

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Header Record Specification - HEDIS CAHPS Health Plan Survey 5.0H								
Variable Description	Value Labels	Field Positions			Submission Type			Notes
		Start	End	Field Length	Adult Medicaid	Child With CCC	Child Without CCC	
Measurement Year	2015	1	4	4	R	R	R	* For <i>Required (R)</i> fields, enter a valid value from the Value Labels column.
Data File Type	AM = Adult Member CM = Child Member	5	6	2	R	R	R	
NCQA Healthcare Organization ID	Enter the Organization ID supplied for this plan by NCQA for the organization name indicated below	7	14	8	NR	NR	NR	
Healthcare Organization Name	Enter organization name supplied by health plan (60 characters)	15	74	60	R	R	R	
Product Line	1 = Commercial 2 = Medicaid	75	75	1	R	R	R	
Product	00 = NA/Other* 01 = HMO 02 = HMO/POS Combined 03 = POS 04 = PPO 06 = Fee-For-Service/Indemnity* 09 = HMO/POS/PPO Combined 10 = HMO/PPO Combined 11 = POS/PPO Combined 12 = EPO 13 = EPO/PPO Combined 14 = EPO/HMO Combined 15 = EPO/POS Combined 16 = EPO/PPO/HMO Combined 17 = EPO/PPO/POS Combined 18 = EPO/HMO/POS Combined 19 = EPO/HMO/PPO/POS Combined 21 = Primary Care Case Management*	76	77	2	R	R	R	* For submissions coded 00, 06, 21, NCQA will process submissions and will calculate results. However, results are not eligible for reporting as <i>HEDIS</i> .
NCQA Submission ID	Enter the Submission ID supplied for this plan by NCQA	78	85	8	NR	NR	NR	
NCQA Special Purpose ID 1	NCQA will supply Special Purpose ID if necessary	86	93	8	NR	NR	NR	* For <i>Not Required (NR)</i> fields, enter a value (if applicable) or leave the field positions blank.
NCQA Special Purpose ID 2	NCQA will supply Special Purpose ID if necessary	94	101	8	NR	NR	NR	
Survey Vendor Organization Name	(30 characters)	102	131	30	R	R	R	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Header Record Specification - HEDIS CAHPS Health Plan Survey 5.0H								
Variable Description	Value Labels	Field Positions			Submission Type			Notes
		Start	End	Field Length	Adult Medicaid	Child With CCC	Child Without CCC	
Survey Vendor Contact First Name	(10 characters)	132	141	10	R	R	R	
Survey Vendor Contact Last Name	(30 characters)	142	171	30	R	R	R	
Survey Vendor Contact Phone Number	xxx xxx-xxxx	172	183	12	R	R	R	
Survey Methodology	1 = Standard HEDIS Mail-only methodology 2 = Standard HEDIS Mixed methodology 5 = Pre-approved enhanced survey methodology (Mail-only methodology) 6 = Pre-approved enhanced survey methodology (Mixed methodology) 7 = Pre-approved Standard Internet Protocol Enhancement (Mail-only methodology) 8 = Pre-approved Standard Internet Protocol Enhancement (Mixed methodology) 9 = Non-HEDIS survey methodology	184	184	1	R	R	R	
Sample Frame Size	Total number of members included in the sample frame received from the health plan	185	192	8	R	R	R	
Eligible Population Size	The total number of Health Plan members who meet the <i>Eligible Population</i> criteria for the measure. The survey vendor obtains this variable from the health plan.	193	200	8	NR	NR	NR	Note: Eligible Population Size is expected to be equal to Sample Frame Size.
Total enrollment as of the date the sample frame is generated *	The total number of members enrolled in the health plan (total number of covered lives) as of the date the sample frame is generated. The survey vendor obtains this variable from the health plan.	201	209	9	NR	NR	NR	* This variable is not required for NCQA submissions. It is requested for National CAHPS Benchmarking Database (NCBD) submissions.
