2023 Colorado Child Health Plan *Plus* Member Experience Report

September 2023

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

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

CAHPS 5.1 Child Medicaid Health Plan Survey							
Performance Highlights							
START SURVEY:	12.20.22	FINISH SURVEY:	05.23.23	TOTAL SAMPLE SIZE:	6,600	RESPONSE RATE:	18.53%

STRENGTHS | **OPPORTUNITIES FOR IMPROVEMENT**

NCQA Comparisons

Comparison of top-box scores to NCQA national percentiles to identify star ratings	
Above 90th Percentile ★★★★★	Below 25th Percentile ★
Colorado CHP+ Program	
The 2023 scores were not above the 2022 NCQA child Medicaid national 90th percentiles for any measure.	*Rating of Health Plan*

Trend Analysis

Comparison of top-box scores to prior years' scores to identify statistically significant differences
Colorado CHP+ Program
The 2023 scores were not statistically significantly higher or lower than the 2022 or 2021 scores for any measure.

Plan Comparisons

Comparison of plan-level, case-mix adjusted top-box scores to the Colorado CHP+ Program to identify statistically significant differences					
Statistically Significantly Higher ⬆			Statistically Significantly Lower ⬇		
RMHP: *Getting Care Quickly*			DHMP: *Getting Care Quickly*		

Key Drivers of Low Member Experience

Odds ratio estimate is statistically significantly higher than 1.0 (✓) = Respondents who answered "Never/Sometimes" and/or "Usually" are significantly more likely to provide a lower rating than respondents who answered "Always"

Key Drivers	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q6. Child received appointment for a checkup or routine care as soon as needed		✓	
Q9. Ease of getting the care, tests, or treatment the child needed	✓	✓	
Q12. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker			✓
Q13. Child's personal doctor listened carefully to the parent/caretaker		✓	
Q14. Child's personal doctor showed respect for what the parent/caretaker said			✓
Q16. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓
Q20. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers			✓
Q23. Child received appointment with a specialist as soon as needed	✓		N/A
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓		N/A
Q30. Ease of filling out forms from the child's health plan	✓	✓	N/A

N/A Indicates that this question was not evaluated for this measure.

2. Introduction

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), 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.[2-1] 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).[2-2] The parents/caretakers of child members from the CHP+ health plans completed the surveys from December 2022 to May 2023.

Survey Administration and Response Rates

Survey Administration

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 1,650 members per CHP+ health plan for the CAHPS 5.1 Child Medicaid Health Plan Survey.[2-3] Members eligible for sampling included those who were enrolled in Colorado Access, DHMP, Kaiser, or RMHP at the time the sample was drawn, and who were continuously enrolled in the CHP+ health plan for at least five of the six months of the measurement period (May 1 to October 31, 2022). Child members eligible for sampling included those who were 17 years of age or younger as of October 31, 2022.

Colorado Access, DHMP, Kaiser, and RMHP met the minimum sample size of 1,650. 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 a second reminder postcard. The second phase, or telephone phase, consisted

2-1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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

2-3 National Committee for Quality Assurance. *HEDIS® Measurement Year 2022*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2022.

of Computer Assisted Telephone Interviewing (CATI) for parents/caretakers of sampled members who had not completed a survey during the first phase. 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 6-4.

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 6-6. Table 2-1 depicts the sample distribution and response rate for all participating CHP+ health plans and the Colorado CHP+ Program.

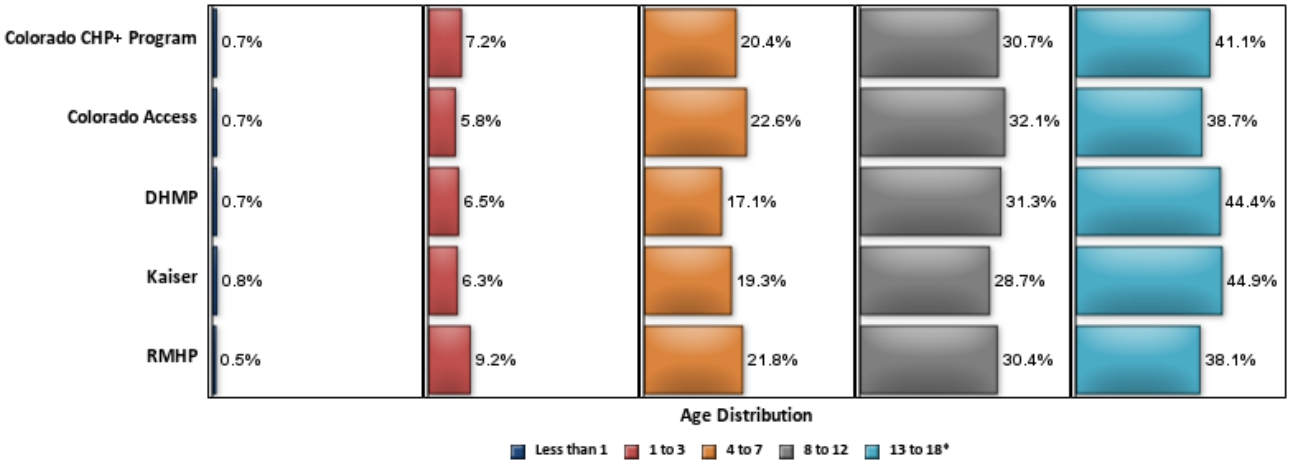
Table 2-1—Sample Distribution and Response Rate

Program/Plan Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado CHP+ Program	**6,600**	**108**	**6,492**	**1,203**	**18.53%**
Colorado Access	1,650	27	1,623	283	17.44%
DHMP	1,650	37	1,613	278	17.23%
Kaiser	1,650	34	1,616	258	15.97%
RMHP	1,650	10	1,640	384	23.41%

Child Member Demographics

In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties. Figure 3-1 through Figure 3-6 present the demographic characteristics of children for whom a parent/caretaker completed a survey.

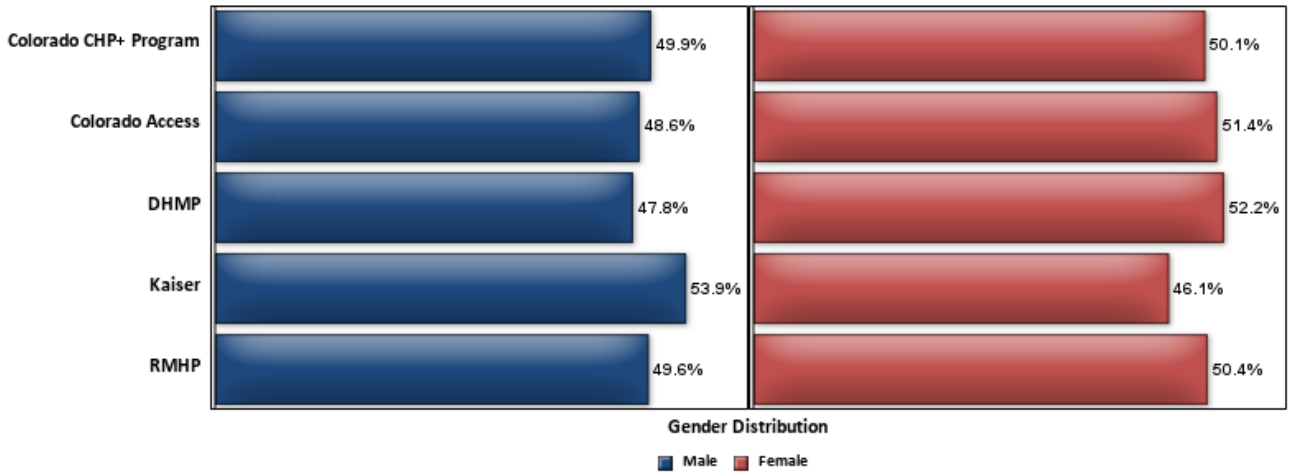
Figure 3-1—Child Member Demographics: Age



Some percentages may not total 100% due to rounding.

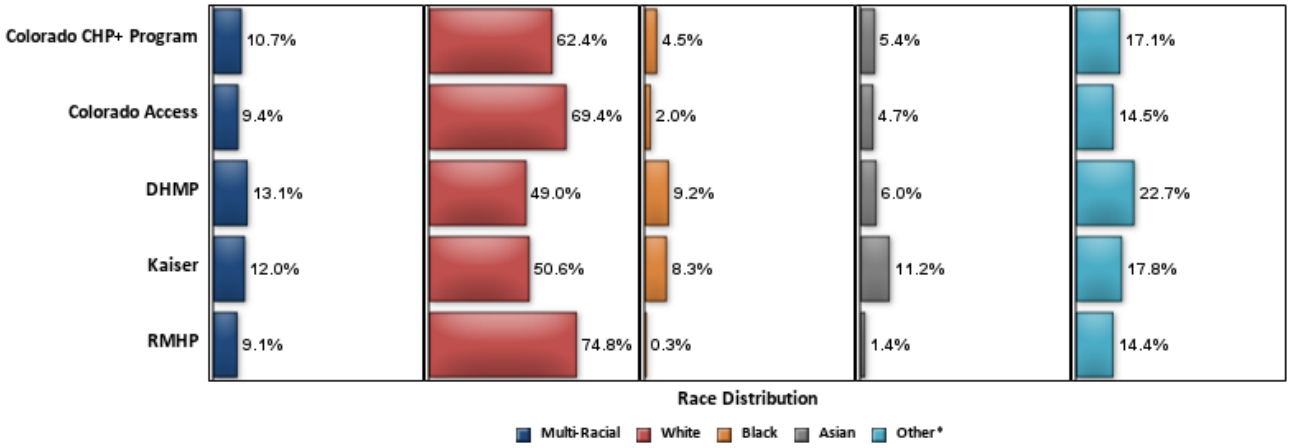
**Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of October 31, 2022. Some children eligible for the CAHPS Survey turned 18 between November 1, 2022, and the time of survey administration.*

Figure 3-2—Child Member Demographics: Gender



Some percentages may not total 100% due to rounding.

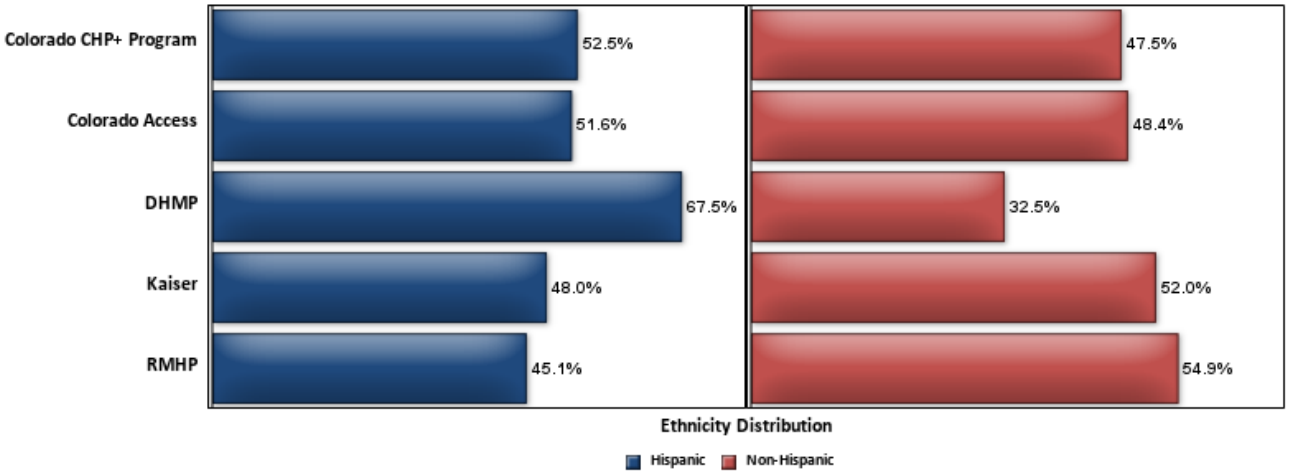
Figure 3-3—Child Member Demographics: Race



Some percentages may not total 100% due to rounding.

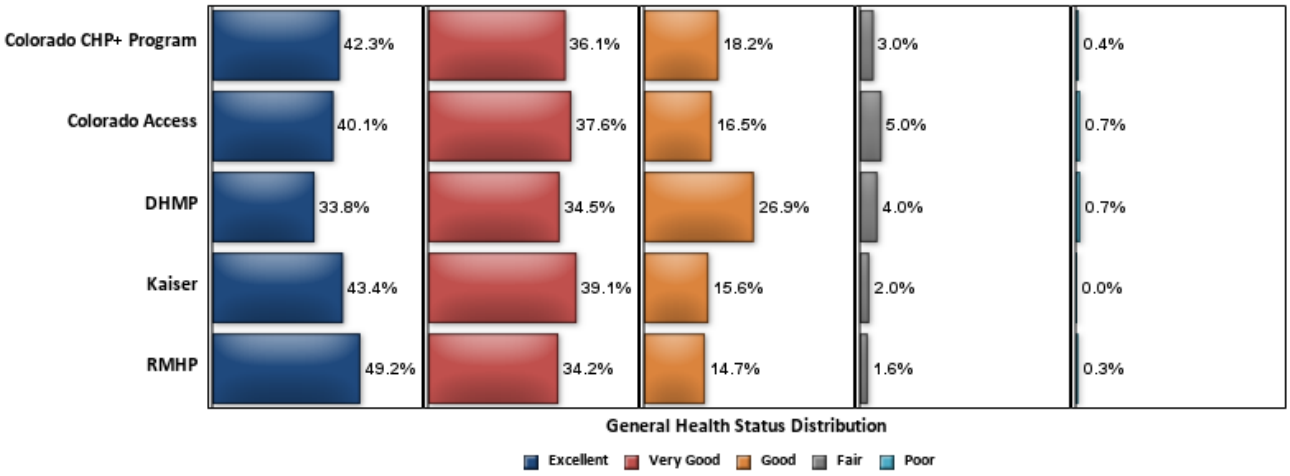
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 3-4—Child Member Demographics: Ethnicity



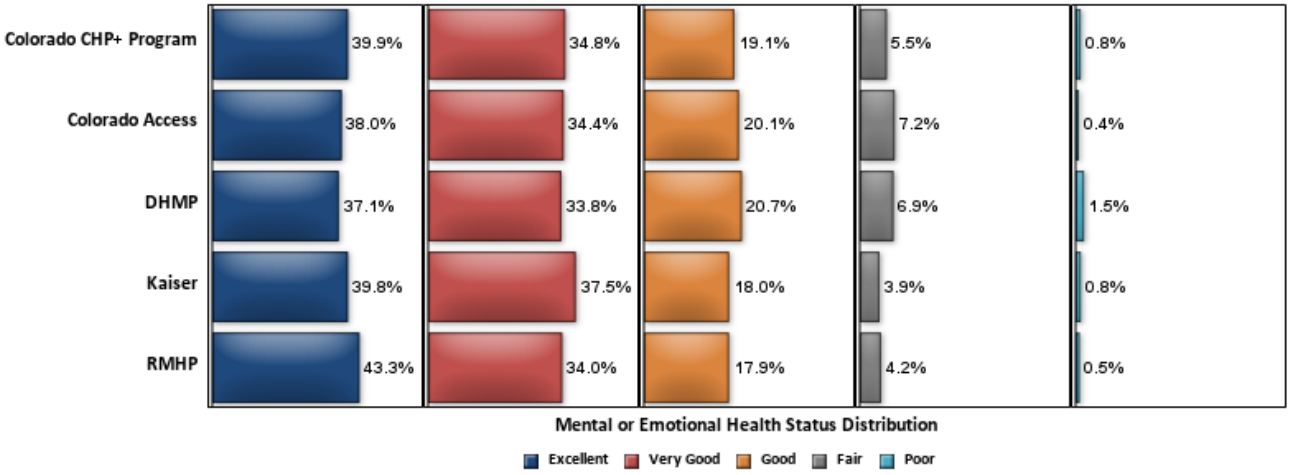
Some percentages may not total 100% due to rounding.

