State of Colorado

Colorado Department of Health Care Policy & Financing

2007 Child Medicaid Client Satisfaction Report

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HSAG Health Services Advisory Group

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

The State of Colorado requires annual administration of client satisfaction surveys to Medicaid clients enrolled as fee-for-service (FFS) or in the Primary Care Physician Program (PCPP). The Colorado Department of Health Care Policy and Financing (the Department) contracts 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 Surveys.[1-1] The goal of the CAHPS Health Plan Surveys is to provide performance feedback that is actionable and will aid in improving overall client satisfaction.

The standardized survey instruments selected were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey (without the children with chronic conditions measurement set). Adult clients and the parents or caretakers of child clients from each plan completed the surveys from February to May 2007. All clients sampled received an English version of the survey with the option to complete the survey by telephone in Spanish.

Performance Highlights

The Results Section of this report details the CAHPS results for both the FFS and PCPP populations. The following is a summary of the Child Medicaid CAHPS performance highlights for each plan. The performance highlights are categorized into each of the three major types of analyses performed on the Colorado CAHPS data: (1) National Committee for Quality Assurance (NCQA) comparisons; (2) trend analysis; and (3) plan comparisons.

NCQA Comparisons

Overall client satisfaction ratings for the four CAHPS global measures (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and the five CAHPS composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, and Customer Service) were compared to 2006 NCQA Medicaid averages.[1-2] This comparison resulted in plan ratings of one (★) to five (★★★★★) stars on these CAHPS measures, where one is the lowest possible rating and five is the highest possible rating. The detailed results of this comparative analysis are described in the Results Section beginning on page 2-7. The following are highlights from this comparison:

- Colorado Medicaid FFS scored between the 40th and 59th percentile on one of the 2007 CAHPS measures: Getting Care Quickly.
- Colorado Medicaid PCPP scored between the 40th and 59th percentiles on two of the 2007 CAHPS measure: Rating of Specialist Seen Most Often and Getting Care Quickly.

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] *NCQA National Distribution of 2006 Child Medicaid Plan-level Results*. Prepared by NCQA for HSAG on November 2, 2006.

- Colorado Medicaid FFS scored below the 20th percentile nationally on four out of nine 2007 CAHPS measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and How Well Doctors Communicate.
- Colorado Medicaid PCPP scored below the 20th percentile nationally on two of the 2007 CAHPS measures: Rating of Personal Doctor and How Well Doctors Communicate.
- It is important to note that NCQA's National Distribution of Child Medicaid Results, used to derive the Star Ratings, was higher than in past CAHPS cycles. Therefore, caution should be exercised when comparing 2007 Child Medicaid CAHPS Star Ratings to previous years' ratings.

Trend Analysis

In order to evaluate trends in Colorado Medicaid client satisfaction, the 2007 Colorado Child Medicaid CAHPS Health Plan Survey results were compared to the 2006 CAHPS results. This year-to-year comparison was performed for each plan on CAHPS four global ratings and five composite measures. The detailed results of the year-to-year trend analysis are described in the Results section beginning on page 2-9. The following are highlights from this comparison:

- Colorado Medicaid FFS exhibited an upward trend on five of the reportable measures: Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, Getting Care Quickly, and Courteous and Helpful Office Staff.[1-3] FFS also exhibited a downward trend on two of the seven reportable 2007 CAHPS measures: Rating of Health Plan and How Well Doctors Communicate. However, both the upward and downward trend differences between the 2007 and 2006 scores were not statistically significant.
- Colorado Medicaid PCPP exhibited an upward trend on two of the eight reportable measures: Rating of Specialist Seen Most Often and Getting Needed Care.[1-4] PCPP also exhibited a downward trend on six of the eight reportable CAHPS measures for 2007: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff. However, both the upward and downward trend differences between the 2007 and 2006 scores were not statistically significant.

[1-3] FFS had fewer than 100 respondents on the Rating of Specialist Seen Most Often and Customer Service measures. NCQA requires a minimum of 100 responses to each measure in order to report the measure as a CAHPS Survey result.
[1-4] PCPP had fewer than 100 respondents on the Customer Service measure. NCQA requires a minimum of 100 responses to each measure in order to report the measure as a CAHPS Survey result.

Plan Comparisons

In order to identify performance differences in client satisfaction between the two FFS and PCPP Colorado Medicaid plans, the results of these two plans were compared to one another using standard statistical tests. These comparisons were performed on CAHPS four global ratings and five composite measures. The detailed results of the plan-to- plan comparative analysis are described in the Results section beginning on page 2-20. The following are highlights from this comparison:

- Colorado Medicaid PCPP performed significantly better than FFS on one of the nine 2007 CAHPS measures: Rating of Health Plan.
- Colorado Medicaid FFS did not perform significantly better than PCPP on any of the 2007 CAHPS measures.

Priorities for Quality Improvement

The Child Medicaid CAHPS Survey analytic results were used to identify priority areas for quality improvement. These priority areas are described in the Recommendations section of this report. The following are the top priorities for FFS and PCPP:

FFS

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- How Well Doctors Communicate

PCPP

- Rating of Personal Doctor
- How Well Doctors Communicate

The Colorado Child Medicaid CAHPS Health Plan Survey was administered in accordance with all NCQA specifications. Clients eligible for sampling included those who were enrolled in FFS or PCPP at the time the sample was drawn and who were continuously enrolled in FFS or PCPP for at least five of the last six months (July through December) of 2006. Child clients eligible for sampling included those who were 17 years of age or younger as of December 31, 2006.

Survey Administration and Response Rates

Survey Administration

The standard NCQA Healthcare Effectiveness Data and Information Set (HEDIS®) Specifications for Survey Measures requires a sample size of 1,650 clients for the Child Medicaid CAHPS Health Plan Survey.[2-1,2-2] The specifications also permit oversampling in increments of 5 percent up to 30 percent. For Colorado Medicaid FFS and PCPP, 5 percent oversampling was performed on the child population. Based on this rate, a total random sample of 1,733 child clients was selected from each participating plan. The oversampling was performed to ensure a greater number of respondents to each CAHPS measure.

The survey administration protocol was designed to achieve a high response rate from clients, thus minimizing the potential effects of non-response bias. The survey process allowed clients two methods by which they could complete the surveys. The first, or mail phase, consisted of a survey being mailed to the sampled clients. For the Colorado Medicaid FFS and PCPP, all sampled clients received an English version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled clients who had not mailed in a completed survey. Up to six CATI calls were made to each non-respondent.[2-3] Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-3.

Response Rates

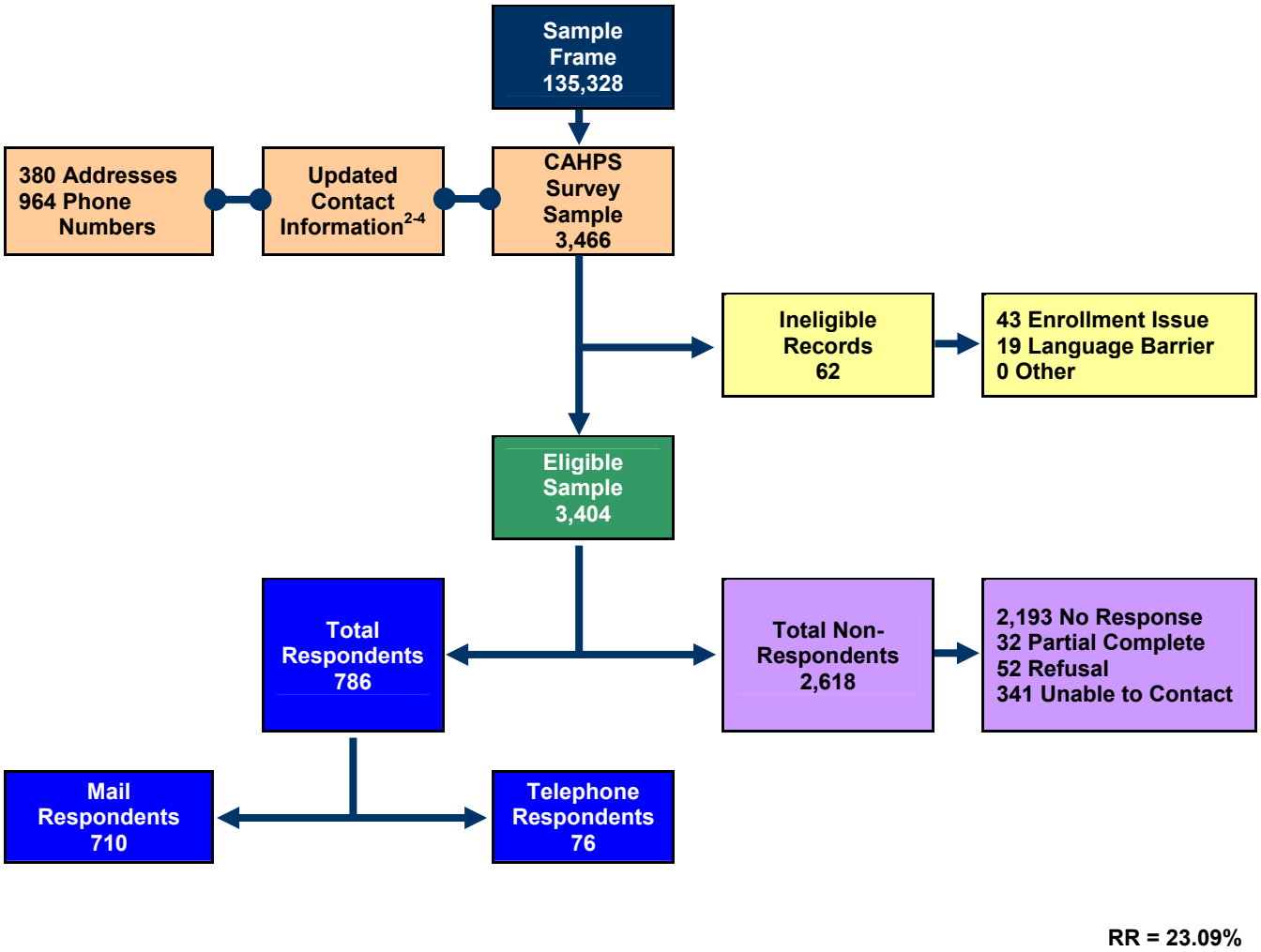
The Colorado Child Medicaid CAHPS Health Plan Survey administration was designed to garner the highest possible response rate. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible clients of the sample. A client's survey was assigned a disposition code of "completed" when question number 1 and 80 percent of the total pertinent questions were answered. Questions that were appropriately skipped (i.e., items skipped per skip

[2-1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2-2] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.
[2-3] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2007 Survey Measures.* Washington, DC: NCQA Publication, 2006.

pattern instructions) did not count against the required 80 percent. Eligible clients included the entire random sample (including any oversample) minus ineligible clients. Ineligible clients met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier.

