COLORADO
Department of Health Care Policy & Financing

2022 Colorado Child Regional Accountable Entity (RAE) Member Experience Report

August 2022

This report was produced by Health Services Advisory Group, Inc., for the Colorado Department of Health Care Policy & Financing.

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey administered to members receiving services through Health First Colorado (Colorado's Medicaid Program).[1-1] Health First Colorado's primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) are contracted to implement Phase II of Colorado's ACC. Key functions of the RAEs are to coordinate care, ensure members are attributed to a primary medical care provider, and administer the capitated behavioral health benefit. Table 1-1 provides a list of the seven RAEs that participated in the survey.[1-2]

Table 1-1—Participating RAEs

RAE Region	RAE Name	RAE Abbreviation
1	Rocky Mountain Health Plans	RMHP (RAE 1)
2	Northeast Health Partners	NHP (RAE 2)
3	Colorado Access	Colorado Access (RAE 3)
4	Health Colorado, Inc.	HCI (RAE 4)
5	Colorado Access	Colorado Access (RAE 5)
6	Colorado Community Health Alliance	CCHA (RAE 6)
7	Colorado Community Health Alliance	CCHA (RAE 7)

Additionally, the State of Colorado requires the Medicaid managed care organizations (MCOs) (i.e., Denver Health Medical Plan [DHMP] and Rocky Mountain Health Plans Medicaid—Prime [RMHP Prime] to annually administer surveys to child Medicaid members. Each MCO used a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report.[1-3]

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

[1-2] The Colorado RAE Aggregate results presented throughout this report are derived from the combined results of the seven Regional Accountable Entities (RAEs).

[1-3] HEDIS® is a registered trademark of NCQA.

The standardized survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. The goal of the CAHPS Health Plan Surveys is to provide feedback that is actionable and will aid in improving the overall experiences of members. Parents/caretakers of child Medicaid members completed the surveys from December 2021 to May 2022.

Survey Administration and Response Rates

Survey Administration

HSAG sampled 1,980 child members from each RAE. Additional information on the sampling procedures is included in the Reader's Guide section beginning on page 4-4. The survey process employed allowed parents/caretakers of child members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) telephone. A cover letter that provided the option to complete a paper-based or web-based survey was mailed to parents/caretakers of sampled child members. The first mailing was followed by a second mailing that was sent to all non-respondents. The telephone phase consisted of Computer Assisted Telephone Interviewing (CATI) for parents/caretakers of sampled child members who had not completed a survey via mail or the Web. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-5.

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "complete" if parents/caretakers of child members answered at least three of the following five questions: 3, 10, 22, 26, and 31. Eligible members included the entire random sample minus ineligible members. For additional information on the calculation of response rates, please refer to the Reader's Guide section on page 4-6.

A total of 1,500 parents/caretakers of child RAE members returned a completed survey. The response rate was 10.95 percent. A total of 190 and 287 parents/caretakers of DHMP and RMHP Prime child members returned a completed survey, respectively. The response rates were 9.23 percent and 16.06 percent, respectively. Table 1-2 shows the sample dispositions and response rates for the Colorado RAE Aggregate, each of the Colorado RAEs, and each of the MCOs.

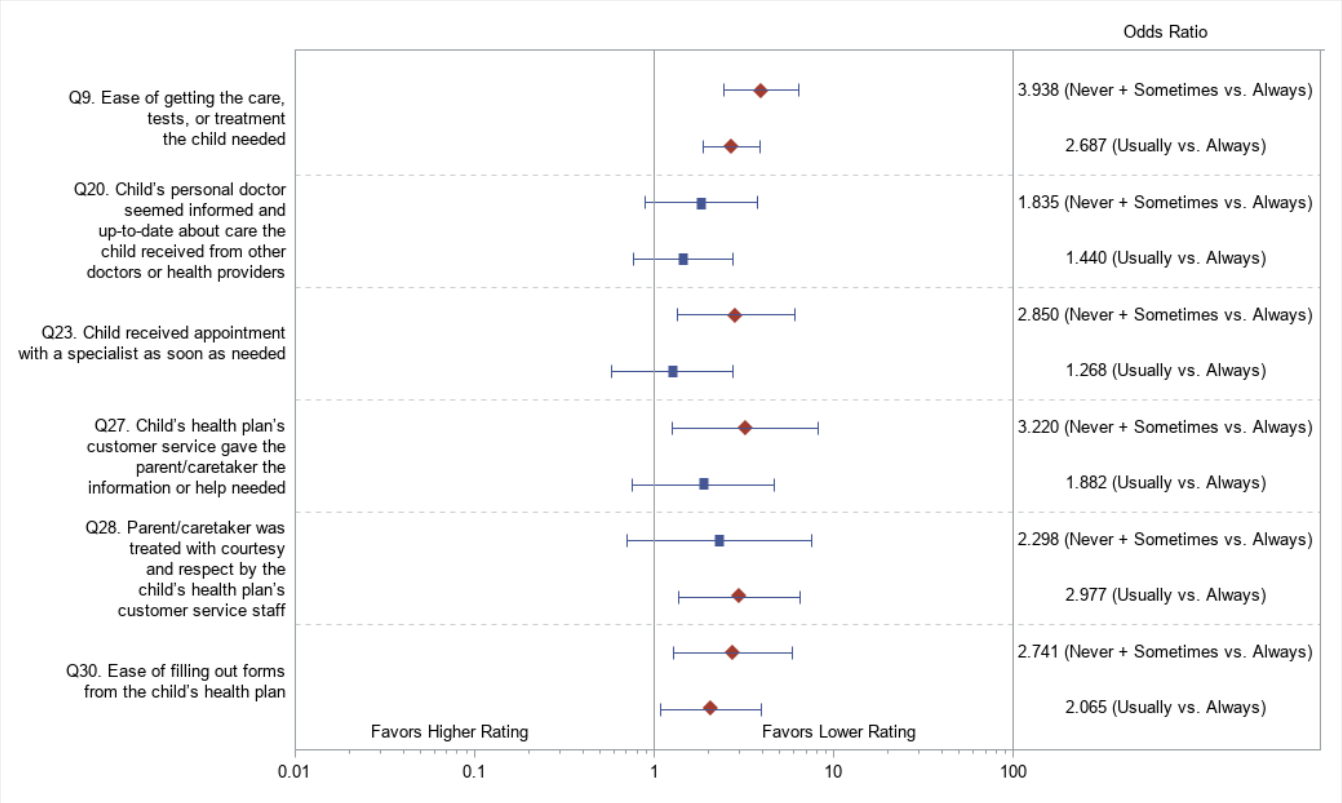
Table 1-2—Sample Dispositions and Response Rates

Program/RAE/MCO Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**13,860**	**165**	**13,695**	**1,500**	**10.95%**
RMHP (RAE 1)	1,980	20	1,960	237	12.09%
NHP (RAE 2)	1,980	37	1,943	185	9.52%
Colorado Access (RAE 3)	1,980	37	1,943	246	12.66%
HCI (RAE 4)	1,980	12	1,968	187	9.50%
Colorado Access (RAE 5)	1,980	24	1,956	261	13.34%
CCHA (RAE 6)	1,980	15	1,965	192	9.77%
CCHA (RAE 7)	1,980	20	1,960	192	9.80%
DHMP	**2,079**	**20**	**2,059**	**190**	**9.23%**
RMHP Prime	**1,815**	**28**	**1,787**	**287**	**16.06%**

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 4-6. Figure 2-1 through Figure 2-3 depict the results of the analysis for the Colorado RAE Aggregate. Figure 2-4 through Figure 2-6 depict the results of the analysis for the Colorado MCO Aggregate (i.e., DHMP and RMHP Prime combined).

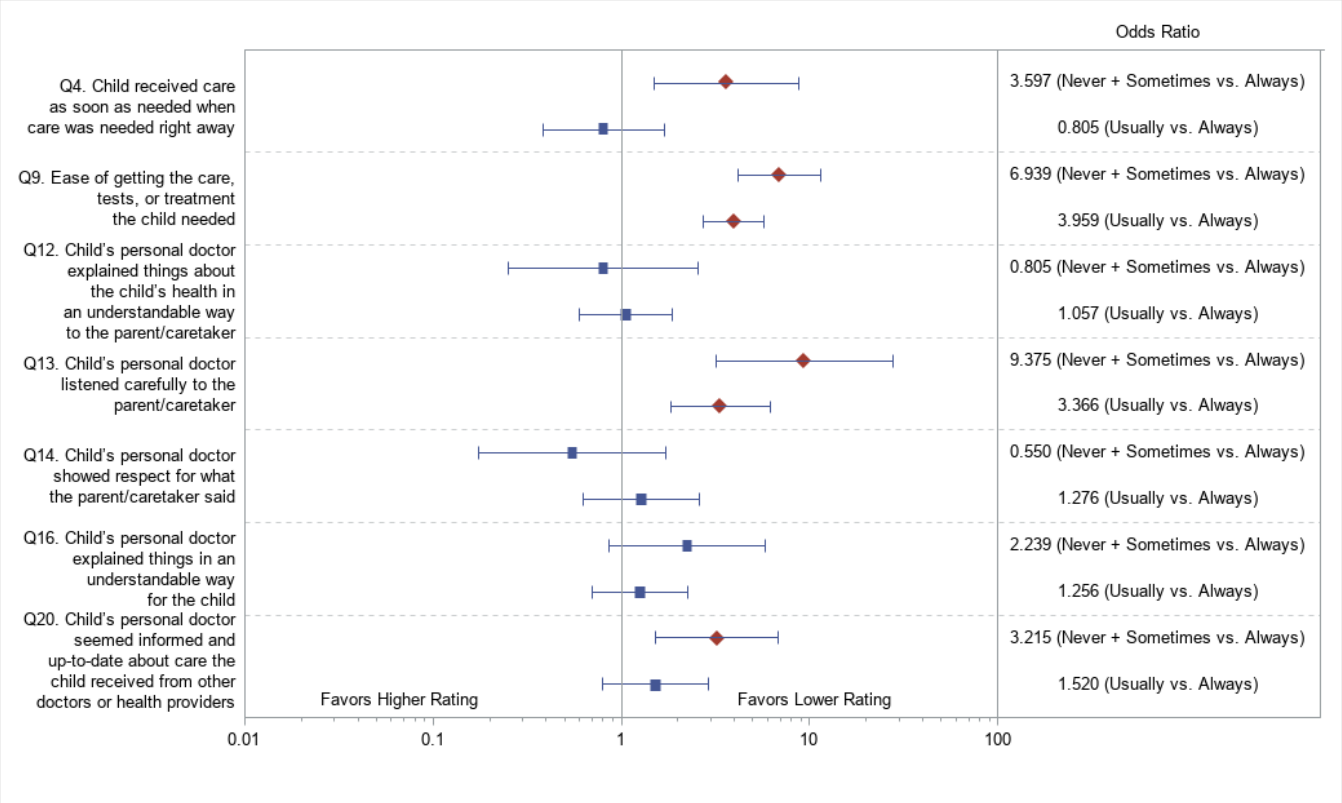
Figure 2-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

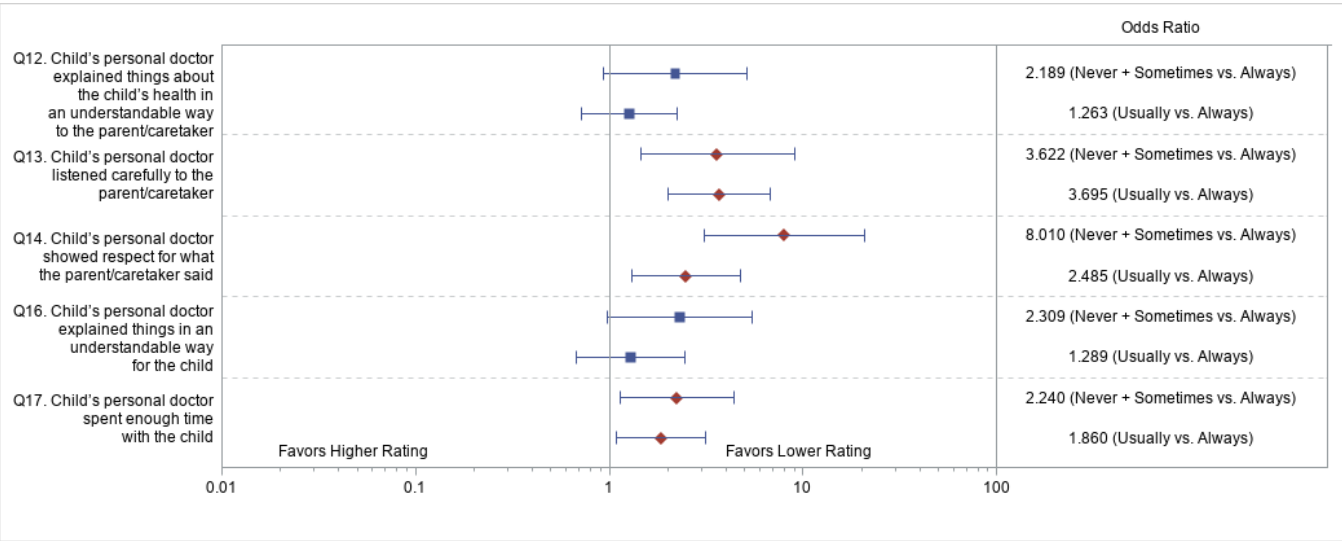
Figure 2-2—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

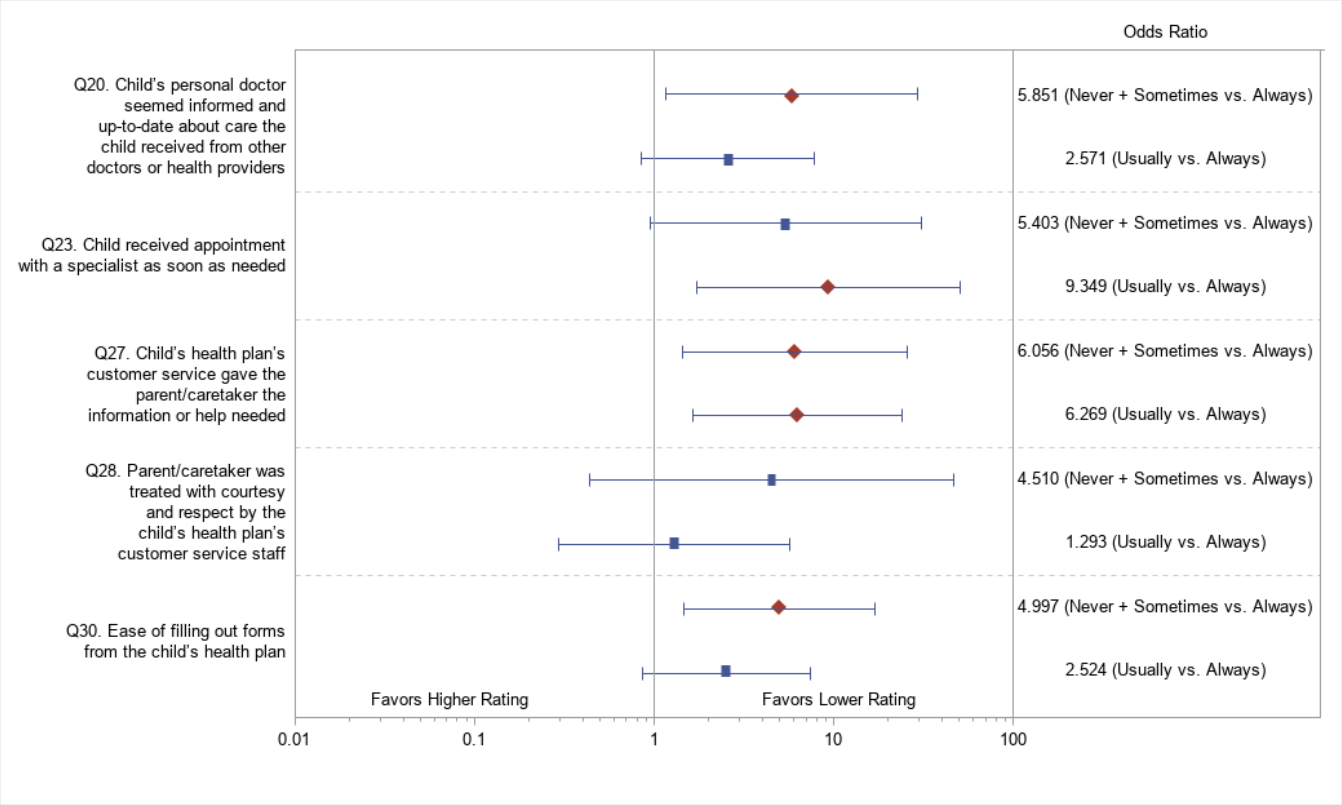
Figure 2-3—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

