2020 Healthy Kids Dental Survey Report

Michigan Department of Health and Human Services

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1. Executive Summary

Introduction

The Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of a child dental plan survey (Child Dental Survey) as part of its process for evaluating the quality of dental services provided to child members enrolled in its dental plans. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child population to create a Child Dental Survey. The goal of the survey is to provide performance feedback that is actionable and will aid in improving the dental care and services of child members enrolled in the Healthy Kids Dental (HKD) Program. Table 1-1 provides a list of the dental plans that participated in the survey.

Program/Plan NameProgram/Plan AbbreviationHealthy Kids Dental ProgramHKD ProgramBlue Cross Blue Shield of MichiganBCBSMDelta Dental of MichiganDelta Dental

Table 1-1—Participating Dental Plans

Report Overview

Plan-level and aggregate statewide results (i.e., the HKD Program) presented in this report include: 1-2

- Four global ratings: Rating of Regular Dentist, Rating of All Dental Care, Rating of Finding a Dentist, and Rating of Dental Plan.
- Three composite measures: Care from Dentists and Staff, Access to Dental Care, and Dental Plan Information and Services.
- Three individual item measures: Care from Regular Dentist, Would Recommend Regular Dentist, and Would Recommend Dental Plan.

¹⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

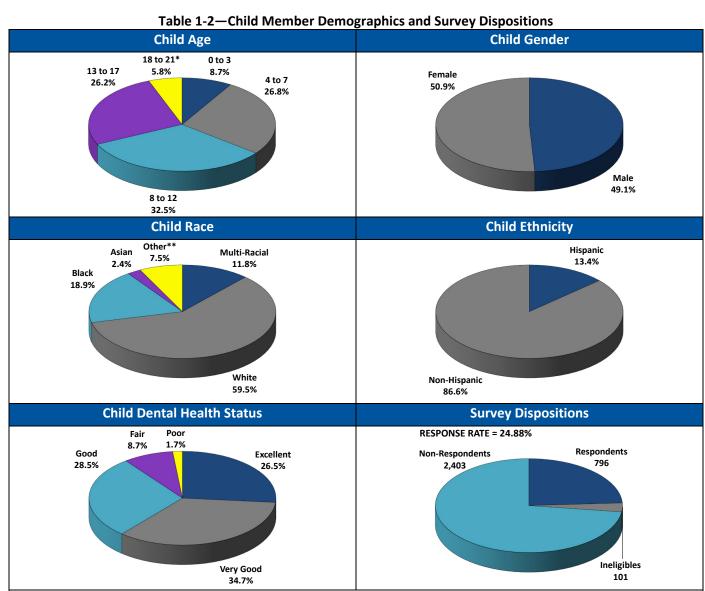
¹⁻² The HKD Program aggregate results presented in this report are derived from the combined results of the participating dental plans.



Key Findings

Survey Demographics and Dispositions

Table 1-2 provides an overview of the demographic characteristics of children and survey dispositions for whom a parent/caretaker completed a survey for the HKD Program. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.



Please note, percentages may not total 100.0% due to rounding.

^{*}Children were eligible for inclusion in the Child Dental Survey results if they were 20 years of age or younger as of October 31, 2019. Some children eligible for the survey turned age 21 between November 1, 2019, and the time of survey administration.

^{**}The "Other" Child Race category is based on respondents who answered, "Native Hawaiian or other Pacific Islander," "American Indian or Alaska Native," or "Other."



Table 1-3 provides an overview of the demographics of parents/caretakers who completed a survey on behalf of their child member. Please note, some percentages displayed in the table below may not total 100 percent due to rounding.

Respondent Age Respondent Gender 65 or Older Under 18 55 to 64 18 to 24 Male 4.0% 4.8% 14.9% 3.2% 25 to 34 45 to 54 31.3% 14.0% Female 35 to 44 85.1% 40.4% **Respondent Education Relationship to Child** 8th Grade or Less Legal Guardian Other* College Grandparent Some High 0.6% 3.9% 3.6% 0.8% Graduate School 16.9% 7.3% Some College Mother or Father **High School Graduate** 40.4% 95.0% 31.5%

Table 1-3—Respondent Demographics

Please note, percentages may not total 100.0% due to rounding.

^{*}The "Other" Relationship to Child category is based on respondents who answered, "aunt or uncle," "older brother or sister," "other relative," or "someone else."





Dental Plan Performance Measures

The Child Dental Survey yielded 10 measures that include four global rating measures, three composite measures, and three individual item measures. The global rating measures reflect overall experience with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., "Care from Dentists and Staff" and "Access to Dental Care"). The individual item measures are individual questions that look at a specific area of care (e.g., "Care from Regular Dentist").