Figure 3-5—Child Member Demographics: General Health Status



Some percentages may not total 100% due to rounding.

Figure 3-6—Child Member Demographics: Mental or Emotional Health Status

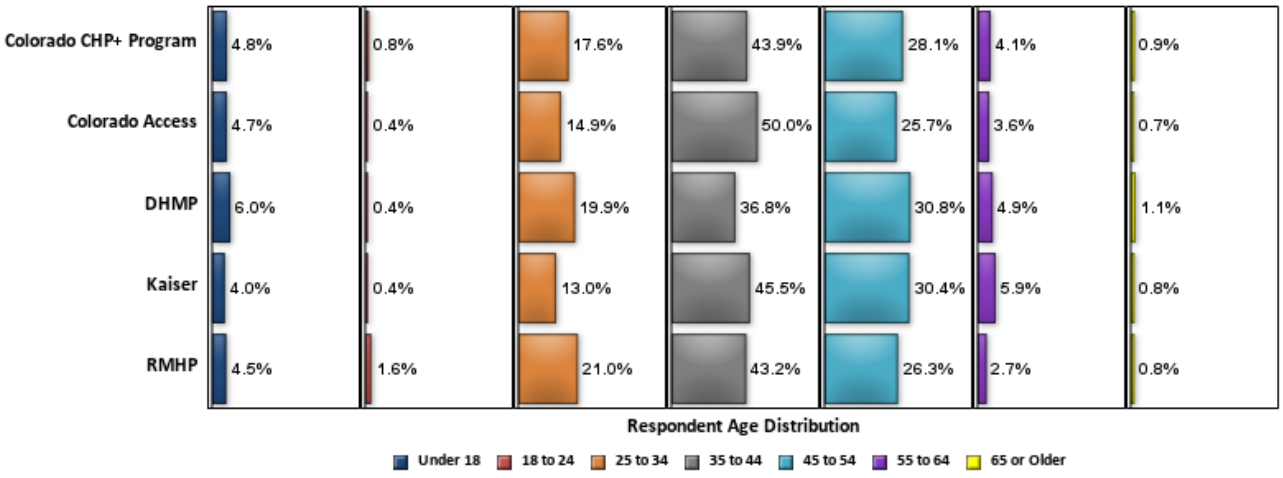


Some percentages may not total 100% due to rounding.

Respondent Demographics

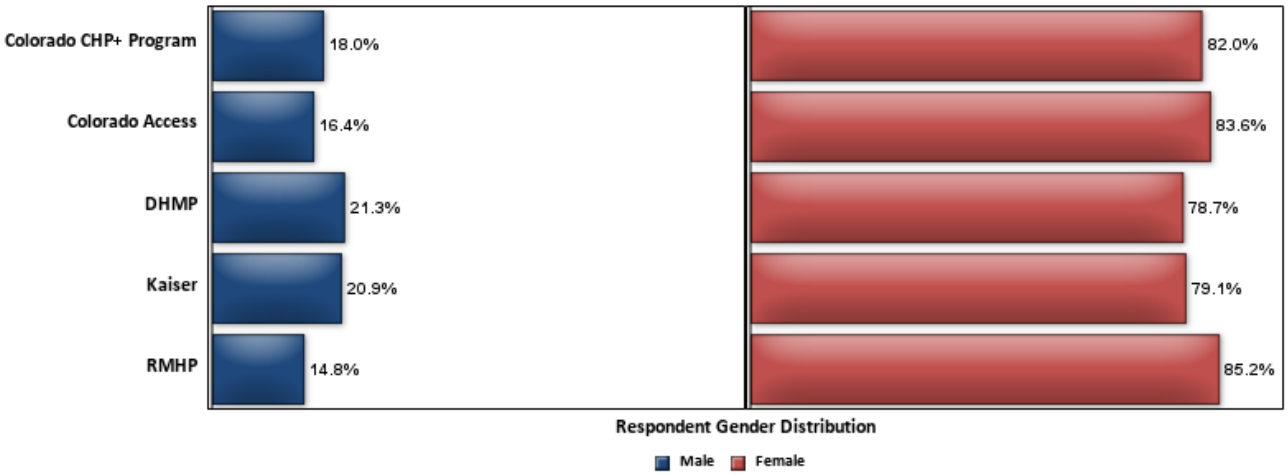
Figure 3-7 through Figure 3-10 present the demographic characteristics of parents/caretakers of child members who completed a survey.

Figure 3-7—Respondent Demographics: Age



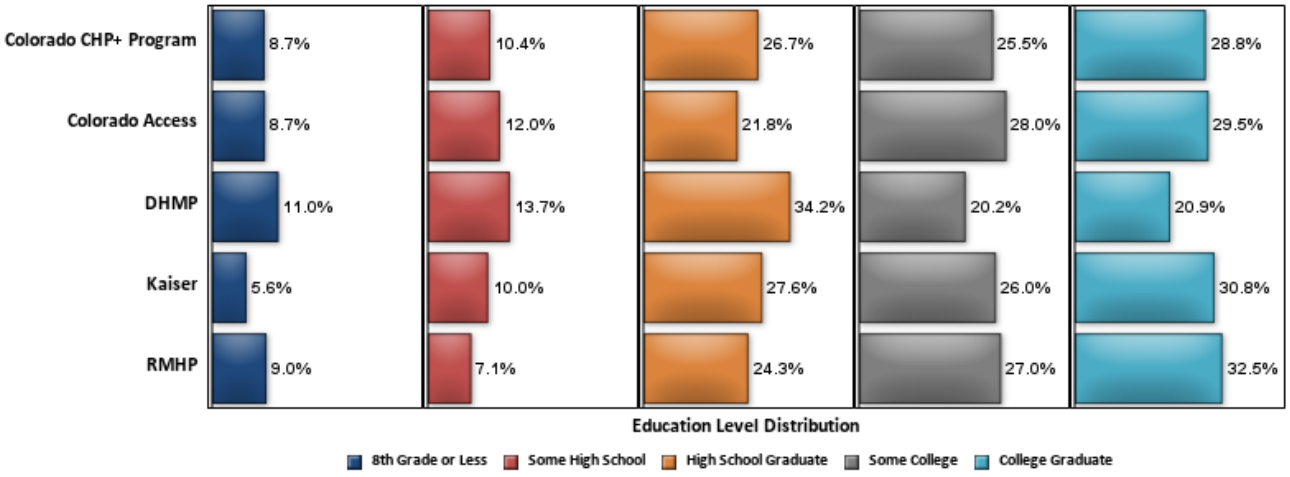
Some percentages may not total 100% due to rounding.

Figure 3-8—Respondent Demographics: Gender



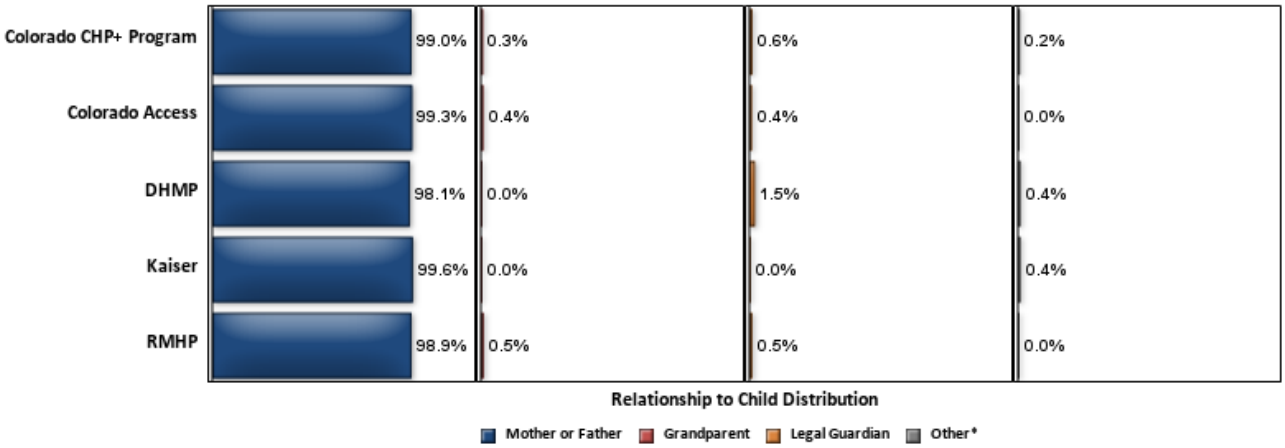
Some percentages may not total 100% due to rounding.

Figure 3-9—Respondent Demographics: Education Level



Some percentages may not total 100% due to rounding.

Figure 3-10—Respondent Demographics: Relationship to Child



Some percentages may not total 100% 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, and ethnicity. Table 3-1 through Table 3-3 present the results of the respondent analysis for the Colorado CHP+ Program and each CHP+ health plan. 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 3-1—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** **SF**	**1.2%** **1.2%**	**8.3%** **8.0%**	**20.7%↓** **23.1%**	**30.3%↓** **32.9%**	**39.6%↑** **34.7%**
Colorado Access	R SF	1.8% 1.2%	7.1% 7.7%	21.9% 23.4%	30.7% 33.4%	38.5% 34.3%
DHMP	R SF	1.1% 2.3%	6.8% 9.2%	20.5% 23.2%	29.5% 29.4%	42.1%↑ 36.0%
Kaiser	R SF	1.2% 0.9%	8.9% 7.9%	18.2% 21.6%	27.9% 32.2%	43.8%↑ 37.3%
RMHP	R SF	0.8% 1.4%	9.9% 8.9%	21.6% 22.8%	32.0% 32.4%	35.7% 34.4%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.

Table 3-2—Respondent Analysis: Gender

Program/Plan Name		Male	Female
Colorado CHP+ Program	**R** **SF**	**49.5%** **50.8%**	**50.5%** **49.2%**
Colorado Access	R SF	47.7% 50.9%	52.3% 49.1%
DHMP	R SF	47.8% 50.7%	52.2% 49.3%
Kaiser	R SF	52.7% 49.5%	47.3% 50.5%
RMHP	R SF	49.7% 50.9%	50.3% 49.1%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.

Table 3-3—Respondent Analysis: Ethnicity

Program/Plan Name		Hispanic	Non-Hispanic
Colorado CHP+ Program	**R** **SF**	**29.0%↑** **13.9%**	**71.0%↓** **86.1%**
Colorado Access	R SF	15.5% 12.0%	84.5% 88.0%
DHMP	R SF	100.0% 100.0%	0.0% 0.0%
Kaiser	R SF	1.9% 2.0%	98.1% 98.0%
RMHP	R SF	30.8%↑ 22.4%	69.2%↓ 77.6%

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.

NCQA Comparisons

In order to assess the overall performance of the CHP+ health plans, HSAG compared the scores for each measure to NCQA's 2022 Quality Compass Benchmark and Compare Quality Data.[3-1,3-2] 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 3-4.[2-3] For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 6-8.

Table 3-4—Star Rating Percentiles

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

3-1 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022.

3-2 Quality Compass® data were not available for 2023 at the time this report was prepared; therefore, 2022 data were used for this comparative analysis.

3-3 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 3-5 shows the CHP+ health plans' scores and overall member experience ratings for each measure.

Table 3-5—NCQA Comparisons: Overall Member Experience Ratings

	Colorado CHP+ Program	Colorado Access	DHMP	Kaiser	RMHP
Global Ratings					
Rating of Health Plan	★ 64.8%	★ 64.1%	★ 61.5%	★ 66.7%	★ 67.9%
Rating of All Health Care	★★ 68.4%	★★ 68.4%	★ 66.9%	★★ 70.1%	★★ 68.1%
Rating of Personal Doctor	★★ 75.5%	★★ 76.2%	★★ 76.1%	★★ 75.9%	★ 71.8%
Rating of Specialist Seen Most Often	★★ 71.7%	★★ 70.4%+	★★★ 73.3%+	★★ 71.7%+	★★★★ 76.7%+
Composite Measures					
Getting Needed Care	★★ 81.9%	★★ 81.5%	★ 78.8%+	★ 79.4%	★★★ 87.2%
Getting Care Quickly	★★ 86.3%	★★ 86.2%	★ 78.5%+	★★ 84.1%	★★★★ 91.5%
How Well Doctors Communicate	★★★ 94.9%	★★★ 94.8%	★★ 94.5%+	★★ 93.5%	★★★★ 96.7%
Customer Service	★★★ 88.8%	★★★★ 90.6%+	★ 82.7%+	★ 84.7%+	★★ 86.7%+
Individual Item Measure					
Coordination of Care	★★ 84.5%	★★ 84.1%+	★ 81.6%+	★★★★★ 90.3%+	★★ 83.5%+
+ Indicates fewer than 100 respondents. 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.[3-4] Additionally, the Colorado CHP+ Program's results were weighted based on the total eligible population of each CHP+ health plan for the corresponding year.[3-5] 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 6-2. For more detailed information on the calculation of these measures, please refer to the Reader's Guide section beginning on page 6-7.

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 (+).

Trend Analysis

Table 3-6 shows the number of completed surveys in 2021, 2022, and 2023.

Table 3-6—Completed Surveys in 2021, 2022, and 2023

Plan Name	2021	2022	2023
Colorado Access	424	305	283
DHMP	442	236	278
Friday Health Plans	143	162	—
Kaiser	360	259	258
RMHP	466	353	384
Total Respondents	**1,835**	**1,315**	**1,203**

HSAG used the completed surveys and corresponding CHP+ health plans' 2021, 2022, and 2023 results presented in this section for trending purposes. Statistically significant differences are noted with directional triangles. CAHPS Health Plan Survey Database (i.e., CAHPS Database) benchmarks and

3-4 HSAG followed *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

3-5 Friday Health Plans provided services in southern Colorado through FY 2021–2022; therefore, the 2021 and 2022 Colorado CHP+ Program results include Friday Health Plans. Caution should be exercised when comparing results for the 2021 and 2022 Colorado CHP+ Program to the 2023 Colorado CHP+ Program.

NCQA child Medicaid national averages are presented for comparative purposes.[3-6,3-7,3-8] Additional information is included in the Reader's Guide beginning on page 6-9.

Plan Comparisons

In order to identify performance differences in experiences of care, HSAG compared the plans' results to the Colorado CHP+ Program using standard tests for statistical significance.[3-9] For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. In some instances, the scores presented for two plans were similar, but one was statistically significantly different from the Colorado CHP+ Program and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a statistically significant result will be found in a plan with a larger number of respondents. Additional information is included in the Reader's Guide beginning on page 6-9.

[3-6] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022. The source for the benchmark and compare quality data used for this comparative analysis is the Quality Compass 2022 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.

[3-7] Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: July 21, 2023. 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 and 5.1/5.1H CAHPS Health Plan Surveys.

[3-8] CAHPS Database benchmarks and NCQA national averages were not available for 2023 at the time this report was prepared; therefore, 2022 benchmarks and national data are presented in this section.