Did the Health Plan oversample? Oversampling rationale.	1 = Yes, the Health Plan oversampled in order to eliminate disenrollees at a later date 2 = Yes, the Health Plan oversampled in order to achieve a higher number of complete surveys 3 = Yes, the Health Plan oversampled to eliminate disenrollees AND to achieve a higher number of complete surveys 4 = No, the Health Plan did not oversample	210	210	1	NR	NR	NR	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Header Record Specification - HEDIS CAHPS Health Plan Survey 5.0H								
Variable Description	Value Labels	Field Positions			Submission Type			Notes
		Start	End	Field Length	Adult Medicaid	Child With CCC	Child Without CCC	
Oversampling Rate	005, 010, 015, 020, 025, 030, etc. 005, 006, 007, etc. (code as 000 if the Health Plan did not oversample) Oversampling rates must be in increments of 5%.	211	213	3	NR	NR	NR	
Final Sample Size	Enter the Final Sample Size (FSS). For Health Plans that do not oversample the FSS is generally equal to the Required Sample Size (RSS). For Health Plans that oversample the FSS is generally equal to the RSS + Oversample. NCQA provides a list of valid FSSs in HEDIS Volume 3. Survey vendors may only deviate from the valid FSSs if a Health Plan does not have enough eligible members to use a valid FSS.	214	221	8	R	R	R	
Final Sample Size Discrepancy Flag	1 = FSS is a valid FSS as described in HEDIS Volume 3. 2 = FSS is not a valid FSS. The Health Plan did not have enough eligible members to use a valid FSS. 3 = FSS is not a valid FSS. The submission is a combined submission. The survey vendor generated the combined submission from two or more sets of HEDIS survey results collected by the Health Plan.	222	222	1	NR	NR	NR	LEAVE THIS FIELD BLANK for HEDIS 2016
Total Response Rate	Num(8.6) (x.xxxxxx; 8 spaces total, 6 decimal places)	223	230	8	R	R	R	
Is the Health Plan reporting results for the Flu Vaccinations for Adults Ages 18-64?	1 = Yes 2 = No	231	231	1	NR	NR	NR	
Is the Health Plan reporting results for the Medical Assistance with Smoking and Tobacco Use Cessation measure?	1 = Yes 2 = No	232	232	1	R	NR	NR	
Is the Health Plan reporting results for the Aspirin Use and Discussion measure?	1 = Yes 2 = No	233	233	1	R	NR	NR	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Header Record Specification - HEDIS CAHPS Health Plan Survey 5.0H								
Variable Description	Value Labels	Field Positions			Submission Type			Notes
		Start	End	Field Length	Adult Medicaid	Child With CCC	Child Without CCC	
Number of Supplemental Questions Added to the Questionnaire	01, 02, etc. (code as 00 if no supplemental questions)	234	235	2	R	R	R	
Survey Vendor Special Purpose ID 1	Survey vendors may use this field for their own purpose	236	243	8	NR	NR	NR	
Survey Vendor Special Purpose ID 2	Survey vendors may use this field for their own purpose	244	251	8	NR	NR	NR	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
			Record ID	Unique record ID	1	4	4	R	R		The survey vendor generates the required variables in field positions 1-141 to submit to NCQA for results calculation.
			Disposition of Survey	M10, T10 or I10 = complete and valid survey M20 or T20 = ineligible: deceased M21, T21 or I21 = ineligible: does not meet Eligible Population criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M24 or T24 = ineligible: mentally or physically incapacitated* M31 or T31 = non-response: incomplete M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts ID1 = ineligible: removed from sample during deduplication—duplicate household of sampled adult member ID2 = ineligible: removed from sample during deduplication—duplicate household of sampled child member	5	7	3	R	R		Where: M = mail; T = telephone; I = Internet * M24 or T24 = ineligible: mentally or physically incapacitated is not valid for child surveys

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
			Survey Round	M1 = first mailing M2 = second mailing M3 = third mailing M4 = fourth mailing (only valid for select NCQA-approved alternative methodologies) T1 = first telephone attempt T2 = second telephone attempt T3 = third telephone attempt T4 = fourth telephone attempt T5 = fifth telephone attempt T6 = sixth telephone attempt MT = partially completed by mail and converted to complete by telephone I1 = completed via Internet IT = partially completed via Internet and converted to complete by telephone NC = not completed (use for members with disposition codes NOT equal to M10, T10 or I10)	8	9	2	R	R		
			Survey Language	1 = English 2 = Spanish 3 = Not applicable (use for members with disposition codes NOT equal to M10, T10, I10)	10	10	1	NR	NR		VALUE LABEL TEXT MODIFIED ON 5/20/2016
			Member Gender	1 = Male 2 = Female 9 = Missing	11	11	1	R	R		From the Sample Frame provided by the Health Plan
			Member Year of Birth *	yyyy = Year of Birth	12	15	4	R	R		From the Sample Frame provided by the Health Plan * The survey vendor must include this variable in the submission. During NCQA processing this variable will be stripped from the validated member-level data file that is returned to the survey vendor and health plan.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
			City of Member *	(30 characters)	16	45	30	NR	NR		From the Sample Frame provided by the Health Plan * The survey vendor must include this variable in the submission. During NCQA processing this variable will be stripped from the validated member-level data file that is returned to the survey vendor and health plan.