Table 2-1 lists the measures included in the survey.

Rating of Dental Plan

Global RatingsComposite MeasuresIndividual Item MeasuresRating of Regular DentistCare from Dentists and StaffCare from Regular DentistRating of All Dental CareAccess to Dental CareWould Recommend Regular DentistRating of Finding a DentistDental Plan Information and
ServicesWould Recommend Dental Plan

Table 2-1—Child Dental Survey Measures

Table 2-2 presents the survey language and response options for the measures.

| Table 2-2—Question | Language and | l Response (| Categories |
|--------------------|--------------|--------------|------------|
| | | | |

| Question Language | Response Categories | | |
|---|---------------------|--|--|
| Global Ratings | | | |
| Rating of Regular Dentist | | | |
| 12. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your child's regular dentist? | 0–10 Scale | | |
| Rating of All Dental Care | | | |
| 20. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months? | 0–10 Scale | | |
| Rating of Finding a Dentist | | | |
| 27. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child? | 0–10 Scale | | |
| Rating of Dental Plan | | | |



| Question Language | Response Categories | |
|--|---|--|
| 31. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan? | 0–10 Scale | |
| Composite Measures | | |
| Care from Dentists and Staff | | |
| 6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand? | Never, Sometimes, Usually, Always | |
| 7. In the last 12 months, how often did your child's regular dentist listen carefully to you? | Never, Sometimes, Usually, Always | |
| 8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect? | Never, Sometimes, Usually, Always | |
| 10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for <u>your child</u> to understand? | Never, Sometimes, Usually, Always | |
| 11. In the last 12 months, how often did your child's regular dentist spend enough time with your child? | Never, Sometimes, Usually, Always | |
| 13. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work? | Never, Sometimes, Usually, Always | |
| 14. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child? | Never, Sometimes, Usually, Always | |
| Access to Dental Care | | |
| 15. In the last 12 months, how often were your child's dental appointments as soon as you wanted? | Never, Sometimes, Usually, Always | |
| 16. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted? | Definitely Yes, Somewhat Yes, Somewhat No, Definitely No ²⁻¹ | |
| 17. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted? | Never, Sometimes, Usually, Always ²⁻² | |
| 18. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment? | Never, Sometimes, Usually, Always | |
| 19. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be? | Never, Sometimes, Usually, Always | |

²⁻¹ "My child did not have a dental emergency in the last 12 months" was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

²⁻² "I did not try to get an appointment with a specialist dentist for my child in the last 12 months" was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).



| Question Language | Response Categories | | | |
|---|--|--|--|--|
| Dental Plan Information and Services | | | | |
| 21. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered? | Never, Sometimes, Usually, Always | | | |
| 21a. In the last 12 months, did your child's dental plan meet all of his or her dental care needs? | Definitely Yes, Somewhat Yes, Somewhat No, Definitely No | | | |
| 22. In the last 12 months, did your child's dental plan cover what your child needed to get done? | Definitely Yes, Somewhat Yes, Somewhat No, Definitely No | | | |
| 24. In the last 12 months, how often did the toll-free number, website, or written materials provide the information you wanted about your child's dental plan? | Never, Sometimes, Usually, Always | | | |
| 26. Did this information help you find a dentist for your child that you were happy with? | Definitely Yes, Somewhat Yes, Somewhat No, Definitely No | | | |
| 29. In the last 12 months, how often did customer service at your child's dental plan give you the information or help you needed? | Never, Sometimes, Usually, Always | | | |
| 30. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect? | Never, Sometimes, Usually, Always | | | |
| Individual Item Measures | | | | |
| Care from Regular Dentist | | | | |
| 11a. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist? | Never, Sometimes, Usually, Always | | | |
| Would Recommend Regular Dentist | | | | |
| 12a. Would you recommend your child's regular dentist to other parents or people who are looking for a new dentist for their child? | Definitely Yes, Probably Yes, Probably No, Definitely No | | | |
| Would Recommend Dental Plan | | | | |
| 32. Would you recommend your child's dental plan to other parents or people who want to join? | Definitely Yes, Probably Yes, Probably No, Definitely No | | | |



How Survey Results Were Collected

Sampling Procedures

MDHHS provided HSAG with a list of all eligible child members in the HKD Program for the sampling frame. HSAG inspected the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled child members who met the following criteria:

- Were 20 years or younger as of October 31, 2019.
- Were currently enrolled in a dental plan (i.e., BCBSM or Delta Dental).
- Had been continuously enrolled in the dental plan for at least 11 out of 12 months of the measurement year (November 1, 2018 to October 31, 2019).
- Had a paid or denied dental claim during the measurement year.