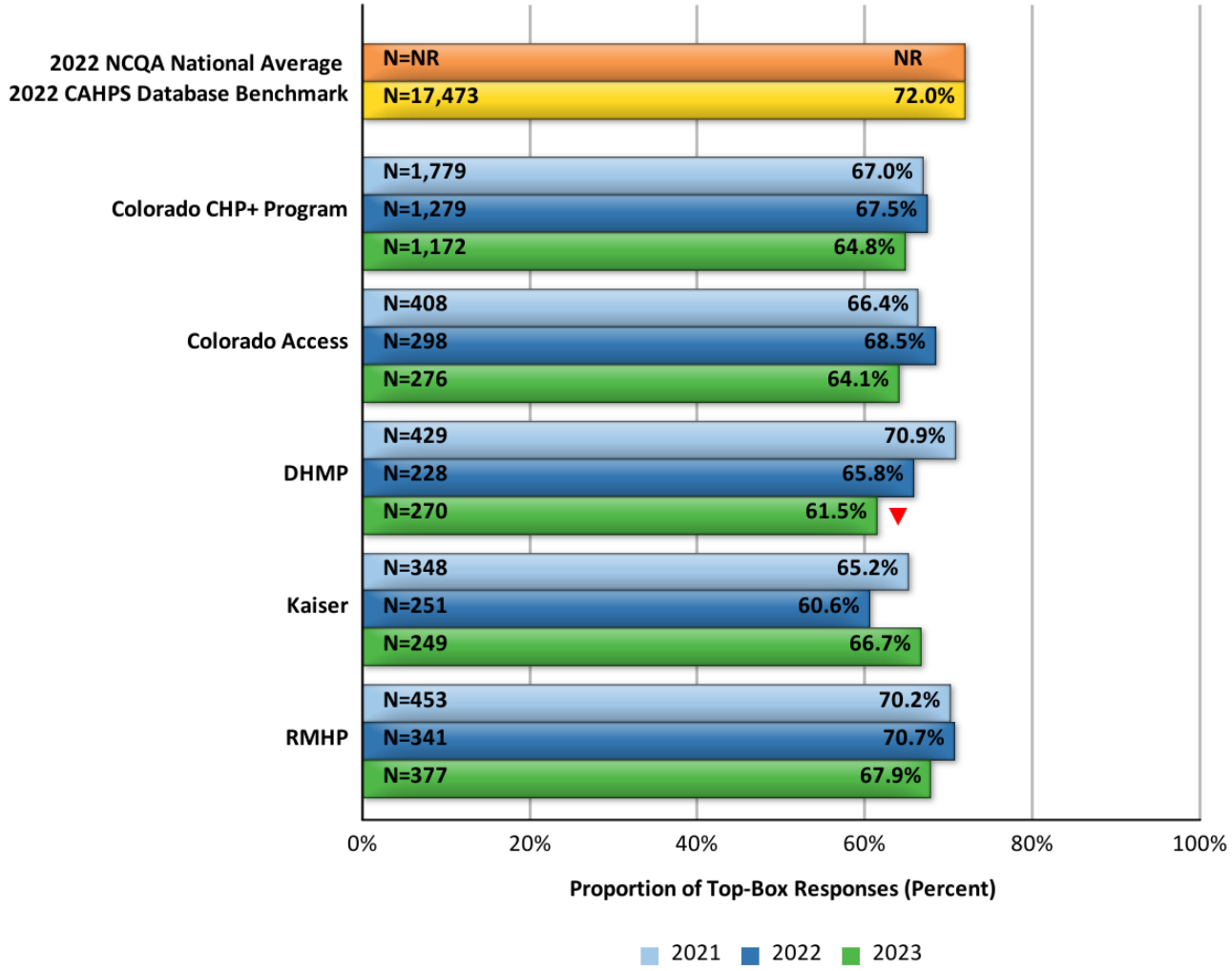
[3-9] Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

Global Ratings

Rating of Health Plan

Figure 3-11 shows the *Rating of Health Plan* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

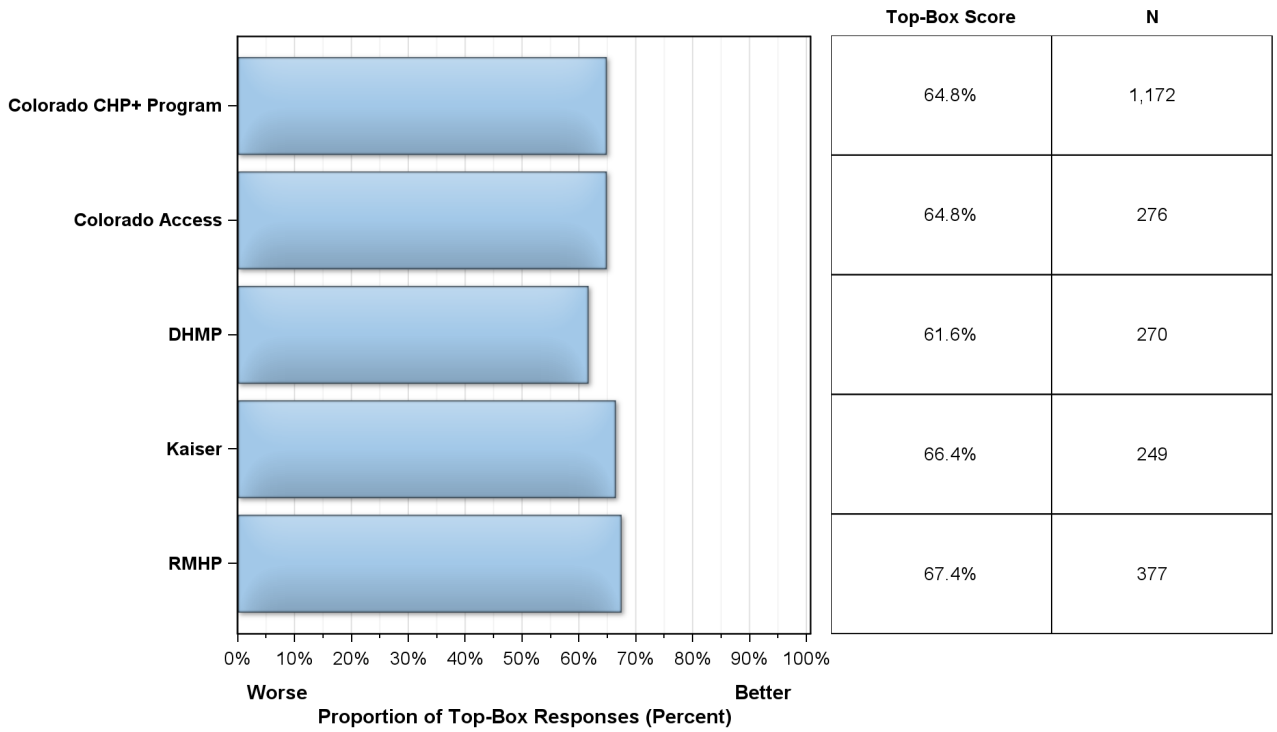
Figure 3-11—Trend Analysis: Rating of Health Plan (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-12 shows the *Rating of Health Plan* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-12—Plan Comparisons: Rating of Health Plan (9 or 10)

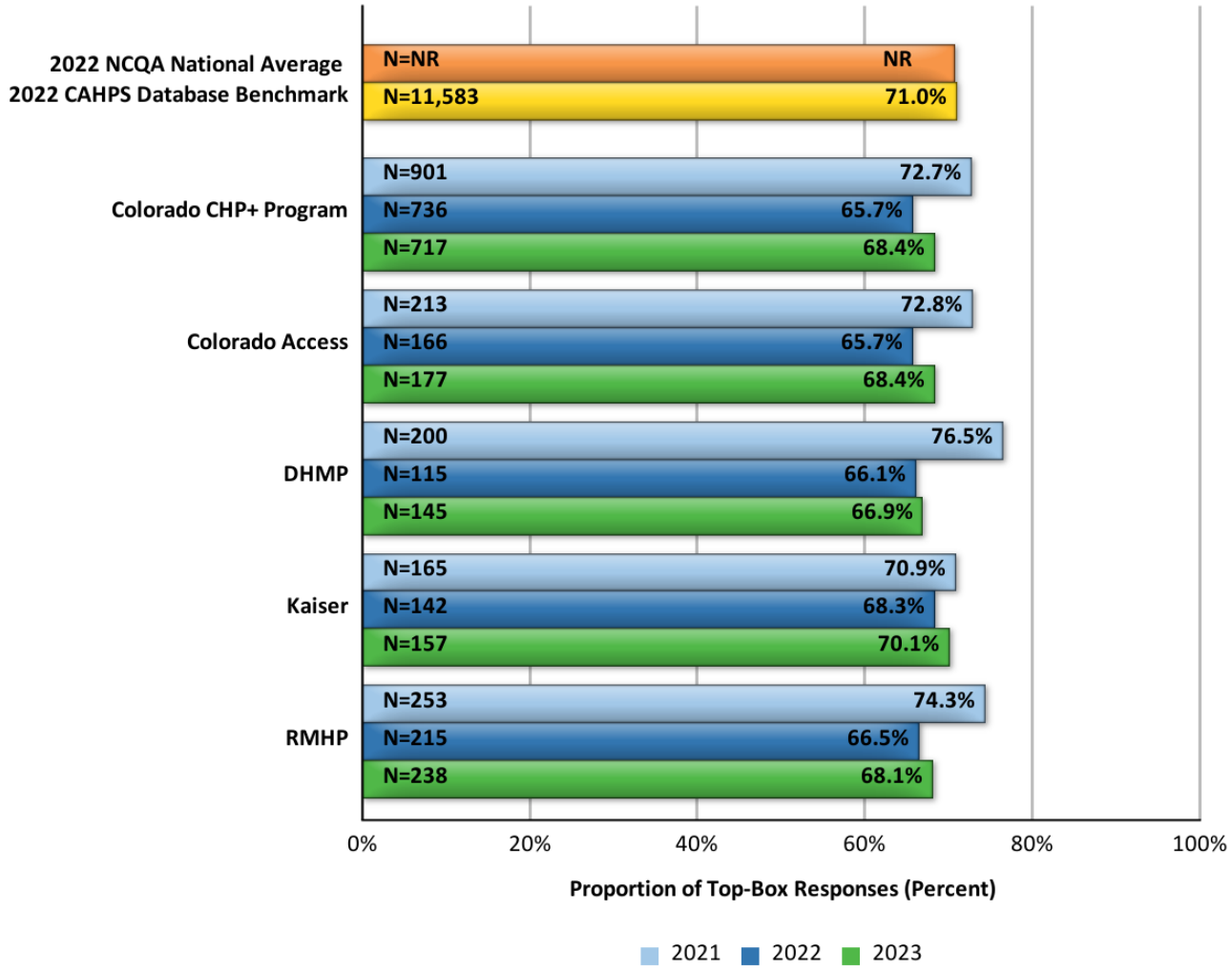


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of All Health Care

Figure 3-13 shows the *Rating of All Health Care* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

Figure 3-13—Trend Analysis: Rating of All Health Care (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
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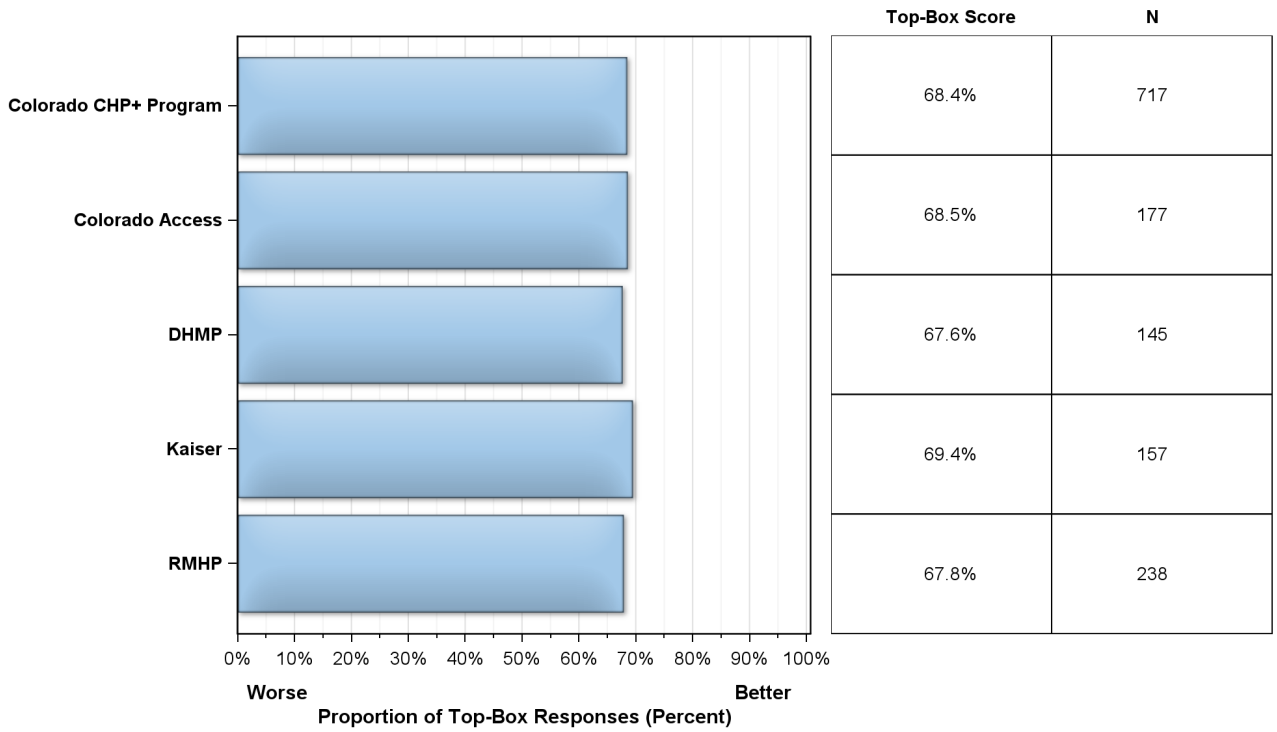
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-14 shows the *Rating of All Health Care* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-14—Plan Comparisons: Rating of All Health Care (9 or 10)

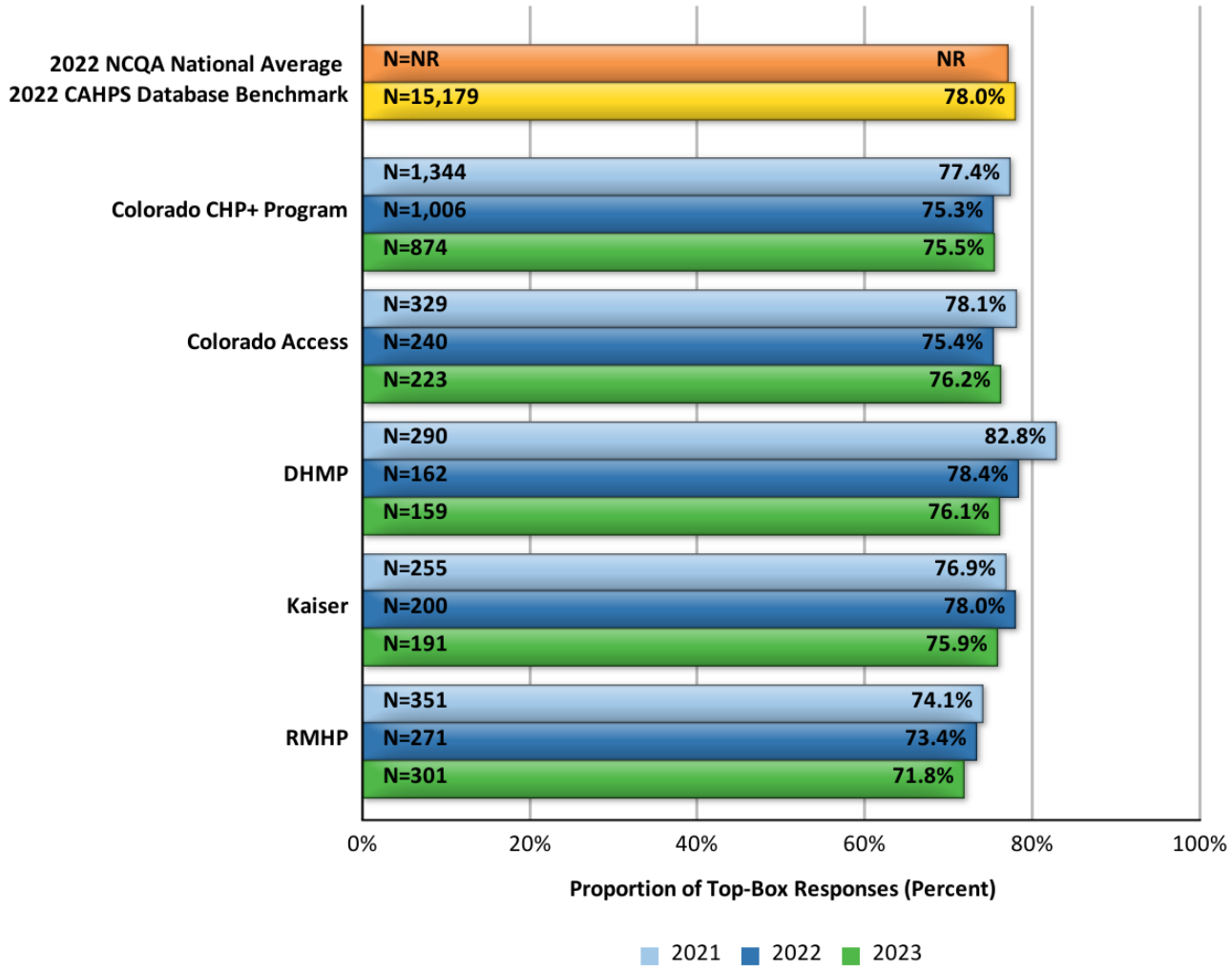


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Personal Doctor

Figure 3-15 shows the *Rating of Personal Doctor* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