			State of Member	Two character state abbreviation (e.g., AL)	46	47	2	R	R		From the Sample Frame provided by the Health Plan
			Flu Vaccinations for Adults Ages 18-64 Eligibility Flag	1 = Eligible 2 = Ineligible 0 = Member is in a product or product line for which the measure is not being reported	48	48	1	NR	NR		From the Sample Frame provided by the Health Plan
			Member Age as of December 31 of the Measurement Year	Numeric, 2-digit variable (18-80) 00 = Member is in a product or product line for which the measure is not being reported	49	50	2	NR	NR		From the Sample Frame provided by the Health Plan. Code ages 81 and greater as "80"
			Did the Health Plan provide an address for this member in the sample frame?	1 = Yes 2 = No	51	51	1	NR	NR		
			Did the Health Plan provide a phone number for this member in the sample frame?	1 = Yes 2 = No (For blank or non-dialable numbers, code 2)	52	52	1	NR	NR		
1	1	1	Our records show that you * are now in {INSERT HEALTH PLAN NAME}. Is that right?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	53	53	1	R	R		* Questions in the adult questionnaires ask about "you" or "your"; questions in the child questionnaires ask about "your child". Refer to the child questionnaires for exact wording.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
3	3	3	In the last 12 months *, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	54	54	1	R	R		* Questions in the commercial questionnaire ask about experiences in the last 12 months; questions in the Medicaid questionnaire ask about experiences in the last 6 months.
4	4	4	In the last 12 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	55	55	1	R	R	Getting Care Quickly Composite Item	
5	5	5	In the last 12 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	56	56	1	R	R		
6	6	6	In the last 12 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	57	57	1	R	R	Getting Care Quickly Composite Item	
7	7	7	In the last 12 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 8 = Multiple mark 9 = Missing	58	58	1	R	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
8	8	8	HEDIS In the last 12 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	59	59	1	NR	NR		
9	9	9	HEDIS In the last 12 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	60	60	1	NR	NR		
10	10	10	HEDIS Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	61	61	1	NR	NR		
11	11	11	HEDIS Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	62	62	1	NR	NR		
12	12	12	HEDIS When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	63	63	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
13	13	13	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?	00 = 0 Worst health care possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health care possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	64	65	2	R	R	Health Care Rating Item	
14	14	14	In the last 12 months, how often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	66	66	1	R	R	Getting Needed Care Composite Item	
15	15	15	A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	67	67	1	R	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
16	16	16	In the last 12 months, how many times did you visit your personal doctor to get care for yourself?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	68	68	1	R	R		
17	17	17	In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	69	69	1	R	R	How Well Doctors Communicate Composite Item	
18	18	18	In the last 12 months, how often did your personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	70	70	1	R	R	How Well Doctors Communicate Composite Item	
19	19	19	In the last 12 months, how often did your personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	71	71	1	R	R	How Well Doctors Communicate Composite Item	
NA	NA	20	Is your child able to talk with doctors about his or her health care?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	72	72	1	NR	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
NA	NA	21	In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	73	73	1	NR	R	How Well Doctors Communicate Composite Item	
20	20	22	In the last 12 months, how often did your personal doctor spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	74	74	1	R	R	How Well Doctors Communicate Composite Item	
NA	NA	23	In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	75	75	1	NR	R		
21	21	24	HEDIS In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	76	76	1	NR	NR		
22	22	25	HEDIS In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	77	77	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
23	23	26	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	00 = 0 Worst personal doctor possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best personal doctor possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	78	79	2	R	R	Doctor Rating Item	
24	24	27	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you make any appointments to see a specialist?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	80	80	1	R	R		
25	25	28	In the last 12 months, how often did you get an appointment to see a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	81	81	1	R	R	Getting Needed Care Composite Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
26	26	29	How many specialists have you seen in the last 12 months?	0 = None 1 = 1 specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	82	82	1	R	R		
27	27	30	We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	00 = 0 Worst specialist possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best specialist possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	83	84	2	R	R	Specialist Rating Item	
