



COLORADO

**Department of Health Care
Policy & Financing**

2021 Colorado Patient-Centered Medical Home Survey Adult Report

August 2021

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



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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 Adult Patient-Centered Medical Home (PCMH) Survey administered to members receiving services through Health First Colorado (Colorado's Medicaid Program). 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) were 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.

The survey instrument administered was a modified Consumer Assessment of Healthcare Providers and Systems Clinician & Group (CG-CAHPS®) 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey.¹⁻¹ The administered survey is referred to as the PCMH Survey in this report. Adult Medicaid members completed the surveys from December 2020 to April 2021.

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

Table 1-1 lists the seven Colorado RAEs along with the RAE-contracted practices that were selected by the Department for inclusion in the 2021 PCMH Survey administration.

Table 1-1—RAE Practices

RAE Name	RAE Abbreviation	RAE Region	RAE-Contracted Practices	Practice Abbreviation
Rocky Mountain Health Plans	RMHP	1	Associates in Family Medicine	AFM (RAE 1)
			Poudre Valley Health Care, Inc.	Poudre Valley (RAE 1)
			Southwest Health System, Inc.	Southwest (RAE 1)
			Total Healthcare	Total Healthcare (RAE 1)
Northeast Health Partners	NHP	2	Banner Health Physicians	Banner (RAE 2)
			North Colorado Family Medicine	North Colorado (RAE 2)
Colorado Access	Colorado Access	3	Catholic Health Initiatives	CHI (RAE 3)
			Clinica Family Health	Clinica (RAE 3)
			Metro Community Provider Network	MCPN (RAE 3)
			PorterCare Adventist Health System	PorterCare (RAE 3)
Health Colorado, Inc.	HCI	4	Parkview Ancillary Services	Parkview (RAE 4)
			Valley-Wide Health Systems, Inc.	Valley-Wide (RAE 4)
Colorado Access	Colorado Access	5	Adult Group Practice 1 ¹⁻²	Adult Group 1 (RAE 5)
			Adult Group Practice 2 ¹⁻³	Adult Group 2 (RAE 5)
Colorado Community Health Alliance	CCHA	6	Catholic Health Initiatives	CHI (RAE 6)
			Clinica Family Health	Clinica (RAE 6)
			Metro Community Provider Network	MCPN (RAE 6)
Colorado Community Health Alliance	CCHA	7	Catholic Health Initiatives	CHI (RAE 7)
			Center Pointe Family Medicine	Center Pointe (RAE 7)
			Matthews-Vu Medical Group	Matthews-Vu (RAE 7)

¹⁻² Adult Group Practice 1 is a combined population of the following practices: Denver Osteopathic Clinic, Inc.; Denver Indian Health and Family Services (DIHFS); Family Medicine Clinic; Federal Health Care Corp.; Hue N. Vo, M.D.; Jesse O. Sutherland Jr., MD; and Rocky Mountain Medical.

¹⁻³ Adult Group Practice 2 is a combined population of the following practices: Green Valley Ranch Medical Clinic; Planned Parenthood of The Rock; and Regents of University of Colorado.

Survey Administration and Response Rates

Survey Administration

HSAG selected up to 1,200 members for each adult RAE practice. Additional information on the sampling procedures is included in the Reader's Guide Section beginning on page 4-5. The survey process employed allowed 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 sampled 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 sampled 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 PCMH Survey 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 at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.¹⁻⁴ 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 3,751 adult members returned a completed survey. The 2021 Colorado PCMH Survey response rate was 17.36 percent. Table 1-2, on the following page, shows the sample dispositions and response rates for each of the participating Colorado RAE practices and the Colorado RAE Aggregate.

¹⁻⁴ Question 1 asked if the member got care from the provider/practice listed in the last 6 months.

Table 1-2—Sample Dispositions and Response Rates

RAE-Contracted Practices	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	22,255	646	21,609	3,751	17.36%
AFM (RAE 1)	698	21	677	152	22.45%
Poudre Valley (RAE 1)	1,200	36	1,164	161	13.83%
Southwest (RAE 1)	824	10	814	154	18.92%
Total Healthcare (RAE 1)	1,142	29	1,113	214	19.23%
Banner (RAE 2)	1,070	19	1,051	187	17.79%
North Colorado (RAE 2)	1,200	41	1,159	156	13.46%
CHI (RAE 3)	1,200	47	1,153	146	12.66%
Clinica (RAE 3)	1,200	24	1,176	211	17.94%
MCPN (RAE 3)	1,200	72	1,128	189	16.76%
Portercare (RAE 3)	1,200	31	1,169	193	16.51%
Parkview (RAE 4)	1,200	22	1,178	174	14.77%
Valley-Wide (RAE 4)	1,200	9	1,191	185	15.53%
Adult Group 1 (RAE 5)	1,170	87	1,083	275	25.39%
Adult Group 2 (RAE 5)	1,190	17	1,173	155	13.21%
CHI (RAE 6)	1,200	44	1,156	205	17.73%
Clinica (RAE 6)	1,200	17	1,183	220	18.60%
MCPN (RAE 6)	1,200	26	1,174	226	19.25%
CHI (RAE 7)	1,048	42	1,006	216	21.47%
CenterPointe (RAE 7)	713	10	703	143	20.34%
Matthews-Vu (RAE 7)	1,200	42	1,158	189	16.32%

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for three global ratings: *Rating of Provider*, *Rating of All Health Care*, and *Rating of Health Plan*. 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 4-7. Figure 2-1 through Figure 2-3 depict the results of the analysis for the Colorado RAE Aggregate.

Figure 2-1—Key Drivers of Low Member Experience: Rating of Provider

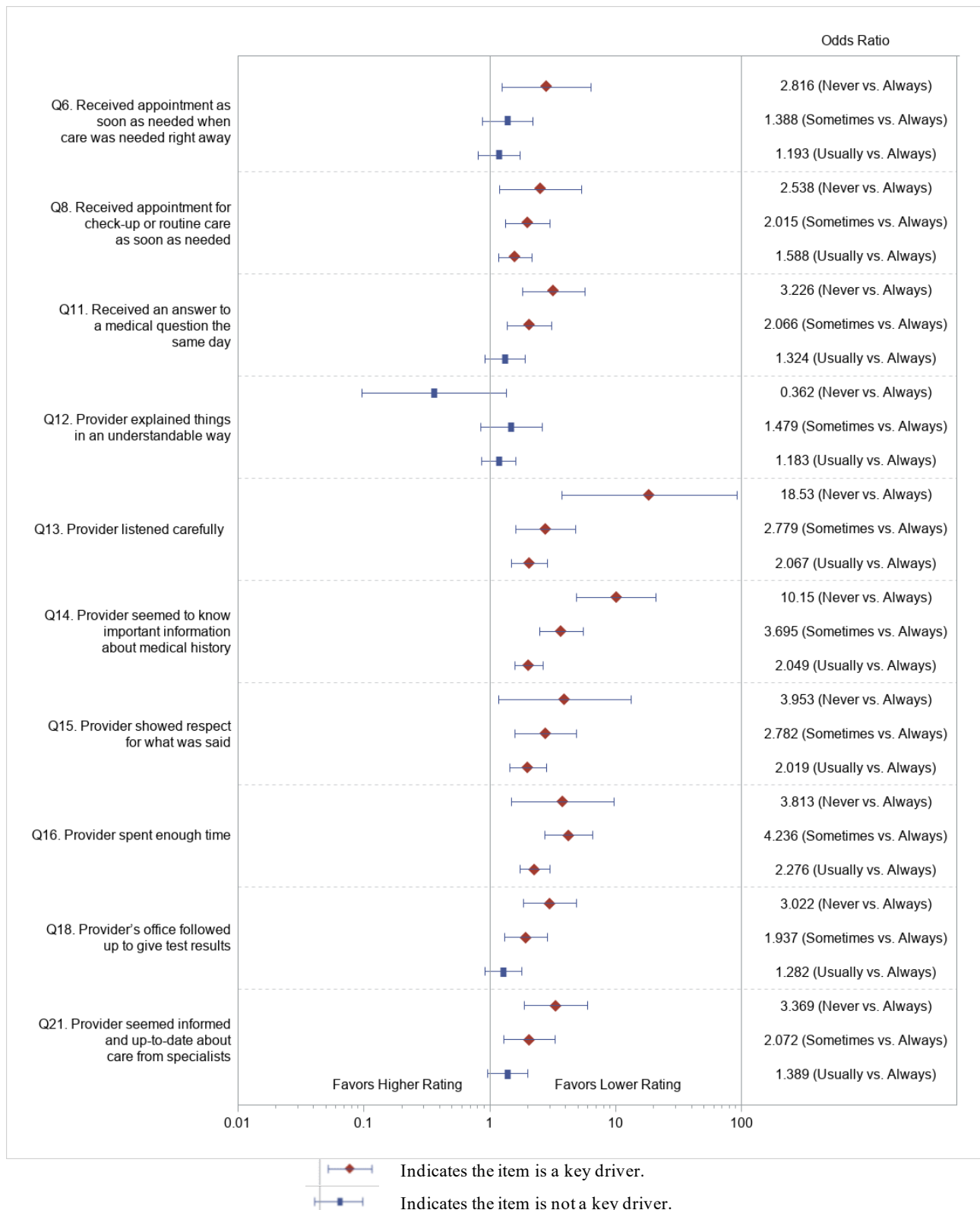
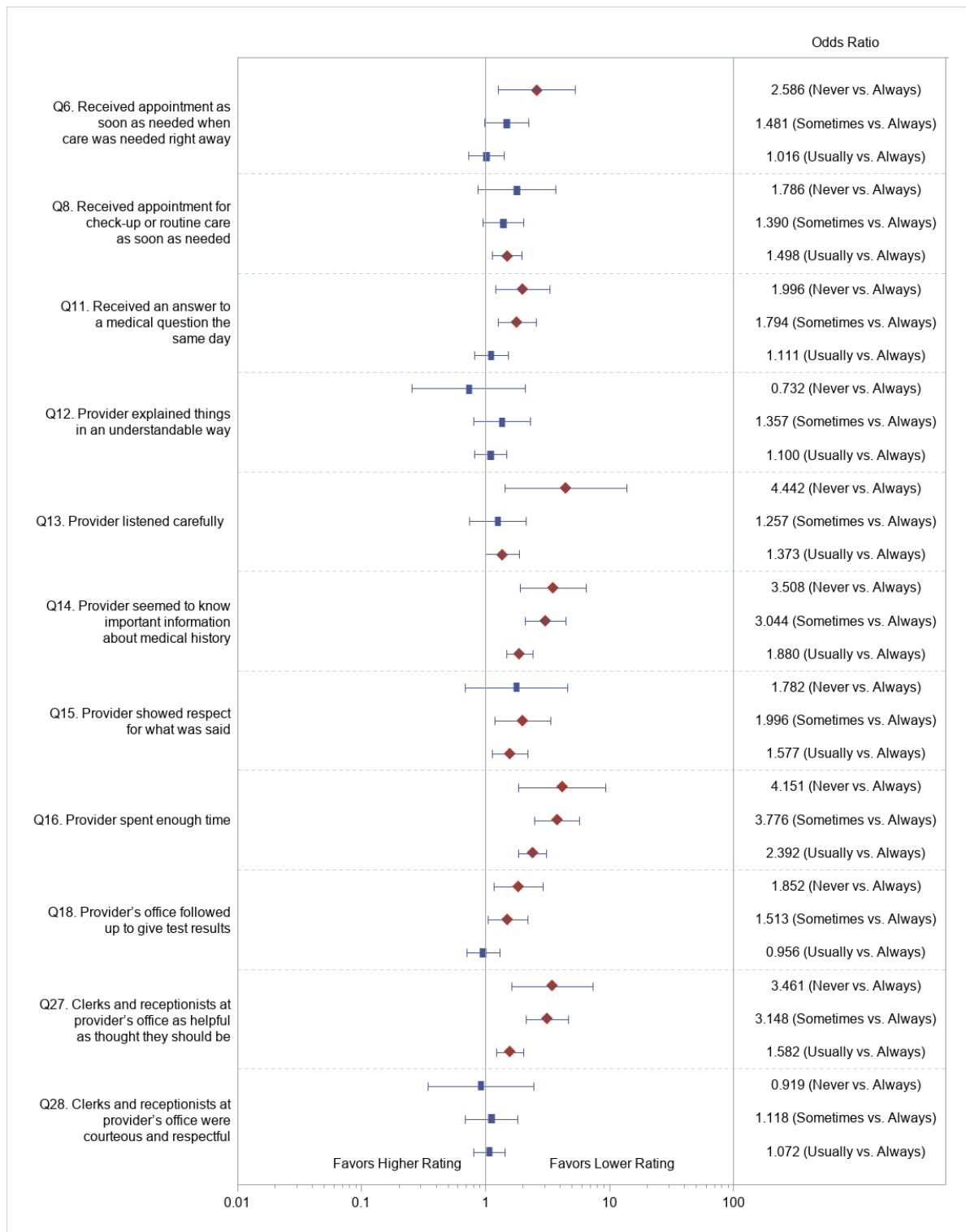
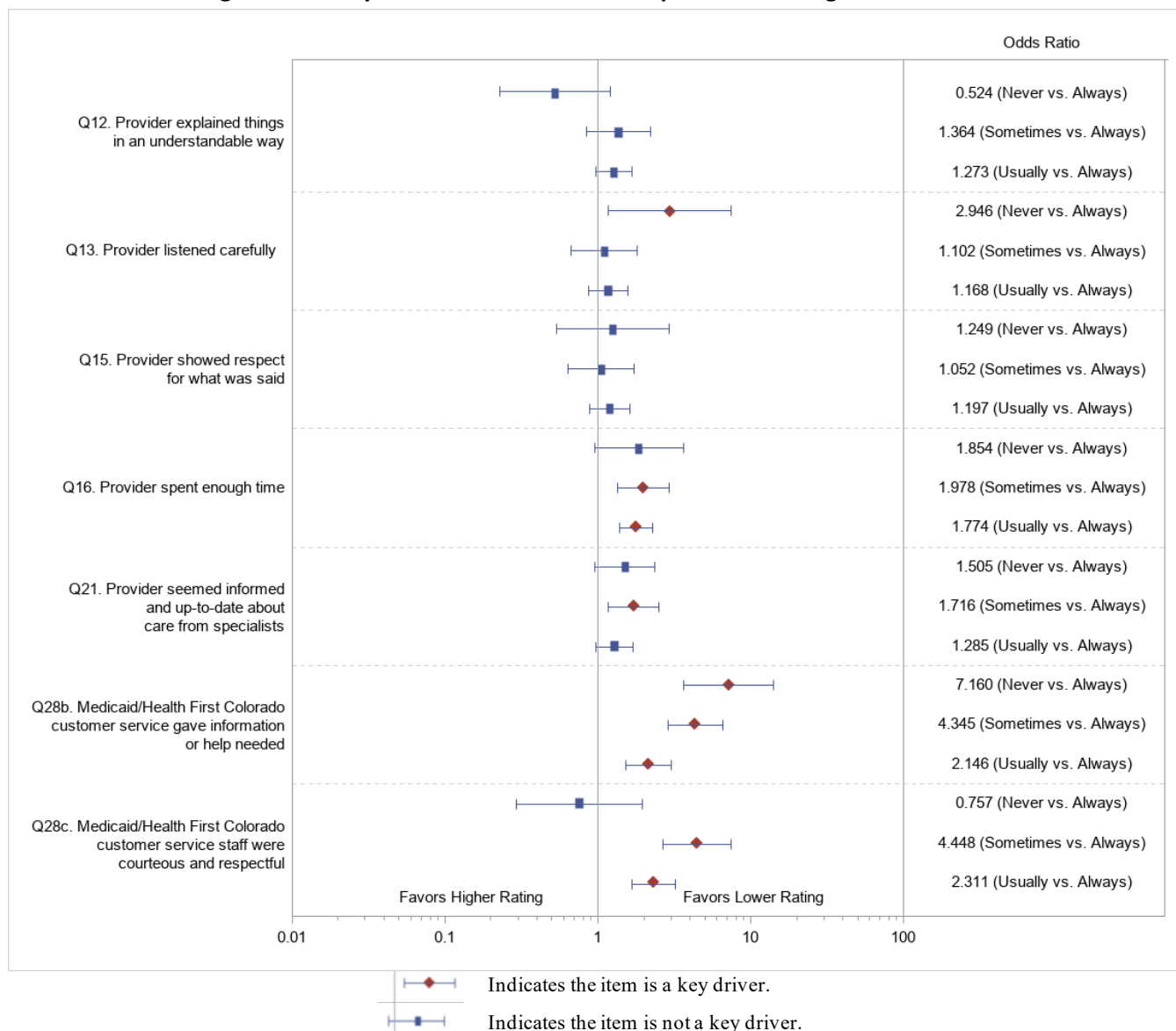


Figure 2-2—Key Drivers of Low Member Experience: Rating of All Health Care



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 Health Plan

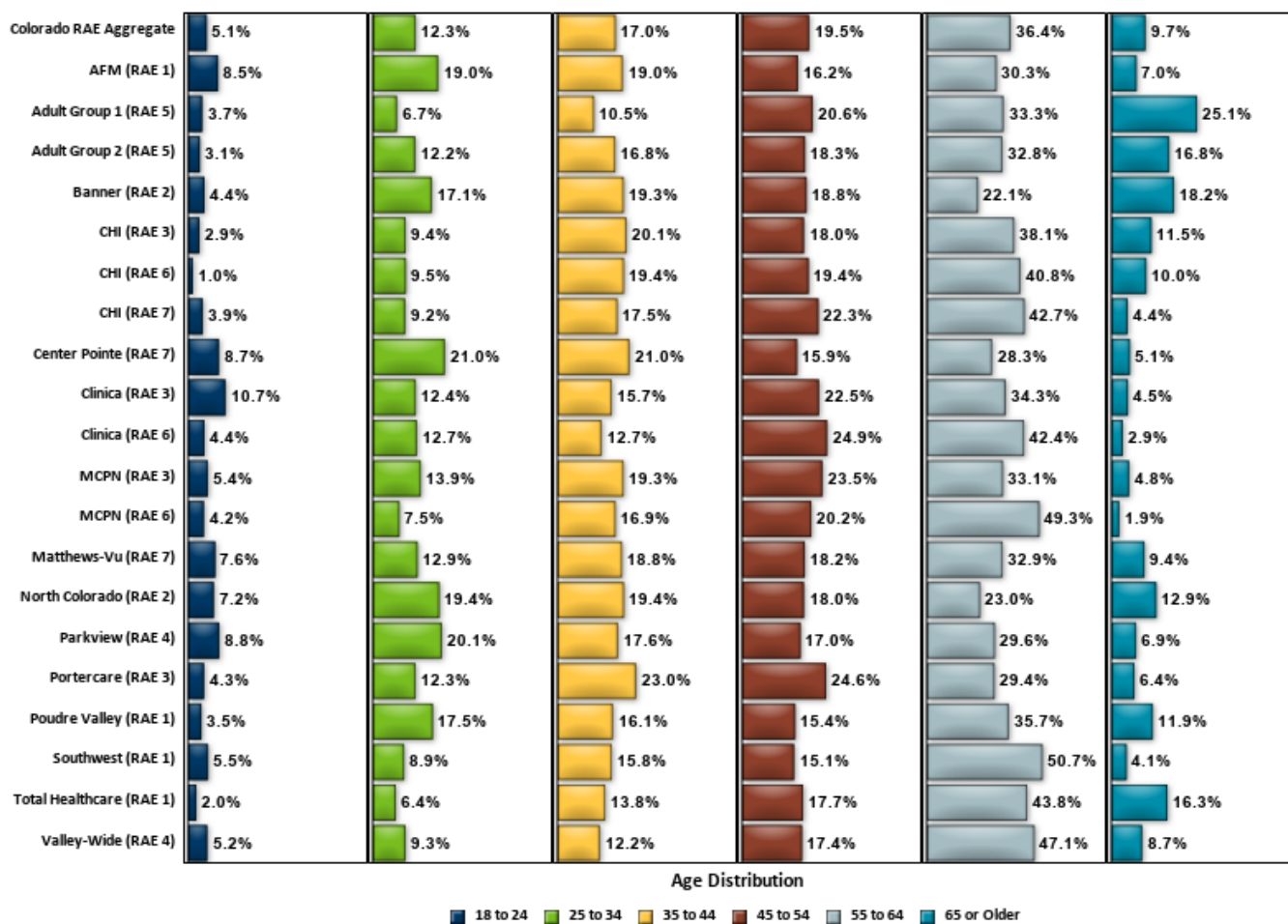


Demographics

In general, the demographics of a response group influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻¹

Figure 2-4 through Figure 2-10 show respondents' self-reported age, gender, race, ethnicity, education level, overall general health status, and mental health status.

Figure 2-4—Age



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 2-5—Gender

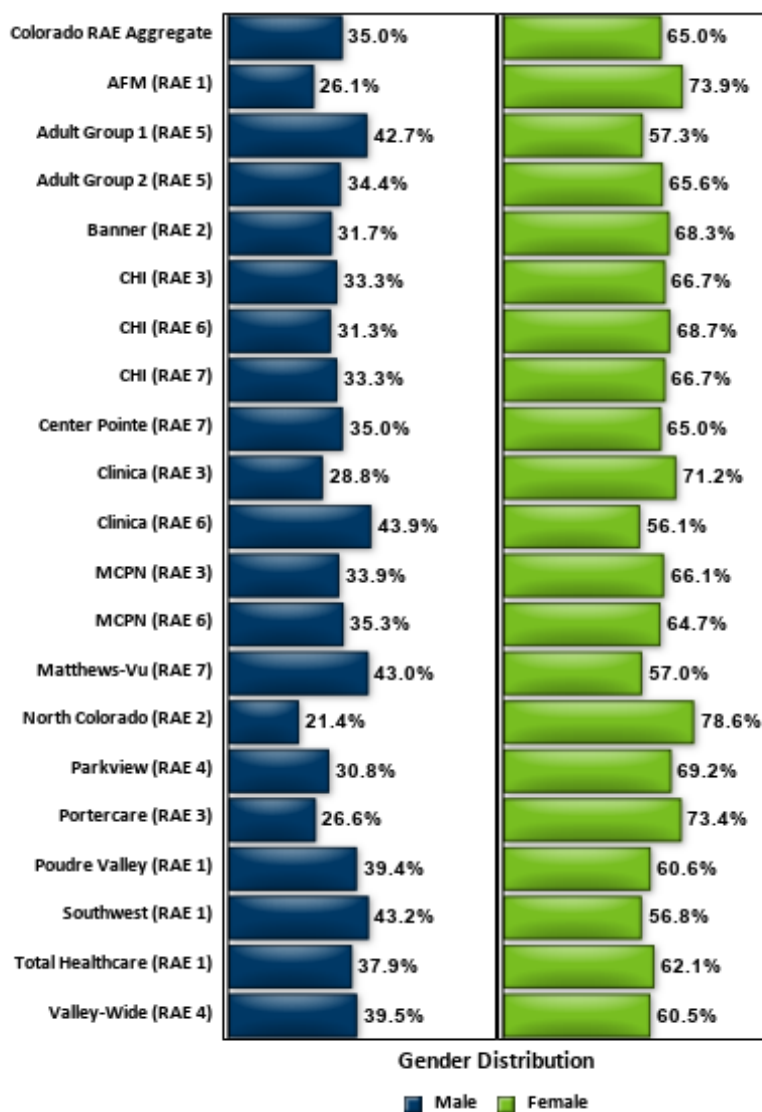
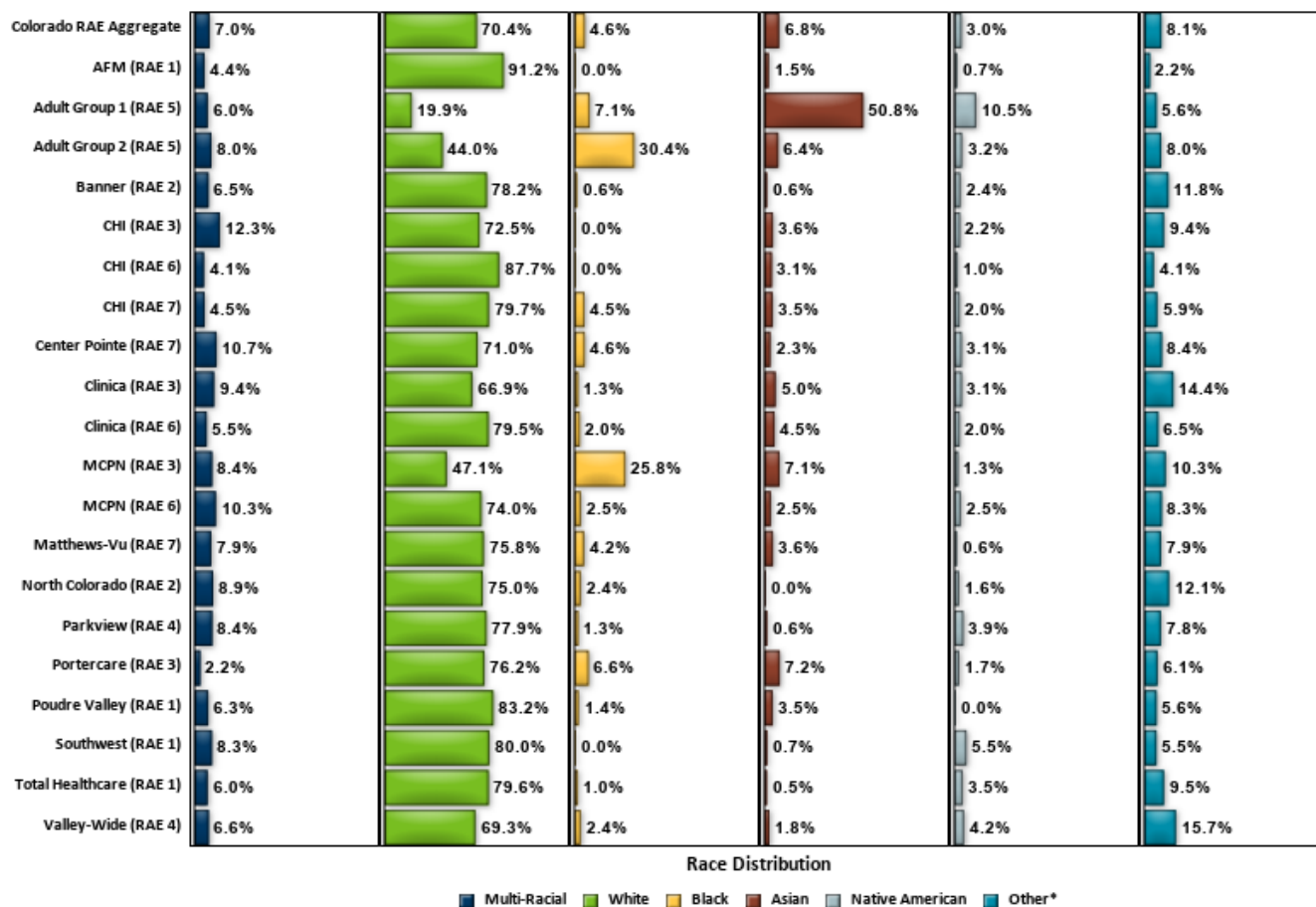


Figure 2-6—Race



*The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander and Other.