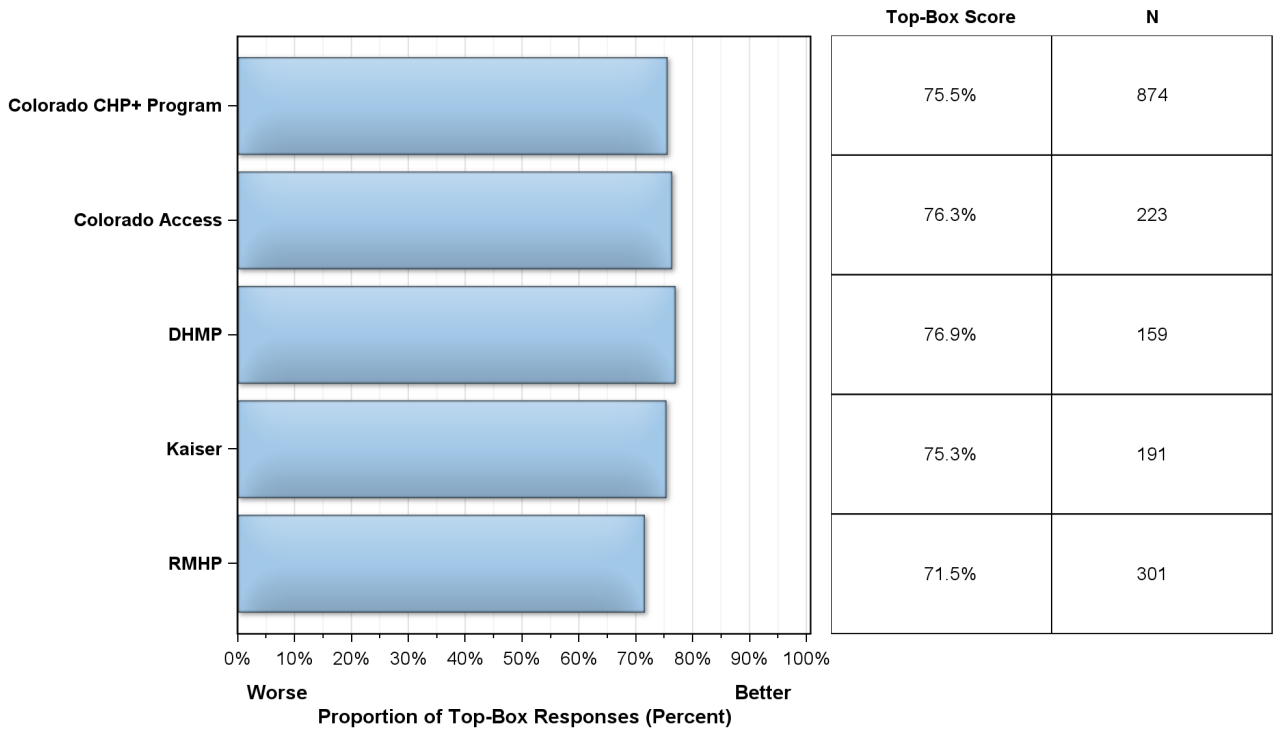
Figure 3-15—Trend Analysis: Rating of Personal Doctor (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-16 shows the *Rating of Personal Doctor* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-16—Plan Comparisons: Rating of Personal Doctor (9 or 10)

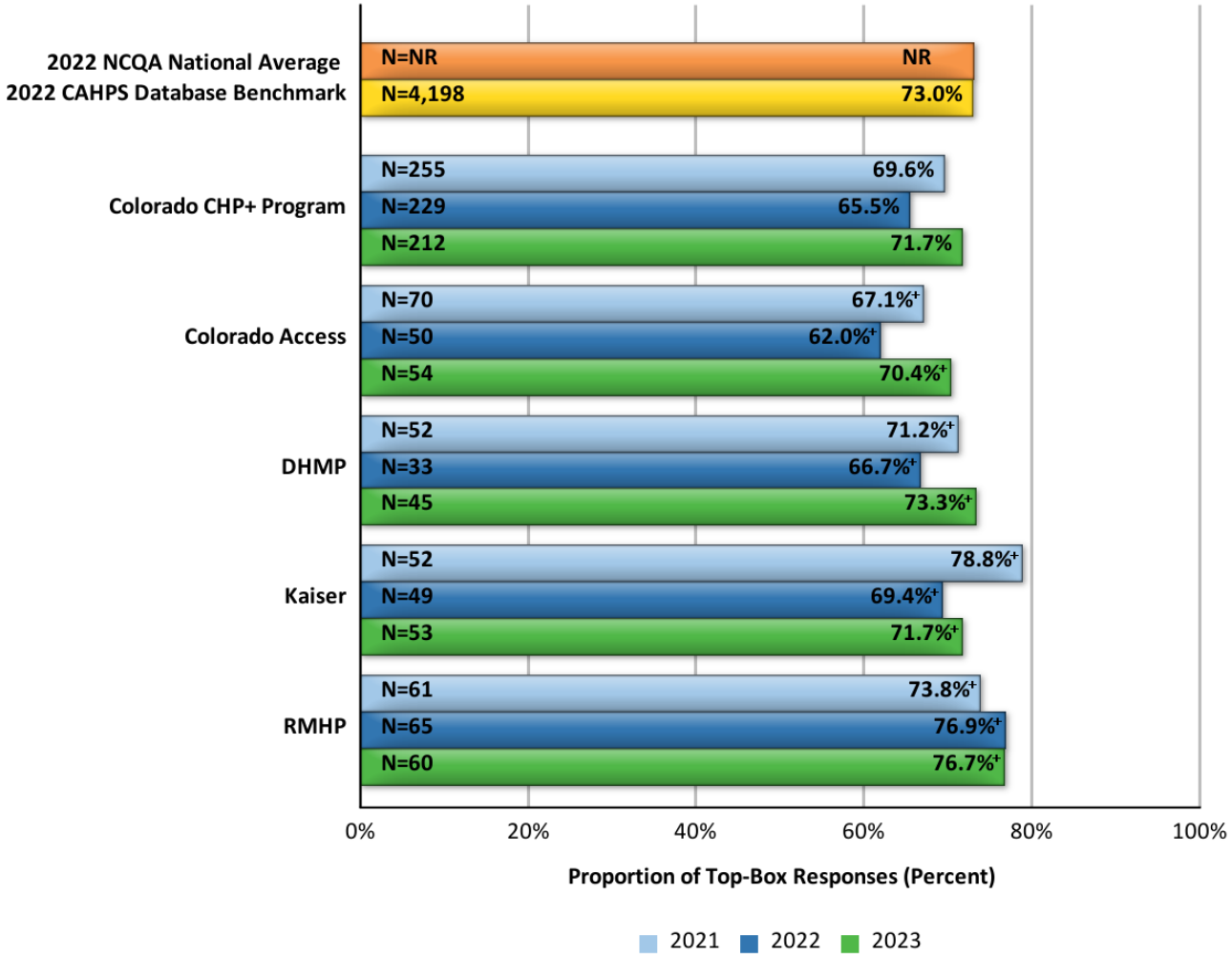


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 3-17 shows the *Rating of Specialist Seen Most Often* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

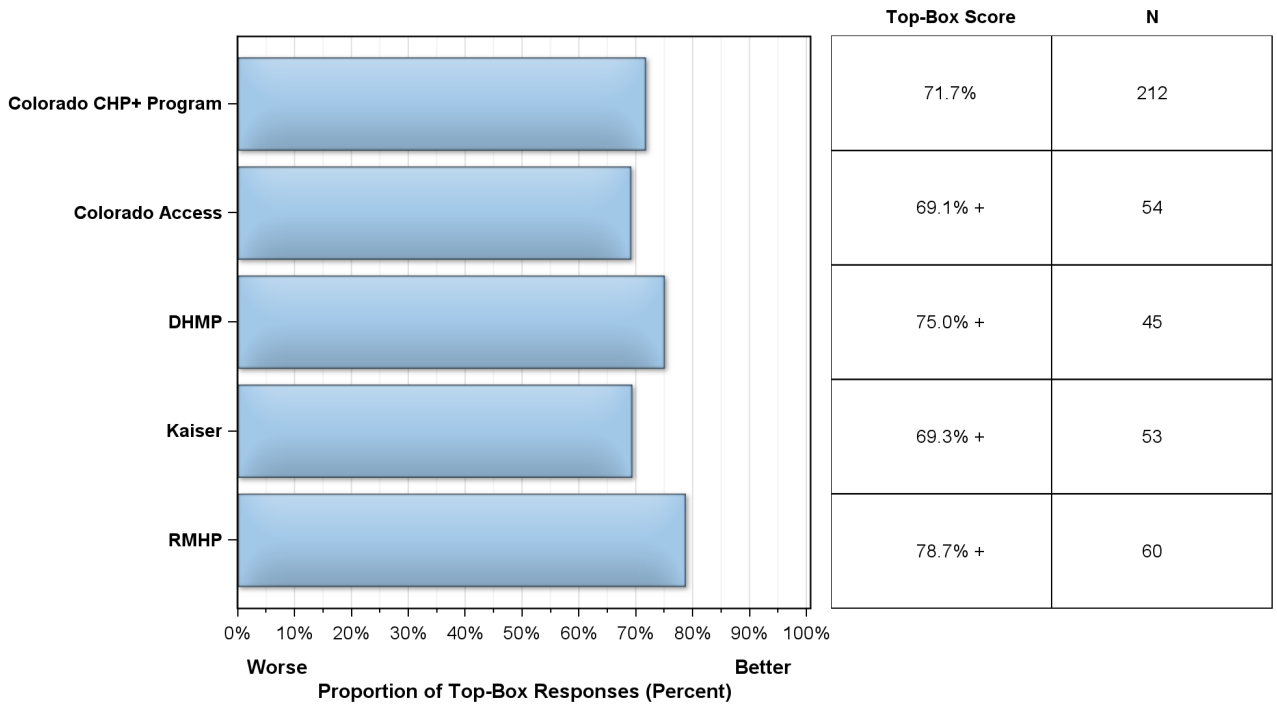
Figure 3-17—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-18 shows the *Rating of Specialist Seen Most Often* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-18—Plan Comparisons: Rating of Specialist Seen Most Often (9 or 10)



	Top-Box Score	N
Colorado CHP+ Program	71.7%	212
Colorado Access	69.1% +	54
DHMP	75.0% +	45
Kaiser	69.3% +	53
RMHP	78.7% +	60

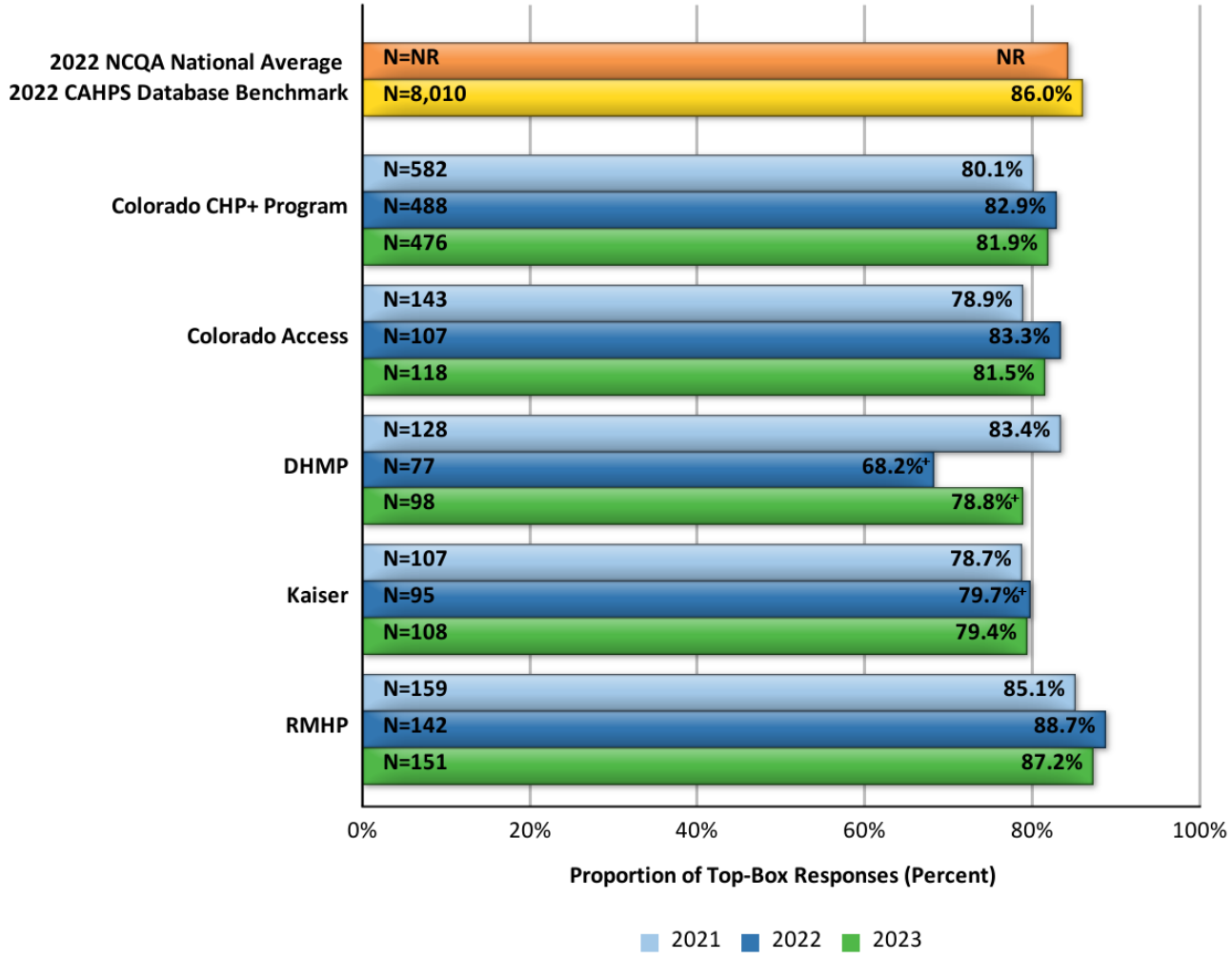
↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates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