A sample of 1,650 child members was selected from each dental plan for inclusion in the survey. No more than one member per household was selected as part of the survey samples. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system.

Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for two methods by which parents/caretakers of child members could complete a survey. The first phase, or mail phase, consisted of sampled members receiving a survey via mail. All sampled members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of members who did not mail in a completed survey. Up to three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.²⁻³

Table 2-3 shows the mixed-mode (i.e., mail followed by telephone follow-up) timeline used for the survey administration.

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Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.



Table 2-3—Child Dental Survey Mixed-Mode Methodology Timeline

| Task | Timeline |
|---|------------|
| Send first questionnaire with cover letter to the parent/caretaker of child member. | 0 days |
| Send a postcard reminder to non-respondents seven days after mailing the first questionnaire. | 7 days |
| Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire. | 28 days |
| Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire. | 35 days |
| Initiate CATI interviews for non-respondents 28 days after mailing the second questionnaire. | 56 days |
| Initiate systematic contact for all non-respondents such that up to three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks. | 56–91 days |
| Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 35 days after initiation. | 91 days |

How Survey Results Were Calculated

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member experience. In addition to individual plan results, HSAG calculated a HKD Program average. HSAG combined results from the dental plans to calculate the HKD Program aggregate scores. This section provides an overview of the analyses performed.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier.

Response Rate = <u>Number of Completed Surveys</u> Sample - Ineligibles



Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of child members and respondents based on parents'/caretakers' responses to the surveys. The demographic characteristics of children included age, gender, race, ethnicity, and dental health status. Self-reported respondent demographic information included age, gender, level of education, and relationship to the child. Caution should be exercised when extrapolating the survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

Statewide Comparisons

Global Ratings, Composite Measures, and Individual Item Measures

HSAG calculated top-box scores for each measure. The scoring involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually/Always," "Probably Yes/Definitely Yes," or "Somewhat Yes/Definitely Yes" for the composite measures and individual item measures.

The exception to this was Ouestion 18 in the Access to Dental Care composite measure, where the response option scale was reversed so responses of "Sometimes/Never" were considered top-box responses.

Dental Plan Comparisons

HSAG compared the plans' results to each other to determine if the results were statistically significantly different. A t test was performed to determine whether BCBSM's results were statistically significantly different from Delta Dental's results. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. Statistically significant differences were noted using colors in the figures.

Key Drivers of Member Experience

HSAG performed an analysis of key drivers of member experience for the following measures: Rating of Dental Plan, Rating of All Dental Care, and Would Recommend Dental Plan. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from OI activities. The analysis provides information on: 1) how well the HKD Program is performing on the survey item, and 2) how *important* that item is to overall experience.

Table 2-4 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (\checkmark) .



Table 2-4—Correlation Matrix

| | Rating of Dental Plan | Rating of All Dental Care | Would Recommend Dental Plan |
|--|--------------------------|------------------------------|-----------------------------------|
| Q6. Child's Dentist Explained Things in Understandable Way | ✓ | ✓ | ✓ |
| Q7. Child's Dentist Listened Carefully to Parent/Caretaker | ✓ | ✓ | ✓ |
| Q8. Child's Dentist Treated Parent/Caretaker with Courtesy and Respect | ✓ | ✓ | ✓ |
| Q10. Child's Dentist Explained Things in Understandable Way for Child | ✓ | ✓ | ✓ |
| Q11. Child's Dentist Spent Enough Time with Child | ✓ | ✓ | ✓ |
| Q13. Dentists or Dental Staff Helped Child Feel Comfortable During Dental Work | ✓ | ✓ | ✓ |
| Q14. Dentists or Dental Staff Explained During Child's Treatment | ✓ | ✓ | ✓ |
| Q15. Received Appointment as Soon as Wanted | ✓ | ✓ | ✓ |
| Q16. Child Saw Dentist as Soon as Parent/Caretaker Wanted | ✓ | ✓ | ✓ |
| Q17. Parent/Caretaker Received Appointment for Child as Soon as Wanted for Specialized Dentist and Dental Care | ✓ | ✓ | ✓ |
| Q18. Spent More Than 15 Minutes in Waiting Room Before Child's Appointment | ✓ | ✓ | ✓ |
| Q19. Someone Explained Delay for Spending More Than 15 Minutes in Waiting Room Before Appointment | ✓ | √ | ✓ |
| Q21. Child's Dental Plan Covered All Services Parent/Caretaker Thought Covered | ✓ | | ✓ |
| Q21a. Child's Dental Plan Met All of Child's Dental Care Needs | ✓ | | ✓ |
| Q22. Child's Dental Plan Covered What Child Needed | ✓ | | ✓ |
| Q24. 800 Number, Written Materials, or Website Provided Parent/Caretaker with Wanted Information | ✓ | | ✓ |
| Q26. Information Helped Find Dentist for Child that Parent/Caretaker is Happy With | ✓ | | ✓ |
| Q29. Child's Dental Plan's Customer Service Staff Gave Parent/Caretaker the Information or Help Needed | ✓ | | ✓ |
| Q30. Child's Dental Plan's Customer Service Staff Treated Parent/Caretaker with Courtesy and Respect | √ | | ✓ |