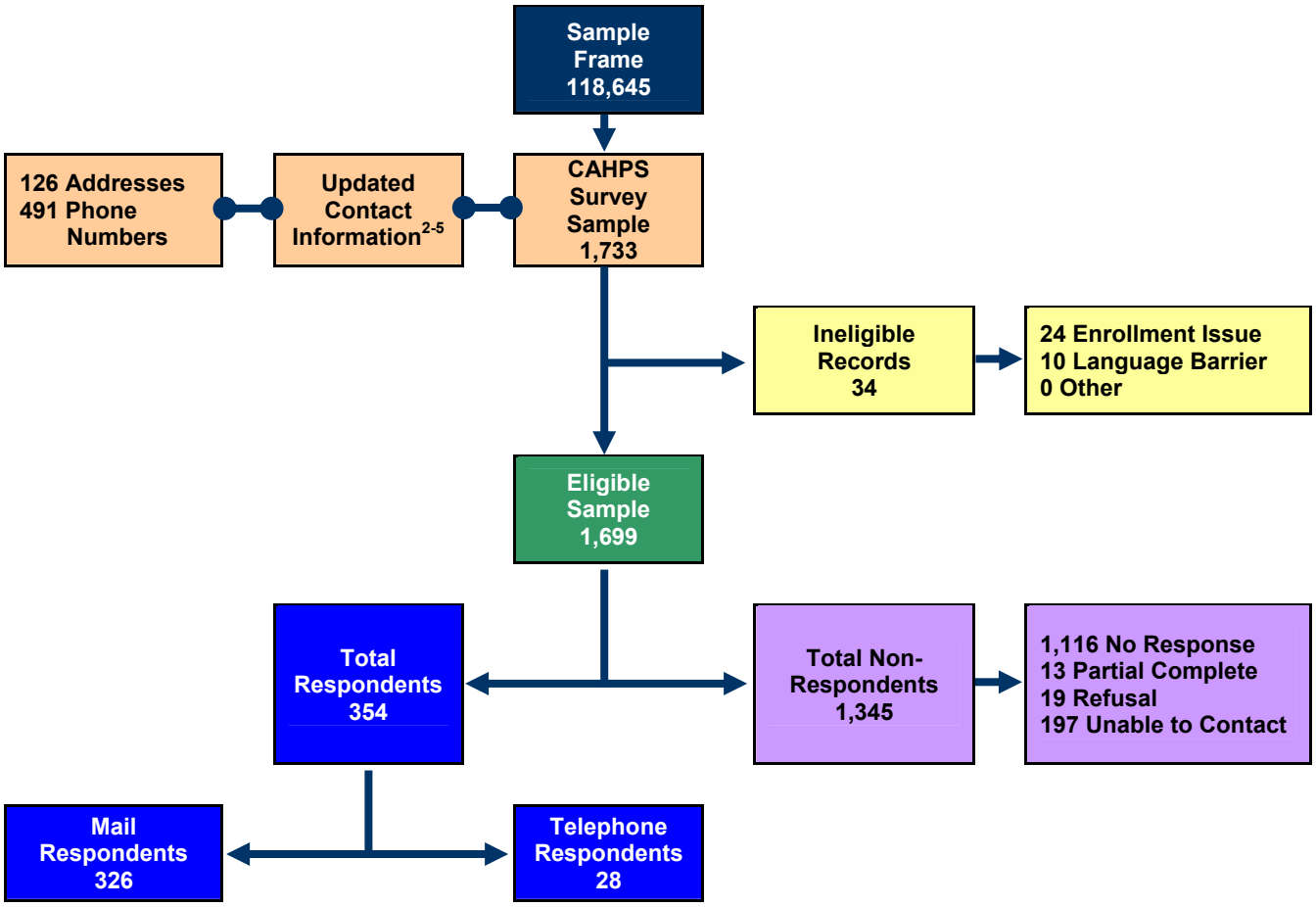
A total of 786 completed surveys were returned on behalf of child clients, including 354 FFS and 432 PCPP completed surveys. Figure 2-1 shows the distribution of survey dispositions and the response rate (RR) for Colorado Medicaid FFS and PCPP combined. Figure 2-2 and Figure 2-3, on pages 2-3 and 2-4, show the individual distribution of survey dispositions and response rates for FFS and PCPP, respectively. 2007 Child Medicaid response rates did not differ significantly from the 2006 rates; however, they were slightly lower due to a high number of bad telephone numbers.

Figure 2-1—Distribution of Surveys for Colorado Medicaid (Combined FFS and PCPP)



[2-4] Prior to survey administration, address and phone information is updated for clients of the CAHPS sample using the United State Postal Services' National Change of Address (NCOA) and Telematch databases. The number of updated addresses and telephone numbers is provided for informational purposes only. Per NCQA HEDIS Specifications, these clients are retained within the CAHPS Survey sample.

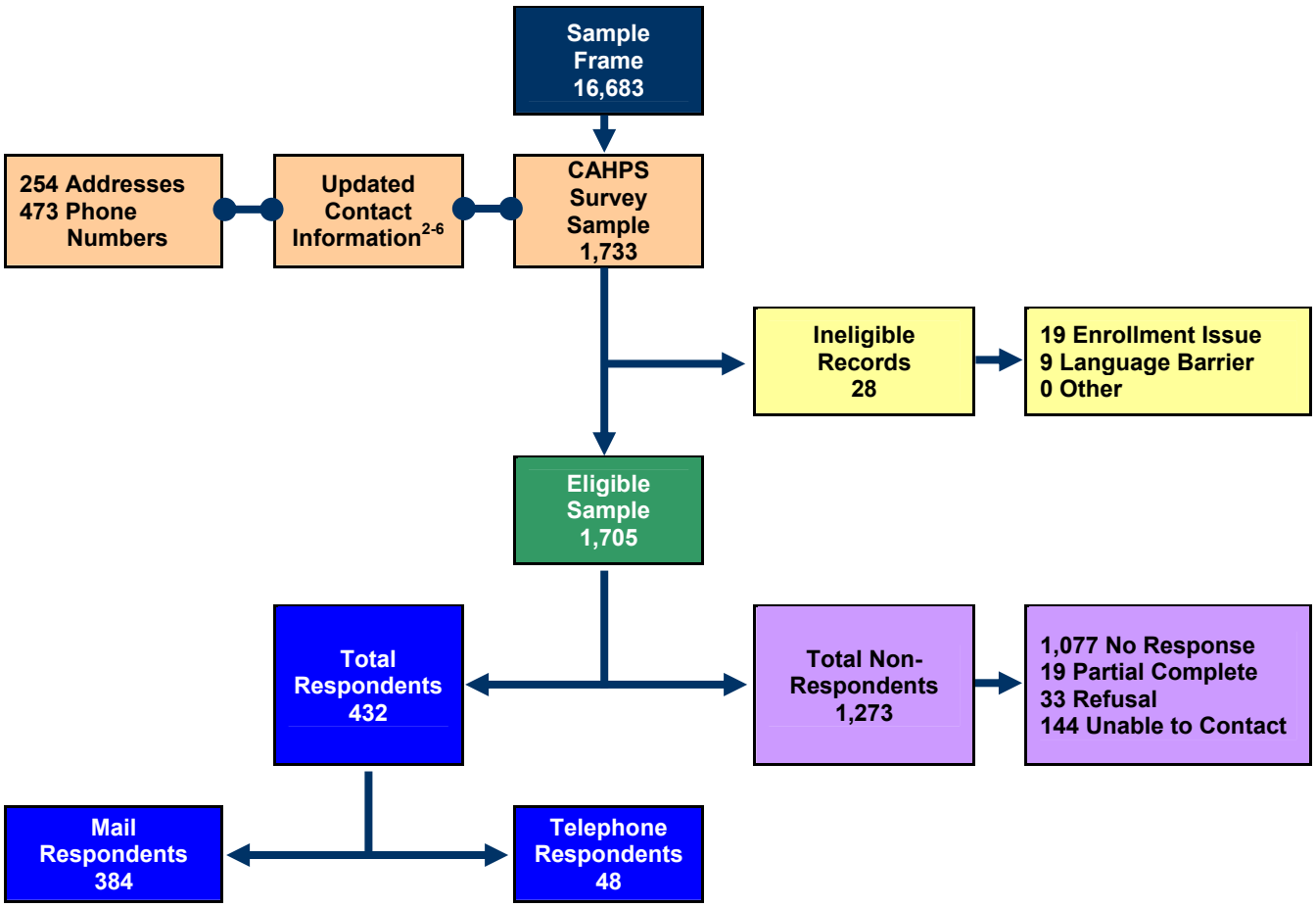
Figure 2-2—Distribution of Surveys for Colorado Medicaid FFS



RR = 20.84%

[2-5] Prior to survey administration, address and phone information is updated for clients of the CAHPS sample using the United State Postal Services' National Change of Address (NCOA) and Telematch databases. The number of updated addresses and telephone numbers is provided for informational purposes only. Per NCQA HEDIS Specifications, these clients are retained within the CAHPS Survey sample.

Figure 2-3—Distribution of Surveys for Colorado Medicaid PCPP



RR = 25.34%

[2-6] Prior to survey administration, address and phone information is updated for clients of the CAHPS sample using the United State Postal Services' National Change of Address (NCOA) and Telematch databases. The number of updated addresses and telephone numbers is provided for informational purposes only. Per NCQA HEDIS Specifications, these clients are retained within the CAHPS Survey sample.

Child and Respondent Demographics

In general, the demographics of a response group influence overall client satisfaction scores. For example, older and healthier respondents tend to report higher levels of client satisfaction. Therefore, caution should be exercised when comparing populations that have significantly different demographic properties. Currently, NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.[2-7]

Table 2-1 shows the demographic characteristics of children for whom a parent/caretaker completed a Child CAHPS Health Plan Survey.

Table 2-1—Child Demographics
Age, Gender, Race/Ethnicity, and General Health Status

	Colorado Medicaid (FFS and PCPP Combined)	Colorado Medicaid FFS	Colorado Medicaid PCPP
Age			
Less than 1	4.6%	8.3%	1.6%
1 to 3	22.0%	27.6%	17.4%
4 to 7	26.4%	23.1%	29.1%
8 to 12	21.6%	18.2%	24.4%
13 to 18[2-8]	25.4%	22.8%	27.4%
Gender			
Male	54.8%	54.1%	55.3%
Female	45.2%	45.9%	44.7%
Race/Ethnicity			
Multi-Racial	11.4%	11.5%	11.3%
White	58.4%	59.1%	57.8%
Black	8.1%	7.6%	8.5%
Asian	3.3%	2.7%	3.9%
Other	18.8%	19.1%	18.5%
General Health Status			
Excellent	37.6%	39.5%	36.1%
Very Good	34.3%	35.2%	33.6%
Good	19.9%	19.0%	20.6%
Fair	7.3%	5.1%	9.0%
Poor	0.9%	1.1%	0.7%
Please note: Percentages may not total 100% due to rounding.			

[2-7] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2007*. Rockville, MD: US Department of Health and Human Services, November 2006.
[2-8] Children are eligible for inclusion in CAHPS if they are age 17 or younger as of December 31, 2006. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2007, and the time of survey administration.

Table 2-2 shows the self-reported age, level of education, and relationship to the child for the respondents who completed the CAHPS Child Medicaid Health Plan Survey.

Table 2-2—Respondent Demographics Age, Education, and Relationship to Child			
	Colorado Medicaid (FFS and PCPP Combined)	**Colorado Medicaid FFS**	**Colorado Medicaid PCPP**
Respondent Age			
Under 18	7.5%	7.1%	7.9%
18 to 24	11.8%	15.1%	9.0%
25 to 34	28.0%	26.2%	29.5%
35 to 44	26.0%	26.8%	25.3%
45 to 54	16.4%	17.7%	15.3%
55 to 64	7.2%	4.8%	9.0%
65 or older	3.2%	2.3%	3.9%
Respondent Education			
8th Grade or Less	4.9%	5.2%	4.7%
Some High School	11.5%	8.3%	14.1%
High School Graduate	31.4%	29.9%	32.7%
Some College	39.8%	42.5%	37.6%
College Graduate	12.3%	14.1%	10.8%
Relationship to Child			
Mother or Father	81.2%	84.9%	78.1%
Grandparent	12.6%	9.1%	15.4%
Legal Guardian	5.0%	5.4%	4.7%
Other	1.3%	0.6%	1.9%
Please note: Percentages may not total 100% due to rounding.			

NCQA Comparisons

In order to assess the overall performance of FFS and PCPP, each CAHPS measure was scored on a three-point scale using the scoring methodology detailed in NCQA's HEDIS Specifications for Survey Measures.[2-9] The resulting three-point mean scores were compared to 2006 NCQA National Child Medicaid averages.[2-10,2-11] Based on this comparison, plan ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating and five is the highest possible rating.

★★★★★	indicates a score at or above the 80th percentile
★★★★	indicates a score between the 60th and 79th percentiles
★★★	indicates a score between the 40th and 59th percentiles
★★	indicates a score between the 20th and 39th percentiles
★	indicates a score below the 20th percentile
NA	indicates that the plan did not meet the minimum NCQA reporting threshold of 100 respondents

Table 2-3 shows both plans' three-point mean scores and overall client satisfaction ratings on each of the four global ratings.