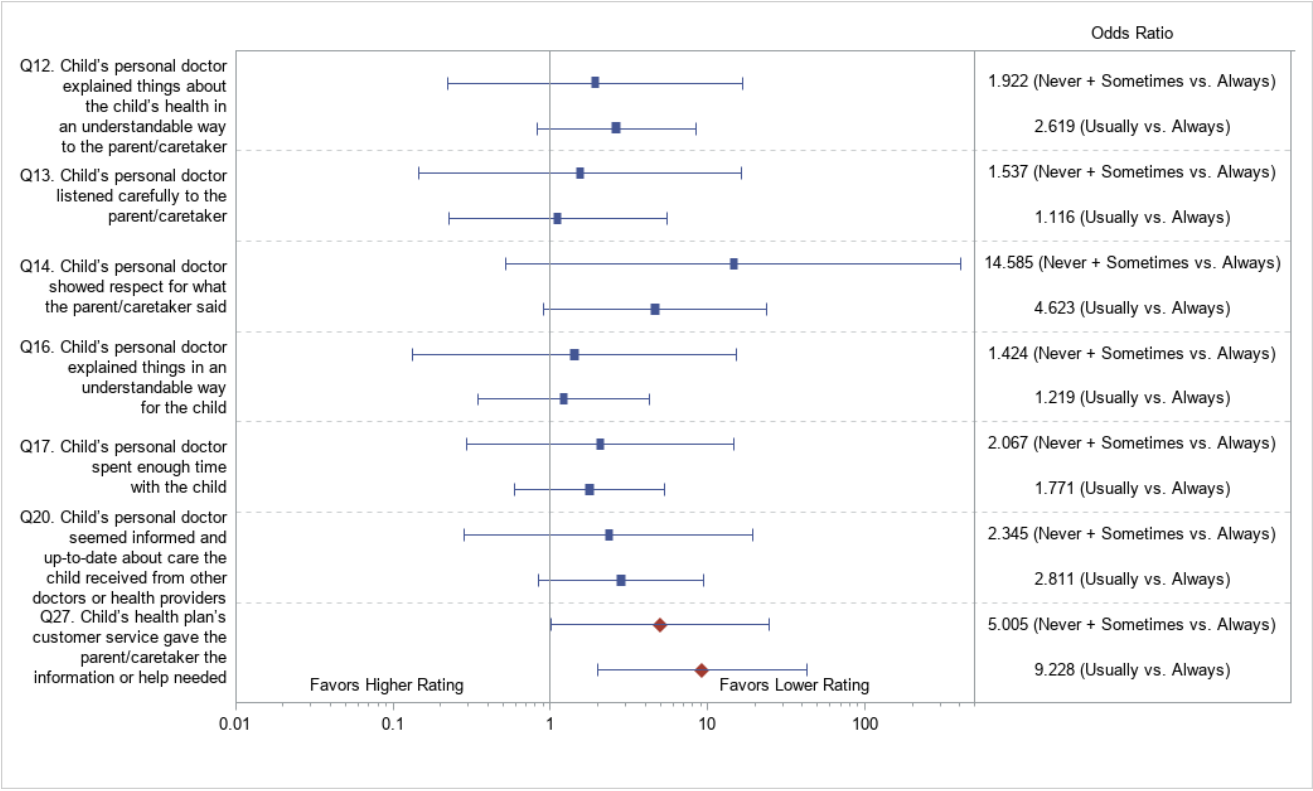
Figure 2-4—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

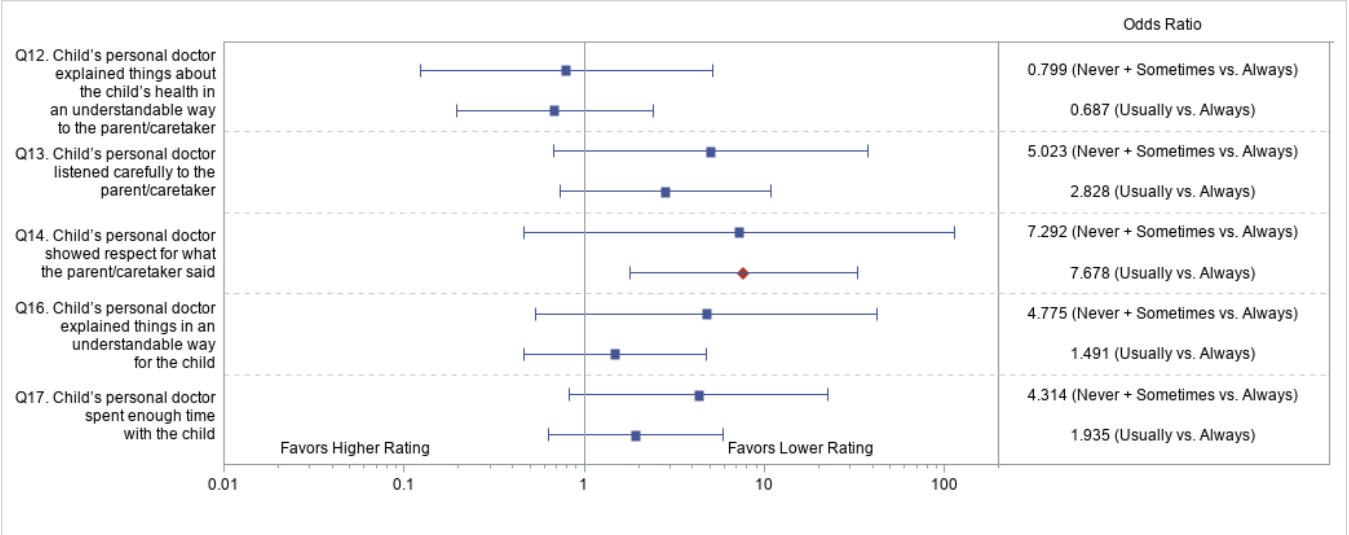
Figure 2-5—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 2-6—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado MCO Aggregate



Indicates the item is a key driver.

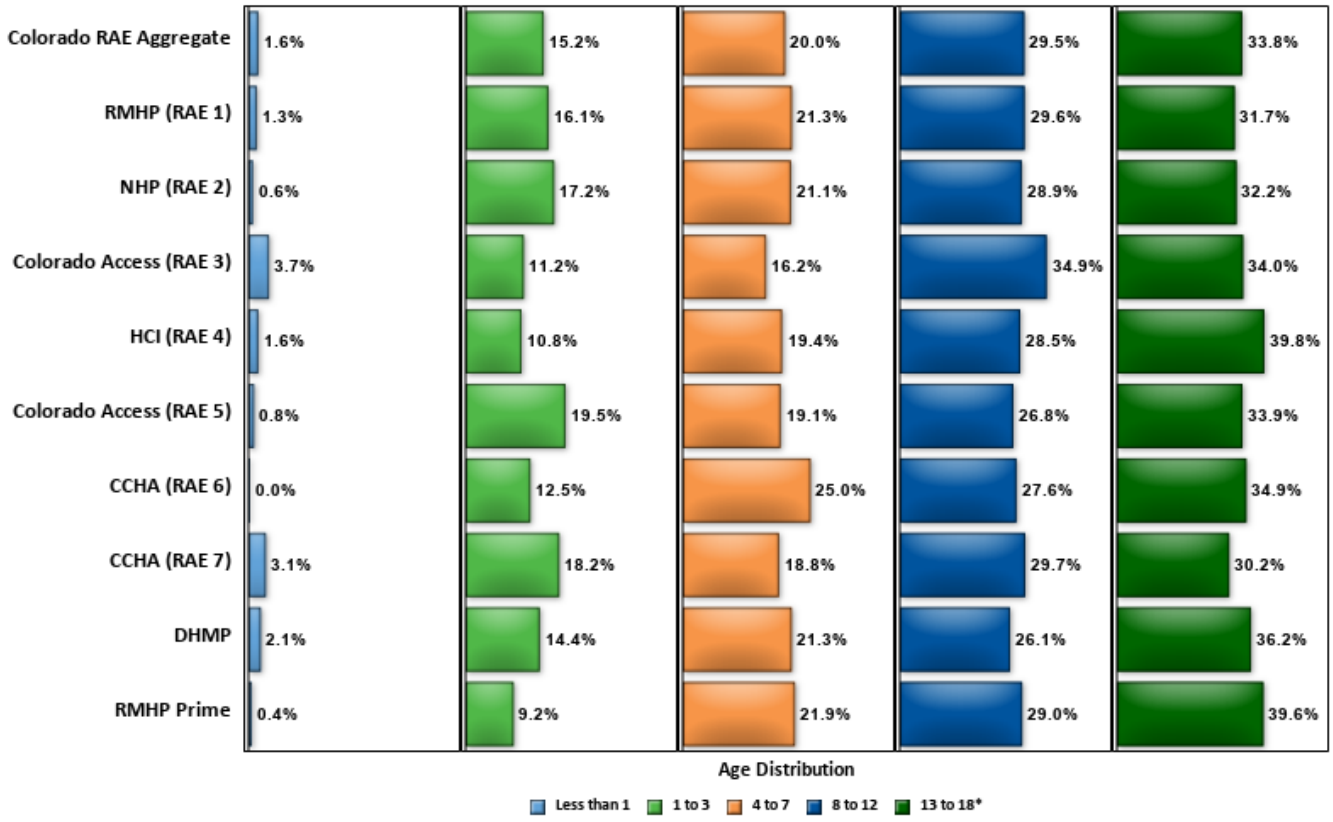
Indicates the item is not a key driver.

Demographics of Child Members

In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.[2-1]

Figure 2-7 through Figure 2-12 depict the demographics of children for whom a parent/caretaker completed a survey.

Figure 2-7—Child Member Demographics: Age

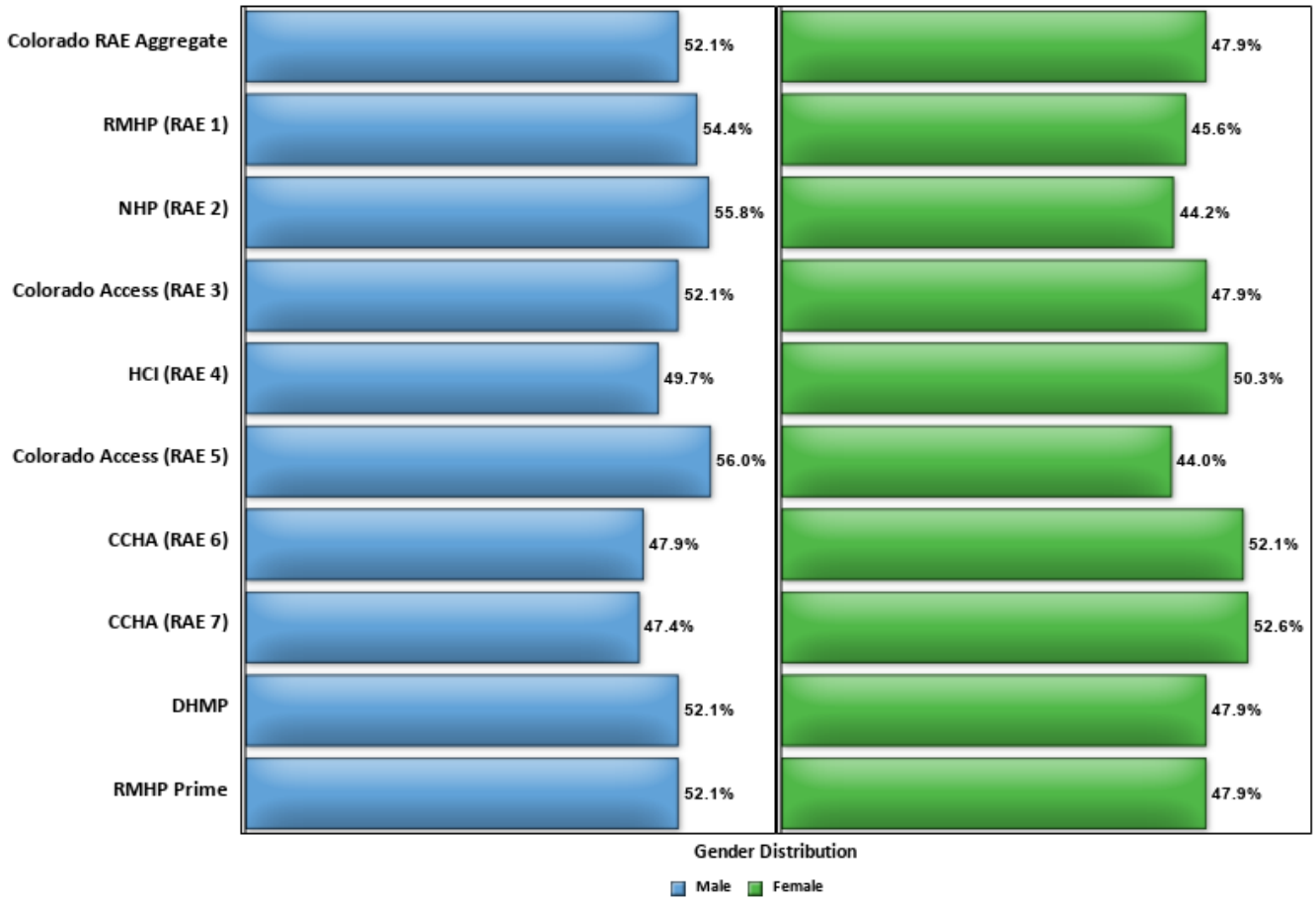


Please note, some percentages may not total 100 percent due to rounding.

**Children enrolled in the RAEs were eligible for inclusion in CAHPS if they were 17 years of age or younger as of October 31, 2021. Some children eligible for the CAHPS Survey turned 18 between November 1, 2021, and the time of survey administration. Children enrolled in the MCOs were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2021. Some children eligible for the CAHPS Survey turned 18 between January 1, 2022, and the time of survey administration.*

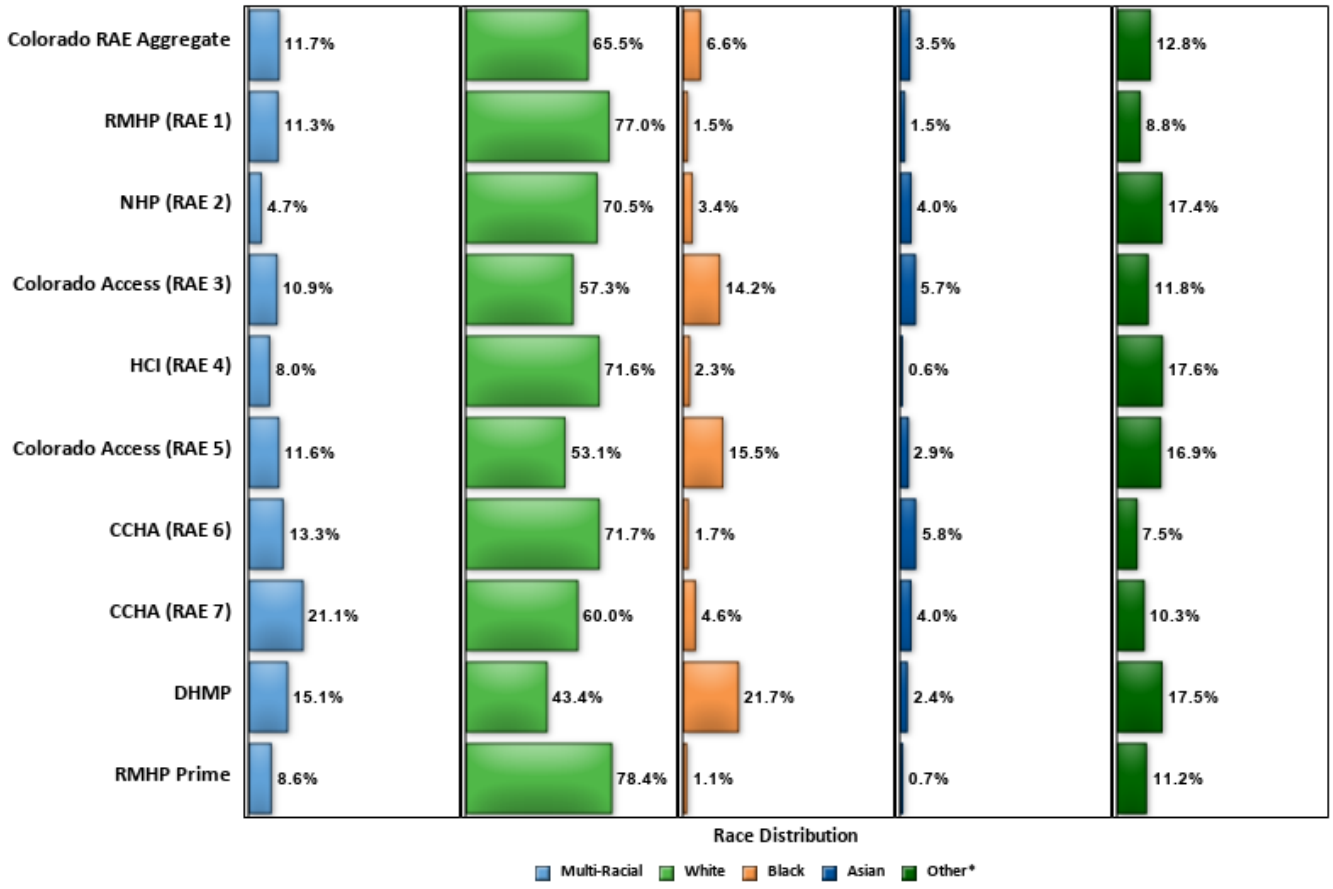
[2-1] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

