CHP+

Child Health Plan *Plus*

2022 Colorado Child Health Plan *Plus* Member Experience Report

August 2022

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 the overall experiences of parents/caretakers of child members.

The standardized survey instrument selected was the CAHPS 5.1 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 February to May 2022.

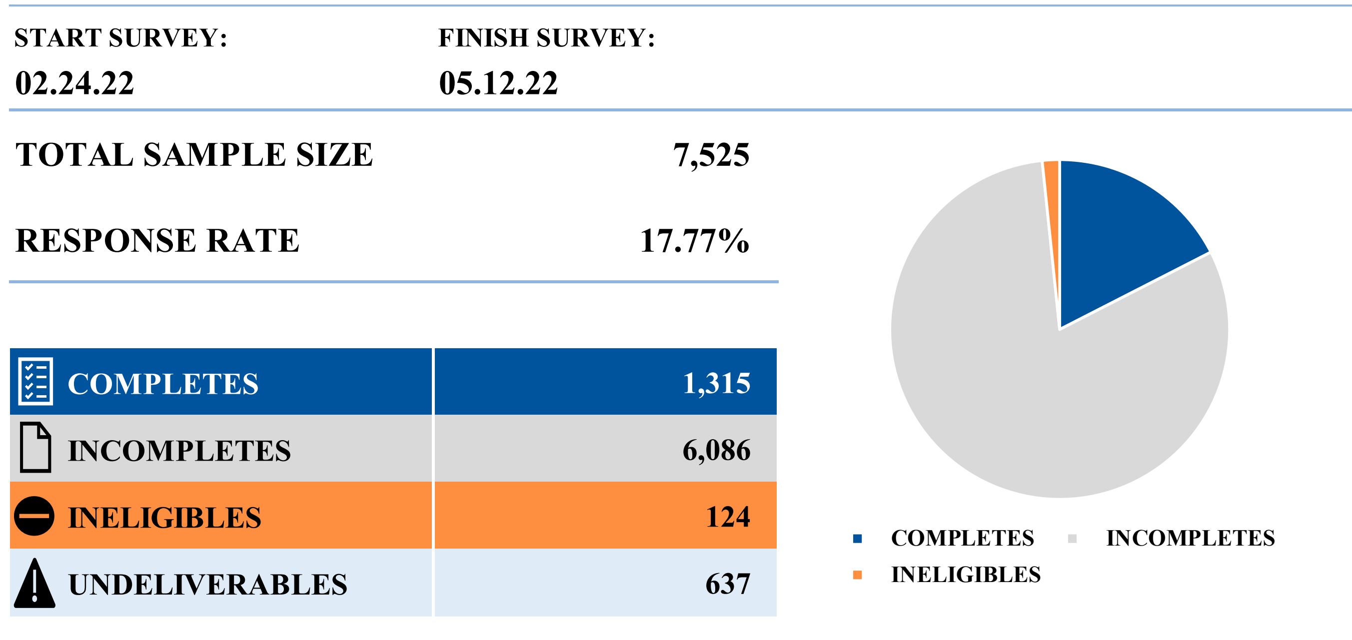
[1-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

[1-2] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Survey Administration Overview

The information presented in Figure 1-1 is a summary of the survey dispositions for the Colorado CHP+ Program.[1-3]

Figure 1-1—Survey Administration Overview



DETAILS

	Mail 1	Mail 2	Phone	Internet
Completes	378	244	424	269

	Not Eligible	Language Barrier
Ineligibles	98	26

[1-3] The Colorado CHP+ Program results presented in this report are derived from the combined results of the five participating CHP+ health plans.

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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

NCQA Comparisons and Trend Analysis

HSAG compared scores for each measure to NCQA's 2021 Quality Compass® Benchmark and Compare Quality Data.[1-4,1-5] 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.[1-6] The detailed results of this comparative analysis are described in the Results section beginning on page 2-12.

In addition, HSAG performed a stepwise trend analysis. First, HSAG compared the 2022 results to the 2021 results. If the initial 2022 and 2021 trend analysis did not yield any statistically significant differences, then HSAG performed an additional trend analysis between the 2022 and 2020 results. The detailed results of the trend analysis are described in the Results section beginning on page 2-14. Table 1-1 presents the highlights from the NCQA Comparisons and Trend Analysis for the Colorado CHP+ Program.

[1-4] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

[1-5] The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2021 data and is used with the permission of NCQA. Quality Compass® 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

[1-6] NCQA's benchmarks for the general child Medicaid population were used to derive the overall member experience ratings, since NCQA does not publish separate benchmarking data for the Children's Health Insurance Program (CHIP); therefore, caution should be exercised when interpreting these results.

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Table 1-1—NCQA Comparisons and Trend Analysis Highlights: Colorado CHP+ Program

Measure	NCQA Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★ 67.5%	—
Rating of All Health Care	★ 65.7%	▼
Rating of Personal Doctor	★ 75.3%	—
Rating of Specialist Seen Most Often	★ 65.5%	—
Composite Measures		
Getting Needed Care	★★ 82.9%	—
Getting Care Quickly	★★ 84.5%	▼ (red)
How Well Doctors Communicate	★★★★ 96.8%	▲
Customer Service	★★★★ 90.4%	▲ (red)
Individual Item Measure		
Coordination of Care	★ 82.4%	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
▲ *Indicates the 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
▲ (red) *Indicates the 2022 score is statistically significantly higher than the 2020 score.*
▼ (red) *Indicates the 2022 score is statistically significantly lower than the 2020 score.*
— *Indicates the 2022 score is not statistically significantly different than the 2021 or the 2020 scores.*

Plan Comparisons

In order to identify performance differences in parents/caretakers of child 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 2-14. 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
	↓+ *Getting Needed Care*			↑ *Getting Needed Care*
	↓+ *Getting Care Quickly*	↑+ *Getting Care Quickly*		↑ *Getting Care Quickly*
↑ *How Well Doctors Communicate*		↓+ *How Well Doctors Communicate*	↑ *How Well Doctors Communicate*	

↑ *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 fewer than 100 responses. Caution should be exercised when evaluating these results.*

Key Drivers of Low Member Experience Analysis

In order to determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis. 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*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as "key drivers" since these items are driving respondents' levels of experience with each of the three measures. The detailed results are described in the Key Drivers of Low Member Experience Analysis section beginning on page 3-1. Table 1-3 provides a summary of the survey items identified for each of the three measures as being key drivers of low member experience (indicated by a ✓) for the Colorado CHP+ Program.

[1-7] CAHPS results are known to vary due to differences in respondent age, respondent education level, member health status, and member mental 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—Key Drivers of Low Member Experience Highlights: Colorado CHP+ Program

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q9. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	✓	✓	NS
	Usually vs. Always	✓	✓	NS
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	Usually vs. Always	NS	NS	✓
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	✓	✓
	Usually vs. Always	NS	✓	✓
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	✓	NS	✓
Q17. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	✓	NS
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	✓
	Usually vs. Always	NS	✓	NS
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	✓	NS	NA
Q30. Ease of filling out forms from the child's health plan	Never + Sometimes vs. Always	✓	NS	NA
	Usually vs. Always	✓	NS	NA

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

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 5.1 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 2021. Child members eligible for sampling included those who were 17 years of age or younger as of December 31, 2021.

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 925. Oversampling was not performed for any of the CHP+ health plans.

The survey process employed allowed parents/caretakers of child members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) phone. The first phase, or mail phase, consisted of an English or Spanish cover letter being mailed to the parents/caretakers of sampled child members that included the option to complete the paper-based survey or the web-based survey through the survey website with a designated login. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for parents/caretakers of sampled members who had not mailed in a completed survey. A series of up to 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. 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 5-6.

[2-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2021.

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

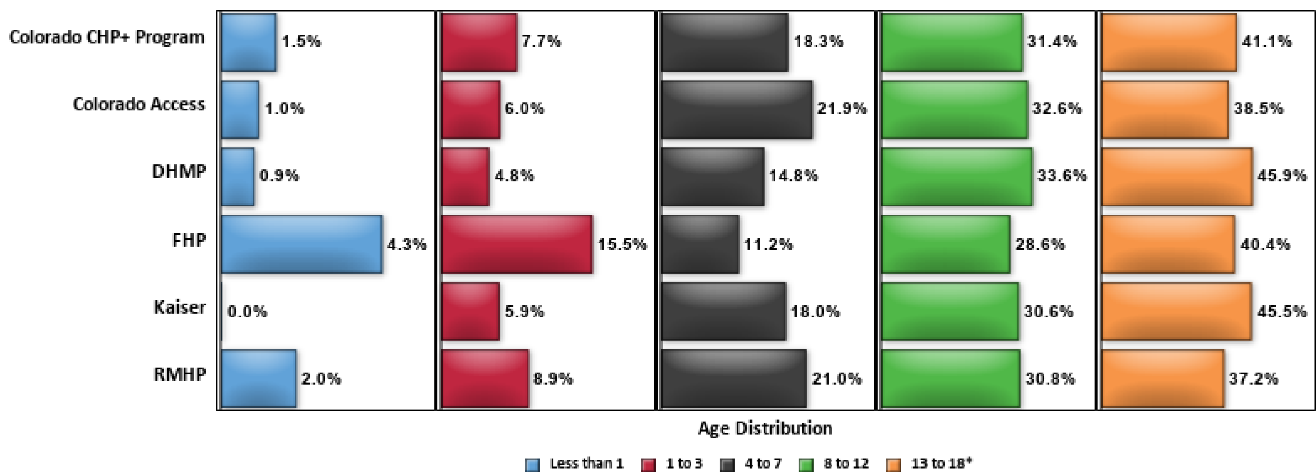
Table 2-1—Sample Distribution and Response Rate

Program/Plan Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado CHP+ Program	**7,525**	**124**	**7,401**	**1,315**	**17.77%**
Colorado Access	1,650	25	1,625	305	18.77%
DHMP	1,650	36	1,614	236	14.62%
FHP	925	16	909	162	17.82%
Kaiser	1,650	34	1,616	259	16.03%
RMHP	1,650	13	1,637	353	21.56%

Child and Respondent Demographics

Figure 2-1 through Figure 2-6 present the demographic characteristics of children for whom a parent/caretaker completed a survey.

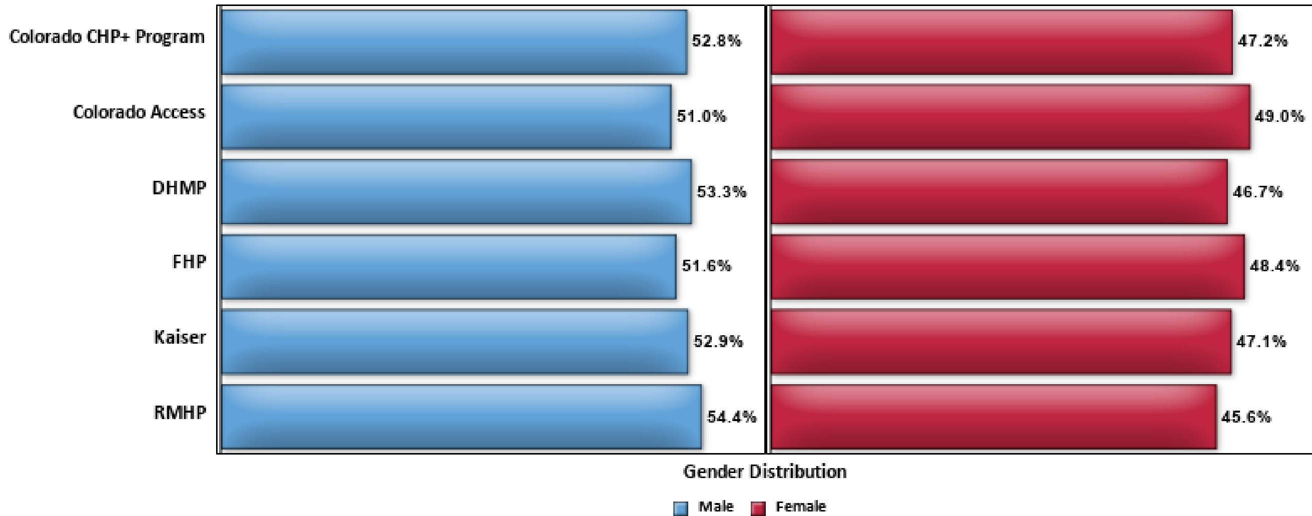
Figure 2-1—Child Demographics: Age



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

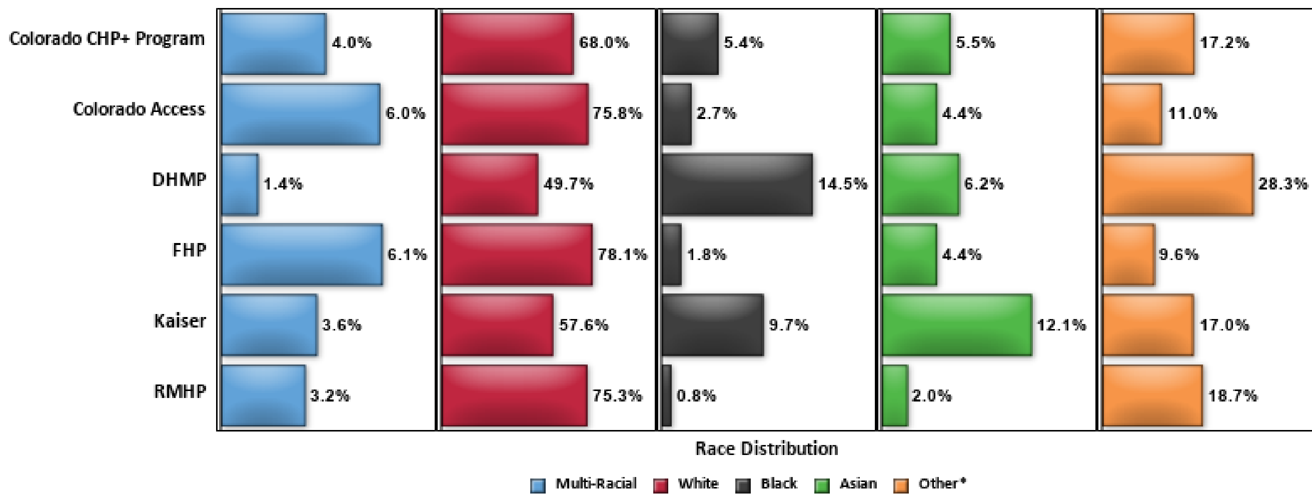
**Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2021. Some children eligible for the CAHPS Survey turned 18 between January 1, 2022 and the time of survey administration.*

