Colorado Child Health Plan *Plus* 2020 Member Experience Report

September 2020

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

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1. Executive Summary

Colorado's Quality Strategy includes the administration of surveys to members enrolled in the following Child Health Plan *Plus* (CHP+) health plans: Colorado Access, Denver Health Medical Plan (DHMP), Friday Health Plans of Colorado (FHP), Kaiser Permanente (Kaiser), and Rocky Mountain Health Plans (RMHP). The Colorado Department of Health Care Policy & Financing (the Department) contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys.[1-1] The goal of the CAHPS Health Plan Surveys is to provide feedback that is actionable and will aid in improving members' overall experiences.

The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set without the Children with Chronic Conditions (CCC) measurement set.[1-2] The parents/caretakers of child members from the CHP+ health plans completed the surveys from March to June 2020.

Performance Highlights

The Results section of this report details the results for the CHP+ health plans. The following is a summary of the performance highlights for each CHP+ health plan. The performance highlights are categorized into the four major types of analyses performed on the CHP+ CAHPS data:

- National Committee for Quality Assurance (NCQA) Comparisons
- Trend Analysis
- Plan Comparisons
- Key Drivers of Low Member Experience Analysis

[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA Comparisons and Trend Analysis

HSAG compared scores for each measure to NCQA's 2019 Quality Compass® Benchmark and Compare Quality Data.[1-3,1-4] This comparison resulted in overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars on these measures, where one star was the lowest possible rating and five stars was the highest possible rating.[1-5] The detailed results of this comparative analysis are described in the Results section beginning on page 2-4.

In addition, HSAG performed a stepwise trend analysis. First, HSAG compared the 2020 results to the 2019 results. If the initial 2020 and 2019 trend analysis did not yield any statistically significant differences, then HSAG performed an additional trend analysis between the 2020 and 2018 results. The detailed results of the trend analysis are described in the Results section beginning on page 2-6. Table 1-1, on the following page, presents the highlights from the NCQA Comparisons and Trend Analysis for the Colorado CHP+ Program.[1-6]

[1-3] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019.* Washington, DC: NCQA, September 2019.

[1-4] The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2019 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[1-5] NCQA's benchmarks for the general child Medicaid population were used to derive the overall member experience ratings; therefore, caution should be exercised when interpreting these results.

[1-6] The Colorado CHP+ Program results presented in this report are derived from the combined results of the five participating CHP+ health plans.

Table 1-1—Colorado CHP+ Program Performance Highlights

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★ 63.3%	—
Rating of All Health Care	★★ 68.8%	—
Rating of Personal Doctor	★★ 77.6%	—
Rating of Specialist Seen Most Often	★★ 71.6%	—
Composite Measures		
Getting Needed Care	★★ 83.7%	—
Getting Care Quickly	★★★ 90.9%	—
How Well Doctors Communicate	★★★★★ 97.5%	▲
Customer Service	★ 82.3%	—
Individual Item Measure		
Coordination of Care	★★ 82.2%	—

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

▲ *Indicates the 2020 score is statistically significantly higher than the 2019 score.*

▼ *Indicates the 2020 score is statistically significantly lower than the 2019 score.*

▲ *Indicates the 2020 score is statistically significantly higher than the 2018 score.*

▼ *Indicates the 2020 score is statistically significantly lower than the 2018 score.*

— *Indicates the 2020 score is not statistically significantly different than the 2019 or the 2018 scores.*

Plan Comparisons

In order to identify performance differences in members' experiences between the Colorado CHP+ health plans, HSAG compared the case-mix adjusted results for each health plan to one another using standard statistical tests.[1-7] The detailed results of the comparative analysis are described in the Results section beginning on page 2-18. Table 1-2 presents the statistically significant results from this comparison.[1-8]

Table 1-2—Plan Comparisons Highlights

Colorado Access	DHMP	FHP	Kaiser	RMHP
↓ *Customer Service*	—	↑ *Customer Service*	—	—
—	—	—	↓ *Getting Care Quickly*	↑ *Getting Care Quickly*
—	↑ *Rating of Personal Doctor*	—	—	↓ *Rating of Personal Doctor*

↑ *Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.*
↓ *Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.*
– *Indicates the plan's score is not statistically significantly different than the Colorado CHP+ Program.*

Key Drivers of Low Member Experience Analysis

In order to determine factors that are contributing to members' low ratings of experience, HSAG focused the key drivers of low member experience analysis on the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The detailed results are described in the Key Drivers of Low Member Experience Analysis section beginning on page 3-1.

[1-7] CAHPS results are known to vary due to differences in respondent age, respondent education level, and member health status. Therefore, results were case-mix adjusted for differences in these demographic variables.

[1-8] Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact results.

Table 1-3 shows the "key driver" items (as indicated by a ✓) for each global rating for the Colorado CHP+ Program.

Table 1-3—Key Drivers of Low Member Experience Highlights: Colorado CHP+ Program

Key Drivers	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.	✓		
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.	✓	✓	
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓		✓
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓	✓	NA
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.	✓		NA
Respondents reported that forms from their child's health plan were often not easy to fill out.	✓		NA
NA indicates that this question was not evaluated for this measure.			

2. Results

Survey Administration and Response Rates

Survey Administration

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 1,650 members per health plan for the CAHPS 5.0 Child Medicaid Health Plan Survey.[2-1] Members eligible for sampling included those who were enrolled in Colorado Access, DHMP, FHP, Kaiser, or RMHP at the time the sample was drawn, and who were continuously enrolled in the health plan for at least five of the last six months (July through December) of 2019. Child members eligible for sampling included those who were 17 years of age or younger as of December 31, 2019.

Colorado Access, DHMP, Kaiser, and RMHP met the minimum sample size of 1,650. However, FHP did not meet the minimum sample size criteria. HSAG followed historical NCQA protocol where only one survey can be sent to each household; therefore, after adjusting for duplicate addresses, the actual sample size for FHP was 799. Oversampling was not performed for any of the CHP+ health plans.

The survey process employed allowed parents/caretakers of child members two methods by which they could complete the surveys: 1) mail or 2) Internet. A cover letter that provided the option to complete a paper-based or a web-based survey was mailed to sampled members. The first mailing was followed by a second and third mailing that was sent to all non-respondents. Additional information on the survey protocol is included in the Reader's Guide beginning on page 5-4.

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. For additional information on the calculation of response rates, please refer to the Reader's Guide on page 5-5.

[2-1] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2019.

Table 2-1 depicts the sample distribution and response rate for all participating health plans and the Colorado CHP+ Program.

Table 2-1—Sample Distribution and Response Rate

Plan Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado CHP+ Program	**7,399**	**48**	**7,351**	**1,542**	**20.98%**
Colorado Access	1,650	9	1,641	342	20.84%
DHMP	1,650	12	1,638	307	18.74%
FHP	799	4	795	139	17.48%
Kaiser	1,650	20	1,630	342	20.98%
RMHP	1,650	3	1,647	412	25.02%

Child and Respondent Demographics

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

Table 2-2—Child Demographics

	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Age						
Less than 1	1.2%	0.6%	1.0%	4.3%	0.9%	1.2%
1 to 3	11.7%	13.3%	7.0%	13.7%	12.2%	12.7%
4 to 7	21.9%	24.6%	19.0%	15.8%	19.9%	25.4%
8 to 12	28.6%	29.3%	32.0%	29.5%	24.6%	28.5%
13 to 18*	36.6%	32.2%	41.0%	36.7%	42.4%	32.2%
Gender						
Male	52.3%	54.7%	53.5%	54.7%	49.4%	51.0%
Female	47.7%	45.3%	46.5%	45.3%	50.6%	49.0%
Race						
Multi-Racial	5.0%	4.8%	1.8%	3.7%	7.0%	6.1%
White	70.0%	75.2%	57.9%	88.2%	58.2%	77.8%
Black	4.5%	2.4%	8.5%	0.7%	9.4%	0.5%
Asian	6.2%	4.2%	10.3%	0.7%	11.5%	2.3%
Other**	14.3%	13.3%	21.4%	6.6%	13.9%	13.3%
Ethnicity						
Hispanic	47.2%	49.3%	72.5%	39.6%	38.3%	36.9%
Non-Hispanic	52.8%	50.7%	27.5%	60.4%	61.7%	63.1%
General Health Status						
Excellent	49.8%	47.2%	41.8%	50.7%	54.5%	53.5%
Very Good	35.6%	39.3%	37.5%	39.1%	31.4%	33.3%
Good	12.7%	11.4%	18.8%	10.1%	12.6%	10.2%
Fair	1.9%	2.1%	1.6%	0.0%	1.5%	2.9%

	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Poor	0.1%	0.0%	0.3%	0.0%	0.0%	0.0%

Please note, percentages may not total 100% due to rounding.
**Children were eligible for inclusion in CAHPS if they were age 17 or younger as of December 31, 2019. Some children eligible for the CAHPS survey turned age 18 between January 1, 2020, and the time of survey administration.*
***The "Other" category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Table 2-3 shows the self-reported age, gender, level of education, and relationship to the child for the respondents who completed the survey.