The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 2-5 depicts the problem score assignments for the different response categories.

Response Category Classification Code Never/Sometimes/Usually/Always Format²⁻⁴ Never Problem Sometimes Problem 1 0 Usually Not a problem Not a problem 0 Always No Answer Not classified Missing Definitely Yes/Somewhat Yes/Somewhat No/Definitely No Definitely No Problem 1 Somewhat No Problem 1 0 Somewhat Yes Not a problem Definitely Yes Not a problem 0 No Answer Not classified Missing

Table 2-5—Assignment of Problem Scores

For each item evaluated, HSAG calculated the relationship between the item's problem score and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their overall problem score and their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the member's experience. As r increases, the importance of the question to the respondent's overall experience increases.

A problem score at or above the median problem score is considered to be "high." A correlation at or above the median correlation is considered to be "high." Key drivers are those items for which the

²⁻⁴ The response option classification for Question 18 was reversed so responses of "Sometimes" and "Never" were considered "not a problem."



problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered when interpreting or generalizing the findings.

Baseline Results

It is important to note that in state fiscal year 2019–2020, child members in the HKD Program were surveyed for the first time. The 2020 results presented in the report represent a baseline assessment of parents'/caretakers' experiences of their child's dental care and services received through the dental plans.

Causal Inferences

Although this report examines whether respondents report differences in experience with various aspects of their child's dental care experiences, these differences may not be completely attributable to the HKD Program. The survey by itself does not necessarily reveal the exact cause of these differences.

Lack of National Data for Comparisons

Currently AHRQ has not established a child dental survey; therefore, national benchmark data were not available for comparisons.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental care services. Therefore, MDHHS should consider the potential for non-response bias when interpreting the survey results.

Survey Instrument

The Child Dental Survey is a modified version of AHRQ's CAHPS Dental Survey. The CAHPS Dental Survey, currently available for the adult population only, was customized for administration to a child population.



Who Responded to the Survey

A total of 3,300 surveys were mailed to parents/caretakers of child members enrolled in the HKD Program. A total of 355 and 441 surveys were completed from BCBSM and Delta Dental, respectively.

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

Table 3-1—Total Number of Respondents and Response Rates

| Plan Name | Sample Size | Completes | Ineligibles | Response Rate |
|--------------|-------------|-----------|-------------|---------------|
| HKD Program | 3,300 | 796 | 101 | 24.88% |
| BCBSM | 1,650 | 355 | 60 | 22.33% |
| Delta Dental | 1,650 | 441 | 41 | 27.41% |

Child and Respondent Demographics

Table 3-2 depicts the demographic characteristics of children for whom a parent/caretaker completed a survey.

Table 3-2—Child Demographics

| | HKD Program | BCBSM | Delta Dental |
|--------------|-------------|-------|--------------|
| Age | | | |
| 0 to 3 | 8.7% | 10.8% | 7.2% |
| 4 to 7 | 26.8% | 28.7% | 25.5% |
| 8 to 12 | 32.5% | 30.1% | 34.2% |
| 13 to 17 | 26.2% | 22.9% | 28.6% |
| 18 to 21* | 5.8% | 7.5% | 4.5% |
| Gender | | | |
| Male | 49.1% | 46.5% | 51.1% |
| Female | 50.9% | 53.5% | 48.9% |
| Race | | | |
| Multi-Racial | 11.8% | 12.0% | 11.6% |
| White | 59.5% | 53.9% | 63.5% |
| Black | 18.9% | 23.2% | 15.7% |
| Asian | 2.4% | 3.0% | 1.9% |
| Other** | 7.5% | 7.9% | 7.2% |
| Ethnicity | | | |
| Hispanic | 13.4% | 15.6% | 11.8% |
| Non-Hispanic | 86.6% | 84.4% | 88.2% |



| | HKD Program | BCBSM | Delta Dental |
|-----------------------------|-------------|-------|--------------|
| Dental Health Status | | | |
| Excellent | 26.5% | 26.3% | 26.6% |
| Very Good | 34.7% | 31.7% | 37.0% |
| Good | 28.5% | 31.3% | 26.3% |
| Fair | 8.7% | 8.5% | 8.8% |
| Poor | 1.7% | 2.1% | 1.3% |

Please note, percentages may not total 100% due to rounding.