Composite Measures

Getting Needed Care

Figure 3-19 shows the *Getting Needed Care* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

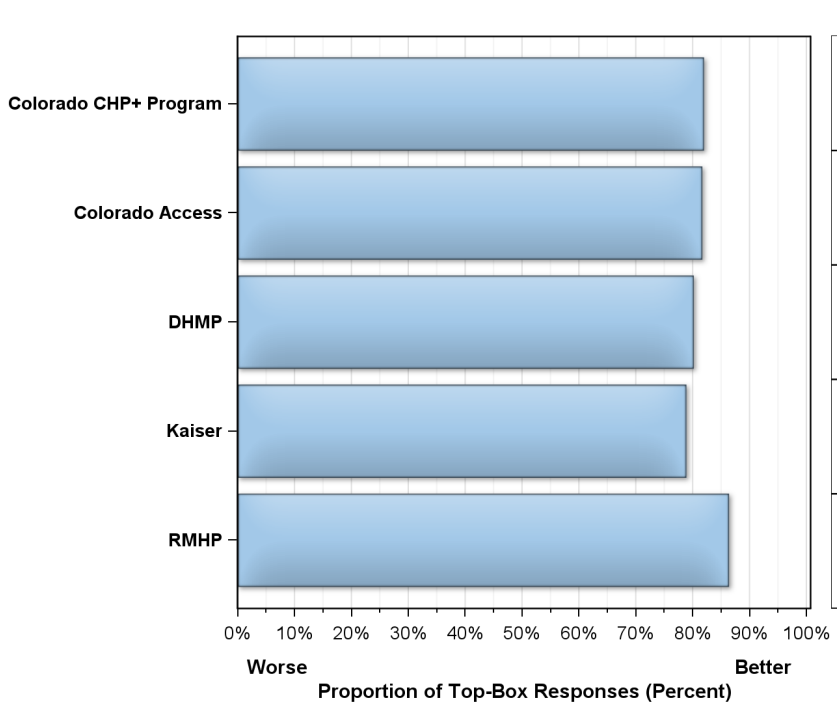
Figure 3-19—Trend Analysis: Getting Needed Care (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-20 shows the *Getting Needed Care* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-20—Plan Comparisons: Getting Needed Care (Usually or Always)



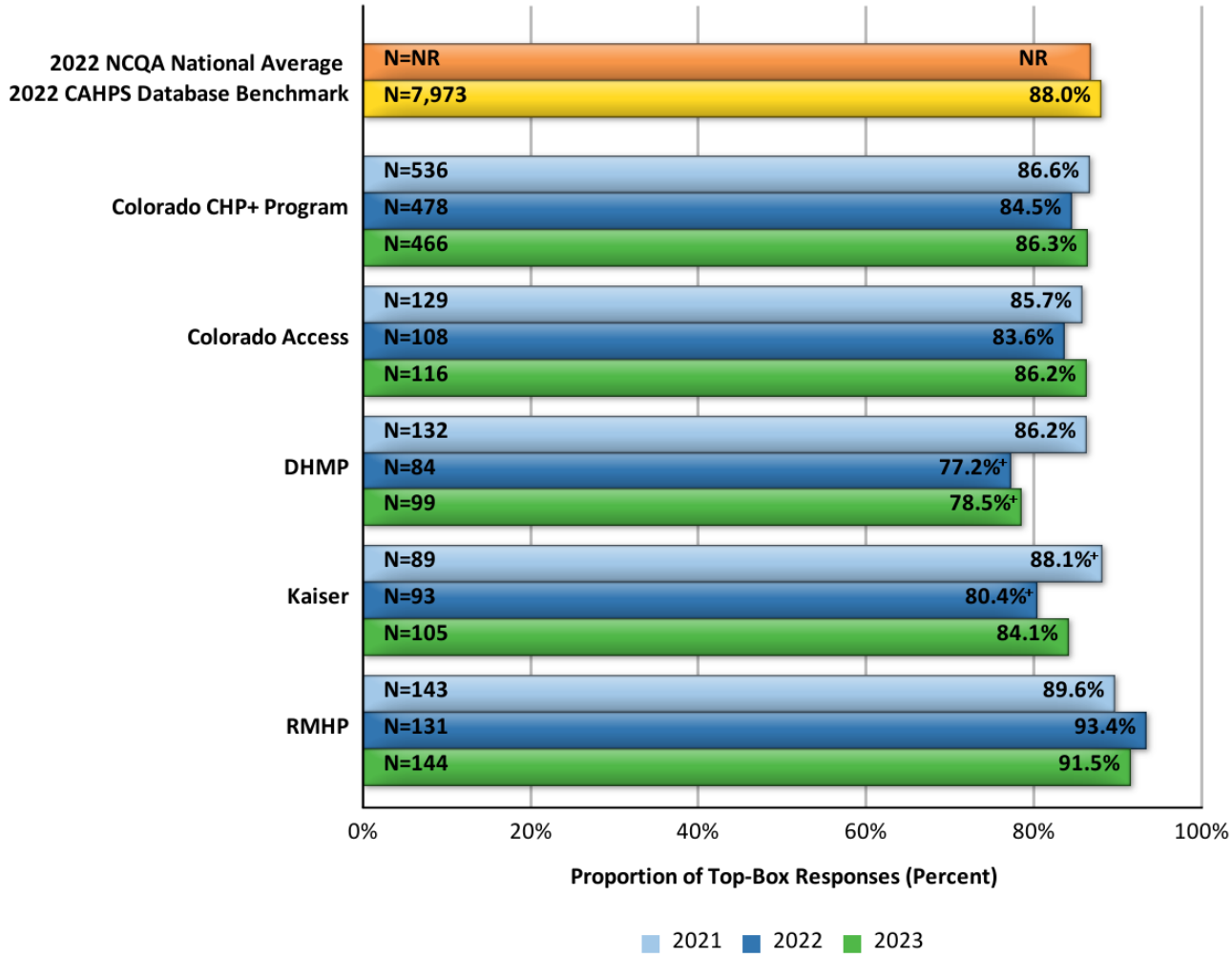
	Top-Box Score	N
Colorado CHP+ Program	81.9%	476
Colorado Access	81.6%	118
DHMP	80.1% +	98
Kaiser	78.8%	108
RMHP	86.3%	151

↑ 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 3-21 shows the *Getting Care Quickly* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

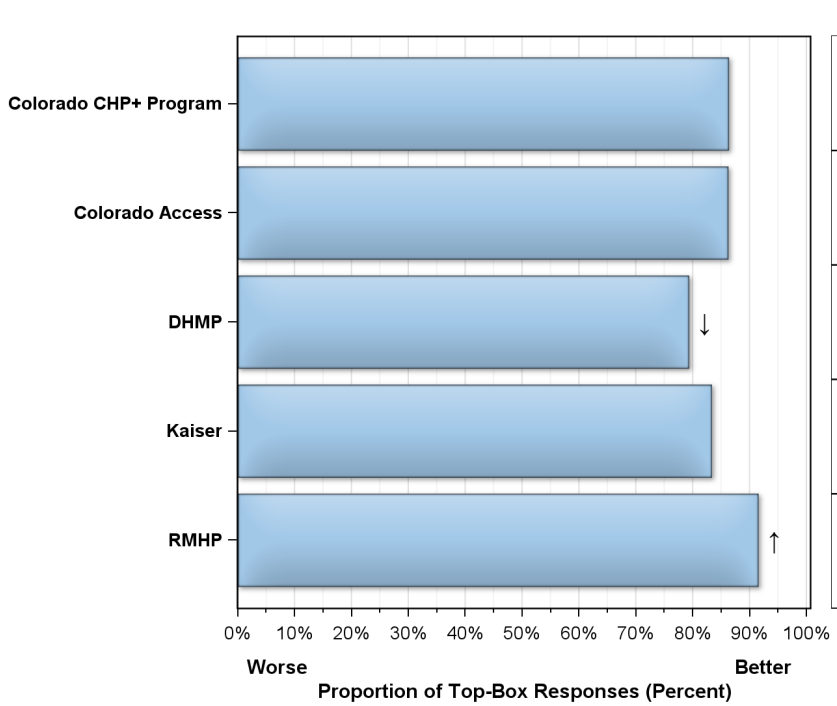
Figure 3-21—Trend Analysis: Getting Care Quickly (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-22 shows the *Getting Care Quickly* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-22—Plan Comparisons: Getting Care Quickly (Usually or Always)



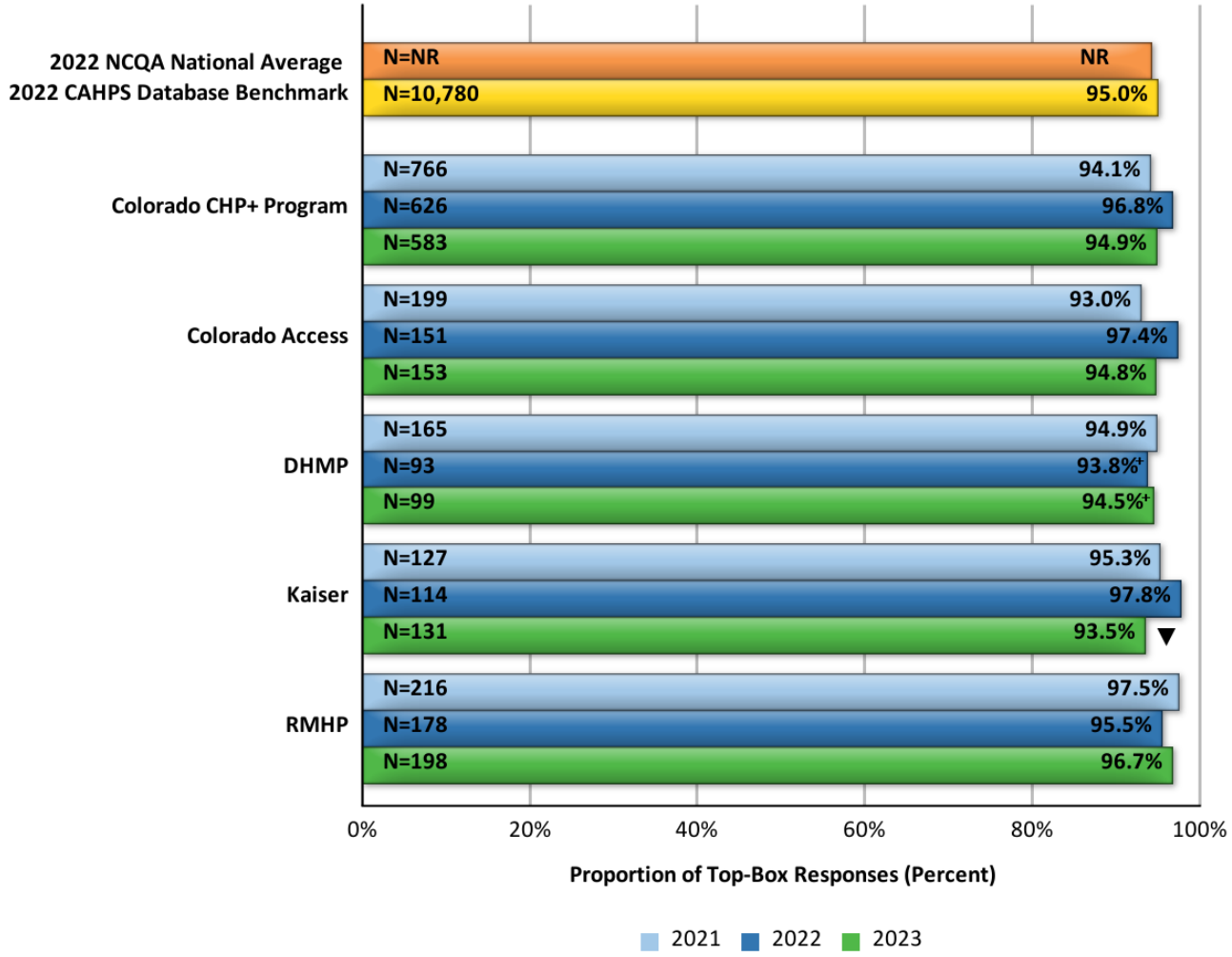
	Top-Box Score	N
Colorado CHP+ Program	86.3%	466
Colorado Access	86.2%	116
DHMP	79.3% +	99
Kaiser	83.3%	105
RMHP	91.5%	144

↑ 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 3-23 shows the *How Well Doctors Communicate* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

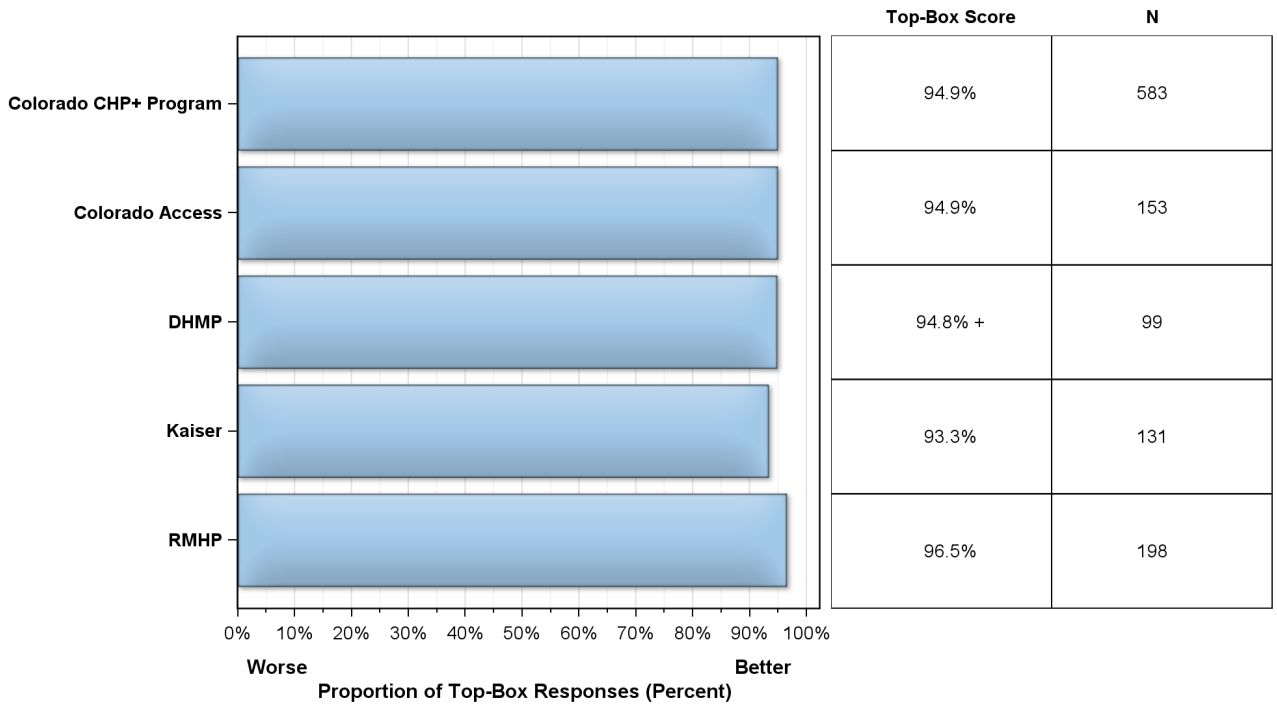
Figure 3-23—Trend Analysis: How Well Doctors Communicate (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-24 shows the *How Well Doctors Communicate* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-24—Plan Comparisons: How Well Doctors Communicate (Usually or Always)