Table 2-3—Respondent Demographics

	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondent Age						
Under 18	6.3%	4.7%	4.3%	7.9%	8.8%	6.6%
18 to 24	1.2%	2.4%	2.0%	0.7%	0.3%	0.5%
25 to 34	19.4%	23.3%	15.9%	24.5%	14.4%	21.2%
35 to 44	43.4%	45.7%	41.2%	41.7%	39.7%	46.7%
45 to 54	25.1%	20.4%	32.2%	18.7%	30.3%	21.7%
55 to 64	3.6%	2.4%	3.7%	5.8%	4.7%	2.9%
65 or Older	1.0%	1.2%	0.7%	0.7%	1.8%	0.5%
Respondent Gender						
Male	16.0%	15.2%	16.6%	12.2%	19.9%	14.1%
Female	84.0%	84.8%	83.4%	87.8%	80.1%	85.9%
Respondent Education Level						
8th Grade or Less	8.9%	8.3%	17.6%	6.5%	4.1%	8.1%
Some High School	9.8%	9.5%	17.6%	4.3%	7.9%	7.8%
High School Graduate	24.5%	23.7%	32.4%	19.4%	21.8%	23.5%
Some College	28.0%	29.7%	18.2%	38.1%	27.9%	30.3%
College Graduate	28.7%	28.8%	14.2%	31.7%	38.2%	30.3%
Relationship to Child						
Mother or Father	99.5%	99.1%	99.3%	100.0%	99.7%	99.8%
Grandparent	0.2%	0.3%	0.3%	0.0%	0.0%	0.2%
Legal Guardian	0.1%	0.3%	0.0%	0.0%	0.0%	0.0%
Other*	0.2%	0.3%	0.3%	0.0%	0.3%	0.0%

Please note, percentages may not total 100% due to rounding.
**The "Other" Relationship to Child category is based on respondents who answered, "aunt or uncle," "older brother or sister," "other relative," or "someone else."*

NCQA Comparisons

In order to assess the overall performance of the CHP+ health plans, HSAG compared the scores for each measure to NCQA's 2019 Quality Compass Benchmark and Compare Quality Data.[2-2,2-3] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent) as shown in Table 2-4.[2-4] For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 5-6.

Table 2-4—Star Rating Percentiles

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

2-2 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019.* Washington, DC: NCQA, September 2019.

2-3 Quality Compass® data were not available for 2020 at the time this report was prepared; therefore, 2019 data were used for this comparative analysis.

2-4 NCQA's benchmarks for the general child Medicaid population were used to derive the overall member experience ratings; therefore, caution should be exercised when interpreting these results.

Table 2-5 shows the health plans' scores and overall member experience ratings for each measure.

Table 2-5—NCQA Comparisons: Overall Member Experience Ratings

	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Global Ratings						
Rating of Health Plan	★ 63.3%	★ 62.4%	★ 65.0%	★ 59.1%	★ 61.8%	★★ 69.3%
Rating of All Health Care	★★ 68.8%	★★ 69.5%	★ 66.5%	★+ 59.8%+	★★★ 71.3%	★ 66.0%
Rating of Personal Doctor	★★ 77.6%	★★★ 78.2%	★★★★★ 85.1%	★ 74.5%	★★★ 78.1%	★ 72.0%
Rating of Specialist Seen Most Often	★★ 71.6%	★★+ 73.8%+	★★★+ 77.1%+	★★★★+ 77.8%+	★+ 62.5%+	★+ 64.8%+
Composite Measures						
Getting Needed Care	★★ 83.7%	★★ 83.8%	★ 80.5%	★★+ 81.9%+	★★ 83.6%	★★★ 85.2%
Getting Care Quickly	★★★ 90.9%	★★★ 91.1%	★ 85.9%	★★★★+ 94.1%+	★ 86.4%	★★★★★ 94.9%
How Well Doctors Communicate	★★★★★ 97.5%	★★★★★ 97.7%	★★★★★ 96.9%	★★★★★+ 99.0%+	★★★★ 96.3%	★★★★★ 97.2%
Customer Service	★ 82.3%	★+ 79.9%+	★+ 86.1%+	★★★★★+ 97.5%+	★★★+ 89.3%+	★+ 84.3%+
Individual Item Measure						
Coordination of Care	★★ 82.2%	★★+ 81.3%+	★★★★★+ 91.1%+	★+ 73.3%+	★★+ 84.1%+	★★ 83.2%

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

Trend Analysis

Table 2-6 shows the number of completed surveys in 2018, 2019, and 2020.

Table 2-6—Completed Surveys in 2018, 2019, and 2020

Plan Name	2018	2019	2020
Colorado Access	412	398	342
DHMP	355	366	307
FHP	274	240	139
Kaiser	340	413	342
RMHP	533	505	412
Total Respondents	**1,914**	**1,922**	**1,542**

HSAG used the completed surveys and corresponding health plans' 2018, 2019, and 2020 results presented in this section for trending purposes. Additionally, the Colorado CHP+ Program's 2018, 2019, and 2020 results were weighted based on the total eligible population of each health plan's CHP+ population.

HSAG calculated top-box scores for each measure. For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 5-2. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 5-6. NCQA national averages for the child Medicaid population and CAHPS Database benchmarks for the Children's Health Insurance Program (CHIP) population are presented for comparative purposes, where available.[2-5,2-6,2-7,2-8] For additional details, please refer to the *NCQA HEDIS 2020 Specifications for Survey Measures, Volume 3*.

In order to evaluate trends in CHP+ member experience, HSAG performed a stepwise three-year trend analysis. First, HSAG compared the Colorado CHP+ and plan-level 2020 scores to the corresponding 2019 scores. If the initial 2020 and 2019 trend analysis did not yield any statistically significant differences, then HSAG performed an additional trend analysis between the 2020 and 2018 results.

2-5 The source for the NCQA national averages contained in this publication is Quality Compass® 2019 data and is used with the permission of the National Committee for Quality Assurance (NCQA). NCQA Quality Compass national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Quality Compass® 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2-6 The CAHPS Database is a data repository of selected CAHPS surveys, which is collected through participating organizations. The CAHPS Health Plan Survey Database does not produce a benchmark for the Coordination of Care individual item measure; therefore, a CAHPS Database benchmark is not presented for this measure. This benchmark is displayed with "2019 CAHPS Database Benchmark Not Available" in the figure.

2-7 Agency for Healthcare Research and Quality. Aggregated Data: Health Plans. Available at: https://cahpsdatabase.ahrq.gov/CAHPSIDB/HP/about.aspx. Accessed on: July 30, 2020.

2-8 CAHPS Database benchmarks and NCQA national averages were not available for 2020 at the time this report was prepared; therefore, 2019 benchmarks and national data are presented in this section.

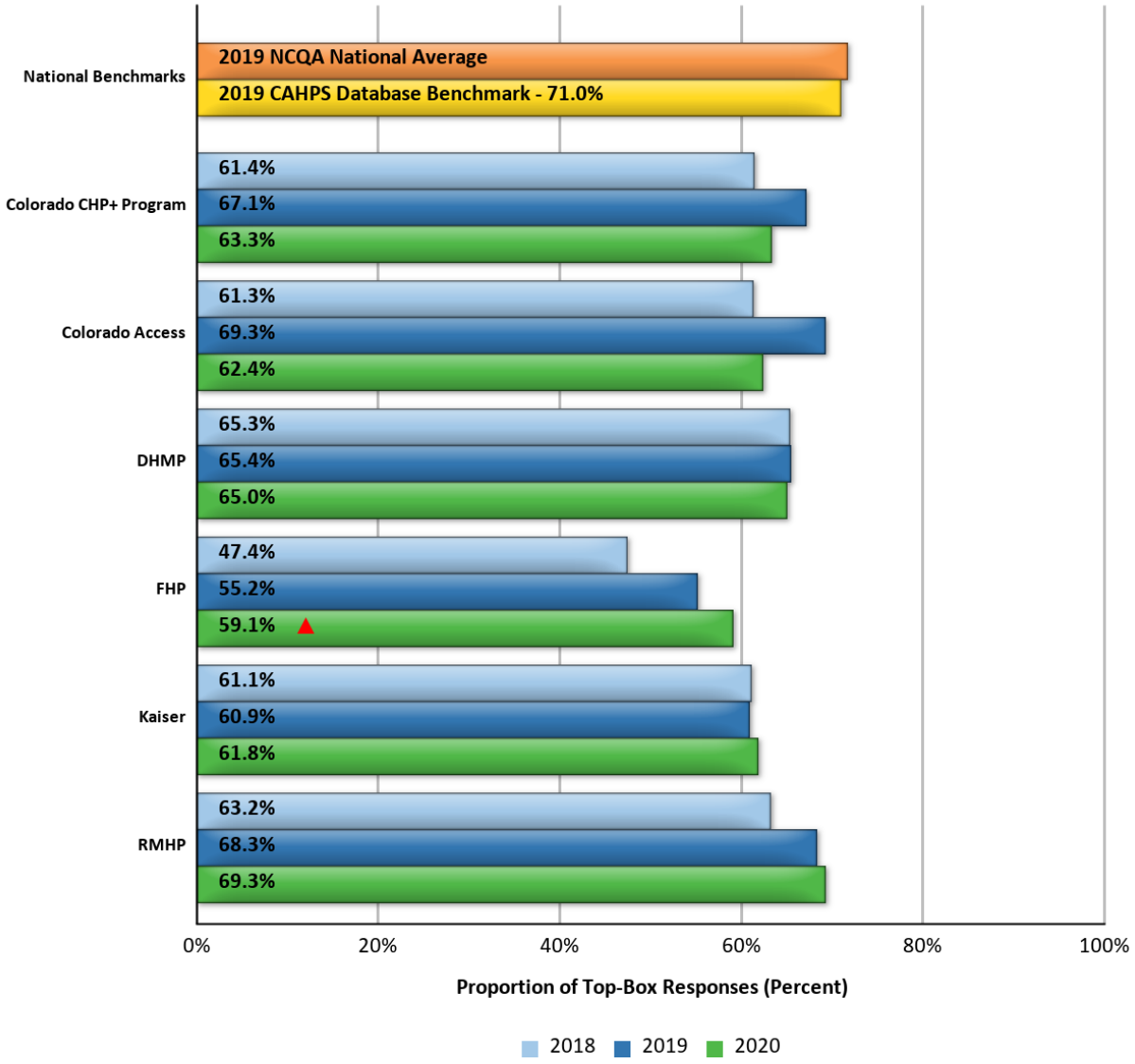
Figure 2-1 through Figure 2-9 show the results of this trend analysis. Statistically significant differences are noted with directional triangles. Scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Rating of Health Plan* global rating.

