COLORADO
Department of Health Care Policy & Financing

2022 Colorado Adult Regional Accountable Entity (RAE) Member Experience Report

August 2022

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. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey administered to members receiving services through Health First Colorado (Colorado's Medicaid Program).[1-1] Health First Colorado's primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) are contracted to implement Phase II of Colorado's ACC. Key functions of the RAEs are to coordinate care, ensure members are attributed to a primary medical care provider, and administer the capitated behavioral health benefit. Table 1-1 provides a list of the seven RAEs that participated in the survey.[1-2]

Table 1-1—Participating RAEs

RAE Region	RAE Name	RAE Abbreviation
1	Rocky Mountain Health Plans	RMHP (RAE 1)
2	Northeast Health Partners	NHP (RAE 2)
3	Colorado Access	Colorado Access (RAE 3)
4	Health Colorado, Inc.	HCI (RAE 4)
5	Colorado Access	Colorado Access (RAE 5)
6	Colorado Community Health Alliance	CCHA (RAE 6)
7	Colorado Community Health Alliance	CCHA (RAE 7)

Additionally, the State of Colorado requires the Medicaid managed care organizations (MCOs) (i.e., Denver Health Medical Plan [DHMP] and Rocky Mountain Health Plans Medicaid—Prime [RMHP Prime] to annually administer the CAHPS surveys to adult Medicaid members. Each MCO used a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report.[1-3]

The standardized survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The goal of the CAHPS Health Plan Surveys is to provide feedback that is actionable and will aid in improving the overall experiences of members. Adult Medicaid members completed the surveys from December 2021 to May 2022.

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

[1-2] The Colorado RAE Aggregate results presented throughout this report are derived from the combined results of the seven Regional Accountable Entities (RAEs).

[1-3] HEDIS® is a registered trademark of NCQA.

Survey Administration and Response Rates

Survey Administration

HSAG sampled 1,620 adult members from each RAE. Additional information on the sampling procedures is included in the Reader's Guide section beginning on page 4-4. The survey process employed allowed members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) telephone. A cover letter that provided the option to complete a paper-based or web-based survey was mailed to sampled members. The first mailing was followed by a second mailing that was sent to all non-respondents. The telephone phase consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not completed a survey via mail or the Web. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-5.

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "complete" if members answered at least three of the following five questions: 3, 10, 19, 23, and 28. Eligible members included the entire random sample minus ineligible members. For additional information on the calculation of response rates, please refer to the Reader's Guide section on page 4-6.

A total of 1,055 RAE adult members returned a completed survey. The response rate was 9.48 percent. A total of 326 and 237 DHMP and RMHP Prime adult members, respectively, returned a completed survey. The response rates were 9.52 percent and 12.70 percent, respectively. Table 1-2 shows the sample dispositions and response rates for the Colorado RAE Aggregate, each of the Colorado RAEs, and each of the MCOs.