Table 2-3—NCQA Comparisons: Overall Client Satisfaction Ratings on the Global Ratings

	Colorado Medicaid FFS		Colorado Medicaid PCPP	
Global Ratings	**Three-Point Mean**	**Star Rating**	**Three-Point Mean**	**Star Rating**
Rating of Health Plan	2.353	★	2.475	★★
Rating of All Health Care	2.460	★	2.533	★★
Rating of Personal Doctor	2.448	★	2.492	★
Rating of Specialist Seen Most Often	NA	NA	2.508	★★★

Please note: A minimum of 100 responses to each global rating is required in order to report the measure as a CAHPS Survey result. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

[2-9] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

[2-10] *NCQA National Distribution of 2006 Child Medicaid Plan-level Results*. Prepared by NCQA for HSAG on November 2, 2006. NCQA does not publish CAHPS Benchmarks and Thresholds for the Child Medicaid population. Therefore, star ratings are derived from a custom analysis performed annually by NCQA on behalf of HSAG. This custom analysis provides HSAG with the NCQA National Distribution of Child Medicaid CAHPS results. This distribution is used to derive the star ratings.

[2-11] NCQA national child Medicaid data for 2007 were not available at the time this report was prepared.

Table 2-4 shows both plans' three-point mean scores and overall client satisfaction ratings on each of the five composite measures.

Table 2-4—NCQA Comparisons: Overall Client Satisfaction Ratings on the Composite Measures

	Colorado Medicaid FFS		Colorado Medicaid PCPP	
Composite Measure	Three-Point Mean	Star Rating	Three-Point Mean	Star Rating
Getting Needed Care	2.712	★★	2.731	★★
Getting Care Quickly	2.375	★★★	2.347	★★★
How Well Doctors Communicate	2.545	★	2.551	★
Courteous and Helpful Office Staff	2.634	★★	2.604	★★
Customer Service	NA	NA	NA	NA

Please note: A minimum of 100 responses to each composite measure is required in order to report the measure as a CAHPS Survey result. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Summary of NCQA Comparison Results

The NCQA comparisons revealed the following summary results.

- NCQA's National Distribution of Child Medicaid CAHPS results used to derive the star ratings were higher than in past CAHPS cycles.[2-12] Scores that may have received higher star ratings in prior years may receive lower star ratings in 2007 due to this change.[2-13] Therefore, caution should be exercised when comparing 2007 Child Medicaid CAHPS star ratings to previous years' star ratings.
- Colorado Medicaid FFS scored between the 40th and 59th percentile nationally on one measure: Getting Care Quickly. FFS also scored between the 20th and 39th percentile on two additional measures: Getting Needed Care and Courteous and Helpful Office Staff. Finally, FFS scored below the 20th percentile on four measures: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and How Well Doctors Communicate.
- Colorado Medicaid PCPP scored between the 40th and 59th percentiles nationally on two of the measures: Rating of Specialist Seen Most Often and Getting Care Quickly. PCPP also scored between the 20th and 39th percentiles on four additional measures: Rating of Health Plan, Rating of All Health Care, Getting Needed Care, and Courteous and Helpful Office Staff. Finally, PCPP scored below the 20th percentile nationally on two measures: Rating of Personal Doctor and How Well Doctors Communicate.

[2-12] *NCQA National Distribution of 2006 Child Medicaid Plan-level Results*. Prepared by NCQA for HSAG on November 2, 2006.
[2-13] The three-point means reported on the majority of the measures at each quintile (i.e., 20th, 40th, 60th, and 80th percentiles) were higher than those reported by NCQA in prior years.

Trend Analysis

In 2006, the Colorado Medicaid FFS and PCPP had 376 and 502 completed Child Medicaid CAHPS Health Plan Surveys, respectively. These completed surveys were used to calculate the 2006 CAHPS results presented in this section for trending purposes.[2-14]

For purposes of the trend analysis, question summary rates were calculated for each global rating and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.[2-15] The scoring of the global and composite measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS Specifications for Survey Measures*, *HEDIS Volume 3*.

The 2007 Colorado Medicaid and plan-level CAHPS scores were compared to the corresponding 2006 scores to determine whether there were statistically significant differences. Figure 2-4 through Figure 2-12 show the results of this trend analysis. The trend analysis revealed that there were no statistically significant differences between scores in 2007 and scores in 2006. If statistically significant differences had been observed, then they would have been denoted with directional triangles.[2-16]

[2-14] For detailed information on the 2006 Colorado Medicaid CAHPS results, please refer to the 2006 Child Medicaid CAHPS report.

[2-15] National Committee for Quality Assurance. *HEDIS® 2007*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

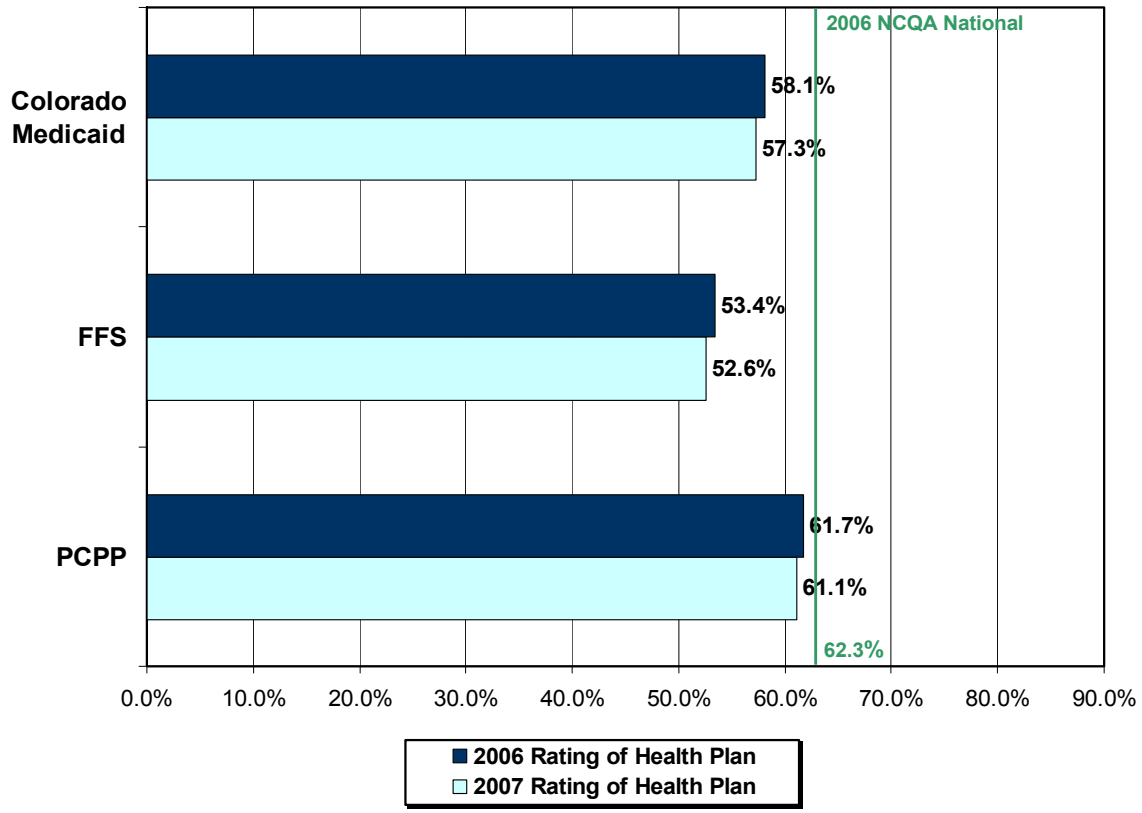
[2-16] If there had been statistically significant differences, scores that were statistically higher in 2007 than in 2006 would have been noted with upward (▲) triangles, and scores that were statistically lower in 2007 than in 2006 would have been noted with downward (▼) triangles.

Global Ratings

Rating of Health Plan

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 2-4 shows the 2006 and 2007 Rating of Health Plan question summary rates for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP. [2-17]

Figure 2-4—Trend Analysis: Rating of Health Plan

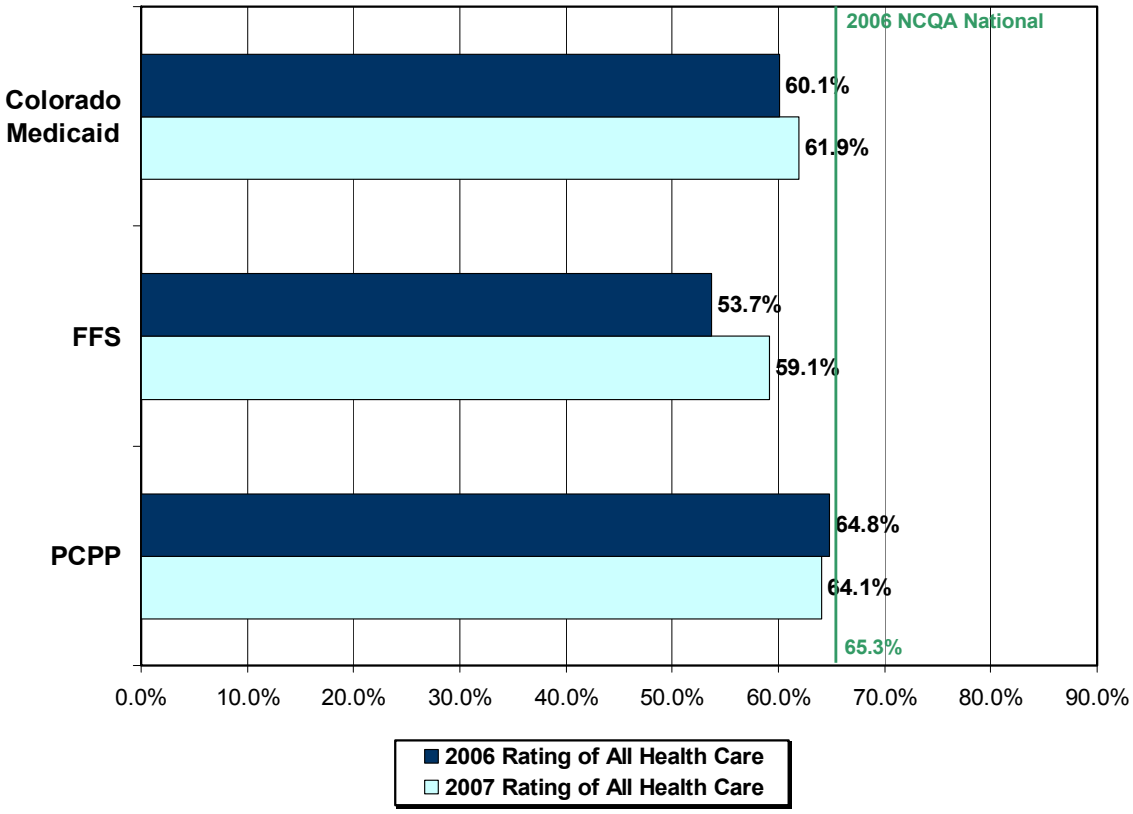


[2-17] Colorado Medicaid scores in this section are limited to the combined results of Colorado Medicaid FFS and PCPP.