Figure 2-2—Child Demographics: Gender



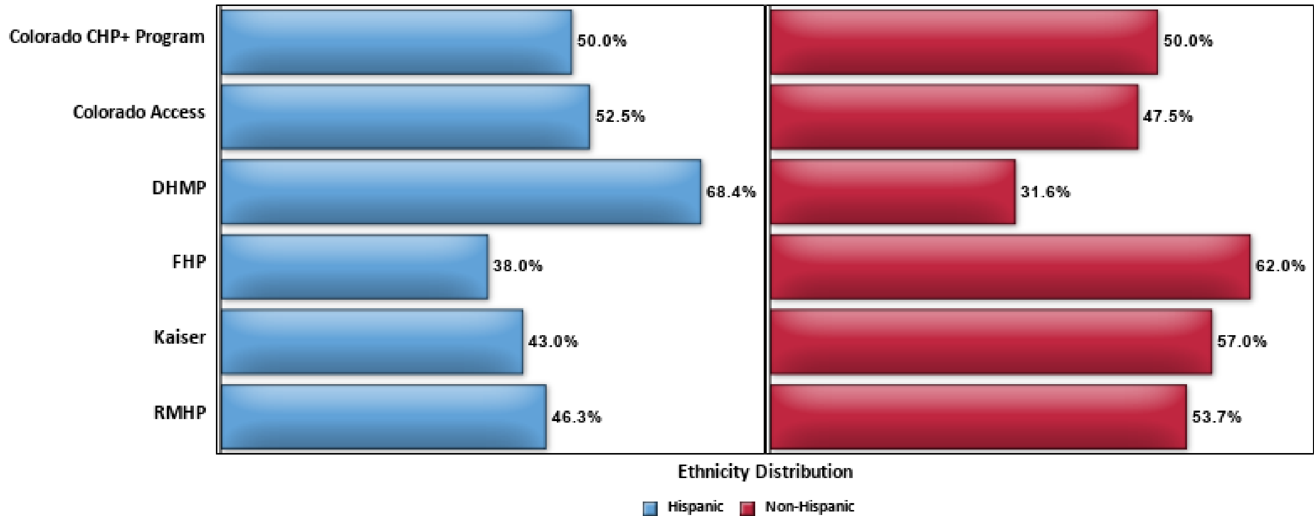
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-3—Child Demographics: Race



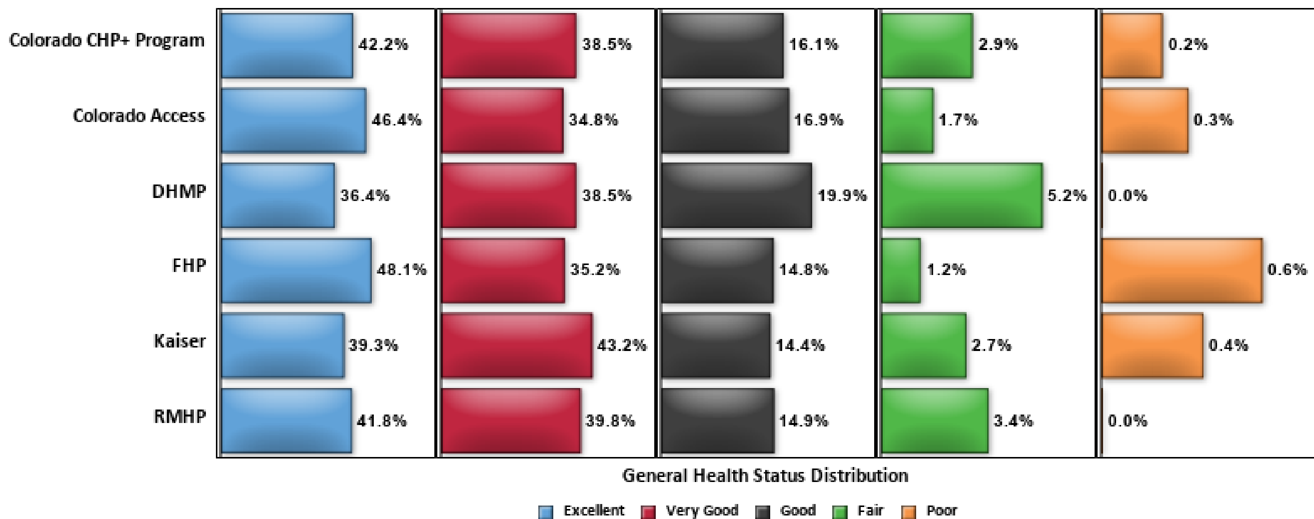
Please note, some percentages may not total 100 percent due to rounding.
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 2-4—Child Demographics: Ethnicity



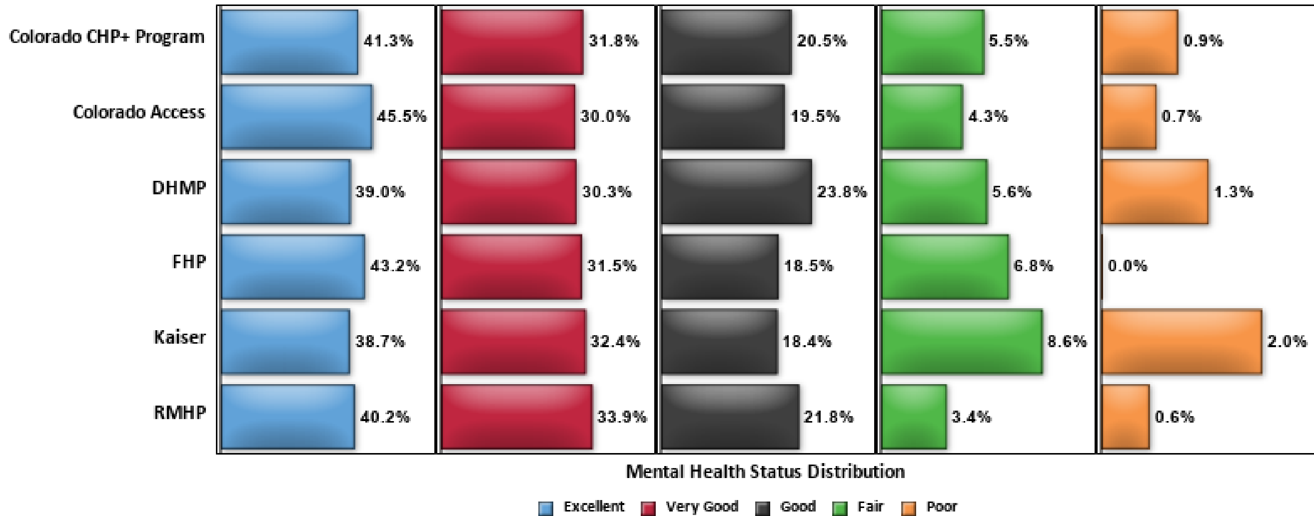
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-5—Child Demographics: General Health Status



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

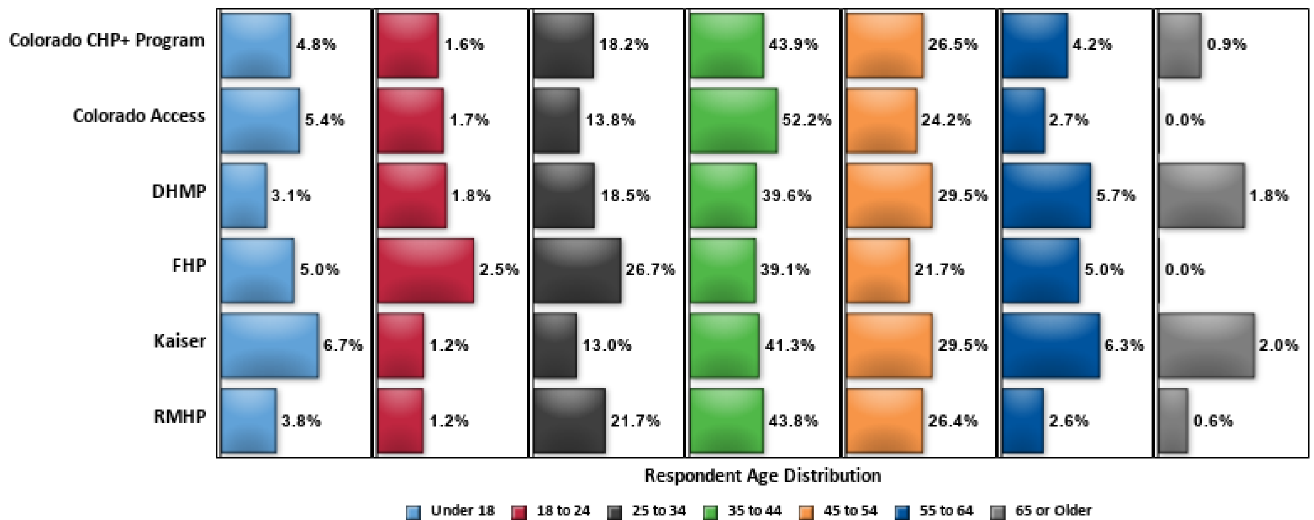
Figure 2-6—Child Demographics: Mental Health Status



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

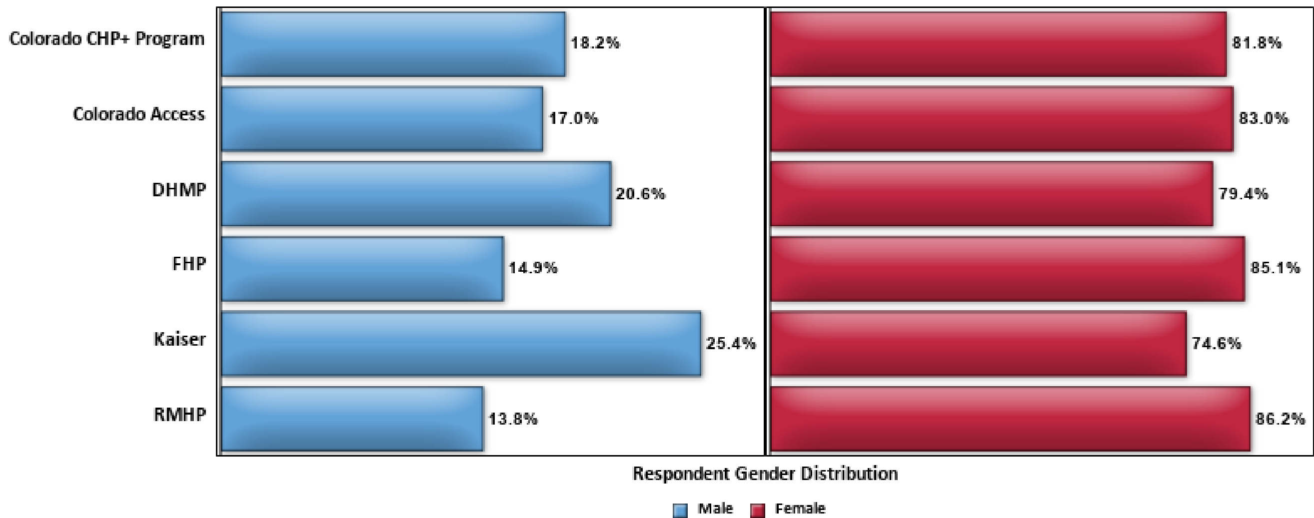
Figure 2-7 through Figure 2-10 present the demographic characteristics of parents/caretakers of child members who completed a survey.

Figure 2-7—Respondent Demographics: Age



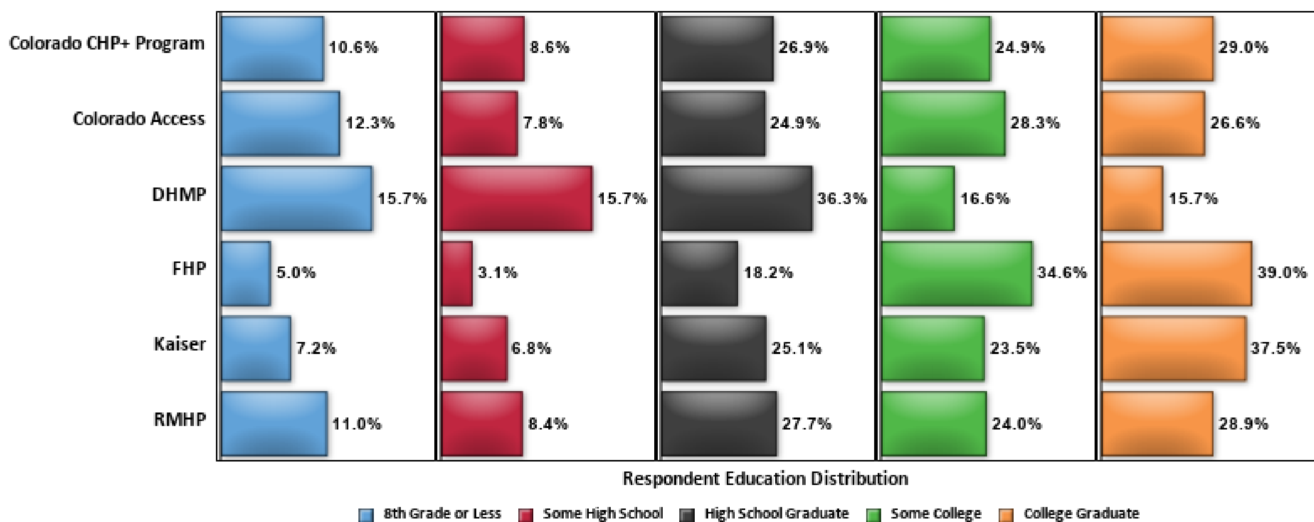
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-8—Respondent Demographics: Gender



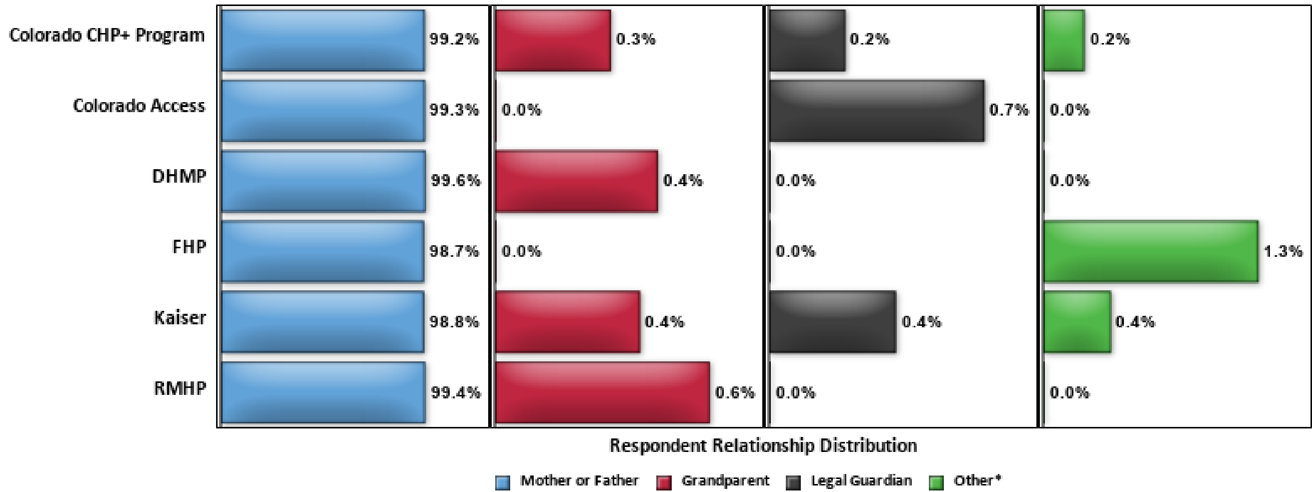
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-9—Respondent Demographics: Education Level