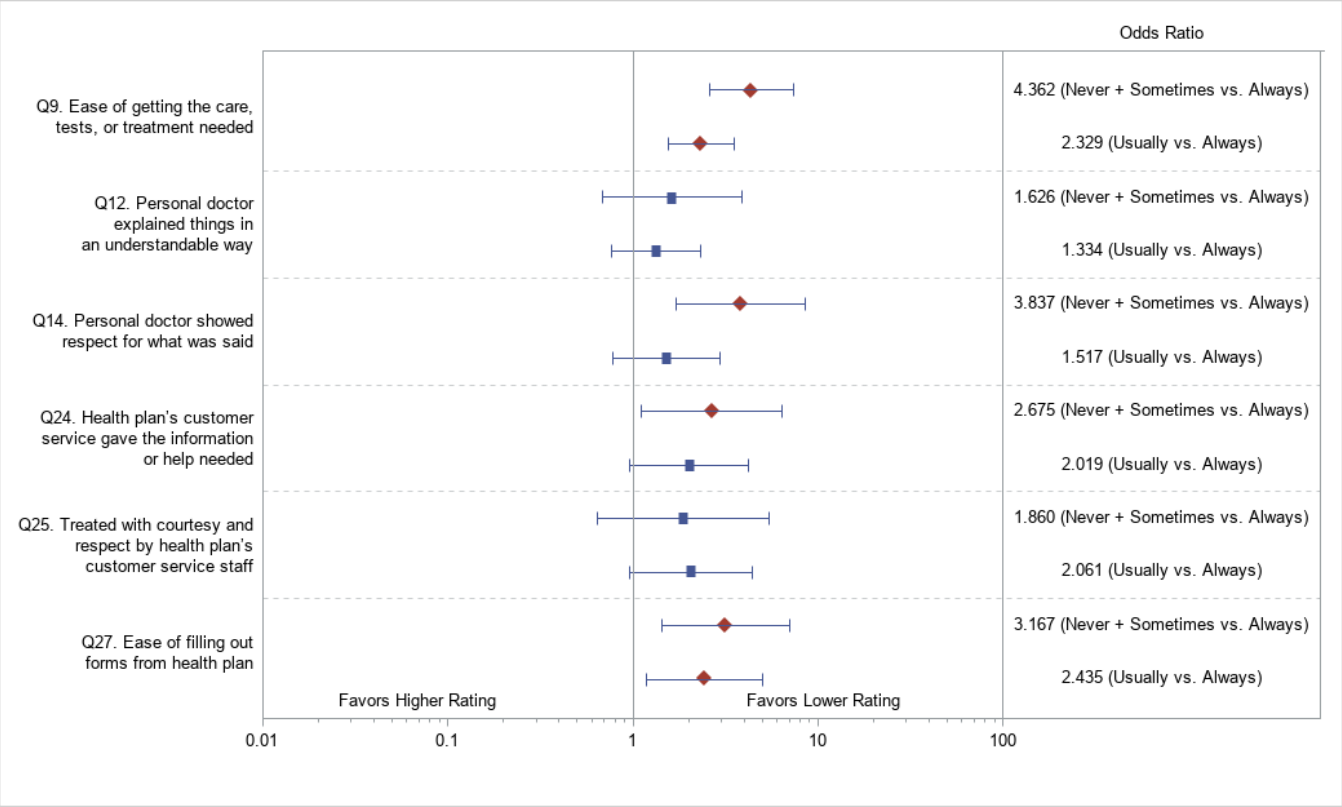
Table 1-2—Sample Dispositions and Response Rates

Program/RAE/MCO Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**11,340**	**206**	**11,134**	**1,055**	**9.48%**
RMHP (RAE 1)	1,620	19	1,601	178	11.12%
NHP (RAE 2)	1,620	41	1,579	104	6.59%
Colorado Access (RAE 3)	1,620	31	1,589	154	9.69%
HCI (RAE 4)	1,620	28	1,592	175	10.99%
Colorado Access (RAE 5)	1,620	28	1,592	146	9.17%
CCHA (RAE 6)	1,620	33	1,587	149	9.39%
CCHA (RAE 7)	1,620	26	1,594	149	9.35%
DHMP	**3,483**	**58**	**3,425**	**326**	**9.52%**
RMHP Prime	**1,890**	**24**	**1,866**	**237**	**12.70%**

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 4-6. Figure 2-1 through Figure 2-3 depict the results of the analysis for the Colorado RAE Aggregate. Figure 2-4 through Figure 2-6 depict the results of the analysis for the Colorado MCO Aggregate (i.e., DHMP and RMHP Prime combined).