28	28	NA	HEDIS In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	85	85	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
29	29	NA	HEDIS In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	86	86	1	NR	NR		
30	NA	NA	Sometimes people need services or equipment beyond what is provided in a regular or routine office visit, such as care from a specialist, physical therapy, a hearing aid, or oxygen. In the last 12 months, did you look for information from your health plan on how much you would have to pay for a health care service or equipment?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	87	87	1	NR	NR		
31	NA	NA	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	88	88	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
32	NA	NA	In some health plans the amount you pay for a prescription medicine can be different for different medicines, or can be different for prescriptions filled by mail instead of at the pharmacy. In the last 12 months, did you look for information from your health plan on how much you would have to pay for specific prescription medicines?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	89	89	1	NR	NR		
33	NA	NA	In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	90	90	1	NR	NR		
34	30	31	In the last 12 months, did you get information or help from your health plan's customer service?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	91	91	1	R	R		
35	31	32	In the last 12 months, how often did your health plan's customer service give you the information or help you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	92	92	1	R	R	Health Plan Information and Customer Service Composite Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
36	32	33	In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	93	93	1	R	R	Health Plan Information and Customer Service Composite Item	
37	33	34	In the last 12 months, did your health plan give you any forms to fill out?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	94	94	1	R	R		
38	34	35	In the last 12 months, how often were the forms from your health plan easy to fill out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	95	95	1	R	R		
39	NA	NA	Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?	1 = Yes 2 = No 3 = Don't know 8 = Multiple mark 9 = Missing	96	96	1	NR	NR		
40	NA	NA	In the last 12 months, how often did your health plan handle your claims quickly?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	97	97	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
41	NA	NA	In the last 12 months, how often did your health plan handle your claims correctly?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't know 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	98	98	1	NR	NR		
42	35	36	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	00 = 0 Worst health plan possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health plan possible 88 = Multiple mark 99 = Missing	99	100	2	R	R	Health Plan Rating Item	
43	36	37	In general, how would you rate your overall health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	101	101	1	R	R	Case Mix Item	
44	37	38	In general, how would you rate your overall <u>mental or emotional</u> health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	102	102	1	R	R	Case Mix Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
45	38	NA	HEDIS Have you had either a flu shot or flu spray in the nose since July 1, 2015?	1 = Yes 2 = No 3 = Don't know 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	103	103	1	NR	NR		
46	39	NA	HEDIS Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	104	104	1	NR	NR		
47	40	NA	HEDIS In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	105	105	1	NR	NR		
48	41	NA	HEDIS In the last 12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	106	106	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
49	42	NA	HEDIS In the last 12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	107	107	1	NR	NR		
50	43	NA	HEDIS Do you take aspirin daily or every other day?	1 = Yes 2 = No 3 = Don't Know 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	108	108	1	NR	NR		
51	44	NA	HEDIS Do you have a health problem or take medication that makes taking aspirin unsafe for you?	1 = Yes 2 = No 3 = Don't Know 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	109	109	1	NR	NR		
52	45	NA	HEDIS Has a doctor or health provider ever discussed with you the risks and benefits of aspirin to prevent heart attack or stroke?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	110	110	1	NR	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
53	46	NA	HEDIS Are you aware that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "High cholesterol" 1 = Respondent checked "High cholesterol" 9 = Missing * Enter a blank or space if question not asked	111	111	1	NR	NR	* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.	
53	46	NA	HEDIS Are you aware that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "High blood pressure" 1 = Respondent checked "High blood pressure" 9 = Missing * Enter a blank or space if question not asked	112	112	1	NR	NR	* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.	
53	46	NA	HEDIS Are you aware that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "Parent or sibling with heart attack before the age of 60" 1 = Respondent checked "Parent or sibling with heart attack before the age of 60" 9 = Missing * Enter a blank or space if question not asked	113	113	1	NR	NR	* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.	