Figure 2-8—Child Member Demographics: Gender



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

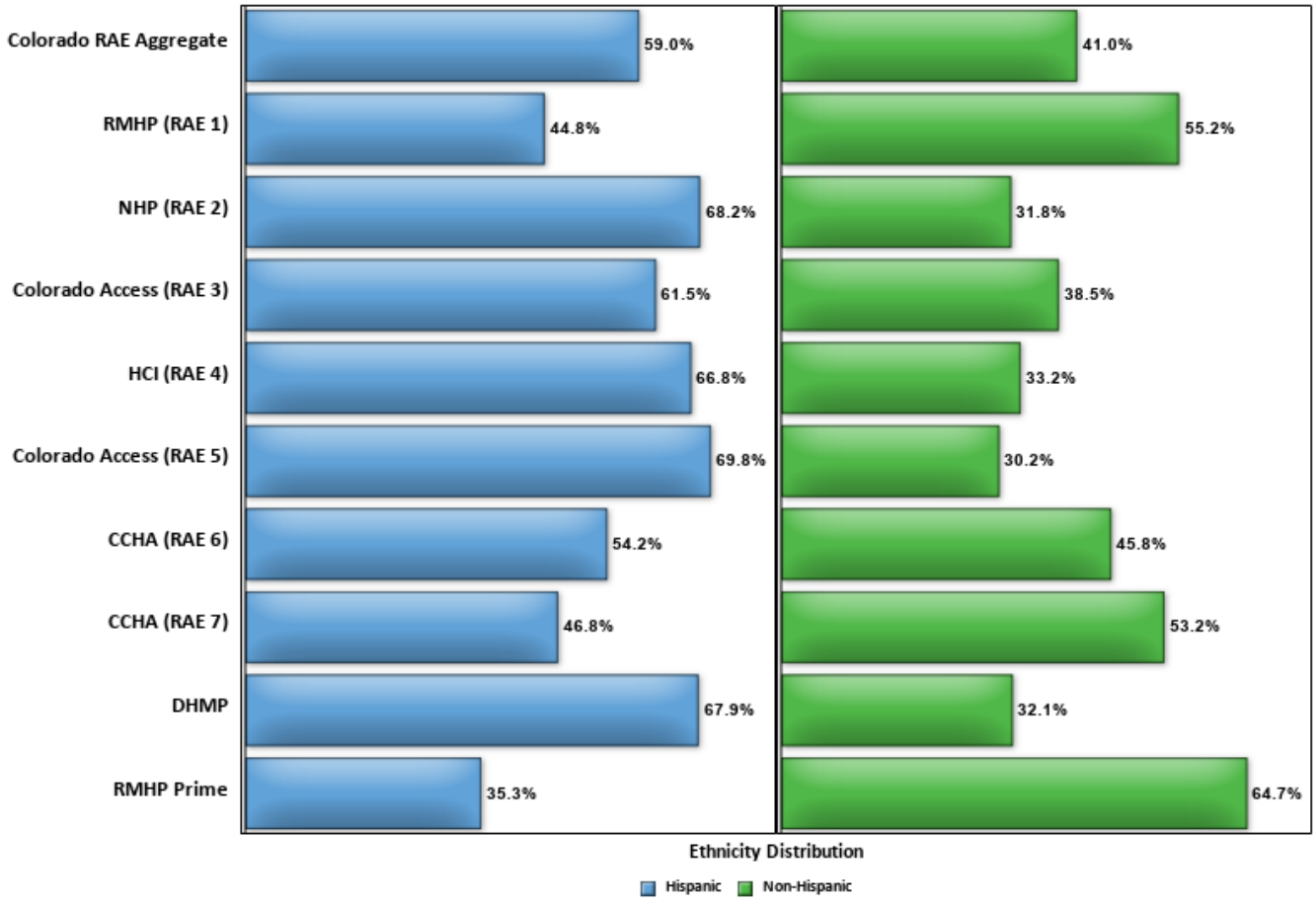
Figure 2-9—Child Member Demographics: Race



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

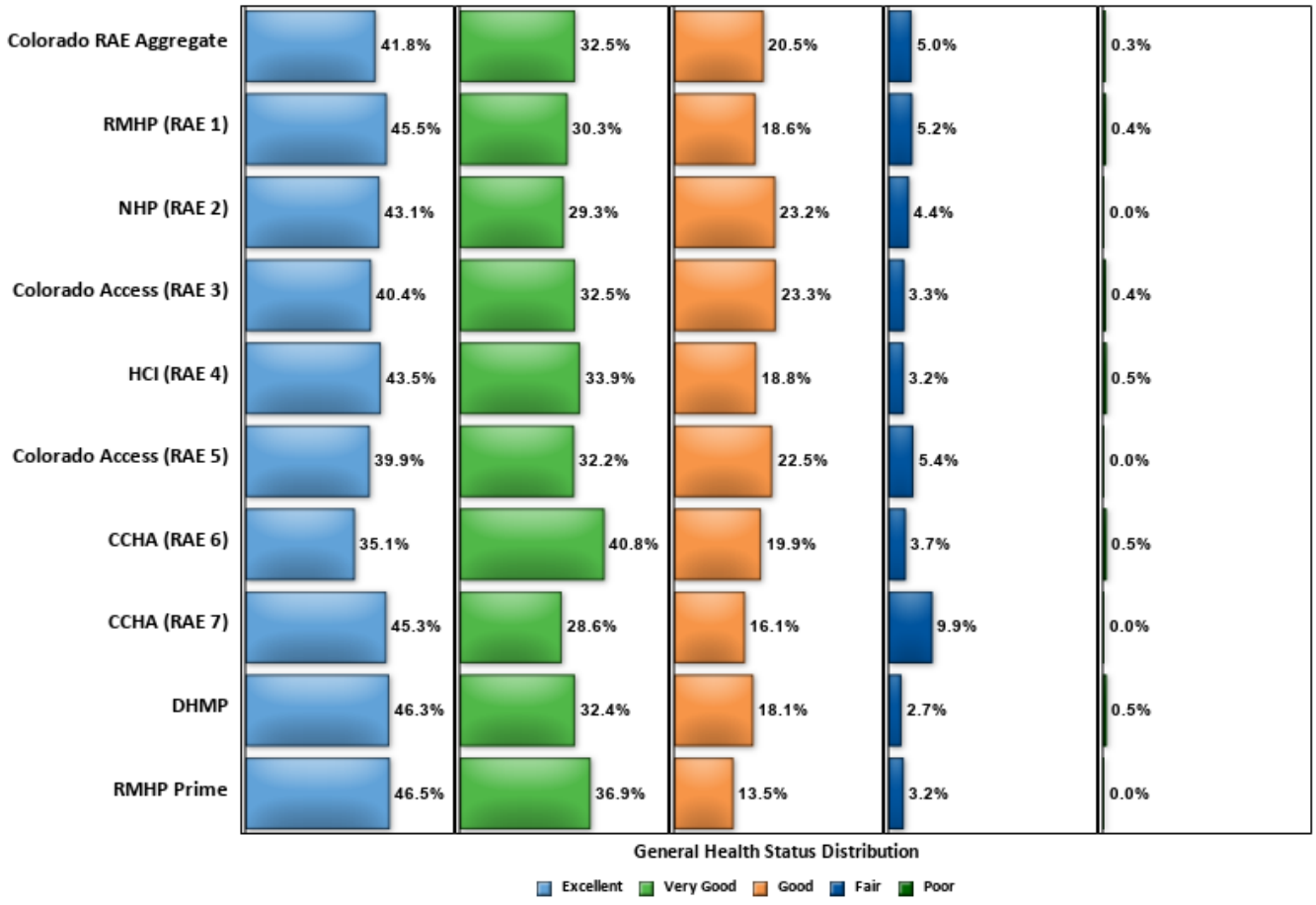
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 2-10—Child Member Demographics: Ethnicity



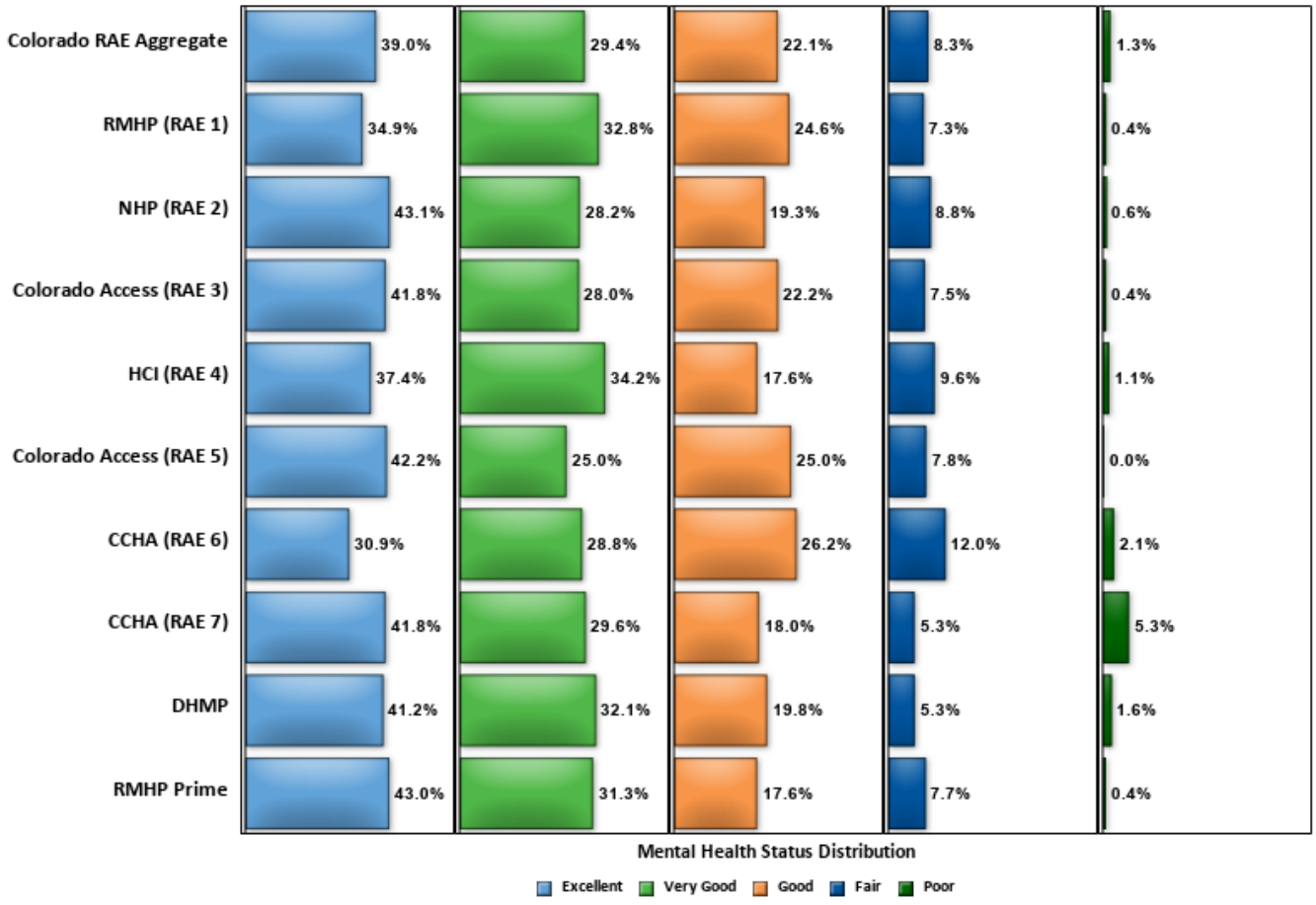
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-11—Child Member Demographics: General Health Status



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

Figure 2-12—Child Member Demographics: Mental Health Status

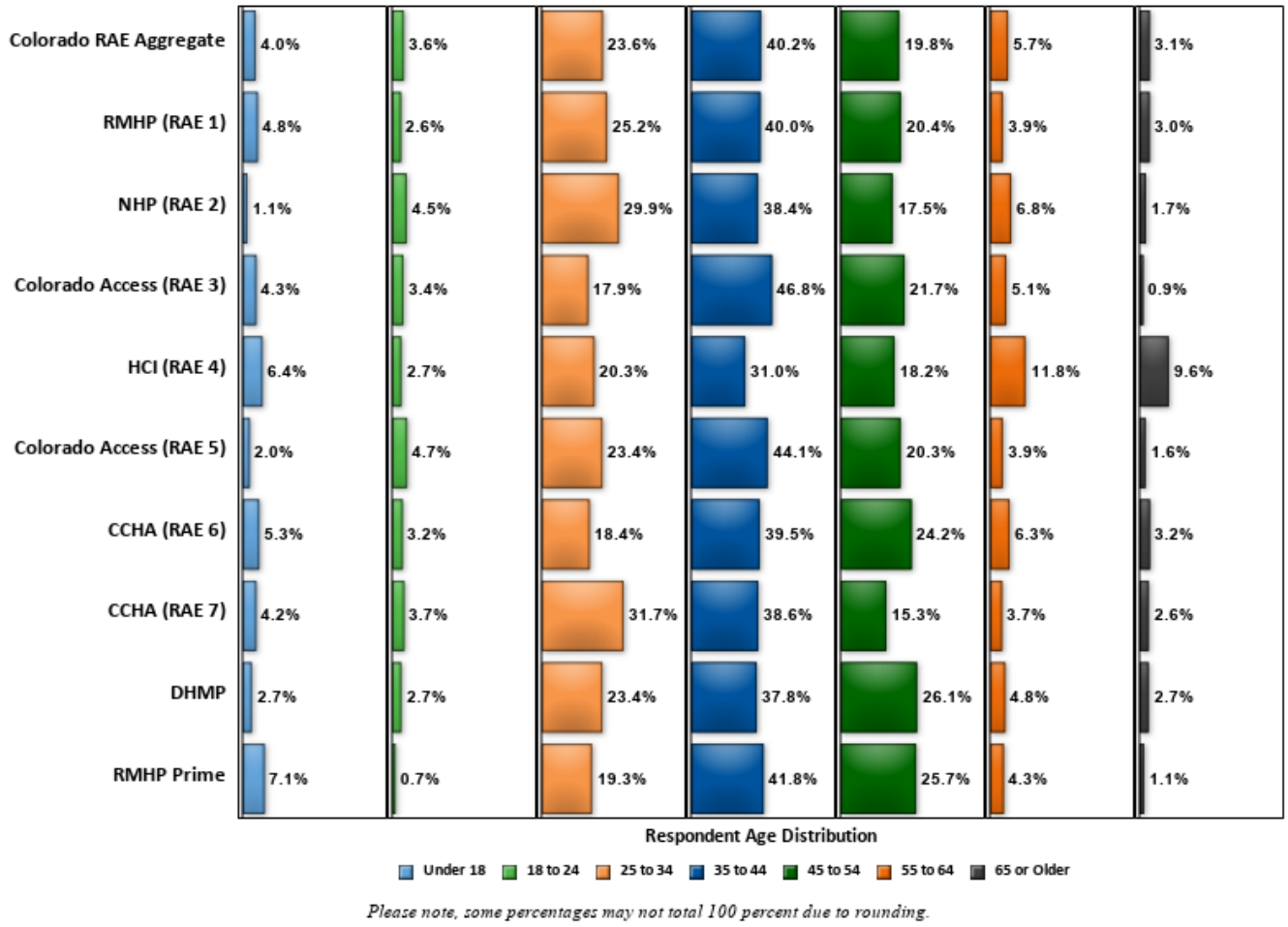


Please note, some percentages may not total 100 percent due to rounding.

Respondent Demographics

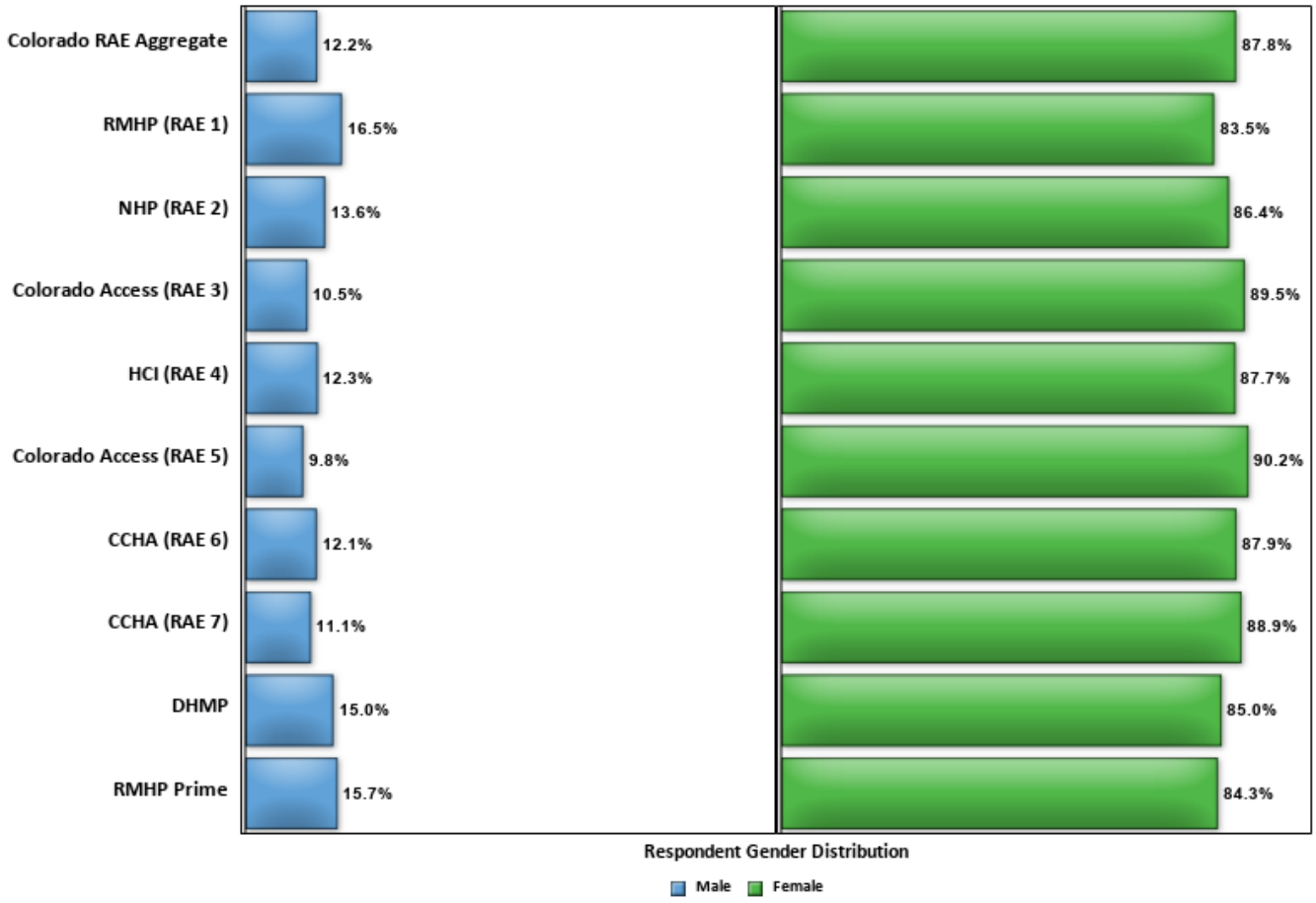
Figure 2-13 through Figure 2-16 depict the demographics of the parent/caretaker who completed a survey.