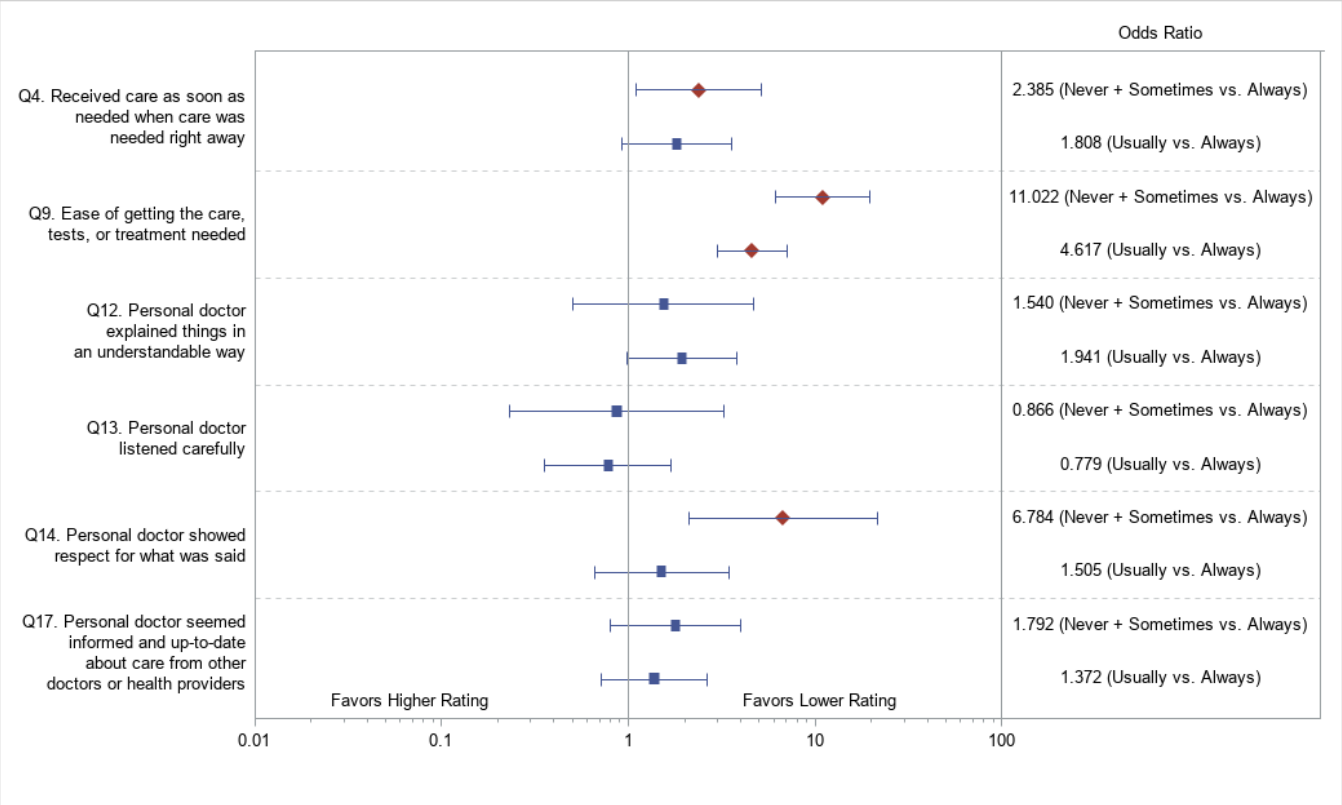
Figure 2-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado RAE Aggregate

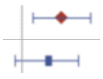


Indicates the item is a key driver.

Indicates the item is not a key driver.