Table 3-3 depicts the self-reported age, gender, level of education, and relationship to child for the respondents who completed the survey.

Table 3-3—Respondent Demographics

| HKD Program | BCBSM | Delta Dental |
|-------------|--|---|
| | | |
| 4.0% | 2.5% | 5.1% |
| 3.2% | 5.4% | 1.6% |
| 31.3% | 36.9% | 27.2% |
| 40.4% | 33.3% | 45.7% |
| 14.0% | 14.0% | 14.0% |
| 4.8% | 5.4% | 4.3% |
| 2.3% | 2.5% | 2.2% |
| | | |
| 14.9% | 16.4% | 13.8% |
| 85.1% | 83.6% | 86.2% |
| | | |
| 3.9% | 3.7% | 4.0% |
| 7.3% | 7.4% | 7.3% |
| 31.5% | 34.6% | 29.3% |
| 40.4% | 39.7% | 40.9% |
| 16.9% | 14.7% | 18.5% |
| | | |
| 95.0% | 94.2% | 95.6% |
| 3.6% | 3.6% | 3.6% |
| 0.6% | 1.1% | 0.3% |
| 0.8% | 1.1% | 0.5% |
| | 4.0% 3.2% 31.3% 40.4% 14.0% 4.8% 2.3% 14.9% 85.1% 3.9% 7.3% 31.5% 40.4% 16.9% 95.0% 3.6% 0.6% | 4.0% 2.5% 3.2% 5.4% 31.3% 36.9% 40.4% 33.3% 14.0% 14.0% 4.8% 5.4% 2.3% 2.5% 14.9% 16.4% 85.1% 83.6% 3.9% 3.7% 7.3% 7.4% 31.5% 34.6% 40.4% 39.7% 16.9% 14.7% 95.0% 94.2% 3.6% 3.6% 0.6% 1.1% |

 $^{{\}it Please note, percentages may not total~100\% due to rounding.}$

^{*}Children were eligible for inclusion in the Child Dental Survey results if they were age 20 or younger as of October 31, 2019. Some children eligible for the survey turned age 21 between November 1, 2019, and the time of survey administration

^{**}The "Other" Race category is based on respondents who answered, "Native Hawaiian or other Pacific Islander," "American Indian or Alaska Native," or "Other."

^{*}The "Other" Relationship to Child category is based on respondents who answered, "aunt or uncle," "older brother or sister," "other relative," or "someone else."



Statewide Comparisons

HSAG calculated top-box scores for each measure. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually/Always," "Probably Yes/Definitely Yes," or "Somewhat Yes/Definitely Yes" for the composite measures and individual item measures.

The exception to this was Question 18 in the *Access to Dental Care* composite measure, where the response option scale was reversed so a response of "Sometimes/Never" was considered a top-box response. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 2-1.

HSAG compared the plans' results to each other to determine if the results were statistically significantly different. Colors in the figures note statistically significant differences. Green indicates a top-box score for one dental plan that was statistically significantly higher than the other dental plan. Conversely, red indicates a top-box score for one dental plan that was statistically significantly lower than the other dental plan. Blue represents top-box scores that were not statistically significantly different from each other. Dental plan scores with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents.

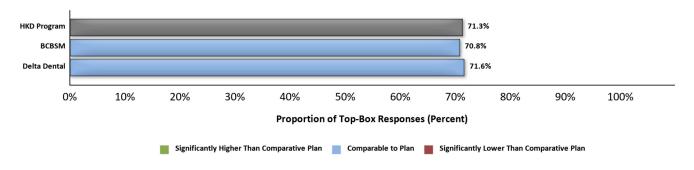


Global Ratings

Rating of Regular Dentist

Figure 3-1 shows the *Rating of Regular Dentist* top-box scores.

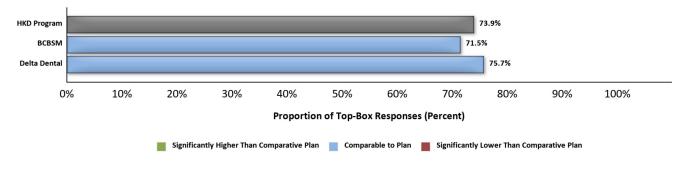




Rating of All Dental Care

Figure 3-2 shows the Rating of All Dental Care top-box scores.