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

Figure 2-10—Respondent Demographics: Relationship to Child



Please note, some percentages may not total 100 percent due to rounding.
**The "Other" Relationship to Child category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.*

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 2-2 through Table 2-5 present the results of the respondent analysis. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 2-2—Respondent Analysis: Age

Program/Plan Name		Less than 1	1 to 3	4 to 7	8 to 12	13 to 17
Colorado CHP+ Program	**R**	**1.9%**	**8.5%↓**	**18.7%↓**	**31.7%**	**39.2%↑**
	SF	**1.8%**	**10.1%**	**23.5%**	**31.6%**	**33.0%**
Colorado Access	R	1.3%	6.9%↓	22.0%	31.5%	38.4%↑
	SF	1.8%	10.2%	23.7%	31.8%	32.4%
DHMP	R	1.7%	5.5%↓	15.3%↓	31.4%	46.2%↑
	SF	1.4%	8.5%	22.6%	30.4%	37.0%
FHP	R	6.8%	13.6%	12.3%↓	28.4%	38.9%
	SF	3.8%	12.5%	20.5%	30.9%	32.3%
Kaiser	R	0.0%	6.2%	18.5%	34.0%	41.3%
	SF	1.3%	8.7%	22.5%	31.2%	36.3%
RMHP	R	1.7%	11.3%	21.2%	32.0%	33.7%
	SF	1.4%	10.6%	23.9%	31.7%	32.4%

An "R" indicates respondent percentage and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically 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: Gender

Program/Plan Name		Male	Female
Colorado CHP+ Program	**R**	**53.3%**	**46.7%**
	SF	**50.8%**	**49.2%**
Colorado Access	R	50.8%	49.2%
	SF	51.0%	49.0%
DHMP	R	54.7%	45.3%
	SF	50.7%	49.3%
FHP	R	53.7%	46.3%
	SF	50.7%	49.3%
Kaiser	R	52.9%	47.1%
	SF	49.9%	50.1%
RMHP	R	54.7%	45.3%
	SF	50.8%	49.2%

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

Table 2-4—Respondent Analysis: Race

Program/Plan Name		White	Black	Asian	Other	Multi-Racial
Colorado CHP+ Program	**R**	**35.1%**	**2.9%**	**1.8%**	**43.4%↑**	**16.7%↓**
	SF	**32.6%**	**3.0%**	**1.9%**	**25.5%**	**37.0%**
Colorado Access	R	26.2%	2.3%	2.0%	24.6%	44.9%
	SF	29.0%	3.0%	2.0%	21.5%	44.4%
DHMP	R	6.4%↓	6.4%	3.4%	83.9%	NA
	SF	11.1%	6.0%	3.3%	79.7%	NA
FHP	R	53.1%	0.6%	NA	46.3%	NA
	SF	48.1%	1.0%	NA	50.9%	NA
Kaiser	R	NA	NA	NA	NA	NA
	SF	NA	NA	NA	NA	NA
RMHP	R	91.5%	0.9%	0.9%	6.8%	NA
	SF	92.1%	0.4%	1.2%	6.3%	NA

An "R" indicates respondent percentage and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically 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.
NA indicates that data for the variable was missing from the sample frame; therefore, results are not available.

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Table 2-5—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
Colorado CHP+ Program	**R**	**28.5%↑**	**71.5%↓**
	SF	**13.4%**	**86.6%**
Colorado Access	R	15.7%↑	84.3%↓
	SF	10.7%	89.3%
DHMP	R	53.4%↑	46.6%↓
	SF	38.8%	61.2%
FHP	R	11.1%	88.9%
	SF	8.3%	91.7%
Kaiser	R	NA	NA
	SF	NA	NA
RMHP	R	33.1%↑	66.9%↓
	SF	23.0%	77.0%

An "R" indicates respondent percentage and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically 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.
NA indicates that data for the variable was missing from the sample frame; therefore, results are not available.

NCQA Comparisons

In order to assess the overall performance of the CHP+ health plans, HSAG compared the scores for each measure to NCQA's 2021 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 2-6.[2-4] For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 5-8.

Table 2-6—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 2021*. Washington, DC: NCQA, September 2021.

[2-3] Quality Compass® data were not available for 2022 at the time this report was prepared; therefore, 2021 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, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

Table 2-7 shows the health plans' scores and overall member experience ratings for each measure.

Table 2-7—NCQA Comparisons: Overall Member Experience Ratings

	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Global Ratings						
Rating of Health Plan	★ 67.5%	★★ 68.5%	★ 65.8%	★ 59.6%	★ 60.6%	★★ 70.7%
Rating of All Health Care	★ 65.7%	★ 65.7%	★ 66.1%	★ 54.1%+	★ 68.3%	★ 66.5%
Rating of Personal Doctor	★ 75.3%	★ 75.4%	★★★ 78.4%	★ 64.7%	★★ 78.0%	★ 73.4%
Rating of Specialist Seen Most Often	★ 65.5%	★ 62.0%+	★ 66.7%+	★★★ 75.0%+	★ 69.4%+	★★★★ 76.9%+
Composite Measures						
Getting Needed Care	★★ 82.9%	★★ 83.3%	★ 68.2%+	★★ 85.4%+	★ 79.7%+	★★★ 88.7%
Getting Care Quickly	★★ 84.5%	★ 83.6%	★ 77.2%+	★★★★ 90.4%+	★ 80.4%+	★★★★★ 93.4%
How Well Doctors Communicate	★★★★ 96.8%	★★★★★ 97.4%	★★ 93.8%+	★ 91.3%+	★★★★★ 97.8%	★★★ 95.5%
Customer Service	★★★★ 90.4%	★★★★★ 92.5%+	★ 82.4%+	★ 79.2%+	★ 85.2%+	★★★ 89.8%+
Individual Item Measure						
Coordination of Care	★ 82.4%	★ 82.5%+	★★ 86.4%+	★ 68.8%+	★★★ 88.0%+	★ 78.9%+
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.						

Trend Analysis and Plan Comparisons

For purposes of the trend analysis and plan comparisons, 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 5-3. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 5-7.

Trend Analysis

Table 2-8 shows the number of completed surveys in 2020, 2021, and 2022.

Table 2-8—Completed Surveys in 2020, 2021, and 2022

Plan Name	2020	2021	2022
Colorado Access	342	424	305
DHMP	307	442	236
FHP	139	143	162
Kaiser	342	360	259
RMHP	412	466	353
Total Respondents	**1,542**	**1,835**	**1,315**

HSAG used the completed surveys and corresponding health plans' 2020, 2021, and 2022 results presented in this section for trending purposes. Additionally, the Colorado CHP+ Program's 2020, 2021, and 2022 results were weighted based on the total eligible population of each health plan's CHP+ population. NCQA national averages for the child Medicaid population and CAHPS Database benchmarks for the Children's Health Insurance Program (CHIP) are presented for comparative purposes.[2-5,2-6,2-7,2-8,2-9] For additional details, please refer to NCQA's *HEDIS Measurement Year 2021, Volume 3*. Additional information is included in the Reader's Guide beginning on page 5-8.

[2-5] The source for the benchmark and compare quality data used for this comparative analysis is the Quality Compass 2021 data and is used with the permission of 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; therefore, caution should be exercised when comparing these results.

[2-6] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

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

[2-8] Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: July 8, 2022.

[2-9] CAHPS Database benchmarks and NCQA national averages were not available for 2022 at the time this report was prepared; therefore, 2021 benchmarks and national data are presented in this section.

In order to evaluate trends in CHP+ member experience, HSAG performed a stepwise, three-year trend analysis. Statistically significant differences are noted with directional triangles.

Plan Comparisons

In order to identify performance differences in parents/caretakers of child members' experiences, HSAG compared the plans' results to the Colorado CHP+ Program using standard tests for statistical significance.[2-10] For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. 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. Additional information is included in the Reader's Guide beginning on page 5-9.

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 with fewer than 100 respondents. CAHPS scores with less than 100 respondents are denoted with a cross (+).

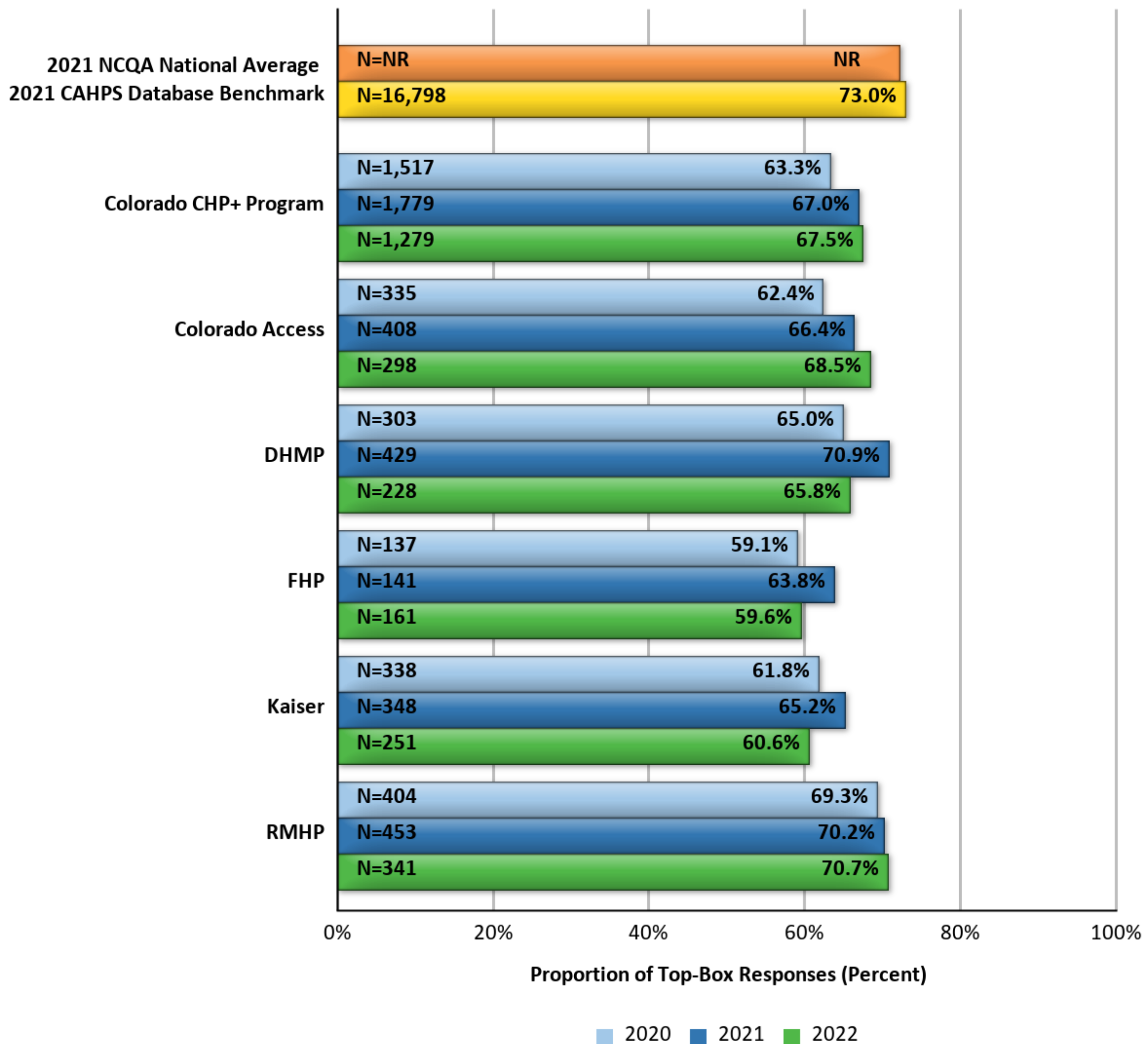
[2-10] Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

Global Ratings

Rating of Health Plan

Figure 2-11 shows the *Rating of Health Plan* global rating trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-11—Trend Analysis: Rating of Health Plan (9 or 10)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-12 shows the *Rating of Health Plan* global rating plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-12—Plan Comparisons: Rating of Health Plan (9 or 10)

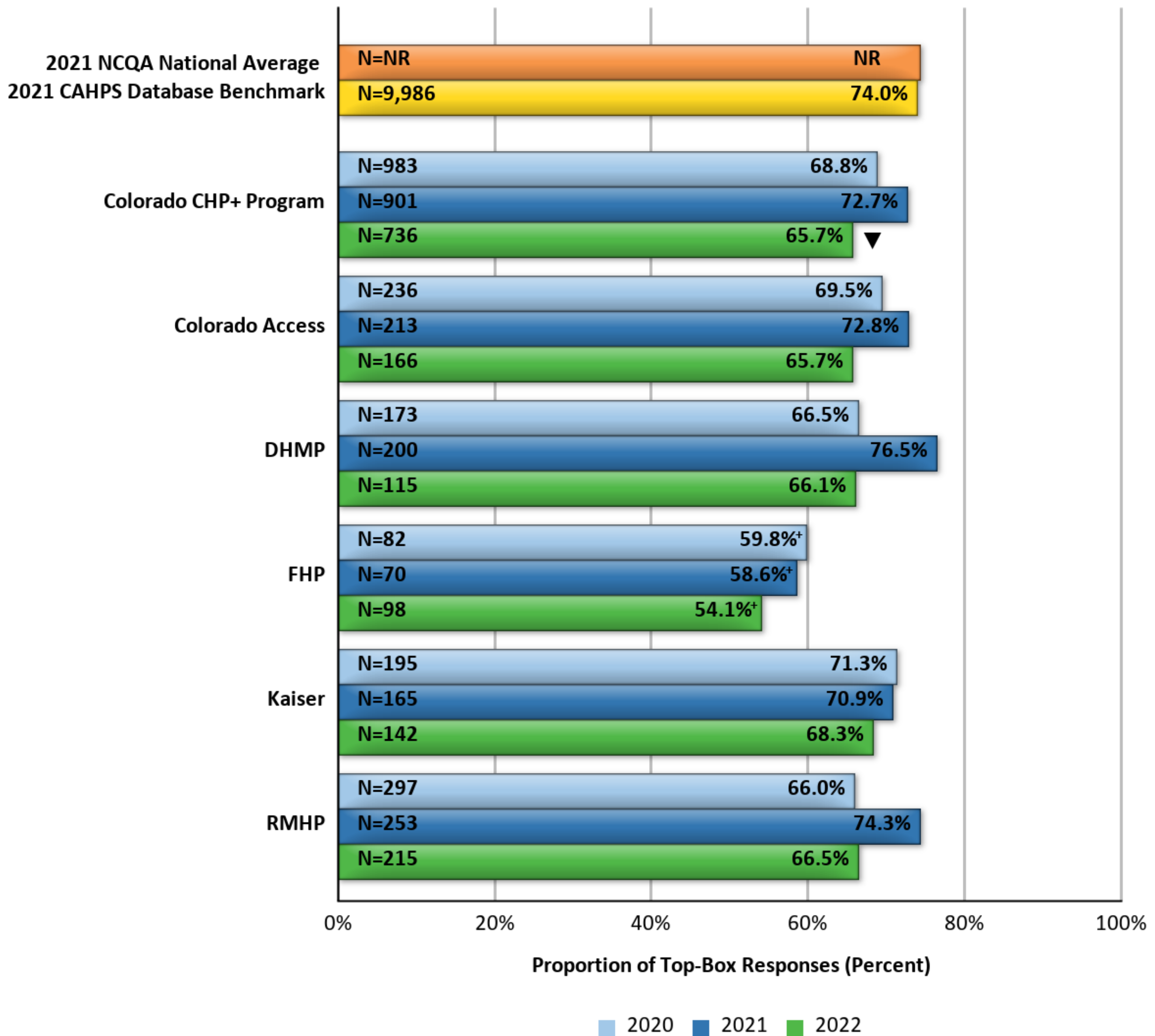
Plan	Top-Box Score	N
Colorado CHP+ Program	67.5%	1,279
Colorado Access	67.1%	298
DHMP	63.7%	228
FHP	61.3%	161
Kaiser	62.7%	251
RMHP	70.3%	341