Figure 2-7—Ethnicity

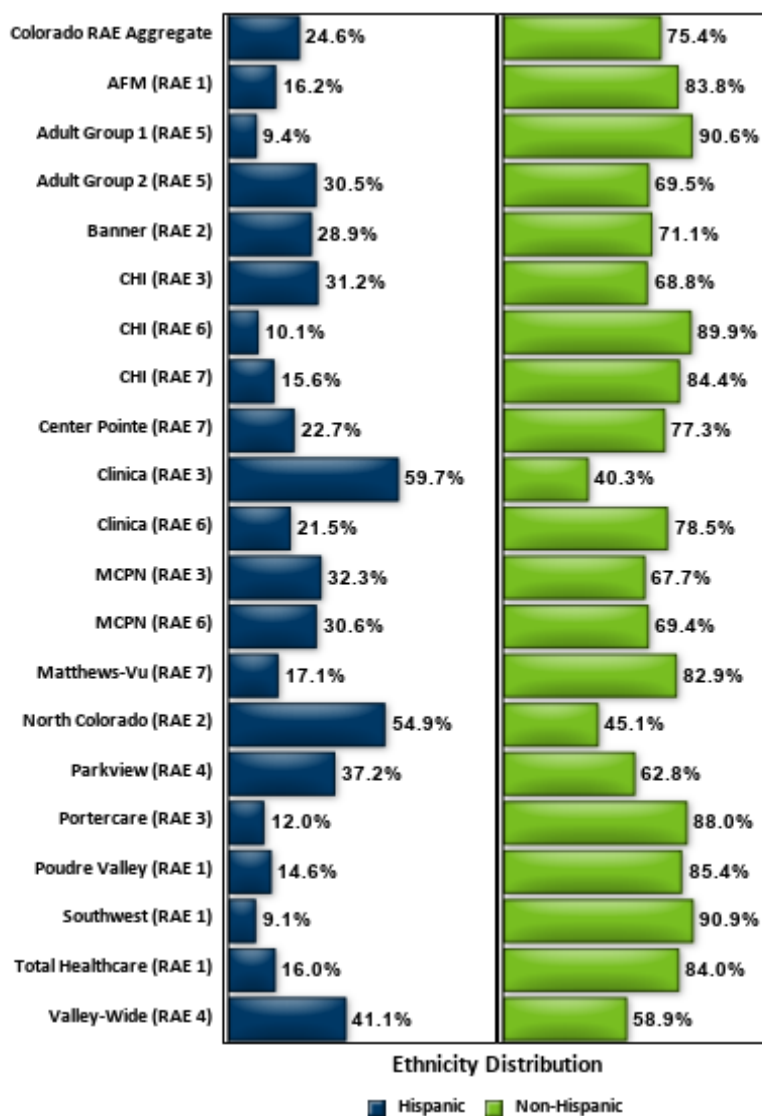


Figure 2-8—Education Level

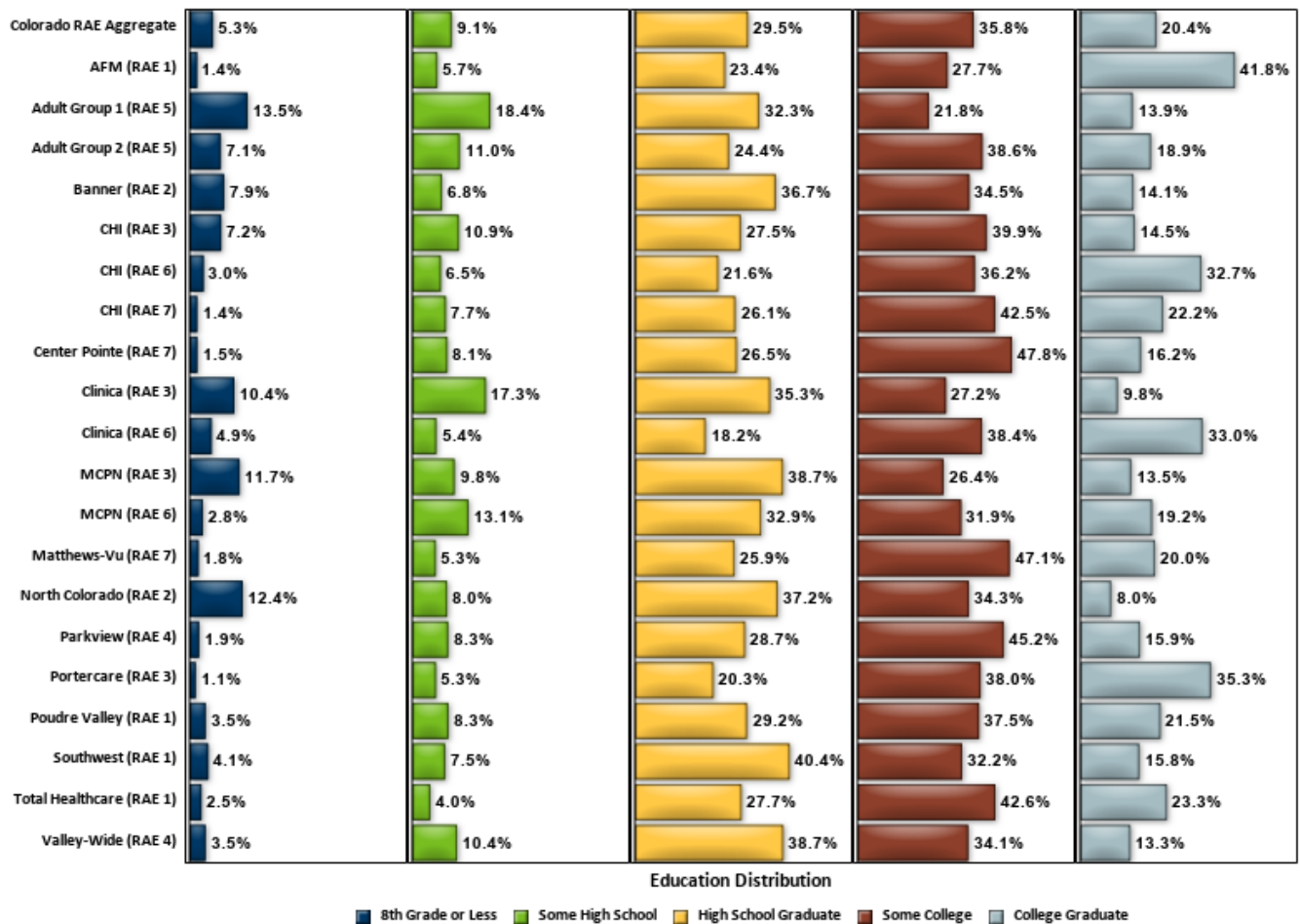


Figure 2-9—Overall General Health Status

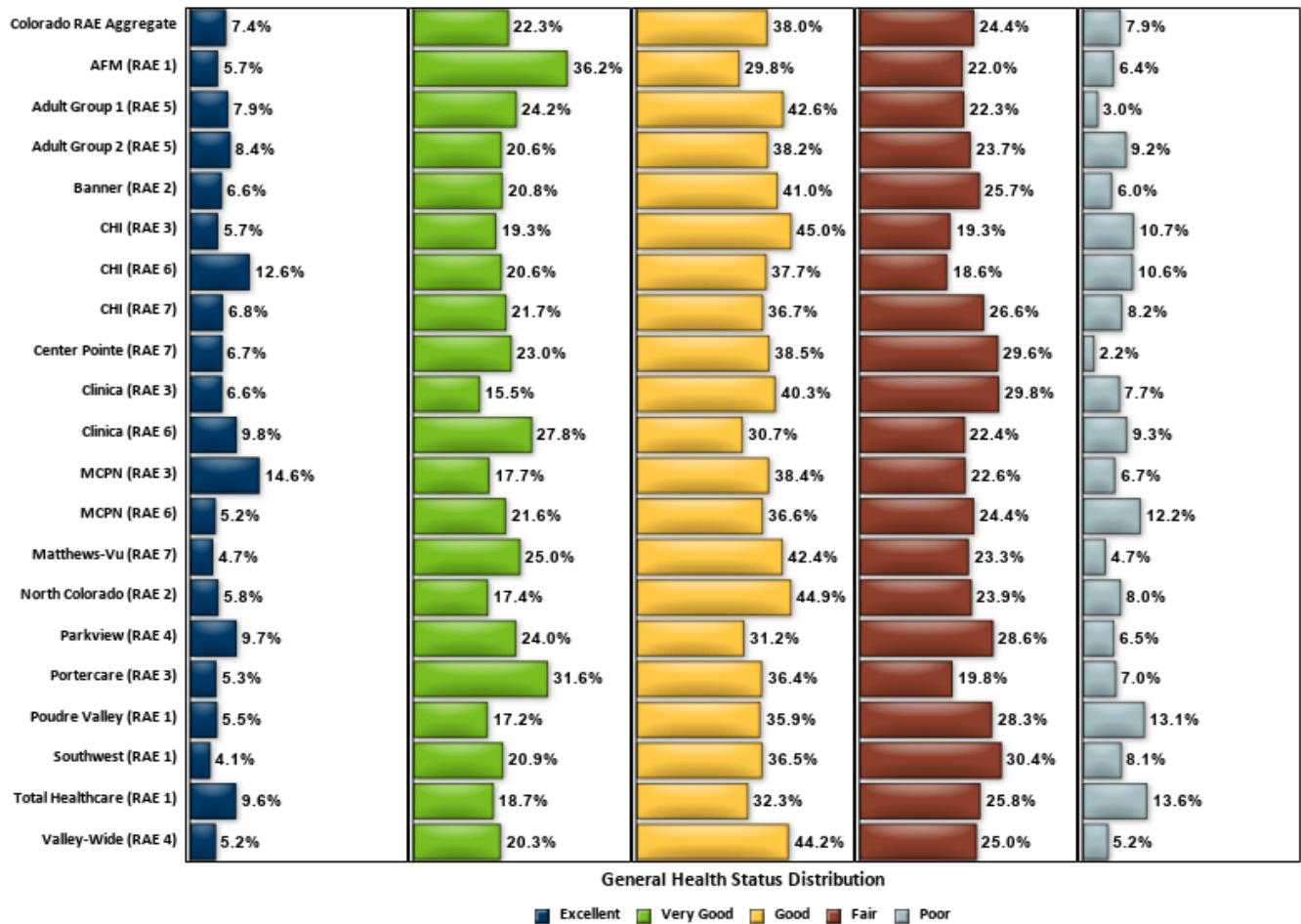
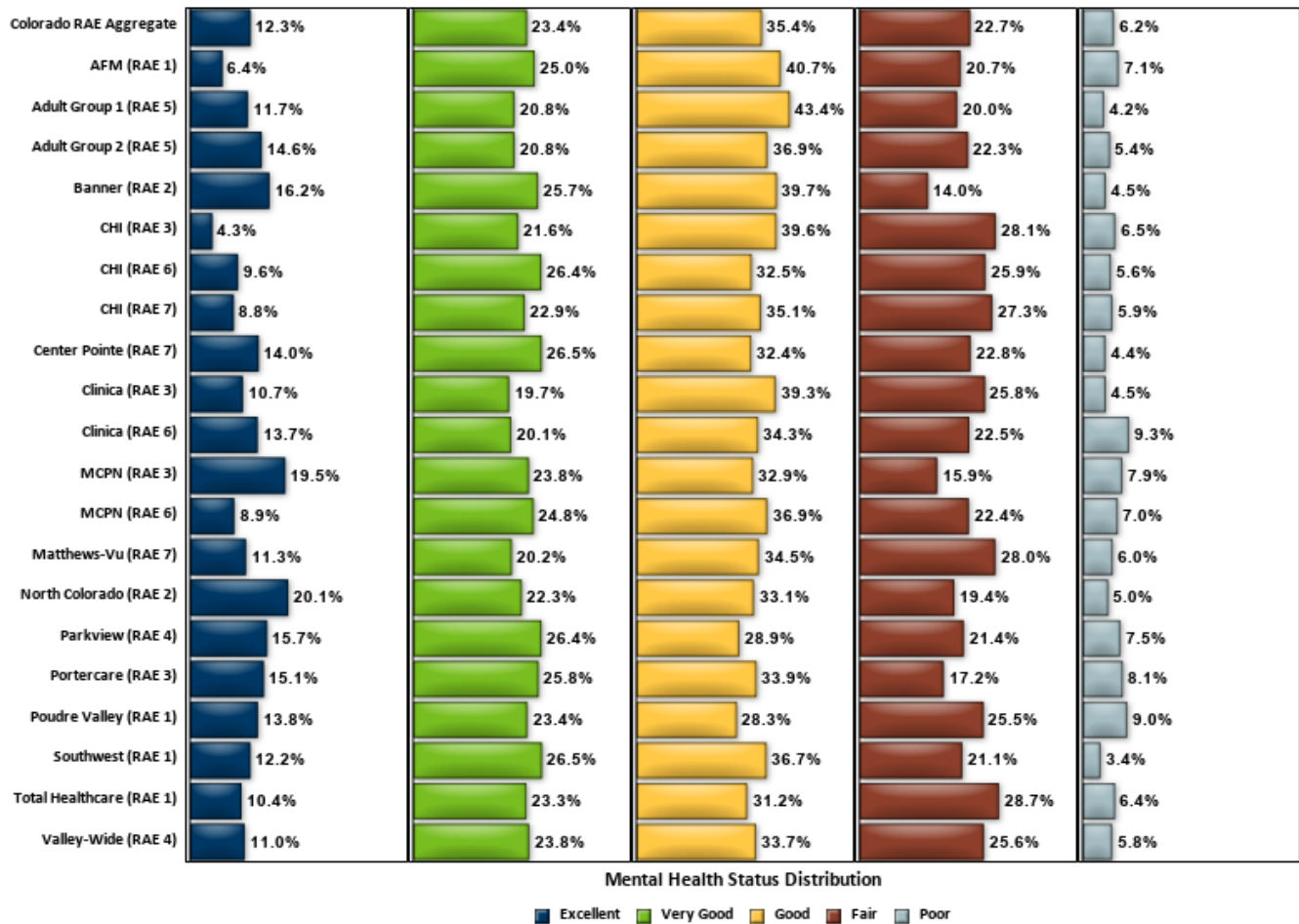


Figure 2-10—Mental Health Status



Respondent Analysis

HSAG compared the demographic characteristics of members who 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. 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

RAE-Contracted Practices		18 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado RAE Aggregate	R SF	19.2%↓ 38.8%	17.2%↓ 21.4%	19.8%↑ 17.3%	35.9%↑ 18.8%	7.9%↑ 3.7%
AFM (RAE 1)	R SF	27.6%↓ 40.6%	21.1% 21.6%	15.8% 16.9%	28.9%↑ 17.4%	6.6% 3.6%
Adult Group 1 (RAE 5)	R SF	10.9%↓ 14.5%	10.9%↓ 16.8%	20.4% 24.0%	35.3%↑ 25.0%	22.5% 19.8%
Adult Group 2 (RAE 5)	R SF	18.1%↓ 47.5%	16.1% 19.0%	20.0% 14.4%	32.3%↑ 13.1%	13.5%↑ 5.9%
Banner (RAE 2)	R SF	21.9%↓ 43.9%	19.3% 22.1%	19.8% 14.7%	23.0%↑ 12.9%	16.0%↑ 6.4%
CHI (RAE 3)	R SF	13.0%↓ 39.4%	19.2% 24.1%	19.9% 16.5%	38.4%↑ 16.1%	9.6%↑ 3.9%
CHI (RAE 6)	R SF	11.2%↓ 28.2%	18.0% 21.8%	22.0% 20.7%	39.5%↑ 24.3%	9.3%↑ 4.9%
CHI (RAE 7)	R SF	13.0%↓ 30.3%	18.5%↓ 24.2%	21.3% 20.6%	44.4%↑ 22.7%	2.8% 2.2%
CenterPointe (RAE 7)	R SF	29.4%↓ 41.0%	22.4% 24.8%	16.8% 15.2%	29.4%↑ 15.8%	2.1% 3.2%
Clinica (RAE 3)	R SF	28.4%↓ 45.4%	16.1% 19.0%	21.3% 16.7%	31.8%↑ 17.1%	2.4% 1.8%
Clinica (RAE 6)	R SF	18.6%↓ 39.2%	12.3%↓ 21.4%	25.5%↑ 18.3%	42.7%↑ 19.7%	0.9% 1.5%
MCPN (RAE 3)	R SF	24.3%↓ 38.9%	19.6% 21.1%	21.7% 18.2%	30.7%↑ 19.0%	3.7% 2.7%
MCPN (RAE 6)	R SF	12.8%↓ 30.0%	16.8% 19.9%	21.7% 20.8%	48.2%↑ 28.1%	0.4% 1.1%

RAE-Contracted Practices		18 to 34	35 to 44	45 to 54	55 to 64	65 or older
Matthews-Vu (RAE 7)	R SF	25.4%↓ 40.5%	19.6% 23.8%	15.3% 17.0%	31.7%↑ 15.0%	7.9%↑ 3.6%
North Colorado (RAE 2)	R SF	32.7%↓ 51.3%	19.2% 17.5%	16.7% 11.3%	19.9%↑ 13.9%	11.5%↑ 6.0%
Parkview (RAE 4)	R SF	29.3%↓ 47.5%	16.1% 19.0%	19.5% 14.6%	27.6%↑ 16.1%	7.5%↑ 2.7%
Portercare (RAE 3)	R SF	18.1%↓ 43.5%	23.3% 24.1%	24.4%↑ 16.5%	29.5%↑ 12.9%	4.7% 3.0%
Poudre Valley (RAE 1)	R SF	20.5%↓ 40.3%	19.9% 23.3%	14.3% 14.4%	34.8%↑ 17.0%	10.6%↑ 5.0%
Southwest (RAE 1)	R SF	14.3%↓ 32.8%	16.2% 20.7%	17.5% 18.6%	49.4%↑ 26.8%	2.6% 1.0%
Total Healthcare (RAE 1)	R SF	8.9%↓ 25.2%	14.0%↓ 22.9%	18.2% 19.3%	43.5%↑ 25.4%	15.4%↑ 7.2%
Valley-Wide (RAE 4)	R SF	17.3%↓ 38.7%	12.4%↓ 21.4%	18.4% 17.0%	48.1%↑ 21.3%	3.8% 1.6%
<p>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.</p>						

Table 2-2—Respondent Analysis: Gender

RAE-Contracted Practices		Male	Female
Colorado RAE Aggregate	R SF	34.4%↑ 31.6%	65.6%↓ 68.4%
AFM (RAE 1)	R SF	24.3% 25.3%	75.7% 74.7%
Adult Group 1 (RAE 5)	R SF	42.9% 43.7%	57.1% 56.3%
Adult Group 2 (RAE 5)	R SF	34.8%↑ 24.9%	65.2%↓ 75.1%
Banner (RAE 2)	R SF	31.6% 26.7%	68.4% 73.3%
CHI (RAE 3)	R SF	32.9% 30.6%	67.1% 69.4%
CHI (RAE 6)	R SF	31.7% 34.8%	68.3% 65.2%
CHI (RAE 7)	R SF	33.8% 31.6%	66.2% 68.4%

RAE-Contracted Practices		Male	Female
Center Pointe (RAE 7)	R SF	36.4% 34.9%	63.6% 65.1%
Clinica (RAE 3)	R SF	28.9% 28.5%	71.1% 71.5%
Clinica (RAE 6)	R SF	43.6% 38.8%	56.4% 61.2%
MCPN (RAE 3)	R SF	31.7% 34.0%	68.3% 66.0%
MCPN (RAE 6)	R SF	35.0% 34.8%	65.0% 65.2%
Matthews-Vu (RAE 7)	R SF	38.1% 35.0%	61.9% 65.0%
North Colorado (RAE 2)	R SF	20.5% 19.6%	79.5% 80.4%
Parkview (RAE 4)	R SF	29.9%↑ 21.2%	70.1%↓ 78.8%
Portercare (RAE 3)	R SF	25.4%↑ 18.8%	74.6%↓ 81.2%
Poudre Valley (RAE 1)	R SF	39.8% 33.2%	60.2% 66.8%
Southwest (RAE 1)	R SF	43.5%↑ 34.0%	56.5%↓ 66.0%
Total Healthcare (RAE 1)	R SF	39.7% 35.1%	60.3% 64.9%
Valley-Wide (RAE 4)	R SF	37.3% 36.8%	62.7% 63.2%

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

RAE-Contracted Practices		White	Black	Asian	Other
Colorado RAE Aggregate	R SF	50.4%↑ 43.5%	3.8% 4.4%	4.5%↑ 3.4%	41.3%↓ 48.8%
AFM (RAE 1)	R SF	67.1% 66.0%	0.0% 0.1%	0.0% 0.3%	32.9% 33.6%
Adult Group 1 (RAE 5)	R SF	20.4% 23.6%	4.5% 5.7%	36.2% 33.5%	38.9% 37.3%
Adult Group 2 (RAE 5)	R SF	29.1% 26.1%	28.4%↑ 20.5%	3.4% 2.9%	39.2%↓ 50.5%

RAE-Contracted Practices		White	Black	Asian	Other
Banner (RAE 2)	R SF	57.8% 52.0%	1.1% 0.4%	0.6% 0.7%	40.6% 46.9%
CHI (RAE 3)	R SF	51.8% 44.2%	0.0%↓ 2.0%	2.9% 3.8%	45.3% 50.0%
CHI (RAE 6)	R SF	69.0% 66.8%	1.1% 0.6%	1.6% 0.8%	28.3% 31.7%
CHI (RAE 7)	R SF	56.7% 58.1%	3.0% 4.6%	2.5% 1.7%	37.9% 35.7%
Center Pointe (RAE 7)	R SF	55.1% 55.1%	2.9% 5.3%	0.7% 0.9%	41.2% 38.7%
Clinica (RAE 3)	R SF	25.4% 21.9%	0.5%↓ 2.2%	2.9% 3.0%	71.2% 72.9%
Clinica (RAE 6)	R SF	58.3%↑ 49.3%	0.9% 1.7%	2.3% 3.1%	38.4%↓ 45.9%
MCPN (RAE 3)	R SF	26.4% 23.8%	22.5% 19.0%	6.7% 6.9%	44.4% 50.3%
MCPN (RAE 6)	R SF	51.4% 49.7%	1.8% 2.3%	1.4% 1.9%	45.4% 46.2%
Matthews-Vu (RAE 7)	R SF	60.7% 55.1%	4.4% 6.3%	1.6% 2.0%	33.3% 36.5%
North Colorado (RAE 2)	R SF	34.0% 29.6%	1.3% 1.7%	0.7% 1.5%	64.0% 67.2%
Parkview (RAE 4)	R SF	47.0% 42.9%	1.2% 1.0%	0.6% 0.5%	51.2% 55.7%
Portercare (RAE 3)	R SF	58.6% 54.4%	3.4% 5.6%	4.6% 4.6%	33.3% 35.4%
Poudre Valley (RAE 1)	R SF	65.4% 57.9%	1.9% 1.9%	3.2% 1.4%	29.5%↓ 38.7%
Southwest (RAE 1)	R SF	77.3%↑ 64.7%	0.0% 0.1%	0.7% 0.5%	22.0%↓ 34.6%
Total Healthcare (RAE 1)	R SF	67.6% 63.2%	0.0%↓ 0.3%	0.0% 0.1%	32.4% 36.4%
Valley-Wide (RAE 4)	R SF	45.3%↑ 35.7%	0.6% 0.5%	0.0% 0.1%	54.1%↓ 63.6%
<p>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.</p>					

Table 2-4—Respondent Analysis: Ethnicity

RAE-Contracted Practices		Hispanic	Non-Hispanic
Colorado RAE Aggregate	R SF	21.0%↓ 28.5%	79.0%↑ 71.5%
AFM (RAE 1)	R SF	10.5% 11.4%	89.5% 88.6%
Adult Group 1 (RAE 5)	R SF	6.9% 9.3%	93.1% 90.7%
Adult Group 2 (RAE 5)	R SF	28.4% 31.8%	71.6% 68.2%
Banner (RAE 2)	R SF	25.1% 27.2%	74.9% 72.8%
CHI (RAE 3)	R SF	24.7% 31.6%	75.3% 68.4%
CHI (RAE 6)	R SF	8.3%↓ 12.8%	91.7%↑ 87.2%
CHI (RAE 7)	R SF	13.0% 15.0%	87.0% 85.0%
Center Pointe (RAE 7)	R SF	18.2% 15.9%	81.8% 84.1%
Clinica (RAE 3)	R SF	56.4% 55.7%	43.6% 44.3%
Clinica (RAE 6)	R SF	20.0%↓ 25.6%	80.0%↑ 74.4%
MCPN (RAE 3)	R SF	28.6% 30.1%	71.4% 69.9%
MCPN (RAE 6)	R SF	22.1% 26.5%	77.9% 73.5%
Matthews-Vu (RAE 7)	R SF	16.4% 16.1%	83.6% 83.9%
North Colorado (RAE 2)	R SF	45.5% 48.0%	54.5% 52.0%
Parkview (RAE 4)	R SF	31.0% 37.1%	69.0% 62.9%
Portercare (RAE 3)	R SF	9.8% 13.1%	90.2% 86.9%
Poudre Valley (RAE 1)	R SF	13.7%↓ 18.9%	86.3%↑ 81.1%
Southwest (RAE 1)	R SF	7.1% 10.5%	92.9% 89.5%

RAE-Contracted Practices		Hispanic	Non-Hispanic
Total Healthcare (RAE 1)	R SF	12.6% 12.3%	87.4% 87.7%
Valley-Wide (RAE 4)	R SF	28.1%↓ 42.8%	71.9%↑ 57.2%
<p>An “R” indicates respondent percentage and an “SF” indicates sample frame percentage.</p> <p>↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.</p> <p>↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.</p> <p>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</p>			

Statewide Comparisons

For purposes of the RAE and practice comparisons and trend analyses, HSAG calculated top-box scores for each measure.²⁻² 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 4-2. For additional information on the top-box calculations, please refer to the Reader's Guide section beginning on page 4-10.

RAE and Practice Comparisons

HSAG compared the case-mix adjusted RAE-level and practice-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 top-box scores presented for two RAEs or practices 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 or practices that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE or practice with a larger number of respondents. The 2019, 2020, and 2021 Colorado RAE Aggregate results were weighted based on each practice's total eligible population for the corresponding year. Due to differences in the population of selected practices, the 2019 and 2020 Colorado RAE Aggregates are presented in the figures for reference purposes only and are not comparable to the 2021 Colorado RAE Aggregate results.^{2-3,2-4,2-5} **NOTE: These results may differ**

²⁻² HSAG followed *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures* for calculating top-box responses.

²⁻³ The Colorado RAE practices selected by the Department for inclusion in the 2020 Adult PCMH Survey included: Poudre Valley (RAE 1); Planned Parenthood (RAE 1); Sunrise (RAE 1); Banner (RAE 2); Sunrise (RAE 2); MCPN (RAE 3); PSFM (RAE 3); Parkview (RAE 4); SCC (RAE 4); Valley-Wide (RAE 4); St. Joseph (RAE 5); South Federal (RAE 5); Clinica (RAE 6); ICHC (RAE 6); MCPN (RAE 6); Comfort Care (RAE 7); NP to Your Door (RAE 7); and Peak Vista (RAE 7).

²⁻⁴ The Colorado RAE practices selected by the Department for inclusion in the 2019 Adult PCMH Survey included: Adult Group 1 (RAE 1); AFM (RAE 1); Poudre Valley (RAE 1); Banner (RAE 2); North Colorado (RAE 2); CHI (RAE 3); Clinica (RAE 3); MCPN (RAE 3); Portercare (RAE 3); Parkview (RAE 4); Valley-Wide (RAE 4); Adult Group 2 (RAE 5); Adult Group 3 (RAE 5); Adult Group 4 (RAE 5); Planned Parenthood (RAE 5); CHI (RAE 6); Clinica (RAE 6); MCPN (RAE 6); Adult Group 5 (RAE 7); and CHI (RAE 7). Eligible members in the Adult Group 1 (RAE 1) were a combined population of the following practices: Southwest Health System, Inc. and Total Healthcare. Eligible members in the Adult Group 2 (RAE 5) were a combined population of the following practices: Green Valley Ranch Medical Clinic and South Federal Family Practice. Eligible members in the Adult Group 3 (RAE 5) were a combined population of the following practices: Federal Health Care Corp.; Hue N. Vo, M.D.; Inner City Health Center; and Regents of University of Colorado. Eligible members in the Adult Group 4 (RAE 5) were a combined population of the following practices: Denver Osteopathic Clinic, Inc.; Denver Indian Health and Family Services (DIHFS); Family Medicine Clinic; Jesse O. Sutherland Jr., MD; and Rocky Mountain Medical. Eligible members in the Adult Group 5 (RAE 7) were a combined population of the following practices: Center Pointe Family Medicine and Matthews-Vu Medical Group.

from those presented in the trend analysis tables since they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).

CAHPS Health Plan Survey Database benchmarks are presented in the figures for comparative purposes, where available.^{2-6,2-7,2-8} The 2020 NCQA adult Commercial national averages are presented in the figures for reference purposes only, where applicable, and are not comparable to the RAE results.^{2-9,2-10,2-11} For additional information on the calculations for the RAE and Practice Comparisons, please refer to the Reader's Guide section beginning on page 4-10.

Trend Analysis

In order to evaluate trends in member experience, HSAG compared the 2021 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine if the results were statistically significantly different.²⁻¹² Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2021 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2021 than in 2019 are noted with black downward (▼) triangles. Scores in 2021 that were not statistically significantly different from scores in 2019 are noted with a dash (—). For additional information on the calculations for the Trend Analysis, please refer to the Reader's Guide section beginning on page 4-12.

²⁻⁵ Due to differences in the population of selected practices, the 2019 Colorado RAE Aggregate results are not comparable to the 2021 Colorado RAE Aggregate results (i.e., South Federal Family Practice [Adult Group 2 (RAE 5)] and Inner City Health Center [Adult Group 3 (RAE 5)] were not available to be surveyed in 2021 and therefore were not included in the 2021 Colorado RAE Aggregate).

²⁻⁶ Agency for Healthcare Research and Quality. Aggregated Data: Clinician & Group. Available at: <https://cahpsdatabase.ahrq.gov/CAHPSIDB/CG/About.aspx>. Accessed on: June 16, 2021.

²⁻⁷ The CAHPS Clinician & Group Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0, CG-CAHPS Survey 2.0, and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2021 Colorado PCMH Survey.

²⁻⁸ The CAHPS Database is the repository for data from selected CAHPS surveys, which is collected through participating organizations. 2019 CAHPS Clinician & Group Survey Database benchmarks were the only available data for the adult population at the time this report was prepared.

²⁻⁹ For the NCQA adult Commercial national averages, the source for data contained in this publication is Quality Compass® 2020 data. NCQA national averages for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national averages are presented in this section.

²⁻¹⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, August 2020.

²⁻¹¹ NCQA's Quality Compass benchmarks are based on results for the commercial population and derived from answers to the CAHPS 5.1H Adult Commercial Health Plan Survey; therefore, these results are not comparable to the RAE results. Additionally, only measures with similar survey questions were included for reference.

²⁻¹² Only the following practices that were selected for both the 2019 and 2021 survey administrations are presented in the tables for trending purposes: AFM (RAE 1); Poudre Valley (RAE 1); Banner (RAE 2); North Colorado (RAE 2); CHI (RAE 3); Clinica (RAE 3); MCPN (RAE 3); Portercare (RAE 3); Parkview (RAE 4); Valley-Wide (RAE 4); CHI (RAE 6); Clinica (RAE 6); MCPN (RAE 6); and CHI (RAE 7).

Global Ratings

Rating of Provider

Figure 2-11 shows the *Rating of Provider* top-box scores for the seven RAEs.