54	47	NA	HEDIS Has a doctor ever told you that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "A heart attack" 1 = Respondent checked "A heart attack" 9 = Missing * Enter a blank or space if question not asked	114	114	1	NR	NR	* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.	
54	47	NA	HEDIS Has a doctor ever told you that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "Angina or coronary heart disease" 1 = Respondent checked "Angina or coronary heart disease" 9 = Missing * Enter a blank or space if question not asked	115	115	1	NR	NR	* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
54	47	NA	HEDIS Has a doctor ever told you that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "A stroke" 1 = Respondent checked "A stroke" 9 = Missing * Enter a blank or space if question not asked	116	116	1	NR	NR		* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.
54	47	NA	HEDIS Has a doctor ever told you that you have any of the following conditions? Mark one or more.	0 = Respondent did not check "Any kind of diabetes or high blood sugar" 1 = Respondent checked "Any kind of diabetes or high blood sugar" 9 = Missing * Enter a blank or space if question not asked	117	117	1	NR	NR		* "9 = Missing" is valid only when the health plan is not reporting the ASP measure.
55	48	NA	In the last 12 months, did you get health care 3 or more times for the same condition or problem?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	118	118	1	R	NR		
56	49	NA	Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	119	119	1	R	NR		
57	50	NA	Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	120	120	1	R	NR		
58	51	NA	Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	121	121	1	R	NR		
NA	NA	39	What is <u>your child's</u> age?	00 = Less than 1 year old Enter reported age if one year or older, zero fill if less than 10 88 = Multiple mark 99 = Missing	122	123	2	NR	R	Case Mix Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
59	52	43*	What is your age?	0 = Under 18 (Child submissions) 1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older 8 = Multiple mark 9 = Missing	124	124	1	R	R	Case Mix Item	* This variable identifies the age of the person completing the questionnaire (e.g., the parent or caretaker for the child survey).
60	53	40*	Are you male or female? (Is your child male or female?)	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	125	125	1	R	R	Case Mix Item	* This variable identifies the gender of the sampled member (e.g., the child's gender for the child survey).
NA	NA	44*	Are you male or female?	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	126	126	1	NR	R	Case Mix Item	* This variable identifies the gender of the person completing the questionnaire (e.g., the parent or caretaker for the child survey).
61	54	45	What is the highest grade or level of school that you have completed?	1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 9 = Missing	127	127	1	R	R	Case Mix Item	
NA	NA	46	How are you related to the child?	1 = Mother or father 2 = Grandparent 3 = Aunt or uncle 4 = Older brother or sister 5 = Other relative 6 = Legal guardian 7 = Someone else 8 = Multiple mark 9 = Missing	128	128	1	NR	R		
62	55	41	Are you of Hispanic or Latino origin or descent?	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 8 = Multiple mark 9 = Missing	129	129	1	R	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "White" 1 = Respondent checked "White"	130	130	1	R	R	Case Mix Item	
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "Black or African-American" 1 = Respondent checked "Black or African-American"	131	131	1	R	R	Case Mix Item	
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "Asian" 1 = Respondent checked "Asian"	132	132	1	R	R	Case Mix Item	
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "Native Hawaiian or other Pacific Islander" 1 = Respondent checked "Native Hawaiian or other Pacific Islander"	133	133	1	R	R	Case Mix Item	
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "American Indian or Alaska Native" 1 = Respondent checked "American Indian or Alaska Native"	134	134	1	R	R	Case Mix Item	
63	56	42	What is your race? Mark one or more.	0 = Respondent did not check "Other" 1 = Respondent checked "Other"	135	135	1	R	R	Case Mix Item	
64	57	47	Did someone help you complete this survey?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	136	136	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
65	58	48	How did that person help you? Mark one or more.	0 = Respondent did not check "Read the questions to me" 1 = Respondent checked "Read the questions to me" 7 = Appropriately skipped	137	137	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
65	58	48	How did that person help you? Mark one or more.	0 = Respondent did not check "Wrote down the answers I gave" 1 = Respondent checked "Wrote down the answers I gave" 7 = Appropriately skipped	138	138	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
65	58	48	How did that person help you? Mark one or more.	0 = Respondent did not check "Answered the questions for me" 1 = Respondent checked "Answered the questions for me" 7 = Appropriately skipped	139	139	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Adult commercial, Adult Medicaid, Child Without CCC)											
Question Number			Variable Description	Value Labels	Field Positions			Submission Type		CAHPS Composite/Case Mix Items	Notes
Adult Commercial	Adult Medicaid	Child Without CCC			Start	End	Field Length	Adult Medicaid	Child Without CCC		
65	58	48	How did that person help you? Mark one or more.	0 = Respondent did not check "Translated the questions into my language" 1 = Respondent checked "Translated the questions into my language" 7 = Appropriately skipped	140	140	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
65	58	48	How did that person help you? Mark one or more.	0 = Respondent did not check "Helped in some other way" 1 = Respondent checked "Helped in some other way" 7 = Appropriately skipped	141	141	1	R	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped. The survey vendor generates the required variables in field positions 1-141 to submit to NCQA for results calculation.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
	Record ID	Unique record ID	1	4	4	R		The survey vendor generates the variables in field positions 1-147 to submit to NCQA for results calculation.