↑ 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.
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 All Health Care

Figure 2-13 shows the *Rating of All Health Care* global rating trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-13—Trend Analysis: Rating of All Health Care (9 or 10)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-14 shows the *Rating of All Health Care* global rating plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-14—Plan Comparisons: Rating of All Health Care (9 or 10)

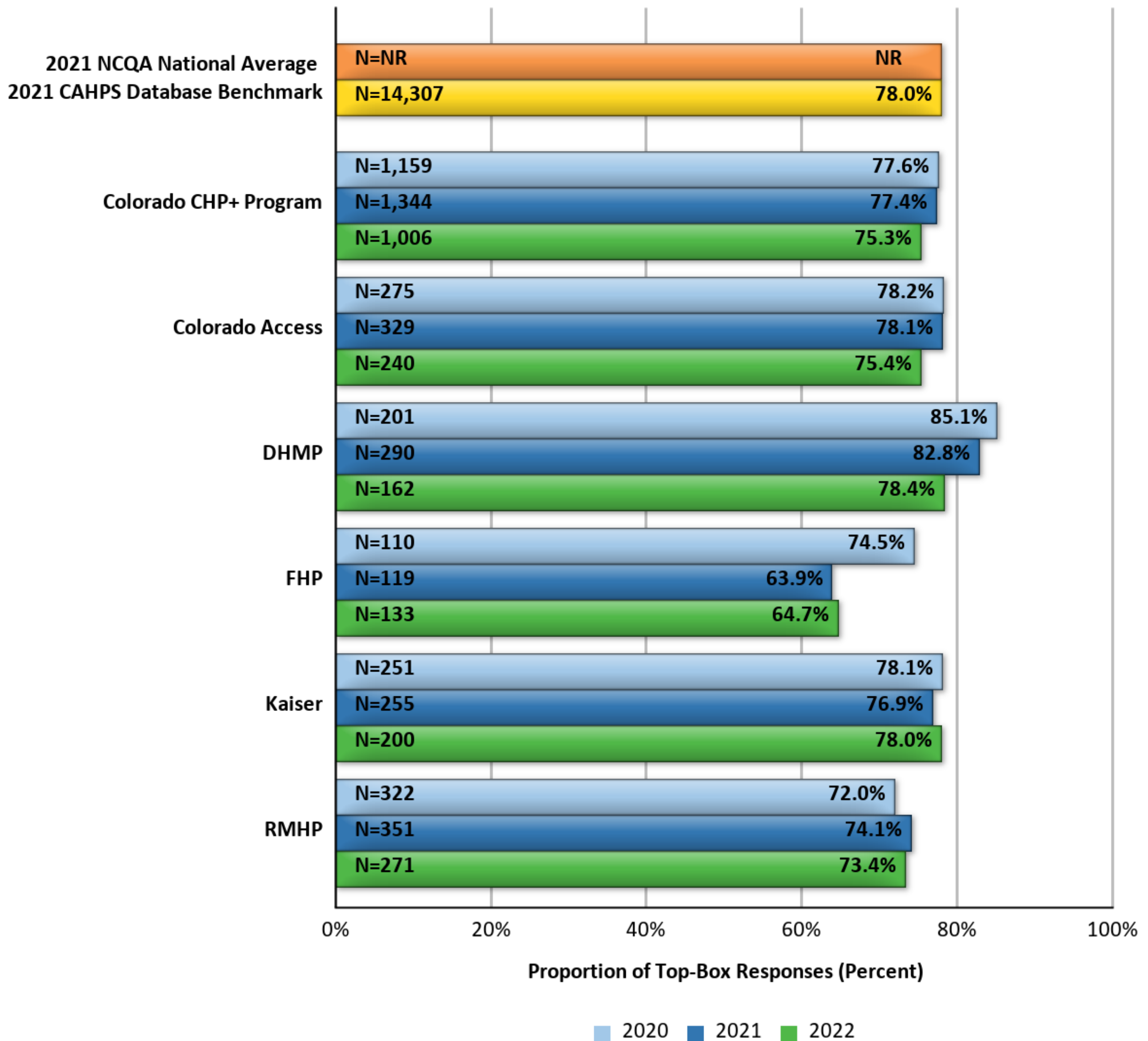
Plan	Top-Box Score	N
Colorado CHP+ Program	65.7%	736
Colorado Access	64.0%	166
DHMP	65.1%	115
FHP	55.4% +	98
Kaiser	69.7%	142
RMHP	66.5%	215

↑ 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.
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 2-15 shows the *Rating of Personal Doctor* global rating trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-15—Trend Analysis: Rating of Personal Doctor (9 or 10)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-16 shows the *Rating of Personal Doctor* global rating plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-16—Plan Comparisons: Rating of Personal Doctor (9 or 10)

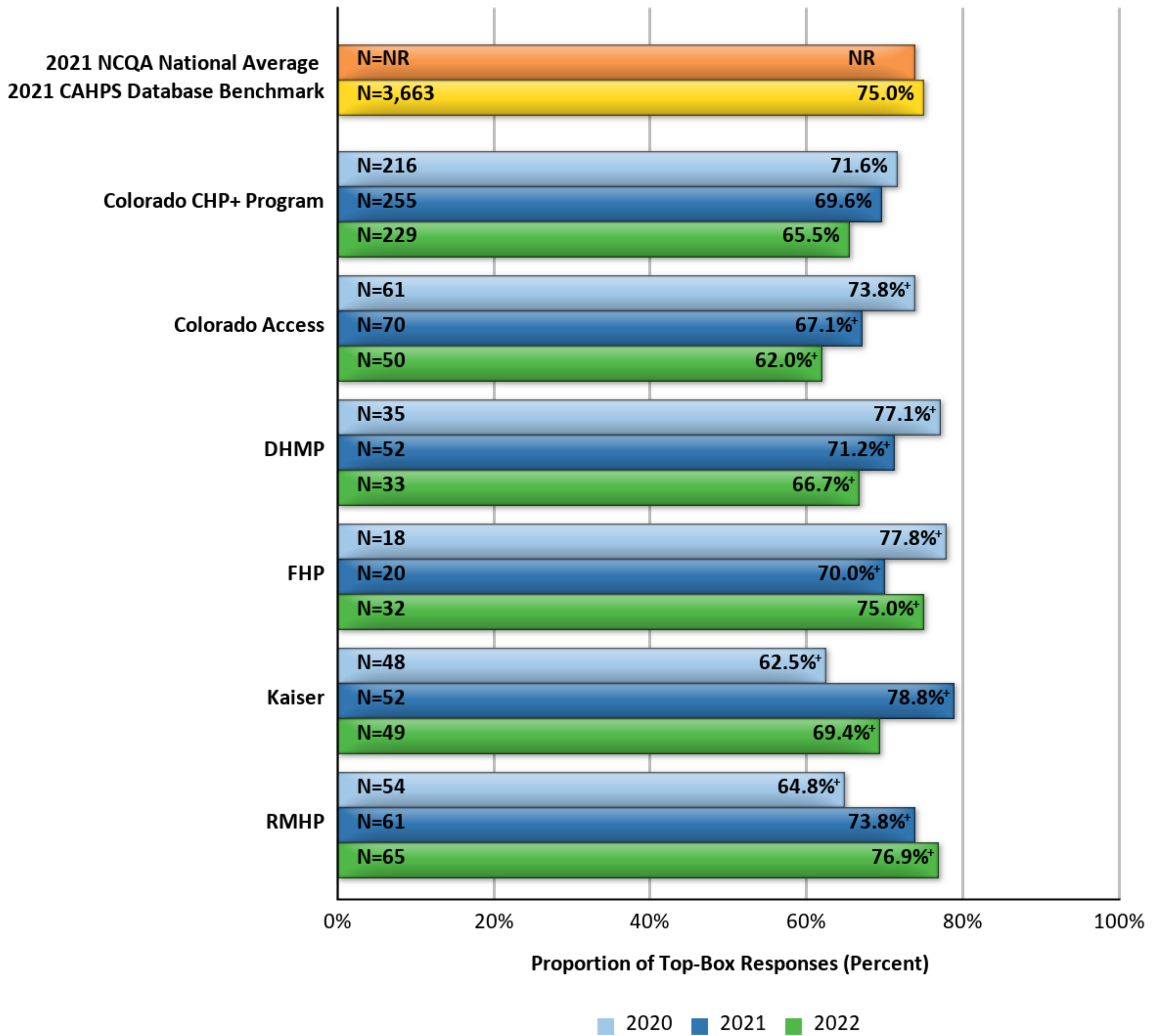
Plan	Top-Box Score	N
Colorado CHP+ Program	75.3%	1,006
Colorado Access	74.5%	240
DHMP	77.7%	162
FHP	65.5%	133
Kaiser	78.9%	200
RMHP	73.3%	271

↑ 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.
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 Specialist Seen Most Often

Figure 2-17 shows the *Rating of Specialist Seen Most Often* global rating trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-17—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-18 shows the *Rating of Specialist Seen Most Often* global rating plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-18—Plan Comparisons: Rating of Specialist Seen Most Often (9 or 10)

Plan	Top-Box Score	N
Colorado CHP+ Program	65.5%	229
Colorado Access	60.8% +	50
DHMP	63.6% +	33
FHP	78.0% +	32
Kaiser	70.7% +	49
RMHP	76.9% +	65

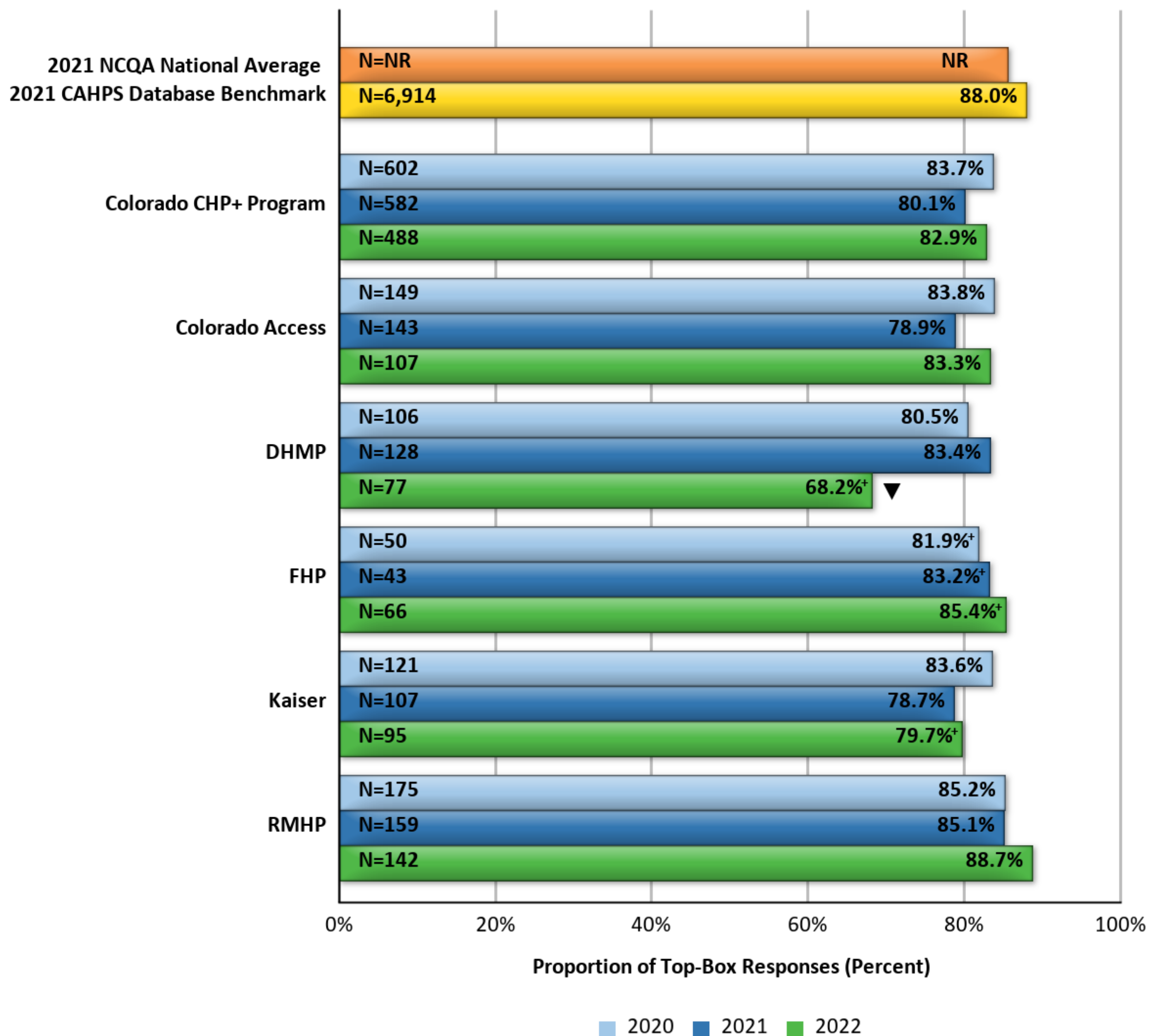
↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Getting Needed Care

Figure 2-19 shows the *Getting Needed Care* composite measure trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-19—Trend Analysis: Getting Needed Care (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-20 shows the *Getting Needed Care* composite measure plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-20—Plan Comparisons: Getting Needed Care (Usually or Always)

Plan	Top-Box Score	N
Colorado CHP+ Program	82.9%	488
Colorado Access	82.5%	107
DHMP ↓	68.0% +	77
FHP	85.7% +	66
Kaiser	80.4% +	95
RMHP ↑	88.7%	142