Figure 2-1—Rating of Health Plan Top-Box Scores

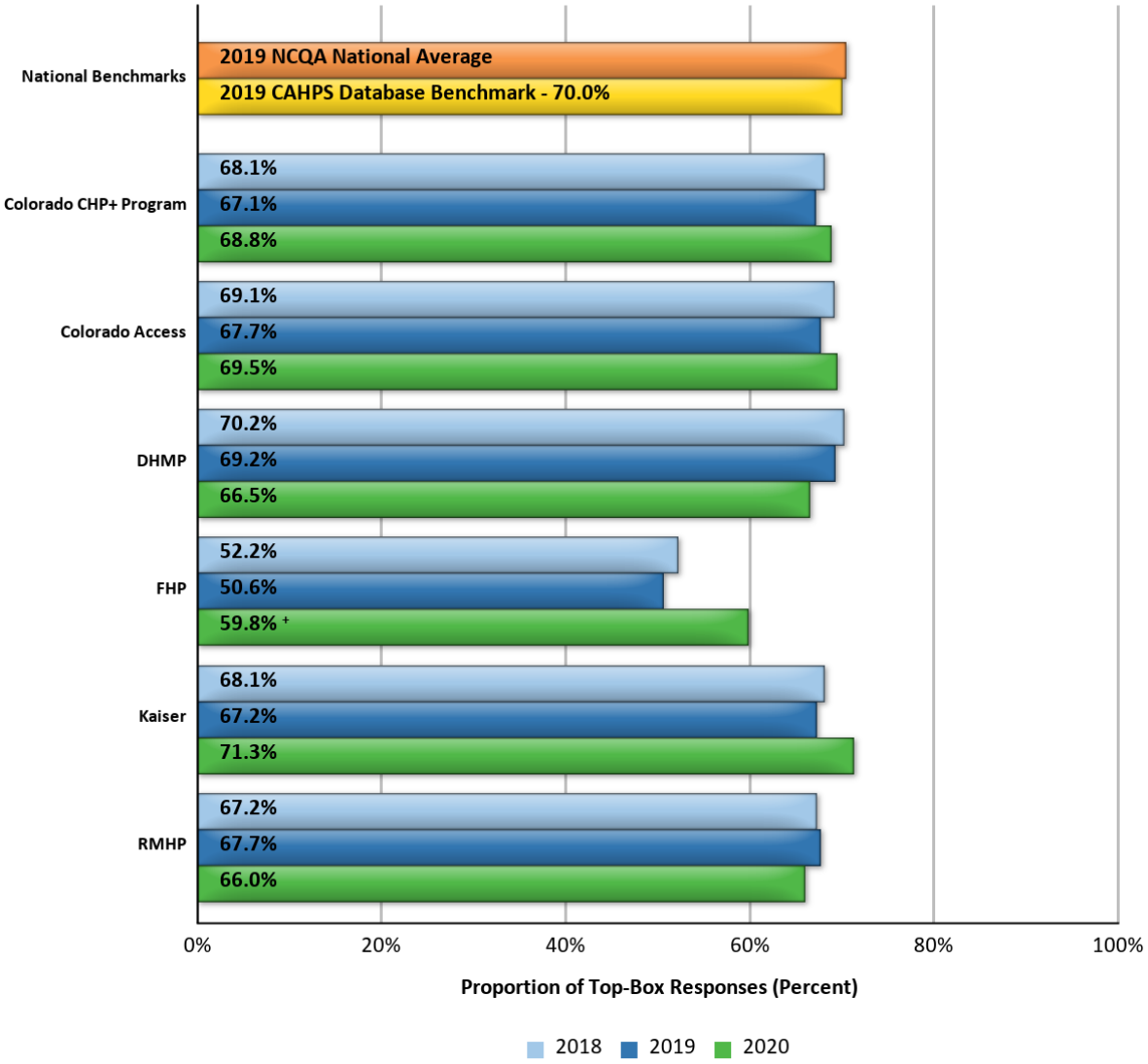


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.

Rating of All Health Care

Figure 2-2 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Rating of All Health Care* global rating.

Figure 2-2—Rating of All Health Care Top-Box Scores

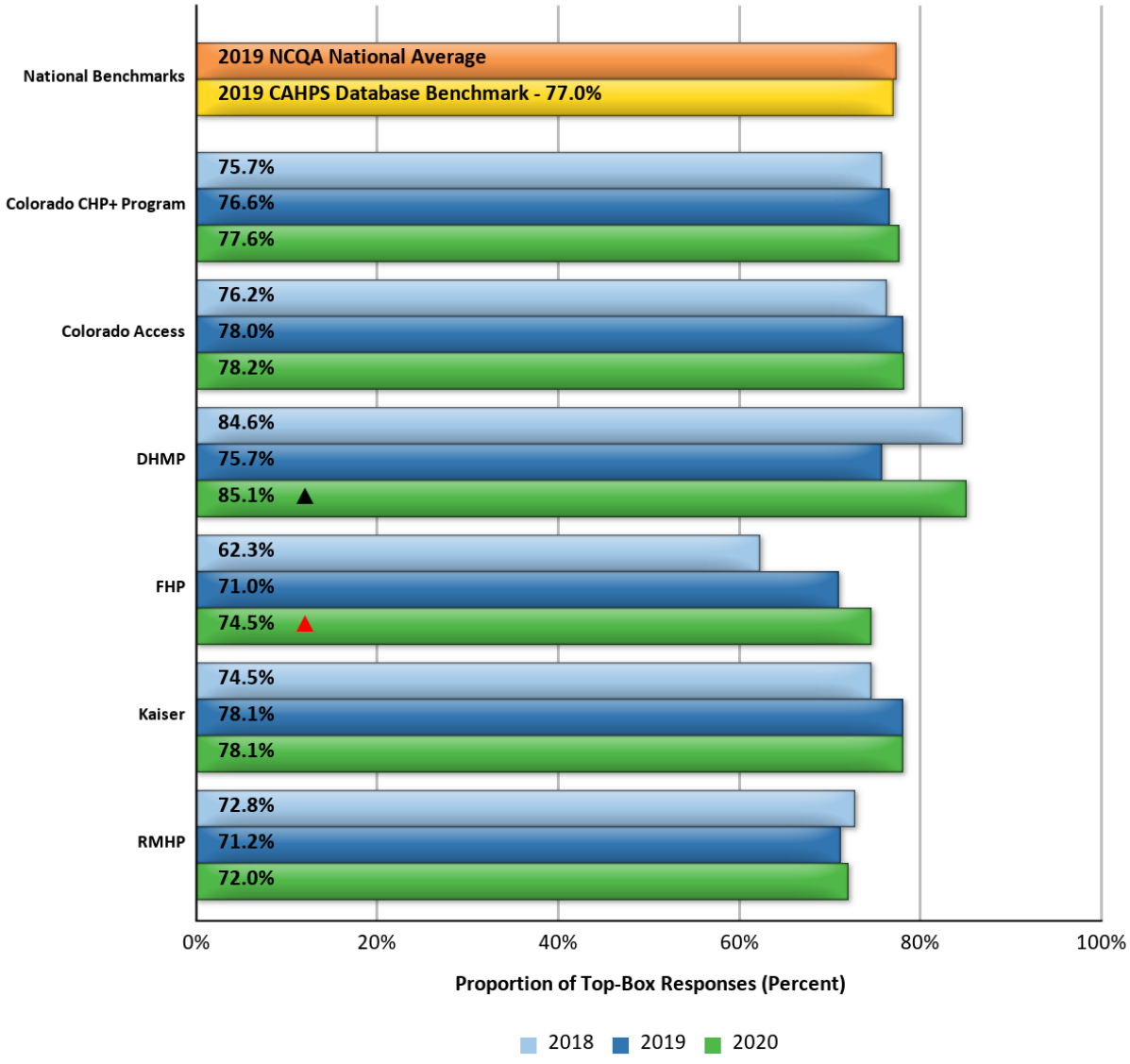


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Figure 2-3 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Rating of Personal Doctor* global rating.