	Disposition of Survey	M10, T10 or I10 = complete and valid survey M20 or T20 = ineligible: deceased M21, T21 or I21 = ineligible: does not meet Eligible Population criteria M22 or T22 = ineligible: language barrier M23 = non-response: bad address T23 = non-response: bad address AND non-working/unlisted phone number or member is unknown at the dialed phone number M24 or T24 = ineligible: mentally or physically incapacitated* M31 or T31 = non-response: incomplete M32 or T32 = non-response: refusal M33 or T33 = non-response: after maximum attempts ID1 = ineligible: removed from sample during deduplication—duplicate household of sampled adult member ID2 = ineligible: removed from sample during deduplication—duplicate household of sampled child member	5	7	3	R		Where: M = mail; T = telephone; I = Internet * M24 or T24 = ineligible: mentally or physically incapacitated is not valid for child surveys

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
	Survey Round	M1 = first mailing M2 = second mailing M3 = third mailing M4 = fourth mailing (only valid for select NCQA-approved alternative methodologies) T1 = first telephone attempt T2 = second telephone attempt T3 = third telephone attempt T4 = fourth telephone attempt T5 = fifth telephone attempt T6 = sixth telephone attempt MT = partially completed by mail and converted to complete by telephone I1 = completed via Internet IT = partially completed via Internet and converted to complete by telephone NC = not completed (use for members with disposition codes NOT equal to M10, T10 or I10)	8	9	2	R		
	Survey Language	1 = English 2 = Spanish 3 = Not applicable (use for members with disposition codes NOT equal to M10, T10, I10)	10	10	1	R		
	Member Gender	1 = Male 2 = Female 9 = Missing	11	11	1	R		From the Sample Frame provided by the Health Plan
	Member Year of Birth *	yyyy = Year of Birth	12	15	4	R		From the Sample Frame provided by the Health Plan * The survey vendor must include this variable in the submission. During NCQA processing this variable will be stripped from the validated member-level data file that is returned to the survey vendor and health plan.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
	City of Member *	(30 characters)	16	45	30	NR		From the Sample Frame provided by the Health Plan * The survey vendor must include this variable in the submission. During NCQA processing this variable will be stripped from the validated member-level data file that is returned to the survey vendor and health plan.