Figure 2-13—Respondent Demographics: Age



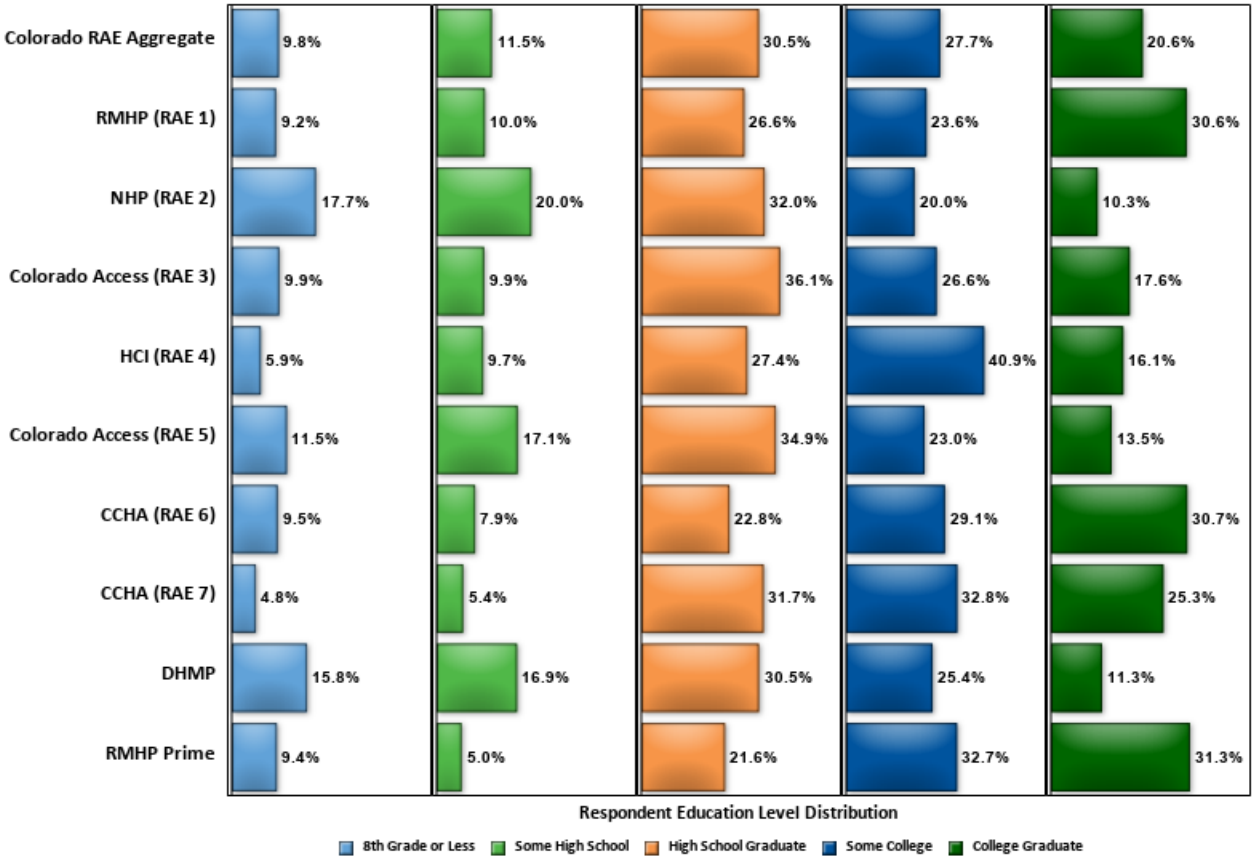
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-14—Respondent Demographics: Gender



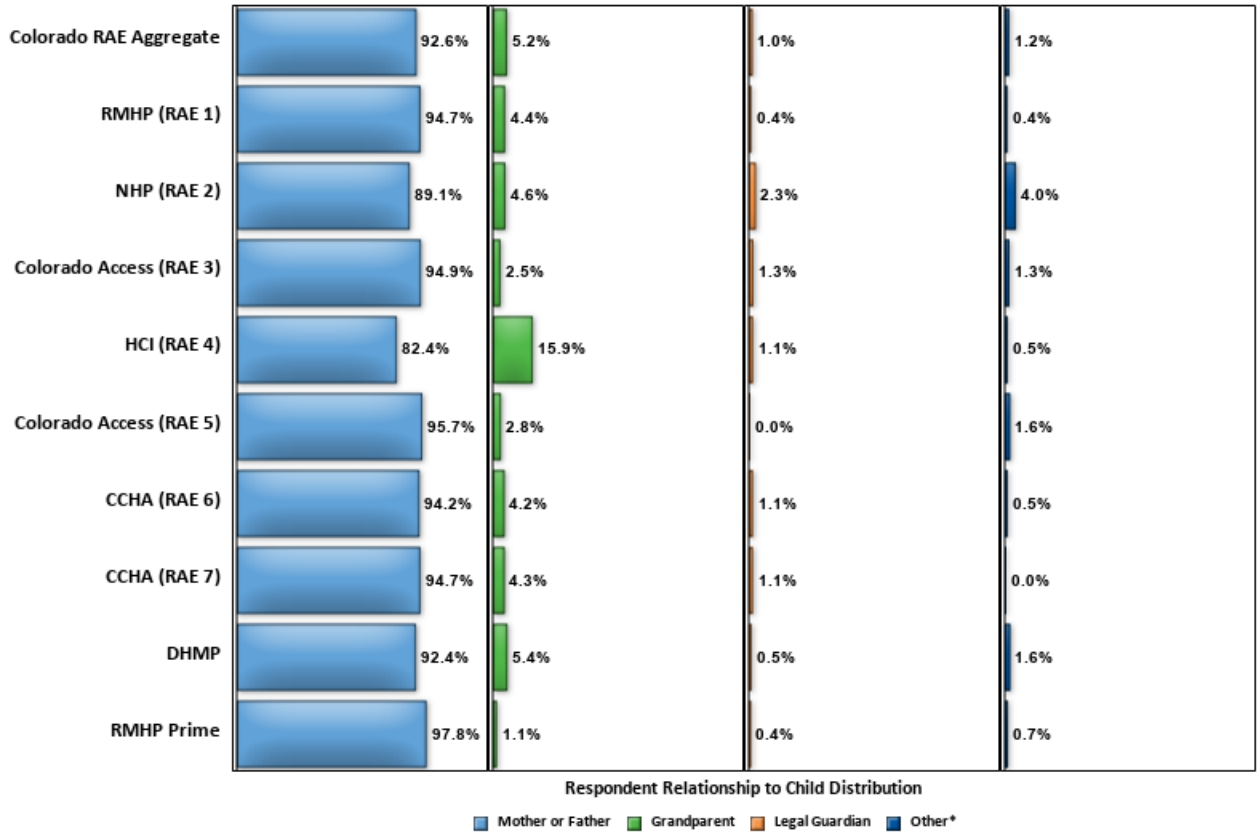
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-15—Respondent Demographics: Education Level



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

Figure 2-16—Respondent Demographics: Relationship to Child



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

**The "Other" Relationship to Child category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.*

Respondent Analysis

HSAG compared the demographic characteristics of members whose parents/caretakers responded to the survey to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity.

Table 2-1 through Table 2-4 present the results of the respondent analysis for the Colorado RAE Aggregate and each RAE.[2-2] Please note that variables from the sample frame were used for this analysis; therefore, results should not be compared to the demographic results in the previous section.

Table 2-1—Respondent Analysis: Age—Colorado RAE Aggregate and RAEs

Program/RAE Name		Less Than 1	1 to 3	4 to 7	8 to 12	13 to 17
Colorado RAE Aggregate	**R** **SF**	**3.4%** **2.9%**	**15.3%** **17.1%**	**20.1%↓** **23.4%**	**29.4%** **28.6%**	**31.8%↑** **28.1%**
RMHP (RAE 1)	R SF	3.8% 2.9%	17.3% 17.0%	19.8% 23.5%	30.4% 28.8%	28.7% 27.7%
NHP (RAE 2)	R SF	2.7% 2.9%	16.8% 17.4%	21.1% 23.5%	28.1% 28.5%	31.4% 27.7%
Colorado Access (RAE 3)	R SF	5.3% 2.9%	12.2%↓ 16.7%	16.3%↓ 23.5%	32.1% 28.5%	34.1% 28.5%
HCI (RAE 4)	R SF	2.1% 2.8%	10.7%↓ 16.0%	20.3% 23.1%	29.9% 29.2%	36.9%↑ 29.0%
Colorado Access (RAE 5)	R SF	2.7% 3.8%	19.5% 20.4%	19.2% 21.8%	28.0% 27.1%	30.7% 26.9%
CCHA (RAE 6)	R SF	2.1% 2.5%	12.5% 16.5%	24.0% 23.6%	28.6% 28.6%	32.8% 28.7%
CCHA (RAE 7)	R SF	4.7% 2.8%	16.7% 16.7%	21.9% 24.1%	28.1% 29.0%	28.6% 27.5%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

[2-2] HSAG did not have access to the sample frame files for DHMP and RMHP Prime; therefore, HSAG could not perform the respondent analysis for the MCOs.

Table 2-2—Respondent Analysis: Gender—Colorado RAE Aggregate and RAEs

Program/RAE Name		Male	Female
Colorado RAE Aggregate	**R** **SF**	**50.9%** **51.2%**	**49.1%** **48.8%**
RMHP (RAE 1)	R SF	52.7% 51.4%	47.3% 48.6%
NHP (RAE 2)	R SF	56.2% 51.3%	43.8% 48.7%
Colorado Access (RAE 3)	R SF	51.2% 51.2%	48.8% 48.8%
HCI (RAE 4)	R SF	49.7% 50.9%	50.3% 49.1%
Colorado Access (RAE 5)	R SF	53.3% 51.0%	46.7% 49.0%
CCHA (RAE 6)	R SF	46.4% 51.4%	53.6% 48.6%
CCHA (RAE 7)	R SF	45.8% 51.1%	54.2% 48.9%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-3—Respondent Analysis: Race—Colorado RAE Aggregate and RAEs

Program/RAE Name		Multi-Racial	White	Black	Asian	Other
Colorado RAE Aggregate	**R** **SF**	**51.4%** **51.2%**	**19.0%↓** **23.4%**	**5.1%** **6.1%**	**1.9%** **1.8%**	**22.6%↑** **17.6%**
RMHP (RAE 1)	R SF	50.3% 46.5%	31.2% 35.9%	0.5% 1.0%	0.0%↓ 0.6%	18.1% 16.1%
NHP (RAE 2)	R SF	42.6% 49.5%	15.4%↓ 22.1%	3.0% 2.4%	1.8% 1.2%	37.3%↑ 24.7%
Colorado Access (RAE 3)	R SF	47.7% 50.0%	10.6%↓ 16.5%	11.5% 9.3%	2.3% 3.0%	28.0%↑ 21.1%
HCI (RAE 4)	R SF	57.9% 58.5%	25.0% 25.4%	0.0%↓ 1.2%	0.6% 0.3%	16.5% 14.5%
Colorado Access (RAE 5)	R SF	50.0% 50.4%	8.3% 8.7%	11.6% 15.4%	2.5% 2.7%	27.7% 22.9%
CCHA (RAE 6)	R SF	57.6% 52.2%	22.0% 27.4%	0.6%↓ 2.2%	4.5% 2.2%	15.3% 16.0%
CCHA (RAE 7)	R SF	55.6% 53.9%	25.7% 28.8%	4.7% 7.2%	1.2% 1.0%	12.9% 9.1%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-4—Respondent Analysis: Ethnicity—Colorado RAE Aggregate and RAEs

Program/RAE Name		Hispanic	Non-Hispanic
Colorado RAE Aggregate	**R** **SF**	**44.4%↑** **36.5%**	**55.6%↓** **63.5%**
RMHP (RAE 1)	R SF	31.6% 27.1%	68.4% 72.9%
NHP (RAE 2)	R SF	53.5%↑ 44.4%	46.5%↓ 55.6%
Colorado Access (RAE 3)	R SF	45.9%↑ 39.4%	54.1%↓ 60.6%
HCI (RAE 4)	R SF	45.5% 41.6%	54.5% 58.4%
Colorado Access (RAE 5)	R SF	53.3%↑ 46.2%	46.7%↓ 53.8%
CCHA (RAE 6)	R SF	43.2%↑ 35.8%	56.8%↓ 64.2%
CCHA (RAE 7)	R SF	37.5%↑ 28.1%	62.5%↓ 71.9%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

NCQA Comparisons

In order to assess the overall performance of the RAEs and MCOs, HSAG compared the top-box scores for each measure to NCQA's 2021 Quality Compass® Benchmark and Compare Quality Data.[2-3,2-4] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent) as shown in Table 2-5. For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 4-10.

Table 2-5—Star Rating Percentiles

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

[2-3] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021.* Washington, DC: NCQA, September 2021.

[2-4] Quality Compass® data were not available for 2022 at the time this report was prepared; therefore, 2021 data were used for this comparative analysis.

Table 2-6 shows the Colorado RAE Aggregate's and each RAE's scores and overall member experience ratings for each measure.

Table 2-6—NCQA Comparisons: Overall Member Experience Ratings—Colorado RAE Aggregate and RAEs

	Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings								
Rating of Health Plan	★★ 70.8%	★ 68.4%	★★ 69.3%	★★★ 73.3%	★ 68.3%	★★★ 75.6%	★★ 71.8%	★ 67.7%
Rating of All Health Care	★ 65.1%	★ 66.1%	★ 64.4%+	★ 64.1%	★ 56.2%	★★ 71.8%	★ 70.5%	★ 63.5%
Rating of Personal Doctor	★★ 76.1%	★★★ 78.8%	★★★ 78.3%	★ 71.4%	★ 73.7%	★★★★★ 84.1%	★★ 78.0%	★★ 75.7%
Rating of Specialist Seen Most Often	★ 70.9%	★ 59.2%+	★ 64.0%+	★★ 71.8%+	★★★ 76.0%+	★★★ 75.6%+	★★★★★ 87.7%+	★ 66.4%+
Composite Measures								
Getting Needed Care	★ 80.2%	★ 77.7%+	★ 75.3%+	★ 82.6%+	★ 81.0%+	★ 80.4%	★★★★★ 91.2%+	★ 71.5%+
Getting Care Quickly	★★ 84.9%	★★ 85.1%+	★ 81.5%+	★★ 86.5%+	★ 83.6%+	★★ 84.4%+	★★ 85.2%+	★★ 84.4%+
How Well Doctors Communicate	★★ 93.6%	★★ 93.2%	★★★ 95.7%+	★ 91.9%	★★★ 95.4%	★ 92.7%	★★★ 95.6%	★★ 93.7%
Customer Service	★ 86.0%	★ 83.8%+	★ 82.4%+	★★★ 88.7%+	★ 82.0%+	★★★ 89.1%+	★ 85.1%+	★ 86.4%+
Individual Item Measure								
Coordination of Care	★ 82.3%	★ 82.6%+	★★ 83.8%+	★ 79.5%+	★ 83.1%+	★★★ 88.0%+	★★★ 89.0%+	★ 75.6%+
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.								

Table 2-7 shows DHMP's and RMHP Prime's scores and overall member experience ratings for each measure.

Table 2-7—NCQA Comparisons: Overall Member Experience Ratings—DHMP and RMHP Prime

	DHMP	RMHP Prime
Global Ratings		
Rating of Health Plan	★★ 72.3%	★★ 68.7%
Rating of All Health Care	★ 70.7%+	★ 63.2%
Rating of Personal Doctor	★★★★ 82.3%	★ 69.4%
Rating of Specialist Seen Most Often	★★★★★ 87.5%+	★★★★★ 79.6%+
Composite Measures		
Getting Needed Care	★ 80.2%+	★★ 85.4%
Getting Care Quickly	★ 82.1%+	★★ 87.5%
How Well Doctors Communicate	★★ 93.7%+	★★★★ 96.8%
Customer Service	★★★ 89.6%+	★★★ 89.1%+
Individual Item Measure		
Coordination of Care	★★★★★ 91.2%+	★★★★ 90.0%+
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Statewide Comparisons

For purposes of the statewide comparisons, HSAG calculated top-box scores for each measure.[2-5] The MCO results for DHMP and RMHP Prime are presented in the figures for reference purposes only and are not comparable to the RAE results. CAHPS Health Plan Survey Database (i.e., CAHPS Database) benchmarks are presented in the figures for comparative purposes, where available.[2-6,2-7] The NCQA child Medicaid national averages are presented for comparison.[2-8,2-9,2-10]

Results with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 4-3. For additional information on the calculation of these measures, please refer to the Reader's Guide section beginning on page 4-9.