**Figure 2-11— Rating of Provider
RAE-Level Top-Box Scores**

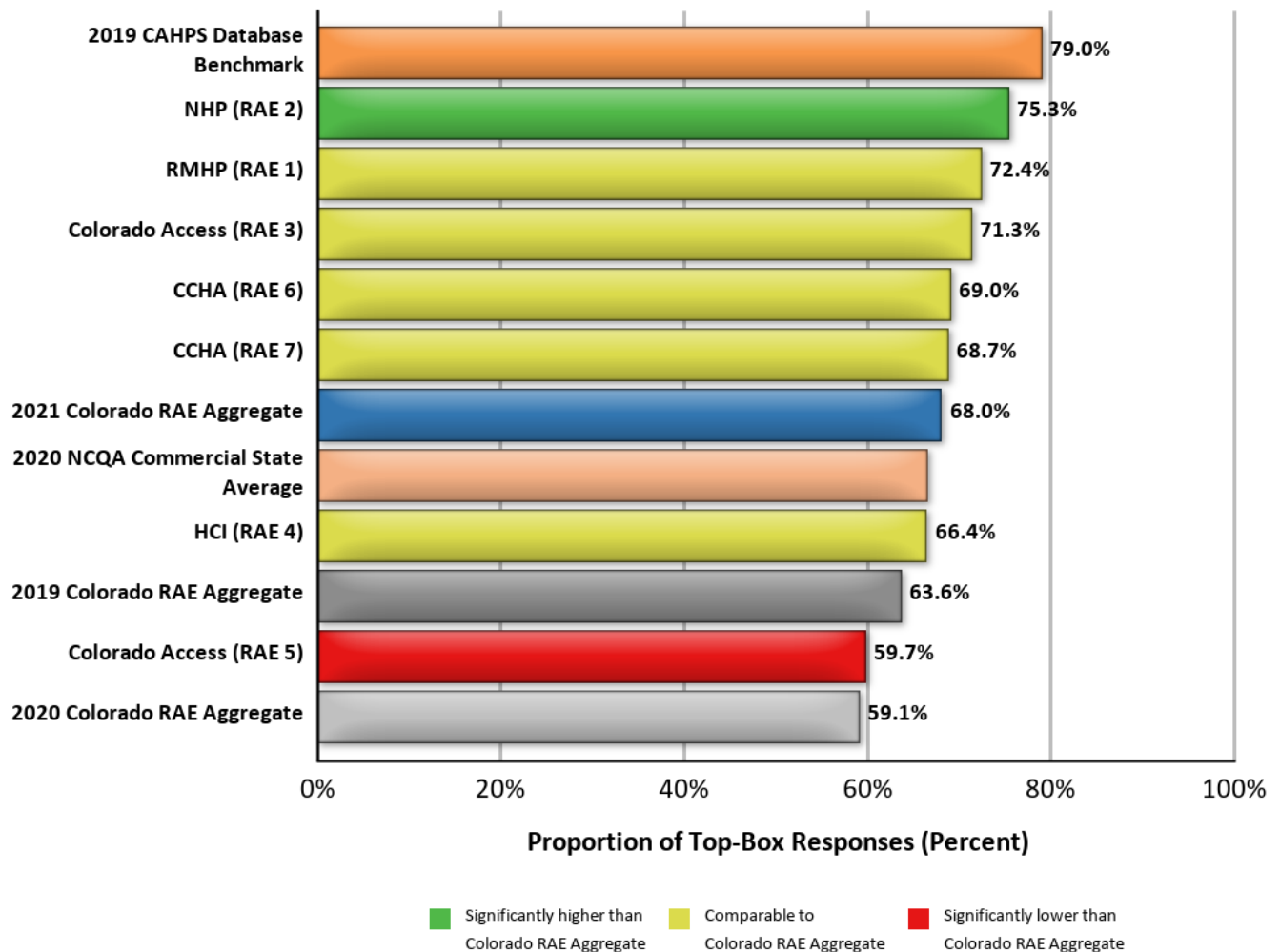


Figure 2-12 shows the *Rating of Provider* top-box scores for the RAE-contracted practices.

**Figure 2-12—Rating of Provider
Practice-Level Top-Box Scores**

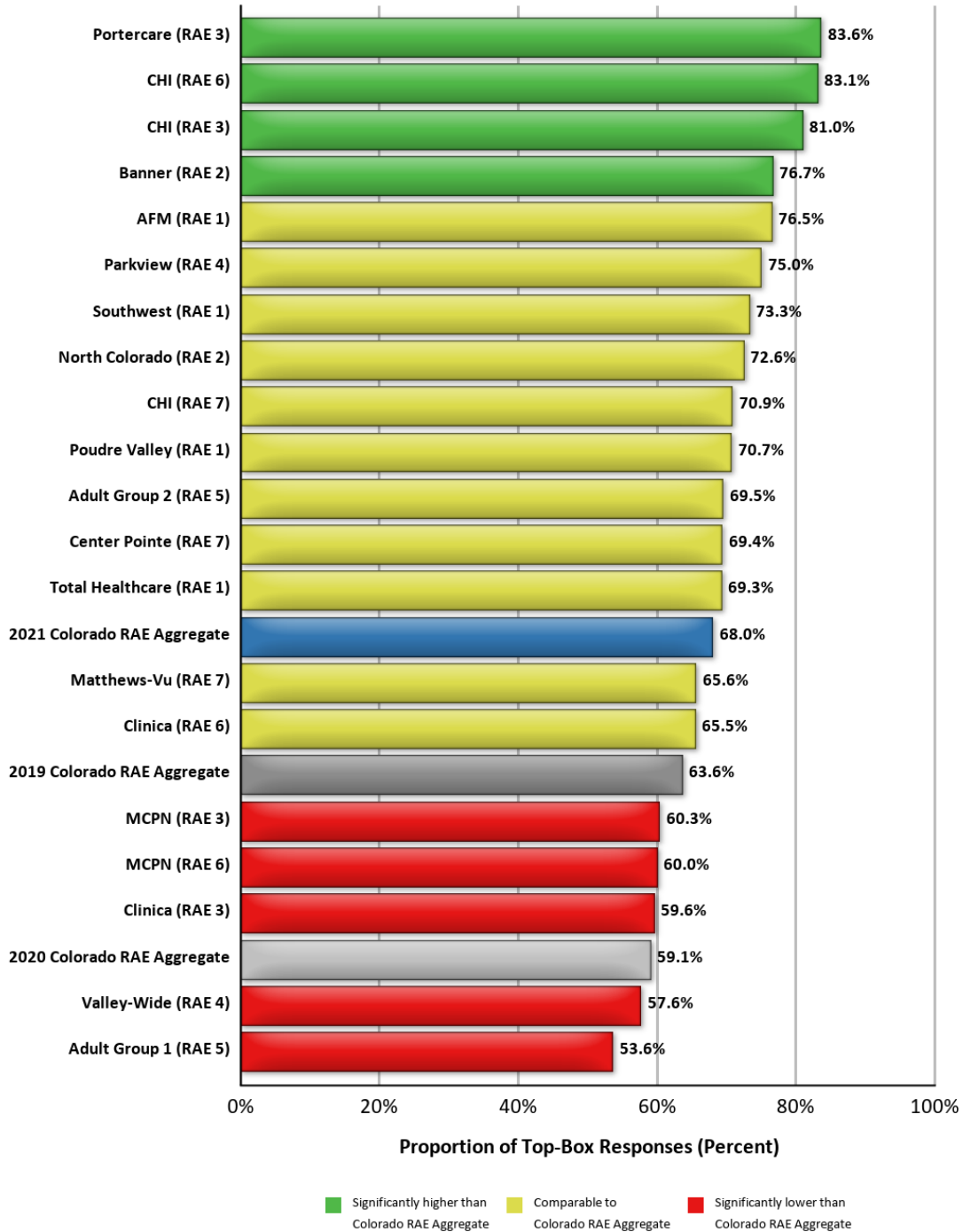


Table 2-5 the 2019 and 2021 *Rating of Provider* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-5—Rating of Provider Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	75.6%	74.4%	—
Banner (RAE 2)	69.1%	77.9%	—
CHI (RAE 3)	76.8%	81.1%	—
CHI (RAE 6)	71.6%	83.4%	▲
CHI (RAE 7)	73.2%	70.3%	—
Clinica (RAE 3)	55.7%	59.3%	—
Clinica (RAE 6)	59.1%	64.4%	—
MCPN (RAE 3)	48.8%	61.4%	▲
MCPN (RAE 6)	56.6%	59.9%	—
North Colorado (RAE 2)	76.3% ⁺	73.1%	—
Parkview (RAE 4)	79.4%	73.7%	—
Portercare (RAE 3)	78.5%	82.2%	—
Poudre Valley (RAE 1)	53.8% ⁺	69.4%	▲
Valley-Wide (RAE 4)	54.4%	58.7%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Rating of Specialist Seen Most Often

Figure 2-13 shows the *Rating of Specialist Seen Most Often* top-box scores for the seven RAEs.

**Figure 2-13—Rating of Specialist Seen Most Often
RAE-Level Top-Box Scores**

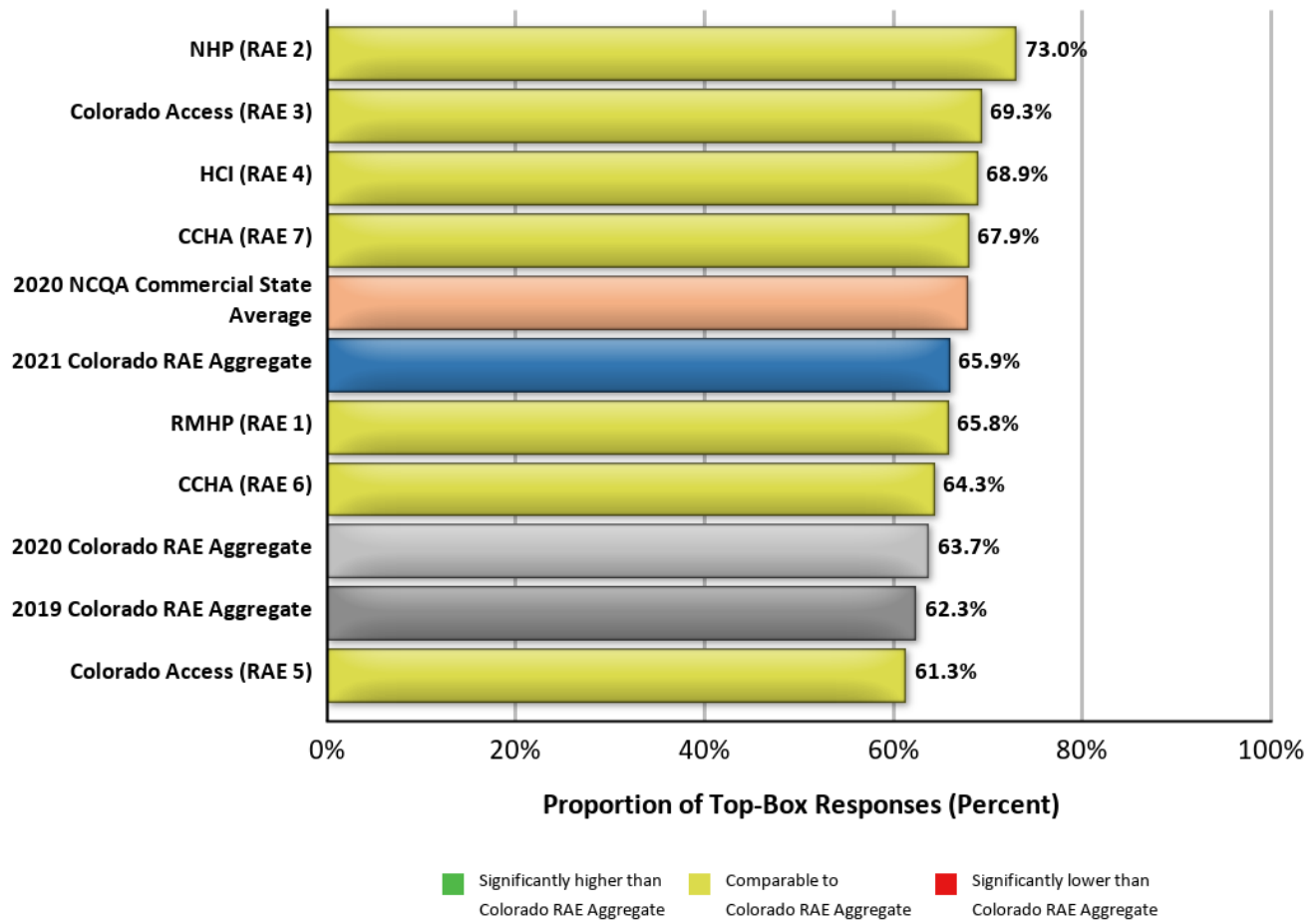


Figure 2-14 shows the *Rating of Specialist Seen Most Often* top-box scores for the RAE-contracted practices.

**Figure 2-14—Rating of Specialist Seen Most Often
Practice-Level Top-Box Scores**

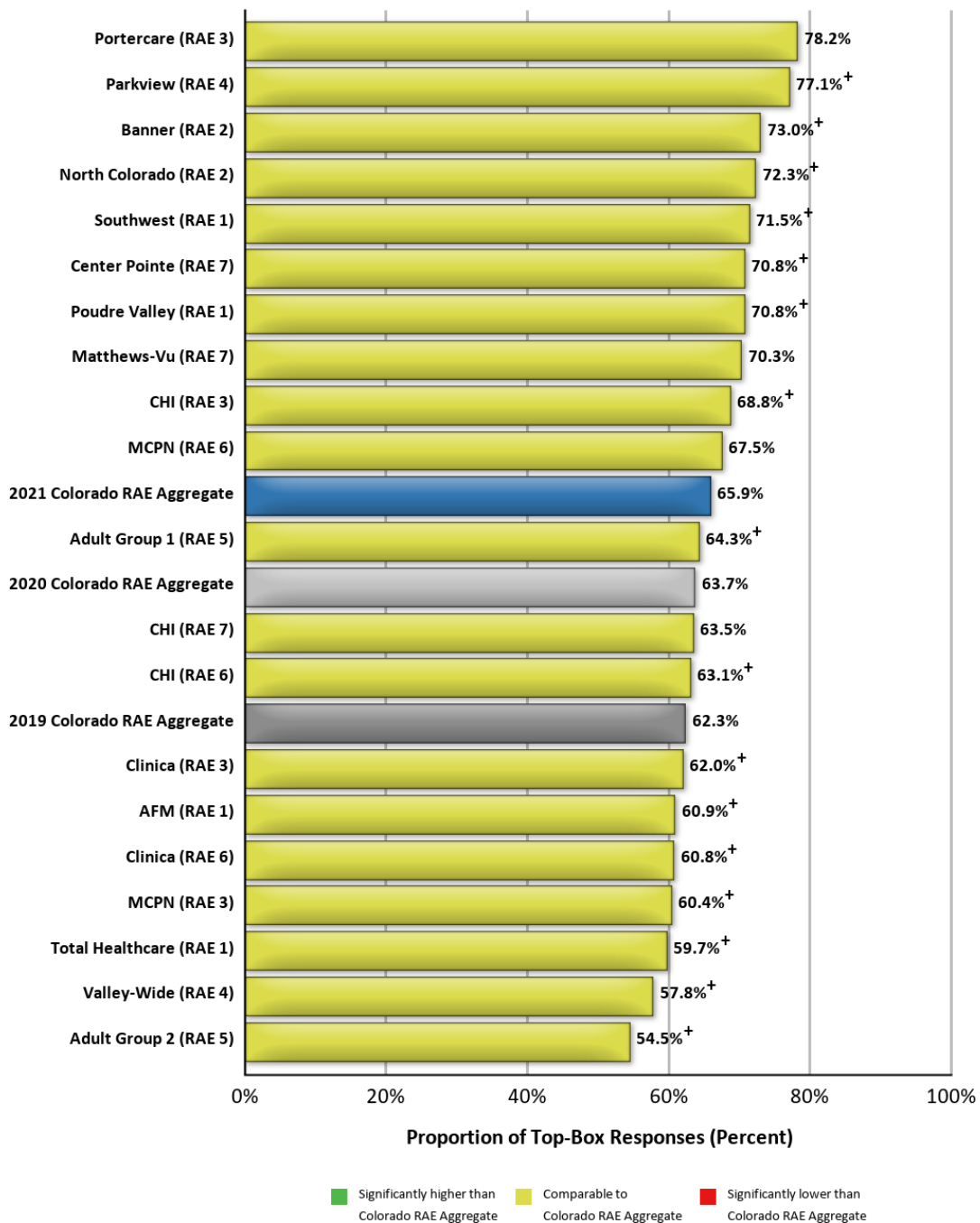


Table 2-6 shows the 2019 and 2021 *Rating of Specialist Seen Most Often* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-6—Rating of Specialist Seen Most Often Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	58.8% ⁺	57.1% ⁺	—
Banner (RAE 2)	67.3% ⁺	75.0% ⁺	—
CHI (RAE 3)	73.8% ⁺	67.7% ⁺	—
CHI (RAE 6)	53.2% ⁺	62.2% ⁺	—
CHI (RAE 7)	70.1% ⁺	62.5%	—
Clinica (RAE 3)	67.6% ⁺	63.3% ⁺	—
Clinica (RAE 6)	52.6% ⁺	59.8% ⁺	—
MCPN (RAE 3)	66.3% ⁺	61.9% ⁺	—
MCPN (RAE 6)	58.0%	68.6%	—
North Colorado (RAE 2)	75.8% ⁺	74.5% ⁺	—
Parkview (RAE 4)	76.7% ⁺	75.6% ⁺	—
Portercare (RAE 3)	69.1% ⁺	75.7%	—
Poudre Valley (RAE 1)	70.5% ⁺	69.3% ⁺	—
Valley-Wide (RAE 4)	54.9%	59.0% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2019. [▼] Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Rating of All Health Care

Figure 2-15 shows the *Rating of All Health Care* top-box scores for the seven RAEs.

**Figure 2-15—Rating of All Health Care
RAE-Level Top-Box Scores**

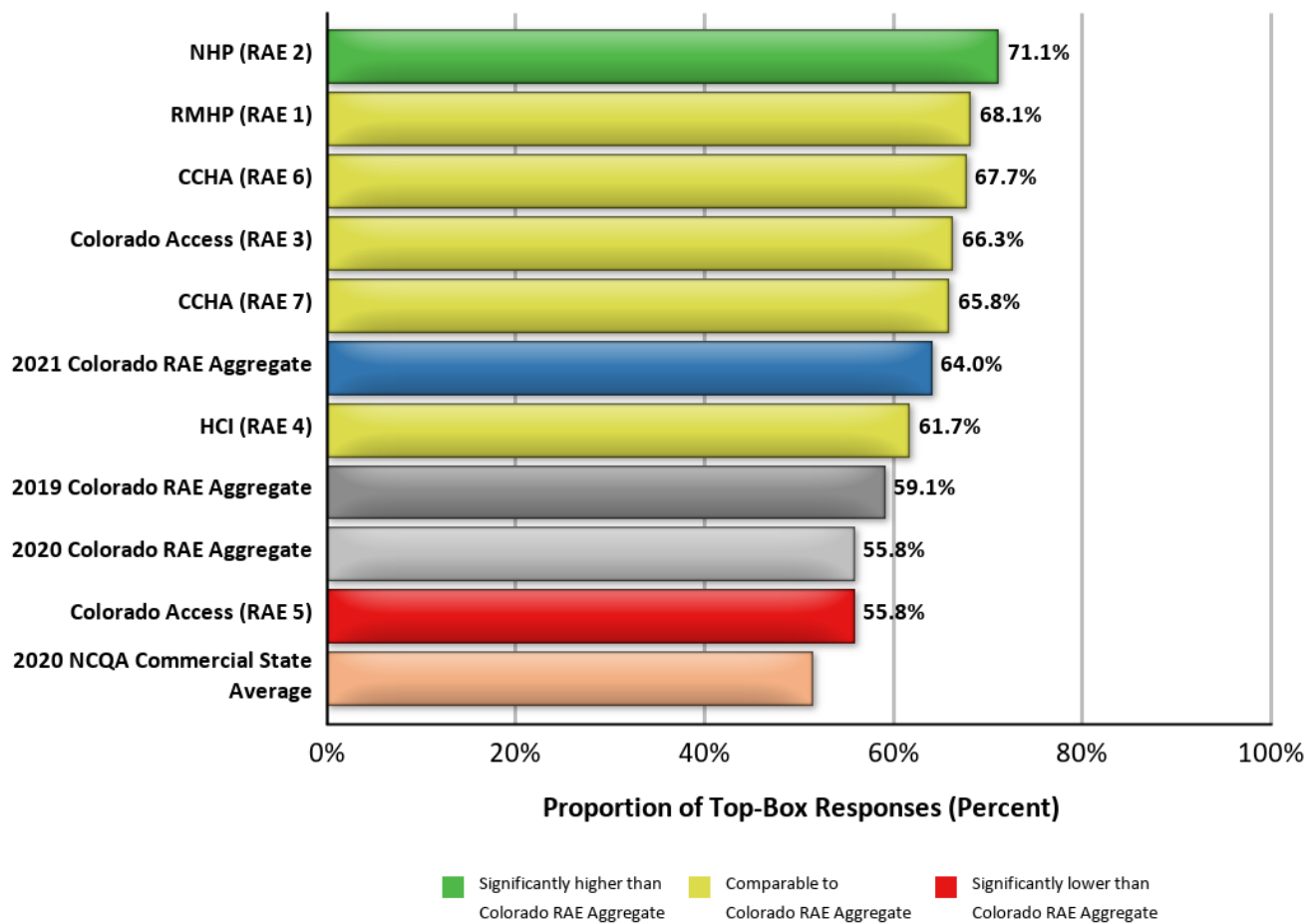


Figure 2-16 shows the *Rating of All Health Care* top-box scores for the RAE-contracted practices.

**Figure 2-16—Rating of All Health Care
Practice-Level Top-Box Scores**

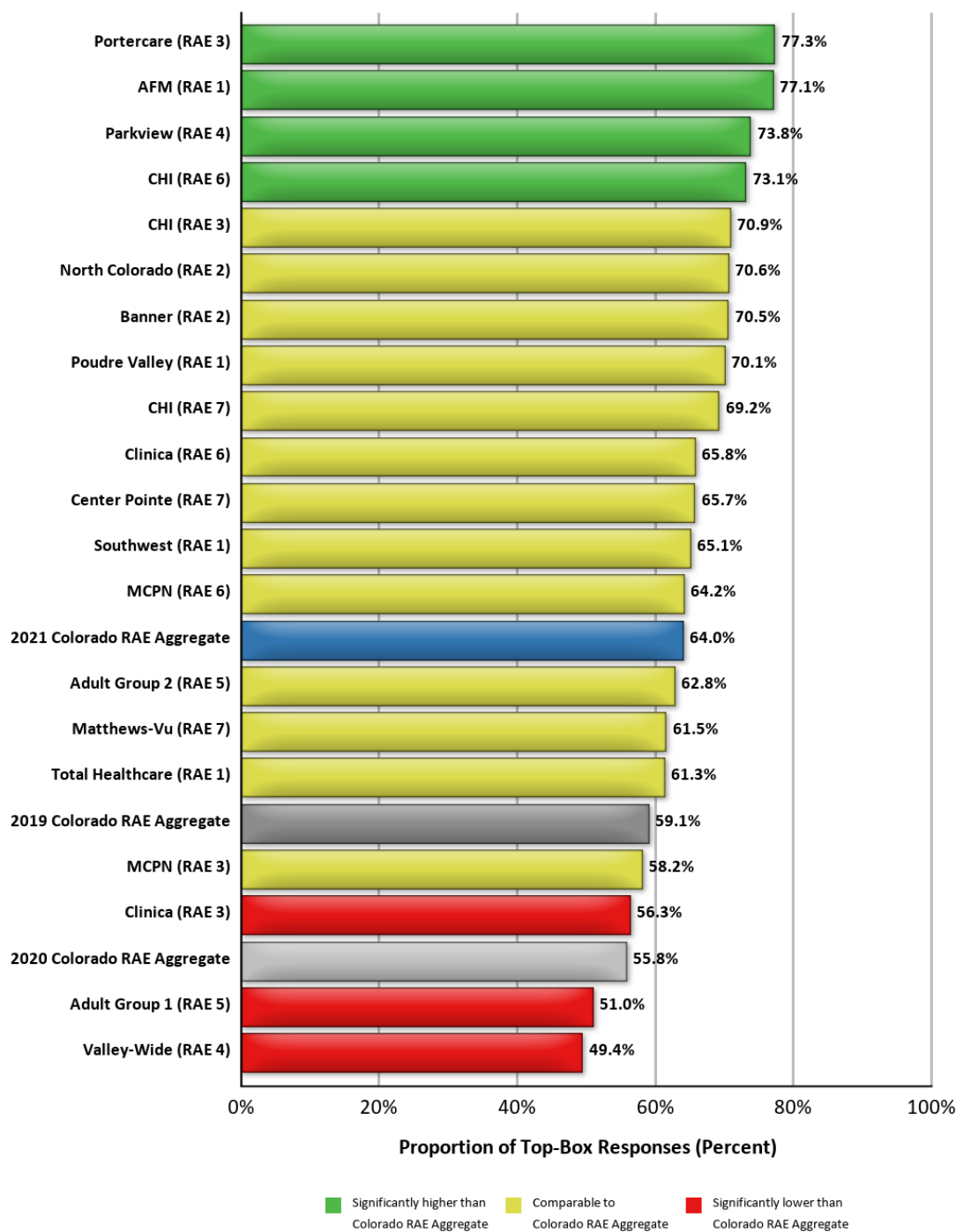


Table 2-7 shows the 2019 and 2021 *Rating of All Health Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-7—Rating of All Health Care Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	66.9%	74.2%	—
Banner (RAE 2)	61.9%	72.5%	▲
CHI (RAE 3)	72.3%	70.8%	—
CHI (RAE 6)	64.9%	73.1%	—
CHI (RAE 7)	64.3%	68.2%	—
Clinica (RAE 3)	56.4%	56.5%	—
Clinica (RAE 6)	54.4%	64.2%	▲
MCPN (RAE 3)	48.6%	60.1%	▲
MCPN (RAE 6)	51.1%	64.0%	▲
North Colorado (RAE 2)	67.6% ⁺	71.8%	—
Parkview (RAE 4)	73.8%	72.5%	—
Portercare (RAE 3)	70.0%	75.5%	—
Poudre Valley (RAE 1)	51.1% ⁺	68.0%	▲
Valley-Wide (RAE 4)	53.8%	50.7%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Rating of Health Plan

Figure 2-17 shows the *Rating of Health Plan* top-box scores for the seven RAEs.

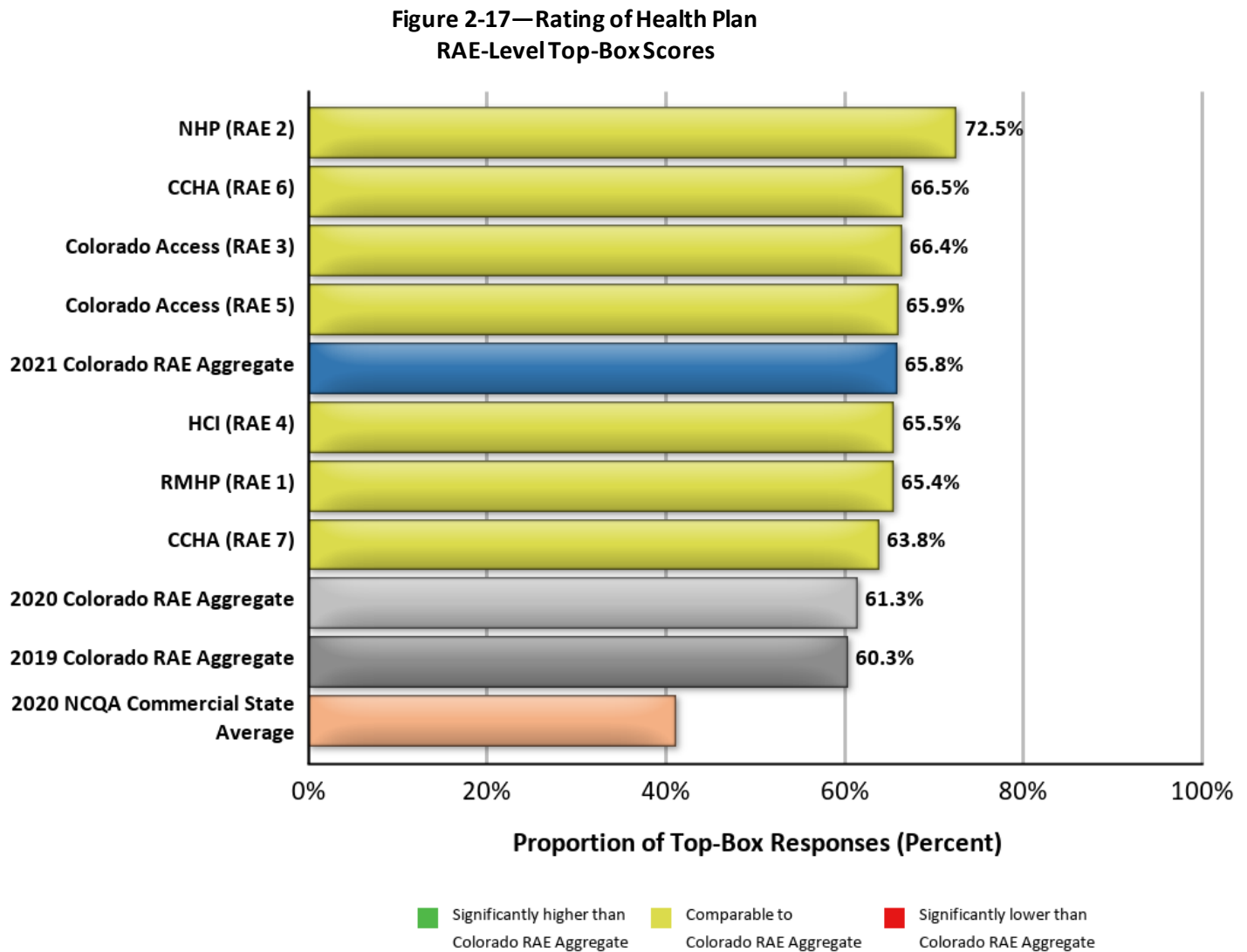


Figure 2-18 shows the *Rating of Health Plan* top-box scores for the RAE-contracted practices.