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

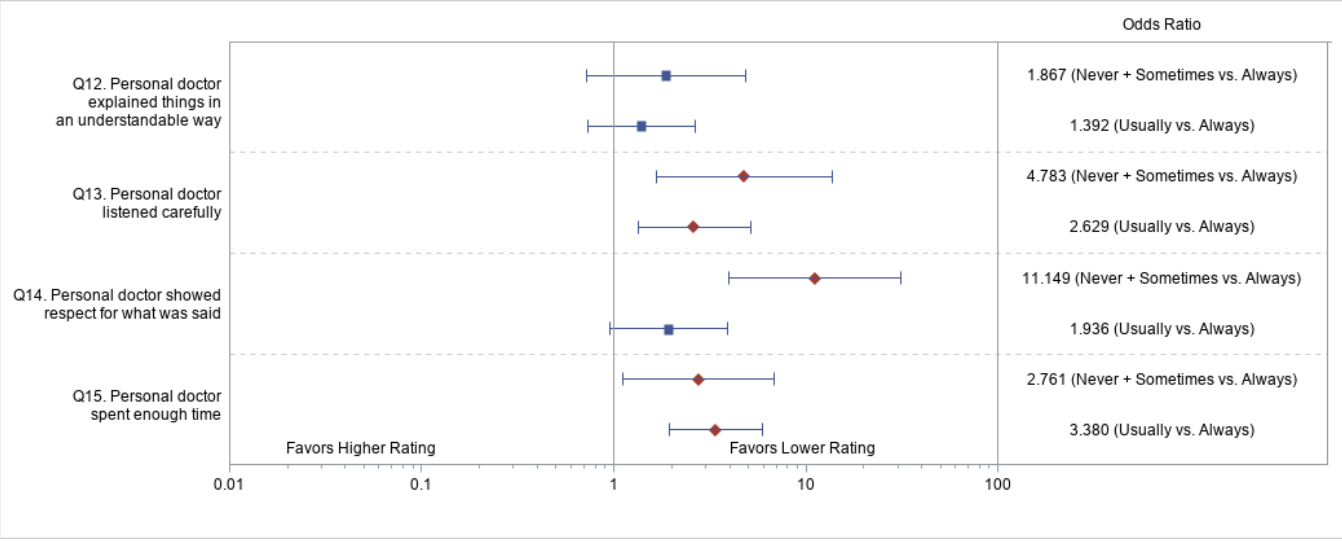




Indicates the item is a key driver.

Indicates the item is not a key driver.

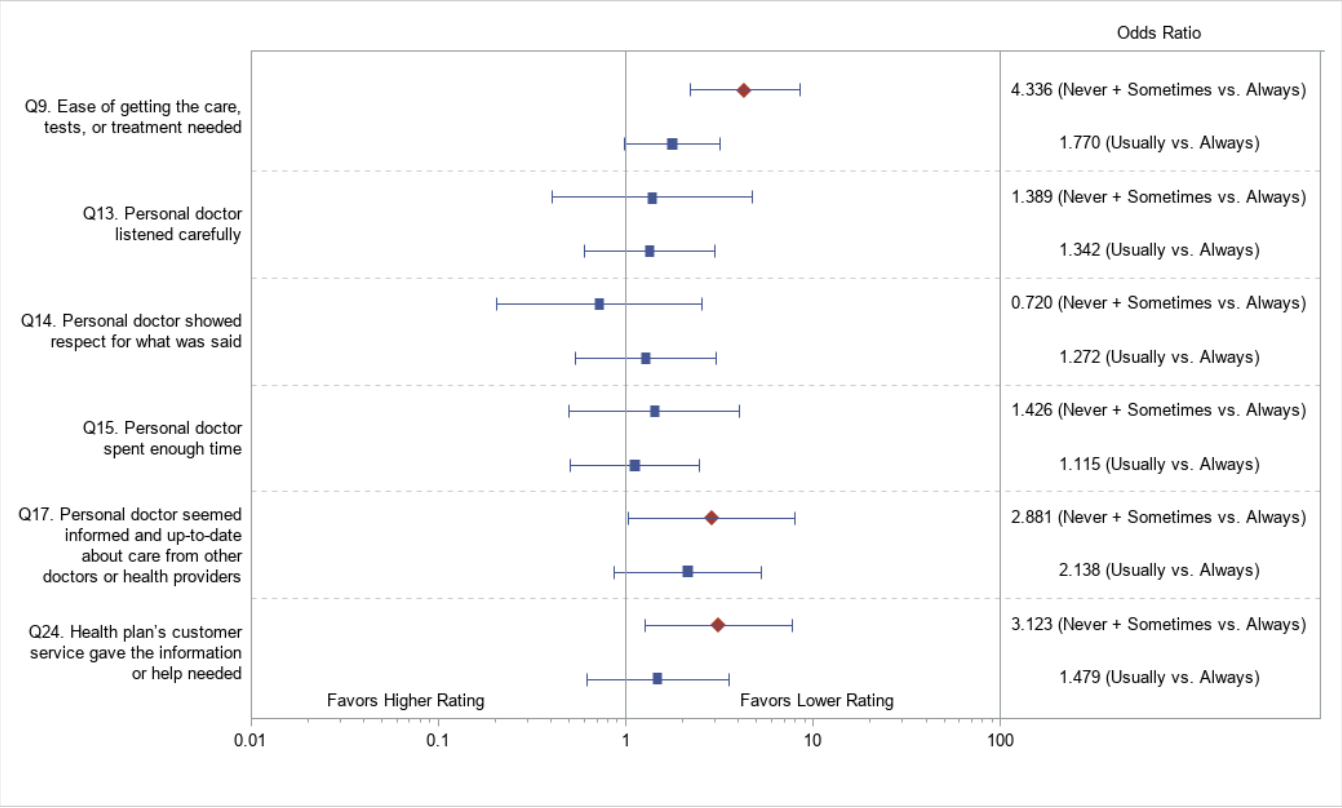
Figure 2-3—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