Rating of All Health Care

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked to rate all of their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 2-5 shows the 2006 and 2007 Rating of All Health Care question summary rates for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

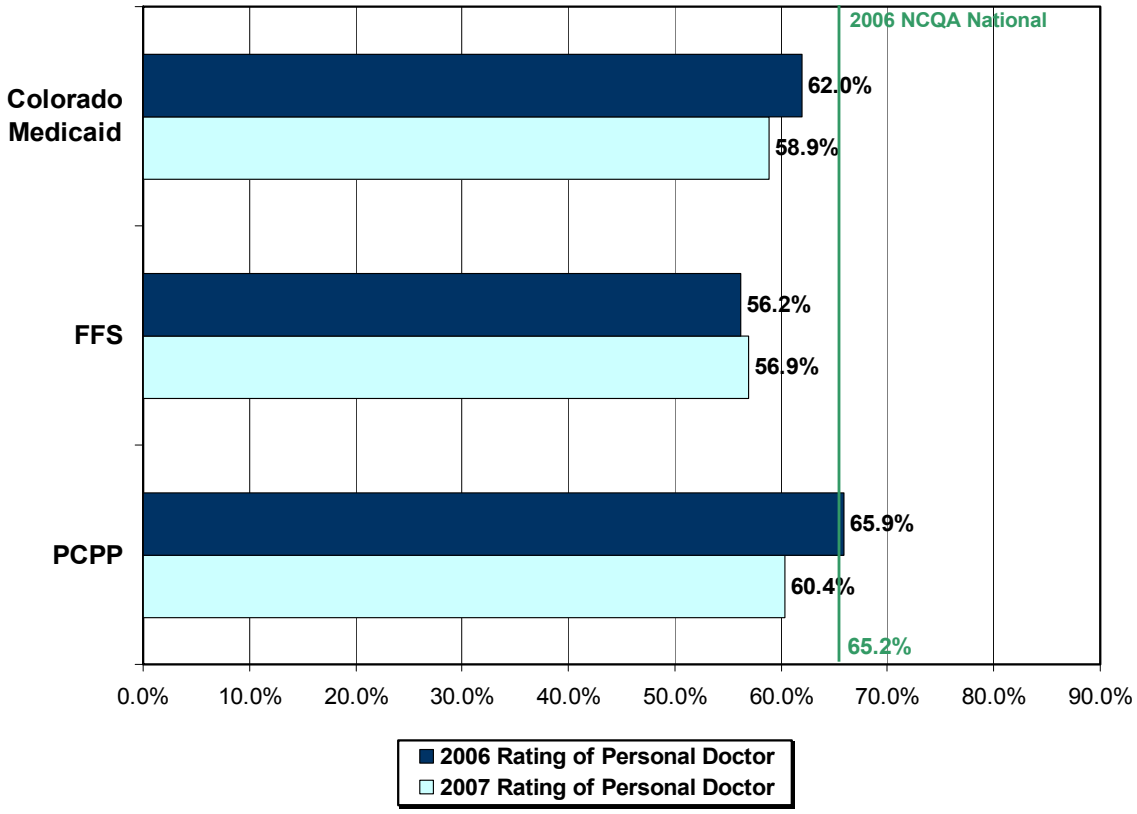
Figure 2-5—Trend Analysis: Rating of All Health Care



Rating of Personal Doctor

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 2-6 shows the 2006 and 2007 Rating of Personal Doctor question summary rates for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

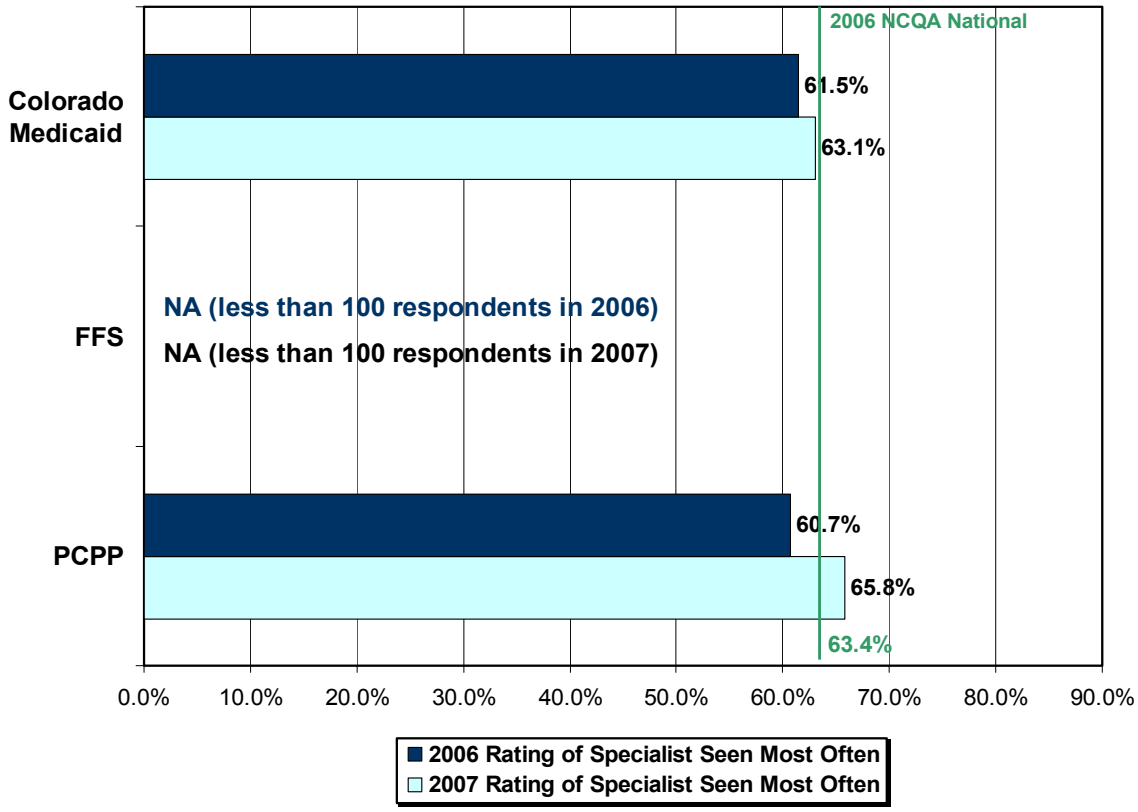
Figure 2-6—Trend Analysis: Rating of Personal Doctor



Rating of Specialist Seen Most Often

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked to rate their child's specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Top-level responses were defined as those responses with a rating of 9 or 10. Figure 2-7 shows the 2006 and 2007 Rating of Specialist Seen Most Often question summary rates for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

Figure 2-7—Trend Analysis: Rating of Specialist Seen Most Often

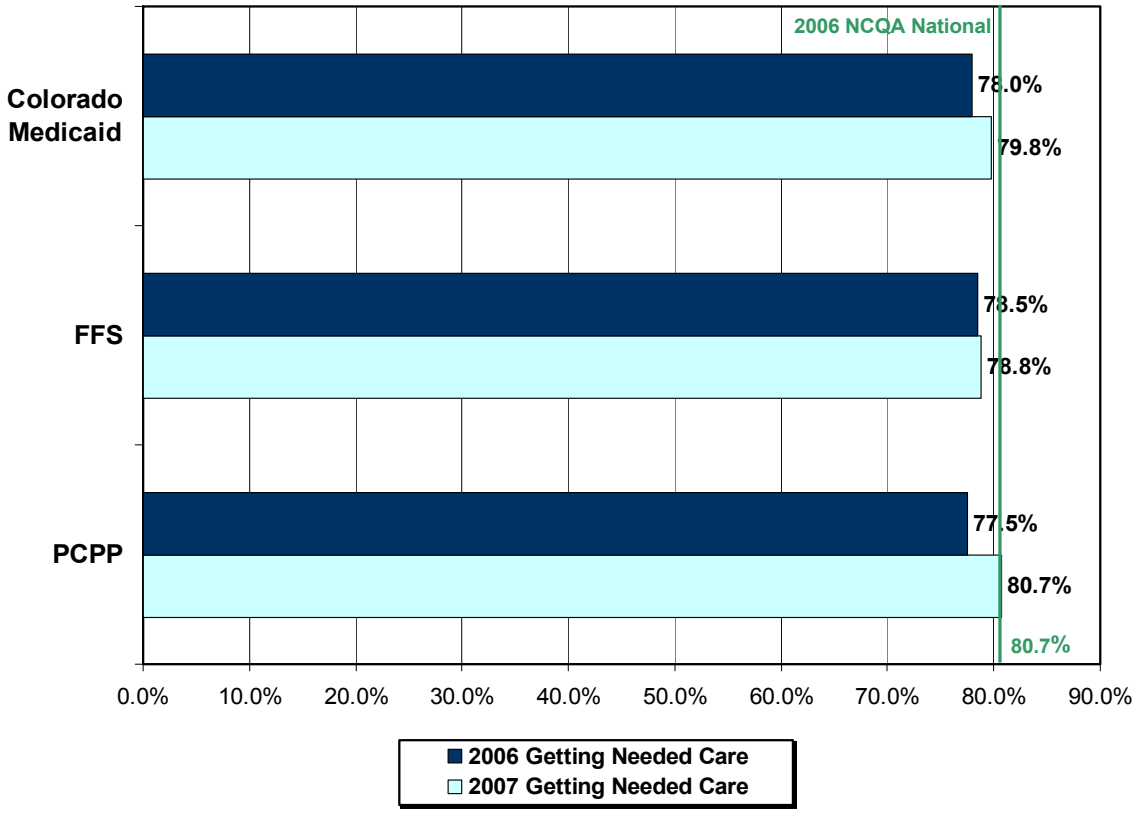


Composite Measures

Getting Needed Care

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked five questions to assess whether their child had a problem getting needed care. For each of these questions (Questions 7, 10, 25, 26, and 27), a top-level response was defined as a response of "Not a Problem."[2-18] Figure 2-8 shows the 2006 and 2007 Getting Needed Care global proportions for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

Figure 2-8—Trend Analysis: Getting Needed Care

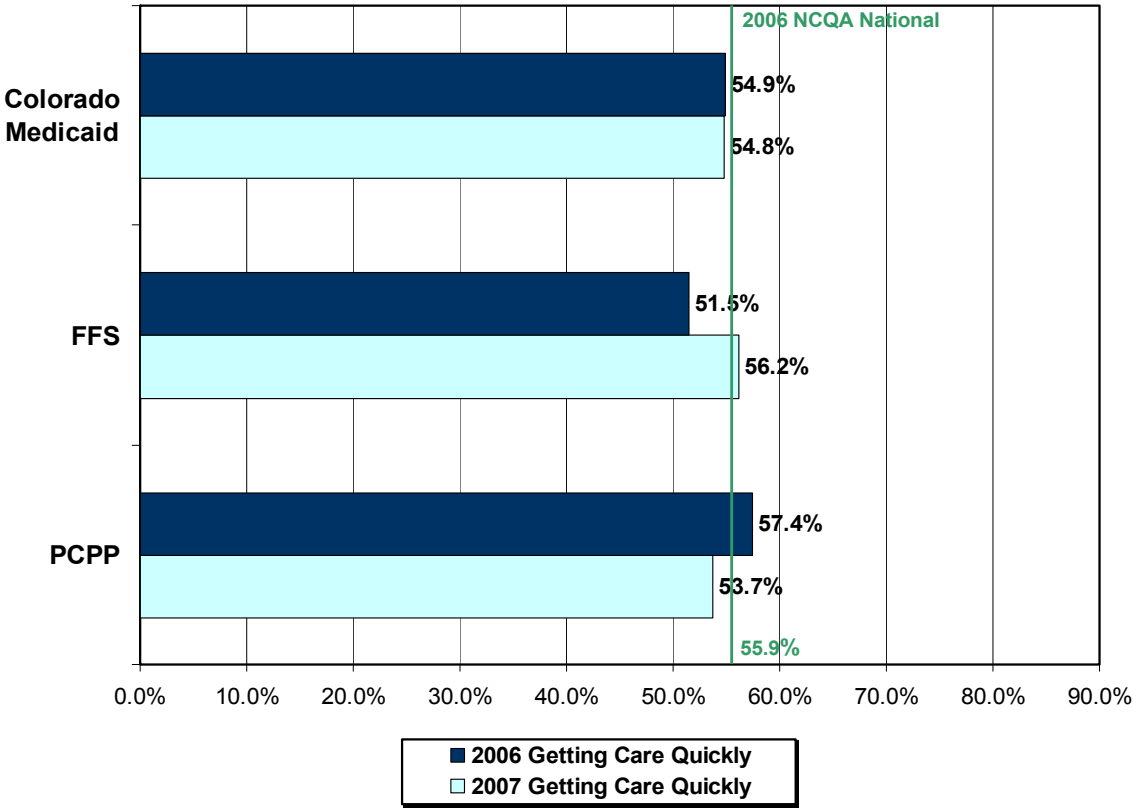


[2-18] Per NCQA protocol, question 26 in the child survey is a gate item for question 27. Respondents who select "No" to question 26 are instructed to skip question 27. As a result of the skip pattern, respondents who appropriately skip question 27 (i.e., who select "No" to question 26) are scored as "Not a Problem" for question 27.