**Figure 2-18—Rating of Health Plan
Practice-Level Top-Box Scores**

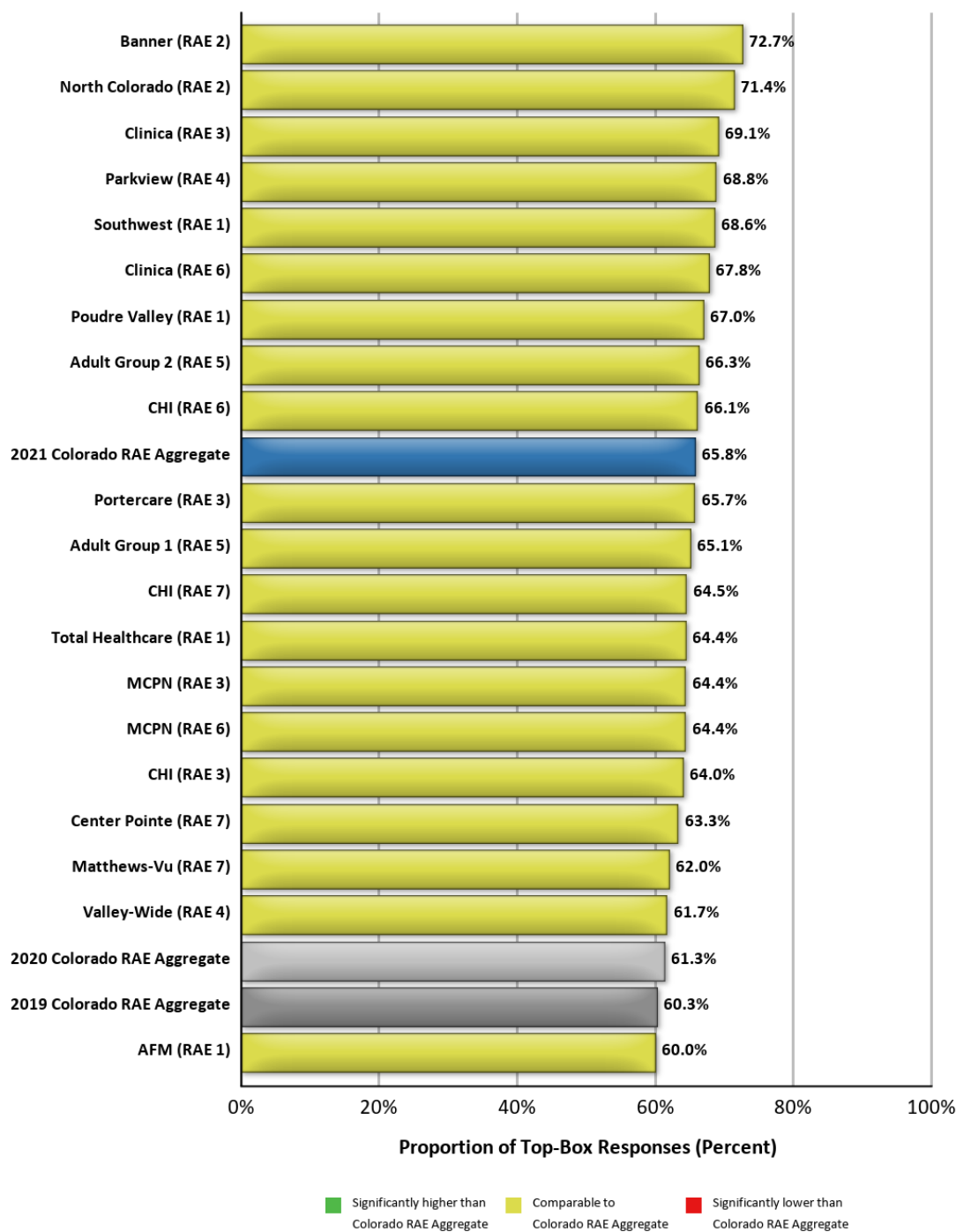


Table 2-8 shows the 2019 and 2021 *Rating of Health Plan* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-8—Rating of Health Plan Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	59.3%	57.1%	—
Banner (RAE 2)	63.8%	74.3%	▲
CHI (RAE 3)	64.3%	64.2%	—
CHI (RAE 6)	57.5%	65.7%	—
CHI (RAE 7)	58.4%	63.1%	—
Clinica (RAE 3)	62.8%	69.8%	—
Clinica (RAE 6)	59.0%	66.2%	—
MCPN (RAE 3)	60.7%	66.7%	—
MCPN (RAE 6)	56.3%	64.0%	—
North Colorado (RAE 2)	64.9% ⁺	72.9%	—
Parkview (RAE 4)	61.5%	67.9%	—
Portercare (RAE 3)	61.1%	63.9%	—
Poudre Valley (RAE 1)	53.0%	65.3%	▲
Valley-Wide (RAE 4)	61.5%	62.9%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

Figure 2-19 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the seven RAEs.

**Figure 2-19—Getting Timely Appointments, Care, and Information
RAE-Level Top-Box Scores**

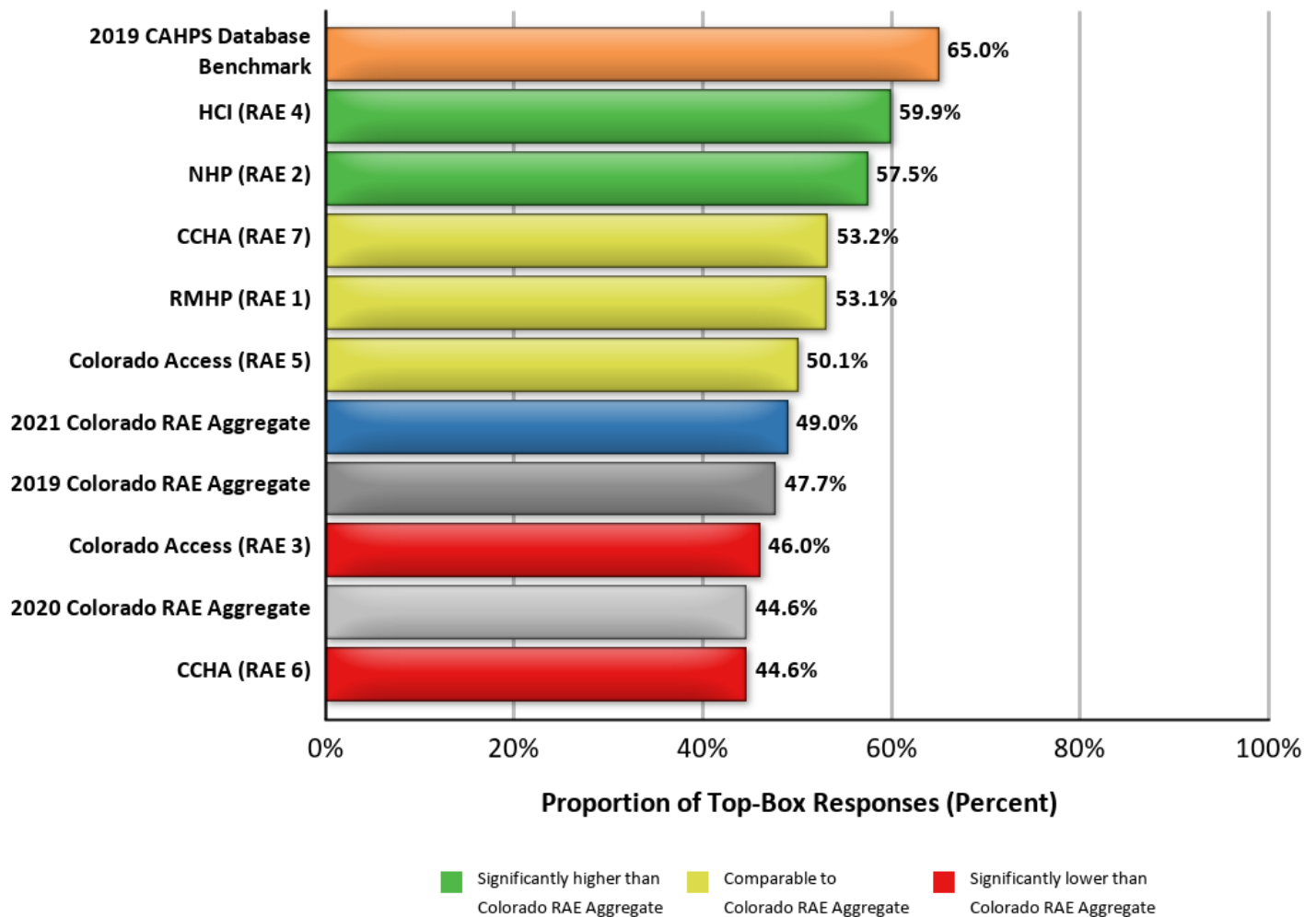
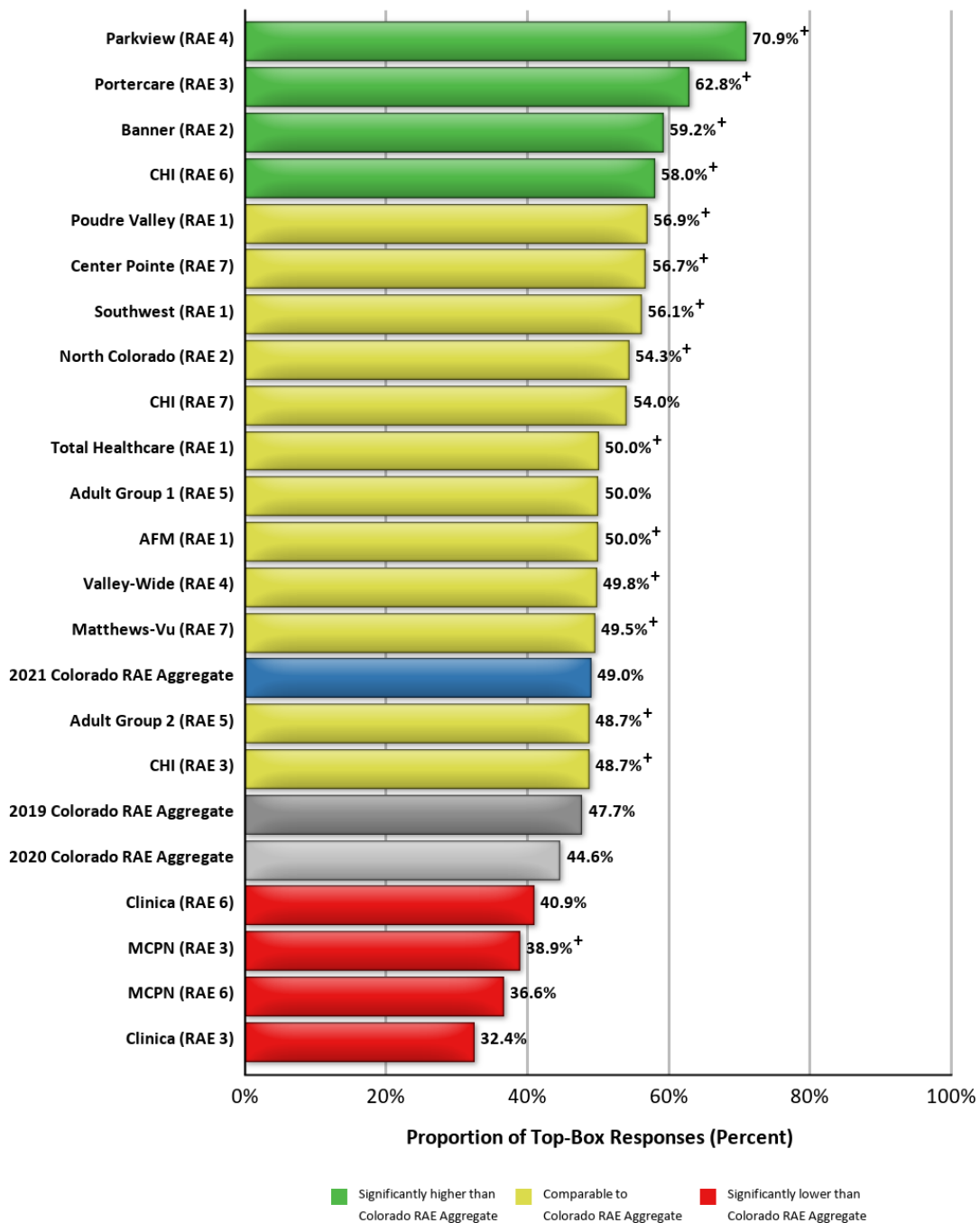


Figure 2-20 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the RAE-contracted practices.

**Figure 2-20—Getting Timely Appointments, Care, and Information
Practice-Level Top-Box Scores**



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

Table 2-9 shows the 2019 and 2021 *Getting Timely Appointments, Care, and Information* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-9—Getting Timely Appointments, Care, and Information Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	58.1% ⁺	49.0% ⁺	—
Banner (RAE 2)	56.8%	60.6% ⁺	—
CHI (RAE 3)	51.6% ⁺	47.9% ⁺	—
CHI (RAE 6)	60.0%	57.6% ⁺	—
CHI (RAE 7)	51.3% ⁺	52.9%	—
Clinica (RAE 3)	40.8%	32.8%	—
Clinica (RAE 6)	42.6%	40.5%	—
MCPN (RAE 3)	34.1%	39.9% ⁺	—
MCPN (RAE 6)	31.5%	36.3%	—
North Colorado (RAE 2)	63.6% ⁺	55.7% ⁺	—
Parkview (RAE 4)	62.8% ⁺	70.3% ⁺	—
Portercare (RAE 3)	57.6%	62.2% ⁺	—
Poudre Valley (RAE 1)	38.5% ⁺	55.4% ⁺	▲
Valley-Wide (RAE 4)	45.8%	50.2% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Patient-Centered Communication: How Well Providers Communicate with Patients

Figure 2-21 shows the *How Well Providers Communicate with Patients* top-box scores for the seven RAEs.

**Figure 2-21—How Well Providers Communicate with Patients
RAE-Level Top-Box Scores**

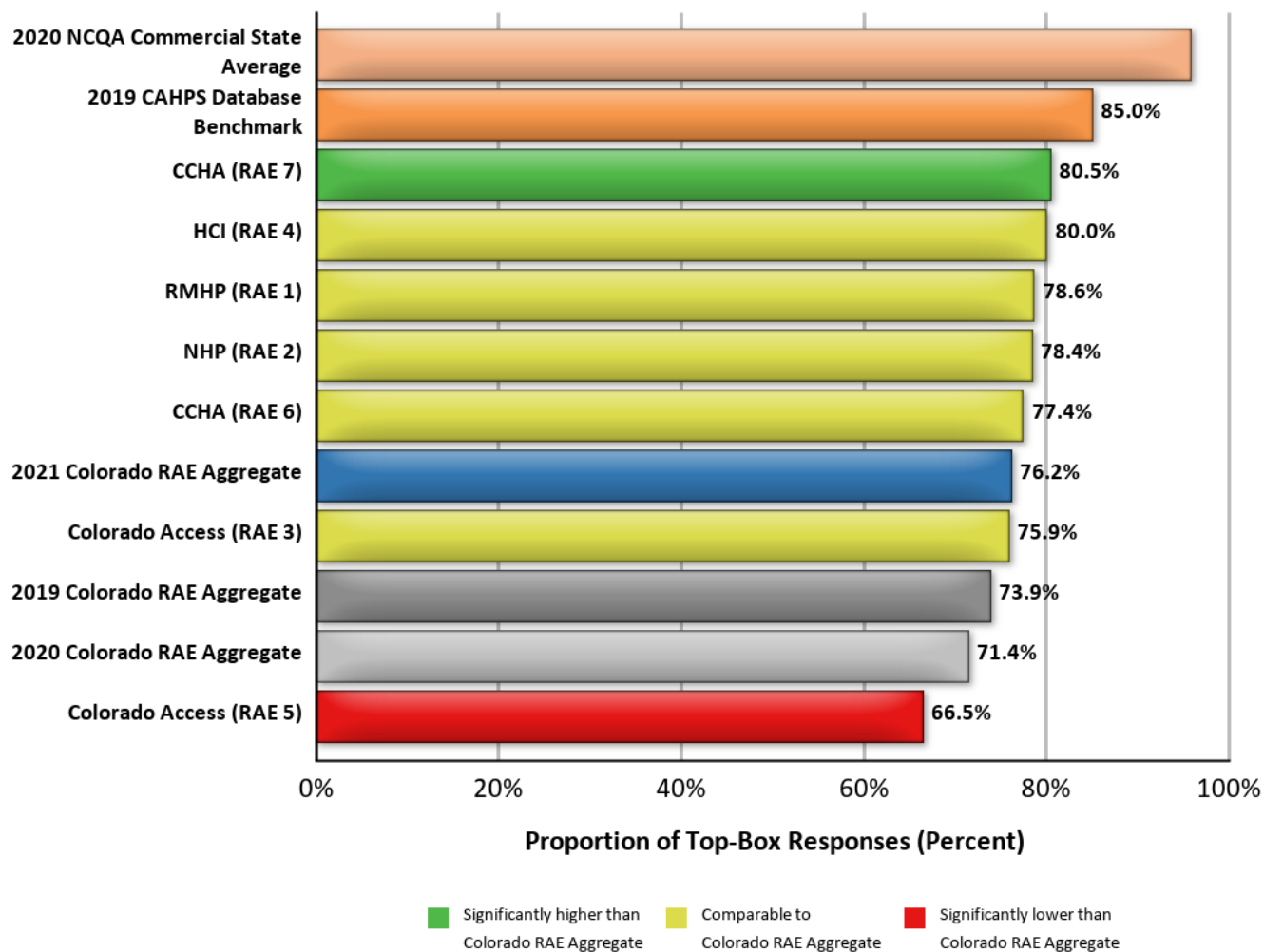


Figure 2-22 shows the *How Well Providers Communicate with Patients* top-box scores for the RAE-contracted practices.

**Figure 2-22—How Well Providers Communicate with Patients
Practice-Level Top-Box Scores**

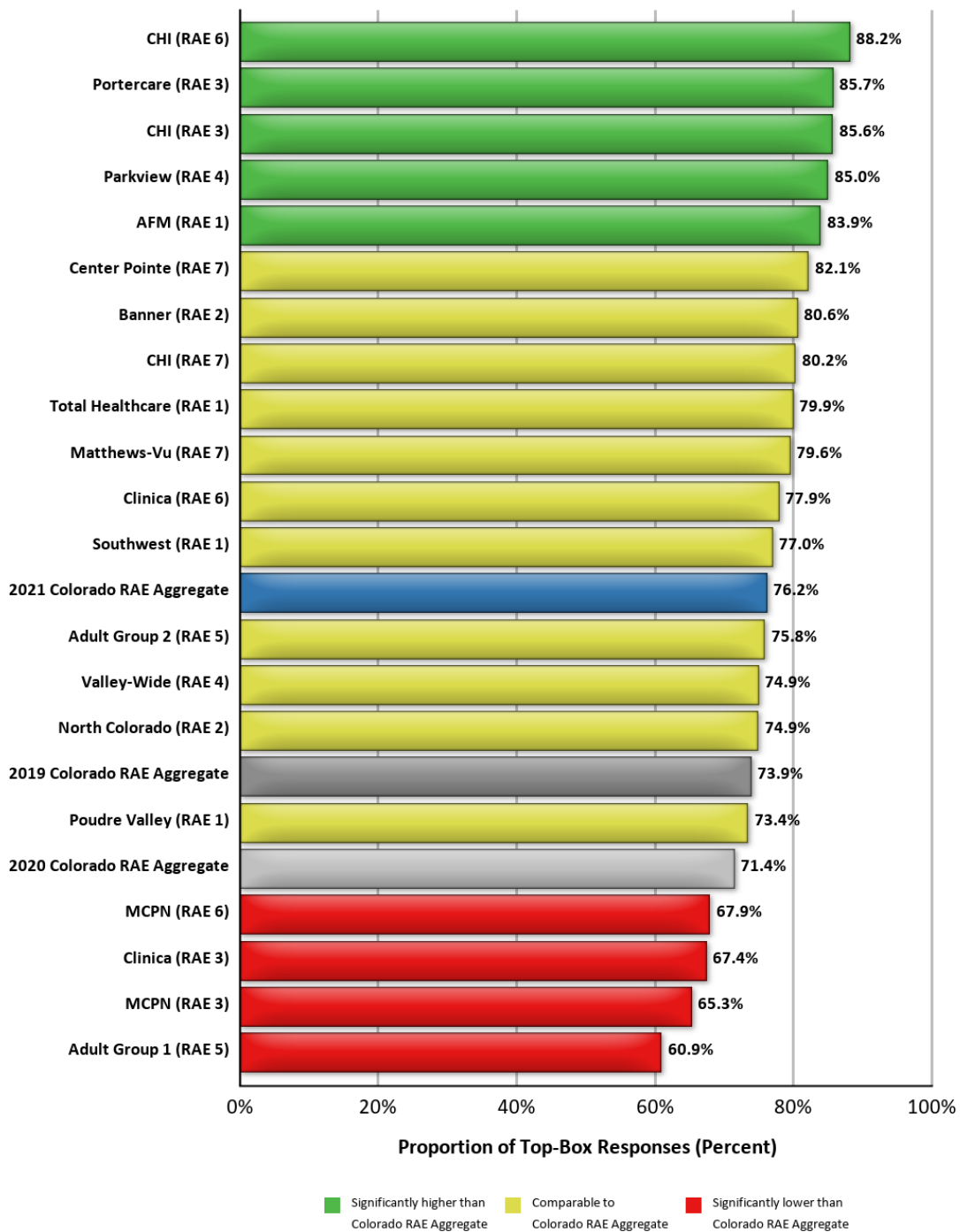


Table 2-10 shows the 2019 and 2021 *How Well Providers Communicate with Patients* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-10—How Well Providers Communicate with Patients Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	83.6%	83.0%	—
Banner (RAE 2)	77.7%	81.7%	—
CHI (RAE 3)	83.7%	85.0%	—
CHI (RAE 6)	79.5%	88.2%	▲
CHI (RAE 7)	80.8%	79.7%	—
Clinica (RAE 3)	67.8%	67.2%	—
Clinica (RAE 6)	75.0%	77.4%	—
MCPN (RAE 3)	64.1%	66.2%	—
MCPN (RAE 6)	64.2%	67.5%	—
North Colorado (RAE 2)	79.9% ⁺	75.7%	—
Parkview (RAE 4)	81.8%	84.8%	—
Portercare (RAE 3)	84.4%	85.3%	—
Poudre Valley (RAE 1)	69.9% ⁺	72.5%	—
Valley-Wide (RAE 4)	70.2%	75.3%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Coordinating Medical Care: Providers' Use of Information to Coordinate Patient Care

Figure 2-23 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the seven RAEs.

**Figure 2-23—Providers' Use of Information to Coordinate Patient Care
RAE-Level Top-Box Scores**

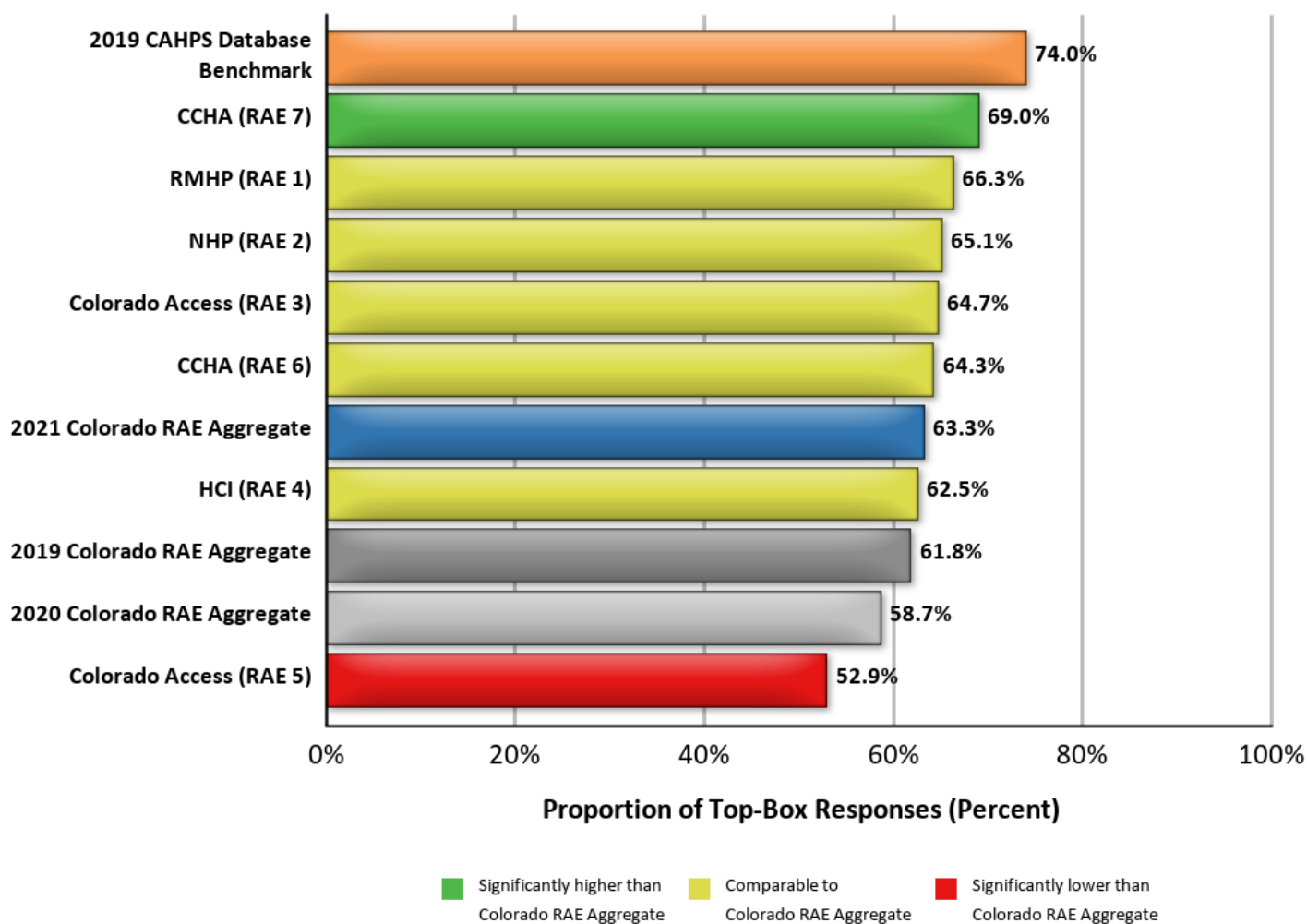
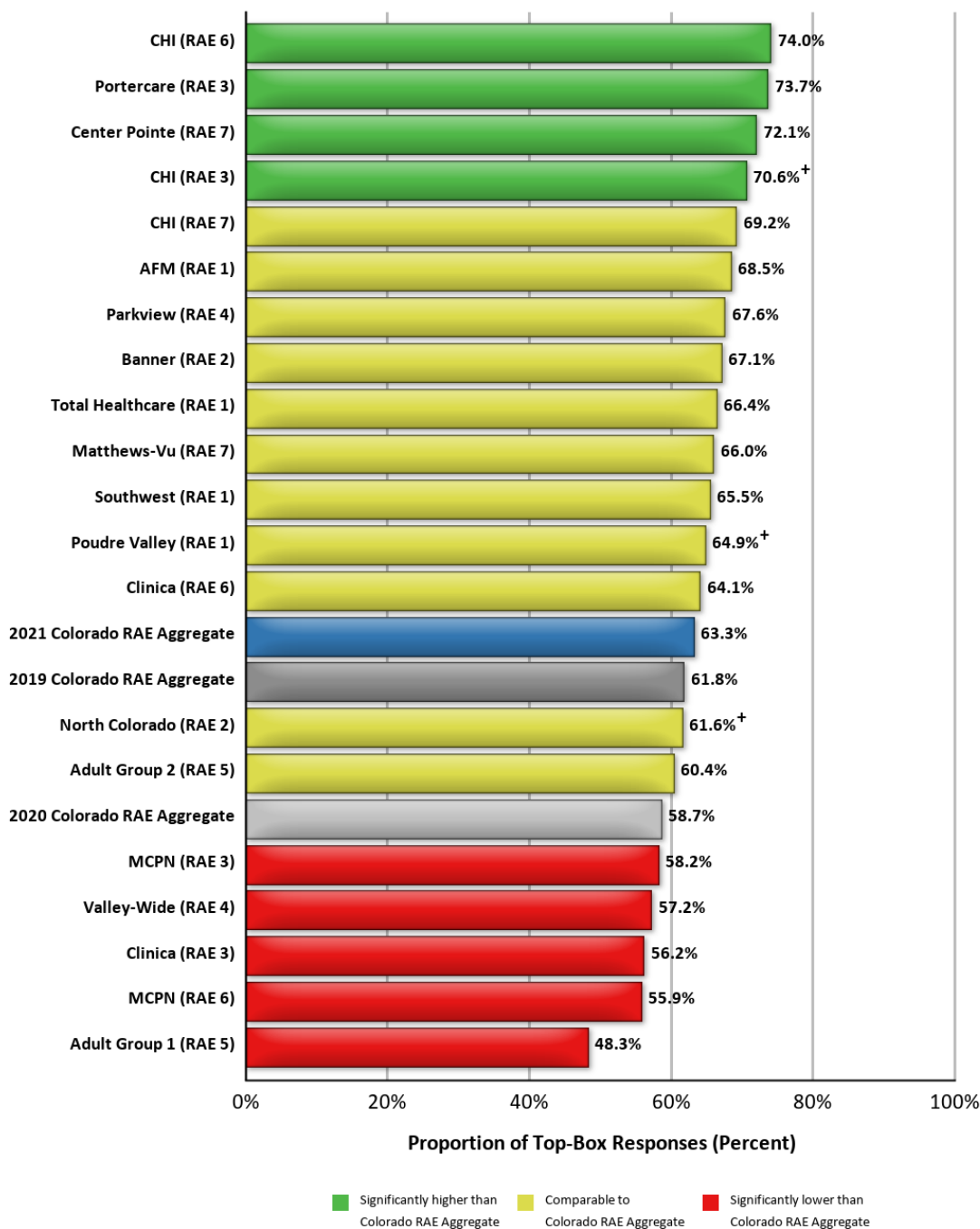


Figure 2-24 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the RAE-contracted practices.