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Worse Better

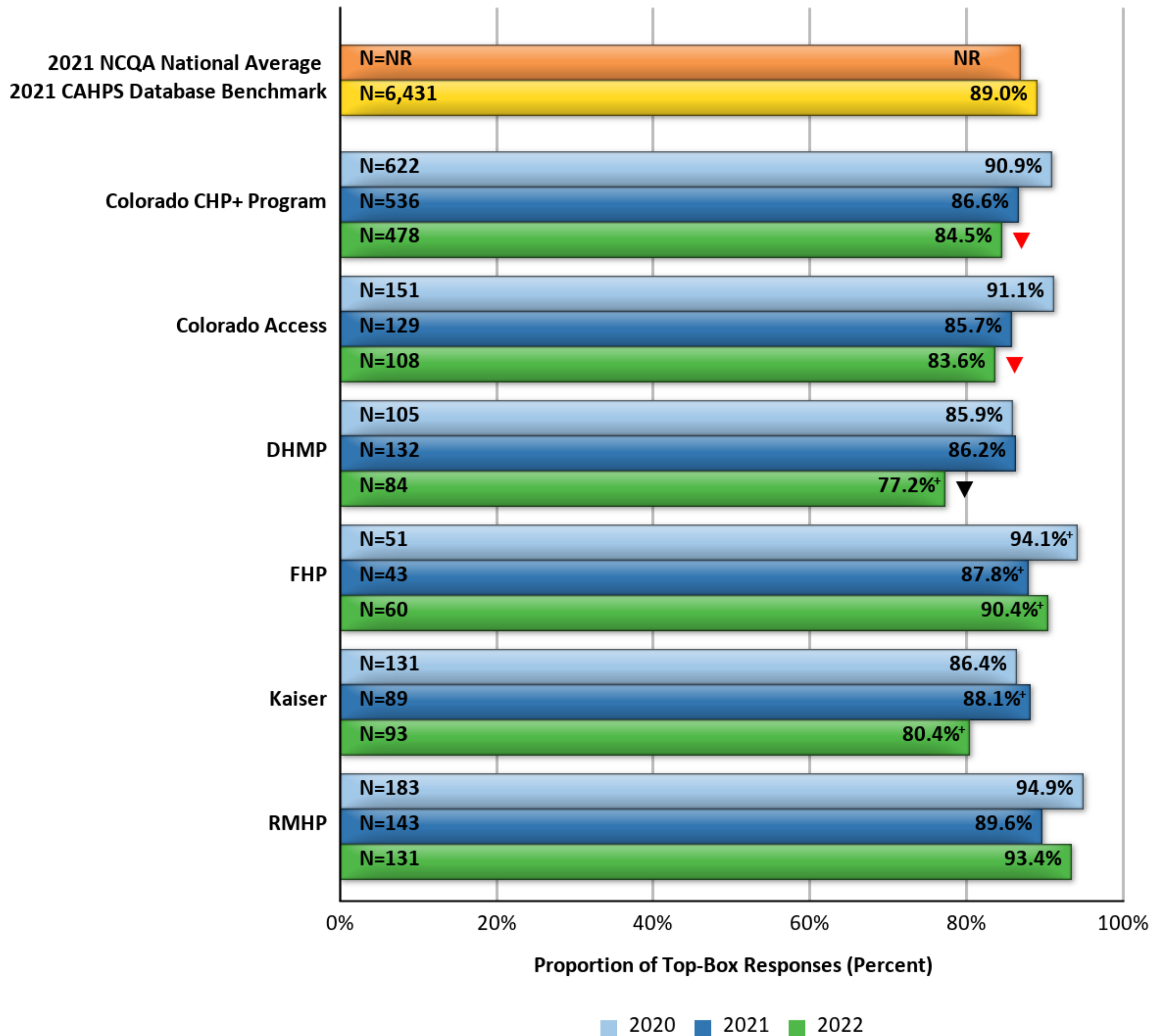
Proportion of Top-Box Responses (Percent)

↑ 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.
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 2-21 shows the *Getting Care Quickly* composite measure trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-21—Trend Analysis: Getting Care Quickly (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 score.

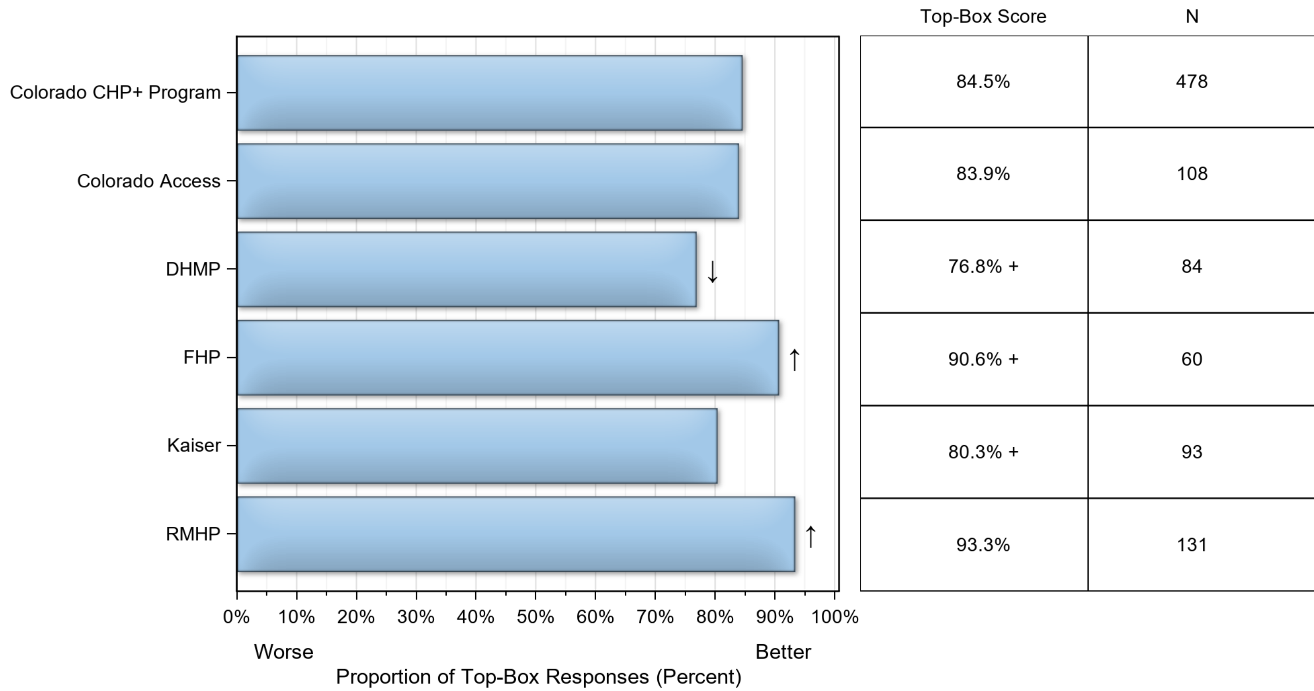
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.

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

NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-22 shows the *Getting Care Quickly* composite measure plan comparisons results, including the top-box scores and the number of responses (N).

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



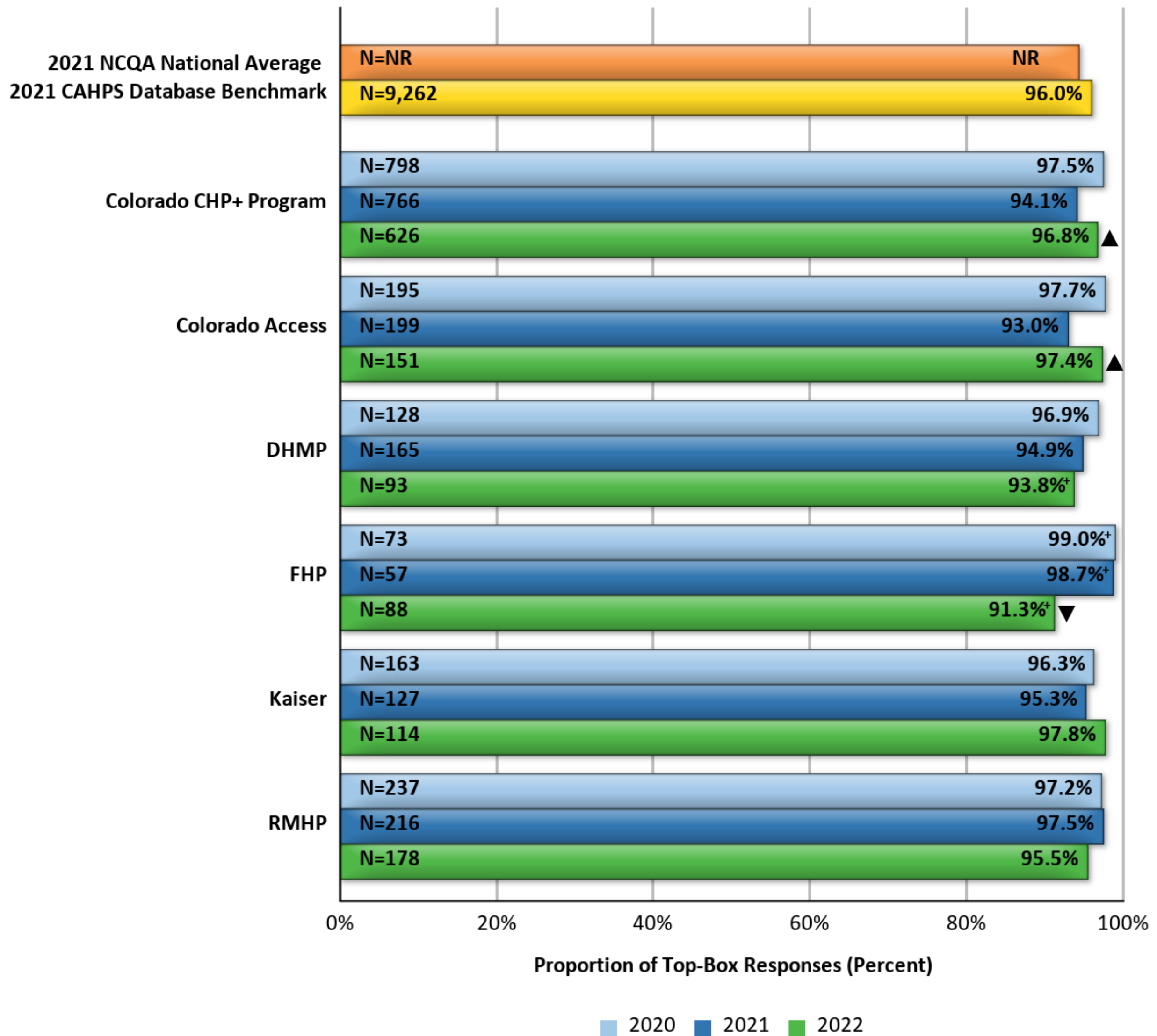
Plan	Top-Box Score	N
Colorado CHP+ Program	84.5%	478
Colorado Access	83.9%	108
DHMP	76.8% +	84
FHP	90.6% +	60
Kaiser	80.3% +	93
RMHP	93.3%	131

↑ 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.
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 2-23 shows the *How Well Doctors Communicate* composite measure trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

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



Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-24 shows the *How Well Doctors Communicate* composite measure plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-24—Plan Comparisons: How Well Doctors Communicate (Usually or Always)

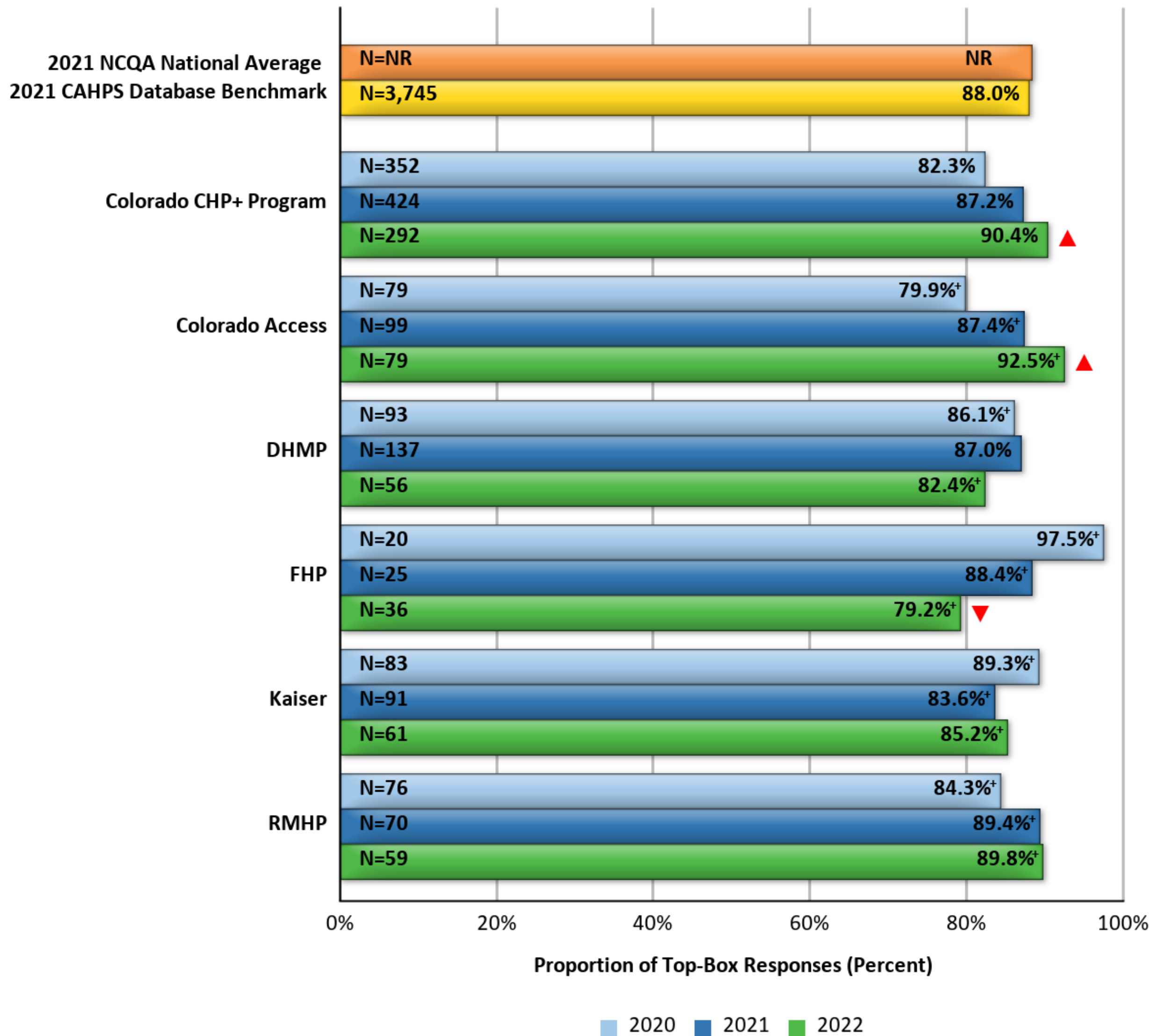
	Top-Box Score	N
Colorado CHP+ Program	96.8%	626
Colorado Access	97.1%	151
DHMP	94.3% +	93
FHP	91.1% +	88
Kaiser	97.9%	114
RMHP	95.4%	178