	State of Member	Two character state abbreviation (e.g., AL)	46	47	2	R		From the Sample Frame provided by the Health Plan
	Did the Health Plan provide an address for this member in the sample frame?	1 = Yes 2 = No	48	48	1	NR		
	Did the Health Plan provide a phone number for this member in the sample frame?	1 = Yes 2 = No (For blank or non-dialable numbers, code 2)	49	49	1	NR		
	Prescreen Status Code	1 = No claims or encounters that meet criteria 2 = Claims or encounters that meet criteria	50	50	1	NR		From the Sample Frame provided by the Health Plan
	Sample Code	1 = CAHPS 5.0H Child Survey Sample 2 = CCC Supplemental Sample	51	51	1	NR		
1	Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	52	52	1	R		
3	In the last 6 months*, did your child have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	53	53	1	R		* Questions in the commercial questionnaire ask about experiences in the last 12 months; questions in the Medicaid questionnaire ask about experiences in the last 6 months.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
4	In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	54	54	1	R	Getting Care Quickly Composite Item	
5	In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	55	55	1	R		
6	In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	56	56	1	R	Getting Care Quickly Composite Item	
7	In the last 6 months, <u>not</u> counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 8 = Multiple mark 9 = Missing	57	57	1	R		
8	HEDIS In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	58	58	1	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
9	In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	59	59	1	R		
10	HEDIS In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	60	60	1	NR		
11	HEDIS Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	61	61	1	NR		
12	HEDIS Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want your child to take a medicine?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	62	62	1	NR		
13	HEDIS When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	63	63	1	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
14	Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	00 = 0 Worst health care possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health care possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	64	65	2	R	Health Care Rating Item	
15	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	66	66	1	R	Getting Needed Care Composite Item	
16	Is your child now enrolled in any kind of school or daycare?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	67	67	1	R		
17	In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	68	68	1	R		
18	In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	69	69	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
19	Special medical equipment or devices include 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 your child?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	70	70	1	R		
20	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	71	71	1	R		
21	Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	72	72	1	R		
22	In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	73	73	1	R		
23	In the last 6 months, how often was it easy to get this therapy for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	74	74	1	R		
24	Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	75	75	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
25	In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	76	76	1	R		
26	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	77	77	1	R		
27	Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	78	78	1	R		
28	In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	79	79	1	R		
29	In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	80	80	1	R		
30	A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	81	81	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
31	In the last 6 months, how many times did your child visit his or her personal doctor for care?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	82	82	1	R		
32	In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	83	83	1	R	How Well Doctors Communicate Composite Item	
33	In the last 6 months, how often did your child's personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	84	84	1	R	How Well Doctors Communicate Composite Item	
34	In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	85	85	1	R	How Well Doctors Communicate Composite Item	
35	Is your child able to talk with doctors about his or her health care?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	86	86	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
36	In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	87	87	1	R	How Well Doctors Communicate Composite Item	
37	In the last 6 months, how often did your child's personal doctor spend enough time with your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	88	88	1	R	How Well Doctors Communicate Composite Item	
38	In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	89	89	1	R		
39	HEDIS In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	90	90	1	NR		
40	HEDIS In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing Enter a blank or space if question not asked	91	91	1	NR		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
41	Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	00 = 0 Worst personal doctor possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best personal doctor possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	92	93	2	R	Doctor Rating Item	
42	Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3 months</u> ?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	94	94	1	R		
43	Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	95	95	1	R		
44	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	96	96	1	R		
45	Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	97	97	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
46	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	98	98	1	R	Getting Needed Care Composite Item	
47	How many specialists has your child seen in the last 6 months?	0 = None 1 = 1 specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	99	99	1	R		
48	We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	00 = 0 Worst specialist possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best specialist possible 77 = Appropriately skipped 88 = Multiple mark 99 = Missing	100	101	2	R	Specialist Rating Item	
49	In the last 6 months, did you get information or help from customer service at your child's health plan?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	102	102	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
50	In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	103	103	1	R	Health Plan Information and Customer Service Composite Item	
51	In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	104	104	1	R	Health Plan Information and Customer Service Composite Item	