**Figure 2-24—Providers' Use of Information to Coordinate Patient Care
Practice-Level Top-Box Scores**



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

Table 2-11 shows the 2019 and 2021 *Providers' Use of Information to Coordinate Patient Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-11— Providers' Use of Information to Coordinate Patient Care Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	72.9%	67.4%	—
Banner (RAE 2)	67.8%	68.2%	—
CHI (RAE 3)	71.7% ⁺	70.2% ⁺	—
CHI (RAE 6)	69.2%	73.8%	—
CHI (RAE 7)	67.1%	68.5%	—
Clinica (RAE 3)	56.5%	56.7%	—
Clinica (RAE 6)	56.5%	63.1%	—
MCPN (RAE 3)	56.2%	59.5%	—
MCPN (RAE 6)	53.0%	55.6%	—
North Colorado (RAE 2)	63.5% ⁺	62.9% ⁺	—
Parkview (RAE 4)	70.6%	67.4%	—
Portercare (RAE 3)	71.9%	73.0%	—
Poudre Valley (RAE 1)	62.9% ⁺	63.7% ⁺	—
Valley-Wide (RAE 4)	55.7%	57.4%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2019. [▼] Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Member Empowerment: Talking with You About Taking Care of Your Own Health

Figure 2-25 shows the *Talking with You About Taking Care of Your Own Health* top-box scores for the seven RAEs.

**Figure 2-25—Talking with You About Taking Care of Your Own Health
RAE-Level Top-Box Scores**

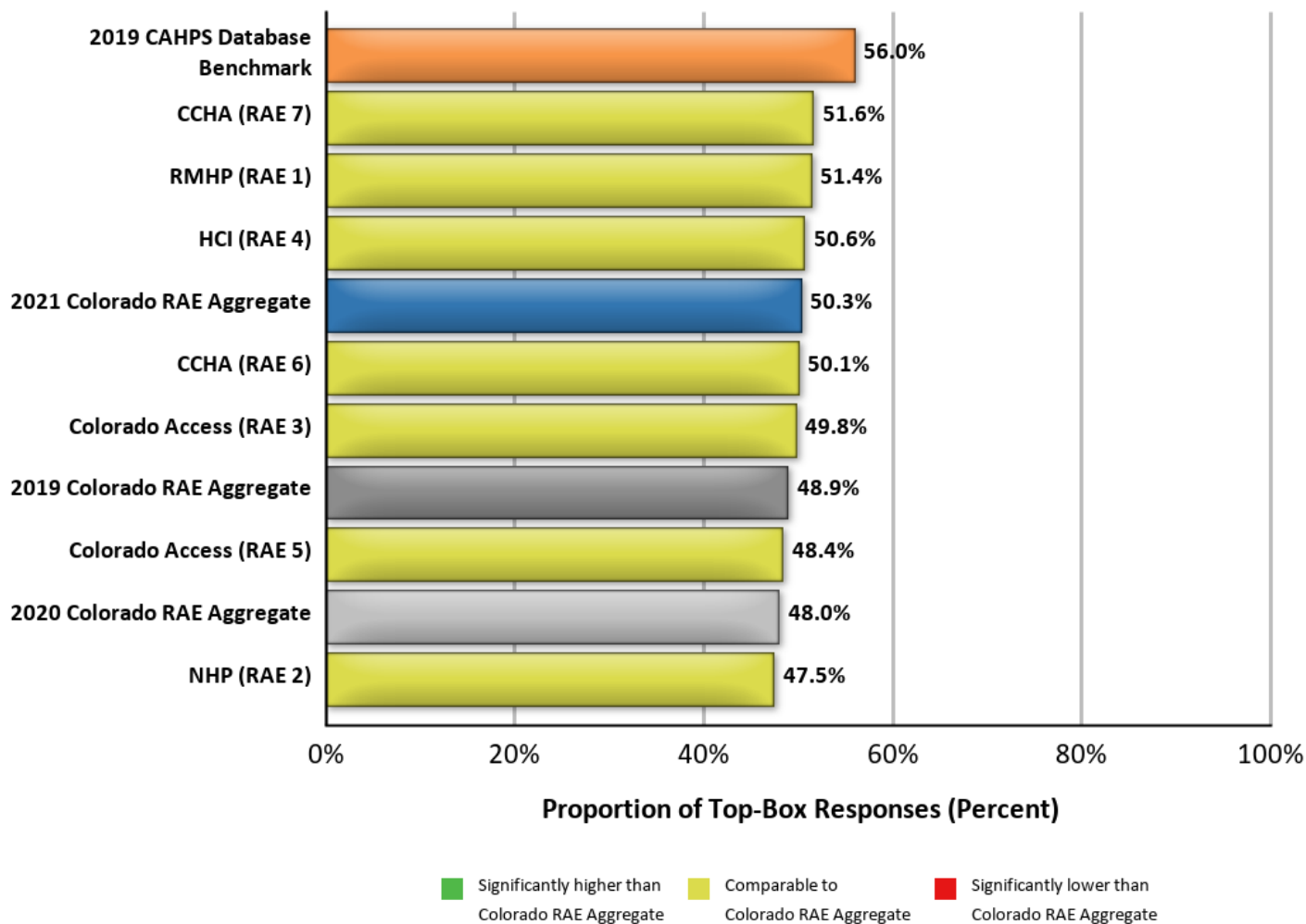


Figure 2-26 shows the *Talking with You About Taking Care of Your Own Health* top-box scores for the RAE-contracted practices.

**Figure 2-26—Talking with You About Taking Care of Your Own Health
Practice-Level Top-Box Scores**

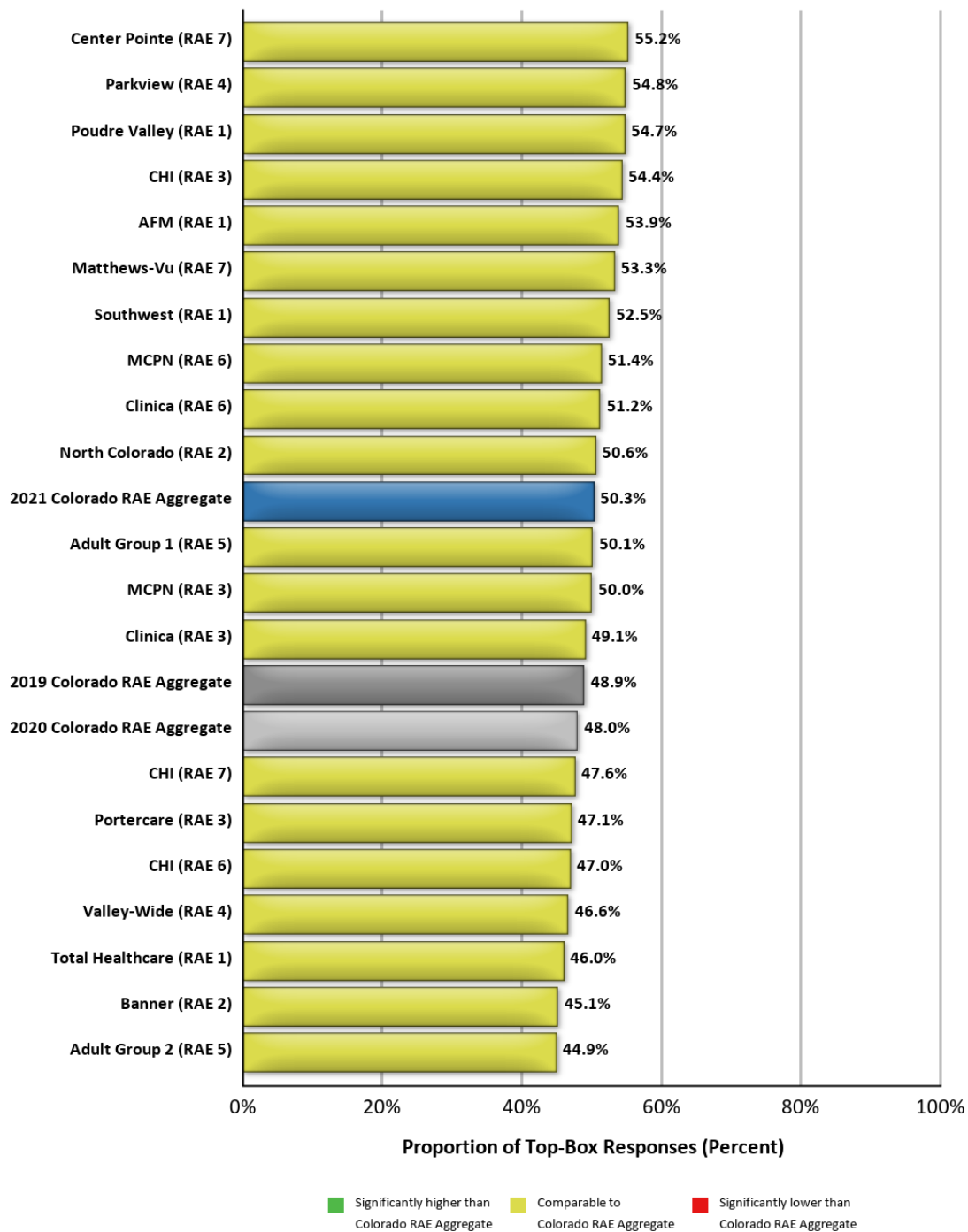


Table 2-12 shows the 2019 and 2021 *Talking with You About Taking Care of Your Own Health* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-12—Talking with You About Taking Care of Your Own Health Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	43.4%	53.5%	▲
Banner (RAE 2)	41.2%	45.2%	—
CHI (RAE 3)	56.9%	54.2%	—
CHI (RAE 6)	47.5%	47.1%	—
CHI (RAE 7)	49.9%	47.7%	—
Clinica (RAE 3)	54.1%	48.8%	—
Clinica (RAE 6)	55.6%	51.1%	—
MCPN (RAE 3)	44.2%	49.6%	—
MCPN (RAE 6)	49.7%	51.6%	—
North Colorado (RAE 2)	59.3% ⁺	50.6%	—
Parkview (RAE 4)	48.4%	54.7%	—
Portercare (RAE 3)	49.1%	47.0%	—
Poudre Valley (RAE 1)	45.6% ⁺	55.1%	—
Valley-Wide (RAE 4)	44.9%	46.7%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Medical Home: Comprehensiveness

Figure 2-27 shows the *Comprehensiveness* top-box scores for the seven RAEs.

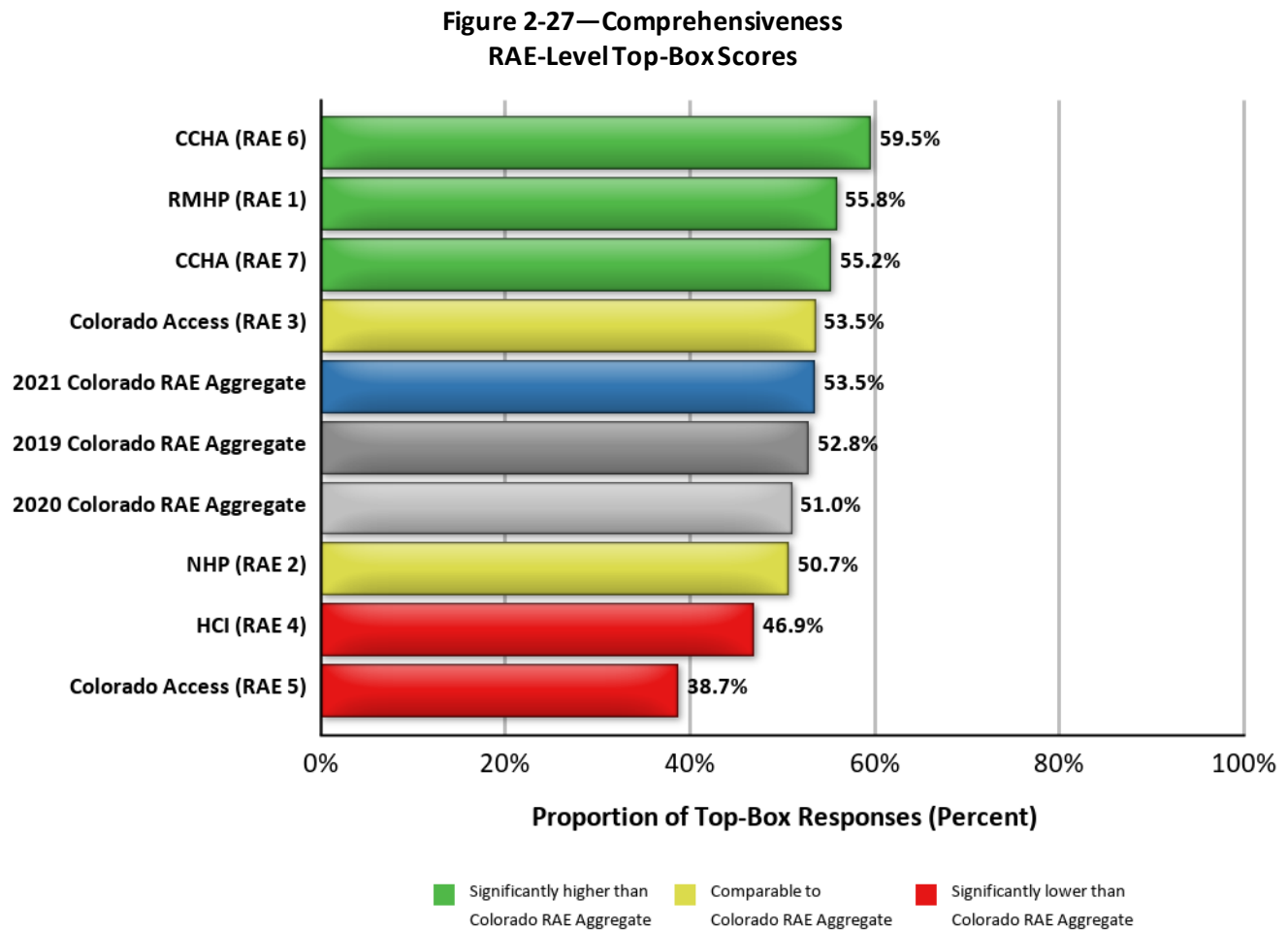


Figure 2-28 shows the *Comprehensiveness* top-box scores for the RAE-contracted practices.

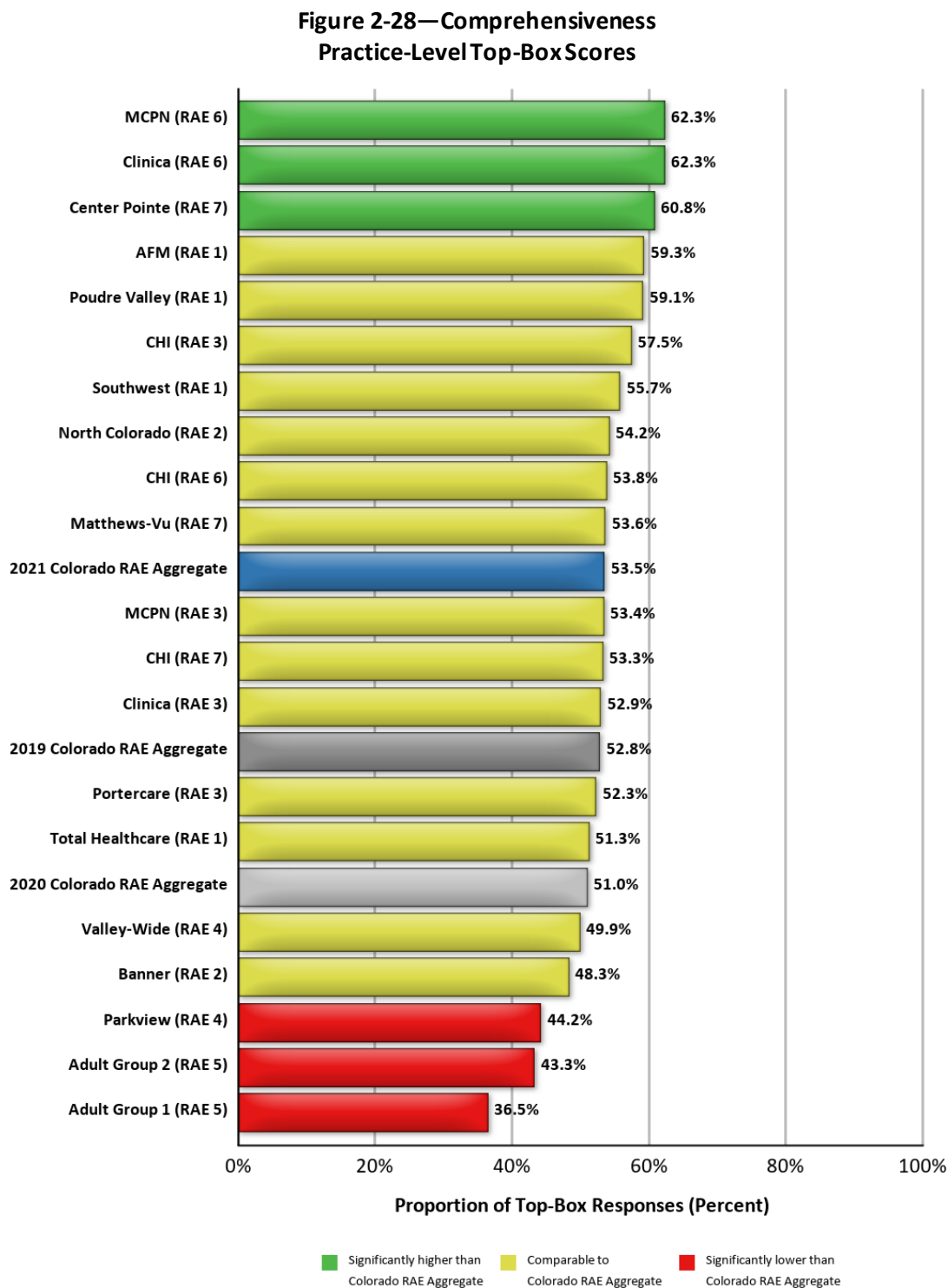


Table 2-13 shows the 2019 and 2021 *Comprehensiveness* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-13—Comprehensiveness Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	59.4%	60.8%	—
Banner (RAE 2)	53.3%	46.8%	—
CHI (RAE 3)	53.5%	58.0%	—
CHI (RAE 6)	57.8%	54.2%	—
CHI (RAE 7)	55.5%	54.1%	—
Clinica (RAE 3)	57.8%	52.5%	—
Clinica (RAE 6)	64.8%	63.3%	—
MCPN (RAE 3)	51.5%	52.4%	—
MCPN (RAE 6)	53.0%	62.4%	▲
North Colorado (RAE 2)	58.7% ⁺	52.8%	—
Parkview (RAE 4)	41.0%	44.5%	—
Portercare (RAE 3)	54.9%	53.2%	—
Poudre Valley (RAE 1)	52.1% ⁺	60.0%	—
Valley-Wide (RAE 4)	44.5%	49.5%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Provider Customer Service: Helpful, Courteous, and Respectful Office Staff

Figure 2-29 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the seven RAEs.

**Figure 2-29—Helpful, Courteous, and Respectful Office Staff
RAE-Level Top-Box Scores**

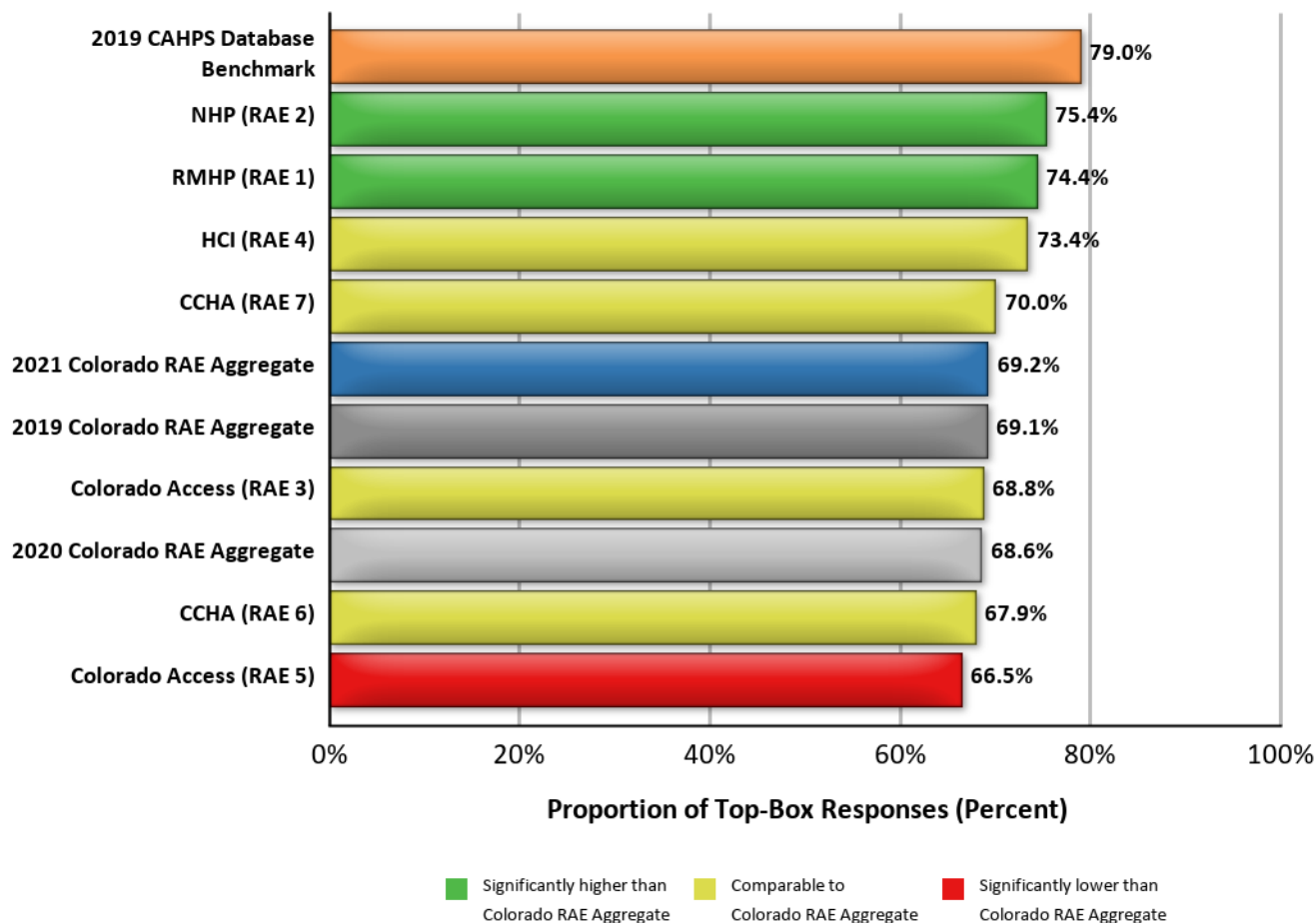


Figure 2-30 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the RAE-contracted practices.

**Figure 2-30—Helpful, Courteous, and Respectful Office Staff
Practice-Level Top-Box Scores**

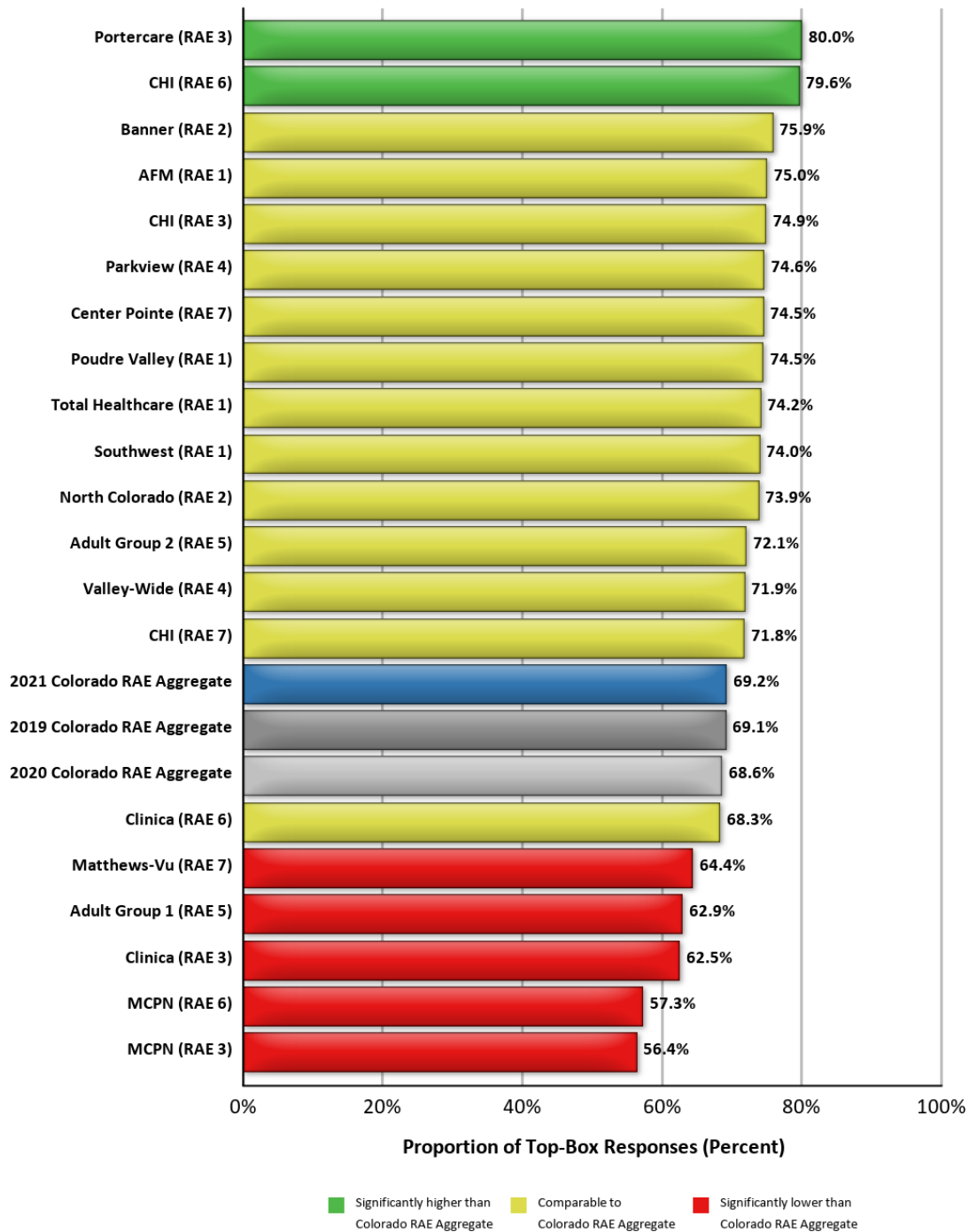


Table 2-14 shows the 2019 and 2021 *Helpful, Courteous, and Respectful Office Staff* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-14—Helpful, Courteous, and Respectful Office Staff Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	76.2%	73.5%	—
Banner (RAE 2)	72.8%	77.0%	—
CHI (RAE 3)	70.0%	74.3%	—
CHI (RAE 6)	77.5%	79.5%	—
CHI (RAE 7)	73.8%	71.2%	—
Clinica (RAE 3)	56.2%	62.6%	—
Clinica (RAE 6)	67.7%	67.4%	—
MCPN (RAE 3)	62.8%	57.2%	—
MCPN (RAE 6)	66.6%	57.2%	▼
North Colorado (RAE 2)	73.8% ⁺	75.0%	—
Parkview (RAE 4)	75.9%	74.3%	—
Portercare (RAE 3)	73.6%	79.3%	—
Poudre Valley (RAE 1)	73.2% ⁺	73.9%	—
Valley-Wide (RAE 4)	70.6%	72.3%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Health First Colorado Customer Service

Figure 2-31 shows the *Health First Colorado Customer Service* top-box scores for the seven RAEs.