↑ 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.
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 2-25 shows the *Customer Service* composite measure trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-25—Trend Analysis: Customer Service (Usually or Always)

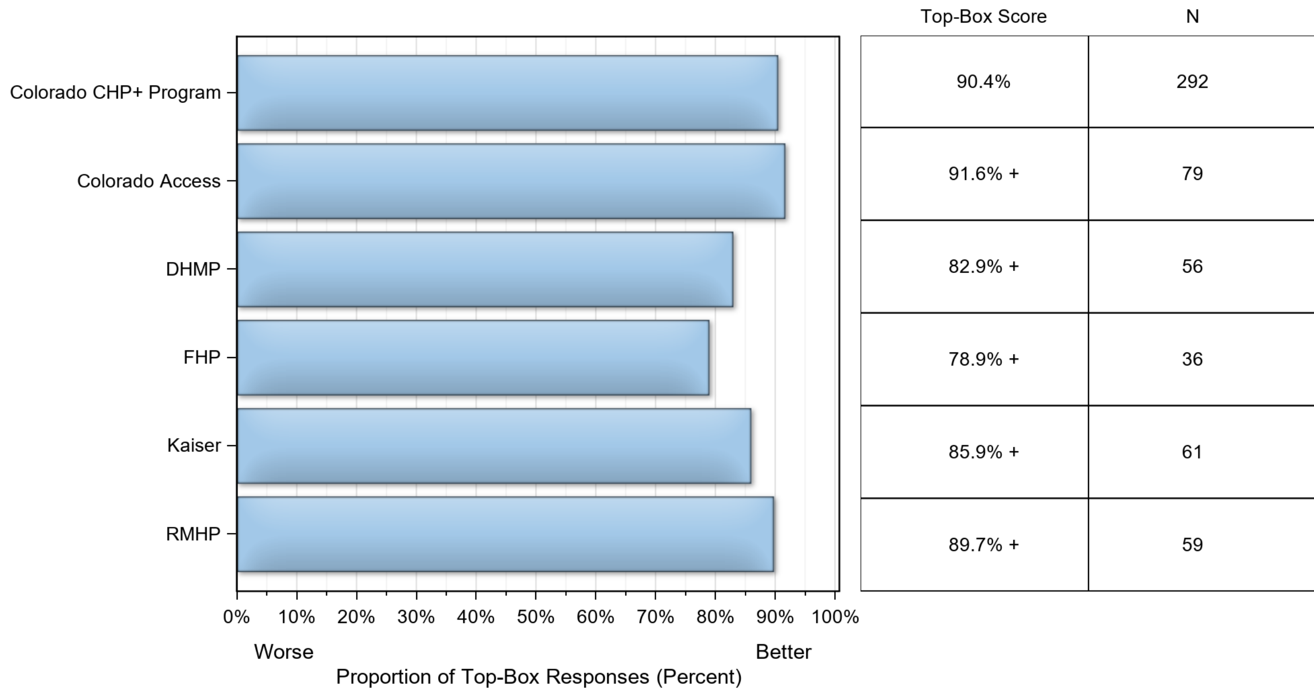


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-26 shows the *Customer Service* composite measure plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-26—Plan Comparisons: Customer Service (Usually or Always)



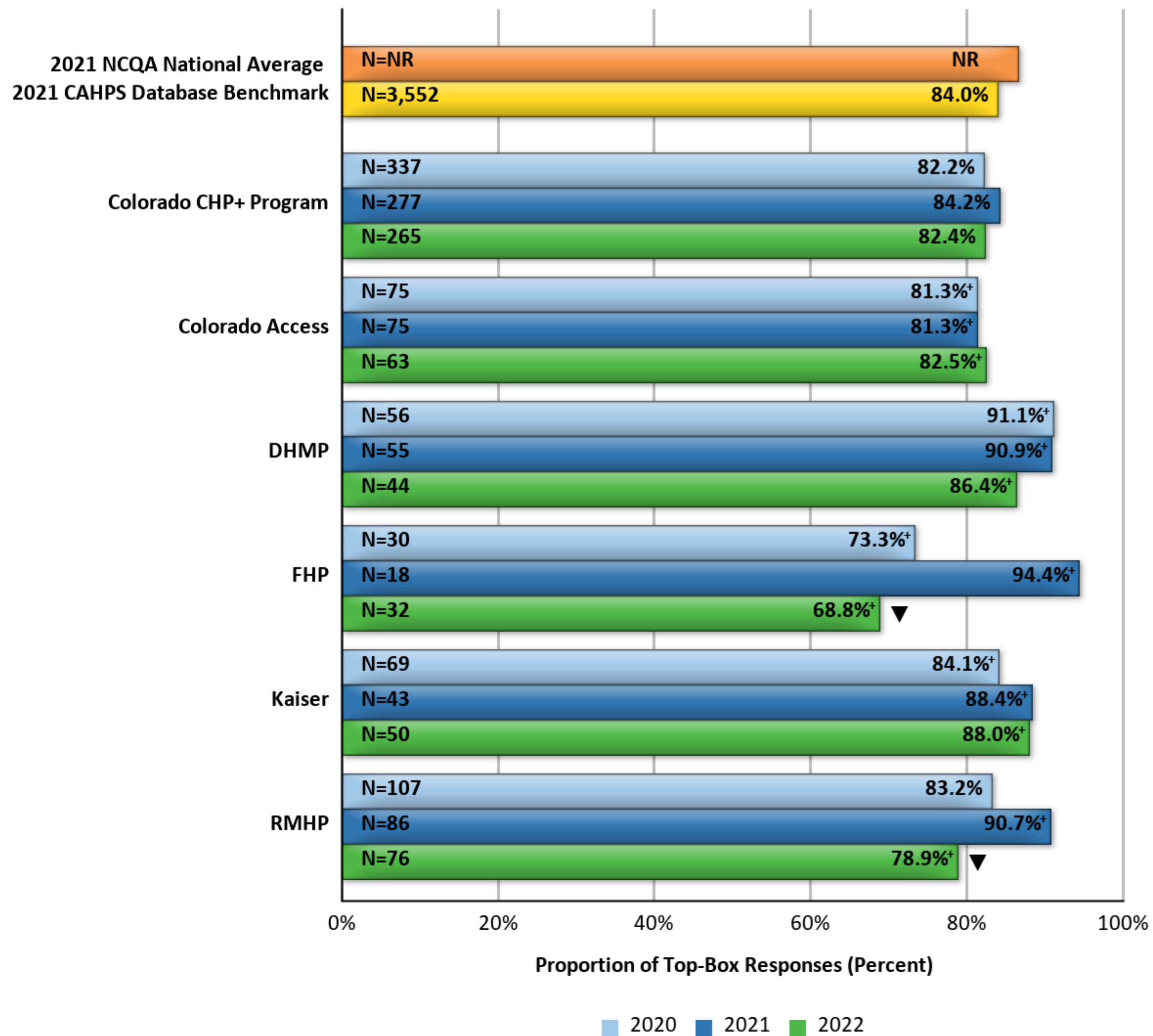
↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

Coordination of Care

Figure 2-27 shows the *Coordination of Care* individual item measure trend analysis results, including the 2021 NCQA national average, the 2021 CAHPS Database Benchmark, the top-box scores, and the number of responses (N).

Figure 2-27—Trend Analysis: Coordination of Care (Usually or Always)

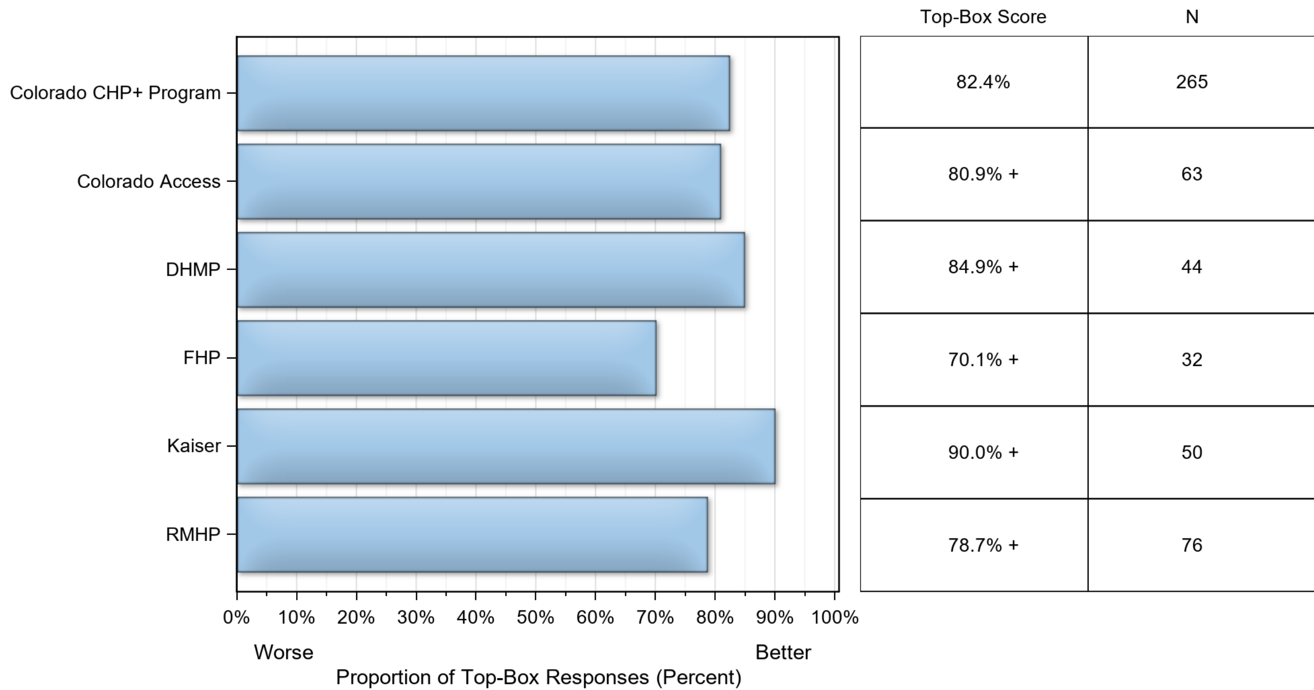


Statistical Significance Note: ▲ Indicates the 2022 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2021 score.
▲ Indicates the 2022 score is statistically significantly higher than the 2020 score.
▼ Indicates the 2022 score is statistically significantly lower than the 2020 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.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 2-28 shows the *Coordination of Care* individual item plan comparisons results, including the top-box scores and the number of responses (N).

Figure 2-28—Plan Comparisons: Coordination of Care (Usually or Always)



	Top-Box Score	N
Colorado CHP+ Program	82.4%	265
Colorado Access	80.9% +	63
DHMP	84.9% +	44
FHP	70.1% +	32
Kaiser	90.0% +	50
RMHP	78.7% +	76

↑ 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.
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 Results

Table 2-9 summarizes the statistically significant differences identified from the trend analysis and plan comparisons.

Table 2-9—Trend Analysis and Plan Comparisons Highlights

Measure Name	Colorado CHP+ Program	Colorado Access	DHMP	FHP	Kaiser	RMHP
Global Ratings						
Rating of All Health Care	▼					
Composite Measures						
Getting Needed Care			▼ ↓+			↑
Getting Care Quickly	▼ (red)	▼ (red)	▼ ↓+	↑+		↑
How Well Doctors Communicate	▲	▲ ↑		▼ ↓+	↑	
Customer Service	▲ (red)	▲ (red)+		▼ (red)+		
Individual Item Measure						
Coordination of Care				▼+		▼+

▲ *Indicates the 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
▲ (red) *Indicates the 2022 score is statistically significantly higher than the 2020 score.*
▼ (red) *Indicates the 2022 score is statistically significantly lower than the 2020 score.*
↑ *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 fewer than 100 responses. Caution should be exercised when evaluating these results.*

Supplemental Items

The Department elected to add six supplemental items to the standard CAHPS Survey. Table 2-10 details the survey language and response options for each of the supplemental items. Table 2-11 through Table 2-16 show the results for each supplemental item. For all Colorado CHP+ health plans, the number and percentage of responses for each item are presented.

Table 2-10—Supplemental Items

Question		Response Options
Q42.	In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?	Yes No My child did not see a doctor or other health provider in the last 6 months[2-11]
Q43.	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
Q44.	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
Q45.	In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?	Yes No
Q46.	In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?	Never Sometimes Usually Always
Q47.	In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer

[2-11] Respondents who answered, "My child did not see a doctor or other health provider in the last 6 months" were excluded from the analysis.

Talked About Child

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 42). Table 2-11 displays the responses for this question.

Table 2-11—Talked About Child's Behavior

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**521**	**58.0%**	**378**	**42.0%**
Colorado Access	113	55.9%	89	44.1%
DHMP	85	56.3%	66	43.7%
FHP	67	55.4%	54	44.6%
Kaiser	100	60.2%	66	39.8%
RMHP	156	60.2%	103	39.8%

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

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 43). Table 2-12 displays the responses for this question.

Table 2-12—Talked About Household Problems That Might Affect Child

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**289**	**32.8%**	**592**	**67.2%**
Colorado Access	67	33.5%	133	66.5%
DHMP	53	35.6%	96	64.4%
FHP	36	30.0%	84	70.0%
Kaiser	63	39.6%	96	60.4%
RMHP	70	27.7%	183	72.3%

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

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 44). Table 2-13 displays the responses for this question.

Table 2-13—Received Information About After-Hours Care

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**362**	**41.2%**	**516**	**58.8%**
Colorado Access	89	44.9%	109	55.1%
DHMP	61	40.7%	89	59.3%
FHP	47	39.5%	72	60.5%
Kaiser	61	37.9%	100	62.1%
RMHP	104	41.6%	146	58.4%

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

Parents/caretakers of child members were asked if their child needed care from their doctor during evenings, weekends, or holidays (Question 45). Table 2-14 displays the responses for this question.

Table 2-14—Needed After-Hours Care

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**85**	**9.7%**	**792**	**90.3%**
Colorado Access	17	8.6%	181	91.4%
DHMP	13	8.8%	135	91.2%
FHP	11	9.2%	108	90.8%
Kaiser	18	11.2%	143	88.8%
RMHP	26	10.4%	225	89.6%

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

Parents/caretakers of child members were asked to assess how often they were able to get the care their child needed from their child's personal doctor's office or clinic during evenings, weekends, or holidays (Question 46). Table 2-15 displays the responses for this question.

Table 2-15—Access to After-Hours Care

Program/Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**19**	**23.2%**	**15**	**18.3%**	**25**	**30.5%**	**23**	**28.0%**
Colorado Access	7	43.8%	4	25.0%	2	12.5%	3	18.8%
DHMP	1	7.7%	4	30.8%	5	38.5%	3	23.1%
FHP	2	18.2%	1	9.1%	6	54.5%	2	18.2%
Kaiser	6	33.3%	2	11.1%	5	27.8%	5	27.8%
RMHP	3	12.5%	4	16.7%	7	29.2%	10	41.7%

Please note: Percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 45.