RAE Comparisons

HSAG compared the case-mix adjusted, RAE-level results to the Colorado RAE Aggregate to determine if the results were statistically significantly different than the Colorado RAE Aggregate. In some instances, the scores presented for two RAEs were similar, but one was statistically significantly different from the Colorado RAE Aggregate and the other was not. In these instances, it was the difference in the number of respondents between the two RAEs that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE with a larger number of respondents. The Colorado RAE Aggregate results were weighted based on each RAE's total eligible population. For additional information on the calculations for the RAE comparisons, please refer to the Reader's Guide section beginning on page 4-11.

2-5 HSAG followed *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

2-6 Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: July 28, 2022.

2-7 The CAHPS Database is a data repository of selected CAHPS surveys, which is collected through participating organizations. Data collected through the CAHPS Database are based on responses to the 5.0/5.0H and 5.1/5.1H CAHPS Health Plan Surveys; therefore, caution should be exercised when comparing results.

2-8 For the NCQA child Medicaid national averages, the source for data contained in this publication is Quality Compass 2021 data and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

2-9 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

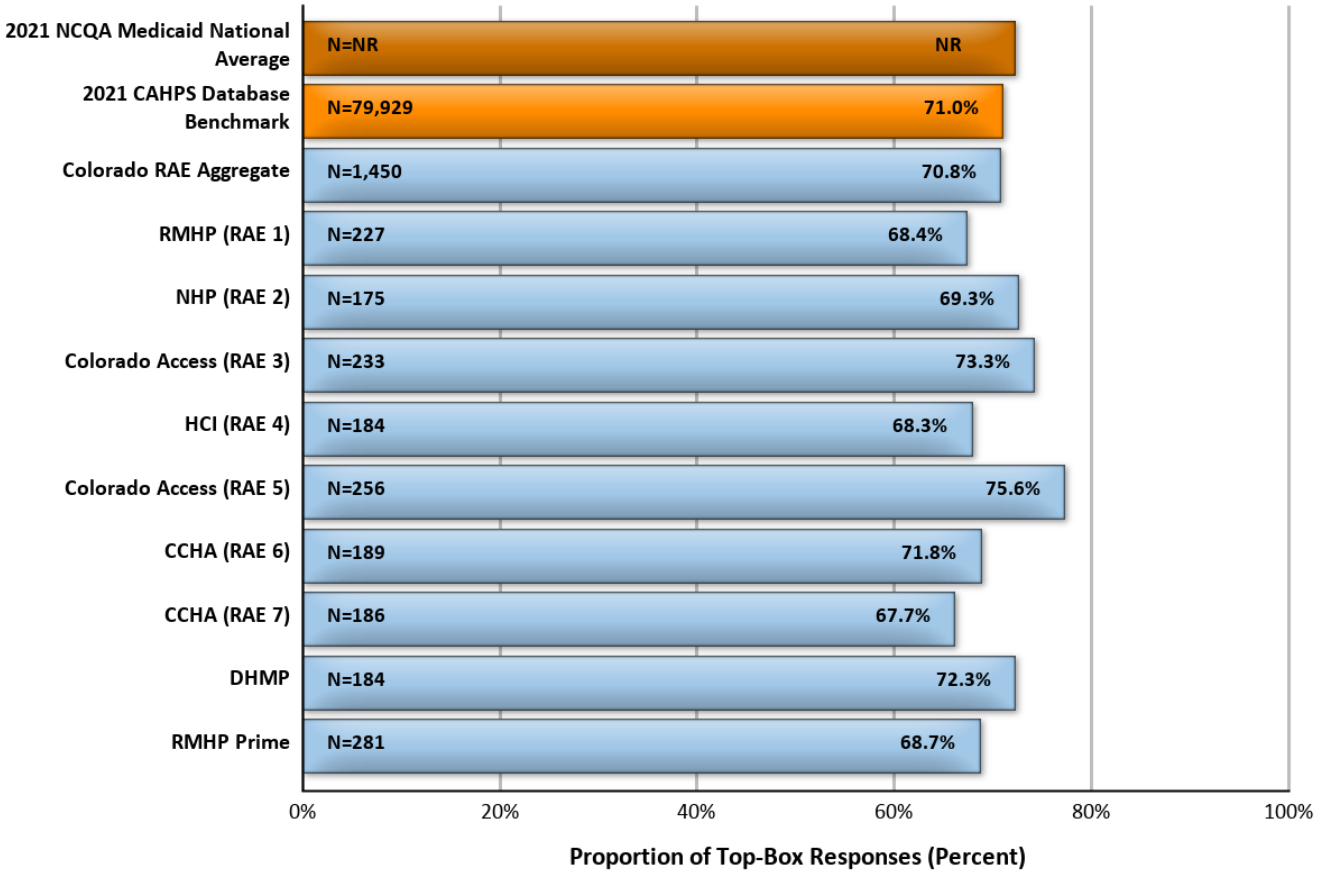
2-10 CAHPS Database benchmarks and NCQA national averages were not available for 2022 at the time this report was prepared; therefore, 2021 benchmarks and national data are presented in this section.

Global Ratings

Rating of Health Plan

Figure 2-17 shows the *Rating of Health Plan* top-box scores and number of responses (N).

Figure 2-17—Rating of Health Plan (9 or 10)

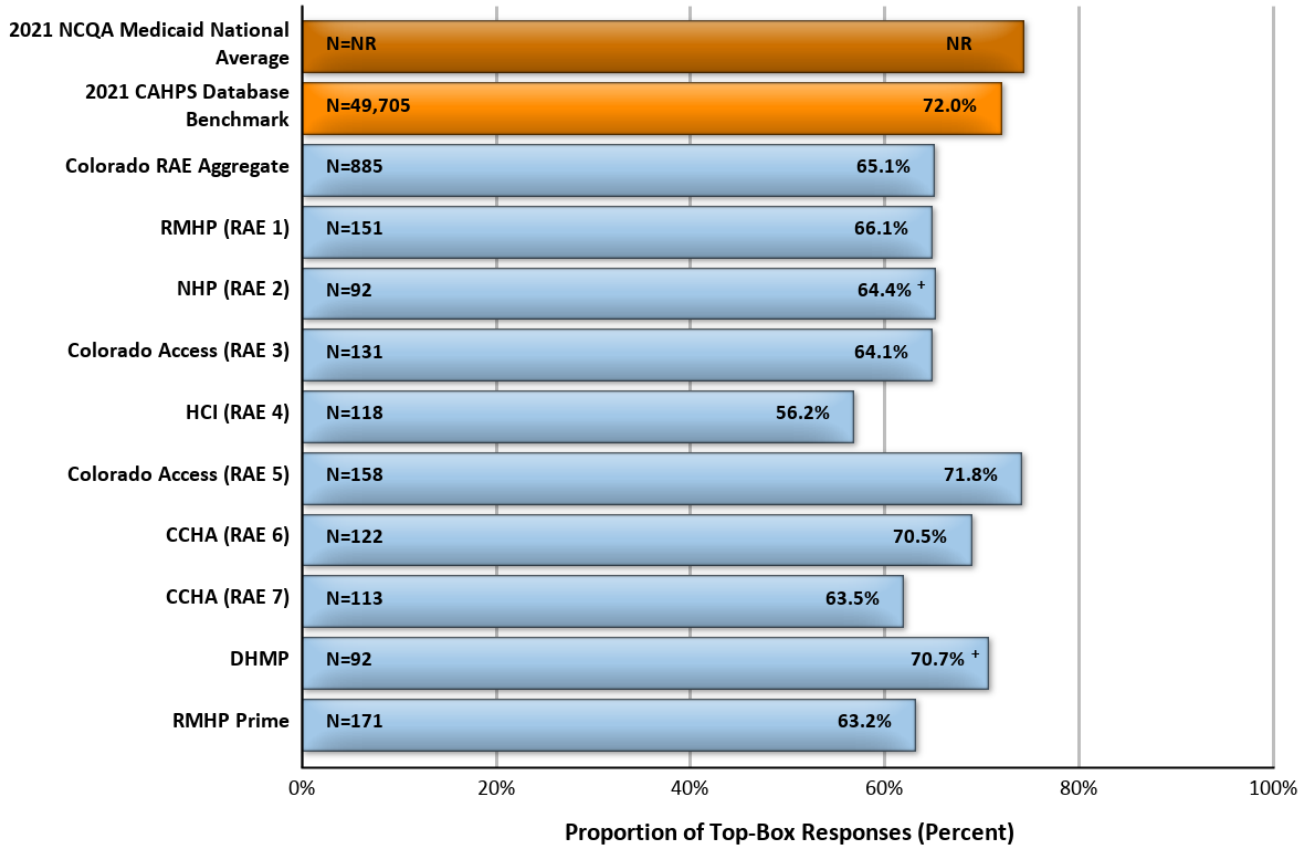


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of All Health Care

Figure 2-18 shows the *Rating of All Health Care* top-box scores and number of responses (N).

Figure 2-18—Rating of All Health Care (9 or 10)

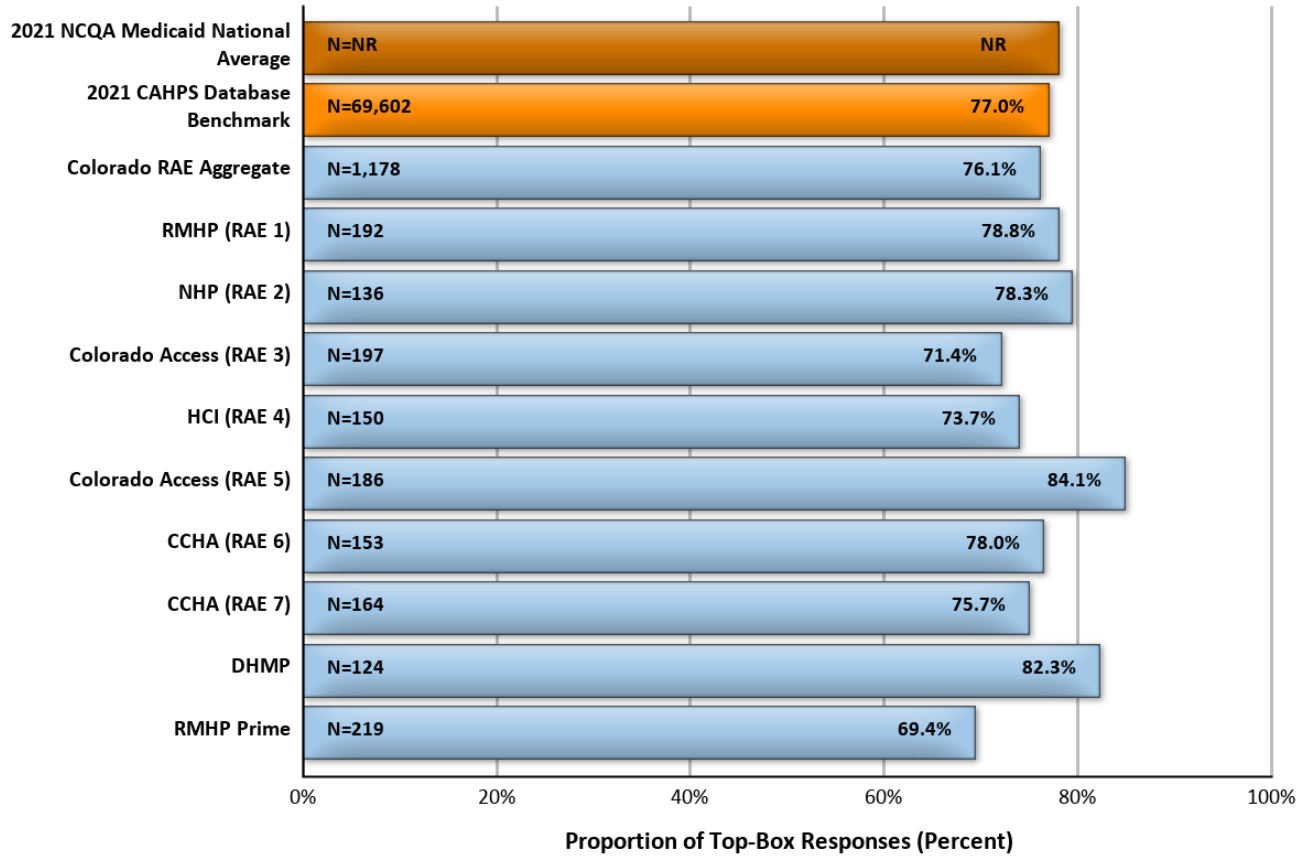


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of Personal Doctor

Figure 2-19 shows the *Rating of Personal Doctor* top-box scores and number of responses (N).

Figure 2-19—Rating of Personal Doctor (9 or 10)

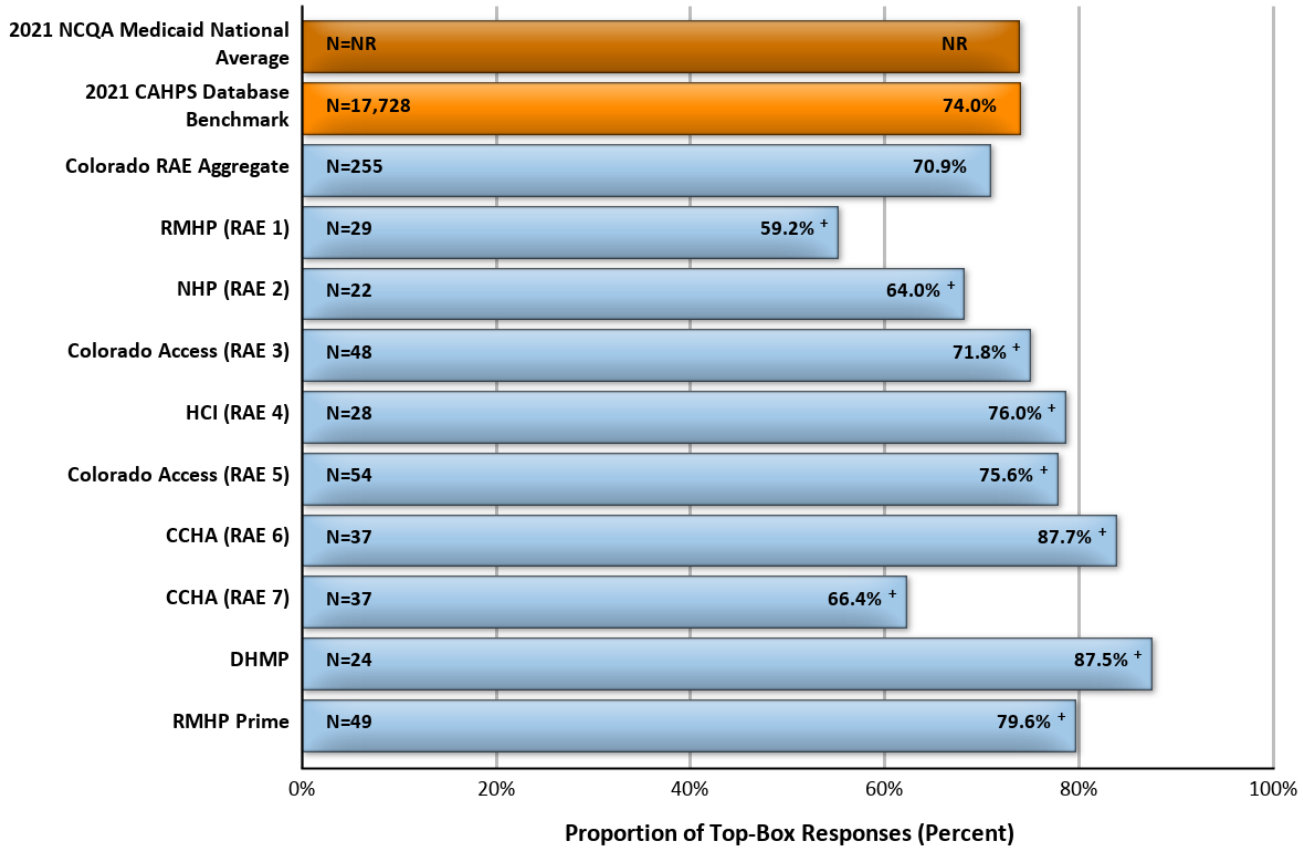


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of Specialist Seen Most Often

Figure 2-20 shows the *Rating of Specialist Seen Most Often* top-box scores and number of responses (N).