Figure 2-3—Rating of Personal Doctor Top-Box Scores

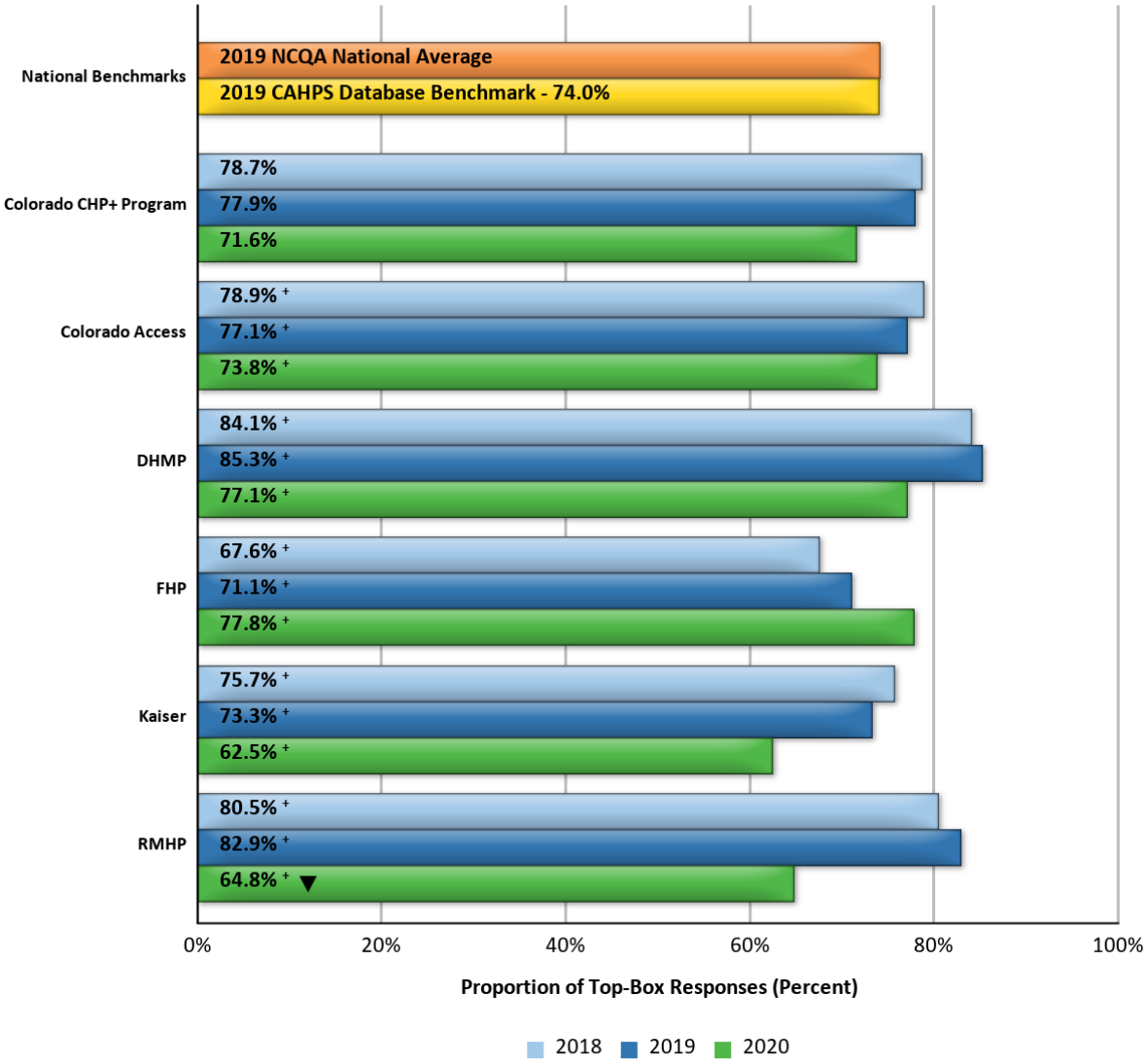


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.

Rating of Specialist Seen Most Often

Figure 2-4 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-4—Rating of Specialist Seen Most Often Top-Box Scores



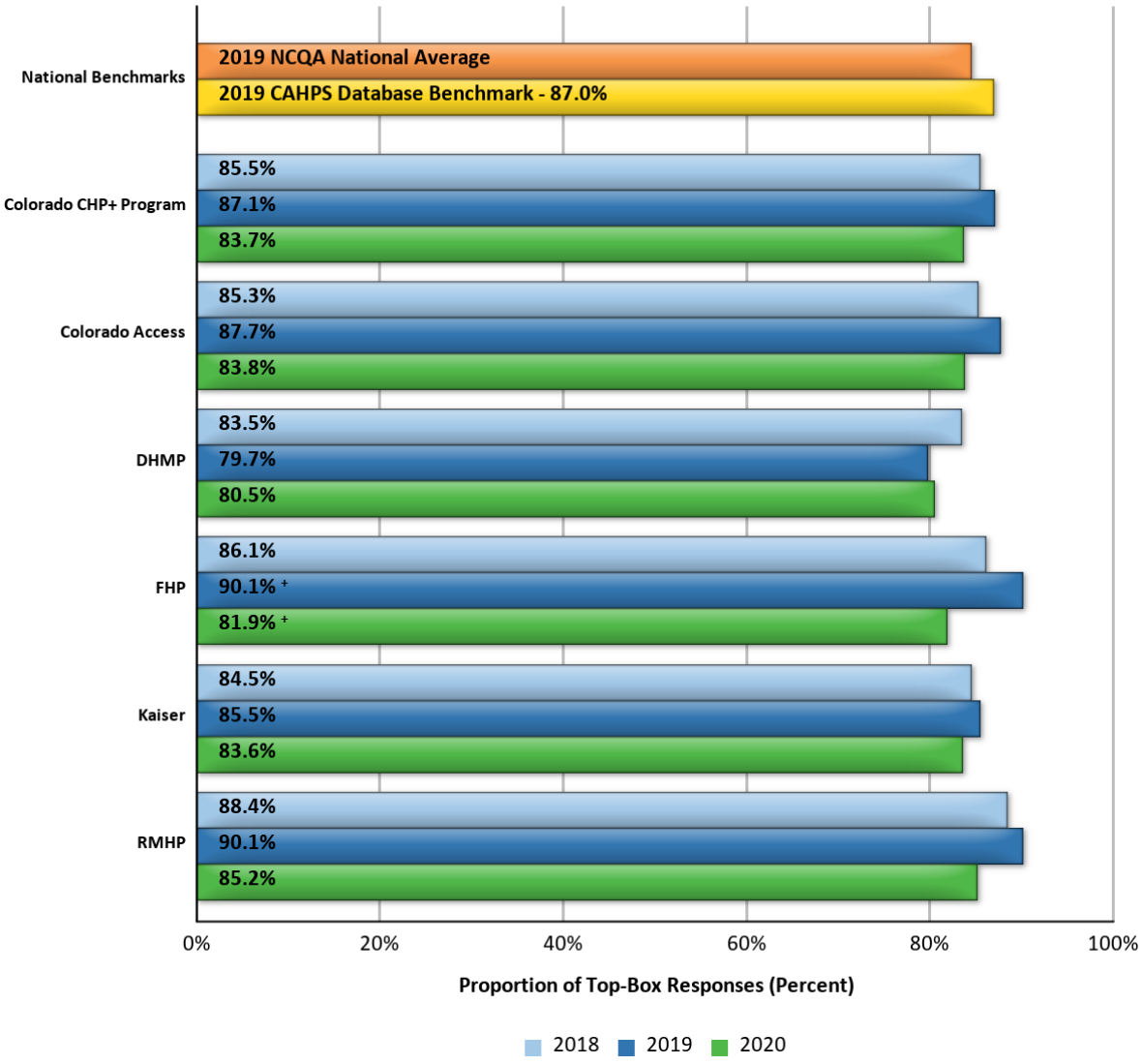
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 2-5 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Getting Needed Care* composite measure.

Figure 2-5—Getting Needed Care Top-Box Scores

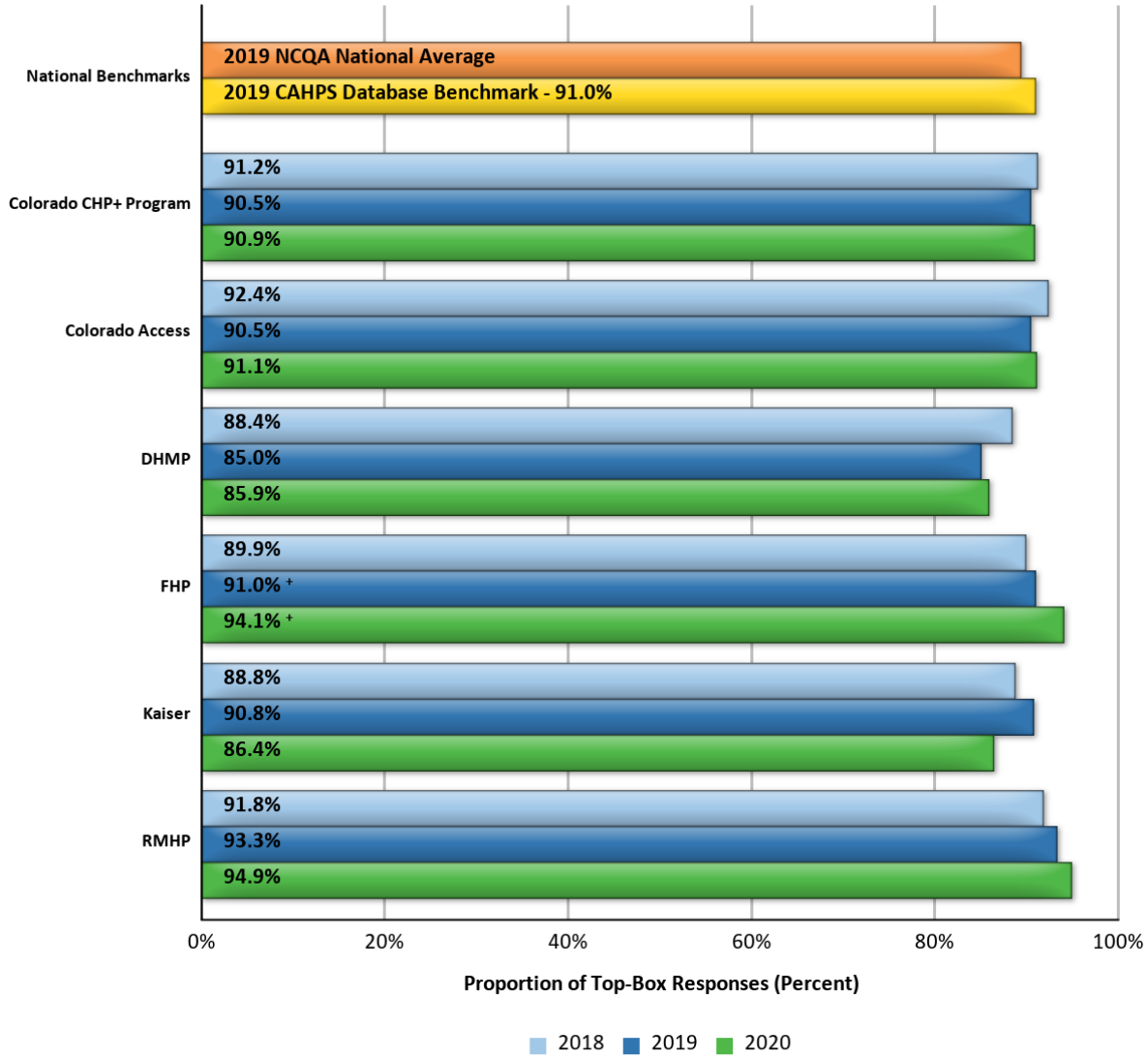


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Figure 2-6 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Getting Care Quickly* composite measure.