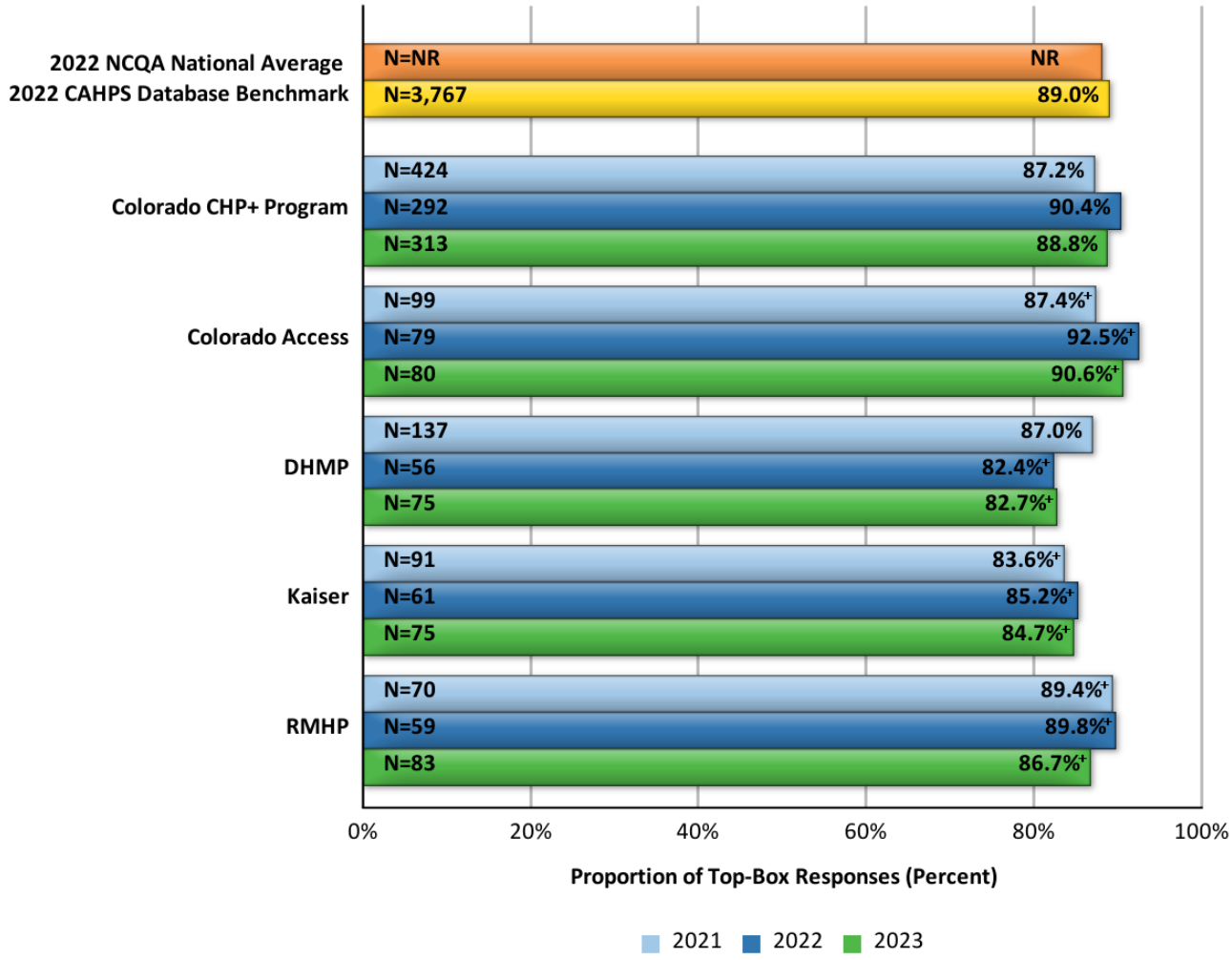


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates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

Customer Service

Figure 3-25 shows the *Customer Service* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

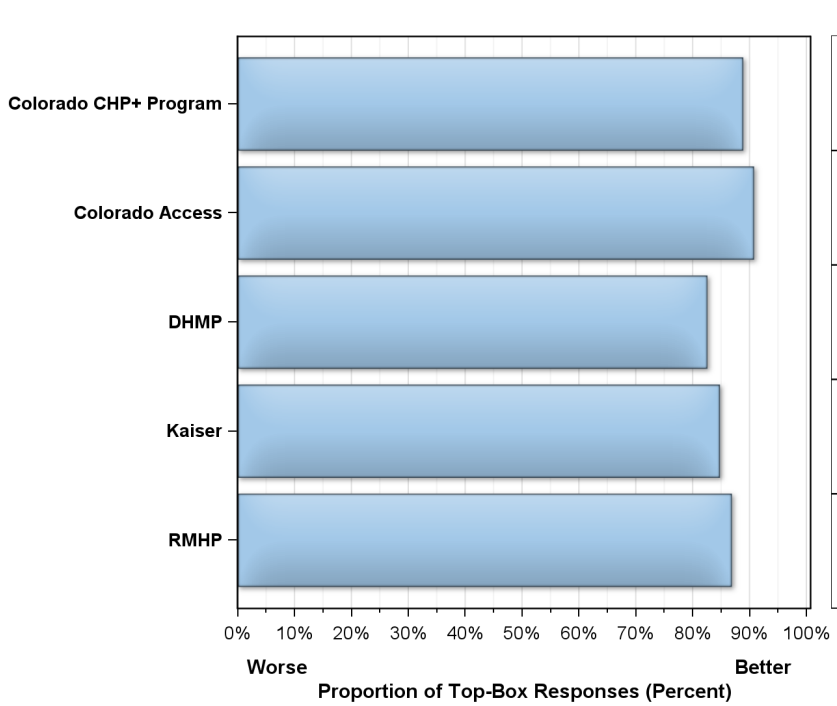
Figure 3-25—Trend Analysis: Customer Service (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-26 shows the *Customer Service* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-26—Plan Comparisons: Customer Service (Usually or Always)



	Top-Box Score	N
Colorado CHP+ Program	88.8%	313
Colorado Access	90.7% +	80
DHMP	82.5% +	75
Kaiser	84.7% +	75
RMHP	86.8% +	83

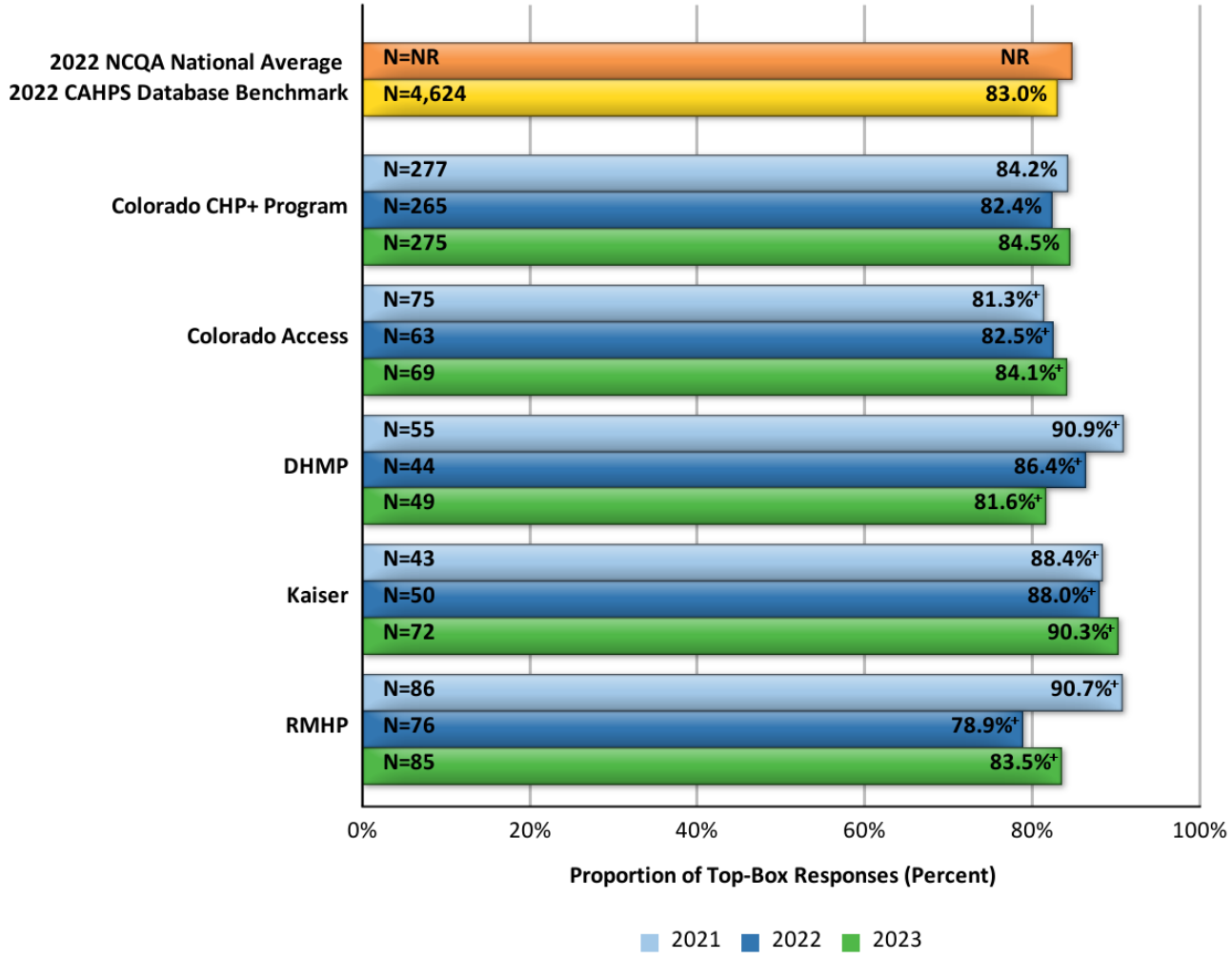
↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.
↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates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

Individual Item Measure

Coordination of Care

Figure 3-27 shows the *Coordination of Care* trend analysis results, including the 2022 NCQA national average, 2022 CAHPS Database Benchmark, top-box scores, and number of responses (N).

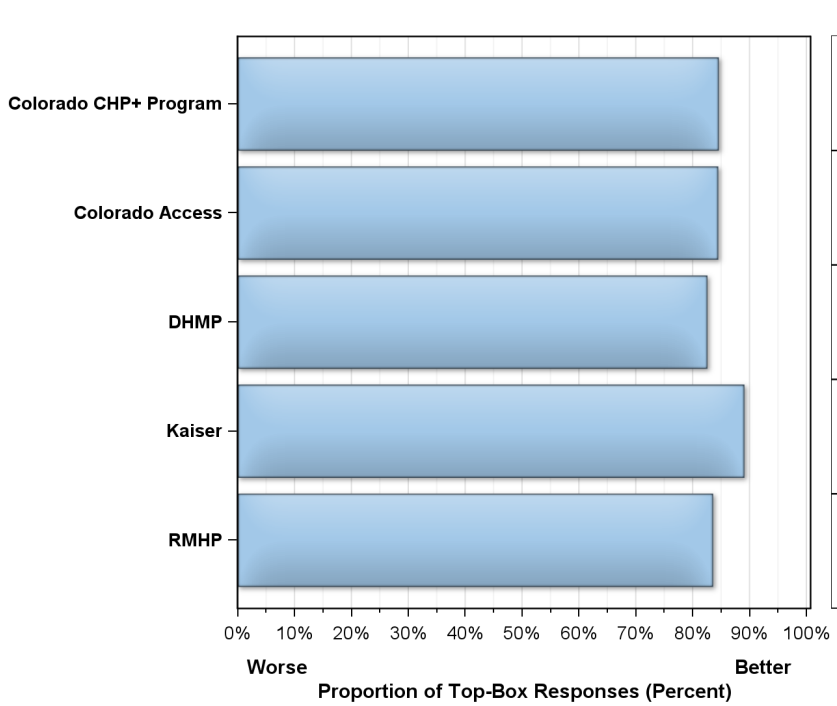
Figure 3-27—Trend Analysis: Coordination of Care (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
▲ Indicates the 2023 score is statistically significantly higher than the 2021 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2021 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 3-28 shows the *Coordination of Care* plan comparisons results, including the top-box scores and number of responses (N).

Figure 3-28—Plan Comparisons: Coordination of Care (Usually or Always)



	Top-Box Score	N
Colorado CHP+ Program	84.5%	275
Colorado Access	84.4% +	69
DHMP	82.5% +	49
Kaiser	89.0% +	72
RMHP	83.5% +	85

↑ 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 3-7 summarizes the statistically significant differences identified from the trend analysis and plan comparisons.

Table 3-7—Summary of Results: Trend Analysis and Plan Comparisons Highlights

Measure Name	Colorado CHP+ Program	Colorado Access	DHMP	Kaiser	RMHP
Global Ratings					
Rating of Health Plan	—	—	▼	—	—
Composite Measures					
Getting Care Quickly	—	—	↓+	—	↑
How Well Doctors Communicate	—	—	—	▼	—

▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*
▲ *Indicates the 2023 score is statistically significantly higher than the 2021 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2021 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 the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Supplemental Items

The Department elected to add six supplemental items to the standard CAHPS Survey. Table 3-8 details the survey language and response options for each of the supplemental items. Table 3-9 through Table 3-15 present the number and percentage of responses for each supplemental item.

Table 3-8—Supplemental Items

Question		Response Options
Q41a.	In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?	Yes No My child did not see a doctor or other health provider in the last 6 months[3-10]
Q41b.	In the last 6 months, did you and your child's doctor or other health provider talk about whether there are any problems in your household that might affect your child?	Yes No
Q41c.	In the last 6 months, did your child's doctor's office or health provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes No
Q41d.	In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?	Yes No
Q41e.	In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?	Never Sometimes Usually Always
Q41f.	In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer

[3-10] 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 41a). Table 3-9 displays the responses for this question.

Table 3-9—Talked About Child's Behavior

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**494**	**58.6%**	**349**	**41.4%**
Colorado Access	130	65.3%	69	34.7%
DHMP	84	45.7%	100	54.3%
Kaiser	105	55.6%	84	44.4%
RMHP	175	64.6%	96	35.4%
Some 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 41b). Table 3-10 displays the responses for this question.

Table 3-10—Talked About Household Problems That Might Affect Child

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**293**	**35.7%**	**527**	**64.3%**
Colorado Access	65	33.2%	131	66.8%
DHMP	56	32.2%	118	67.8%
Kaiser	72	38.5%	115	61.5%
RMHP	100	38.0%	163	62.0%
Some 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 41c). Table 3-11 displays the responses for this question.

Table 3-11—Received Information About After-Hours Care

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**355**	**43.4%**	**463**	**56.6%**
Colorado Access	86	43.7%	111	56.3%
DHMP	64	36.8%	110	63.2%
Kaiser	86	46.5%	99	53.5%
RMHP	119	45.4%	143	54.6%
Some 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 41d). Table 3-12 displays the responses for this question.

Table 3-12—Needed After-Hours Care

Program/Plan Name	Yes		No	
	N	%	N	%
Colorado CHP+ Program	**101**	**12.4%**	**714**	**87.6%**
Colorado Access	26	13.2%	171	86.8%
DHMP	18	10.3%	156	89.7%
Kaiser	27	14.7%	157	85.3%
RMHP	30	11.5%	230	88.5%
Some 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 41e). Table 3-13 displays the responses for this question.