**Figure 2-31—Health First Colorado Customer Service
RAE-Level Top-Box Scores**

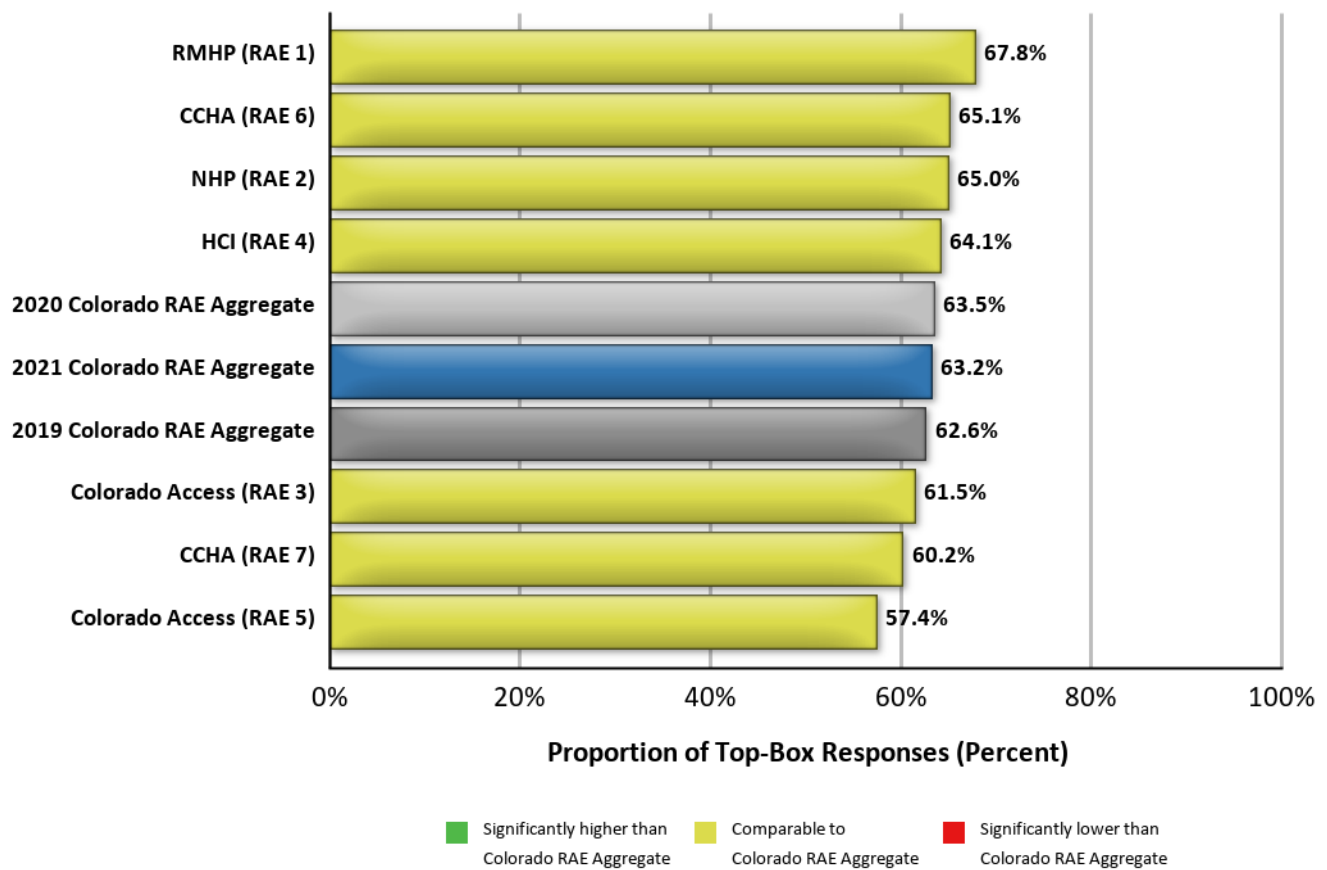
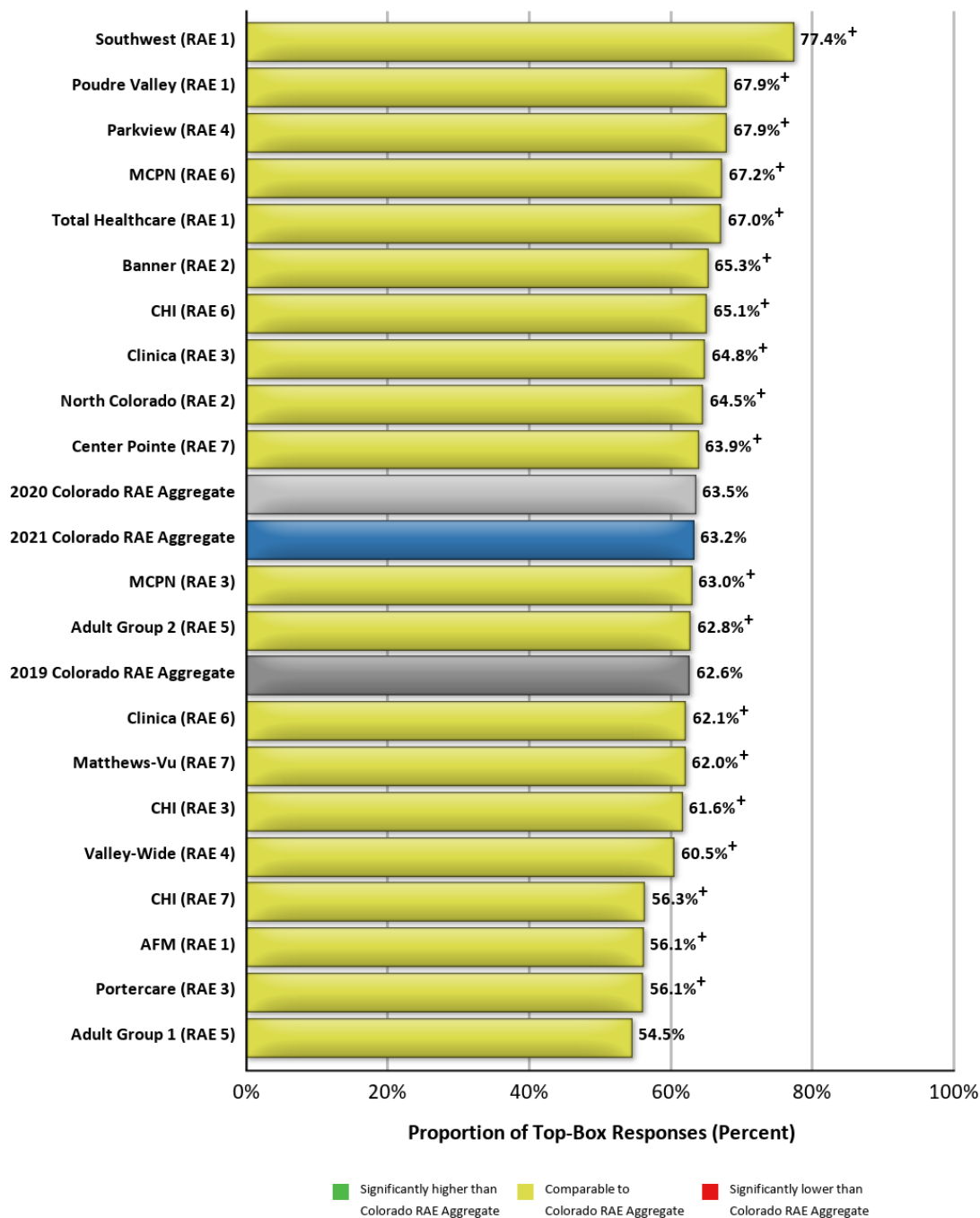


Figure 2-32 shows the *Health First Colorado Customer Service* top-box scores for the RAE-contracted practices.

**Figure 2-32—Health First Colorado Customer Service
Practice-Level Top-Box Scores**



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

Table 2-15 shows the 2019 and 2021 *Health First Colorado Customer Service* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-15—Health First Colorado Customer Service Trend Analysis

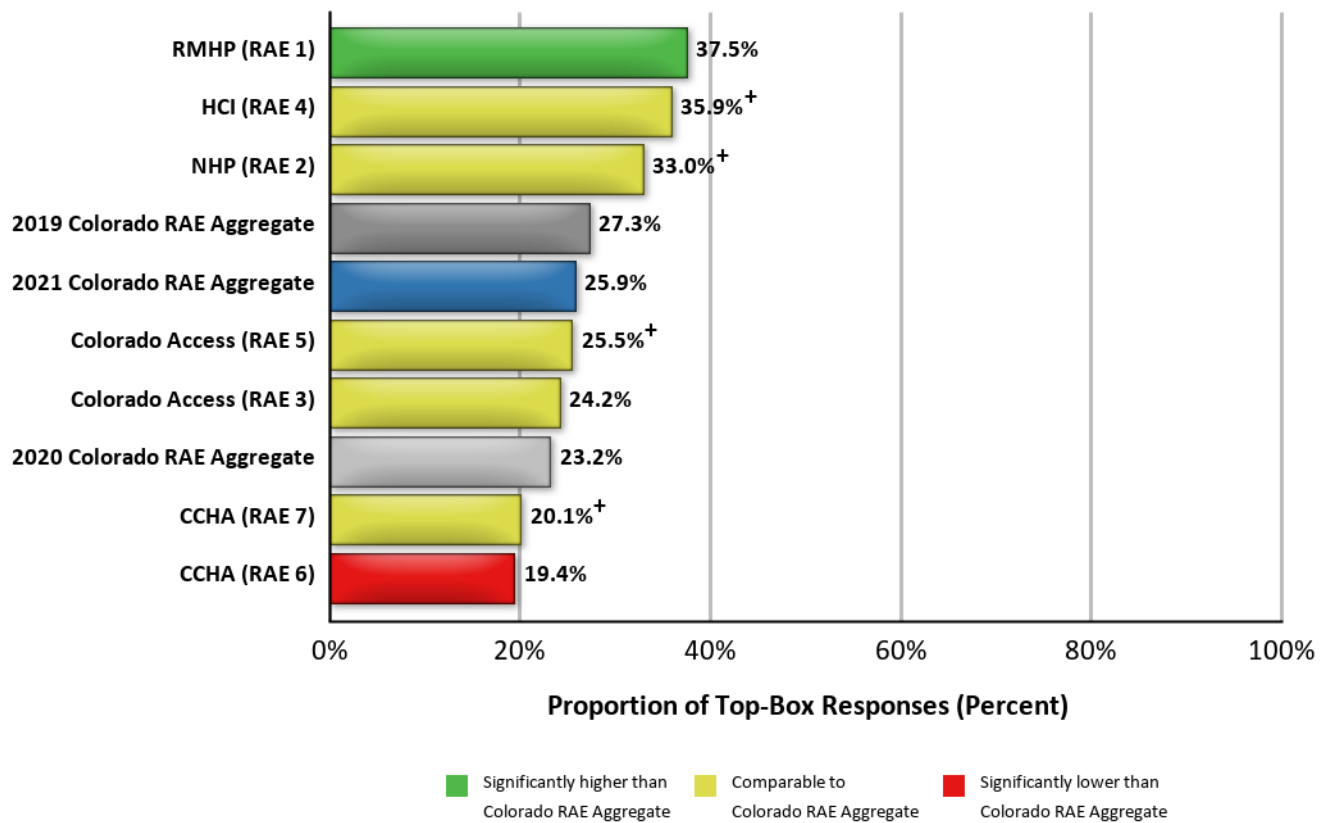
RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	59.1% ⁺	54.7% ⁺	—
Banner (RAE 2)	57.8% ⁺	66.3% ⁺	—
CHI (RAE 3)	67.7% ⁺	60.3% ⁺	—
CHI (RAE 6)	56.0% ⁺	65.6% ⁺	—
CHI (RAE 7)	67.2% ⁺	55.3% ⁺	—
Clinica (RAE 3)	59.1% ⁺	65.1% ⁺	—
Clinica (RAE 6)	54.5% ⁺	62.4% ⁺	—
MCPN (RAE 3)	61.1% ⁺	64.6% ⁺	—
MCPN (RAE 6)	58.1% ⁺	67.2% ⁺	—
North Colorado (RAE 2)	60.7% ⁺	66.2% ⁺	—
Parkview (RAE 4)	58.4% ⁺	67.7% ⁺	—
Portercare (RAE 3)	61.2% ⁺	55.9% ⁺	—
Poudre Valley (RAE 1)	77.9% ⁺	66.5% ⁺	—
Valley-Wide (RAE 4)	74.2% ⁺	60.8% ⁺	▼
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Individual Item Measures

Received Care from Provider Office During Evenings, Weekends, or Holidays

Figure 2-33 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the seven RAEs.

**Figure 2-33—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



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

Figure 2-34 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the RAE-contracted practices.

**Figure 2-34—Received Care from Provider Office During Evenings, Weekends, or Holidays
Practice-Level Top-Box Scores**

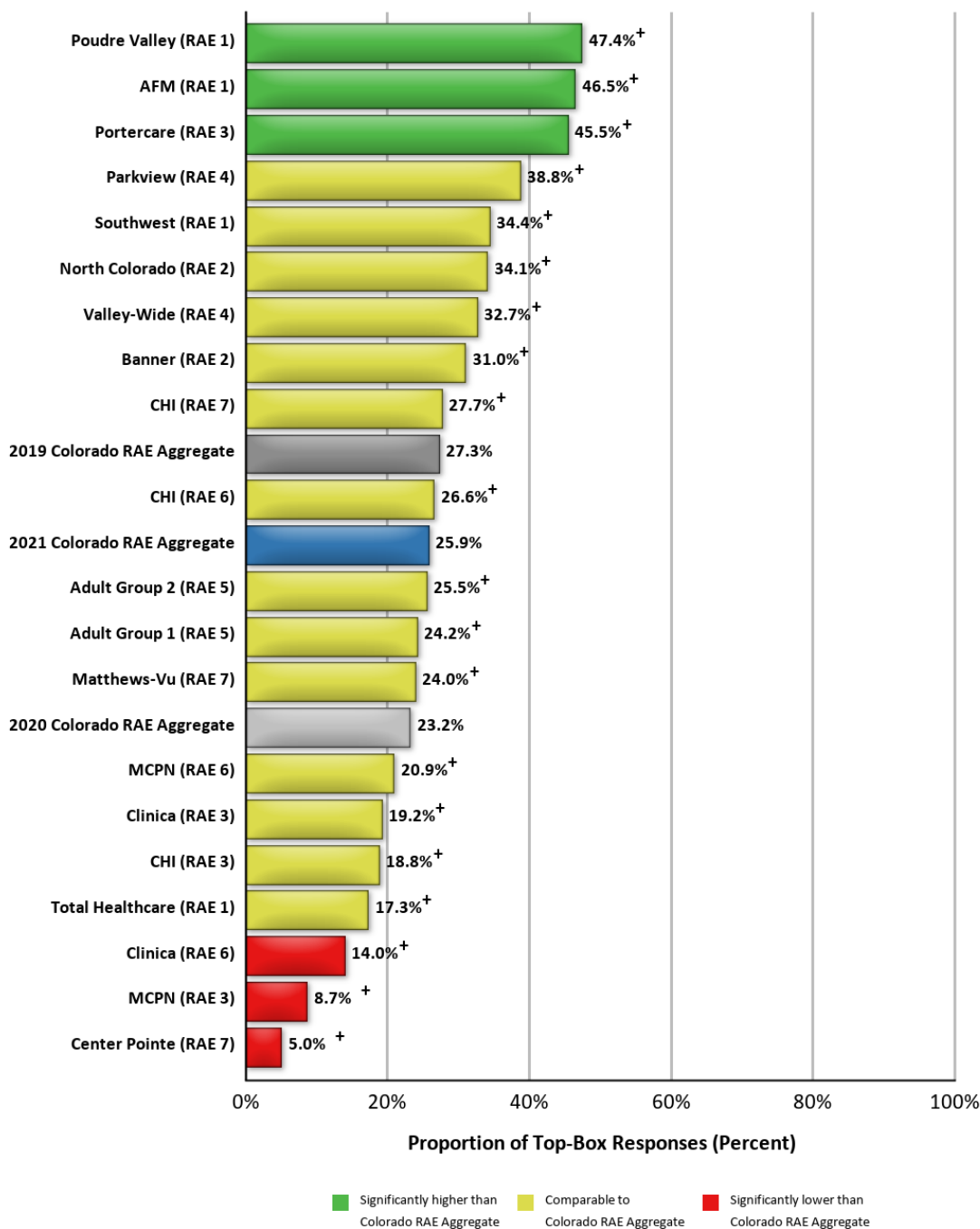


Table 2-16 shows the 2019 and 2021 *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-16—Received Care from Provider Office During Evenings, Weekends, or Holidays Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	50.0% ⁺	46.9% ⁺	—
Banner (RAE 2)	22.2% ⁺	32.0% ⁺	—
CHI (RAE 3)	27.3% ⁺	19.0% ⁺	—
CHI (RAE 6)	31.3% ⁺	26.1% ⁺	—
CHI (RAE 7)	34.6% ⁺	26.3% ⁺	—
Clinica (RAE 3)	18.9% ⁺	20.0% ⁺	—
Clinica (RAE 6)	23.9% ⁺	14.0% ⁺	—
MCPN (RAE 3)	26.5% ⁺	8.7% ⁺	▼
MCPN (RAE 6)	14.3% ⁺	20.5% ⁺	—
North Colorado (RAE 2)	27.3% ⁺	34.8% ⁺	—
Parkview (RAE 4)	35.0% ⁺	38.1% ⁺	—
Portercare (RAE 3)	21.9% ⁺	44.8% ⁺	—
Poudre Valley (RAE 1)	38.1% ⁺	46.2% ⁺	—
Valley-Wide (RAE 4)	40.4% ⁺	33.3% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Reminders About Care from Provider Office

Figure 2-35 shows the *Reminders About Care from Provider Office* top-box scores for the seven RAEs.

**Figure 2-35—Reminders About Care from Provider Office
RAE-Level Top-Box Scores**

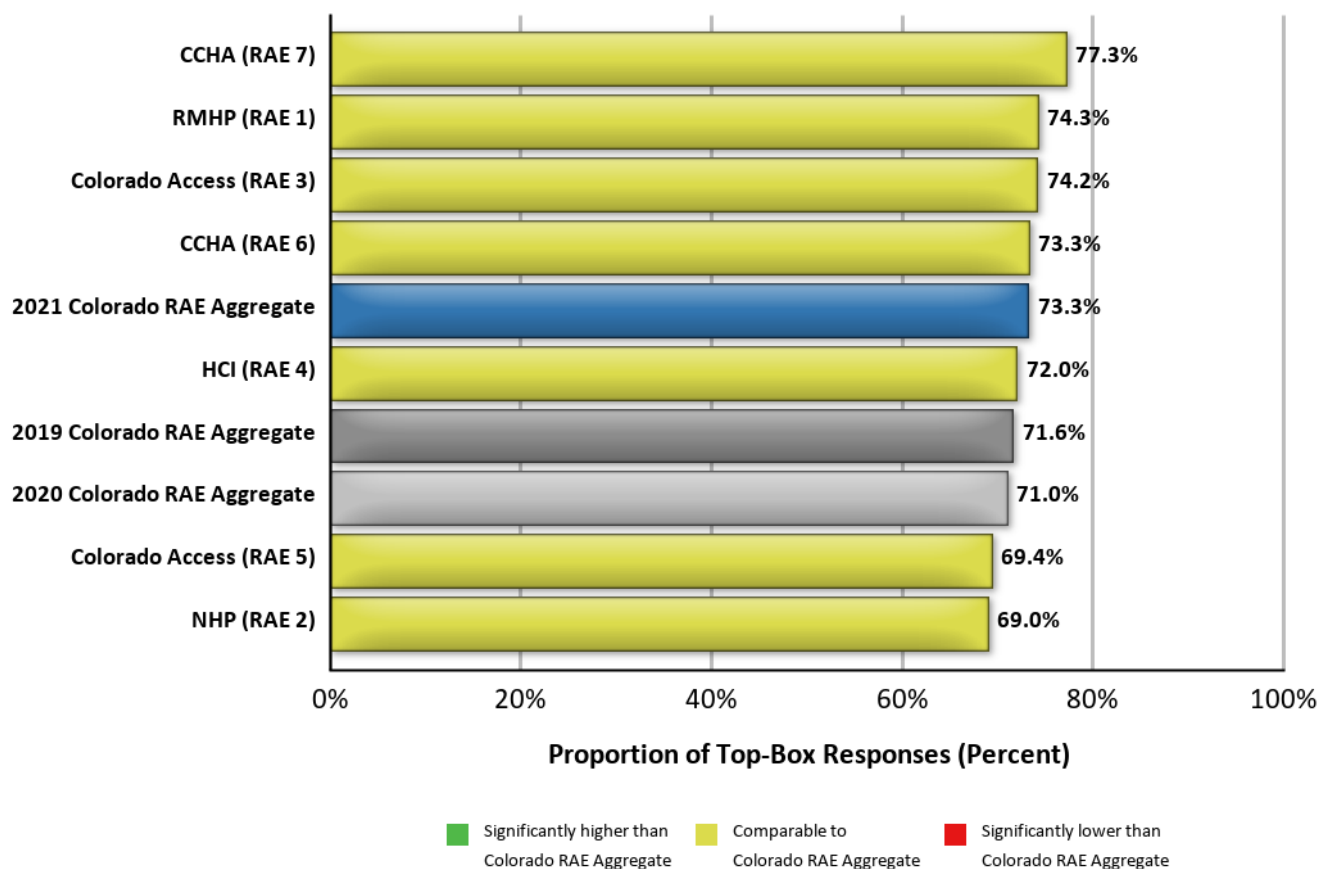


Figure 2-36 shows the *Reminders About Care from Provider Office* top-box scores for the RAE-contracted practices.

**Figure 2-36—Reminders About Care from Provider Office
Practice-Level Top-Box Scores**

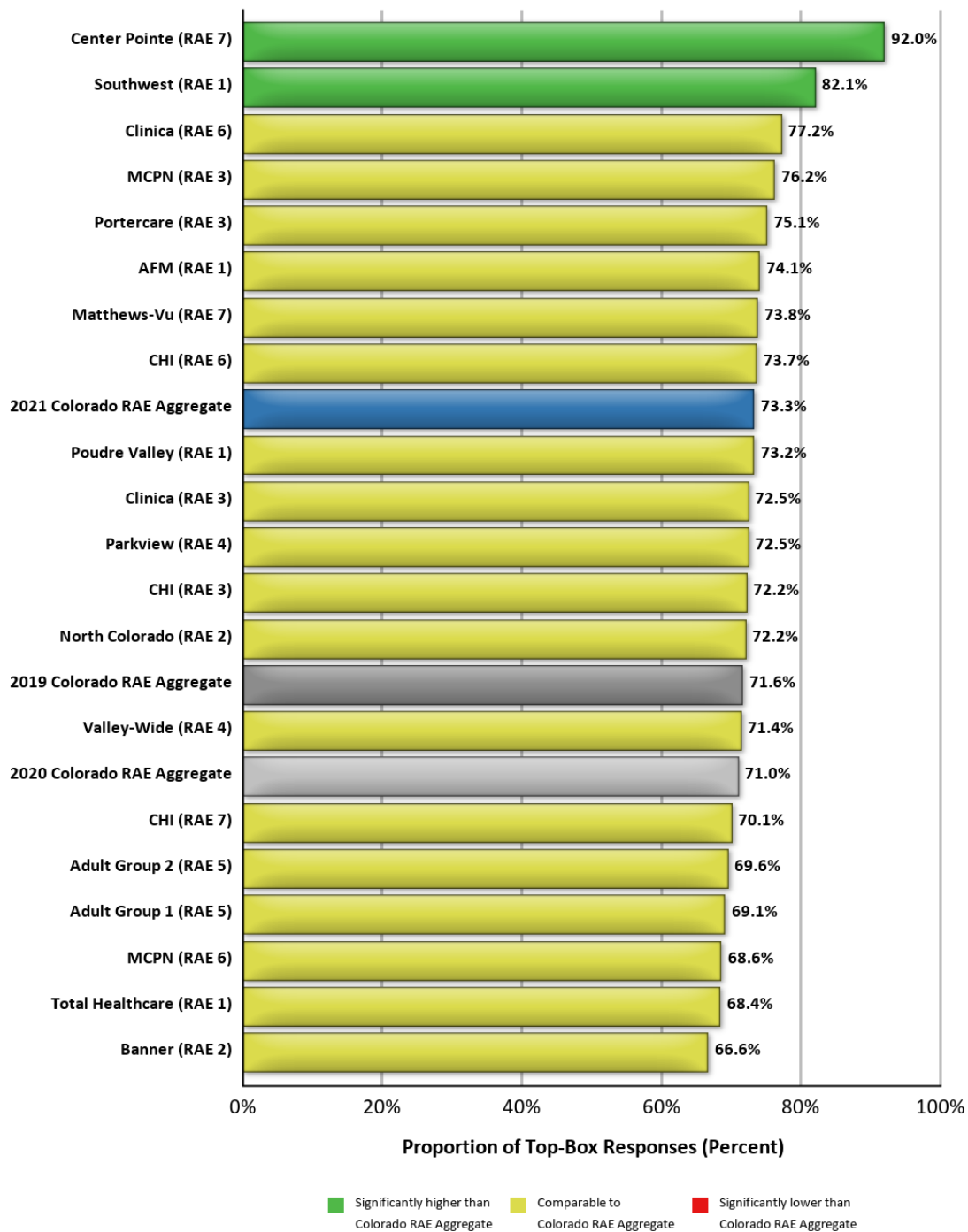


Table 2-17 shows the 2019 and 2021 *Reminders About Care from Provider Office* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-17—Reminders About Care from Provider Office Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	68.1%	72.3%	—
Banner (RAE 2)	59.3%	66.9%	—
CHI (RAE 3)	67.6%	72.8%	—
CHI (RAE 6)	75.4%	73.0%	—
CHI (RAE 7)	65.3%	69.7%	—
Clinica (RAE 3)	71.9%	73.8%	—
Clinica (RAE 6)	76.8%	76.2%	—
MCPN (RAE 3)	70.2%	76.7%	—
MCPN (RAE 6)	70.2%	69.2%	—
North Colorado (RAE 2)	73.1% ⁺	72.7%	—
Parkview (RAE 4)	76.9%	72.0%	—
Portercare (RAE 3)	73.5%	73.8%	—
Poudre Valley (RAE 1)	69.8% ⁺	73.4%	—
Valley-Wide (RAE 4)	72.8%	72.0%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2019. [▼] Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Saw Provider Within 15 Minutes of Appointment

Figure 2-37 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the seven RAEs.

**Figure 2-37—Saw Provider Within 15 Minutes of Appointment
RAE-Level Top-Box Scores**

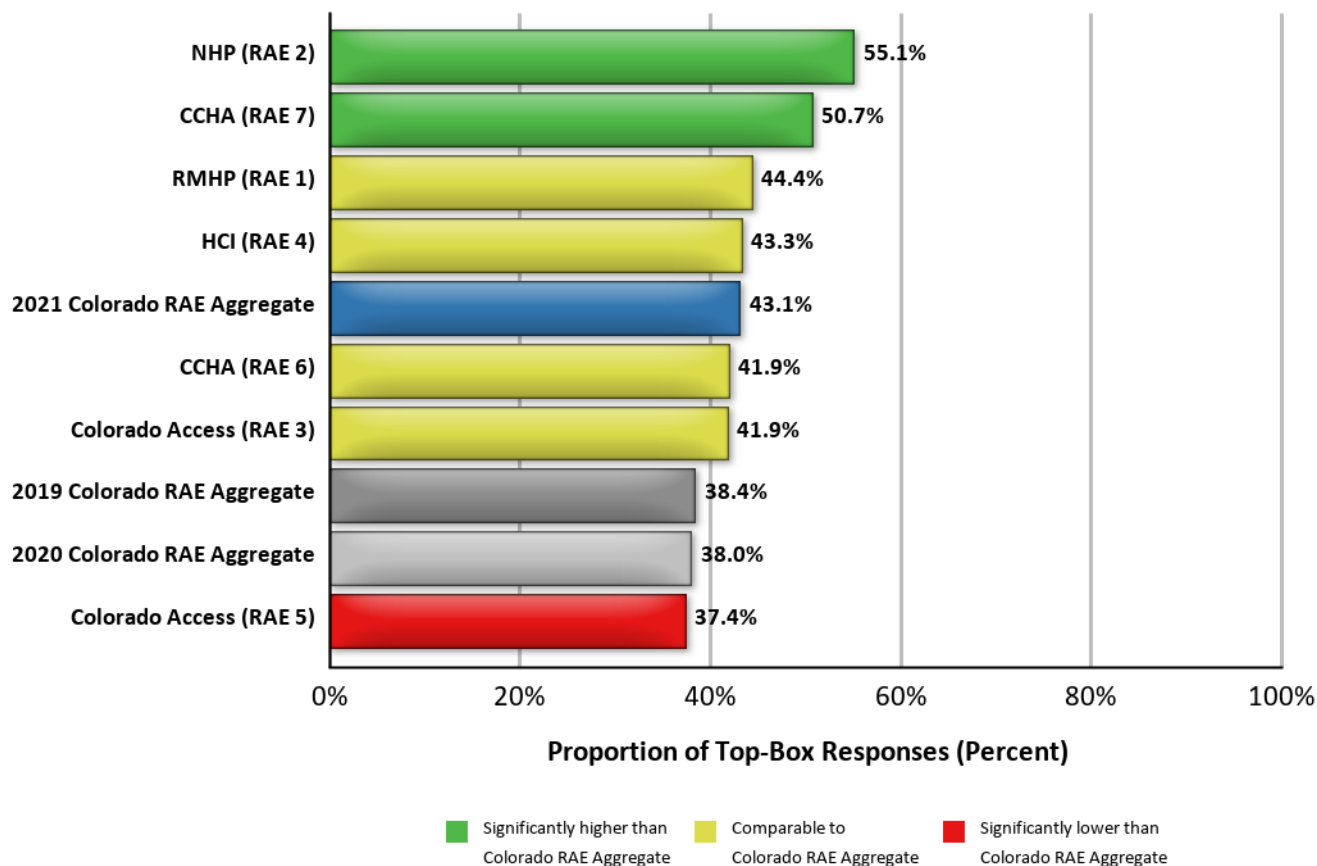


Figure 2-38 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the RAE-contracted practices.