Figure 2-20—Rating of Specialist Seen Most Often (9 or 10)



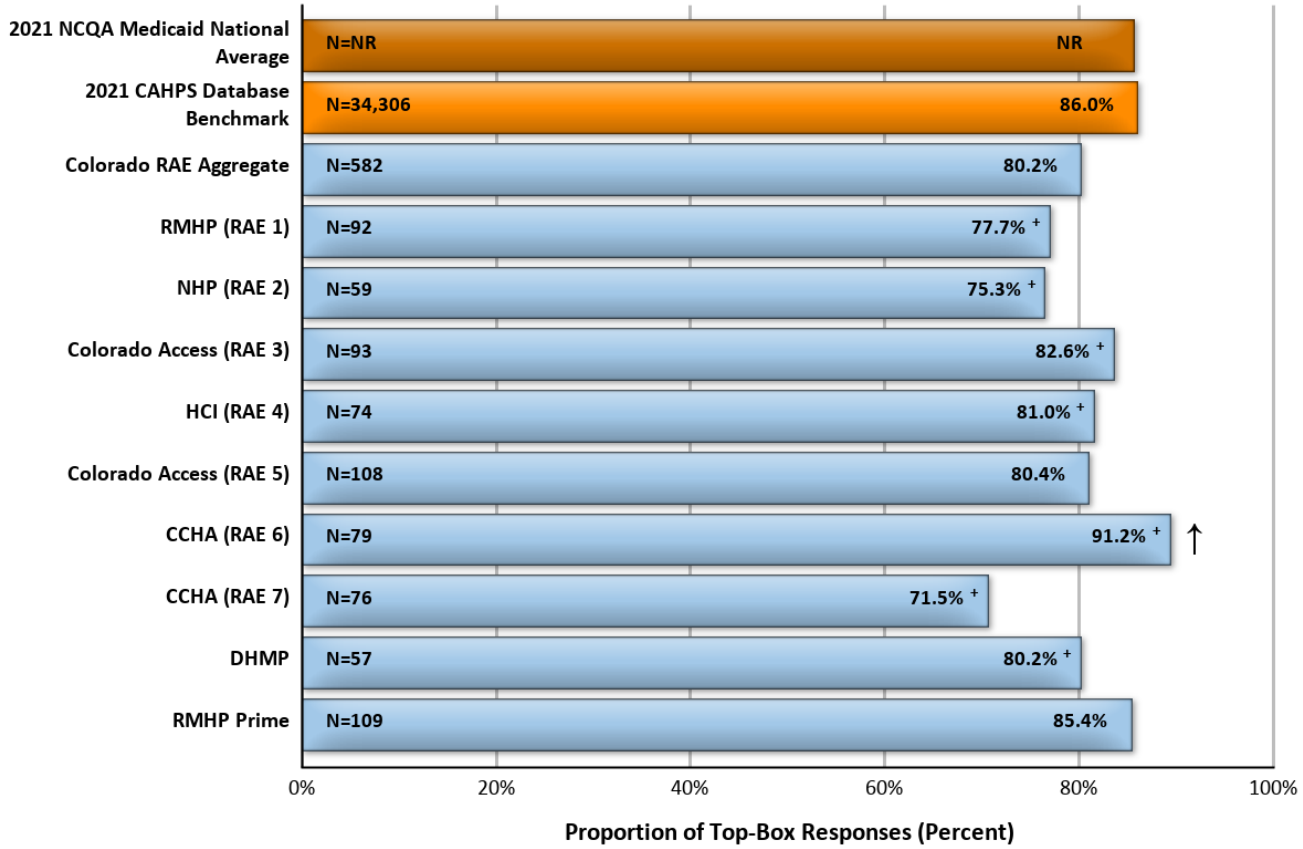
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Composite Measures

Getting Needed Care

Figure 2-21 shows the *Getting Needed Care* top-box scores and number of responses (N).

Figure 2-21—Getting Needed Care (Usually or Always)

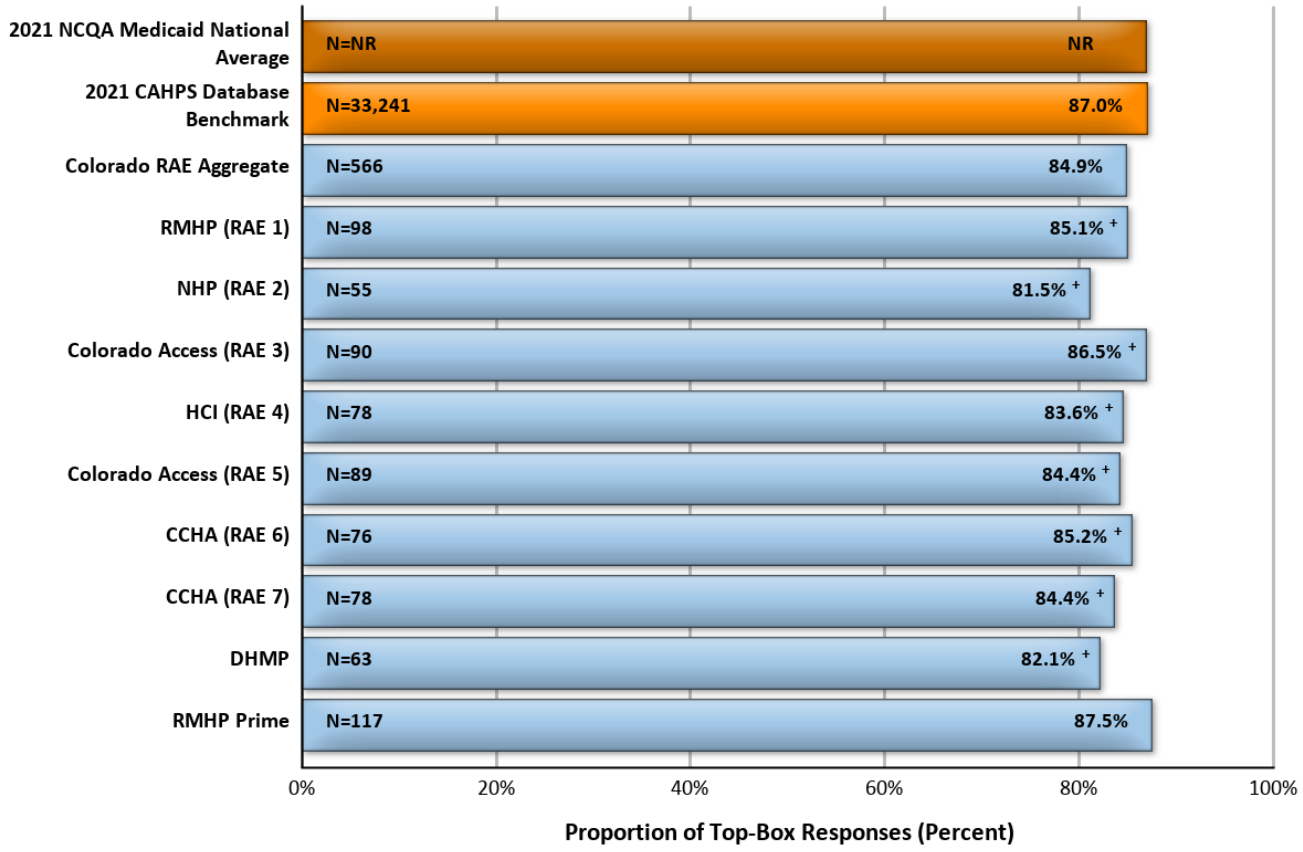


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Getting Care Quickly

Figure 2-22 shows the *Getting Care Quickly* top-box scores and number of responses (N).

Figure 2-22—Getting Care Quickly (Usually or Always)

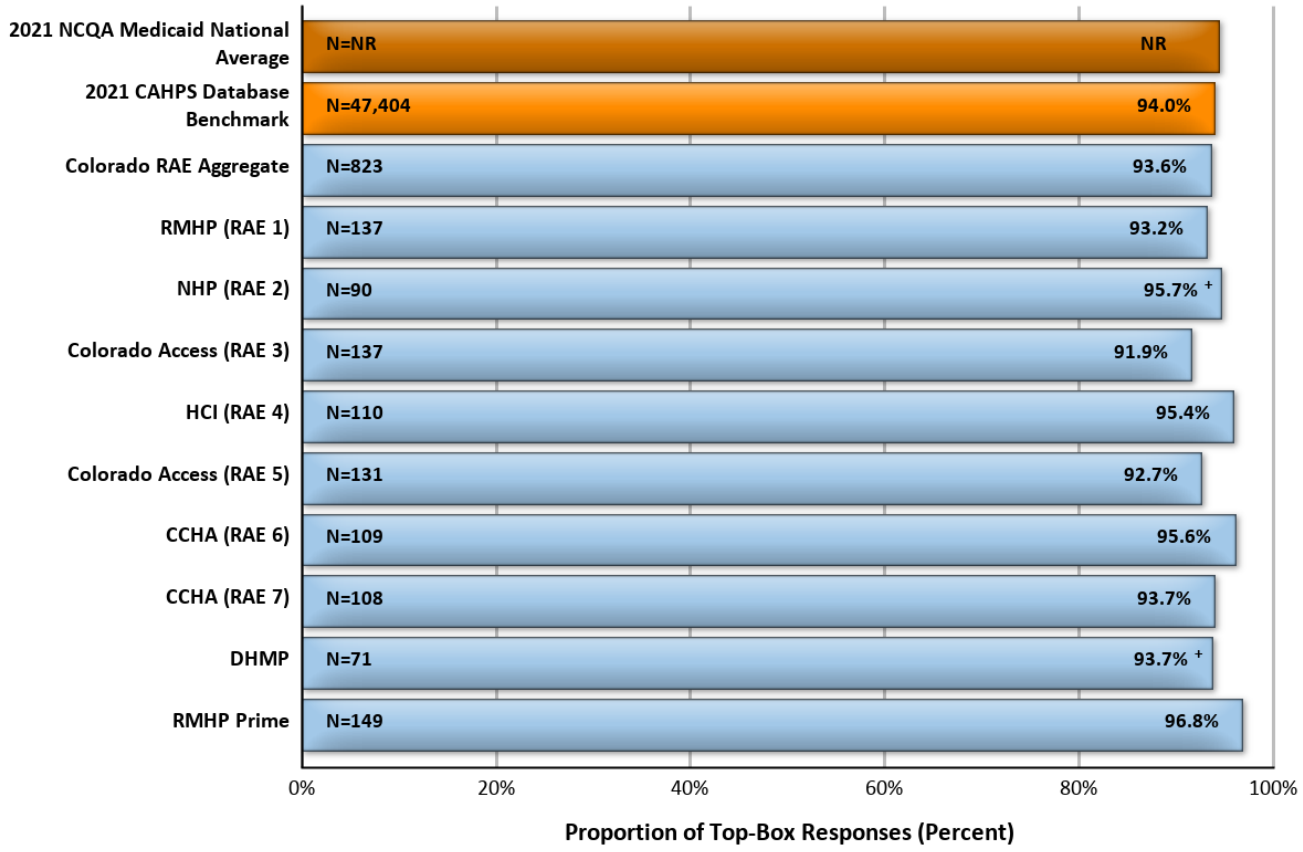


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

How Well Doctors Communicate

Figure 2-23 shows the *How Well Doctors Communicate* top-box scores and number of responses (N).

Figure 2-23—How Well Doctors Communicate (Usually or Always)

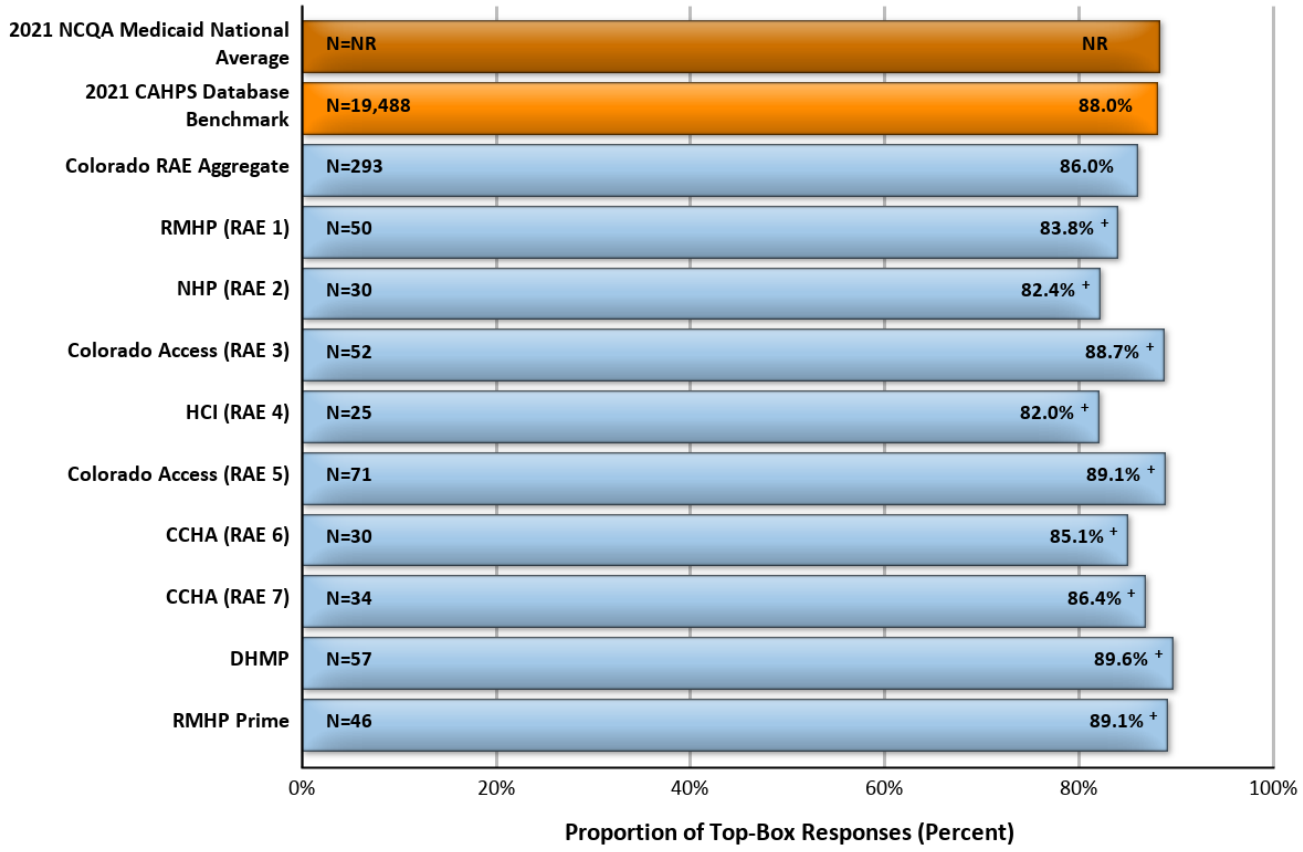


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Customer Service

Figure 2-24 shows the *Customer Service* top-box scores and number of responses (N).

Figure 2-24—Customer Service (Usually or Always)



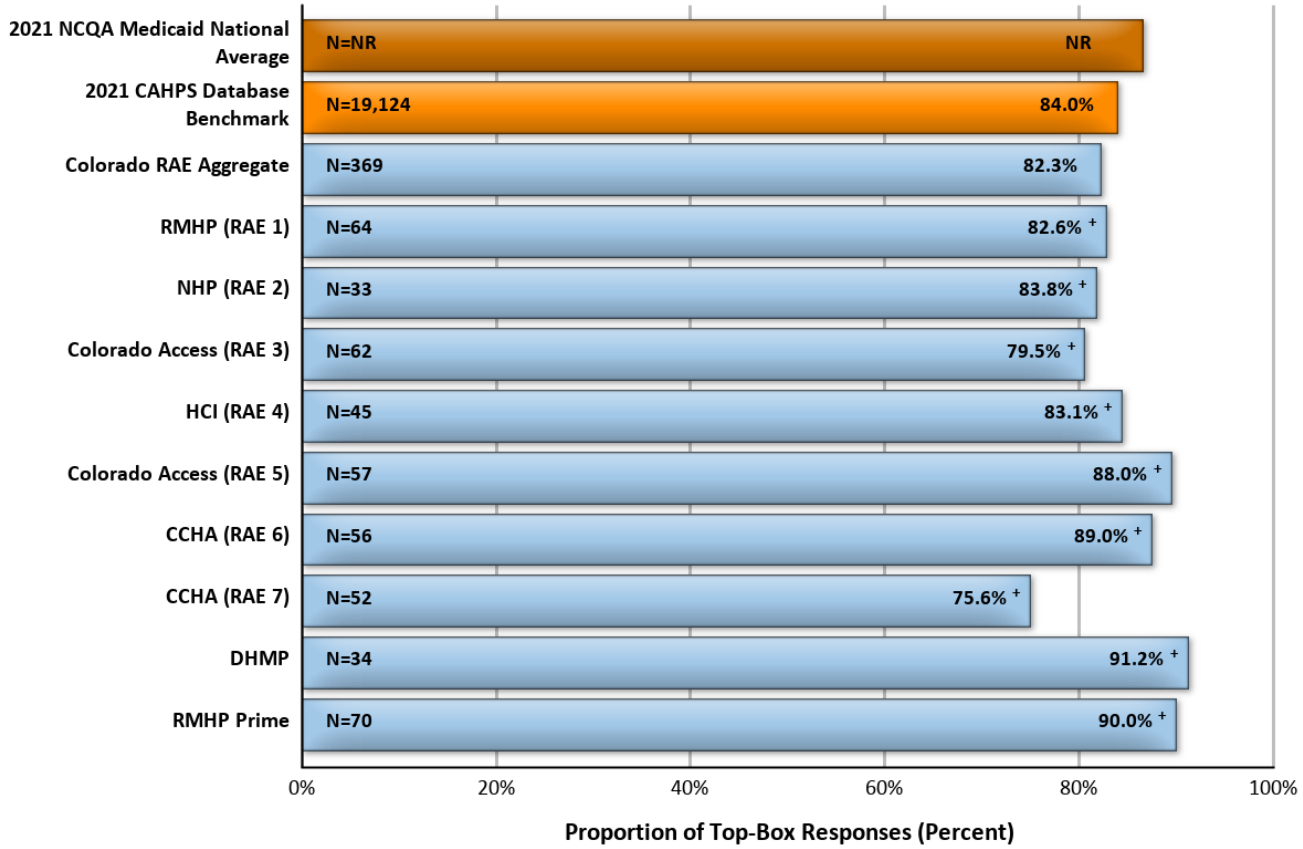
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Individual Item Measure

Coordination of Care

Figure 2-25 shows the *Coordination of Care* top-box scores and number of responses (N).

Figure 2-25—Coordination of Care (Usually or Always)



↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Summary of RAE Comparisons Results

Table 2-8 provides a summary of the results that scored statistically significantly higher or lower than the Colorado RAE Aggregate from the RAE comparisons.