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked how many days they usually had to wait between making an appointment and their child actually seeing a health provider, not counting the times their child needed health care right away (Question 47). Table 2-16 and Table 2-17 display the responses for this question.

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

Program/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	**154**	**18.5%**	**138**	**16.5%**	**175**	**21.0%**	**155**	**18.6%**	**96**	**11.5%**
Colorado Access	44	23.4%	28	14.9%	25	13.3%	31	16.5%	25	13.3%
DHMP	11	8.0%	16	11.6%	28	20.3%	32	23.2%	23	16.7%
FHP	29	25.2%	21	18.3%	31	27.0%	20	17.4%	6	5.2%
Kaiser	18	11.9%	25	16.6%	34	22.5%	35	23.2%	24	15.9%
RMHP	52	21.5%	48	19.8%	57	23.6%	37	15.3%	18	7.4%

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

Table 2-17—Number of Days Waiting to See Health Provider (Continued)

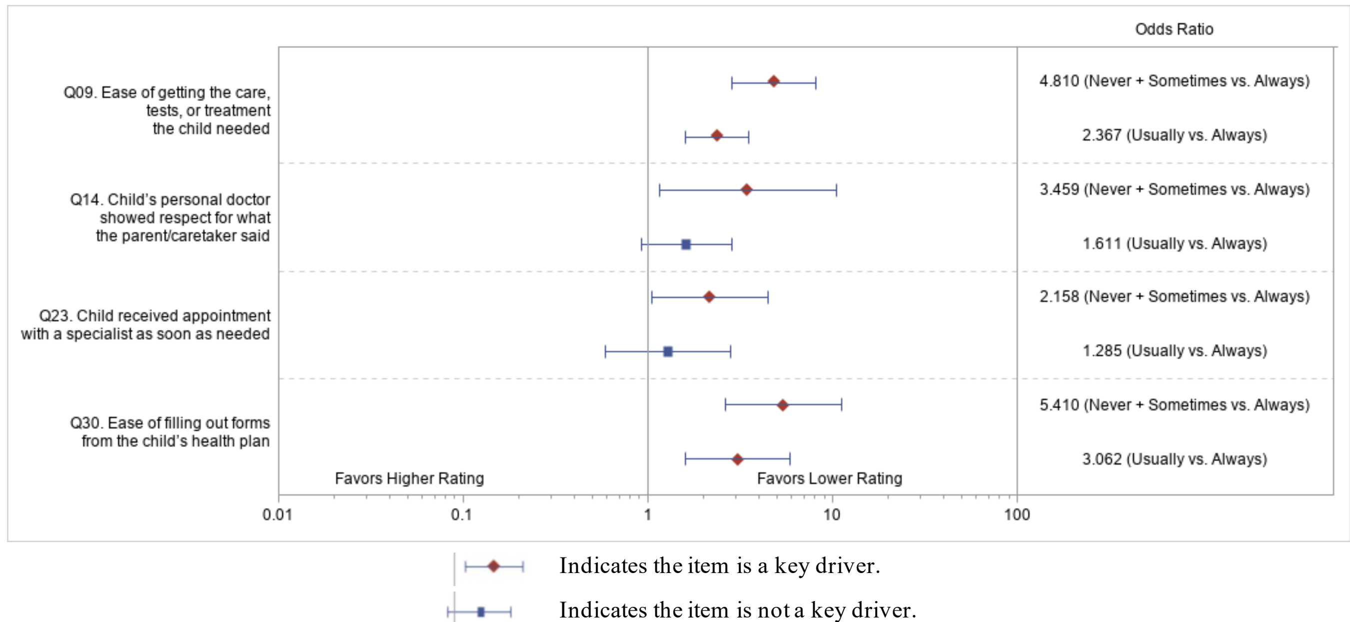
Program/Plan Name	15 to 30 Days		31 to 60 Days		61 to 90 Days		91 Days or Longer	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**70**	**8.4%**	**33**	**4.0%**	**6**	**0.7%**	**7**	**0.8%**
Colorado Access	19	10.1%	12	6.4%	3	1.6%	1	0.5%
DHMP	18	13.0%	7	5.1%	1	0.7%	2	1.4%
FHP	6	5.2%	2	1.7%	0	0.0%	0	0.0%
Kaiser	9	6.0%	4	2.6%	1	0.7%	1	0.7%
RMHP	18	7.4%	8	3.3%	1	0.4%	3	1.2%

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

3. 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*, and *Rating of Personal Doctor*. Key drivers of low 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 5-10. Figure 3-1 through Figure 3-3 depict the results of the analysis for the Colorado CHP+ Program. The items identified as key drivers are indicated with a red diamond.

Figure 3-1—Key Drivers of Low Member Experience: Rating of Health Plan



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 3-2—Key Drivers of Low Member Experience: Rating of All Health Care

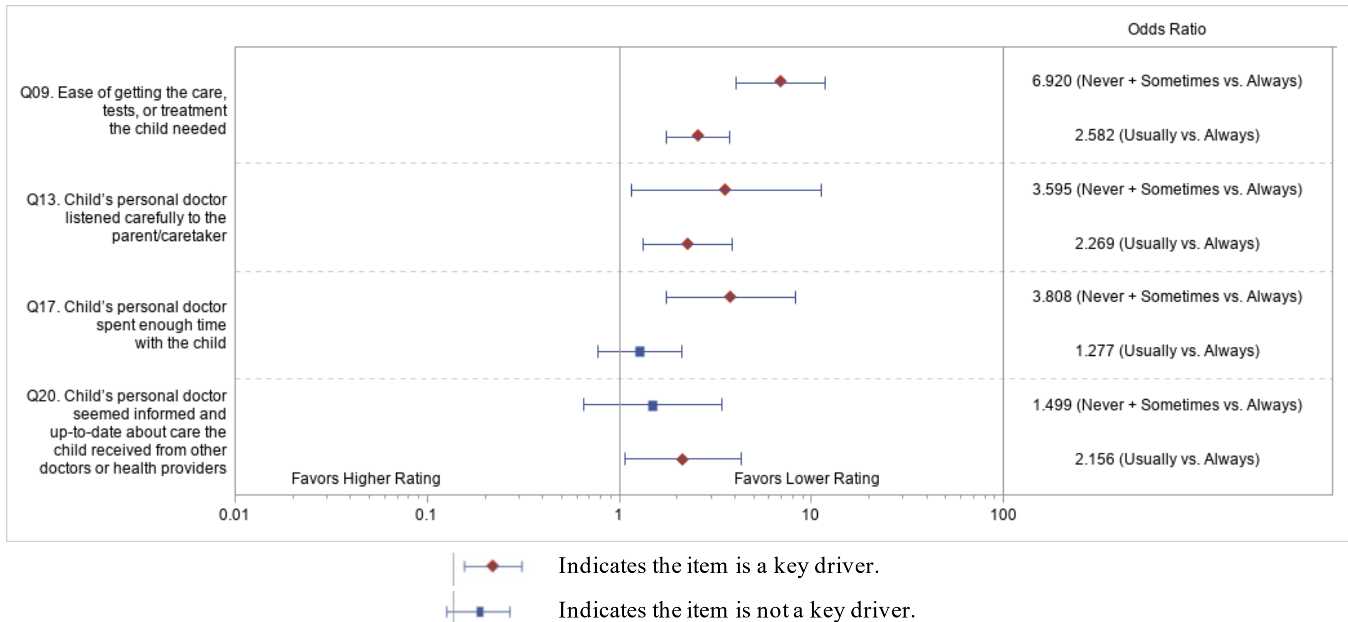
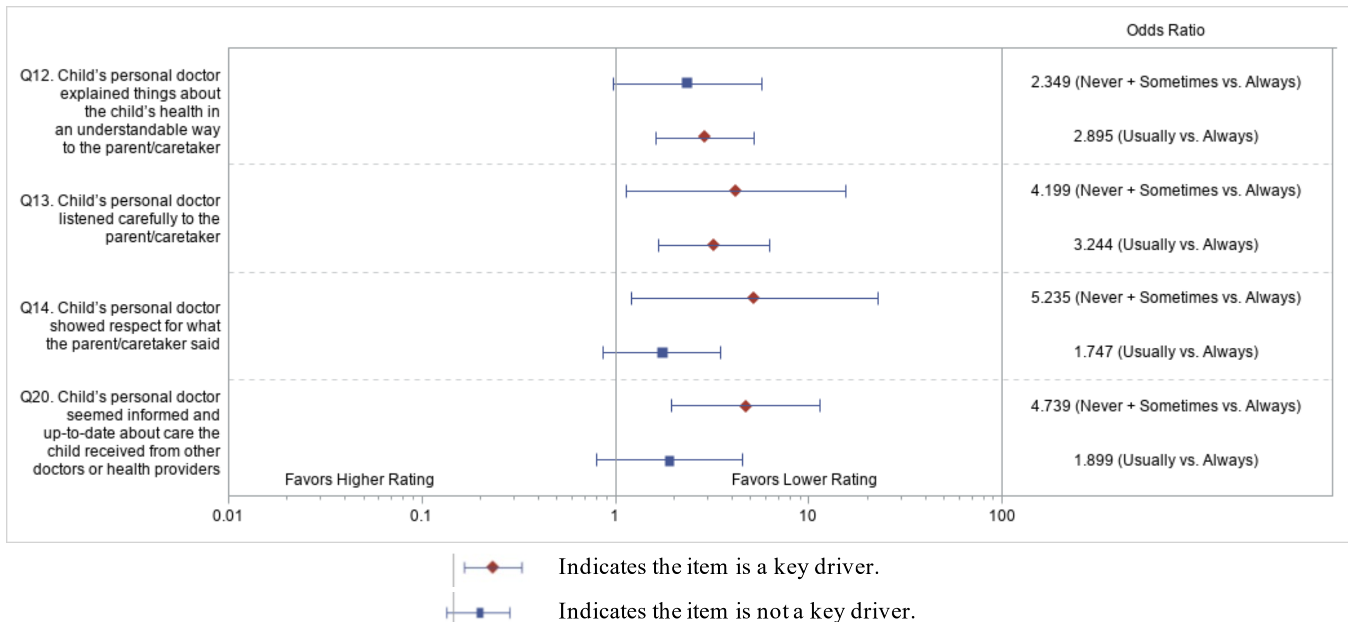


Figure 3-3—Key Drivers of Low Member Experience: Rating of Personal Doctor



HSAG summarized results of the NCQA comparisons, plan comparisons, trend analysis, and key drivers of low member experience analysis to provide an overall assessment of access to, timeliness of, and quality of care and services that each CHP+ health plan provides. The CHP+ health plans can utilize these findings to identify areas in need of QI or areas that have performed well and share best practices with other CHP+ health plans.

Conclusions

Access to Care

Getting Needed Care

Table 4-1 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Getting Needed Care* composite measure.

Table 4-1—Access to Care: Getting Needed Care Summary

Program/Plan Name	NCQA Comparisons (Star Ratings)	Trend Analysis	Plan Comparisons
Colorado CHP+ Program	★★		
Colorado Access	★★		
DHMP	★+	▼+	↓+
FHP	★★+		
Kaiser	★+		
RMHP	★★★		↑

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
↑ *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 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 4-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

Table 4-2—Access to Care: Getting Needed Care Summary–Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q9. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	4.810	6.920	NS
	Usually vs. Always	2.367	2.582	NS
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	2.158	NS	NA

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

- Compared to parents/caretakers who perceived it was always easy to get the care, tests, and treatment their child needed:
  - Parents/caretakers of child members who perceived it was never or sometimes easy to get the care, tests, or treatment their child needed were 4.810 and 6.920 times more likely to provide a lower rating for their child's health plan and overall health care, respectively.
  - Parents/caretakers of child members who perceived it was usually easy to get the care, tests, or treatment their child needed were 2.367 and 2.582 times more likely to provide a lower rating for their child's health plan and overall health care, respectively.
- Parents/caretakers of child members who never or sometimes received an appointment with a specialist as soon as their child needed were 2.158 times more likely to provide a lower rating for their child's health plan than parents/caretakers who always received an appointment with a specialist as soon as their child needed.

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Timeliness of Care

Getting Care Quickly

Table 4-3 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Getting Care Quickly* composite measure. There were no statistically significant results for the key drivers of low member experience analysis.

Table 4-3—Timeliness of Care: Getting Care Quickly Summary

Program/Plan Name	NCQA Comparisons (Star Ratings)	Trend Analysis	Plan Comparisons
Colorado CHP+ Program	★★	▼ (red)	
Colorado Access	★	▼ (red)	
DHMP	★+	▼+	↓+
FHP	★★★★+		↑+
Kaiser	★+		
RMHP	★★★★★		↑

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
↑ *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 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
▲ (red) *Indicates the 2022 score is statistically significantly higher than the 2020 score.*
▼ (red) *Indicates the 2022 score is statistically significantly lower than the 2020 score.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Quality of Care

Customer Service

Table 4-4 provides a summary of findings for the NCQA comparisons and trend analysis for the *Customer Service* composite measure. There were no statistically significant results for the plan comparisons or key drivers of low member experience analysis.

Table 4-4—Quality of Care: Customer Service Summary

Program/Plan Name	NCQA Comparisons (Star Ratings)	Trend Analysis
Colorado CHP+ Program	★★★★	▲
Colorado Access	★★★★★+	▲+
DHMP	★+	
FHP	★+	▼+
Kaiser	★+	
RMHP	★★★+	

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
▲ *Indicates the 2022 score is statistically significantly higher than the 2020 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2020 score.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Communication

Table 4-5 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *How Well Doctors Communicate* composite measure.

Table 4-5—Quality of Care: How Well Doctors Communicate Summary

Program/Plan Name	NCQA Comparisons (Star Ratings)	Trend Analysis	Plan Comparisons
Colorado CHP+ Program	★★★★	▲	
Colorado Access	★★★★★	▲	↑
DHMP	★★+		
FHP	★+	▼+	↓+
Kaiser	★★★★★		↑
RMHP	★★★		

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
↑ *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 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 4-6 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

Table 4-6—Quality of Care: How Well Doctors Communicate Summary–Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	Usually vs. Always	NS	NS	2.895
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	3.595	4.199
	Usually vs. Always	NS	2.269	3.244
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	3.459	NS	5.235
Q17. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	3.808	NS

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

- Parents/caretakers of child members who perceived their child's personal doctor usually explained things about their child's health in an understandable way were 2.895 times more likely to provide a lower rating for their child's personal doctor than parents/caretakers who perceived their child's personal doctor always explained things about their child's health in an understandable way.
- Compared to parents/caretakers who perceived their child's personal doctor always listened carefully to them:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes listened carefully to them were 3.595 and 4.199 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively.
  - Parents/caretakers of child members who perceived their child's personal doctor usually listened carefully to them were 2.269 and 3.244 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively.
- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes showed respect for what they said were 3.459 and 5.235 times more likely to provide a lower rating for their child's health plan and personal doctor, respectively, than parents/caretakers who perceived their child's personal doctor always showed respect for what they said.
- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes spent enough time with their child were 3.808 times more likely to provide a lower rating for their child's overall health care than parents/caretakers who perceived their child's personal doctor always spent enough time with their child.

