We just have a few more questions.

Is your child of Hispanic, Latino/a or Spanish origin?

Q87	1 YES, HISPANIC, LATINO/A, OR SPANISH	NEXT
Q87	2 NO, NOT HISPANIC, LATINO/A, OR SPANISH	Q89
Q87	8 DK	Q89
Q87	9 NA	Q89

Q88	Option	
Which group best describes your child? You may select more than one. [READ, CHECK ALL THAT APPLY]		
Q88	1 Mexican, Mexican American, or Chicano	NEXT
Q88	2 Puerto Rican	NEXT
Q88	3 Cuban	NEXT
Q88	4 Another Hispanic, Latino/a or Spanish origin [SPECIFY] text box entry	NEXT
Q88	8 DK	NEXT
Q88	9 NA	NEXT

Q89	Multiple Check Entry	
What is your child’s race? You may select one or more categories. [READ, CHECK ALL THAT APPLY]		
Q89	1 White	NEXT
Q89	2 Black or African American	NEXT
Q89	3 Asian	NEXT
Q89	4 American Indian or Alaska Native	NEXT
Q89	5 Native Hawaiian or Other Pacific Islander	NEXT
Q89	6 Other [SPECIFY] text box entry: _____	NEXT
Q89	8 DK	NEXT
Q89	9 DECLINE TO STATE	NEXT
Q90	Multiple Check Entry	Display if 2 is selected on Q89

Which group best describes your child? You may select more than one. [READ, CHECK ALL THAT APPLY]		
Q90	1 Black	NEXT
Q90	2 African American	NEXT
Q90	3 African	NEXT
Q90	4 West Indian	NEXT
Q90	5 Other [SPECIFY:] text box entry: _____	NEXT
Q90	8 DK	NEXT
Q90	9 NA	NEXT
Q91	Multiple Check Entry	Display if 3 is selected on Q89

Which group best describes your child? You may select more than one. [READ, CHECK ALL THAT APPLY]		
Q91	1 Asian Indian	NEXT
Q91	2 Chinese	NEXT
Q91	3 Filipino	NEXT
Q91	4 Japanese	NEXT
Q91	5 Korean	NEXT
Q91	6 Vietnamese	NEXT
Q91	7 Cambodian	NEXT
Q91	8 Other [SPECIFY:] text box entry: _____	NEXT
Q91	9 DK	NEXT
Q91	10 NA	NEXT

Q92	Multiple Check Entry	
Is your child a member of a federally recognized tribe? If so, which ones? You may indicate more than one.		
Q92	1 NO	NEXT
Q92	2 HOULTON BAND OF MALISEET INDIANS	NEXT
Q92	3 PASSAMAQUODDY TRIBE AT INDIAN TOWNSHIP - MOTAHKOMIKUK	NEXT
Q92	4 PASSAMAQUODDY TRIBE AT PLEASANT POINT – SIPAYIK	NEXT
Q92	5 PENOBSCOT INDIAN NATION	NEXT
Q92	6 AROOSTOOK BAND OF MICMAC INDIANS	NEXT
Q92	7 A DIFFERENT TRIBE [SPECIFY]: text box entry: _____	NEXT
Q92	8 DK	NEXT
Q92	9 NA	NEXT

Q93	Option	
Does your child identify as transgender?		
Q93	1 YES	NEXT
Q93	2 NO	NEXT
Q93	8 DK	NEXT
Q93	9 NA	NEXT



Q94

Option

Is English your child's primary language, meaning the language that they speak most often?

Q94	1 YES	Q96
Q94	2 NO	NEXT
Q94	8 DK	NEXT
Q94	9 NA	NEXT

Q95

Option

What is your child's primary language, meaning the language that your child speaks most often?

Q95	1 ARABIC	NEXT
Q95	2 FRENCH	NEXT
Q95	3 HAITIAN	NEXT
Q95	4 KHMER	NEXT
Q95	5 KINYARWANDA	NEXT
Q95	6 KIRUNDI	NEXT
Q95	7 LINGALA	NEXT
Q95	8 PORTUGUESE	NEXT
Q95	9 SOMALI	NEXT
Q95	10 SPANISH	NEXT
Q95	11 VIETNAMESE	NEXT
Q95	12 OTHER [SPECIFY] <i>text box entry:</i> _____	NEXT
Q95	13 DECLINE TO STATE	NEXT

Q96

Option

The next few questions are about you.

What is your age? [PAUSE HERE, IF THEY DO NOT ANSWER, PROBE: I'll read you some ranges.]

Q96	1 Under 18	NEXT
Q96	2 18 to 24	NEXT
Q96	3 25 to 34	NEXT
Q96	4 35 to 44	NEXT
Q96	5 45 to 54	NEXT
Q96	6 55 to 64	NEXT
Q96	7 65 to 74	NEXT
Q96	8 75 or older	NEXT
Q96	98 DK	NEXT
Q96	99 NA	NEXT

Q97

Option

What is your gender?

Q97	1 MALE	NEXT
Q97	2 FEMALE	NEXT
Q97	3 NONBINARY	NEXT
Q97	4 OTHER [SPECIFY] <i>text box entry:</i> _____	NEXT
Q97	5 DECLINE TO STATE	NEXT

Q98

Option

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

Q98	1 8TH GRADE OR LESS	NEXT
Q98	2 SOME HIGH SCHOOL, BUT DID NOT GRADUATE	NEXT
Q98	3 HIGH SCHOOL GRADUATE OR GED	NEXT
Q98	4 SOME COLLEGE OR 2-YEAR DEGREE	NEXT
Q98	5 4-YEAR COLLEGE GRADUATE	NEXT
Q98	6 MORE THAN A 4-YEAR COLLEGE DEGREE	NEXT
Q98	8 DK	NEXT
Q98	9 NA	NEXT

Q99

Option

How are you related to *[Child's name]*?