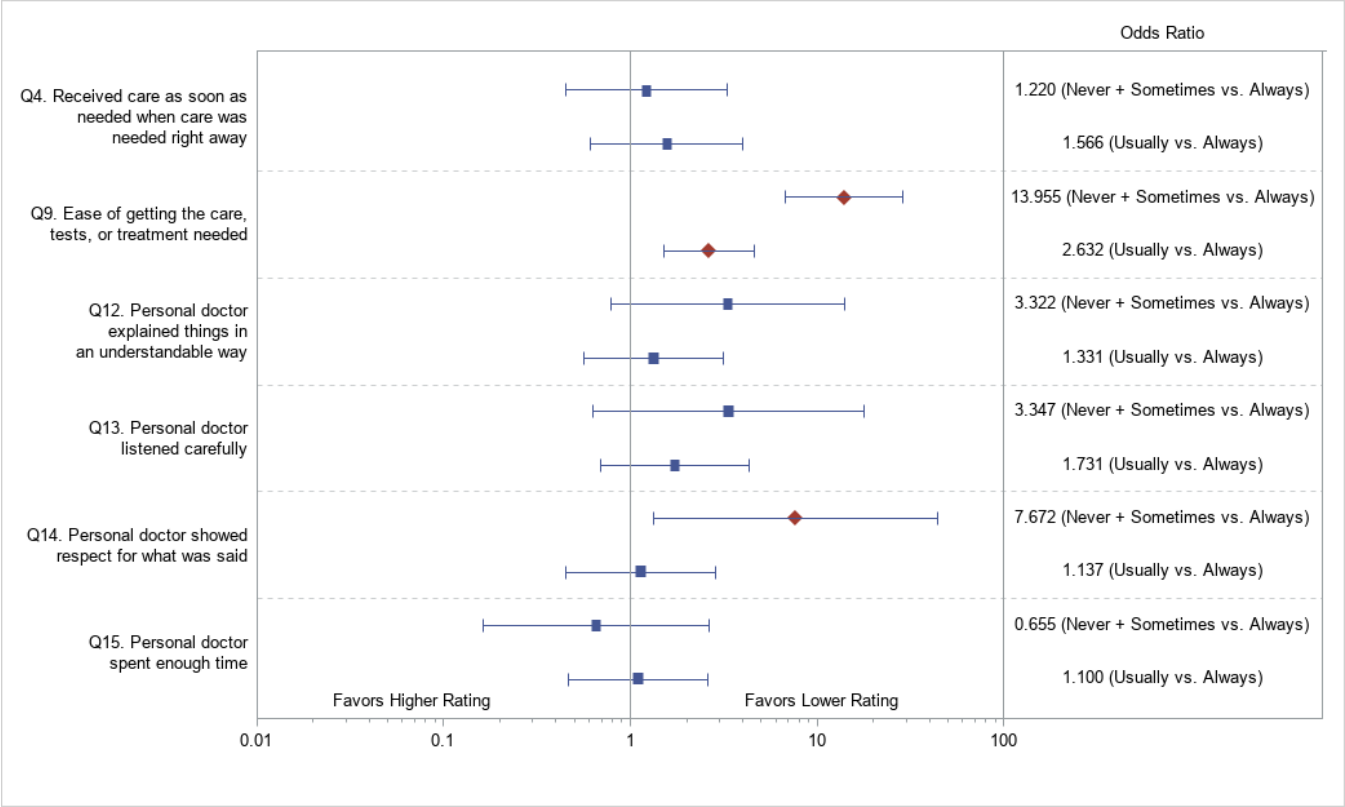
Figure 2-4—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