Coordination of Care

Table 4-7 provides a summary of findings for the NCQA comparisons and trend analysis for the *Coordination of Care* individual item measure. There were no statistically significant results for the plan comparisons.

Table 4-7—Quality of Care: Coordination of Care Summary

Program/Plan Name	NCQA Comparisons (Star Ratings)	Trend Analysis
Colorado CHP+ Program	★	
Colorado Access	★+	
DHMP	★★+	
FHP	★+	▼+
Kaiser	★★★+	
RMHP	★+	▼+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
▲ *Indicates the 2022 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2022 score is statistically significantly lower than the 2021 score.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 4-8 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

Table 4-8—Quality of Care: Coordination of Care Summary–Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	4.739
	Usually vs. Always	NS	2.156	NS

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

- Compared to parents/caretakers who perceived their child's personal doctor always seemed informed and up-to-date about care their child received from other doctors or health providers:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes seemed informed and up-to-date about care their child received from other doctors or health providers were 4.739 times more likely to provide a lower rating for their child's personal doctor.
  - Parents/caretakers of child members who perceived their child's personal doctor usually seemed informed and up-to-date about care their child received from other doctors or health providers were 2.156 times more likely to provide a lower rating for their child's overall health care.

The health plans could benefit from continuing to:

- Use administrative data for flagging the Spanish-speaking population in the sample frame file when conducting surveys. Table 4-9 shows the number of completed surveys in Spanish, as well as the approximate percentage of the total number of responses for the FY 2021–2022 survey administration.

Table 4-9—Spanish Survey Completions

Plan Name	Number of Completed Surveys in Spanish	Percentage of Total Responses
Colorado Access	106	34.75%
DHMP	65	27.54%
FHP	18	11.11%
Kaiser	24	9.27%
RMHP	107	30.31%
Total Spanish Respondents	**320**	**24.33%**

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 4-10 provides a summary of the responsible parties for various aspects of care.[4-1]

[4-1] Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience.* American College of Surgeons, June 2012. Available at: https://www.facs.org/-/media/files/advocacy/quality/cahps/improvement-guide.ashx. Accessed on: July 8, 2022.

Table 4-10—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, which is separate from this report).
- 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.

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 results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set (without the CCC measurement set). The CAHPS 5.1 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 reevaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing experiences with care.[5-2] The result of this reevaluation and updated process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the parent/caretaker of the child or 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 5.0H Health Plan Surveys.[5-5] In October 2019, NCQA updated the

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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.

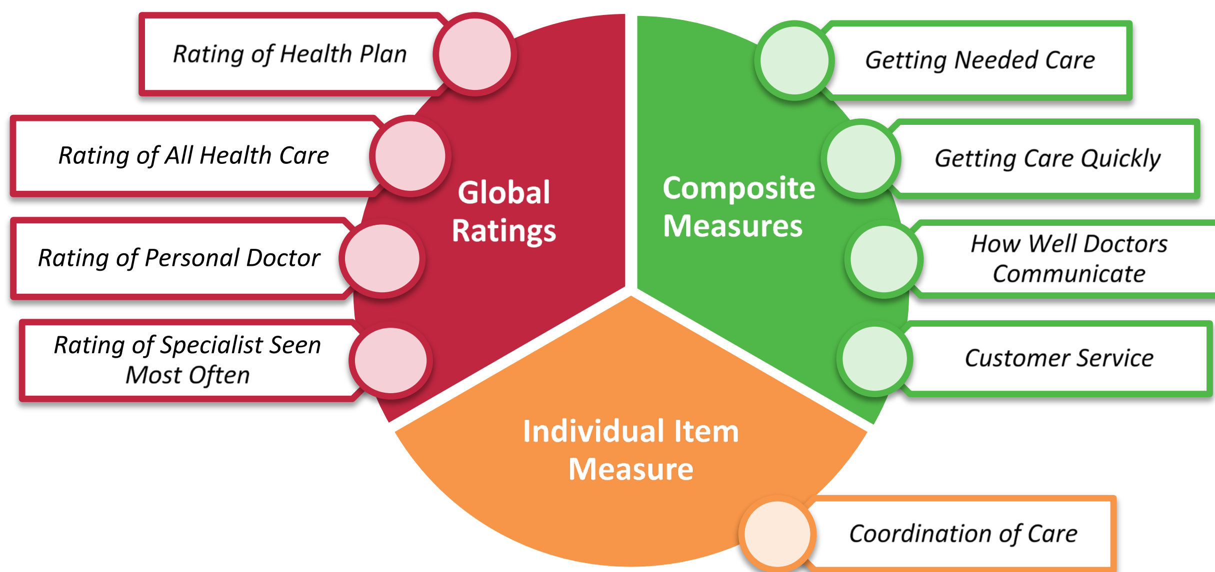
5-5 National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

CAHPS 5.0H Health Plan Surveys by eliminating some items from the surveys.[5-6] In October 2020, AHRQ released the 5.1 versions of the Adult and Child Health Plan Surveys to acknowledge that members may receive care in person, by phone, or by video. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[5-7]

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

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set 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. Figure 5-1 lists the measures included in the survey.

Figure 5-1—CAHPS Measures



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

[5-7] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Table 5-1 presents the question language and response options for each measure.

Table 5-1—Question Language and Response Options

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

Question Language	Response Categories
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, 2021.
- 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 2021.[5-8]
- Had Medicaid as a payer.

Additionally, NCQA specifications require a sample size of 1,650 members per health plan for the CAHPS 5.1 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, 925 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

The first phase consisted of a cover letter being mailed to the parents/caretakers of all sampled child members that provided two options by which they could complete the survey: (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 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). A reminder postcard was sent to all non-respondents, followed by a second survey mailing and a second

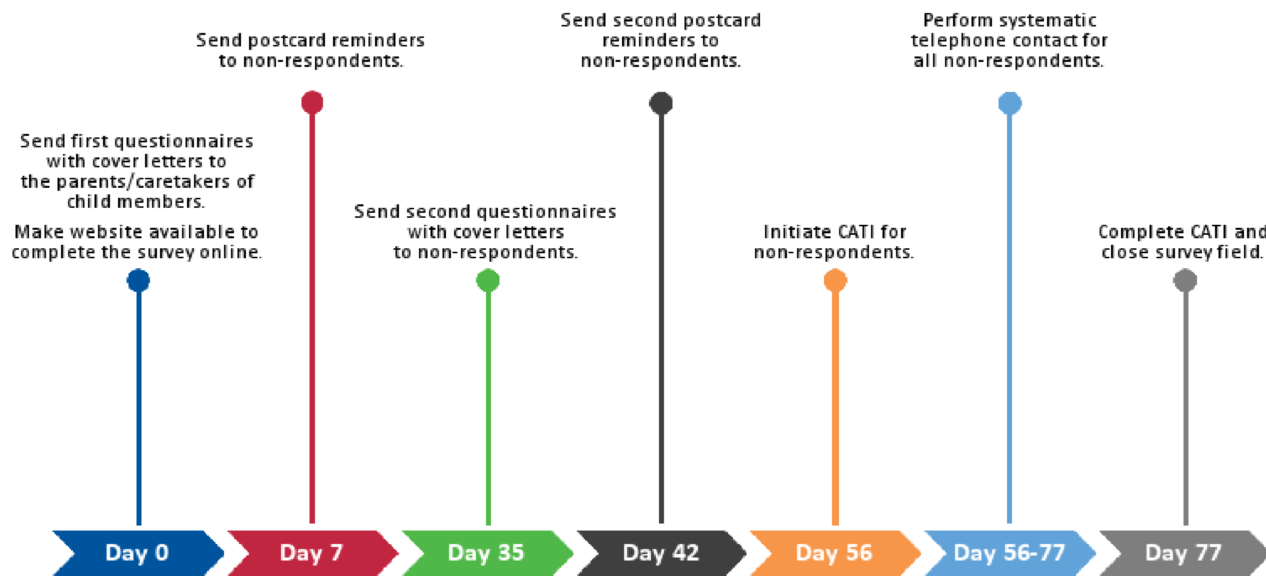
[5-8] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a child member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed (i.e., a member whose coverage lapsed for two months [60 days] was not considered continuously enrolled).

reminder postcard. 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.

The second phase, or telephone phase, consisted of CATI of parents/caretakers of sampled child members who had not mailed in a completed survey. A series of up to 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 the file records to check for any apparent problems, such as missing address elements. The entire sample of records 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). Figure 5-2 shows the timeline used in the survey administration. The timeline is based on NCQA HEDIS Specifications for Survey Measures.[5-9]

Figure 5-2—Survey Timeline



[5-9] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2021.

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 response rate is defined as the total number of completed surveys divided by all eligible child members of the sample.[5-10] A child 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 child members include the entire sample minus ineligible child members. Ineligible child 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 healthier child members tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.[5-11] Table 5-2 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

[5-10] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2021.

[5-11] 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.

Table 5-2—Child and Respondent Demographic Items Analyzed

Demographic Category	Survey Question Number
Child Demographics	
Age	34
Gender	35
Race	37
Ethnicity	36
General Health Status	32
Mental Health Status	33
Respondent Demographics	
Respondent Age	38
Respondent Gender	39
Respondent Education Level	40
Relationship to Child	41

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than or equal to 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.

Top-Box Scores

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[5-12] 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.

[5-12] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2021.

For the global ratings and individual item, 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).

NCQA Comparisons

HSAG compared the resulting top-box scores to NCQA's 2021 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).[5-13] NCQA requires a minimum of at least 100 responses on each item in order to report CAHPS survey results. However, for purposes of this report, 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 5-3 shows the percentiles that were used to determine star ratings.

Table 5-3—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

To evaluate trends in parents'/caretakers' experiences with Colorado CHP+, HSAG performed a stepwise three-year trend analysis. First, HSAG compared the 2022 top-box scores to the 2021 top-box scores. If the initial 2022 and 2021 trend analysis did not yield any significant differences, then HSAG performed an additional trend analysis between the 2022 and 2020 scores.

[5-13] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

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 2022 than in 2021 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2021 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2022 than in 2020 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2022 than in 2020 are noted with red downward (▼) triangles. Scores in 2022 that were not statistically significantly different from scores in 2021 or in 2020 are not noted with triangles.

For purposes of this report, health plan 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 2020, 2021, and 2022 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 comparisons to identify if parents'/caretakers' experiences with the plans 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, child member mental 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 respondents' low ratings of 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 member experience analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. Table 5-4 depicts the survey items that were analyzed for each measure in the key drivers of low member experience analysis (indicated by a ✓).

Table 5-4—Potential Key Drivers

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

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

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

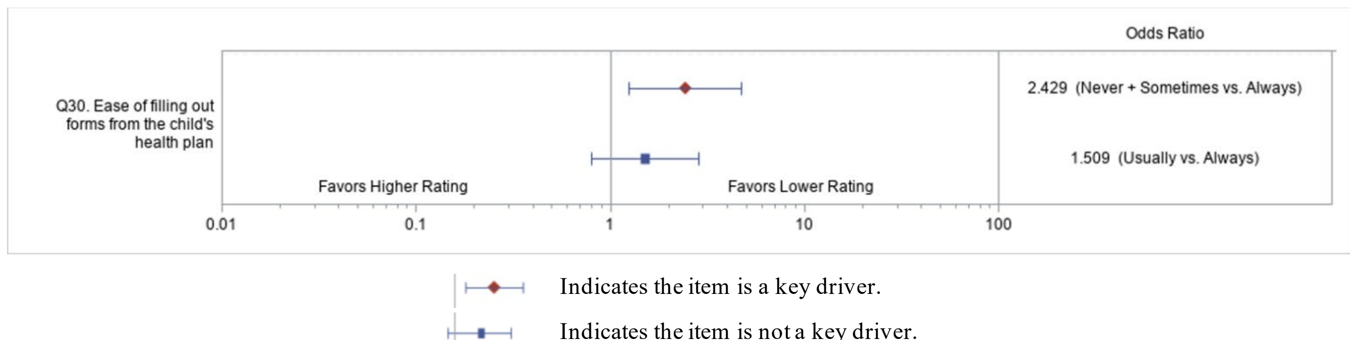
For each item evaluated, HSAG assigned 3 (Satisfied) to each item's baseline response ("Always" or "Yes"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses ("Never," "Sometimes," or "No"). HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of the correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the 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., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In Figure 5-3 below, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 30 are 2.429 and 1.509 times, respectively, more likely to provide a lower rating for their child's health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 5-3—Key Drivers of Member Experience: Rating of Health Plan



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 24 states submitted 2021 data to the CAHPS Health Plan Survey Database for CHIP for a combined total of 17,615 respondents, with 1,859 of these respondents from Colorado.[5-14] Data collected through the CAHPS Database from 2021 are based on responses to the 5.0/5.0H and 5.1/5.1H versions of the CAHPS Health Plan Survey with and without the CCC measurement set. In addition, since 2022 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2021 CAHPS Database benchmarks to the 2022 Colorado CHP+ CAHPS Survey results.

Case-Mix Adjustment

While data for the plan comparisons have been adjusted for differences in survey-reported general health status, mental health status, respondent age, and respondent education level, 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 child's 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.

[5-14] Agency for Healthcare Research and Quality. The CAHPS Database. *2021 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://cahpsdatabase.ahrq.gov/files/2021CAHPSHealthPlanChartbook.pdf. Accessed on: July 8, 2022.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services and may vary by plan or program. 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.[5-15] To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response than late respondents for the *Rating of Health Plan* global rating and *How Well Doctors Communicate* composite measure. The Department should consider that potential non-response bias may exist when interpreting CAHPS results for these measures.

[5-15] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

6. Survey Instrument

The survey instrument selected was the CAHPS 5.1 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.

CHP+ Child Health Plan *Plus*

DataStat

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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark

Incorrect Marks

- **You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:**

● **Yes** ➔ ***Go to Question 1***
○ **No**

START HERE

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

1. **Our records show that your child is now in 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 from a clinic, emergency room, or doctor's office. This includes care your child got in person, by phone, or by video. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

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

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

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

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

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

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

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

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

   Worst Health Care Possible — Best Health Care Possible

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No

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

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

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

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

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

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

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care your child got in person, by phone, or by video. Do 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 with a specialist?

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

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

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

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

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

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

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

Worst Specialist Possible — Best Specialist Possible

YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ *Go to Question 31*

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

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

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

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

Worst Health Plan Possible — Best Health Plan Possible

ABOUT YOUR CHILD AND YOU

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

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

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

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

34. What is your child's 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 your 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

42. 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.***

43. 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

44. 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

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

- ○ Yes
- ○ No ➔ ***Go to Question 47***

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

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

47. 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