Figure 3-2—Rating of All Dental Care Top-Box Scores

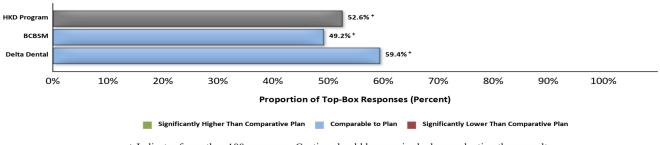




Rating of Finding a Dentist

Figure 3-3 shows the *Rating of Finding a Dentist* top-box scores.

Figure 3-3—Rating of Finding a Dentist Top-Box Scores



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Rating of Dental Plan

Figure 3-4 shows the *Rating of Dental Plan* top-box scores.

HKD Program **BCBSM** 71.8% Delta Denta 70.2% 0% 10% 20% 30% 50% 60% 70% 80% 90% 100% **Proportion of Top-Box Responses (Percent)** Significantly Higher Than Comparative Plan Comparable to Plan Significantly Lower Than Comparative Plan

Figure 3-4—Rating of Dental Plan Top-Box Scores

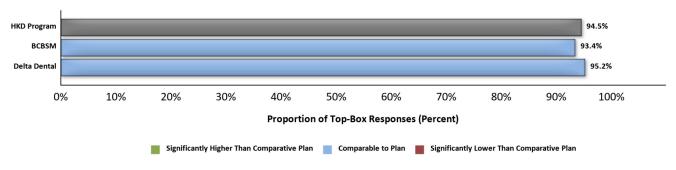


Composite Measures

Care from Dentists and Staff

Figure 3-5 shows the Care from Dentists and Staff top-box scores.

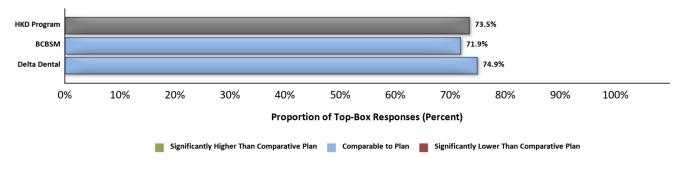
Figure 3-5—Care from Dentists and Staff Top-Box Scores



Access to Dental Care

Figure 3-6 shows the Access to Dental Care top-box scores.

Figure 3-6—Access to Dental Care Top-Box Scores

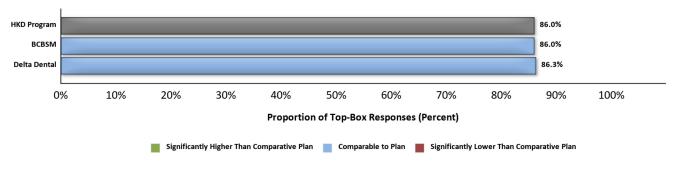




Dental Plan Information and Services

Figure 3-7 shows the *Dental Plan Information and Services* top-box scores.

Figure 3-7—Dental Plan Information and Services Top-Box Scores

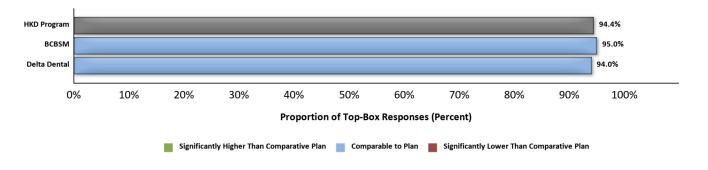


Individual Item Measures

Care from Regular Dentist

Figure 3-8 shows the Care from Regular Dentist top-box scores.

Figure 3-8—Care from Regular Dentist Top-Box Scores

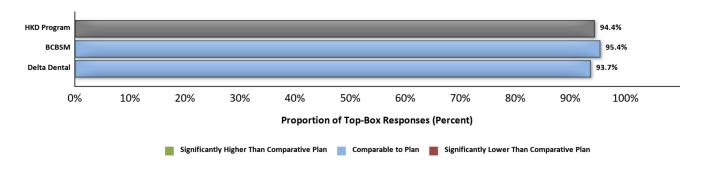




Would Recommend Regular Dentist

Figure 3-9 shows the Would Recommend Regular Dentist top-box scores.

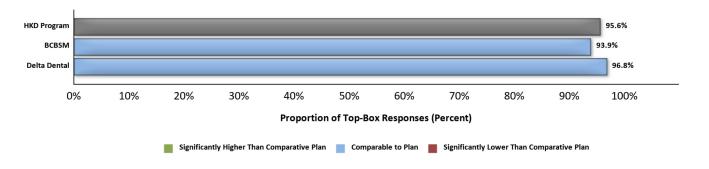
Figure 3-9—Would Recommend Regular Dentist Top-Box Scores



Would Recommend Dental Plan

Figure 3-10 shows the Would Recommend Dental Plan top-box scores.