Getting Care Quickly

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked four questions to assess how often their child received care quickly. For each of these questions (Questions 15, 17, 20, and 28), a top-level response was defined as a response of "Always." Figure 2-9 shows the 2006 and 2007 Getting Care Quickly global proportions for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

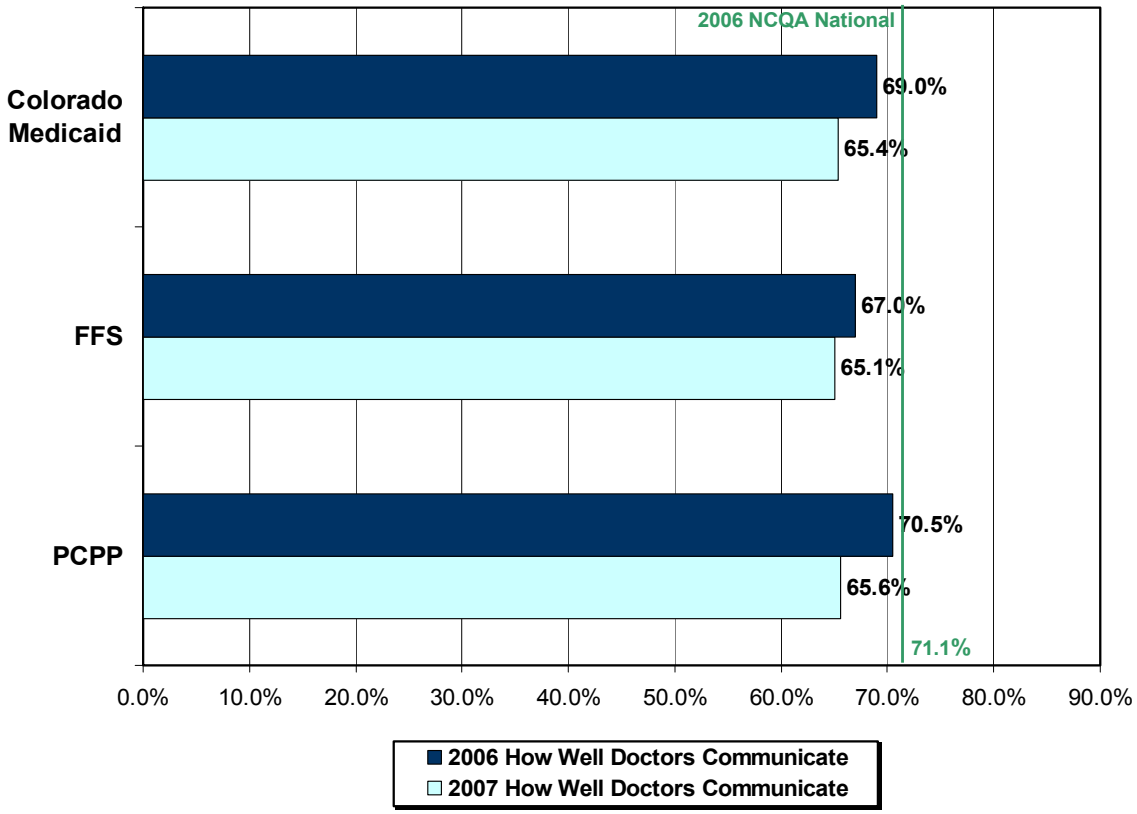
Figure 2-9—Trend Analysis: Getting Care Quickly



How Well Doctors Communicate

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked four questions to assess how often doctors communicated well. For each of these questions (Questions 31, 33, 34, and 38), a top-level response was defined as a response of "Always." Figure 2-10 shows the 2006 and 2007 How Well Doctors Communicate global proportions for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

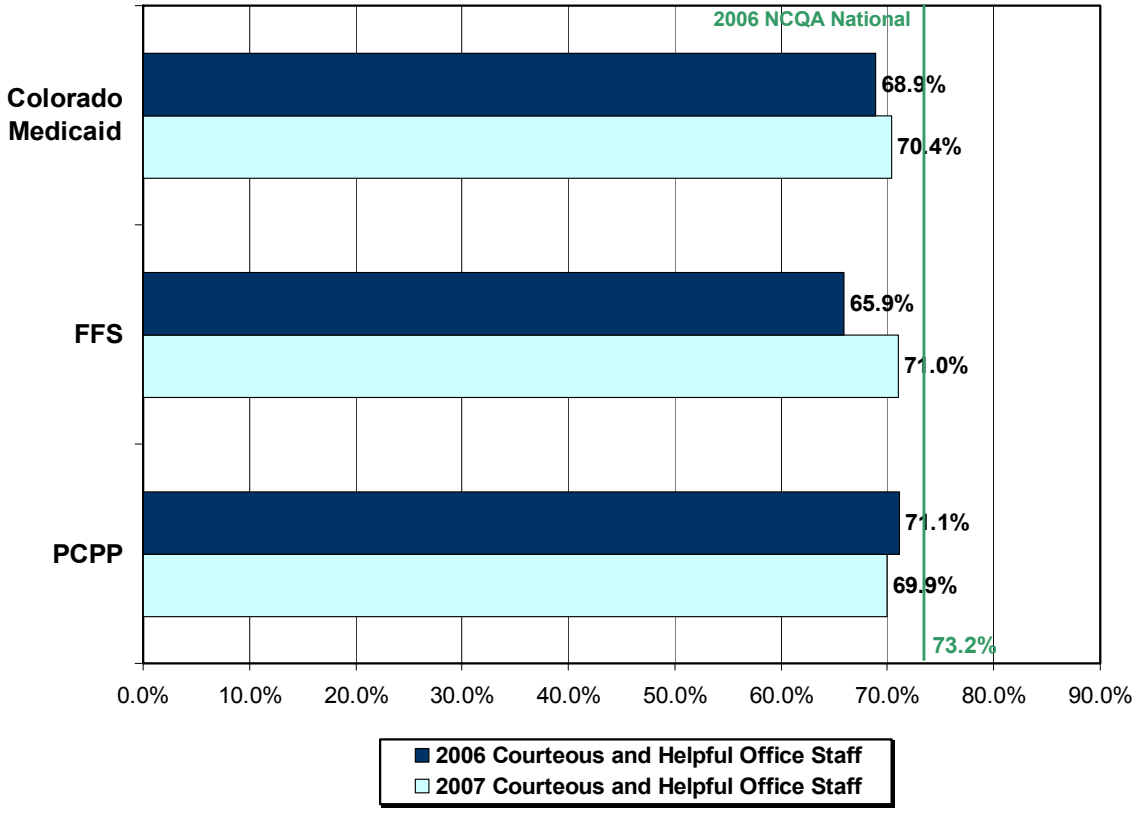
Figure 2-10—Trend Analysis: How Well Doctors Communicate



Courteous and Helpful Office Staff

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked two questions to assess how often staff members at a doctor's office or clinic were courteous and helpful. For each of these questions (Questions 29 and 30), a top-level response was defined as a response of "Always." Figure 2-11 shows the 2006 and 2007 Courteous and Helpful Office Staff global proportions for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP.

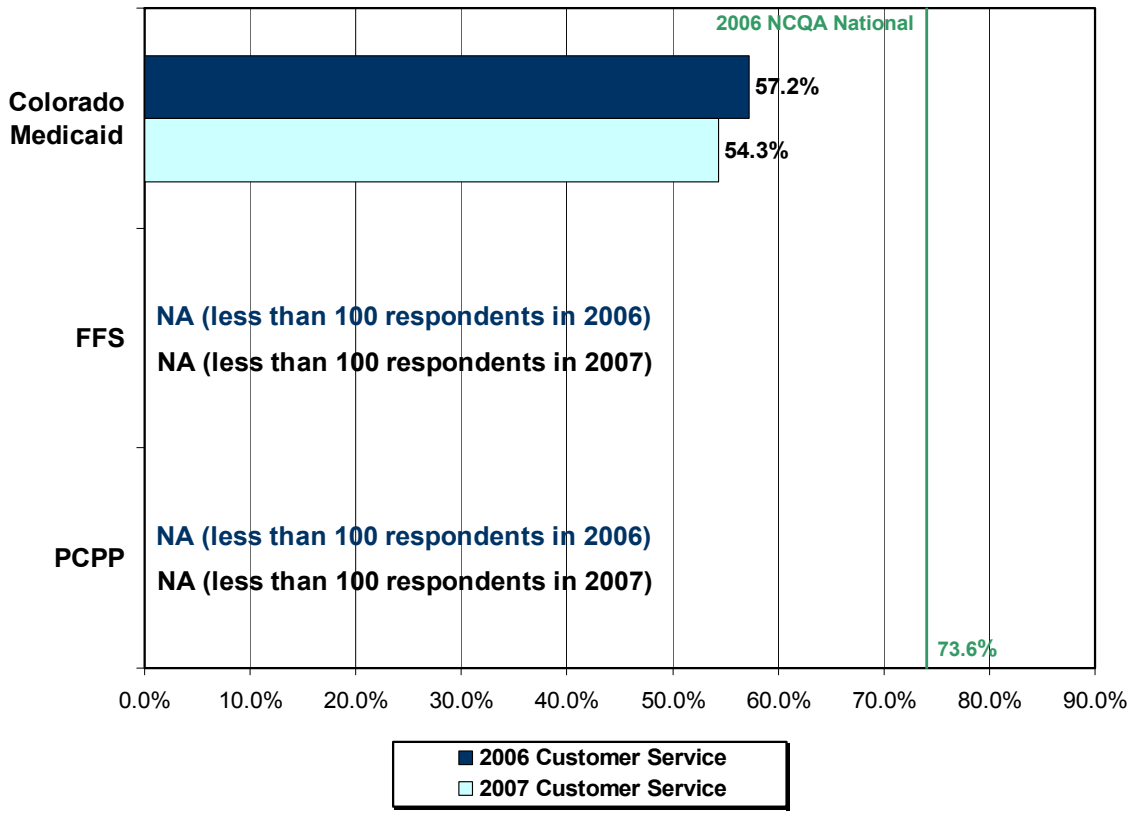
Figure 2-11—Trend Analysis: Courteous and Helpful Office Staff



Customer Service

Colorado Medicaid FFS and PCPP parents/caretakers of child clients were asked two questions to assess whether their child had a problem with customer service. For each of these questions (Questions 53 and 55), a top-level response was defined as a response of "Not a Problem." Figure 2-12 depicts the 2006 and 2007 Customer Service global proportions for Colorado Medicaid (combined FFS and PCPP), FFS, and PCPP. Combing the two plans' data resulted in over 100 respondents. Therefore, aggregate results can be reported for the Colorado Medicaid respondent data.

Figure 2-12—Trend Analysis: Customer Service



Summary of Trend Analysis Results

The 2006 to 2007 trend analysis revealed that there were no *statistically* significant differences in performance on any of the 2007 Child Medicaid CAHPS measures. HSAG will continue to evaluate trends in performance during future child CAHPS survey administrations.

Plan Comparisons

In order to identify performance differences in client satisfaction between the two FFS and PCPP Colorado Medicaid plans, the results for FFS and PCPP were compared to one another using standard tests for statistical significance.

Note: Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

For purposes of the plan comparisons, question summary rates and global proportions were calculated using the methodology described in the trend analysis section. In short, the scoring of the global ratings and composite measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS Specifications for Survey Measures, Volume 3*.

Statistically significant differences between the two plans are noted by arrows in the tables. When a statistically significant difference exists between the plans' scores, the higher performing plan will be denoted with an upward (↑) arrow. Conversely, the lower performing plan will be denoted with a downward (↓) arrow. If the differences are not statistically significant, then both plans' scores are denoted with a horizontal (↔) arrow. If either plan does not meet NCQA's requirement of 100 respondents, then comparisons are not performed, and the question summary rate or global proportion is denoted as Not Applicable (NA).

Table 2-5 shows both plans' question summary rates and plan comparisons on each of the four global ratings.

Table 2-5—Plan Comparisons: Global Ratings

	Colorado Medicaid FFS	Colorado Medicaid PCPP
Global Ratings	**Question Summary Rate**	**Question Summary Rate**
Rating of Health Plan	52.6% ↓	61.1% ↑
Rating of All Health Care	59.1% ↔	64.1% ↔
Rating of Personal Doctor	56.9% ↔	60.4% ↔
Rating of Specialist Seen Most Often	NA	65.8% NA

Please note: A minimum of 100 responses to each global rating is required in order to report the measure as a CAHPS Survey result. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Table 2-6 shows both plans' global proportions and plans comparisons on each of the five composite measures.