Table 3-13—Access to After-Hours Care

Program/Plan Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**16**	**15.8%**	**21**	**20.8%**	**25**	**24.8%**	**39**	**38.6%**
Colorado Access	9	34.6%	5	19.2%	4	15.4%	8	30.8%
DHMP	0	0.0%	4	22.2%	5	27.8%	9	50.0%
Kaiser	2	7.4%	7	25.9%	9	33.3%	9	33.3%
RMHP	5	16.7%	5	16.7%	7	23.3%	13	43.3%

Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 41d.

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked how many days they usually had to wait between making an appointment and their child actually seeing a health provider, not counting the times their child needed health care right away (Question 41f). Table 3-14 and Table 3-15 display the responses for this question.

Table 3-14—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	**162**	**20.7%**	**110**	**14.0%**	**175**	**22.3%**	**133**	**17.0%**	**86**	**11.0%**
Colorado Access	35	18.6%	25	13.3%	35	18.6%	28	14.9%	26	13.8%
DHMP	29	17.5%	16	9.6%	29	17.5%	29	17.5%	24	14.5%
Kaiser	34	19.0%	26	14.5%	53	29.6%	37	20.7%	16	8.9%
RMHP	64	25.6%	43	17.2%	58	23.2%	39	15.6%	20	8.0%

Some percentages may not total 100% due to rounding.

Table 3-15—Number of Days Waiting to See Health Provider (Continued)

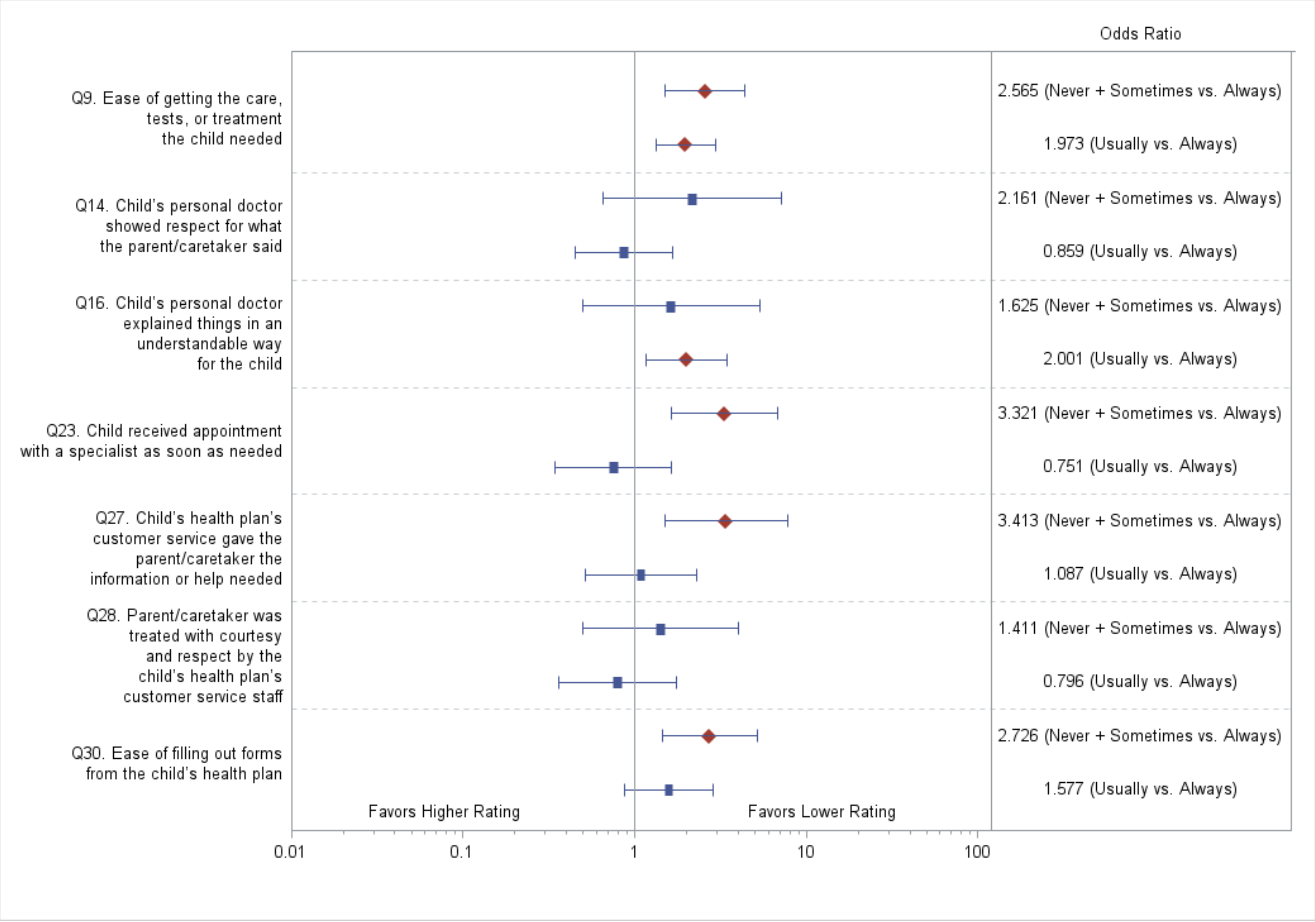
Program/Plan Name	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
Colorado CHP+ Program	**71**	**9.1%**	**30**	**3.8%**	**13**	**1.7%**	**3**	**0.4%**
Colorado Access	18	9.6%	15	8.0%	4	2.1%	2	1.1%
DHMP	27	16.3%	8	4.8%	3	1.8%	1	0.6%
Kaiser	6	3.4%	5	2.8%	2	1.1%	0	0.0%
RMHP	20	8.0%	2	0.8%	4	1.6%	0	0.0%

Some percentages may not total 100% due to rounding.

4. 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 6-11. Figure 4-1 through Figure 4-3 depict the results of the analysis for the Colorado CHP+ Program. The items identified as key drivers are indicated with a red diamond.

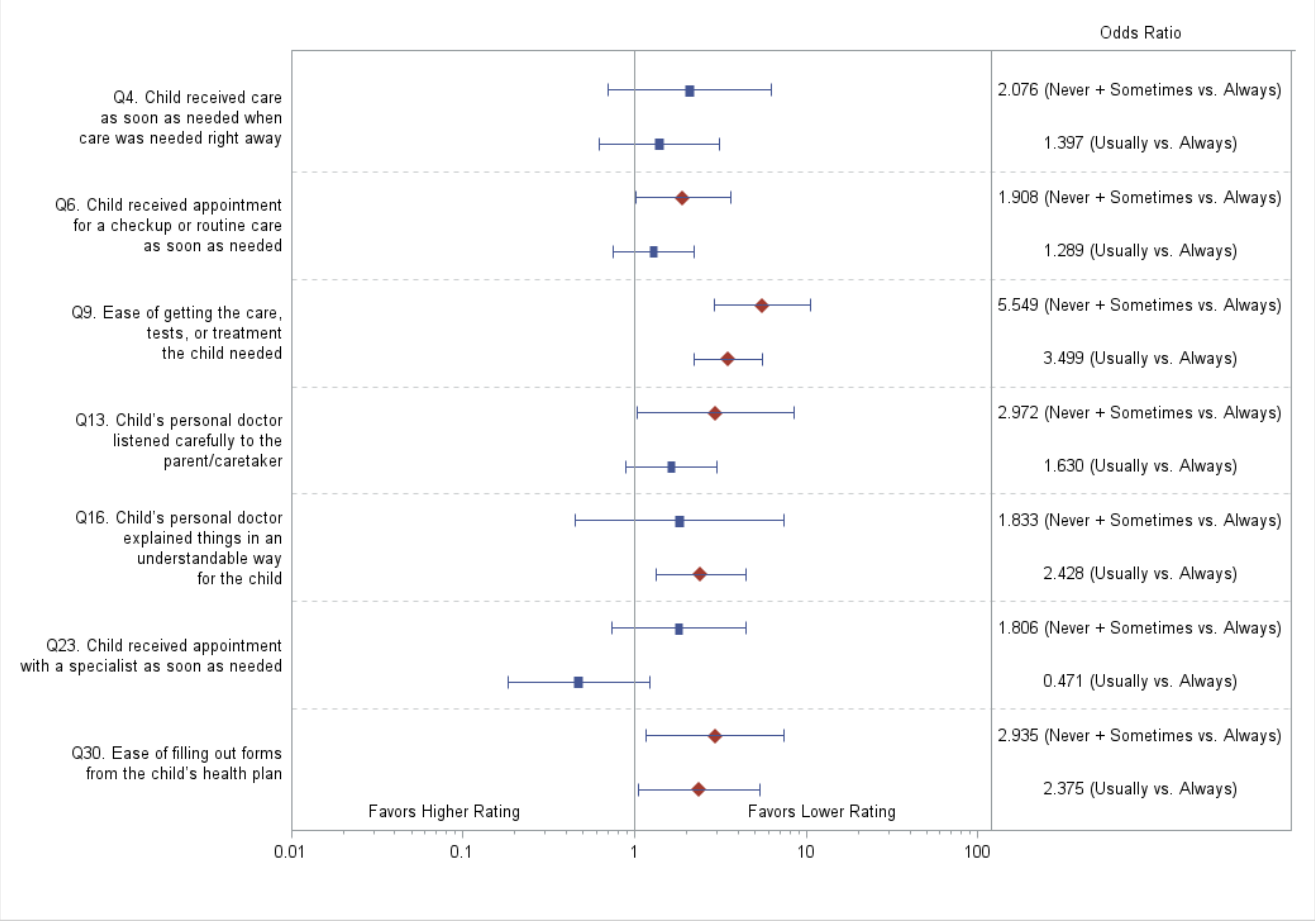
Figure 4-1—Key Drivers of Low Member Experience: Rating of Health Plan



Indicates the item is a key driver.

Indicates the item is not a key driver.

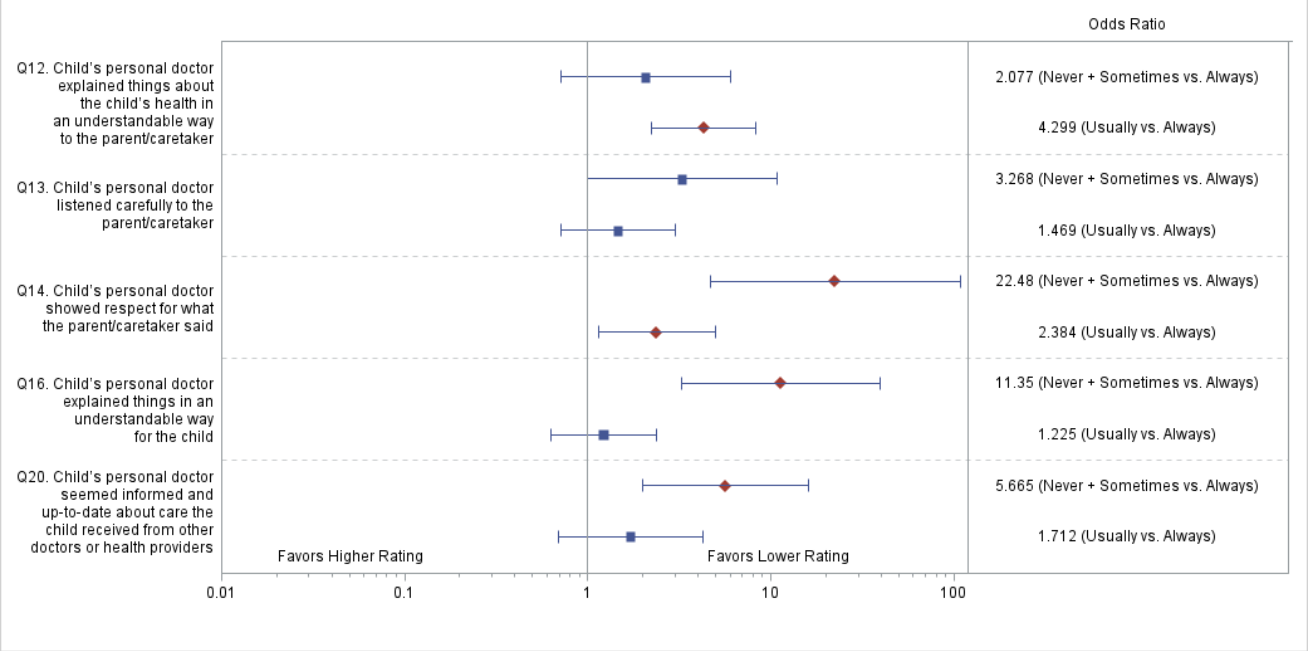
Figure 4-2—Key Drivers of Low Member Experience: Rating of All Health Care



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 4-3—Key Drivers of Low Member Experience: Rating of Personal Doctor



Indicates the item is a key driver.

Indicates the item is not a key driver.

5. Conclusions and Recommendations

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 the 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.

Access to Care

Getting Needed Care

Table 5-1 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Getting Needed Care* composite measure.

Table 5-1—Access to Care: Getting Needed Care Summary

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

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
— *Indicates the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

Table 5-2—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	2.565	5.549	NS
	Usually vs. Always	1.973	3.499	NS
Q23. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	3.321	NS	NA

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

- Compared to parents/caretakers who perceived it was always easy to get the care, tests, and treatment their child needed:
  - Parents/caretakers of child members who perceived it was never or sometimes easy to get the care, tests, or treatment their child needed were 2.565 and 5.549 times more likely to provide a lower rating for their child's CHP+ 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 1.973 and 3.499 times more likely to provide a lower rating for their child's CHP+ 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 3.321 times more likely to provide a lower rating for their child's CHP+ health plan than parents/caretakers who always received an appointment with a specialist as soon as their child needed.

Timeliness of Care

Getting Care Quickly

Table 5-3 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Getting Care Quickly* composite measure.

Table 5-3—Timeliness of Care: Getting Care Quickly Summary

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

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
↑ *Indicates the score is statistically significantly higher than the Colorado CHP+ Program.*
↓ *Indicates the score is statistically significantly lower than the Colorado CHP+ Program.*
— *Indicates the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-4 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Care Quickly* composite measure.

Table 5-4—Timeliness of Care: Getting Care Quickly Summary–Key Drivers of Low Member Experience

Key Driver	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q6. Child received appointment for a checkup or routine care as soon as needed	Never + Sometimes vs. Always	NS	1.908	NS

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

- Parents/caretakers of child members who never or sometimes received an appointment for a checkup or routine care as soon as their child needed were 1.908 times more likely to provide a lower rating for their child's overall health care than parents/caretakers who always received an appointment for a checkup or routine care as soon as their child needed.

Quality of Care

Customer Service

Table 5-5 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Customer Service* composite measure.

Table 5-5—Quality of Care: Customer Service Summary

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

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
— *Indicates the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-6 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

Table 5-6—Quality of Care: Customer Service Summary–Key Drivers of Low Member Experience

Key Driver	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q27. Child's health plan's customer service gave the parent/caretaker the information or help needed	Never + Sometimes vs. Always	3.413	NS	NA

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

- Parents/caretakers of child members who never or sometimes received the information or help needed from their child's CHP+ health plan's customer service were 3.413 times more likely to provide a lower rating for their child's CHP+ health plan than parents/caretakers who always received the information or help needed from their child's CHP+ health plan's customer service.

Communication

Table 5-7 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *How Well Doctors Communicate* composite measure.