**Figure 2-38—Saw Provider Within 15 Minutes of Appointment
Practice-Level Top-Box Scores**

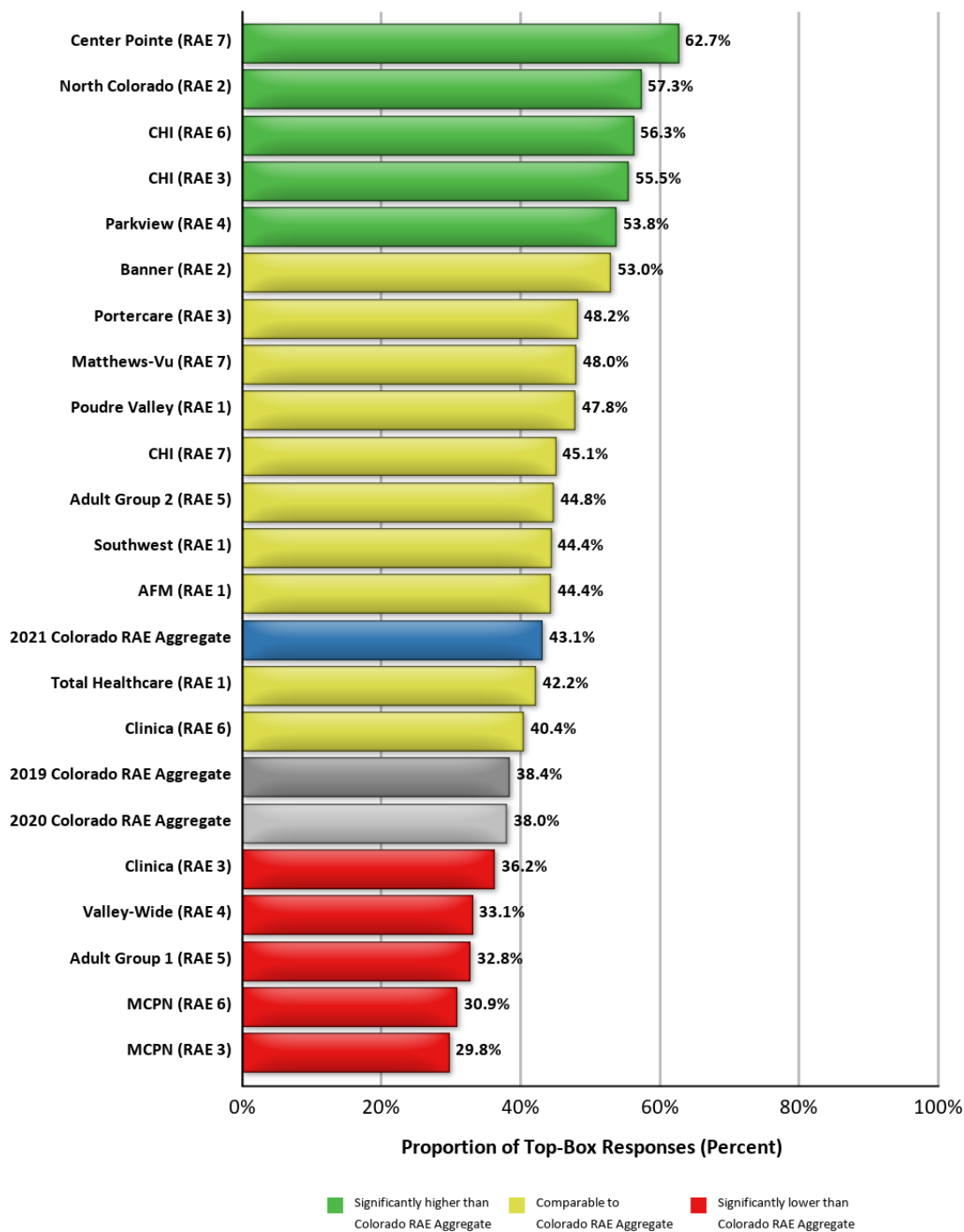


Table 2-18 shows the 2019 and 2021 *Saw Provider Within 15 Minutes of Appointment* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-18—Saw Provider Within 15 Minutes of Appointment Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	47.3%	44.0%	—
Banner (RAE 2)	48.6%	53.3%	—
CHI (RAE 3)	56.8%	55.3%	—
CHI (RAE 6)	51.7%	57.1%	—
CHI (RAE 7)	35.2%	45.1%	—
Clinica (RAE 3)	26.3%	35.0%	—
Clinica (RAE 6)	24.3%	40.5%	▲
MCPN (RAE 3)	34.6%	29.9%	—
MCPN (RAE 6)	28.4%	30.6%	—
North Colorado (RAE 2)	59.2% ⁺	57.0%	—
Parkview (RAE 4)	47.8%	53.1%	—
Portercare (RAE 3)	53.4%	48.2%	—
Poudre Valley (RAE 1)	44.3% ⁺	47.2%	—
Valley-Wide (RAE 4)	27.8%	33.6%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Receive Health Care and Mental Health Care at Same Place

Figure 2-39 shows the *Receive Health Care and Mental Health Care at Same Place* top-box scores for the seven RAEs.

**Figure 2-39—Receive Health Care and Mental Health Care at Same Place
RAE-Level Top-Box Scores**

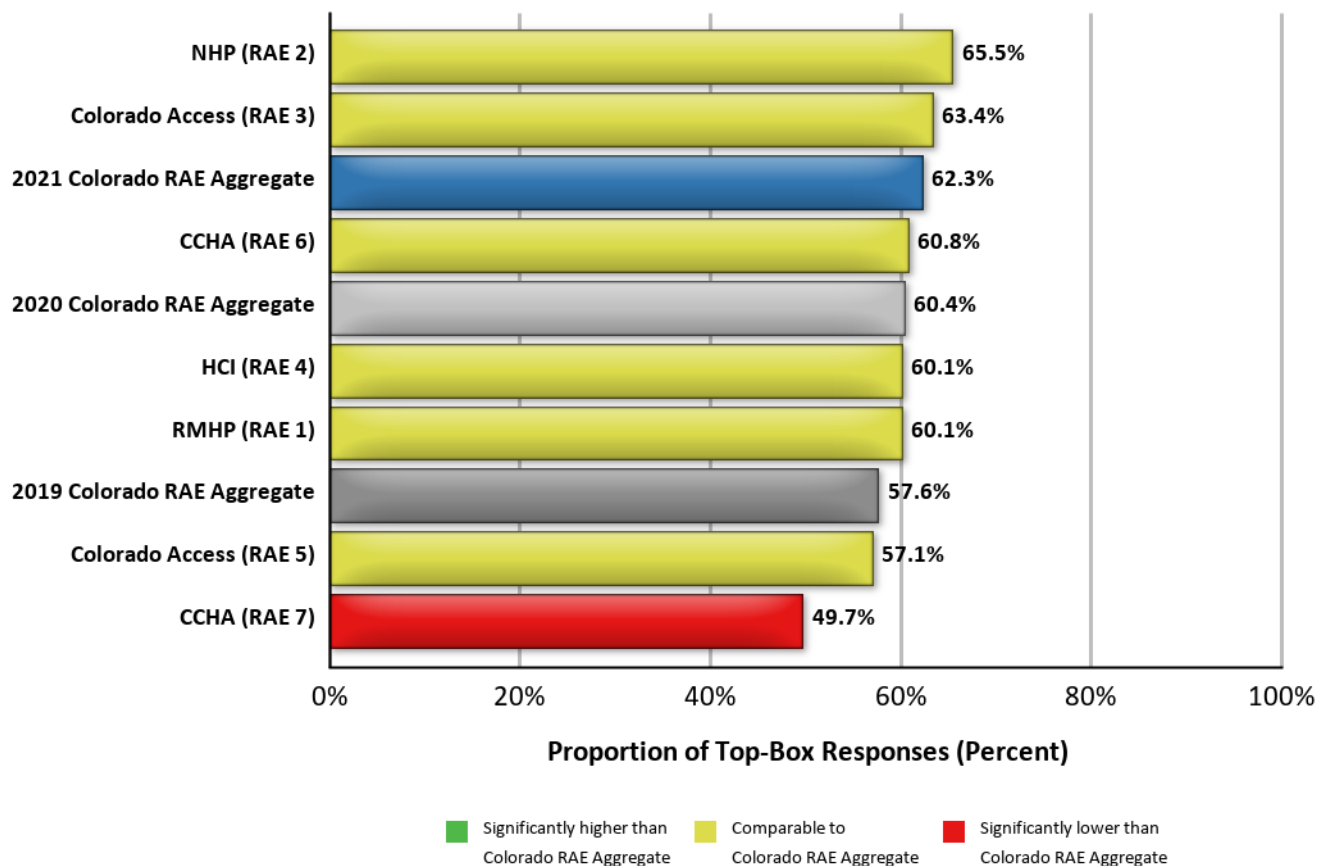


Figure 2-40 shows the *Receive Health Care and Mental Health Care at Same Place* top-box scores for the RAE-contracted practices.

**Figure 2-40—Receive Health Care and Mental Health Care at Same Place
Practice-Level Top-Box Scores**

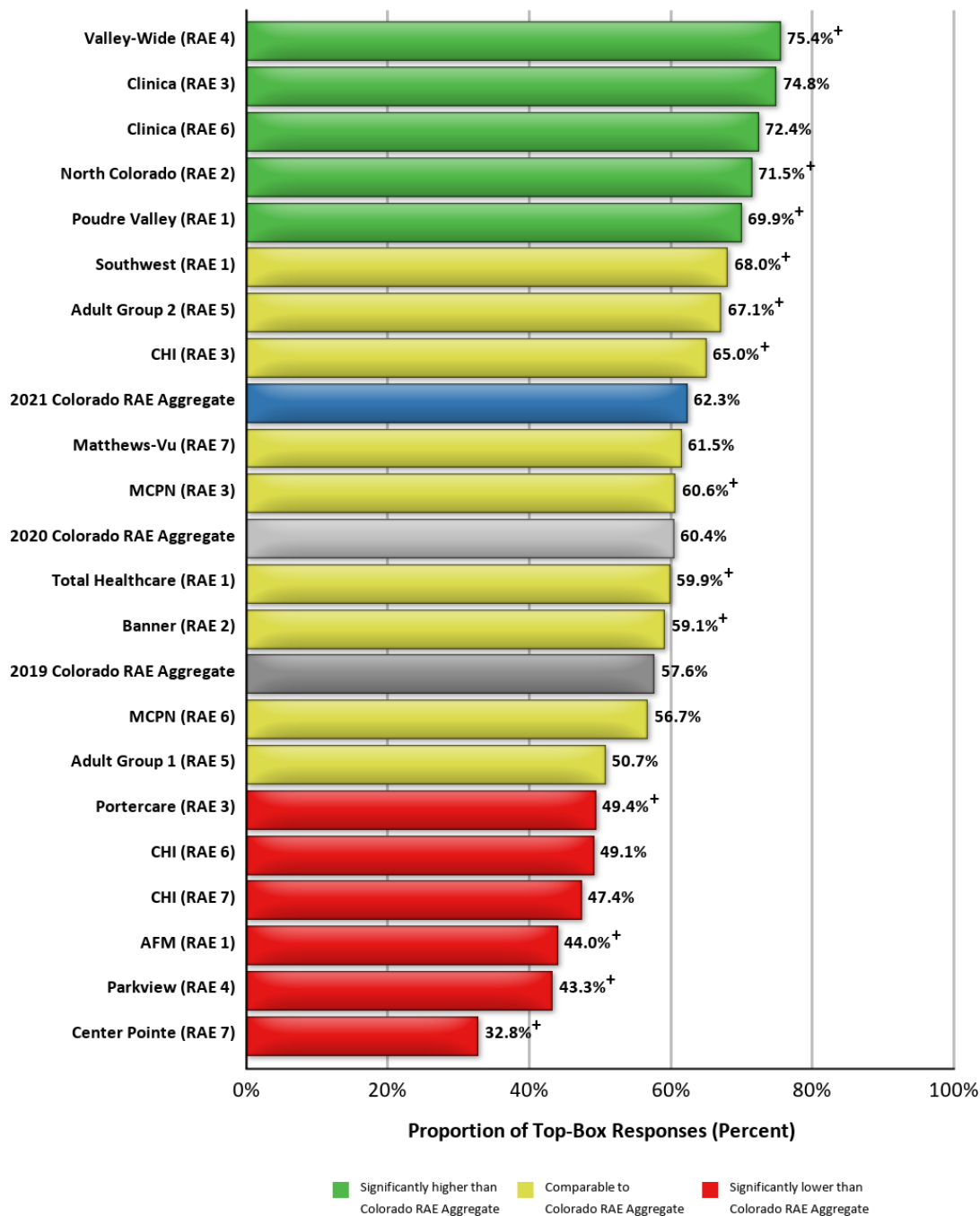


Table 2-19 shows the 2019 and 2021 *Receive Health Care and Mental Health Care at Same Place* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-19—Receive Health Care and Mental Health Care at Same Place Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
AFM (RAE 1)	43.4%	40.0% ⁺	—
Banner (RAE 2)	45.4% ⁺	63.5% ⁺	▲
CHI (RAE 3)	83.3% ⁺	64.9% ⁺	▼
CHI (RAE 6)	48.6%	46.6%	—
CHI (RAE 7)	46.8% ⁺	44.3%	—
Clinica (RAE 3)	61.3%	77.4%	▲
Clinica (RAE 6)	63.2%	70.8%	—
MCPN (RAE 3)	61.0%	64.3% ⁺	—
MCPN (RAE 6)	58.6%	55.9%	—
North Colorado (RAE 2)	71.7% ⁺	75.0% ⁺	—
Parkview (RAE 4)	58.6% ⁺	42.9% ⁺	▼
Portercare (RAE 3)	36.0% ⁺	47.3% ⁺	—
Poudre Valley (RAE 1)	51.4% ⁺	69.1% ⁺	▲
Valley-Wide (RAE 4)	60.6%	76.8% ⁺	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Summary of RAE Comparisons Results

Table 2-20 provides a summary of the RAE comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate.

Table 2-20—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)
Global Ratings							
<i>Rating of Provider</i>	—	↑	—	—	↓	—	—
<i>Rating of All Health Care</i>	—	↑	—	—	↓	—	—
Composite Measures							
<i>Getting Timely Appointments, Care, and Information</i>	—	↑	↓	↑	—	↓	—
<i>How Well Providers Communicate with Patients</i>	—	—	—	—	↓	—	↑
<i>Providers' Use of Information to Coordinate Patient Care</i>	—	—	—	—	↓	—	↑
<i>Comprehensiveness</i>	↑	—	—	↓	↓	↑	↑
<i>Helpful, Courteous, and Respectful Office Staff</i>	↑	↑	—	—	↓	—	—
Individual Item Measures							
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	↑	—	—	—	—	↓	—
<i>Saw Provider Within 15 Minutes of Appointment</i>	—	↑	—	—	↓	—	↑
<i>Receive Health Care and Mental Health Care at Same Place</i>	—	—	—	—	—	—	↓
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.							

Summary of Practice Comparisons Results

Table 2-21 provides a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the global ratings.

Table 2-21—Practice Comparisons: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care	Rating of Health Plan
AFM (RAE 1)	—	—	↑	—
Adult Group 1 (RAE 5)	↓	—	↓	—
Banner (RAE 2)	↑	—	—	—
CHI (RAE 3)	↑	—	—	—
CHI (RAE 6)	↑	—	↑	—
Clinica (RAE 3)	↓	—	↓	—
MCPN (RAE 3)	↓	—	—	—
MCPN (RAE 6)	↓	—	—	—
Parkview (RAE 4)	—	—	↑	—
Portercare (RAE 3)	↑	—	↑	—
Valley-Wide (RAE 4)	↓	—	↓	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.				

Table 2-22 and Table 2-23 provide a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the composite measures.

Table 2-22—Practice Comparisons: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Patients	Providers' Use of Information to Coordinate Patient Care	Talking with You About Taking Care of Your Own Health
AFM (RAE 1)	—	↑	—	—
Adult Group 1 (RAE 5)	—	↓	↓	—
Banner (RAE 2)	↑	—	—	—
CHI (RAE 3)	—	↑	↑	—
CHI (RAE 6)	↑	↑	↑	—
CenterPointe (RAE 7)	—	—	↑	—
Clinica (RAE 3)	↓	↓	↓	—
Clinica (RAE 6)	↓	—	—	—
MCPN (RAE 3)	↓	↓	↓	—
MCPN (RAE 6)	↓	↓	↓	—
Parkview (RAE 4)	↑	↑	—	—
Portercare (RAE 3)	↑	↑	↑	—
Valley-Wide (RAE 4)	—	—	↓	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.				

Table 2-23—Practice Comparisons: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness	Helpful, Courteous, and Respectful Office Staff	Customer Service
Adult Group 1 (RAE 5)	↓	↓	—
Adult Group 2 (RAE 5)	↓	—	—
CHI (RAE 6)	—	↑	—
Center Pointe (RAE 7)	↑	—	—
Clinica (RAE 3)	—	↓	—
Clinica (RAE 6)	↑	—	—
MCPN (RAE 3)	—	↓	—
MCPN (RAE 6)	↑	↓	—
Matthews-Vu (RAE 7)	—	↓	—
Parkview (RAE 4)	↓	—	—
Portercare (RAE 3)	—	↑	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.			

Table 2-24 provides a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the individual item measures.

Table 2-24—Practice Comparisons: Individual Item Measures

RAE-Contracted Practices	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	<i>Reminders About Care from Provider Office</i>	<i>Saw Provider Within 15 Minutes of Appointment</i>	<i>Receive Health Care and Mental Health Care at Same Place</i>
AFM (RAE 1)	↑	—	—	↓
Adult Group 1 (RAE 5)	—	—	↓	—
CHI (RAE 3)	—	—	↑	—
CHI (RAE 6)	—	—	↑	↓
CHI (RAE 7)	—	—	—	↓
CenterPointe (RAE 7)	↓	↑	↑	↓
Clinica (RAE 3)	—	—	↓	↑
Clinica (RAE 6)	↓	—	—	↑
MCPN (RAE 3)	↓	—	↓	—
MCPN (RAE 6)	—	—	↓	—
North Colorado (RAE 2)	—	—	↑	↑
Parkview (RAE 4)	—	—	↑	↓
Portercare (RAE 3)	↑	—	—	↓
Poudre Valley (RAE 1)	↑	—	—	↑
Southwest (RAE 1)	—	↑	—	—
Valley-Wide (RAE 4)	—	—	↓	↑
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.				

Summary of Trend Analysis

Table 2-25 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the global ratings.

Table 2-25—Trend Analysis: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care	Rating of Health Plan
Banner (RAE 2)	—	— ⁺	▲	▲
CHI (RAE 6)	▲	— ⁺	—	—
Clinica (RAE 6)	—	— ⁺	▲	—
MCPN (RAE 3)	▲	— ⁺	▲	—
MCPN (RAE 6)	—	—	▲	—
Poudre Valley (RAE 1)	▲ ⁺	— ⁺	▲ ⁺	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.				

Table 2-26 and Table 2-27 provide a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the composite measures.

Table 2-26—Trend Analysis: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Patients	Providers' Use of Information to Coordinate Patient Care	Talking with You About Taking Care of Your Own Health
AFM (RAE 1)	— ⁺	—	—	▲
CHI (RAE 6)	— ⁺	▲	—	—
Poudre Valley (RAE 1)	▲ ⁺	— ⁺	— ⁺	— ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.				

Table 2-27—Trend Analysis: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness	Helpful, Courteous, and Respectful Office Staff	Customer Service
MCPN (RAE 6)	▲	▼	— ⁺
Valley-Wide (RAE 4)	—	—	▼ ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Table 2-28 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the individual item measures.

Table 2-28—Trend Analysis: Individual Item Measures

RAE-Contracted Practices	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Care from Provider Office	Saw Provider Within 15 Minutes of Appointment	Receive Health Care and Mental Health Care at Same Place
Banner (RAE 2)	— ⁺	—	—	▲ ⁺
CHI (RAE 3)	— ⁺	—	—	▼ ⁺
Clinica (RAE 3)	— ⁺	—	—	▲
Clinica (RAE 6)	— ⁺	—	▲	—
MCPN (RAE 3)	▼ ⁺	—	—	— ⁺
Parkview (RAE 4)	— ⁺	—	—	▼ ⁺
Poudre Valley (RAE 1)	— ⁺	— ⁺	— ⁺	▲ ⁺
Valley-Wide (RAE 4)	— ⁺	—	—	▲ ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.				

Stratification of Results

HSAG stratified results for select questions by the global ratings, as appropriate. The global rating responses were stratified into the following response categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Results were calculated at the statewide level (i.e., Colorado RAE Aggregate).

Rating of Provider

Table 2-29 through Table 2-33 display the responses for select survey questions stratified by the *Rating of Provider* global rating response categories for the Colorado RAE Aggregate. Question 3 asked how long the member had been going to the provider.

Table 2-29—Length of Time Going to Provider

Length of Time Going to Provider (Q3) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	64	17.2%	95	25.5%	214	57.4%
At Least 6 Months but Less Than 1 Year	46	11.7%	85	21.6%	262	66.7%
At least 1 Year but Less Than 3 Years	82	10.4%	162	20.6%	541	68.9%
At Least 3 Years but Less Than 5 Years	51	9.6%	110	20.8%	369	69.6%
5 Years or More	53	6.1%	163	18.8%	653	75.1%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Question 6a asked how many days the member had to wait for an appointment when they needed care right away.

Table 2-30—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q6a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	16	5.2%	49	15.9%	244	79.0%
1 Day	14	4.3%	55	16.9%	257	78.8%
2 to 3 Days	41	9.9%	75	18.2%	297	71.9%
4 to 7 Days	34	15.3%	59	26.6%	129	58.1%
More Than 7 Days	42	27.5%	51	33.3%	60	39.2%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11a asked members if they received reminders about their care from their provider’s office between visits.

Table 2-31—Reminders About Care from Provider Office

Reminders About Care from Provider Office (Q11a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	149	6.9%	400	18.6%	1,606	74.5%
No	144	18.5%	212	27.2%	424	54.4%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11b asked members how often they saw their provider within 15 minutes of the appointment time.

Table 2-32—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q11b) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	74	31.4%	68	28.8%	94	39.8%
Sometimes	91	20.4%	145	32.6%	209	47.0%
Usually	93	9.8%	239	25.2%	617	65.0%
Always	37	2.8%	163	12.4%	1,111	84.7%

Please note: Percentages may not total 100.0% due to rounding.

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-33—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q19)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	71	8.2%	153	17.7%	638	74.0%
	Good	88	8.0%	248	22.7%	758	69.3%
	Fair/Poor	126	13.5%	204	21.9%	601	64.6%
Mental Health Status (Q30)	Excellent/Very Good	77	7.5%	184	18.0%	764	74.5%
	Good	105	10.2%	227	22.1%	695	67.7%
	Fair/Poor	108	13.0%	189	22.8%	533	64.2%

Please note: Percentages may not total 100.0% due to rounding.

Rating of Specialist Seen Most Often

Table 2-34 displays the responses for select survey questions stratified by the *Rating of Specialist Seen Most Often* global rating response categories for the Colorado RAE Aggregate. Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-34—Physical and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q20a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	34	9.4%	63	17.4%	265	73.2%
	Good	48	9.3%	122	23.6%	346	67.1%
	Fair/Poor	82	13.9%	138	23.4%	371	62.8%
Mental Health Status (Q30)	Excellent/Very Good	44	8.9%	76	15.4%	372	75.6%
	Good	54	11.1%	129	26.4%	305	62.5%
	Fair/Poor	68	13.9%	118	24.1%	304	62.0%

Please note: Percentages may not total 100.0% due to rounding.

Rating of All Health Care

Table 2-35 and Table 2-36 display the responses for select survey questions stratified by the *Rating of All Health Care* global rating response categories for the Colorado RAE Aggregate. Question 29a asked if members had a physical or medical condition that interferes with their day-to-day activities.

Table 2-35—Condition that Interferes with Day-to-Day Activities

Condition that Interferes with Day-to-Day Activities (Q29a) Responses	Rating of All Health Care (Q26a)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	178	12.3%	352	24.3%	917	63.4%
No	137	9.5%	335	23.2%	969	67.2%

Please note: Percentages may not total 100.0% due to rounding.

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-36—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q26a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	56	6.4%	174	19.9%	645	73.7%
	Good	109	9.9%	275	25.0%	716	65.1%
	Fair/Poor	150	16.1%	243	26.0%	541	57.9%
Mental Health Status (Q30)	Excellent/Very Good	76	7.3%	202	19.5%	759	73.2%
	Good	112	10.8%	264	25.4%	662	63.8%
	Fair/Poor	129	15.5%	221	26.6%	481	57.9%
Please note: Percentages may not total 100.0% due to rounding.							

Rating of Health Plan

Table 2-37 displays the responses for select survey questions stratified by the *Rating of Health Plan* global rating response categories for the Colorado RAE Aggregate. Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-37—Physical and Mental Health Status

Questions	Responses	Rating of Health Plan (Q28d)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	67	6.6%	202	20.0%	741	73.4%
	Good	138	10.6%	309	23.8%	850	65.5%
	Fair/Poor	142	12.9%	301	27.4%	655	59.7%
Mental Health Status (Q30)	Excellent/Very Good	94	7.8%	232	19.2%	885	73.1%
	Good	130	10.8%	301	25.1%	769	64.1%
	Fair/Poor	123	12.5%	273	27.7%	588	59.8%
Please note: Percentages may not total 100.0% due to rounding.							

Other Survey Question

Question 19a asked members about the three most important things that they look for in their healthcare provider. Table 2-38 displays the responses for the Most Important Things in a Healthcare Provider survey question for the Colorado RAE Aggregate.

Table 2-38—Most Important Things in a Healthcare Provider

Responses	N	%
Provider is able to explain things about my health in a way I can understand	2,164	72.1%
Provider listens to and acts quickly to address my concerns	2,116	70.5%
Provider spends enough time with me during my appointments	1,829	60.9%
Provider is knowledgeable about my history when I come to appointments	1,654	55.1%
The ability to get timely appointments with my provider	1,112	37.0%
Friendly staff in provider's office	998	33.2%
Provider does not judge me	922	30.7%
Provider is close to my home	788	26.2%
Other	327	10.9%
<i>Please note: Respondents may choose more than one response; therefore, percentages will not total 100.0%. Additionally, respondents may have chosen more than three responses.</i>		

3. Conclusions and Recommendations

Conclusions

Overall, HSAG observed that reminders from a provider's office between visits and timely access to appointments were associated with higher ratings of the provider. Moreover, the better members perceived their physical and mental health (i.e., self-reported health status of "Excellent" or "Very Good"), the higher members rated their provider, specialist, health care, and health plan.

Additionally, HSAG summarized results of the key drivers of low member experience analysis, RAE comparisons, and crosstabulations 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.

Access to Care

HSAG observed the following findings in the RAE comparisons and crosstabulations:

- Approximately 74 percent of members reported that they were not always able to get the care they needed from their provider's office during evenings, weekends, or holidays. In addition, CCHA (RAE 6) scored statistically significantly lower than the Colorado RAE Aggregate for the *Received Care from Provider Office During Evenings, Weekends, or Holidays* composite measure.
- Approximately 35 percent of respondents reported never being able to get the care they needed from their provider's office during evenings, weekends, or holidays.³⁻¹

³⁻¹ Please see Question 9b in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

Timeliness of Care

HSAG observed the following findings in the key drivers' analysis, RAE comparisons, and crosstabulations:

- Members who never received an appointment as soon as needed when care was needed right away were 2.816 and 2.586 times more likely to provide a lower rating for their provider and overall health care, respectively, than members who always received an appointment as soon as needed when care was needed right away. Approximately 11 percent of respondents reported they waited more than seven days for an appointment when they needed care right away.³⁻²
- Members who never, sometimes, or usually received an appointment for a check-up or routine care as soon as needed were 2.538, 2.015, and 1.588 times, respectively, more likely to provide a lower rating for their provider than members who always received an appointment for a check-up or routine care as soon as needed.
- Members who never or sometimes received an answer to their medical question the same day were 3.226 and 2.066 times, respectively, more likely to provide a lower rating for their provider and 1.996 and 1.794 times, respectively, more likely to provide a lower rating for their overall health care than members who always received an answer to their medical question the same day.
- Fifty-one percent of respondents reported that it was not always easy to get timely appointments, care, and information. In addition, two of the seven RAEs (Colorado Access [RAE 3] and CCHA [RAE 6]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Getting Timely Appointments, Care, and Information* composite measure. Also, 37 percent of respondents reported that the ability to get timely appointments with their provider is one of the most important things they look for in a healthcare provider.
- Colorado Access (RAE 5) scored statistically significantly lower than the Colorado RAE Aggregate for the *Saw Provider Within 15 Minutes of Appointment* individual item measure.

Quality of Care

Communication

HSAG observed the following findings in the key drivers' analysis, RAE comparisons, and crosstabulations:

- Members whose provider's office never or sometimes followed up to give test results were 3.022 and 1.937 times, respectively, more likely to provide a lower rating for their provider and 1.852 and 1.513 times, respectively, more likely to provide a lower rating for their overall health care than members whose provider's office always followed up to give test results.