Figure 3-10—Would Recommend Dental Plan Top-Box Scores





4. Key Drivers of Member Experience Analysis

Key Drivers of Member Experience

HSAG performed an analysis of key drivers for three measures: *Rating of Dental Plan*, *Rating of All Dental Care*, and *Would Recommend Dental Plan*. The analysis provides information on: (1) how well the HKD Program is performing on the survey item (i.e., question), and (2) how important the item is to overall experience.

Key drivers of member experience are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader's Guide section. Table 4-1 depicts the survey items identified for each of the three measures as being key drivers of member experience for the HKD Program (as indicated by a \checkmark).

Table 4-1—HKD Program Key Drivers of Member Experience

| Key Drivers | Rating of All Dental Care | Rating of Dental Plan | Would Recommend Dental Plan |
|---|------------------------------|--------------------------|-----------------------------------|
| Respondents reported that their child's regular dentist did not always spend enough time with their child. | ✓ | | |
| Respondents reported that their child they did not always obtain their child's dental appointment as soon as they wanted. | | ✓ | ✓ |
| Respondents reported that when their child needed to see a dentist right away because of a dental emergency, their child did not get to see a dentist as soon as they wanted. | | √ | √ |
| Respondents reported that their child's dental plan did not always cover all of the services they thought were covered. | NA | ✓ | ✓ |
| Respondents reported that the toll-free number, website, or written materials did not always provide the information they wanted about their child's dental plan. | NA | √ | √ |
| Respondents reported that the information from their child's dental plan did not help them find a dentist for their child that they were happy with. | NA | √ | √ |
| Respondents reported that customer service at their child's dental plan did not always give them the information or help they needed. | NA | ✓ | ✓ |
| NA indicates that this question was not evaluated for this measure. | ' | 1 | |



5. Survey Instrument

This section provides a copy of the survey instrument administered to child members enrolled in the HKD Program.





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

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

If you want to know more about this study, please call 1-877-455-3393.

SURVEY INSTRUCTIONS

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

Correct Mark









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

Yes → Go to Question 1

 \bigcirc No



START HERE



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

- 1. Our records show that your child is now in the (insert dental plan name). Is that right?
 - O Yes → Go to Question 3
 - O No
- 2. What is the name of your child's dental plan? (Please print)

- 3. In the last 12 months, did your child go to a dentist's office or clinic for care?
 - Yes → Go to Question 4
 - No → Please stop and return this survey in the postage-paid envelope. Thank you.

YOUR CHILD'S REGULAR DENTIST

- 4. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?
 - O Yes
 - O No → Go to Question 13
- 5. Has your child seen his or her regular dentist in the last 12 months?
 - O Yes
 - No, My child has seen someone else → Go to Question 13
- 6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 7. In the last 12 months, how often did your child's regular dentist listen carefully to you?
 - O Never
 - O Sometimes
 - O Usually
 - O Always

- 8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 9. Is your child able to talk with his or her regular dentist about his or her dental care?
 - O Yes
 - O No → Go to Question 11
- 10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for your child to understand?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 11a. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?
 - O Never
 - O Sometimes
 - O Usually
 - O Always

| 12. | 0 is and pos | s the d 10 ssib | e wo lis | orst the | reg bes at nu | jula t re umb | r de gula oer v | entis ar d wou | st po enti Ild y | oss st ou | nere ible use ? |
|-----|--------------------|-----------------------|-------------|-------------|---------------------|---------------------|-----------------------|----------------------|------------------------|-----------------|--------------------------|
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | | |
| | Wo | orst | | | | | | | | | Best |
| | | | ar D | enti | st | | F | Regu | ılar | _ | • • • • |

- 12a. Would you recommend your child's regular dentist to other parents or people who are looking for a new dentist for their child?
 - O Definitely yes
 - O Probably yes
 - O Probably no
 - O Definitely no

YOUR CHILD'S DENTAL CARE IN THE LAST 12 MONTHS

So far, the questions on this survey have been about your child's regular dentist. The next set of questions asks about any dental care your child had in the last 12 months, including dental care your child had with his or her regular dentist or with someone else.