Table 5-7—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	★★+	—	—
Kaiser	★★	▼	—
RMHP	★★★★	—	—

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*
— *Indicates the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-8 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

Table 5-8—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	4.299
Q13. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	2.972	NS
Q14. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	NS	22.48
	Usually vs. Always	NS	NS	2.384

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

- Parents/caretakers of child members who perceived their child's personal doctor usually explained things about their child's health in an understandable way were 4.299 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.
- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes listened carefully to them were 2.972 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 listened carefully to them.
- Compared to parents/caretakers who perceived their child's personal doctor always showed respect for what they said:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes showed respect for what they said were 22.48 times more likely to provide a lower rating for their child's personal doctor.
  - Parents/caretakers of child members who perceived their child's personal doctor usually showed respect for what they said were 2.384 times more likely to provide a lower rating for their child's personal doctor.

Coordination of Care

Table 5-9 provides a summary of findings for the NCQA comparisons, trend analysis, and plan comparisons for the *Coordination of Care* individual item measure.

Table 5-9—Quality of Care: Coordination of Care Summary

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

Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
— *Indicates the 2023 score is not statistically significantly different than the 2022 or the 2021 score or Colorado CHP+ Program.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-10 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

Table 5-10—Quality of Care: Coordination of Care Summary–Key Drivers of Low Member Experience

Key Driver	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	5.665
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.				

- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes seemed informed and up-to-date about care their child received from other doctors or health providers were 5.665 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 seemed informed and up-to-date about care their child received from other doctors or health providers.

The CHP+ health plans could benefit from continuing to:

- Use administrative data for flagging the Spanish-speaking population in the sample frame file. Table 5-11 shows the number of completed surveys in Spanish, as well as the approximate percentage of the total number of responses for the fiscal year (FY) 2022–2023 survey administration.

Table 5-11—Spanish Survey Completions

Plan Name	Number of Completed Surveys in Spanish	Percentage of Total Responses
Colorado Access	92	32.50%
DHMP	144	51.80%
Kaiser	52	20.16%
RMHP	102	26.56%
Total Spanish Respondents	**390**	**32.42%**

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 CHP+ health plans and assist the CHP+ health plans in designing related QI activities.
  - Use the longitudinal trends to assist with barrier analysis and goal setting.
- Facilitate learning opportunities for the CHP+ health plans with statistically significantly higher ratings to share "best practices" among the other CHP+ health plans.

- Encourage the CHP+ health plans to facilitate conversations between their provider relations staff members and the provider network about the key drivers that impact experiences of care.

Accountability and Improvement of Care

Although the administration of the CAHPS survey takes place at the CHP+ health plan level, the accountability for the performance lies at both the plan and provider network level.

Table 5-12 provides a summary of the responsible parties for various aspects of care.[5-1]

Table 5-12—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 CHP+ 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:

- Exploring CAHPS data (see Tab and Banner Book, which is separate from this report) against the Department's Health Equity dashboard and the MCOs' health equity plans to determine if there are member sub-groups (e.g., health status, race, age) that tend to have lower levels of member experience.
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff, and other survey data.

[5-1] 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/gp3pusph/improvement-guide.pdf. Accessed on: July 21, 2023.

- 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.

6. 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). The most recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. 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.[6-1]

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 CHP+ 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 CHP+ 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 6-1 lists the measures included in the survey.

6-1 National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Figure 6-1—CAHPS Measures

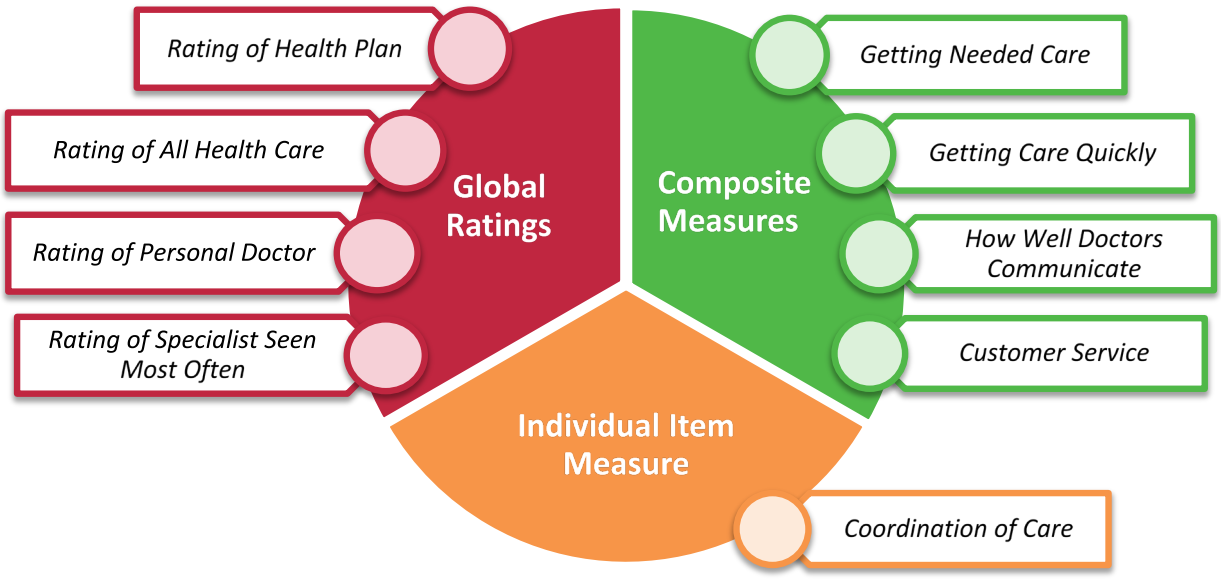


Table 6-1 presents the question language and response options for each measure.

Table 6-1—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

Question Language	Response Categories
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
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 October 31, 2022.
- Were currently enrolled in Colorado Access, DHMP, Kaiser, or RMHP.
- Had been continuously enrolled for at least five of the six months of the measurement period (May 1 to October 31, 2022).[6-2]
- Had Medicaid as a payer.

NCQA specifications require a sample size of 1,650 members per CHP+ health plan for the CAHPS 5.1 Child Medicaid Health Plan Survey. A sample of 1,650 child members was selected from each CHP+ health plan. The selected survey samples were random samples with no more than one member being selected per household. 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).

Survey Protocol

The first phase consisted of a cover letter being mailed to the parents/caretakers of sampled child members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Child members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Child members 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 parents/caretakers of child 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 reminder postcard. The name of the CHP+ 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.

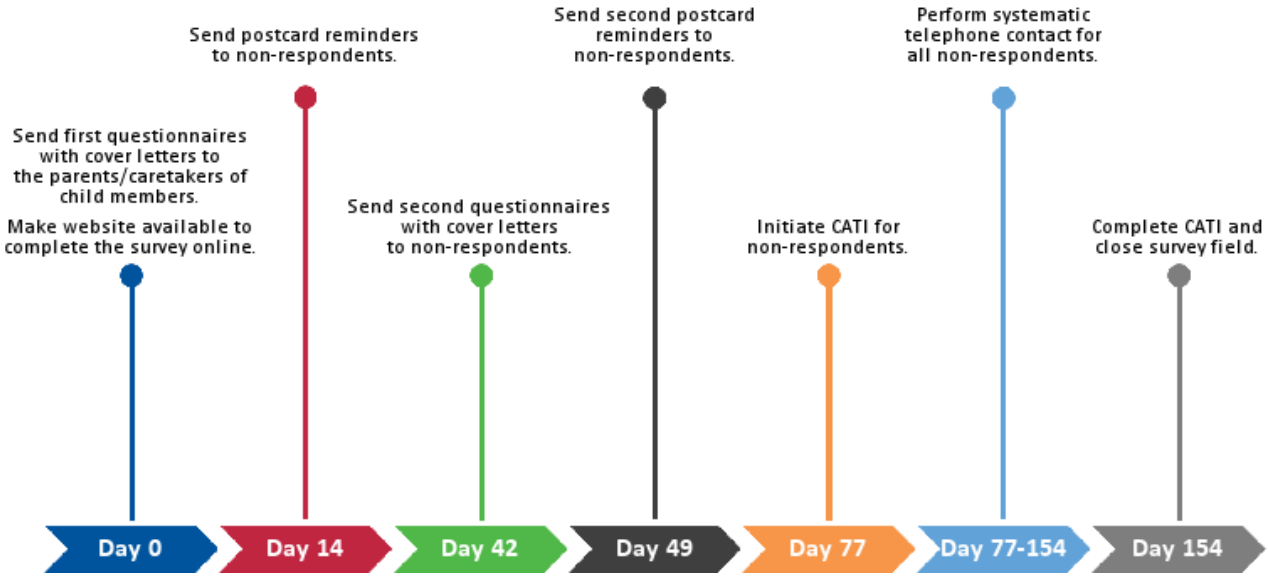
The telephone phase consisted of CATI of parents/caretakers of sampled child members who did not complete a survey. A maximum of six CATI calls was made to each non-respondent at different times of the day, on different days of the week, and in different weeks. Prior to initiating CATI, HSAG employed

[6-2] 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).

the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents.

Figure 6-2 shows the timeline used in the survey administration. The timeline is based on NCQA HEDIS Specifications for Survey Measures.[6-3]

Figure 6-2—Survey Timeline



6-3 National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2022.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. 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.[6-4] 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 6-4), 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. Table 6-2 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

6-4 National Committee for Quality Assurance. *HEDIS® Measurement Year 2022*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2022.

Table 6-2—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 or Emotional 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, 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. If the respondent population differs significantly from the actual population of the CHP+ health plan, then caution should be exercised when extrapolating the survey results to the entire population.

Scoring Calculations

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[6-5] 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.

[6-5] National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2022.

Top-box responses (as defined above) were assigned a score value of 1, and all other responses were assigned a score value of 0. For the global ratings and individual item, top-box scores were defined as the proportion (i.e., percentage) of responses with a score value of 1 over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

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

NCQA Comparisons

HSAG compared the scores to NCQA's 2022 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).[6-6] Table 6-3 shows the percentiles that were used to determine star ratings.

Table 6-3—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

6-6 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022.

Weighting

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

The weighted score was:

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

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

Trend Analysis

To evaluate trends in parents'/caretakers' experiences with Colorado CHP+, HSAG performed a stepwise three-year trend analysis. First, HSAG compared the 2023 top-box scores to the 2022 top-box scores. If the initial 2023 and 2022 trend analysis did not yield any significant differences, then HSAG performed an additional trend analysis between the 2023 and 2021 scores.

A difference was considered statistically significant if the two-sided p value of the t test is less than 0.05. Scores that were statistically significantly higher in 2023 than in 2022 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2023 than in 2022 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2023 than in 2021 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2023 than in 2021 are noted with red downward (▼) triangles. Scores in 2023 that were not statistically significantly different from scores in 2022 or in 2021 are not noted with triangles.

Plan Comparisons

HSAG performed comparisons to identify if parents'/caretakers' experiences with the plans were statistically significantly different than the Colorado CHP+ Program. 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 CHP+ health plans' scores was significant. The score was:

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

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

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

The *F* statistic had an *F* distribution with $(P-1, q)$ degrees of freedom, where *q* was equal to *n* – *P* – (*number of case-mix adjusters*). Due to these qualities, this *F* test produced *p* values that were slightly larger than they should have been; therefore, finding significant differences between CHP+ health plans was less likely. An alpha level of 0.05 was used. If the *F* test demonstrated CHP+ health plan-level differences (i.e., $p < 0.05$), then HSAG performed a *t* test for each CHP+ health plan. The *t* test determined whether each CHP+ health plan's score was significantly different from the average results of all 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 CHP+ health plans except CHP+ 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 was less likely.

Case-Mix Adjustment

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

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

Where net adjustment was calculated using the following equation:

$$Net\ Adjustment = (CHP+\ Health\ Plan\ Adjuster's\ Mean - Program\ Adjuster's\ Mean) \times Coefficient$$

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

Key Drivers of Low Member Experience

HSAG performed a key drivers of low member experience analysis for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that may benefit from QI activities. Table 6-4 depicts the survey items that were analyzed for each measure in the key drivers of low member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

Table 6-4—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

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
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.

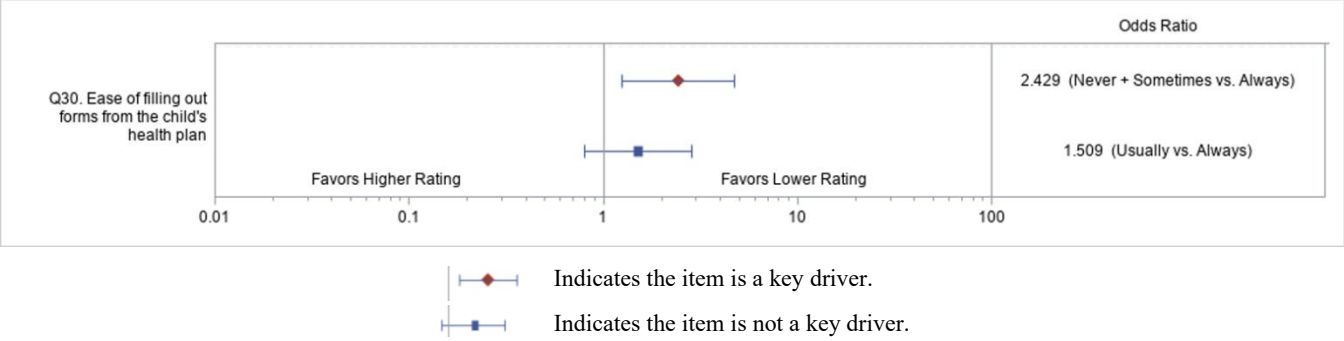
The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, 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 6-3 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 CHP+ health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 6-3—Key Drivers of Low 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 25 states submitted 2022 data to the CAHPS Health Plan Survey Database for CHIP for a combined total of 18,592 respondents, with 1,340 of these respondents from Colorado.[6-7] Data collected through the CAHPS Database from 2022 are based on responses to the 5.0 and 5.1/5.1H versions of the CAHPS Health Plan Survey with and without the CCC measurement set. Since 2023 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2022 CAHPS Database benchmarks to the 2023 Colorado CHP+ CAHPS Survey results.

6-7 Agency for Healthcare Research and Quality. The CAHPS Databases. *2022 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf. Accessed on: July 21, 2023.

Case-Mix Adjustment

While data for the plan comparisons have been adjusted for differences in survey-reported member general health status, member mental or emotional 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 CHP+ 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.

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.[6-8] 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 late respondents of child members are statistically significantly more likely to provide a higher top-box response than early respondents for the *Rating of Personal Doctor* global rating. The Department should consider that potential non-response bias may exist when interpreting CAHPS results for this measure.

[6-8] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

7. 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 1-888-506-5136.

SURVEY INSTRUCTIONS

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

Correct Mark ● **Incorrect Marks** 

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

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

START HERE

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

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

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

DNV-00369-01

001-00009

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 <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> 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 <u>needed care right away</u>?

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

4. In the last 6 months, when your child <u>needed care right away</u>, 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 <u>check-up or routine care</u> for your child?

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

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

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

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

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

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

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

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

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

YOUR CHILD'S PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ *Go to Question 17*

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

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

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ *Go to Question 21*

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

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

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

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

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

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

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?

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

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

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

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

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

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

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

Worst Specialist Possible — Best Specialist Possible

YOUR CHILD'S HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

Worst Health Plan Possible — Best Health Plan Possible

ABOUT YOUR CHILD AND YOU

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

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

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

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

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

- ○ Less than 1 year old

☐☐ YEARS OLD (write in)

35. Is your child male or female?

- ○ Male
- ○ Female

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

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

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

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

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

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

39. Are you male or female?

- ○ Male
- ○ Female

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

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

41. How are you related to the child?

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

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ ***Go to Question 41f***

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

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

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

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

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

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

DataStat,
3975 Research Park Drive,
Ann Arbor, MI 48108