Figure 2-6—Getting Care Quickly Top-Box Scores

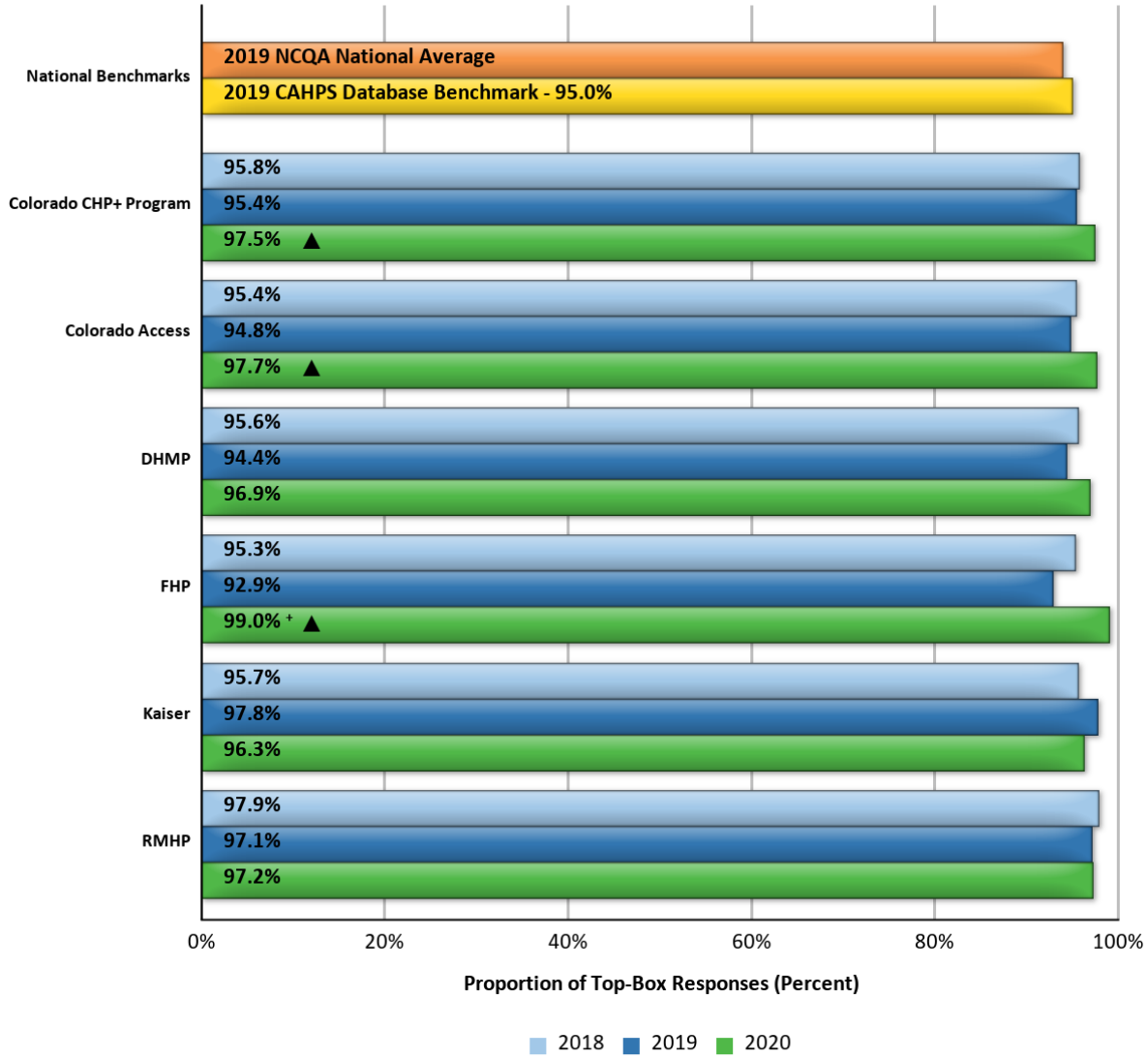


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 2-7 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *How Well Doctors Communicate* composite measure.

Figure 2-7—How Well Doctors Communicate Top-Box Scores

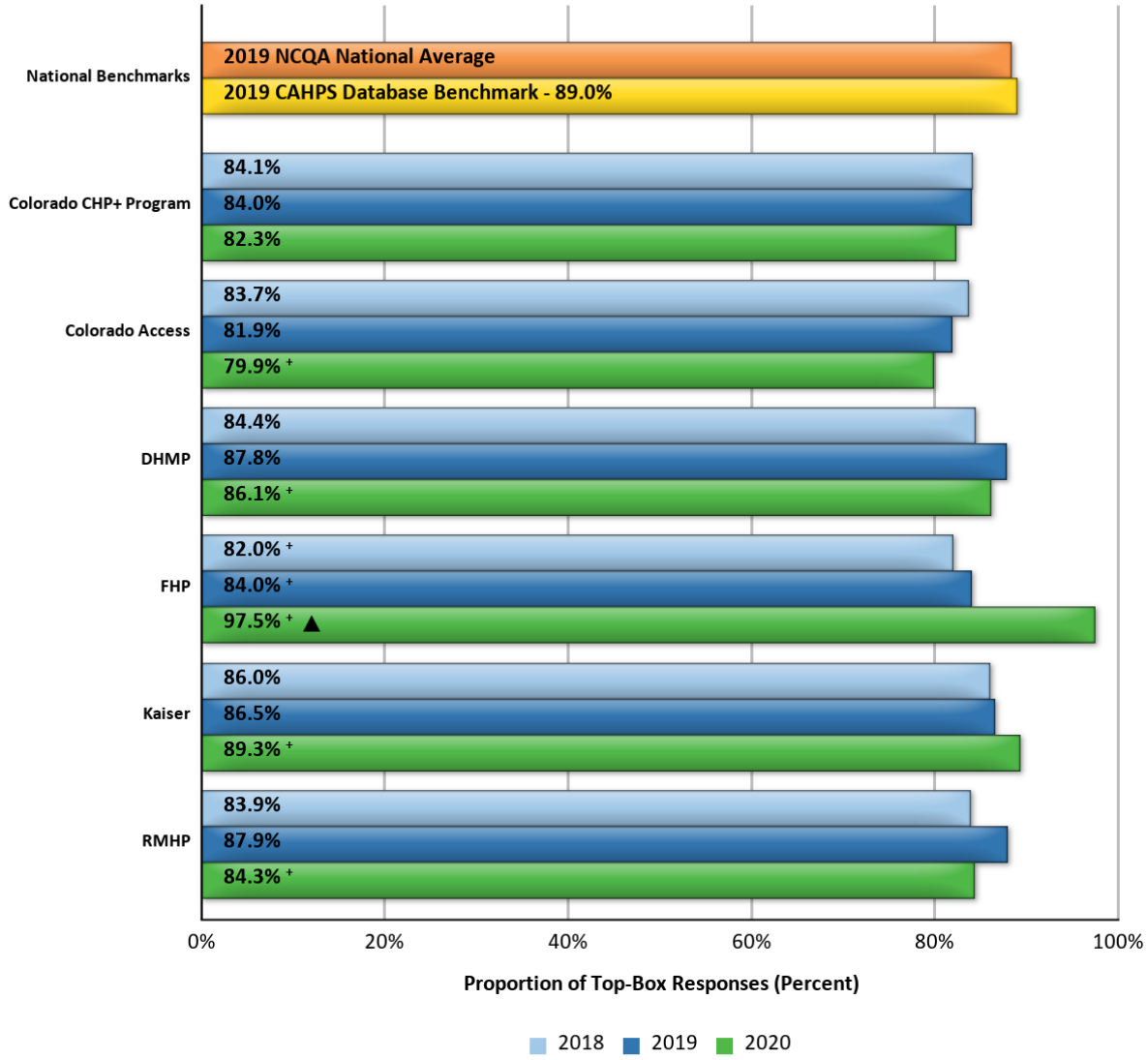


Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 2-8 shows the 2019 NCQA national average, the 2019 CAHPS Database Benchmark, and the top-box scores for the *Customer Service* composite measure.