- 13. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?
 - O Never
 - O Sometimes
 - O Usually
 - O Always

| 14. | In the last 12 months, how often did |
|-----|--------------------------------------|
| | the dentists or dental staff explain |
| | what they were doing while treating |
| | your child? |

- O Never
- O Sometimes
- O Usually
- O Always
- 15. In the last 12 months, how often were your child's dental appointments as soon as you wanted?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 16. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?
 - My child did not have a dental emergency in the last 12 months
 - O Definitely yes
 - O Somewhat yes
 - O Somewhat no
 - O Definitely no
- 17. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?
 - O I did not try to get an appointment with a specialist dentist for my child in the last 12 months
 - O Never
 - O Sometimes
 - O Usually
 - O Always

| 18. | In the last 12 months, how often did |
|-----|---------------------------------------|
| | you have to spend more than 15 |
| | minutes in the waiting room before |
| | your child saw someone for his or her |
| | dental appointment? |
| | |

○ Never → Go to Question 20

O Sometimes

O Usually

O Always

19. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

O Never

O Sometimes

O Usually

O Always

20. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?

YOUR CHILD'S DENTAL PLAN

The next set of questions asks about your child's dental plan. For these questions, answer only about your child's dental plan.

21. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?

O Never

O Sometimes

O Usually

O Always

21a. In the last 12 months, did your child's dental plan meet all of his or her dental care needs?

O Definitely yes

O Somewhat yes

O Somewhat no

O Definitely no

22. In the last 12 months, did your child's dental plan cover what your child needed to get done?

O Definitely yes

O Somewhat yes

O Somewhat no

O Definitely no

23. In the last 12 months, did you try to find out how your child's dental plan works by calling their toll-free number, visiting their website, or reading printed materials?

O Yes

O No → Go to Question 25

| 1. | In the last 12 months, how often did the toll-free number, website, or written materials provide the information you wanted about your child's dental plan? | | | | | |
|------------|---|--|--|--|--|--|
| | NeverSometimesUsuallyAlways | | | | | |
| <u>5</u> . | In the last 12 months, did you use a information from your child's dental plan to help you find a new dentist f | | | | | |

| 25. | In the last 12 months, did you use any |
|-----|---|
| | information from your child's dental |
| | plan to help you find a new dentist for |
| | your child? |

| Ο | Yes | 6 | | |
|---|-----|----------|----------------|----|
| 0 | No | → | Go to Question | 28 |

| 26. | Did this information help you find a |
|-----|--------------------------------------|
| | dentist for your child that you were |
| | happy with? |

| 0 | Definitely yes |
|---|----------------|
| 0 | Somewhat yes |
| 0 | Somewhat no |
| 0 | Definitely no |

27. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|-----|-------|------|---|---|---|---|---|-----|-----|------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Ex | trem | nely | | | | | | Ext | rem | nely |
| Dif | ficul | lt | | | | | | | E | asy |
| | | | | | | | | | | |

28. In the last 12 months, did you try to get information or help from customer service at your child's dental plan?

| 0 | Yes | ; | | |
|---|-----|----------|----------------|----|
| 0 | No | → | Go to Question | 31 |

| 29. | In the last 12 months, how often did |
|-----|--------------------------------------|
| | customer service at your child's |
| | dental plan give you the information |
| | or help you needed? |

| 0 | Never |
|---------|-----------|
| 0 | Sometimes |
| 0 | Usually |
| \circ | Always |

30. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect?

| 0 | Never |
|---|-----------|
| 0 | Sometimes |
| 0 | Usually |
| 0 | Always |

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

| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
|-------------|---|---|---|---|---|---|-------------|---|-----|------|--|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Worst Best | | | | | | | | | | | |
| Dental Plan | | | | | | | Dental Plan | | | | |
| Possible | | | | | | | | Ρ | oss | ible | |

32. Would you recommend your child's dental plan to other parents or people who want to join?

| 0 | Definitely yes |
|---|----------------|
| 0 | Probably yes |
| 0 | Probably no |
| 0 | Definitely no |

ABOUT YOUR CHILD AND YOU

33. In general, how would you rate the overall condition of your child's teeth and gums?

- O Excellent
- O Very Good
- O Good
- O Fair
- O Poor

34. What is your child's age?

- O Less than 1 year old
- YEARS OLD (write in)

35. Is your child male or female?

- O Male
- O Female

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

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

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

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

38. What is your age?

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

39. Are you male or female?

- O Male
- O Female

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

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

41. How are you related to the child?

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

42. Did someone help you complete this survey?

- Yes → Go to Question 43
- No → Thank you. Please return the completed survey in the postage-paid envelope.

516-06

- 43. How did that person help you? Mark one or more.
 - O Read the questions to me
 - O Wrote down the answers I gave
 - O Answered the questions for me
 - O Translated the questions into my language
 - O Helped in some other way

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

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

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