³⁻² Please see Question 6a in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- Members who never, sometimes, or usually received the information or help needed from Medicaid/Health First Colorado customer service staff were 7.160, 4.345, and 2.146 times, respectively, more likely to provide a lower rating for their health plan than members who always received the information or help needed from Medicaid/Health First Colorado customer service staff.
- Colorado Access (RAE 5) scored statistically significantly lower than the Colorado RAE Aggregate for the *How Well Providers Communicate with Patients* composite measure.
- Approximately 41 percent of respondents reported that someone from their provider's office did not speak with them about specific goals for their health.³⁻³ Approximately 59 percent of respondents reported that someone from their provider's office did not ask if there were things that made it hard for them to take care of their health.³⁻⁴
- Approximately 48 percent of respondents reported that someone from their provider's office did not talk with them about things in their life that worry them or cause them stress.³⁻⁵ Approximately 37 percent of respondents reported that someone from their provider's office did not ask if there were a period of time when they felt sad, empty, or depressed.³⁻⁶ Approximately 57 percent of respondents reported that someone from their provider's office did not talk with them about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness.³⁻⁷ Two of the seven RAEs (HCI [RAE 4] and Colorado Access [RAE 5]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Comprehensiveness* composite measure.

Care Coordination

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- Members whose providers never, sometimes, or usually seemed to know important information about their medical history were 10.15, 3.695, and 2.049 times, respectively, more likely to provide a lower rating for their provider and 3.508, 3.044, and 1.880 times, respectively, more likely to provide a lower rating for their overall health care than members whose providers always seemed to know important information about their medical history.
- Members whose providers never or sometimes seemed informed and up-to-date about care from specialists were 3.369 and 2.072 times, respectively, more likely to provide a lower rating for their provider than members whose providers always seemed informed and up-to-date about care from specialists.
- Colorado Access (RAE 5) scored statistically significantly lower than the Colorado RAE Aggregate for the *Providers' Use of Information to Coordinate Patient Care* composite measure.

³⁻³ Please see Question 22 in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁴ Please see Question 23 in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁵ Please see Question 24 in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁶ Please see Question 24a in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁷ Please see Question 24b in the 2021 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

Recommendations

RAEs are responsible for developing a network of primary care medical providers (PCMPs) and behavioral health specialists. The limited number of practices selected and studied through the PCMH Survey results in a limitation of the applicability of results to the RAEs' greater geographical regions and the additional populations each RAE serves. At the Department's request, beginning in fiscal year 2021-2022, HSAG will begin to analyze the overall healthcare experiences of a random selection of the entire RAEs' adult Medicaid population through the administration of the CAHPS 5.1H Adult Medicaid Health Plan Survey rather than the experiences of a random selection of members who only received provider-specific care from a targeted list of practices through the administration of the Adult PCMH Survey. By utilizing the CAHPS Health Plan Survey, HSAG will be able to conduct comparisons to national benchmarks and RAE results will be more comparable to other health plans and statewide averages. Therefore, HSAG recommends that each RAE consider the following strategies to improve the quality, timeliness, or access to services in its respective region:

- Enter into arrangements with facilities or provider sites solely for the purpose of after-hours care in a region where the RAEs' PCMP network is unable or unwilling to provide after-hours care.
- Collaborate with hospitals and emergency providers to develop emergency diversion and urgent care facilities not dependent on the PCMP network.
- Encourage PCMPs to provide complete regional after-hours facility lists in member materials and on the RAEs' website, regardless of contract status with the RAE, as RAEs are required to provide out-of-network care unavailable within the network.

HSAG also recommends that the Department consider:

- Conducting provider surveys to determine barriers of timely access to care and test results for members.
- Performing member or provider focus groups to further explore circumstances driving CAHPS experiences.

4. Reader's Guide

This section provides a comprehensive overview of the PCMH 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 CG-CAHPS Surveys began to be developed in 1999 through a collaboration between the CAHPS Consortium and the Pacific Business Group on Health, whose Consumer Assessment Survey known as the CAHPS Group Practices Survey established a model for surveys that would assess members' experiences with medical groups and clinicians. In 2004, the Agency for Healthcare Research and Quality (AHRQ) issued a notice in the Federal Register inviting organizations to test a CG survey. Several organizations participated in the testing of the CG survey from 2004 to 2006, and the AHRQ CAHPS team analyzed these survey data. In 2007, AHRQ released the first CG-CAHPS Survey. Since that time, the survey has been revised to meet the diverse needs of users. In 2009, the CAHPS team began the development of the PCMH Item Set to improve the usefulness of the CG-CAHPS Survey. The process of developing and testing the PCMH Item Set featured multiple steps including: literature reviews, technical expert panels, stakeholder inputs, focus groups, cognitive testing, field testing, and psychometric analyses. The PCMH Item Set was publicly released in 2011. In an effort to maximize the reliability of reporting measures, AHRQ issued a call for public comment on proposed changes to the CG-CAHPS Survey in 2015. Based on the feedback received and subsequent analyses of multiple data sets, the CAHPS Consortium recommended changes into Version 3.0 of the survey. In 2021, AHRQ began developing the Clinician & Group Visit Survey 4.0 (beta) in response to the increased use of telehealth as a result of the coronavirus disease 2019 (COVID-19) pandemic. The beta survey asks patients about their experiences with care that was delivered, whether in person, by phone, or by video. The CAHPS Consortium has not field tested the instrument, nor has the instrument been approved as a CAHPS survey.

The Department selected a modified version of the Adult CG-CAHPS Survey, Version 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. Table 4-1 lists the global ratings, composite measures, individual item measures, and additional survey questions included in the modified PCMH Survey that was administered to Colorado RAE practice members. The global measures (also referred to as global ratings) reflect overall member experience with providers, specialists, health care, and the health plan. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Timely Appointments, Care, and Information* and *How Well Providers Communicate with Patients*). The individual item measures are individual questions that look at a specific area of care (e.g., *Received Care from Provider Office During Evenings, Weekends, or Holidays* and *Saw Provider Within 15 Minutes of Appointment*). The additional questions were selected by the Department for inclusion in the PCMH survey or are part of the CAHPS PCMH survey to evaluate

members' access to care and overall health (e.g., *Number of Days Waited for Appointment* and *Physical Health Status*).

Table 4-1—PCMH Survey Measures and Additional Survey Questions

Global Ratings	Composite Measures	Individual Item Measures	Additional Survey Questions
<i>Rating of Provider</i> (Q19)	<i>Getting Timely Appointments, Care, and Information</i> (Q6, Q8, and Q11)	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i> (Q9b)	<i>Length of Time Going to Provider</i> (Q3)
<i>Rating of Specialist Seen Most Often</i> (Q20a)	<i>How Well Providers Communicate with Patients</i> (Q12, Q13, Q15, and Q16)	<i>Reminder About Care from Provider Office</i> (Q11a)	<i>Number of Days Waited for Appointment</i> (Q6a)
<i>Rating of All Health Care</i> (Q26a)	<i>Providers' Use of Information to Coordinate Patient Care</i> (Q14, Q18, and Q26)	<i>Saw Provider Within 15 Minutes of Appointment</i> (Q11b)	<i>Most Important Things in a Healthcare Provider</i> (Q19a)
<i>Rating of Health Plan</i> (Q28d)	<i>Talking with You About Taking Care of Your Own Health</i> (Q22 and Q23)	<i>Receive Health Care and Mental Health Care at Same Place</i> (Q30a)	<i>Physical Health Status</i> (Q29)
	<i>Comprehensiveness</i> (Q24, Q24a, and Q24b)		<i>Condition that Interferes with Day-to-Day Activities</i> (Q29a)
	<i>Helpful, Courteous, and Respectful Office Staff</i> (Q27 and Q28)		<i>Mental Health Status</i> (Q30)
	<i>Health First Colorado Customer Service</i> (Q28b and Q28c)		

Table 4-2 presents the survey language and response options for the measures.

Table 4-2—Question Language and Response Categories

Question Language	Response Categories
Global Ratings	
<i>Rating of Provider</i>	
19. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
20a. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale

Question Language	Response Categories
Rating of All Health Care	
26a. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
Rating of Health Plan	
28d. 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 Medicaid/Health First Colorado?	0–10 Scale
Composite Measures	
Getting Timely Appointments, Care, and Information	
6. In the last 6 months, when you contacted this provider’s office to get an appointment for <u>care you needed right away</u> , how often did you get an appointment as soon as you needed?	Never, Sometimes, Usually, Always
8. In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> with this provider, how often did you get an appointment as soon as you needed?	
11. In the last 6 months, when you contacted this provider’s office during regular office hours, how often did you get an answer to your medical question that same day?	
How Well Providers Communicate with Patients	
12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did this provider listen carefully to you?	
15. In the last 6 months, how often did this provider show respect for what you had to say?	
16. In the last 6 months, how often did this provider spend enough time with you?	
Providers’ Use of Information to Coordinate Patient Care	
14. In the last 6 months, how often did this provider seem to know the important information about your medical history?	Never, Sometimes, Usually, Always
18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you those results?	
26. In the last 6 months, how often did you and someone from this provider’s office talk about all the prescription medicines you were taking?	
Talking with You About Taking Care of Your Own Health	
22. In the last 6 months, did someone from this provider’s office talk with you about specific goals for your health?	Yes, No
23. In the last 6 months, did someone from this provider’s office ask you if there are things that make it hard for you to take care of your health?	

Question Language	Response Categories
Comprehensiveness	
24. In the last 6 months, did you and someone from this provider’s office talk about things in your life that worry you or cause you stress?	Yes, No
24a. In the last 6 months, did anyone in this provider’s office ask you if there was a period of time when you felt sad, empty, or depressed?	
24b. In the last 6 months, did you and anyone in this provider’s office talk about a personal problem, family problem, a lcohol use, drug use, or a mental or emotional illness?	
Helpful, Courteous, and Respectful Office Staff	
27. In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as you thought they should be?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did clerks and receptionists at this provider’s office treat you with courtesy and respect?	
Health First Colorado Customer Service	
28b. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
28c. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?	
Individual Item Measures	
Received Care from Provider Office During Evenings, Weekends, or Holidays	
9b. In the last 6 months, how often were you able to get the care you needed from this provider’s office during evenings, weekends, or holidays?	Never, Sometimes, Usually, Always
Reminders About Care from Provider Office	
11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	Yes, No
Saw Provider Within 15 Minutes of Appointment	
11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider <u>within 15 minutes</u> of your appointment time?	Never, Sometimes, Usually, Always
Receive Health Care and Mental Health Care at Same Place	
30a. Can you get both your health care and your mental health care at the same place?	Yes, No, I do not use mental health care, Don’t know

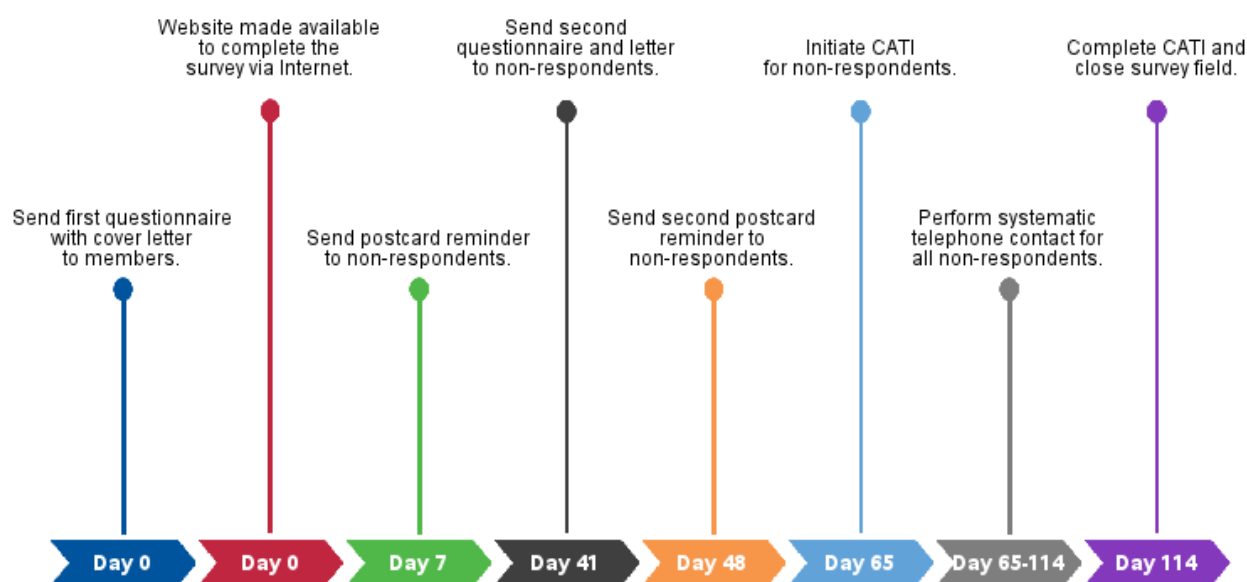
Sampling Procedures

Members eligible for sampling included those who were identified as having at least one visit with one of the RAE-contracted practices and who were continuously enrolled from May 1, 2020 to October 31, 2020, with no more than one gap in enrollment up to 45 days.⁴⁻¹ The Department identified the practices and eligible practice clinicians to be included in the survey administration. Eligible clinicians included physicians (both doctor of medicine and doctor of osteopathy), nurse practitioners, and physician assistants who serve within a clinic or federally qualified health center.⁴⁻² Adult members eligible for sampling included those who were 18 years of age or older as of October 31, 2020. HSAG selected a sample of 698 to 1,200 members from each adult RAE practice.

Survey Protocol

Figure 4-1 shows the mixed mode (i.e., mail and website followed by telephone follow-up) timeline used in the administration of the survey.

Figure 4-1—Mixed-Mode Methodology Survey Timeline



The first phase consisted of a cover letter being mailed to all sampled 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. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and

⁴⁻¹ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

⁴⁻² Clinicians were not necessarily the member's regular clinician or primary care provider.

survey. 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 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 sampled 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 practice 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 member was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of Healthcare Effectiveness Data and Information Set (HEDIS®) Specifications for Survey Measures as a guideline for conducting the Colorado PCMH Survey data analysis.^{4-3,4-4} 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 member's survey was assigned a disposition code of "complete" if at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.⁴⁻⁵ 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 4-5), had a language barrier, or were mentally or physically incapacitated.

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

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

⁴⁻⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴⁻⁵ Question 1 asked if the member got care from the provider/practice listed in the last 6 months.

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Provider*, *Rating of All Health Care*, and *Rating of Health Plan*. 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 quality improvement activities. Table 4-3 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.

Table 4-3—Potential Key Drivers

Question Number	Rating of Provider	Rating of All Health Care	Rating of Health Plan	Baseline Response
Q6. Received an appointment as soon as needed when care was needed right away	✓	✓	✓	Always
Q6a. Days had to wait for an appointment when care was needed right away	✓	✓	✓	Same day
Q8. Received an appointment for check-up or routine care as soon as needed	✓	✓	✓	Always
Q9b. Received needed care during evenings, weekends, or holidays	✓	✓	✓	Always
Q11. Received an answer to a medical question the same day	✓	✓	✓	Always
Q11a. Received reminders about tests, treatment or appointments between visits	✓	✓		Yes
Q11b. Saw provider within 15 minutes of appointment time	✓	✓		Always
Q12. Provider explained things in an understandable way	✓	✓	✓	Always
Q13. Provider listened carefully	✓	✓	✓	Always
Q14. Provider seemed to know important information about medical history	✓	✓	✓	Always
Q15. Provider showed respect for what was said	✓	✓	✓	Always
Q16. Provider spent enough time	✓	✓	✓	Always
Q18. Provider's office followed up to give test results	✓	✓		Always
Q21. Provider seemed informed and up-to-date about care from specialists	✓		✓	Always
Q22. Provider's office talked about specific health goals	✓	✓	✓	Yes
Q23. Provider's office asked about things that make it hard to care for health	✓	✓		Yes
Q24. Provider's office talked about things that	✓	✓		Yes

Question Number	Rating of Provider	Rating of All Health Care	Rating of Health Plan	Baseline Response
worry or cause stress				
Q24a. Provider's office asked about period of time when felt sad, empty, or depressed	✓	✓		Yes
Q24b. Provider's office talked about personal problem, family problem, alcohol use, drug use, or mental or emotional illness	✓	✓		Yes
Q26. Provider's office talked about prescription medicines being taken	✓	✓		Always
Q27. Clerks and receptionists at provider's office as helpful as thought they should be		✓		Always
Q28. Clerks and receptionists at provider's office were courteous and respectful		✓		Always
Q28b. Medicaid/Health First Colorado customer service gave information or help needed			✓	Always
Q28c. Medicaid/Health First Colorado customer service staff were courteous and respectful			✓	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)

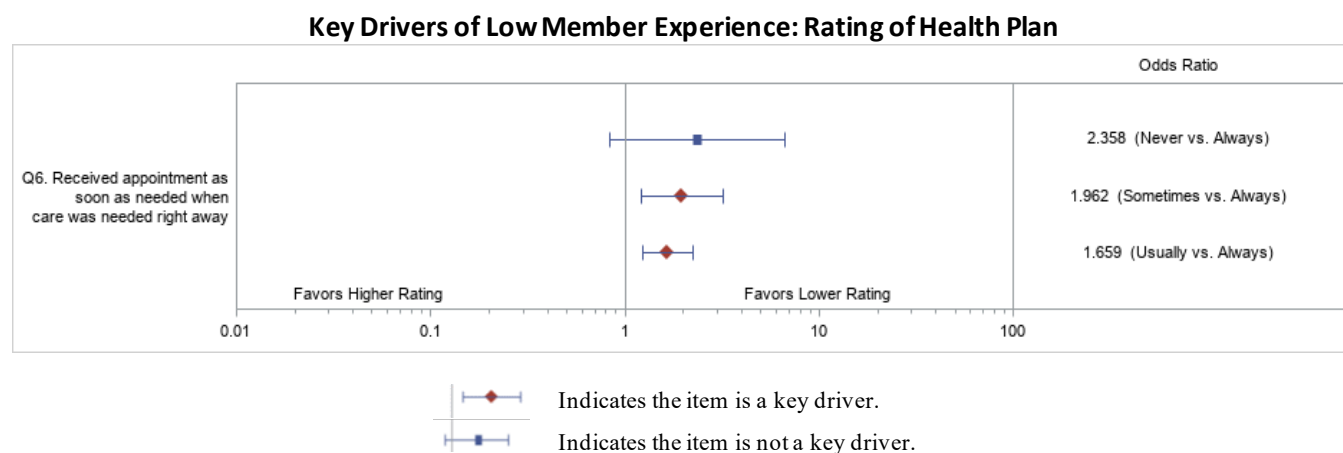
HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized 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 member'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., "Same day," "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 the example figure below, the results indicate that respondents who answered “Never,” “Sometimes,” or “Usually” to Question 6 are 2.358, 1.962, and 1.659 times, respectively, more likely to provide a lower rating for their health plan than respondents who answered “Always.” The items identified as key drivers are indicated with a red diamond.



Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents. 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 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 members who responded to the survey (i.e., respondent percentages) were statistically significantly different from demographic characteristics of all 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 practice, then caution must be exercised when extrapolating the survey results to the entire population.

Top-Box Results

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

- “9” or “10” for the global ratings.
- “Always” for the *Getting Timely Appointments, Care, and Information; How Well Providers Communicate with Patients; Providers’ Use of Information to Coordinate Patient Care; Helpful, Courteous, and Respectful Office Staff*; and *Health First Colorado Customer Service* composites, and the *Received Care from Provider Office During Evenings, Weekends, or Holidays* and *Saw Provider Within 15 Minutes of Appointment* individual item measures.
- “Yes” for the *Talking with You About Taking Care of Your Own Health* and *Comprehensiveness* composites, and the *Reminders About Care from Provider Office* and *Receive Health Care and Mental Health Care at Same Place* individual item measures.⁴⁻⁶

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

Statewide Comparisons

RAE and Practice Comparisons

RAE-level comparisons were performed to identify statistically significant differences in member experience between the RAEs, and practice-level comparisons were performed to identify statistically significant differences in member experience between practices. Two types of hypothesis tests were applied to the comparative results. First, a global *F* test was calculated, which determined whether the difference between the RAEs’/practices’ 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/practices):

⁴⁻⁶ Respondents that answered, “I do not use mental health care” and “Don’t know” were removed from the top-box score calculation for *Receive Health Care and Mental Health Care at Same Place* individual item measure.

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

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 or practice's score was significantly different from the average results of all RAEs/practices. 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/practices except RAE/practice 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.

Due to differences in the population of practices, the 2019 and 2020 Colorado RAE Aggregate results are presented in the figures for reference purposes only.

Case-Mix Adjustment

Given that variances in respondents' demographics can result in differences in scores between the RAEs and practices 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 member general health status, mental health status, education level, and age. Case-mix adjusted scores were calculated using the following formula:

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

Where net adjustment was calculated using the following equation:

$$\text{Net Adjustment} = (\text{RAE} / \text{Practice Adjuster's Mean} - \text{Program Adjuster's Mean}) \times \text{Coefficient}$$

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

Weighting

HSAG calculated a weighted score for the 2019, 2020, and 2021 Colorado RAE Aggregates based on each practice's total eligible population for the corresponding year.

The weighted score was:

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

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

Trend Analysis

A trend analysis was performed for each measure that compared the 2021 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine whether there were statistically significant differences. Only practices that were selected in both the 2021 and 2019 survey administrations are presented. A t test was performed to determine whether results in 2021 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided p value of the t test was 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.

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.

CAHPS Database Benchmarks

The CG-CAHPS Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0 and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2021 Colorado PCMH Survey. Additionally, due to declines in participation, AHRQ suspended all data submissions to the CG-CAHPS Survey Database beginning in 2021; therefore, only 2019 CAHPS Database benchmarks were available for inclusion with the 2021 Colorado PCMH Survey results. Also, the CAHPS Database top-box scores are produced from members' responses to the Adult CG-CAHPS Survey 3.0 with and without PCMH items. Due to the differences in survey instruments used to produce the benchmarks and unavailable recent benchmarks, caution should be exercised when comparing the 2019 CAHPS Database benchmarks to the 2021 Colorado PCMH Survey results.

Case-Mix Adjustment

While data for the RAEs and practices 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 practices' control.

Causal Inferences

The questions in the PCMH survey ask members about the care received by a listed provider at a specific practice. Although the analyses in this report examine whether members report differences with various aspects of their care and services, these differences may not be completely attributable to the practice or the overall performance of the RAE. The survey by itself does not necessarily reveal the exact cause of these differences.

Coronavirus Disease 2019 (COVID-19) Impact

Due to the coronavirus disease 2019 (COVID-19) pandemic, the number of completed surveys may have been impacted as well as members' perceptions of and experiences with the health care system; therefore, caution should be exercised when evaluating the results.

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 practice. 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.⁴⁻⁷ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the following measures: *Providers' Use of Information to Coordinate Patient Care* and *Rating of Provider*. While the first-year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, the Department should consider that potential non-response bias does exist when interpreting CAHPS results for these measures.

PCMH Survey Instrument

For purposes of the 2021 Colorado PCMH Survey administration, the standardized Adult CG-CAHPS 3.0 Survey was modified, such that additional items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey were added. Given the modifications to the CG-CAHPS Survey instrument, caution should be exercised when interpreting the 2021 Colorado PCMH Survey results presented in this report.

Prior Years' Results

Due to a lack of claims submissions or being closed, some practices selected for the 2019 survey administration could not be selected for the 2021 survey administration. Due to differences in the population of selected practices, the 2019 Colorado RAE Aggregate scores are presented in the figures for reference purposes only and are not comparable to the 2021 Colorado RAE Aggregate results (i.e., South Federal Family Practice [Adult Group 2 (RAE 5)] and Inner City Health Center [Adult Group 3 (RAE 5)] were not available to be surveyed in 2021 and therefore were not included in the 2021 Colorado RAE Aggregate). In addition, due to differences in selected practices, the 2020 Colorado RAE Aggregate scores are presented in the figures for reference purposes only and are not comparable to the 2021 Colorado RAE Aggregate results.

RAE/Practice Attribution

A random sample of members was selected from a targeted list of RAE-contracted practices to be included in the 2021 PCMH Survey administration and is not a random sample of the entire RAE population. Additionally, the survey questions ask about members' experiences with their provider at a specific practice. Therefore, caution should be exercised when interpreting these results as the results may not directly assess the overall performance of the RAE.

⁴⁻⁷ Korteila, 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 a modified version of the Adult CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. This section provides a copy of the survey instrument.



All information that would let someone identify you or your family will be kept private. The research staff 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 health care you get.

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

You may notice a barcode number on the front 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 survey, please call 1-800-839-0564.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil 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** ↓

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

[CLINICIAN NAME]

Is that right?

☐ Yes
☐ No ➔ *Go to Question 28a*



The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

☐ Yes
☐ No

3. How long have you been going to this provider?

☐ Less than 6 months
☐ At least 6 months but less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None → *Go to Question 28a*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away?

☐ Yes
☐ No → *Go to Question 7*

6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 6a. In the last 6 months, how many days did you usually have to wait for an appointment when you needed care right away?

☐ Same day
☐ 1 day
☐ 2 to 3 days
☐ 4 to 7 days
☐ More than 7 days

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

☐ Yes
☐ No → *Go to Question 9*

8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

9. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No

9a. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No ➔ *Go to Question 10*

9b. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- ☐ Yes
- ☐ No ➔ *Go to Question 11a*

11. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?

- ☐ Yes
- ☐ No

11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. In the last 6 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No → **Go to Question 19**

18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Provider | | | | | Provider | | | | | |
| Possible | | | | | Possible | | | | | |

19a. What are the three most important things that you look for in a healthcare provider? Select up to three (3) responses.

- ☐ Provider is able to explain things about my health in a way I can understand
 - ☐ Provider spends enough time with me during my appointments
 - ☐ Provider listens to and acts quickly to address my concerns
 - ☐ Provider is knowledgeable about my history when I come to appointments
 - ☐ Provider does not judge me
 - ☐ The ability to get timely appointments with my provider
 - ☐ Provider is close to my home
 - ☐ Friendly staff in provider's office
 - ☐ Other (Please list below)
-

20. 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 see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → **Go to Question 21a**

20a. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Specialist | | | | | Best Specialist | | | | | |
| Possible | | | | | Possible | | | | | |

21. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21a. In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a (any) doctor believed necessary?

- ☐ Yes
- ☐ No

Please answer these questions about the provider named in Question 1 of the survey.

22. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- ☐ Yes
- ☐ No

23. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- ☐ Yes
- ☐ No

24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- ☐ Yes
- ☐ No

24a. In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ☐ Yes
- ☐ No

24b. In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ☐ Yes
- ☐ No

25. In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No → **Go to Question 26a**

26. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26a. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | | Best | | | | |
| Health Care | | | | | | Health Care | | | | |
| Possible | | | | | | Possible | | | | |

**Clerks and Receptionists
at This Provider's Office**

27. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28a. In the last 6 months, did you get information or help from Medicaid/Health First Colorado customer service?

- ☐ Yes
- ☐ No → *Go to Question 28d*

28b. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28c. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28d. 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 Medicaid/Health First Colorado?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Plan | | | | | Health Plan | | | | | |
| Possible | | | | | Possible | | | | | |

About You

29. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

29a. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ☐ Yes
- ☐ No

◆

30. In general, how would you rate your overall mental or emotional health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

30a. Can you get both your health care and your mental health care at the same place?

- ☐ Yes
- ☐ No
- ☐ I do not use mental health care
- ☐ Don't know

30b. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- ☐ Yes
- ☐ No
- ☐ Don't know

31. What is your age?

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

32. Are you male or female?

- ☐ Male
- ☐ Female

33. 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

34. Are you of Hispanic or Latino origin or descent?

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

35. What is your race? Please mark one or more.

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

THANK YOU

Thank you 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

Appendix A. Adult Medicaid MCO CAHPS Results

The results presented in this section are from the CAHPS survey administered by each of Colorado's Medicaid managed care organizations (MCOs) rather than from the Adult PCMH survey administered by HSAG. The State of Colorado requires Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid—Prime (RMHP Prime) to annually administer surveys to adult Medicaid members enrolled in each of the MCOs. The survey instrument selected for administration was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set.

Each MCO used an NCQA-certified HEDIS CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report. HSAG presents the 2020 and 2021 adult Medicaid CAHPS top-box scores for DHMP and RMHP Prime in the tables on the following pages. HSAG calculated the top-box results in this section following NCQA's HEDIS Volume 3 Specifications for Survey Measures.^{A-1}

^{A-1} National Committee for Quality Assurance. *HEDIS® Measurement Year 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Denver Health Medical Plan

Table A-1 shows the 2020 and 2021 top-box scores for DHMP.

Table A-1—Top-Box Scores for DHMP

Measure	2020	2021
Global Ratings		
<i>Rating of Health Plan</i>	60.3%	58.0%
<i>Rating of All Health Care</i>	55.5%	58.1%
<i>Rating of Personal Doctor</i>	69.6%	77.7%
<i>Rating of Specialist Seen Most Often</i>	74.1% ⁺	63.2%
Composite Measures		
<i>Getting Needed Care</i>	74.5%	84.1%
<i>Getting Care Quickly</i>	73.5%	79.9%
<i>How Well Doctors Communicate</i>	94.2%	94.2%
<i>Customer Service</i>	89.1% ⁺	91.5%
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid—Prime

Table A-2 shows the 2020 and 2021 top-box scores for RMHP Prime.

Table A-2—Top-Box Scores for RMHP Prime

Measure	2020	2021
Global Ratings		
<i>Rating of Health Plan</i>	68.3%	55.1%
<i>Rating of All Health Care</i>	58.6%	53.9%
<i>Rating of Personal Doctor</i>	75.1%	67.9%
<i>Rating of Specialist Seen Most Often</i>	66.7% ⁺	69.7% ⁺
Composite Measures		
<i>Getting Needed Care</i>	84.5%	83.5%
<i>Getting Care Quickly</i>	83.1%	80.2% ⁺
<i>How Well Doctors Communicate</i>	93.4%	92.1%
<i>Customer Service</i>	94.7% ⁺	89.7% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		