Figure 2-8—Customer Service Top-Box Scores



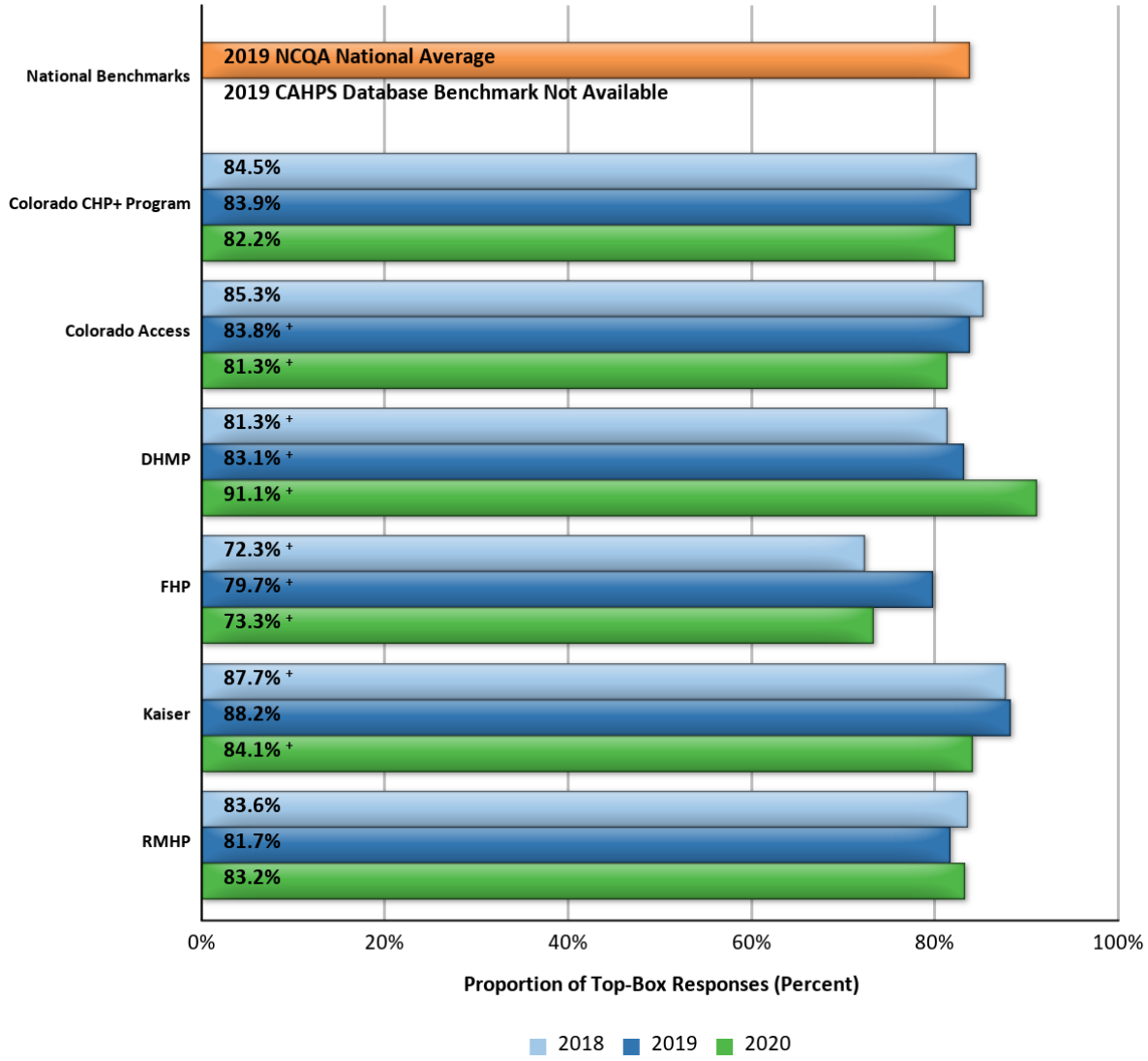
Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 2-9 shows the 2019 NCQA national average and the top-box scores for the *Coordination of Care* individual item measure.

Figure 2-9—Coordination of Care Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
▲ Indicates the 2020 score is statistically significantly higher than the 2018 score.
▼ Indicates the 2020 score is statistically significantly lower than the 2018 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Summary of Trend Analysis Results

The following table summarizes the statistically significant differences determined from the trend analysis.

Table 2-7—Trend Analysis Highlights

Measure Name	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Global Ratings						
Rating of Health Plan	—	—	—	▲	—	—
Rating of Personal Doctor	—	—	▲	▲	—	—
Rating of Specialist Seen Most Often	—	—+	—+	—+	—+	▼+
Composite Measures						
How Well Doctors Communicate	▲	▲	—	▲+	—	—
Customer Service	—	—+	—+	▲+	—+	—+

▲ *Indicates the 2020 score is statistically significantly higher than the 2019 score.*
▼ *Indicates the 2020 score is statistically significantly lower than the 2019 score.*
▲ *Indicates the 2020 score is statistically significantly higher than the 2018 score.*
▼ *Indicates the 2020 score is statistically significantly lower than the 2018 score.*
— *Indicates the 2020 score is not statistically significantly different than the 2019 or the 2018 scores.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Plan Comparisons

In order to identify performance differences in members' experiences, HSAG compared the plans' results to the Colorado CHP+ Program using standard tests for statistical significance.[2-9] For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. Additional information is included in the Reader's Guide beginning on page 5-8.

Table 2-8, on the following page, shows the results of the plan comparisons analysis. A health plan that performed statistically significantly higher than the Colorado CHP+ Program is denoted with an upward (↑) arrow. Conversely, a health plan that performed statistically significantly lower than the Colorado CHP+ Program is denoted with a downward (↓) arrow. A health plan that did not perform statistically significantly different than the Colorado CHP+ Program is denoted with a horizontal (↔) arrow.

For purposes of this report, scores are reported for all measures even when NCQA's minimum reporting threshold of 100 respondents was not met; therefore, caution should be exercised when interpreting results based on less than 100 respondents. CAHPS scores with less than 100 respondents are denoted with a cross (+).

[2-9] Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

Table 2-8—Plan Comparisons

	Colorado CHP+ Program	Colorado Access		DHMP		FHP		Kaiser		RMHP	
Global Ratings											
Rating of Health Plan	63.3%	62.7%	↔	63.4%	↔	59.7%	↔	62.6%	↔	69.3%	↔
Rating of All Health Care	68.8%	69.3%	↔	65.5%	↔	59.9%+	↔	72.1%	↔	66.2%	↔
Rating of Personal Doctor	77.6%	78.1%	↔	86.7%	↑	73.7%	↔	77.6%	↔	71.8%	↓
Rating of Specialist Seen Most Often	71.6%	76.1%+	↔	73.6%+	↔	75.9%+	↔	65.2%+	↔	65.3%+	↔
Composite Measures											
Getting Needed Care	83.7%	85.2%	↔	78.7%	↔	82.2%+	↔	83.9%	↔	85.1%	↔
Getting Care Quickly	90.9%	91.2%	↔	87.4%	↔	93.5%+	↔	85.5%	↓	94.7%	↑
How Well Doctors Communicate	97.5%	97.6%	↔	97.5%	↔	98.7%+	↔	96.2%	↔	97.0%	↔
Customer Service	82.3%	79.7%+	↓	85.9%+	↔	97.4%+	↑	89.9%+	↔	84.0%+	↔
Individual Item Measure											
Coordination of Care	82.2%	81.3%+	↔	90.2%+	↔	73.7%+	↔	84.5%+	↔	83.2%	↔

Colorado CHP+ Program Rates is added for reference.
↑ *Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.*
↓ *Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.*
↔ *Indicates the plan's score is not statistically significantly different than the Colorado CHP+ Program.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Supplemental Items

The Department elected to add five supplemental items to the standard CAHPS 5.0 Child Medicaid Health Plan Survey for the Colorado CHP+ health plans. Table 2-9 details the survey language and response options for each of the supplemental items. Table 2-10 through Table 2-15 show the results for each supplemental item. For all Colorado CHP+ health plans, the number and percentage of responses for each item are presented.[2-10]

Table 2-9—Supplemental Items

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

[2-10] Respondents who answered, "My child did not see a doctor or other health provider in the last 6 months" or "My child did not need care from his or her doctor or other health provider during evenings, weekends, or holidays in the last 6 months" were excluded from the analysis.

Talked About Child's Behavior

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

Table 2-10—Talked About Child's Behavior

Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**650**	**56.8%**	**494**	**43.2%**
Colorado Access	170	64.2%	95	35.8%
DHMP	106	48.0%	115	52.0%
FHP	45	48.9%	47	51.1%
Kaiser	132	55.5%	106	44.5%
RMHP	197	60.1%	131	39.9%
Please note: Percentages may not total 100% due to rounding.				

Talked About Household Problems That Might Affect Child

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

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

Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**347**	**31.0%**	**773**	**69.0%**
Colorado Access	86	33.0%	175	67.0%
DHMP	53	24.4%	164	75.6%
FHP	23	25.0%	69	75.0%
Kaiser	70	30.3%	161	69.7%
RMHP	115	36.1%	204	63.9%
Please note: Percentages may not total 100% due to rounding.				

Received Information About After-Hours Care

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

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

Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**439**	**39.3%**	**677**	**60.7%**
Colorado Access	103	40.1%	154	59.9%
DHMP	72	33.6%	142	66.4%
FHP	25	27.2%	67	72.8%
Kaiser	98	42.1%	135	57.9%
RMHP	141	44.1%	179	55.9%
Please note: Percentages may not total 100% due to rounding.				

Access to After-Hours Care

Parents/caretakers of child members were asked to assess how often they were able to get the care their child needed from their child's doctor or other health provider during evenings, weekends, or holidays (Question 41d). Table 2-13 displays the responses for this question.

Table 2-13—Access to After-Hours Care

Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**130**	**24.9%**	**73**	**14.0%**	**131**	**25.0%**	**189**	**36.1%**
Colorado Access	25	20.2%	13	10.5%	29	23.4%	57	46.0%
DHMP	43	41.7%	14	13.6%	21	20.4%	25	24.3%
FHP	5	11.9%	9	21.4%	15	35.7%	13	31.0%
Kaiser	30	25.6%	15	12.8%	28	23.9%	44	37.6%
RMHP	27	19.7%	22	16.1%	38	27.7%	50	36.5%
Please note: Percentages may not total 100% due to rounding.								

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked, not counting the times their child needed health care right away, how many days they usually had to wait between making an appointment and their child actually seeing a health provider (Question 41e). Table 2-14 and Table 2-15 display the responses for this question.