Table 2-8—RAE Comparisons

Measure	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Composite Measure							
Getting Needed Care	—	—	—	—	—	↑	—

↑ *Statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2022 score is not statistically significantly different than the Colorado RAE Aggregate.*

Supplemental Items

The Department elected to add six supplemental items to the standard CAHPS survey that was administered to members in the RAEs.[2-11] Table 2-9 details the survey language and response options for each of the supplemental items. Table 2-10 through Table 2-16 show the results for each supplemental item. For all RAEs, the number and percentage of responses for each item are presented.

Table 2-9—Supplemental Items

Question		Response Options
Q41a.	In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?	Yes No My child did not see a doctor or other health provider in the last 6 months[2-12]
Q41b.	In the last 6 months, did you and your child's doctor or other health provider talk about whether there are any problems in your household that might affect your child?	Yes No
Q41c.	In the last 6 months, did your child's doctor's office or health provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes No
Q41d.	In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?	Yes No
Q41e.	In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?	Never Sometimes Usually Always
Q41f.	In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer

[2-11] The data HSAG received for inclusion in this report did not include any supplemental questions that may have been included in the surveys that were administered to child Medicaid members enrolled in DHMP and RMHP Prime; therefore, HSAG could not include supplemental question results for the MCOs.

[2-12] Respondents who answered, "My child did not see a doctor or other health provider in the last 6 months" were excluded from the analysis.

Talked About Child's Behavior

Parents/caretakers of child members were asked if they and their child's doctor or other health provider talked about the kinds of behaviors that are normal for their child's age (Question 41a). Table 2-10 displays the responses for this question.

Table 2-10—Talked About Child's Behavior

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**715**	**63.3%**	**415**	**36.7%**
RMHP (RAE 1)	117	66.5%	59	33.5%
NHP (RAE 2)	72	52.9%	64	47.1%
Colorado Access (RAE 3)	114	61.0%	73	39.0%
HCI (RAE 4)	90	61.2%	57	38.8%
Colorado Access (RAE 5)	135	67.2%	66	32.8%
CCHA (RAE 6)	93	66.4%	47	33.6%
CCHA (RAE 7)	94	65.7%	49	34.3%
Please note: Percentages may not total 100 percent due to rounding.				

Talked About Household Problems That Might Affect Child

Parents/caretakers of child members were asked if they and their child's doctor or other health provider talked about any problems in their household that might affect their child (Question 41b). Table 2-11 displays the responses for this question.

Table 2-11—Talked About Household Problems That Might Affect Child

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**378**	**33.9%**	**737**	**66.1%**
RMHP (RAE 1)	52	29.7%	123	70.3%
NHP (RAE 2)	36	26.9%	98	73.1%
Colorado Access (RAE 3)	66	35.3%	121	64.7%
HCI (RAE 4)	45	31.9%	96	68.1%
Colorado Access (RAE 5)	74	37.4%	124	62.6%
CCHA (RAE 6)	54	38.8%	85	61.2%
CCHA (RAE 7)	51	36.2%	90	63.8%
Please note: Percentages may not total 100 percent due to rounding.				

Received Information About After-Hours Care

Parents/caretakers of child members were asked if their child's doctor's office or health provider's office gave them information about what to do if their child needed care during evenings, weekends, or holidays (Question 41c). Table 2-12 displays the responses for this question.

Table 2-12—Received Information About After-Hours Care

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**528**	**47.5%**	**584**	**52.5%**
RMHP (RAE 1)	91	52.9%	81	47.1%
NHP (RAE 2)	52	38.5%	83	61.5%
Colorado Access (RAE 3)	88	47.8%	96	52.2%
HCI (RAE 4)	57	40.1%	85	59.9%
Colorado Access (RAE 5)	109	54.8%	90	45.2%
CCHA (RAE 6)	67	48.2%	72	51.8%
CCHA (RAE 7)	64	45.4%	77	54.6%
Please note: Percentages may not total 100 percent due to rounding.				

Needed After-Hours Care

Parents/caretakers of child members were asked if their child needed care from their doctor during evenings, weekends, or holidays (Question 41d). Table 2-13 displays the responses for this question.

Table 2-13—Needed After-Hours Care

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**129**	**11.6%**	**986**	**88.4%**
RMHP (RAE 1)	18	10.4%	155	89.6%
NHP (RAE 2)	10	7.4%	125	92.6%
Colorado Access (RAE 3)	27	14.5%	159	85.5%
HCI (RAE 4)	15	10.5%	128	89.5%
Colorado Access (RAE 5)	24	12.1%	175	87.9%
CCHA (RAE 6)	12	8.7%	126	91.3%
CCHA (RAE 7)	23	16.3%	118	83.7%
Please note: Percentages may not total 100 percent due to rounding.				

Access to After-Hours Care

Parents/caretakers of child members were asked to assess how often they were able to get the care their child needed from their child's personal doctor's office or clinic during evenings, weekends, or holidays (Question 41e). Table 2-14 displays the responses for this question.

Table 2-14—Access to After-Hours Care

Program/RAE Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**421**	**41.2%**	**155**	**15.2%**	**175**	**17.1%**	**271**	**26.5%**
RMHP (RAE 1)	65	39.4%	21	12.7%	31	18.8%	48	29.1%
NHP (RAE 2)	59	49.6%	22	18.5%	20	16.8%	18	15.1%
Colorado Access (RAE 3)	70	41.2%	32	18.8%	22	12.9%	46	27.1%
HCI (RAE 4)	41	30.8%	19	14.3%	28	21.1%	45	33.8%
Colorado Access (RAE 5)	84	46.2%	25	13.7%	32	17.6%	41	22.5%
CCHA (RAE 6)	51	41.1%	19	15.3%	20	16.1%	34	27.4%
CCHA (RAE 7)	51	39.5%	17	13.2%	22	17.1%	39	30.2%

Please note: Percentages may not total 100 percent due to rounding.

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked how many days they usually had to wait between making an appointment and their child actually seeing a health provider, not counting the times their child needed health care right away (Question 41f). Table 2-15 and Table 2-16 display the responses for this question.

Table 2-15—Number of Days Waiting to See Health Provider

Program/RAE Name	Same Day		1 Day		2 to 3 Days		4 to 7 Days		8 to 14 Days	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**235**	**22.3%**	**157**	**14.9%**	**241**	**22.8%**	**184**	**17.4%**	**102**	**9.7%**
RMHP (RAE 1)	41	25.0%	26	15.9%	41	25.0%	29	17.7%	12	7.3%
NHP (RAE 2)	29	23.6%	25	20.3%	30	24.4%	18	14.6%	7	5.7%
Colorado Access (RAE 3)	42	23.2%	28	15.5%	41	22.7%	31	17.1%	16	8.8%
HCI (RAE 4)	31	22.1%	17	12.1%	40	28.6%	22	15.7%	13	9.3%
Colorado Access (RAE 5)	38	21.0%	18	9.9%	37	20.4%	41	22.7%	12	6.6%
CCHA (RAE 6)	24	18.3%	24	18.3%	30	22.9%	19	14.5%	23	17.6%
CCHA (RAE 7)	30	22.2%	19	14.1%	22	16.3%	24	17.8%	19	14.1%

Please note: Percentages may not total 100 percent due to rounding.

Table 2-16—Number of Days Waiting to See Health Provider (Continued)

Program/RAE Name	15 to 30 Days		31 to 60 Days		61 to 90 Days		91 Days or Longer	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**94**	**8.9%**	**29**	**2.7%**	**7**	**0.7%**	**6**	**0.6%**
RMHP (RAE 1)	12	7.3%	1	0.6%	2	1.2%	0	0.0%
NHP (RAE 2)	12	9.8%	1	0.8%	1	0.8%	0	0.0%
Colorado Access (RAE 3)	16	8.8%	6	3.3%	0	0.0%	1	0.6%
HCI (RAE 4)	6	4.3%	9	6.4%	0	0.0%	2	1.4%
Colorado Access (RAE 5)	27	14.9%	6	3.3%	1	0.6%	1	0.6%
CCHA (RAE 6)	6	4.6%	2	1.5%	2	1.5%	1	0.8%
CCHA (RAE 7)	15	11.1%	4	3.0%	1	0.7%	1	0.7%

Please note: Percentages may not total 100 percent due to rounding.

3. Conclusions and Recommendations

Conclusions

HSAG summarized results of the NCQA, national average, CAHPS Database, and RAE comparisons, and key drivers of low member experience analysis to provide an overall assessment of access to, timeliness of, and quality of care that each RAE provides. The RAEs can utilize these findings to identify areas in need of quality improvement (QI).

Access to Care

Getting Needed Care

Table 3-1 provides a summary of findings for the NCQA, national average, CAHPS Database, and RAE comparisons for the *Getting Needed Care* composite measure.

Table 3-1—Access to Care: Getting Needed Care Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons	RAE Comparisons
Colorado RAE Aggregate	★	Lower	Lower	—
RMHP (RAE 1)	★+	Lower+	Lower+	—+
NHP (RAE 2)	★+	Lower+	Lower+	—+
Colorado Access (RAE 3)	★+	Lower+	Lower+	—+
HCI (RAE 4)	★+	Lower+	Lower+	—+
Colorado Access (RAE 5)	★	Lower	Lower	—
CCHA (RAE 6)	★★★★★+	Higher+	Higher+	↑+
CCHA (RAE 7)	★+	Lower+	Lower+	—+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

Higher/Lower *Indicates the score is higher or lower than the NCQA child Medicaid national average or CAHPS Database benchmark.*

↑ *Statistically significantly higher than the Colorado RAE Aggregate.*

↓ *Statistically significantly lower than the Colorado RAE Aggregate.*

— *Indicates the 2022 score is not statistically significantly different than the Colorado RAE Aggregate.*

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

Table 3-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

Table 3-2—Access to Care: Getting Needed Care Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q9. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	3.938	6.939	NS
	Usually vs. Always	2.687	3.959	NS
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	2.850	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

- Compared to parents/caretakers who perceived it was always easy to get the care, tests, and treatment their child needed:
  - Parents/caretakers of child members who perceived it was never or sometimes easy to get the care, tests, or treatment their child needed were 3.938 and 6.939 times more likely to provide a lower rating for their child's RAE and overall health care, respectively.
  - Parents/caretakers of child members who perceived it was usually easy to get the care, tests, or treatment their child needed were 2.687 and 3.959 times more likely to provide a lower rating for their child's RAE and overall health care, respectively.
- Parents/caretakers of child members who never or sometimes received an appointment with a specialist as soon as their child needed were 2.850 times more likely to provide a lower rating for their child's RAE than parents/caretakers who always received an appointment with a specialist as soon as their child needed.

Timeliness of Care

Getting Care Quickly

Table 3-3 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Getting Care Quickly* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-3—Timeliness of Care: Getting Care Quickly Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★★	Lower	Lower
RMHP (RAE 1)	★★+	Lower+	Lower+
NHP (RAE 2)	★+	Lower+	Lower+
Colorado Access (RAE 3)	★★+	Lower+	Lower+
HCI (RAE 4)	★+	Lower+	Lower+
Colorado Access (RAE 5)	★★+	Lower+	Lower+
CCHA (RAE 6)	★★+	Lower+	Lower+
CCHA (RAE 7)	★★+	Lower+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA child Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-4 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Care Quickly* composite measure.

Table 3-4—Timeliness of Care: Getting Care Quickly Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Child received care as soon as needed when care was needed right away	Never + Sometimes vs. Always	NS	3.597	NS

NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

- Parents/caretakers of child members who never or sometimes received care as soon as their child needed when their child needed care right away were 3.597 times more likely to provide a lower rating for their child's overall health care than parents/caretakers of child members who always received care as soon as their child needed when their child needed care right away.

Quality of Care

Communication

Table 3-5 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *How Well Doctors Communicate* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-5—Quality of Care: How Well Doctors Communicate Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★★	Lower	Lower
RMHP (RAE 1)	★★	Lower	Lower
NHP (RAE 2)	★★★+	Higher+	Higher+
Colorado Access (RAE 3)	★	Lower	Lower
HCI (RAE 4)	★★★	Higher	Higher
Colorado Access (RAE 5)	★	Lower	Lower
CCHA (RAE 6)	★★★	Higher	Higher
CCHA (RAE 7)	★★	Lower	Lower

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA child Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-6 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

Table 3-6—Quality of Care: How Well Doctors Communicate Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	9.375	3.622
	Usually vs. Always	NS	3.366	3.695
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	NS	8.010
	Usually vs. Always	NS	NS	2.485
Q17. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	NS	2.240
	Usually vs. Always	NS	NS	1.860

NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

- Compared to parents/caretakers who perceived their child's personal doctor always listened carefully to them:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes listened carefully to them were 9.375 and 3.622 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively.
  - Parents/caretakers of child members who perceived their child's personal doctor usually listened carefully to them were 3.366 and 3.695 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively.
- Compared to parents/caretakers who perceived their child's personal doctor always showed respect for what they said:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes showed respect for what they said were 8.010 times more likely to provide a lower rating for their child's personal doctor.
  - Parents/caretakers of child members who perceived their child's personal doctor usually showed respect for what they said were 2.485 times more likely to provide a lower rating for their child's personal doctor.
- Compared to parents/caretakers who perceived their child's personal doctor always spent enough time with their child:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes spent enough time with their child were 2.240 times more likely to provide a lower rating for their child's personal doctor.
  - Parents/caretakers of child members who perceived their child's personal doctor usually spent enough time with their child were 1.860 times more likely to provide a lower rating for their child's personal doctor.

Customer Service

Table 3-7 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Customer Service* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-7—Quality of Care: Customer Service Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★+	Lower+	Lower+
Colorado Access (RAE 3)	★★★+	Higher+	Higher+
HCI (RAE 4)	★+	Lower+	Lower+
Colorado Access (RAE 5)	★★★+	Higher+	Higher+
CCHA (RAE 6)	★+	Lower+	Lower+
CCHA (RAE 7)	★+	Lower+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA child Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-8 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

Table 3-8—Quality of Care: Customer Service Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	Never + Sometimes vs. Always	3.220	NS	NA
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	Usually vs. Always	2.977	NS	NA

NA indicates that this question was not evaluated for this measure.
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

- Parents/caretakers of child members who never or sometimes received the information or help they needed from their child's RAE's customer service were 3.220 times more likely to provide a lower rating for their child's RAE than parents/caretakers who always received the information or help they needed from their child's RAE's customer service.
- Parents/caretakers of child members who were usually treated with courtesy and respect by their child's RAE's customer service staff were 2.977 times more likely to provide a lower rating for their child's RAE than parents/caretakers who were always treated with courtesy and respect by their child's RAE's customer service staff.

Coordination of Care

Table 3-9 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Coordination of Care* individual item measure. There were no statistically significant results for the RAE comparisons.

Table 3-9—Quality of Care: Coordination of Care Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★★+	Lower+	Lower+
Colorado Access (RAE 3)	★+	Lower+	Lower+
HCI (RAE 4)	★+	Lower+	Lower+
Colorado Access (RAE 5)	★★★+	Higher+	Higher+
CCHA (RAE 6)	★★★+	Higher+	Higher+
CCHA (RAE 7)	★+	Lower+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA child Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-10 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

Table 3-10—Quality of Care: Coordination of Care Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	3.215	NS

NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.

- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes seemed informed and up-to-date about care their child received from other doctors or health providers were 3.215 times more likely to provide a lower rating for their child's overall health care than parents/caretakers who perceived their child's personal doctor always seemed informed and up-to-date about care their child received from other doctors or health providers.

Recommendations

The RAEs are responsible for developing a network of primary care medical providers (PCMPs) and behavioral health specialists. HSAG recommends that each RAE consider the following strategies to improve the quality of, timeliness of, or access to services in its respective region:

- Continue to recruit and increase the number of arrangements with facilities or provider sites solely for the purpose of after-hours care in a region where the RAE's PCMP network is unable or unwilling to provide after-hours care.
- Periodically review the provider directory available on the RAE's website for accuracy regarding the list of providers who offer after hours care and all urgent care facilities.

Additionally, those measures that exhibited low performance suggest that additional analysis may be required to identify what is truly causing low performance in these areas. HSAG recommends that the Department consider:

- Drawing on the analysis of population sub-groups (e.g., health status, race, age) to determine if there are member groups that tend to have lower levels of member experience (see Tab and Banner Book, which is separate from this report).
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff members, and other survey data (e.g., provider surveys to determine barriers of timely access to care and test results for members).
- Conducting member or provider focus groups and interviews to further explore circumstances driving low member experience ratings.

After identification of the specific problem(s), necessary QI activities could be developed. However, the methodology for QI activity development should follow a cyclical process (e.g., Plan-Do-Study-Act [PDSA]) that allows for testing and analysis of interventions in order to assure that the desired results are achieved.

4. Reader's Guide

This section provides a comprehensive overview of the CAHPS survey, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the survey results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. The CAHPS 5.1H Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS.[4-1] In 2002, AHRQ convened the CAHPS Instrument Panel to reevaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.[4-2] The result of this reevaluation and updated process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.[4-3,4-4] In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.[4-5] In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.[4-6] In October 2020,

[4-1] National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.

[4-2] National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

[4-3] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

[4-4] National Committee for Quality Assurance. *HEDIS® 2009, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.