52	In the last 6 months, did your child's health plan give you any forms to fill out?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	105	105	1	R		
53	In the last 6 months, how often were the forms from your child's health plan easy to fill out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	106	106	1	R		
54	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	00 = 0 Worst health plan possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health plan possible 88 = Multiple mark 99 = Missing	107	108	2	R	Health Plan Rating Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
55	In the last 6 months, did you get or refill any prescription medicines for your child?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	109	109	1	R		
56	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	110	110	1	R		
57	Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	111	111	1	R		
58	In general, how would you rate your child's overall health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	112	112	1	R	Case Mix Item	
59	In general, how would you rate your child's overall <u>mental or emotional</u> health?	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor 8 = Multiple mark 9 = Missing	113	113	1	R	Case Mix Item	
60	Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	114	114	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
61	Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	115	115	1	R		
62	Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	116	116	1	R		
63	Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	117	117	1	R		
64	Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	118	118	1	R		
65	Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	119	119	1	R		
66	Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	120	120	1	R		
67	Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	121	121	1	R		

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
68	Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	122	122	1	R		
69	Does your child need or get special therapy such as physical, occupational, or speech therapy?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	123	123	1	R		
70	Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	124	124	1	R		
71	Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	125	125	1	R		
72	Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?	1 = Yes 2 = No 8 = Multiple mark 9 = Missing	126	126	1	R		
73	Has this problem lasted or is it expected to last for at least 12 months?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	127	127	1	R		
74	What is <u>your child's</u> age?	00 = Less than 1 year old Enter reported age if one year or older, zero fill if less than 10 88 = Multiple mark 99 = Missing	128	129	2	R	Case Mix Item	
75	Is your child male or female?	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	130	130	1	R	Case Mix Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
76	Is your child of Hispanic or Latino origin or descent?	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 8 = Multiple mark 9 = Missing	131	131	1	R		
77	What is your child's race? Mark one or more.	0 = Respondent did not check "White" 1 = Respondent checked "White"	132	132	1	R	Case Mix Item	
77	What is your child's race? Mark one or more.	0 = Respondent did not check "Black or African-American" 1 = Respondent checked "Black or African-American"	133	133	1	R	Case Mix Item	
77	What is your child's race? Mark one or more.	0 = Respondent did not check "Asian" 1 = Respondent checked "Asian"	134	134	1	R	Case Mix Item	
77	What is your child's race? Mark one or more.	0 = Respondent did not check "Native Hawaiian or other Pacific Islander" 1 = Respondent checked "Native Hawaiian or other Pacific Islander"	135	135	1	R	Case Mix Item	
77	What is your child's race? Mark one or more.	0 = Respondent did not check "American Indian or Alaska Native" 1 = Respondent checked "American Indian or Alaska Native"	136	136	1	R	Case Mix Item	
77	What is your child's race? Mark one or more.	0 = Respondent did not check "Other" 1 = Respondent checked "Other"	137	137	1	R	Case Mix Item	
78	What is <u>your</u> age?	0 = Under 18 1 = 18 to 24 2 = 25 to 34 3 = 35 to 44 4 = 45 to 54 5 = 55 to 64 6 = 65 to 74 7 = 75 or older 8 = Multiple mark 9 = Missing	138	138	1	R	Case Mix Item	
79	Are you male or female?	1 = Male 2 = Female 8 = Multiple mark 9 = Missing	139	139	1	R	Case Mix Item	

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
80	What is the highest grade or level of school that you have completed?	1 = 8th grade or less 2 = Some high school, but did not graduate 3 = High school graduate or GED 4 = Some college or 2-year degree 5 = 4-year college graduate 6 = More than 4-year college degree 9 = Missing	140	140	1	R	Case Mix Item	
81	How are you related to the child?	1 = Mother or father 2 = Grandparent 3 = Aunt or uncle 4 = Older brother or sister 5 = Other relative 6 = Legal guardian 7 = Someone else 8 = Multiple mark 9 = Missing	141	141	1	R		
82	Did someone help you complete this survey?	1 = Yes 2 = No 7 = Appropriately skipped 8 = Multiple mark 9 = Missing	142	142	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
83	How did that person help you? Mark one or more.	0 = Respondent did not check "Read the questions to me" 1 = Respondent checked "Read the questions to me" 7 = Appropriately skipped	143	143	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
83	How did that person help you? Mark one or more.	0 = Respondent did not check "Wrote down the answers I gave" 1 = Respondent checked "Wrote down the answers I gave" 7 = Appropriately skipped	144	144	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
83	How did that person help you? Mark one or more.	0 = Respondent did not check "Answered the questions for me" 1 = Respondent checked "Answered the questions for me" 7 = Appropriately skipped	145	145	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.

HEDIS 2016 CAHPS Survey Validated Member-Level Data File Layouts

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.0H (Child With CCC)								
Question Number Child With CCC	Variable Description	Value Labels	Field Positions			Submission Type	CAHPS Composite/ Case Mix Items	Notes
			Start	End	Field Length	Child With CCC		
83	How did that person help you? Mark one or more.	0 = Respondent did not check "Translated the questions into my language" 1 = Respondent checked "Translated the questions into my language" 7 = Appropriately skipped	146	146	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped.
83	How did that person help you? Mark one or more.	0 = Respondent did not check "Helped in some other way" 1 = Respondent checked "Helped in some other way" 7 = Appropriately skipped	147	147	1	R		This question is not asked during telephone interviewing. For surveys conducted via telephone, the question is coded 7=Appropriately skipped. The survey vendor generates the variables in field positions 1-147 to submit to NCQA for results calculation.