- |     |   |      |
|-----|---|------|
| Q99 | 1 MOTHER OR FATHER  | NEXT |
| Q99 | 2 GRANDPARENT   | NEXT |
| Q99 | 3 AUNT OR UNCLE   | NEXT |
| Q99 | 4 OLDER BROTHER OR SISTER                                     | NEXT |
| Q99 | 5 OTHER RELATIVE  | NEXT |
| Q99 | 6 LEGAL GUARDIAN  | NEXT |
| Q99 | 7 SOMEONE ELSE [PLEASE DESCRIBE] <i>text box entry:</i> _____ | NEXT |
| Q99 | 98 DK   | NEXT |
| Q99 | 99 NA   | NEXT |

Q100

Statement

*Skip if Q85>1 or if Q86 ≠1, 3, 4, 5, or 9*

Earlier, you mentioned you were having trouble finding a dentist for *[Child's name]*. If you have access to a computer, you can go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) or you can call Member Services at 1-800-977-6740.

Q100		NEXT
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Q101

Text Entry

In a few words, is there anything else you would like to share about your experiences with MaineCare, specifically?

Q101	0 RESPONSE	NEXT
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Q102

Text Entry

Those are all the questions we have. Thank you very much for your time.

ADDITIONAL NOTES:

Q102	0 RESPONSE	END OF SURVEY
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## Appendix C: 2023 Survey Weights and Estimation Procedures

**Constructing Weights.** The purposes of survey weights are to remove bias from the sample and to allow for generalization of the findings to the whole population rather than just to those who completed interviews. Weights adjust for differences in the likelihood that a member of the target population is selected for an interview (design effects) and differences between respondents and non-respondents (nonresponse bias).

We constructed weights for the analysis of the 2023 survey using standard procedures, outlined in Table C-1. The first step is to compute the probability that a child within each stratum of the population was selected as a target child for an interview (column C). There were a total of 8 strata defined based on MaineCare eligibility category (Expansion or CHIP/Cub Care versus Medicaid), presence of a chronic condition diagnosis in the MaineCare claims data, and number of children enrolled in MaineCare who live in the household (one versus multiple). The design weight, which adjusts for differences in the probability of selection, is computed as the inverse (column D). Because the CHIP/Cub Care eligibility and children with a chronic condition diagnosis categories were oversampled in the sampling process – meaning that children enrolled in CHIP/Cub Care and those with a chronic condition diagnosis had a higher probability of selection – the design weights for strata that include these categories are smaller.

Next, we adjusted for differences in non-response using a method suggested by Little and Vartivarian (2003).<sup>25</sup> We ran a logistic regression model predicting the likelihood that a given sample member completed an interview using age, gender, minority status and region of residence as predictors and controlling for eligibility category, chronic condition status, and number of children in the household. The nonresponse weight was computed as the inverse of the probability of response for each child generated from these regression models. Column E lists the sum of the product of the design and nonresponse weights.

The final step was to compute a poststratification weight, designed to rebalance the response data to reflect the distribution of the population. Because we know the number of children in each stratum in the original population (listed in column A), we do not need to rely on an external source of population data to compute the poststratification weight. We simply divided the population size (column A) by the combined non-response and design weight results in column E. The final weight, incorporating all of the previous adjustments, is the product of the design, nonresponse, and poststratification weights (column G).

**Estimation Procedures.** Unless otherwise specified in the report, all results presented are based on weighted data, correcting for the stratified random sampling design used in the study. All statistical tests were calculated using SAS version 9.4 with survey procedures that use the Taylor series linearization approach to account for the sample design and yield valid standard errors for the weighted data.

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<sup>25</sup> Little R, Vartivarian S. On weighting the rates in non-response weights. *Statistics in Medicine*. 2003; 22:1589-1599

**Table C-1. 2023 Survey Weight Construction**

Eligibility Category	Chronic Condition*	Children in HH	Children in Stratum (A)	Number in Sample (B)	Pr (being sampled) (C)=B/A	Design Weight (D)=1/C	Sum of Design x Non-response Weights (E)	Post-stratification Weight (F)=A/E	Sum of Final Weights (G)=(A)
CHIP/Cub Care or Expansion	No	One	2,474	169	0.068	14.639	2,364.92	1.04612	2,474
CHIP/Cub Care or Expansion	No	Multiple	8,094	753	0.093	10.749	8,086.09	1.00098	8,094
CHIP/Cub Care or Expansion	Yes	One	1,815	146	0.080	12.432	1,933.41	0.93875	1,815
CHIP/Cub Care or Expansion	Yes	Multiple	4,365	500	0.115	8.73	4,364.98	1.000	4,365
Medicaid	No	One	14,891	261	0.018	57.054	13,966.43	1.0662	14,891
Medicaid	No	Multiple	38,284	620	0.016	61.748	39,453.71	0.97035	38,284
Medicaid	Yes	One	14,118	408	0.029	34.603	14,600.61	0.96695	14,118
Medicaid	Yes	Multiple	24,560	694	0.028	35.389	23,907.11	1.02731	24,560
<b>Total</b>			<b>108,601</b>	<b>3,551</b>			<b>108,677.26</b>		<b>108,601</b>

Note: Non-response weights were estimated using logistic regression models on sample members predicting response based on age, gender, minority status, and region of residence, and controlling for CSHCN status, household density and eligibility. The non-response weight is equal to the inverse of the predicted probability of response for a given set of characteristics.

\*Presence of chronic condition based on diagnosis codes in MaineCare claims.

Final Weight = Design Weight x Non-response Weight x Post-stratification Weight
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