Table 2-14—Number of Days Waiting to See Health Provider

Plan Name	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days	
	N	%	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**266**	**25.3%**	**185**	**17.6%**	**239**	**22.7%**	**156**	**14.8%**	**102**	**9.7%**
Colorado Access	68	27.8%	43	17.6%	52	21.2%	25	10.2%	28	11.4%
DHMP	38	20.0%	16	8.4%	39	20.5%	38	20.0%	22	11.6%
FHP	21	24.1%	29	33.3%	15	17.2%	12	13.8%	3	3.4%
Kaiser	50	22.2%	39	17.3%	67	29.8%	39	17.3%	20	8.9%
RMHP	89	29.1%	58	19.0%	66	21.6%	42	13.7%	29	9.5%

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

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

Plan Name	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**64**	**6.1%**	**22**	**2.1%**	**7**	**0.7%**	**12**	**1.1%**
Colorado Access	16	6.5%	7	2.9%	3	1.2%	3	1.2%
DHMP	29	15.3%	3	1.6%	2	1.1%	3	1.6%
FHP	6	6.9%	1	1.1%	0	0.0%	0	0.0%
Kaiser	6	2.7%	2	0.9%	1	0.4%	1	0.4%
RMHP	7	2.3%	9	2.9%	1	0.3%	5	1.6%

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

Key Drivers of Low Member Experience Analysis

HSAG performed an analysis of key drivers of low member experience for the following three global ratings:

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*

Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program's or health plan's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's or health plan's median correlation for all items examined.[3-1] For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 5-9. Table 3-1 through Table 3-3 depict those survey items identified for each of the three measures as being key drivers of low member experience for the Colorado CHP+ Program and each CHP+ health plan (as indicated by a ✓).

Table 3-1—Key Drivers Analysis: Rating of Health Plan Summary Table

Key Drivers	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondents reported that when their child needed care right away, they did not receive care as soon as they needed it.					✓	
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.	✓		✓			✓
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.	✓	✓	✓	✓	✓	
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓			✓		✓

[3-1] A problem score is the score associated with a response in which the member identified a negative experience and was assigned a "1." A positive experience with care (i.e., non-negative) was assigned a "0."

Key Drivers	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓	✓		✓		✓
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.	✓	✓	✓	✓	✓	✓
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.			✓			✓
Respondents reported that forms from their child's health plan were often not easy to fill out.	✓	✓	✓	✓		✓

Table 3-2—Key Drivers Analysis: Rating of All Health Care Summary Table

Key Drivers	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondents reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed.			✓		✓	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.	✓	✓	✓	✓	✓	
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.				✓		
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.			✓	✓		✓
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	✓		✓		✓	
Respondents reported that their child's health plan's customer service did not always give them the information or help they needed.					✓	

Key Drivers	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondents reported that their child's health plan's customer service staff did not always treat them with courtesy and respect.						✓
Respondents reported that forms from their child's health plan were often not easy to fill out.				✓		

Table 3-3—Key Drivers Analysis: Rating of Personal Doctor Summary Table

Key Drivers	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Respondents reported that when their child needed care right away, they did not receive care as soon as they needed it.					✓	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan.			✓	✓	✓	
Respondents reported that their child's personal doctor did not always spend enough time with them.			✓			✓
Respondents reported that their child's personal doctor did not talk with them about how their child is feeling, growing, or behaving.				✓		
Respondents reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	✓		✓		✓	✓

4. Conclusions and Recommendations

HSAG drew conclusions and identified quality improvement (QI) recommendations based on the following analyses: NCQA comparisons, trend analysis, and key drivers of low member experience analysis. HSAG used the results from these analyses to determine areas of low and high performance to create conclusions and recommendations for the CHP+ health plans' consideration.

Conclusions

Overall, the majority of parents/caretakers of child members reported being satisfied with the timeliness of care and communication of doctors. Conversely, the majority of parents/caretakers of child members reported being dissatisfied with their child's health plan and health plan's customer service.

The NCQA comparisons revealed the following:

- The Colorado CHP+ Program scored at or above the 90th percentile on one measure, *How Well Doctors Communicate*.
- The Colorado CHP+ Program scored below the 25th percentile on the following two measures: *Rating of Health Plan* and *Customer Service*.

A comparison of the Colorado CHP+ Program's top-box scores to the 2019 NCQA national averages revealed the following:

- The Colorado CHP+ Program's 2020 scores were above the 2019 NCQA child Medicaid national averages for the following three measures:
  - *Rating of Personal Doctor*
  - *Getting Care Quickly*
  - *How Well Doctors Communicate*
- The Colorado CHP+ Program's 2020 scores were below the 2019 NCQA child Medicaid national averages for the following six measures:
  - *Rating of Health Plan*
  - *Rating of All Health Care*
  - *Rating of Specialist Seen Most Often*
  - *Getting Needed Care*
  - *Customer Service*
  - *Coordination of Care*

The trend analysis revealed the following:

- The Colorado CHP+ Program's 2020 score was statistically significantly higher than the 2019 score for the *How Well Doctors Communicate* composite measure.

HSAG identified the following "key driver" items for the three global ratings, which may indicate specific areas for improvement in access to care, coordination of care, timeliness of care, and customer service:

- *Rating of Health Plan* and *Rating of All Health Care*: Parents/caretakers reported that it was not always easy to get the care, tests, or treatment they thought their child needed through their health plan. Also, parents/caretakers reported that appointments with specialists were not easily obtained for their child.
- *Rating of Health Plan* and *Rating of Personal Doctor*: Parents/caretakers reported that their child's personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
- *Rating of Health Plan*: Parents/caretakers reported that when their child did not need care right away, they did not obtain an appointment for health care as soon as they thought they needed. Also, parents/caretakers reported that their child's health plan's customer service did not always give them the information or help they needed and forms from their child's health plan were often not easy to fill out.

General Recommendations

The Department could benefit from continuing to:

- Use administrative data in identifying the Spanish-speaking population when conducting surveys. There were 423 completed surveys in Spanish for the FY 2019-2020 survey administration, which accounted for approximately 27 percent of the total number of responses.

In addition, the Department could benefit from beginning to:

- Use benchmarking and trend analysis on standardized performance measures from any CAHPS or other surveys to:
  - Set clear goals for health plans and assist the health plans in designing related QI activities.
  - Use the longitudinal trends to assist with barrier analysis and goal setting.
- Encourage health plans with statistically significantly higher ratings to share "best practices" among the other health plans.

Accountability and Improvement of Care

Although the administration of the CAHPS survey takes place at the health plan level, the accountability for the performance lies at both the plan and provider network level. Table 4-1 provides a summary of the responsible parties for various aspects of care.[4-1]

Table 4-1—Accountability for Areas of Care

Domain	Composite Measures	Individual Item Measure	Who is Accountable?	
			Health Plan	Provider Network
Access	*Getting Needed Care*		✓	✓
	Getting Care Quickly			✓
Interpersonal Care	*How Well Doctors Communicate*	*Coordination of Care*		✓
Plan Administrative Services	*Customer Service*		✓	✓
Personal Doctor				✓
Specialist				✓
All Health Care			✓	✓
Health Plan			✓	

Although performance on some of the measures may be driven by the actions of the provider network, the health plan can still play a major role in influencing the performance of provider groups through intervention and incentive programs. Those measures that exhibited low performance suggest that additional analysis may be required to identify what is truly causing low performance in these areas. Methods that could be used include:

- Drawing on the analysis of population sub-groups (e.g., health status, race, age) to determine if there are member groups that tend to have lower levels of member experience (see Tab and Banner Book).
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff, and other survey data.
- Conducting focus groups and interviews to determine what specific issues are causing low member experience ratings.

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

4-1 Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience.* Department of Health Care Policy Harvard Medical School, October 2003. Available at: http://www.improvingchroniccare.org/downloads/advanced_topics_cahps_improvement_guide.pdf. Accessed on: July 30, 2020.

5. Reader's Guide

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

Survey Administration

Survey Overview

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

5-1 National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.

5-2 National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

5-3 National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

5-4 National Committee for Quality Assurance. *HEDIS® 2009, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.

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

5-6 National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

The sampling and data collection procedures for the CAHPS 5.0 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting health plan data.

The CAHPS 5.0 Child Medicaid Health Plan Survey includes 41 core questions that yield nine measures. These measures include four global rating questions, four composite measures, and one individual item measure. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "*Getting Needed Care*" or "*Getting Care Quickly*"). The individual item measure is an individual question that looks at coordination of care.

Table 5-1 lists the measures included in the survey.

Table 5-1—CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measure
Rating of Health Plan	*Getting Needed Care*	*Coordination of Care*
Rating of All Health Care	*Getting Care Quickly*	
Rating of Personal Doctor	*How Well Doctors Communicate*	
Rating of Specialist Seen Most Often	*Customer Service*	

Table 5-2 presents the survey language and response options for the global ratings, composite measures, and individual item measure.

Table 5-2—Question Language and Response Options

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
31. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale
Rating of All Health Care	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor	
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often	

Question Language	Response Options
25. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
Getting Needed Care	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
23. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Never, Sometimes, Usually, Always
Getting Care Quickly	
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate	
12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
Customer Service	
27. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always

Sampling Procedures

Sampled members included those who met the following criteria:

- Were age 17 or younger as of December 31, 2019.
- Were currently enrolled in Colorado Access, DHMP, FHP, Kaiser, or RMHP.
- Had been continuously enrolled for at least five of the last six months of 2019.
- Had Medicaid as a payer.

Additionally, NCQA specifications require a sample size of 1,650 members per health plan for the CAHPS 5.0 Child Medicaid Health Plan Survey. A sample of 1,650 child members was selected from Colorado Access, DHMP, Kaiser, and RMHP. Since FHP did not meet the minimum sample size criteria, 799 child members were selected from the eligible population. The selected survey samples were random samples with no more than one member being selected per household.

Survey Protocol

Table 5-3 shows the timeline used in the survey administration.[5-7]

Table 5-3—Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent/caretaker of child member.	0 days
Website made available for parents/caretakers of child members to complete the survey via the Internet.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	42 days
Send a third questionnaire (and letter) to non-respondents 27 days after mailing the second questionnaire.	62 days
Survey field closes 24 days after mailing the third questionnaire.	86 days

A cover letter was mailed to the parents/caretakers of 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 survey. Members that

[5-7] The telephone phase of the survey field was not implemented as scheduled due to guidelines outlined by President Trump's declaration of a national emergency in response to the coronavirus disease 2019 (COVID-19) outbreak in the United States in March 2020.

were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the first and second cover letters 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 followed by a second reminder postcard, and a third survey mailing that was sent to all non-respondents. The name of the health plan appeared in the questionnaires and cover letters; the letters included the signature of a high-ranking state official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys.