Table 2-6—Plan Comparisons: Composite Measures		
	Colorado Medicaid FFS	Colorado Medicaid PCPP
Composite Measure	**Global Proportion**	**Global Proportion**
Getting Needed Care	78.8% ↔	80.7% ↔
Getting Care Quickly	56.2% ↔	53.7% ↔
How Well Doctors Communicate	65.1% ↔	65.6% ↔
Courteous and Helpful Office Staff	71.0% ↔	69.9% ↔
Customer Service	NA	NA
Please note: A minimum of 100 responses to each composite measure is required in order to report the measure as a CAHPS Survey result. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).		

Summary of Plan Comparison Results

The plan comparisons revealed the following summary results:

- Colorado Medicaid PCPP performed significantly better than FFS on one measure: Rating of Health Plan.
- Colorado Medicaid FFS did not perform significantly better than PCPP on any of the 2007 CAHPS measures.
- There were no statistically significant differences between PCPP and FFS on six of the measures: Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff.
- Two of the measures could not be compared due to an insufficient number of respondents in one or both plans: Rating of Specialist Seen Most Often and Customer Service.

General Recommendations

Although the Child Medicaid CAHPS Survey response rates were higher in 2007 than in 2006, inaccurate telephone information continues to be a major issue. As discussed with the Department in January 2007, only 25 percent of the telephone numbers in the Colorado sample frame had a valid Colorado area code. HSAG recommends exploring other administrative data options that can be used to acquire more accurate telephone information.

Requests for Spanish language surveys continue to be low. Despite the addition of a Spanish language letter on the back of the cover letter, the number of requests for Spanish surveys did not increase significantly when compared to prior survey administrations. If the Department is interested in aggressively targeting their Spanish-speaking population, then another option would be a dual survey mailing in English and Spanish to those clients with a primary language indicator of Spanish in Colorado's administrative data. If the Department is interested in this option, additional funds would need to be procured to cover the additional cost of a dual mailing. As in prior years, HSAG would work with NCQA to obtain approval for this optional protocol. It is important to note that the implementation of this more costly protocol does not guarantee a higher number of survey responses from Spanish-speaking members.

Plan-Specific Recommendations

This section presents Child Medicaid CAHPS recommendations for Colorado Medicaid FFS and PCPP. The recommendations are grouped into four main categories for quality improvement (QI): top, high, moderate, and low priority. The priority of the recommendations is based on the combined results of the NCQA comparisons and trend analysis.

The priorities presented in this section should be viewed as potential suggestions for QI. Additional sources of QI information, such as other HEDIS results, should be incorporated into a comprehensive QI plan. A number of resources are available to assist state Medicaid agencies and health plans with the implementation of CAHPS-based QI initiatives. A comprehensive list of these resources is included in the Reader's Guide Section, beginning on page 4-9.

Table 3-1 shows how the priority assignments are determined for each plan on each CAHPS measure.

Table 3-1—Derivation of Priority Assignments on each CAHPS Measure		
NCQA Comparisons (Star Ratings)	**Trend Analysis**	**Priority Assignment**
★	▼	Top
★	—	Top
★	▲	Top
★★	▼	Top
★★	—	High
★★	▲	High
★★★	▼	High
★★★	—	Moderate
★★★	▲	Moderate
NA	NA	Moderate
★★★★	▼	Moderate
★★★★	—	Moderate
★★★★★	▼	Moderate
★★★★	▲	Low
★★★★★	—	Low
★★★★★	▲	Low

Please note: If statistically significant differences were not identified during the trend analysis, this lack of statistical significance is denoted with a hyphen (—) in the table above.

Global Ratings

Rating of Health Plan

Table 3-2 shows the priority assignments for the overall Rating of Health Plan measure.

Table 3-2—Priority Assignments: Rating of Health Plan			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★	—	Top
PCPP	★★	—	High

At the client level, the overall Rating of Health Plan measure is driven principally by client perception of both plan and physician office operations.

Plan operations include those services provided by the plan directly:

- Distribution of information about the plan.
- Customer service.
- Identification of a provider.

Physician office operations cover all activities that take place in physician offices:

- Scheduling of routine appointments.
- Obtaining interpreters.
- Clients' satisfaction with their physicians.

In order to improve the overall Rating of Health Plan, QI activities should target both plan and physician office operations.

Rating of All Health Care

Table 3-3 shows the priority assignments for the Rating of All Health Care measure.

Table 3-3—Priority Assignments: Rating of All Health Care			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★	—	Top
PCPP	★★	—	High

At the client level, rating of physicians, perception of access to care, experience with care, and experience with the health plan principally drive the overall Rating of All Health Care measure. The rating of physicians includes the overall satisfaction with both personal doctors and specialists.

Access to care issues include:

- Problems obtaining the care that the client and/or physician thought was necessary.
- Problems obtaining urgent care in a timely fashion.
- Problems finding a personal doctor.
- Difficulty receiving assistance when calling physician offices.

Experience with care issues include:

- Receiving ample time with the physician.
- Having questions and concerns addressed by the physician.
- Receiving understandable and useful information from the physician.
- Being provided care in a timely fashion.

Experience with health plan issues include:

- Receiving accurate and understandable information from the plan.
- Receiving adequate customer service.
- Avoiding problems with health plan paperwork.

In order to improve the overall Rating of All Health Care measure, QI activities should target client satisfaction with physicians, client perception of access to care, experience with care, and experience with the health plan.

Rating of Personal Doctor

Table 3-4 shows the priority assignments for the Rating of Personal Doctor measure.

Table 3-4—Priority Assignments: Rating of Personal Doctor			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★	—	Top
PCPP	★	—	Top

At the client level, communication and waiting time issues principally drive this rating.

Communication issues include:

- Being treated with courtesy and respect.
- Being listened to carefully.
- Receiving clear explanations.

Waiting time issues include:

- Problems receiving needed care when desired.
- Issues acquiring care quickly.

In order to improve the Rating of Personal Doctor, QI activities should target these communication and waiting time issues.

Rating of Specialist Seen Most Often

Table 3-5 shows the priority assignments for the Rating of Specialist Seen Most Often measure.

Please note: Since the FFS plan did not achieve the NCQA-required minimum threshold of 100 responses to this measure, the Rating of Specialist Seen Most Often results cannot be reported for the FFS plan. Therefore, the FFS plan received a Not Applicable (NA) rating across all Rating of Specialist Seen Most Often analyses. Since performance information is unavailable on this measure, the default priority assignment is Moderate. This ensures continued focus on this measure despite an inability to report the CAHPS results.

Table 3-5—Priority Assignments: Rating of Specialist Seen Most Often

Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	NA	NA	Moderate
PCPP	★★★	—	Moderate

At the client level, "red tape" issues principally drive the overall rating of specialist and include:

- Ease of obtaining plan approval for the specialist visit.
- Ease of obtaining a referral to see the specialist.
- Availability to see the specialist in a timely fashion.

In order to improve the overall Rating of Specialist Seen Most Often, QI activities should target the ease of obtaining a referral and plan approval for a specialist visit. Additionally, the timeliness of specialist visits should be addressed if clients report dissatisfaction with lengthy wait times.

Composite Measures

Getting Needed Care

Table 3-6 shows the priority assignments for the Getting Needed Care measure.

Table 3-6—Priority Assignments: Getting Needed Care			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★★	—	High
PCPP	★★	—	High

At the client level, access-to-care issues principally drive this measure. Access-to-care issues include:

- Obtaining the care a doctor believed to be necessary.
- Helpfulness of office staff.

Some potential sources of access to care issues are resource and technical limitations, which include telephone systems and service expectations. In order to improve clients' satisfaction under the Getting Needed Care measure, QI activities should target obtaining the care a doctor believes to be necessary and helpfulness of office staff. Other potential actions could include producing a flow chart of the process from the client's view from beginning to end, identifying barriers or unnecessary steps, and creating new avenues of information.

Getting Care Quickly

Table 3-7 shows the priority assignments for the Getting Care Quickly measure.

Table 3-7—Priority Assignments: Getting Care Quickly			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★★★	—	Moderate
PCPP	★★★	—	Moderate

At the client level, waiting time issues principally drive this measure. Waiting time issues include:

- Waiting for an appointment for routine care.
- Waiting more than 15 minutes beyond the start of an appointment to be seen in the doctor's office.

In order to improve clients' satisfaction under the Getting Care Quickly measure, QI activities should target these wait time issues.

How Well Doctors Communicate

Table 3-8 shows the priority assignments for the How Well Doctors Communicate measure.

Table 3-8—Priority Assignments: How Well Doctors Communicate			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★	—	Top
PCPP	★	—	Top

At the client level, issues involving providing information to and receiving information from the provider principally drive this measure. These issues include:

- Careful listening by the providers.
- Clear explanations in response to questions.
- Spending a sufficient amount of time during the exchange of information.

Other possible sources of provider communication issues are time constraints; perceptions of the clients; and differences in experience, education, culture, and expectations. In order to improve clients' satisfaction under the How Well Doctors Communicate measure, QI activities should target careful listening by the providers, clear explanations in response to questions, and spending a sufficient amount of time during the exchange of information. Other potential actions could include staff training, mentoring or coaching, direct client feedback, and reviewing performance expectations and guidelines.

Courteous and Helpful Office Staff

Table 3-9 shows the priority assignments for the Courteous and Helpful Office Staff measure.

Table 3-9—Priority Assignments: Courteous and Helpful Office Staff			
Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	★★	—	High
PCPP	★★	—	High

At the client level, face-to-face interactions with the office staff members principally drive the Courteous and Helpful Office Staff composite score. These issues include:

- Perceptions of the courtesy and respect shown by the office staff.
- Helpfulness of the office staff.

Some potential sources of office staff interaction issues are physical nonverbal barriers, greeting and departure rituals, and resources to assist with procedures. In order to improve clients' satisfaction under this measure, QI activities should target perceptions of the courtesy and respect shown by the office staff and the helpfulness of the office staff. Some additional potential actions may include troubleshooting with clients, suggestion boxes, and a client-initiated reward or recognition system.

Customer Service

Table 3-10 shows the priority assignments for Customer Service measure.

Please note: Since neither plan achieved the NCQA-required minimum threshold of 100 responses to this measure, Customer Service composite results cannot be reported for either plan. Therefore, both plans received Not Applicable (NA) ratings across all Customer Service analyses. Since performance information is unavailable on this measure, the default priority assignment is Moderate. This ensures continued focus on this measure despite an inability to report the CAHPS results.

Table 3-10—Priority Assignments: Customer Service

Plan	NCQA Comparisons (Star Ratings)	Trend Analysis	Priority Assignment
FFS	NA	NA	Moderate
PCPP	NA	NA	Moderate

At the client level, issues that involve both obtaining and understanding information from the health plan are the key drivers of the Customer Service composite score. These issues include:

- Difficulty getting help when calling customer service.
- Difficulty finding or understanding information about the plan.

In order to improve clients' satisfaction under the Customer Service measure, QI activities should target perceptions of the accessibility and usefulness of the information provided. Other potential actions could include customer service training; allowing clients to voice concerns and questions via a technical support line; and updating information to account for differences in experience, education, culture, and expectations.

Summary of General Recommendations

In order to enhance the current Child Medicaid CAHPS protocol, HSAG recommends the following suggestions for consideration:

- Obtain client telephone information from a more accurate administrative data source.
- If the Department is interested in targeting Spanish-speaking clients, consider a dual English-Spanish survey mailing to these members.

Summary of Plan-Specific Recommendations

The following tables show the top, high, moderate, and low priority areas for Colorado Medicaid FFS and PCPP.

Table 3-11—Priority Assignments: Colorado Medicaid FFS

Top Priorities	High Priorities	Moderate Priorities	Low Priorities
Rating of Health Plan	Getting Needed Care	Rating of Specialist Seen Most Often	None
Rating of All Health Care	Courteous and Helpful Office Staff	Getting Care Quickly	
Rating of Personal Doctor		Customer Service	
How Well Doctors Communicate			

For Colorado Medicaid FFS, there are four "top" priority items and two "high" priority items. These measures represent areas of focus for QI activities that could potentially improve child Medicaid FFS clients' overall satisfaction and experiences with care.