[4-5] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

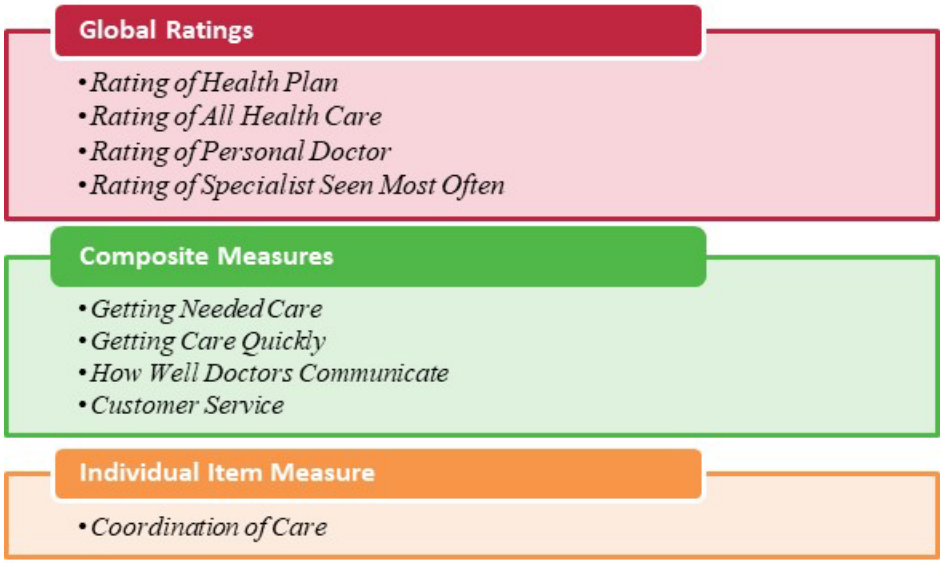
[4-6] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

AHRQ released the CAHPS 5.1 Health Plan Surveys. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[4-7]

The sampling and data collection procedures for the CAHPS 5.1 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of results.

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 41 core questions that yield nine measures of experience. These measures include four global rating questions, four composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "*Getting Needed Care*" or "*Getting Care Quickly*"). The individual item measure is an individual question that looks at a specific area of care (i.e., "*Coordination of Care*"). Figure 4-1 lists the measures included in the survey.

Figure 4-1—CAHPS Measures



[4-7] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Table 4-1 presents the survey language and response options for the measures.

Table 4-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
31. 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?	0–10 Scale
Rating of All Health Care	
8. 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?	0–10 Scale
Rating of Personal Doctor	
21. 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?	0–10 Scale
Rating of Specialist Seen Most Often	
25. We want to know your rating of the specialist your child talked to 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?	0–10 Scale
Composite Measures	
Getting Needed Care	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
Getting Care Quickly	
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
12. 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?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always

Question Language	Response Options
Customer Service	
27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
20. 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?	Never, Sometimes, Usually, Always

Sampling Procedures

Sampled RAE members included those who met the following criteria:

- Were 17 years of age or younger as of October 31, 2021.
- Were currently enrolled in a RAE.
- Had been continuously enrolled in the RAE for at least five of the six months of the measurement period (May 1 to October 31, 2021).[4-8]
- Had Medicaid as a payer.

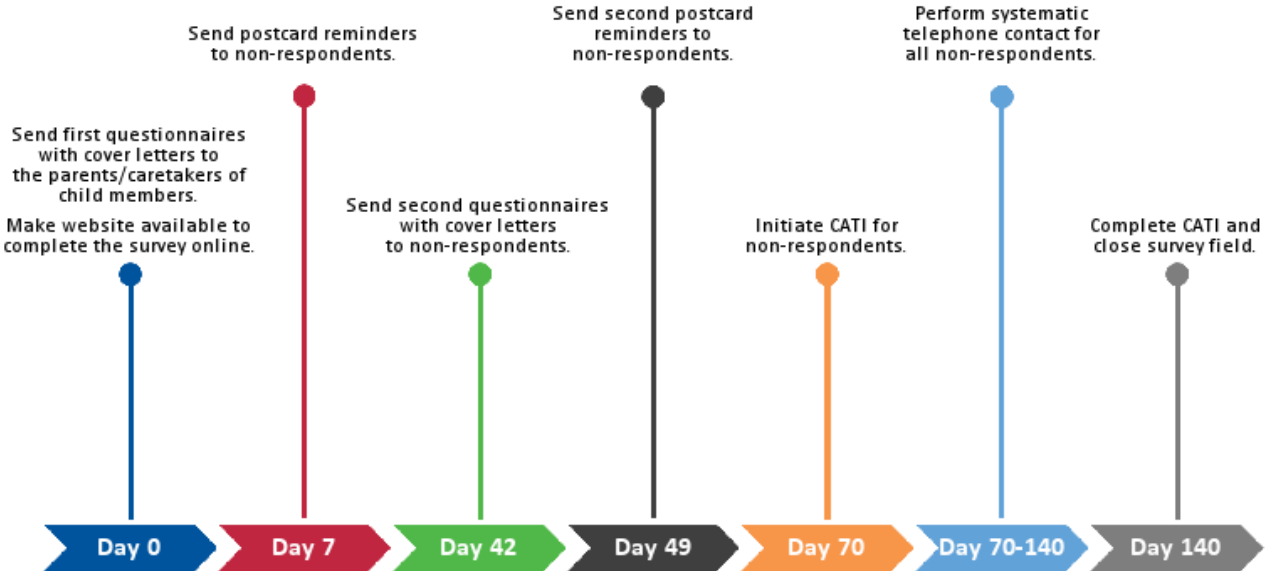
NCQA specifications require a sample size of 1,650 members per RAE for the CAHPS 5.1 Child Medicaid Health Plan Survey. For each RAE, a 20 percent oversample was performed to ensure a greater number of respondents to each measure. Based on this oversampling rate, a total of 1,980 child members were selected for surveying from each RAE.

[4-8] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days was allowed.

Survey Protocol

Figure 4-2 shows the mixed-mode (i.e., mail and website followed by telephone follow-up) timeline used in the survey administration for the RAEs.

Figure 4-2—Mixed-Mode Methodology Survey Timeline



The first phase consisted of a cover letter being mailed to all the parents/caretakers of sampled child members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Child members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Child members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. The telephone phase consisted of CATI for parents/caretakers of sampled child members who had not completed a survey. A maximum of six CATI calls was made to each non-respondent at different times of the day, on different days of the week, and in different weeks.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each RAE was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were selected so that no more than one child member was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of the HEDIS Specifications for Survey Measures as a guideline for conducting the Colorado CAHPS survey data analysis.[4-9] A number of analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample. A respondent's survey was assigned a disposition code of "complete" if respondents answered at least three of the following five questions: 3, 10, 22, 26, and 31. Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 4-4), or had a language barrier.

$$\textit{Response Rate} = \frac{\textit{Number of Completed Surveys}}{\textit{Random Sample - Ineligibles}}$$

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that may most benefit from QI activities. Table 4-2 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

[4-9] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2021.

Table 4-2—Potential Key Drivers

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q13. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q14. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q16. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q17. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q18. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Yes
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q23. Child received appointment with a specialist as soon as needed	✓	✓		Always
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓		Always
Q28. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓		Always
Q30. Ease of filling out forms from the child's health plan	✓	✓		Always

HSAG measured each global rating's performance by assigning the responses into a three-point scale as follows:

- 0 to 6 = 1 (Dissatisfied)
- 7 to 8 = 2 (Neutral)
- 9 to 10 = 3 (Satisfied)

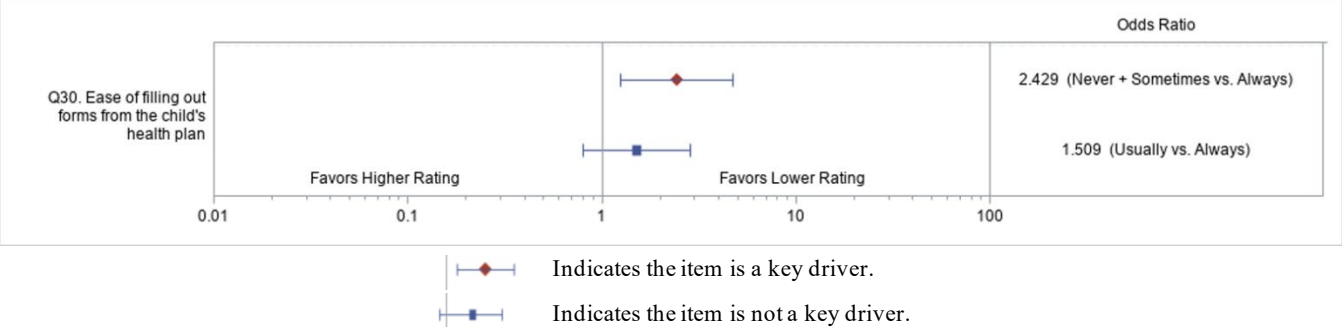
For each item evaluated, HSAG assigned 3 (Satisfied) to each item's baseline response ("Always" or "Yes"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses ("Never," "Sometimes," or "No"). HSAG calculated the relationship between the item's response 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 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 the correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the respondent's experience. As the value of correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In Figure 4-3, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 30 are 2.429 and 1.509 times, respectively, more likely to provide a lower rating for their child's RAE or MCO than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 4-3—Key Drivers of Low Member Experience: Rating of Health Plan



Demographic Analysis

The demographic analysis evaluated demographic information of child members and respondents based on parents'/caretakers' responses to the survey. The demographic characteristics of children included age, gender, race, ethnicity, general health status, and mental health status. Self-reported parent/caretaker demographic information included age, gender, level of education, and relationship to the child. Given that the demographics of a response group can influence overall member experience scores, it is important to evaluate all survey results in the context of the actual respondent population.

Respondent Analysis

HSAG evaluated the demographic characteristics of child RAE members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. If the respondent population differs significantly from the actual population of the RAE, then caution must be exercised when extrapolating the survey results to the entire population.

Scoring Calculations

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[4-10] A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures, and the *Coordination of Care* individual item measure.

Top-box responses (as defined above) were assigned a score value of 1, and all other responses were assigned a score value of 0. For the global rating and individual item measure, top-box scores were defined as the proportion (i.e., percentage) of responses with a score value of 1 over all responses. For the composite measures, first, a separate top-box score was calculated for each question within the

[4-10] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2021.

composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

NCQA requires a minimum of at least 100 responses on each item in order to report CAHPS survey results. However, for purposes of this report, results are reported for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

NCQA Comparisons

HSAG compared the scores to NCQA's 2021 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[4-11] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 4-3.

Table 4-3—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

[4-11] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021.* Washington, DC: NCQA, September 2021.

Statewide Comparisons

RAE Comparisons

RAE-level comparisons were performed to identify statistically significant differences in respondent experience between the RAEs. Two types of hypothesis tests were applied to the comparative results. First, a global *F* test was calculated, which determined whether the differences between the RAEs' scores were significantly different than the aggregate.

The score was:

$$\hat{\mu} = \frac{\sum_p \hat{\mu}_p / \hat{V}_p}{\sum_p 1 / \hat{V}_p}$$

The *F* statistic was determined using the formula below, where *P* is the number of entities being compared (i.e., RAEs):

$$F = 1/(P-1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The *F* statistic had an *F* distribution with $(P-1, q)$ degrees of freedom, where *q* was equal to *n – P – (number of case-mix adjusters)*. Due to these qualities, this *F* test produced *p* values that were slightly larger than they should have been; therefore, finding significant differences was less likely. An alpha-level of 0.05 was used. If the *F* test demonstrated differences (i.e., $p < 0.05$), then a *t* test was performed.

The *t* test determined whether a RAE's score was significantly different from the average results of all RAEs. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - \frac{\sum_{p'} \hat{\mu}_{p'}}{P} = \left(1 - \frac{1}{P}\right)\hat{\mu}_p - \frac{\sum^*_{p'} \hat{\mu}_{p'}}{P}$$

In this equation, $\sum^*$ was the sum of all RAEs except RAE *p*.

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = \left(1 - \frac{1}{P}\right)^2 \hat{V}_p + \frac{\sum^*_{p'} \hat{V}_{p'}}{P^2}$$

The *t* statistic was:

$$\frac{\Delta_p}{\sqrt{\hat{V}(\Delta_p)}}$$

and had a *t* distribution with *n – P – (number of case-mix adjusters)* degrees of freedom. This statistic also produced *p* values that were slightly larger than they should have been; therefore, finding significant differences was less likely.

Case-Mix Adjustment

Given that variances in respondents' demographics can result in differences in scores between the RAEs that are not due to differences in quality, the data were case-mix adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics used in adjusting the results for comparability. The top-box scores were case-mix adjusted for survey-reported member general health status, member mental health status, respondent age, and respondent education level. Case-mix adjusted scores were calculated using the following formula:

$$Adjusted\ Top\text{-}Box\ Score = Raw\ Score - Net\ Adjustment$$

Where net adjustment was calculated using the following equation:

$$Net\ Adjustment = (RAE\ Adjuster's\ Mean - Program\ Adjuster's\ Mean)\ x\ Coefficient$$

The coefficient in the above equation was estimated using linear regression.

Weighting

HSAG calculated a weighted score for the Colorado RAE Aggregate based on each RAE's total eligible population.

The weighted score was:

$$\mu = \frac{\sum_p w_p \mu_p}{\sum_p w_p}$$

Where w_p is the weight for the RAE p and μ_p is the score for the RAE p.

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 carefully when interpreting or generalizing the findings. These limitations are discussed below.

Baseline Results

It is important to note that in state fiscal year 2021–2022, parents/caretakers of RAE child members were surveyed for the first time using the CAHPS Health Plan Survey. The 2022 results presented in the report represent a baseline assessment of respondents' experiences of the care and services received for their child member through the RAEs.

CAHPS Database Benchmarks

A total of 39 states submitted 2021 data to the CAHPS Health Plan Survey Database for the child Medicaid population with a combined total of 86,597 respondents; furthermore, 281 of these respondents were from Colorado.[4-12] Data collected through the CAHPS Health Plan Survey Database from 2021 are based on responses to the 5.0/5.0H and 5.1/5.1H versions of the CAHPS Health Plan Survey. In addition, since 2022 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2021 CAHPS Database benchmarks to the 2022 Colorado RAE and MCO CAHPS survey results.

Case-Mix Adjustment

While data for the RAEs have been adjusted for differences in survey-reported member general health status, mental health status, age, and education, it was not possible to adjust for differences in respondent characteristics that were not measured. These characteristics could include income, employment, or any other characteristics that may not be under the RAEs' control.

Causal Inferences

Although the analyses in this report examine whether respondents report differences with various aspects of their child member's care and services, these differences may not be completely attributable to the overall performance of the RAE or MCO. The survey by itself does not necessarily reveal the exact cause of these differences.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by RAE or MCO. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[4-13] To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. Results indicate that early respondents of child RAE or MCO members are not statistically significantly more likely to provide a higher or lower score than late respondents for any measure; however, MDHHS should consider that potential non-response bias may exist when interpreting CAHPS results for each respective population.

[4-12] Agency for Healthcare Research and Quality. The CAHPS Database. *2021 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://cahpsdatabase.ahrq.gov/files/2021CAHPSHealthPlanChartbook.pdf. Accessed on: July 28, 2022.

[4-13] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

5. Survey Instrument

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set. HSAG administered the CAHPS survey to the RAEs. The MCOs contracted with their own survey vendors to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.

COLORADO
Department of Health Care Policy & Financing

DataStat

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 benefits your child receives. 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 1-888-506-5136.

SURVEY INSTRUCTIONS

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

Correct Mark ● **Incorrect Marks** 

- **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***
○ **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 [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?**

○ Yes ➔ ***Go to Question 3***
○ No

2. **What is the name of your child's health plan? (Please print)**

_____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

- ○ Yes
- ○ No ➔ ***Go to Question 5***

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

- ○ Yes
- ○ No ➔ ***Go to Question 7***

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

- ○ None ➔ ***Go to Question 10***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

8. 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?

○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6	○ 7	○ 8	○ 9	○ 10
Worst Health Care Possible										Best Health Care Possible

9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

YOUR CHILD'S PERSONAL DOCTOR

10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 22***

11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- ○ None ➔ ***Go to Question 21***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

12. 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

13. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

15. Is <u>your child</u> able to talk with doctors about his or her health care?

- ○ Yes
- ○ No ➔ ***Go to Question 17***

16. 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

18. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ○ Yes
- ○ No

19. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 21***

20. 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?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

21. 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

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

22. 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 with a specialist?

- ○ Yes
- ○ No ➔ ***Go to Question 26***

23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

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

- ○ None ➔ ***Go to Question 26***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

25. We want to know your rating of the specialist your child talked to 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Specialist Possible — Best Specialist Possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

26. In the last 6 months, did you get information or help from customer service at your child's health plan?

- ○ Yes
- ○ No ➔ ***Go to Question 29***

27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

29. In the last 6 months, did your child's health plan give you any forms to fill out?

- ○ Yes
- ○ No ➔ ***Go to Question 31***

30. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

31. 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Health Plan Possible — Best Health Plan Possible

ABOUT YOUR CHILD AND YOU

32. In general, how would you rate your child's overall health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

33. In general, how would you rate your child's overall <u>mental or emotional</u> health?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

34. What is <u>your child's</u> age?

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

35. Is your child male or female?

- ○ Male
- ○ Female

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

- ○ Yes, Hispanic or Latino
- ○ No, not Hispanic or Latino

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

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

38. What is <u>your</u> age?

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

39. Are you male or female?

- ○ Male
- ○ Female

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

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

41. How are you related to the child?

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

41a. In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?

- ○ Yes
- ○ No
- ○ My child did not see a doctor or other health provider in the last 6 months ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

41b. In the last 6 months, did you and your child's doctor or other health provider talk about whether there are any problems in your household that might affect your child?

- ○ Yes
- ○ No

41c. In the last 6 months, did your child's doctor's office or health provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- ○ Yes
- ○ No

41d. In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?

- ○ Yes
- ○ No

41e. In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always

41f. In the last 6 months, <u>not</u> counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

- ○ Same day
- ○ 1 day
- ○ 2 to 3 days
- ○ 4 to 7 days
- ○ 8 to 14 days
- ○ 15 to 30 days
- ○ 31 to 60 days
- ○ 61 to 90 days
- ○ 91 days or longer

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