HSAG inspected the file records to check for any apparent problems, such as missing address elements. The entire sample of records from each population was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address).

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess member experience with the CHP+ health plans. This section provides an overview of each analysis.

Response Rates

The administration of the survey is comprehensive and is designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.[5-8] A member's survey was assigned a disposition code of "completed" if at least three of the following five questions were answered: 3, 10, 22, 26, and 31. Eligible members include the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 5-4), or had a language barrier.

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

Child and Respondent Demographics

The demographic analysis evaluated child and self-reported demographic information from survey respondents. In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of older and healthier child members tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have

[5-8] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

significantly different demographic properties.[5-9] Table 5-4 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 5-4—Child and Respondent Demographic Items Analyzed

Demographic Category	Survey Question Number
Table 2-2—Child Demographics	
Age	34
Gender	35
Race	37
Ethnicity	36
General Health Status	32
Table 2-3—Respondent Demographics	
Respondent Age	38
Respondent Gender	39
Respondent Education Level	40
Relationship to Child	41

Top-Box Scores

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[5-10] For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings;
- "Usually" or "Always" for the composite measures and individual item measure.

For the global rating and individual items, top-box scores were defined as the proportion 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).

5-9 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.

5-10 National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2019.

NCQA Comparisons

HSAG compared the resulting top-box scores to NCQA's 2019 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).[5-11] NCQA requires a minimum of at least 100 responses on each item in order to report CAHPS survey result. However, for purposes of this report, the health plans' results are reported for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Table 5-5 shows the percentiles that were used to determine star ratings.

Table 5-5—Star Rating Percentiles

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

Trend Analysis

In order to evaluate trends in Colorado CHP+ member experience, HSAG performed a stepwise three-year trend analysis. First, HSAG compared the 2020 top-box scores to the 2019 top-box scores. If the initial 2020 and 2019 trend analysis did not yield any significant differences, then HSAG performed an additional trend analysis between the 2020 and 2018 scores.

A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2020 than in 2018 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2018 are noted with red downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 or in 2018 are not noted with triangles.

[5-11] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019.* Washington, DC: NCQA, September 2019.

For purposes of this report, health plans' results are reported for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Weighting

For purposes of the trend analysis, HSAG calculated a weighted score for the Colorado CHP+ Program. The 2018, 2019, and 2020 scores for Colorado CHP+ were weighted based on each health plan's total eligible CHP+ population for the corresponding year.

The weighted score was:

$$\mu = \sum_p w_p \mu_p$$

Where w_p is the weight for health plan p and μ_p is the score for health plan p.

Plan Comparisons

HSAG performed plan comparisons to identify member experience differences that were statistically significantly different than the Colorado CHP+ Program. Given that differences in case-mix can result in differences in ratings between health plans that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. Case-mix refers to child member and respondent characteristics that are used to adjust the results for comparability among health plans. Results for the Colorado CHP+ health plans were case-mix adjusted for child member general health status, respondent education level, and respondent age.

HSAG applied two types of hypothesis tests to the comparative results. First, HSAG calculated a global *F* test, which determined whether the difference between the health plans' scores was significant. The *F* statistic was determined using the formula below:

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

The *F* statistic, as calculated above, 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 between health plans was less likely. An alpha level of 0.05 was used. If the *F* test demonstrated health plan-level differences (i.e., $p < 0.05$), then HSAG performed a *t* test for each health plan.

The *t* test determined whether each health plan's score was significantly different from the overall results of the other Colorado CHP+ health plans. 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, Σ^* was the sum of all health plans except health plan *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 between a health plan *p* and the combined results of all Colorado CHP+ health plans was less likely.

For the plan comparisons, no threshold number of responses was required for the results to be reported. Measures with less than 100 responses are denoted with a cross (+). Caution should be used when evaluating rates derived from fewer than 100 respondents.

Key Drivers of Low Member Experience

In order to determine factors that are contributing to parents'/caretakers' of child members low ratings of member experience, HSAG performed a key drivers of low member experience analysis for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of low member experience analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis provides information on:

- How ***well*** the health plan/program is performing on the survey item.
- How ***important*** that item is to overall member experience.

Table 5-6 depicts the survey items that were analyzed in the key drivers of low member experience analysis (as indicated by a ✓).

Table 5-6—Correlation Matrix

Question	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Child got care as soon as needed	✓	✓	✓
Q6. Got an appointment at a doctor's office or clinic as soon as child needed	✓	✓	✓
Q9. Got care, tests, or treatment child needed	✓	✓	✓
Q12. Child's personal doctor explained things understandably	✓	✓	✓
Q13. Child's personal doctor listened carefully	✓	✓	✓
Q14. Child's personal doctor showed respect for what you had to say	✓	✓	✓
Q16. Child's personal doctor explained things in an understandable way to child	✓	✓	✓
Q17. Child's personal doctor spent enough time with child	✓	✓	✓
Q18. Child's personal doctor talked about how child is feeling, growing, or behaving	✓	✓	✓
Q20. Child's personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓
Q23. Got appointment for child to see a specialist as soon as needed	✓	✓	
Q27. Got information or help needed by customer service	✓	✓	
Q28. Treated with courtesy and respect by customer service staff	✓	✓	
Q30. Ease of filling out forms	✓	✓	

HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) have a high problem score (i.e., poor performance) and are strongly correlated with one or more of these measures. These individual CAHPS items, which HSAG refers to as "key drivers," have the greatest potential to affect change in the parents'/caretakers' of child members overall experience with the global ratings, and therefore are areas of focus for possible QI efforts.

HSAG measured each survey item's performance by calculating a problem score. A problem score is the score associated with a response in which the parent/caretaker of the child member identified a negative experience and was assigned a "1." A positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 5-7 depicts the problem score assignments for the different response categories.

Table 5-7—Problem Score Assignment

Response Category	Classification	Code
Never/Sometimes/Usually/Always Format		
Never	Problem	1
Sometimes	Problem	1
Usually	Not a Problem	0
Always	Not a Problem	0
No Answer	Not classified	Missing
No/Yes Format		
No	Problem	1
Yes	Not a Problem	0
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item's problem score and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their overall problem score and their correlation to each measure. The correlation can range from -1 to 1, with negative values indicating a negative relationship between the parent/caretaker of child member's overall experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and the parent's/caretaker's experience. As r increases, the importance of the question to the respondent's overall member experience increases.

The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions. Key drivers of low member experience are defined as those items that:

- Have a problem score that is greater than or equal to the median problem score for all items examined.
- Have a correlation that is greater than or equal to the median correlation for all items examined.

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

A total of 17 states submitted 2019 data to the CAHPS Health Plan Survey Database for the CHIP population with a combined total of 18,090 respondents; furthermore, 1,961 of these respondents were from Colorado.[5-12] The CAHPS Health Plan Survey Database does not produce benchmarks for the *Coordination of Care* individual item measure; therefore, CAHPS Database benchmarks are not presented for this measure. Additionally, 2020 CAHPS Database benchmarks were not available at the time this report was prepared. Caution should be exercised when comparing the 2019 CAHPS Database benchmarks to the 2020 Colorado CHP+ Survey results.

Case-Mix Adjustment

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

Causal Inferences

Although this report examines whether members report differences with various aspects of their health care experiences, these differences may not be completely attributable to the CHP+ health plans. The survey by itself does not necessarily reveal the exact cause of these differences.

COVID-19 Impact

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus disease 2019 (COVID-19) outbreak in the United States, the telephone phase of the survey field was replaced with a third questionnaire and cover letter being mailed to non-respondents. Members' perceptions of and experiences with the health care system may have been impacted due to the COVID-19 pandemic. Therefore, caution should be exercised when evaluating the results as the number of completed surveys and experience of members may have been impacted.

[5-12] Agency for Healthcare Research and Quality. 2019 CAHPS Health Plan Survey Database: 2019 Chartbook: What Consumers Say About Their Experiences With Their Health Plans and Medical Care. Available at: https://cahpsdatabase.ahrq.gov/files/2019CAHPSHealthPlanChartbook.pdf. Accessed on: July 30, 2020.

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

6. Survey Instrument

The survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set without the CCC measurement set. This section provides a copy of the survey instrument.

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

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

If you want to know more about this study, please call 1-877-455-3391.

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 ⬇

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

1. **Our records show that your child is now in Child Health Plan *Plus* - [HEALTH PLAN NAME]. Is that right?**

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

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

6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

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

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

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

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

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

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

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

YOUR CHILD'S PERSONAL DOCTOR

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

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

11. In the last 6 months, how many times did your child visit his or her personal doctor for care?

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

12. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

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

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

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

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

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

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

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

16. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?

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

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

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

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

- ○ Yes
- ○ No

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

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

20. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

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

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

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

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

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

In the last 6 months, did you make any appointments for your child to see a specialist?

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

23. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

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

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

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

25. We want to know your rating of the specialist your child 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	1	2	3	4	5	6	7	8	9	10

Worst Specialist Possible — Best Specialist Possible

YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

ABOUT YOUR CHILD AND YOU

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

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

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

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

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

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

35. Is your child male or female?

- ○ Male
- ○ Female

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

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

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

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

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

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

39. Are you male or female?

- ○ Male
- ○ Female

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

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

41. How are you related to the child?

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

ADDITIONAL QUESTIONS

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

41d. In the last 6 months, how often were you able to get the care your child needed from his or her doctor or other health provider during evenings, weekends, or holidays?

- ○ Never
- ○ Sometimes
- ○ Usually
- ○ Always
- ○ My child did not need care during evenings, weekends, or holidays in the last 6 months

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

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

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

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

DataStat, 3975 Research Park Drive
Ann Arbor, MI 48108