Table 3-12—Priority Assignments: Colorado Medicaid PCPP

Top Priorities	High Priorities	Moderate Priorities	Low Priorities
Rating of Personal Doctor	Rating of Health Plan	Rating of Specialist Seen Most Often	None
How Well Doctors Communicate	Rating of All Health Care	Getting Care Quickly	
	Getting Needed Care	Customer Service	
	Courteous and Helpful Office Staff		

For Colorado Medicaid PCPP, there are two "top" priority items and four "high" priority items. These measures represent areas of focus for QI activities that could potentially improve child Medicaid PCPP clients' overall satisfaction and experiences with care.

This section provides a comprehensive overview of CAHPS, including the CAHPS 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 CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 3.0H Child Medicaid Health Plan Survey (without the CCC measurement set). The CAHPS 3.0H 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), formerly known as the Agency for Health Care Policy and Research (AHCPR). 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 Health Plan Survey measure as part of NCQA's HEDIS.[4-1] In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Surveys and to improve the state-of-the-art methods for assessing clients' experiences with care.[4-2] The result of this re-evaluation and update 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. NCQA also includes CAHPS results as part of the scoring algorithm in its accreditation program for managed care organizations. 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, which are referred to as the CAHPS 4.0H Health Plan Surveys.[4-3] NCQA is scheduled to release the CAHPS 4.0H Child Health Plan Survey in 2009.[4-4]

The HEDIS sampling and data collection procedures for the CAHPS 3.0H 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 the resulting plan data. HSAG's administration of the surveys was completed with strict adherence to required specifications.

[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 Survey Vendor Update*. April 9, 2007.

The CAHPS 3.0H Child Medicaid Health Plan Survey (without the CCC measurement set) includes 76 core questions that yield nine measures of satisfaction. These measures include four global rating questions and five composite measures. The global measures (also referred to as global ratings) reflect overall satisfaction 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").

Table 4-1 lists the global ratings and composite measures included in the CAHPS 3.0H Child Medicaid Health Plan Survey (without the CCC measurement set).

Table 4-1—CAHPS Measures

Global Ratings	Composite Measures
Rating of Health Plan	Getting Needed Care
Rating of All Health Care	Getting Care Quickly
Rating of Personal Doctor	How Well Doctors Communicate
Rating of Specialist Seen Most Often	Courteous and Helpful Office Staff
	Customer Service

Sampling Procedures

The clients eligible for sampling included those who were FFS or PCPP clients at the time the sample was drawn and who were continuously enrolled for at least five of the last six months (July through December) of 2006. The clients eligible for sampling included those who were age 17 or younger (as of December 31, 2006).

A random sample of 1,733 child clients was selected from each participating plan, and a total of 3,466 child surveys were mailed out for the FFS and PCPP Colorado Medicaid plans. The NCQA protocol permits oversampling in 5 percent increments up to 30 percent. For the FFS and PCPP, 5 percent oversampling was performed on the child population. This oversampling was performed to ensure a greater number of respondents to each CAHPS measure.

Survey Protocol

The CAHPS 3.0H Health Plan Survey process allows for two methods by which clients can complete the surveys. The first, or mail phase, consists of a survey being mailed to all sampled clients. For the Colorado Medicaid CAHPS Survey, all sampled clients received an English version of the survey with the option to complete the survey in Spanish. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of CATI of sampled clients who have not mailed in a completed survey. A series of up to six CATI calls was made to each non-respondent.[4-5] It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan's population.[4-6]

HEDIS specifications require that HSAG be provided a list of all eligible clients for the sampling frame. Following HEDIS requirements, HSAG sampled clients who met the following criteria:

- Were age 17 or younger as of December 31, 2006.
- Were currently enrolled in FFS or PCPP.
- Had been continuously enrolled for at least five of the last six months of 2006.
- Had Medicaid as the primary payer.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. A random sample of records from each population was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for clients who had moved (if they had given the Postal Service a new address). Following NCQA requirements, the survey samples were random samples with no more than one client being selected per household.

The HEDIS specifications for CAHPS 3.0H require that the name of the plan appear in the questionnaires, letters, and postcards; that the letters and cards bear the signature of a high-ranking plan or state official; and that the questionnaire packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG complied with these specifications.

[4-5] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2007 Survey Measures.* Washington, DC: NCQA Publication, 2006.
[4-6] Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

Table 4-2 shows the CAHPS timeline used in the administration of the Colorado Child Medicaid CAHPS Health Plan Surveys. The timeline is based on NCQA HEDIS Specifications for Survey Measures.[4-7]

Table 4-2—CAHPS 3.0H Survey Timeline	
Task	**Timeline**
Send first questionnaire with cover letter to the respondent.	0 days
Send a postcard reminder to nonrespondents four to 10 days after mailing the first questionnaire.	4 – 10 days
Send a second questionnaire (and letter) to nonrespondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to nonrespondents four to 10 days after mailing the second questionnaire.	39 – 45 days
Initiate CATI interviews for nonrespondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all nonrespondents such that at least six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all nonrespondents) approximately 14 days after initiation.	70 days

[4-7] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

Methodology

HSAG used the CAHPS scoring approach recommended by *NCQA HEDIS 2007 Specifications for Survey Measures, Volume 3*. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess client satisfaction within the Colorado Medicaid FFS and PCPP. This section provides an overview of each analysis.

Response Rates

The administration of the CAHPS 3.0H Health Plan Surveys is comprehensive and is designed to garner the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all eligible clients of the sample.[4-8] A client's survey is assigned a disposition code of "completed" when question number 1 and 80 percent of the total pertinent questions are answered. Questions that are appropriately skipped (i.e., items skipped per skip pattern instructions) do not count against the required 80 percent. Eligible clients include the entire random sample (including any oversample) minus ineligible clients. Ineligible clients of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 4-3), or had a language barrier.

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

Respondent Demographics

The demographic analysis evaluated self-reported demographic information from survey respondents. Given that the demographics of a response group influence overall client satisfaction scores, it is important to evaluate all CAHPS results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the plan, then caution must be exercised when extrapolating the CAHPS results to the entire population.

NCQA Comparisons

An analysis of the Colorado Child Medicaid CAHPS Health Plan Survey results was conducted using NCQA HEDIS Specifications for Survey Measures. Per these specifications, results for the adult and child Medicaid populations are reported separately, and no weighting or case-mix adjustment is performed on the results. NCQA also requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result.

[4-8] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

In order to perform the NCQA comparisons, a three-point mean score was determined for each CAHPS measure. The resulting three-point mean scores were compared to the National Distribution of Child Medicaid CAHPS results to derive the overall client satisfaction ratings (i.e., star ratings) for the global ratings and composite measures. For detailed information on the derivation of three-point mean scores, please refer to *NCQA HEDIS 2007 Specifications for Survey Measures, Volume 3*.

Plan ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the following percentile distributions:

★★★★★	indicates a score at or above the 80th percentile
★★★★	indicates a score between the 60th and 79th percentiles
★★★	indicates a score between the 40th and 59th percentiles
★★	indicates a score between the 20th and 39th percentiles
★	indicates a score below the 20th percentile
NA	indicates that the plan did not meet the minimum NCQA reporting threshold of 100 respondents

Table 4-3 shows the NCQA national distributions used to derive the overall client satisfaction ratings on each CAHPS measure.[4-9]

Table 4-3—Overall Child Medicaid Client Satisfaction Ratings Crosswalk

Measure	80th Percentile	60th Percentile	40th Percentile	20th Percentile
Rating of Health Plan	2.57	2.53	2.49	2.43
Rating of All Health Care	2.61	2.58	2.55	2.49
Rating of Personal Doctor	2.62	2.58	2.55	2.50
Rating of Specialist Seen Most Often	2.57	2.53	2.50	2.45
Getting Needed Care	2.79	2.76	2.74	2.71
Getting Care Quickly	2.42	2.38	2.34	2.29
How Well Doctors Communicate	2.68	2.65	2.61	2.57
Courteous and Helpful Office Staff	2.70	2.68	2.65	2.60
Customer Service	2.71	2.67	2.64	2.62

[4-9] *NCQA's 2006 National Distribution of Child Medicaid results. Prepared by NCQA for HSAG on November 2, 2006.* NCQA does not publish CAHPS Benchmarks and Thresholds for the Child Medicaid population. Therefore, star ratings are derived from a custom analysis performed annually by NCQA on behalf of HSAG. This custom analysis provides HSAG with the NCQA National Distribution of Child Medicaid CAHPS results. This distribution is used to derive the star ratings.

Trend Analysis

A trend analysis was performed to determine if significant changes in client satisfaction occurred between 2007 and 2006. For purposes of this analysis, question summary rates were calculated for each global rating and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.[4-10] The scoring of the global ratings and composite measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional detail, please refer to the *NCQA HEDIS 2007 Specifications for Survey Measures, Volume 3*.

The 2007 Colorado Medicaid and plan-level CAHPS scores were compared to the corresponding 2006 scores to determine whether there were statistically significant differences. The difference in performance from 2006 to 2007 is considered significant if the two-sided *p* value of the *t* test is less than 0.05. The trend analysis revealed that there were no statistically significant differences between scores in 2007 and scores in 2006. If statistically significant differences had been observed, then they would have been denoted with directional triangles. If scores had been statistically higher in 2007 than in 2006, they would have been noted with upward (▲) triangles. Conversely, if scores had been statistically lower in 2007 than in 2006, they would have been noted with downward (▼) triangles. Per NCQA specifications, measures that do not meet the minimum number of 100 responses are denoted as Not Applicable (NA).

Plan Comparisons

Plan comparisons were performed to identify client satisfaction performance differences between the two FFS and PCPP Colorado Medicaid plans. For purposes of the plan comparisons, question summary rates and global proportions were calculated using the methodology described in the trend analysis subsection. The difference in performance between the two plans is considered significant if the two-sided *p* value of the *t* test is less than 0.05. Statistically significant differences between the two plans are noted by arrows in the results section tables. When a statistically significant difference exists between the plans' scores, the higher-performing plan is denoted by an upward (↑) arrow. Conversely, the lower-performing plan is denoted with a downward (↓) arrow. If the differences are not statistically significant, then both plans' scores are denoted with a horizontal (↔) arrow. If either plan does not meet NCQA's requirement of 100 respondents, then comparisons are not performed, and the measure's question summary rate or global proportion is denoted as NA.

[4-10] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

Limitations and Cautions

The findings presented in the 2007 Colorado CAHPS reports 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.

Case-Mix Adjustment

As described in the respondent demographics subsection, the demographics of a response group may impact client satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.[4-11]

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 plan. Therefore, the potential for non-response bias should be considered when interpreting CAHPS results.

Causal Inferences

Although this report examines whether clients of various plans report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the Medicaid plan. These analyses identify whether clients in various types of plans give different ratings of satisfaction with their Medicaid plan. The survey by itself does not necessarily reveal the exact cause of these differences.

[4-11] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2007*. Rockville, MD: US Department of Health and Human Services, November 2006.

Quality Improvement References

The CAHPS surveys were originally developed to meet the need of consumers for usable, relevant information on quality of care from the patient's perspective. However, they also play an important role as a QI tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.[4-12] The following references offer guidance on possible approaches to CAHPS-related QI activities.

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[4-12] AHRQ Website. *CAHPS User Resources: Quality Improvement Resources.* Available at: https://www.cahps.ahrq.gov/content/resources/QI/RES_QI_Intro.asp?p=103&s=31. Accessed on: June 11, 2007.

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5. Survey Instrument

The survey instrument selected for the 2007 Colorado Child Medicaid Client Satisfaction Survey was the CAHPS 3.0H Child Medicaid Health Plan Survey. This section provides a copy of the survey instrument.

CAHPS® Health Plan Survey 3.0H, Child Questionnaire (Medicaid, Without CCC Measure)

SURVEY INSTRUCTIONS

- Answer <u>all</u> the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this 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

{This box should be placed on the Cover Page}

All information that would let someone identify you or your family will be kept private.* {SURVEY VENDOR NAME} *will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

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* {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}*.

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?

[1] ☐ Yes **➔Go to Question 3**

[2] ☐ No **➔Go to Question 2**

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

_____

3. How many months or years <u>in a row</u> has your child been in this health plan?

[1] ☐ Less than 6 months

[2] ☐ At least 6 months but less than 1 year

[3] ☐ At least 1 year but less than 2 years

[4] ☐ At least 2 years but less than 5 years

[5] ☐ 5 or more years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about <u>your child's</u> health care. <u>Do not</u> include care your child got when he or she stayed overnight in a hospital. <u>Do not</u> include the times your child went for dental care visits.

4. A <u>personal doctor or nurse</u> is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

[1] ☐ Yes **➔Go to Question 5**

[2] ☐ No **➔Go to Question 7**

5. Using <u>any number from 0 to 10,</u> where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?

- 00 ☐ 0 Worst personal doctor or nurse possible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Best personal doctor or nurse possible

6. Did your child have the same personal doctor or nurse <u>before</u> he or she joined this health plan?

- 1 ☐ Yes **➔Go to Question 8**
- 2 ☐ No **➔Go to Question 7**

7. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- 1 ☐ A big problem
- 2 ☐ A small problem
- 3 ☐ Not a problem

8. In the last 6 months, did your child's personal doctor or nurse talk with you <u>about how your child is feeling, growing or behaving?</u>

- 1 ☐ Yes
- 2 ☐ No

<u>Option: Insert additional questions about personal doctor or nurse here.</u>

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

9. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

1 ☐ Yes **➔Go to Question 10**
2 ☐ No **➔Go to Question 11**

10. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

1 ☐ A big problem
2 ☐ A small problem
3 ☐ Not a problem

11. In the last 6 months, did your child see a specialist?

1 ☐ Yes **➔Go to Question 12**
2 ☐ No **➔Go to Question 14**

12. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

00 ☐ 0 Worst specialist possible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Best specialist possible

13. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

1 ☐ Yes
2 ☐ No

Option: Insert additional questions about specialist care here.

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

14. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

[1] ☐ Yes ➔**Go to Question 15**
[2] ☐ No ➔**Go to Question 16**

15. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

16. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

[1] ☐ Yes ➔**Go to Question 17**
[2] ☐ No ➔**Go to Question 19**

17. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

18. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

[01] ☐ Same day
[02] ☐ 1 day
[03] ☐ 2 days
[04] ☐ 3 days
[05] ☐ 4–7 days
[06] ☐ 8–14 days
[07] ☐ 15 days or longer

19. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.

In the last 6 months, not counting the times you needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

[1] ☐ Yes ➔**Go to Question 20**
[2] ☐ No ➔**Go to Question 22**

20. In the last 6 months, not counting the times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

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

- [01] ☐ Same day
- [02] ☐ 1 day
- [03] ☐ 2–3 days
- [04] ☐ 4–7 days
- [05] ☐ 8–14 days
- [06] ☐ 15–30 days
- [07] ☐ 31 days or longer

22. In the last 6 months, how many times did your child go to an <u>emergency room</u>?

- [0] ☐ None
- [1] ☐ 1
- [2] ☐ 2
- [3] ☐ 3
- [4] ☐ 4
- [5] ☐ 5 to 9
- [6] ☐ 10 or more

23. In the last 6 months (not counting the times your child went to an emergency room), how many times did your child go to a <u>doctor's office or clinic</u>?

- [0] ☐ None **➔Go to Question 40**
- [1] ☐ 1 **➔Go to Question 24**
- [2] ☐ 2 **➔Go to Question 24**
- [3] ☐ 3 **➔Go to Question 24**
- [4] ☐ 4 **➔Go to Question 24**
- [5] ☐ 5 to 9 **➔Go to Question 24**
- [6] ☐ 10 or more **➔Go to Question 24**

24. In the last 6 months, did you or a doctor believe your child needed any care, tests, or treatment?

- [1] ☐ Yes **➔Go to Question 25**
- [2] ☐ No **➔Go to Question 26**

25. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

- [1] ☐ A big problem
- [2] ☐ A small problem
- [3] ☐ Not a problem

26. In the last 6 months, did you need approval from your child's health plan for any care, tests, or treatment?

- [1] ☐ Yes **➔Go to Question 27**
- [2] ☐ No **➔Go to Question 28**

27. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

- [1] ☐ A big problem
- [2] ☐ A small problem
- [3] ☐ Not a problem

28. In the last 6 months, how often was your child taken to the exam room <u>within 15 minutes</u> of his or her appointment?

- [1] ☐ Never
- [2] ☐ Sometimes
- [3] ☐ Usually
- [4] ☐ Always

29. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

30. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

31. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

32. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

33. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

34. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

35. Is your child able to talk with doctors about his or her health care?

[1] ☐ Yes **➔Go to Question 36**
[2] ☐ No **➔Go to Question 38**

36. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

[1] ☐ Never
[2] ☐ Sometimes
[3] ☐ Usually
[4] ☐ Always

37. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

38. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

39. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

00 ☐ 0 Worst health care possible
01 ☐ 1
02 ☐ 2
03 ☐ 3
04 ☐ 4
05 ☐ 5
06 ☐ 6
07 ☐ 7
08 ☐ 8
09 ☐ 9
10 ☐ 10 Best health care possible

40. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

1 ☐ Yes **➔Go to Question 41**
2 ☐ No **➔Go to Question 42**

41. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

42. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

1 ☐ Yes **➔Go to Question 43**
2 ☐ No **➔Go to Question 44**

43. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always

44. Is your child 2 years old or younger?

[1]☐ Yes ➔**Go to Question 45**

[2]☐ No ➔**Go to Question 48**

45. Reminders from the doctor's office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

[1]☐ Yes

[2]☐ No

46. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

[1]☐ Yes ➔**Go to Question 47**

[2]☐ No ➔**Go to Question 48**

47. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

[1]☐ Yes

[2]☐ No

Option: Insert additional questions about general health care here.

YOUR CHILD'S HEALTH PLAN

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

48. Some states pay health plans to care for people covered by {Medicaid/State Medicaid Program Name}. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

[1]☐ Yes ➔**Go to Question 49**

[2]☐ No ➔**Go to Question 52**

49. Did you choose your child's health plan or were you told which plan your child was in?

[1]☐ I chose my child's plan

[2]☐ I was told which plan my child was in

50. You can get information about your child's plan services in writing, by telephone, on the Internet, or in person.

Did you get any information about your child's health plan before you signed him or her up for it?

[1]☐ Yes ➔**Go to Question 51**

[2]☐ No ➔**Go to Question 52**

51. How much of the information you were given <u>before</u> you signed your child up for the plan was correct?

[1] ☐ All of it
[2] ☐ Most of it
[3] ☐ Some of it
[4] ☐ None of it

52. In the last 6 months, did you look for any <u>information</u> about how your child's health plan works <u>in written materials or on the Internet</u>?

[1] ☐ Yes **➔Go to Question 53**
[2] ☐ No **➔Go to Question 54**

53. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

[1] ☐ A big problem
[2] ☐ A small problem
[3] ☐ Not a problem

54. In the last 6 months, did you call the health plan's <u>customer service</u> to get information or help for your child?

[1] ☐ Yes **➔Go to Question 55**
[2] ☐ No **➔Go to Question 56**

55. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

[1] ☐ A big problem
[2] ☐ A small problem
[3] ☐ Not a problem

56. In the last 6 months, have you called or written your child's health plan with a complaint or problem?

[1] ☐ Yes **➔Go to Question 57**
[2] ☐ No **➔Go to Question 60**

57. How long did it take for your child's health plan to <u>resolve</u> your complaint?

[1] ☐ Same day **➔Go to Question 58**
[2] ☐ 2–7 days **➔Go to Question 58**
[3] ☐ 8–14 days **➔Go to Question 58**
[4] ☐ 15–21 days **➔Go to Question 58**
[5] ☐ More than 21 days **➔Go to Question 58**
[6] ☐ I am still waiting for it to be settled **➔Go to Question 59**

58. Was your <u>complaint or problem</u> settled to your satisfaction?

[1] ☐ Yes **➔Go to Question 60**
[2] ☐ No **➔Go to Question 60**

59. How long have you been waiting for your child's health plan to <u>resolve</u> your complaint?

[1] ☐ 1–7 days
[2] ☐ 8–14 days
[3] ☐ 15–21 days
[4] ☐ More than 21 days

60. In the last 6 months, did you have to fill out any paperwork for your child's health plan?

[1] ☐ Yes **➔Go to Question 61**
[2] ☐ No **➔Go to Question 62**

61. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

[1] ☐ A big problem
[2] ☐ A small problem
[3] ☐ Not a problem

62. Using <u>any number from 0 to 10,</u> where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

[00] ☐ 0 Worst health plan possible
[01] ☐ 1
[02] ☐ 2
[03] ☐ 3
[04] ☐ 4
[05] ☐ 5
[06] ☐ 6
[07] ☐ 7
[08] ☐ 8
[09] ☐ 9
[10] ☐ 10 Best health plan possible

<u>Option: Insert additional questions about the health plan here.</u>

ABOUT YOUR CHILD AND YOU

63. In general, how would you rate <u>your child's overall health</u> now?

[1] ☐ Excellent
[2] ☐ Very good
[3] ☐ Good
[4] ☐ Fair
[5] ☐ Poor

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

[00] ☐ Less than 1 year old
_____ YEARS OLD *(write in)*

65. Is your child male or female?

[1] ☐ Male
[2] ☐ Female

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

[1] ☐ Yes, Hispanic or Latino
[2] ☐ No, not Hispanic or Latino

67. What is your child's race? Please mark one or more.

[a] ☐ White
[b] ☐ Black or African-American
[c] ☐ Asian
[d] ☐ Native Hawaiian or other Pacific Islander
[e] ☐ American Indian or Alaska Native
[f] ☐ Other

68. What is <u>your</u> age now?

- [0] ☐ Under 18
- [1] ☐ 18–24
- [2] ☐ 25–34
- [3] ☐ 35–44
- [4] ☐ 45–54
- [5] ☐ 55–64
- [6] ☐ 65–74
- [7] ☐ 75 or older

69. Are you male or female?

- [1] ☐ Male
- [2] ☐ Female

70. What is the highest grade or level of school that you have <u>completed</u>?

- [1] ☐ 8th grade or less
- [2] ☐ Some high school, but did not graduate
- [3] ☐ High school graduate or GED
- [4] ☐ Some college or 2-year degree
- [5] ☐ 4-year college graduate
- [6] ☐ More than 4-year college degree

71. What language do you <u>mainly</u> speak at home?

- [1] ☐ English
- [2] ☐ Spanish
- [3] ☐ Some other language

_____

72. What language does your child <u>mainly</u> speak at home?

- [1] ☐ English
- [2] ☐ Spanish
- [3] ☐ Some other language

73. How are you related to the child?

- [1] ☐ Mother or father
- [2] ☐ Grandparent
- [3] ☐ Aunt or uncle
- [4] ☐ Older brother or sister
- [5] ☐ Other relative
- [6] ☐ Legal guardian

74. Are you listed as the child's payee or guardian on Medicaid records?

- [1] ☐ Yes
- [2] ☐ No

75. Did someone help you complete this survey?

- [1] ☐ Yes ➔**Go to Question 76**
- [2] ☐ No ➔**Please return the survey in the postage-paid envelope**

76. How did that person help you? Check all that apply.

- [a] ☐ Read the questions to me
- [b] ☐ Wrote down the answers I gave
- [c] ☐ Answered the questions for me
- [d] ☐ Translated the questions into my language
- [e] ☐ Helped in some other way

_____

_____

<u>Option: Insert other child-specific, member-specific or other general questions here.</u>

THANK YOU

Please return the completed survey in the postage-paid envelope.

6. CD-ROM

The accompanying CD includes all of the information from the Executive Summary, Results, Recommendations, Reader's Guide, and Survey Instrument sections of this report. The CD also contains electronic copies of comprehensive cross-tabulations (Tab and Banner books) on each survey question for both FFS and PCPP.

CD Contents

- Colorado Child Medicaid CAHPS Report
- Overall Colorado Child Medicaid Cross-tabulations (Tab and Banner Book)
- FFS Child Medicaid Cross-tabulations (Tab and Banner Book)
- PCPP Child Medicaid Cross-tabulations (Tab and Banner Book)

Please note, the CD contents are in the form of an Adobe Acrobat portable document format (PDF) file. Internal PDF bookmarks can be used to navigate from section to section within the PDF file.

A free Adobe Acrobat Reader can be downloaded from Adobe's Website at:
http://www.adobe.com/products/acrobat/readstep2.htm