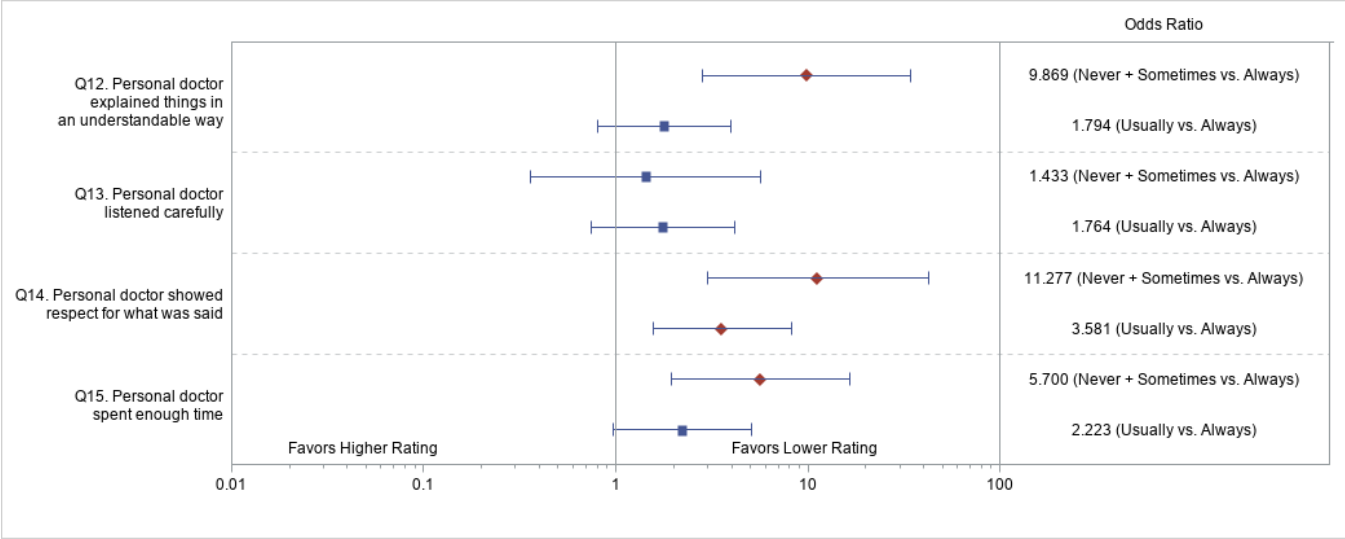
Figure 2-5—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 2-6—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado MCO Aggregate



Indicates the item is a key driver.

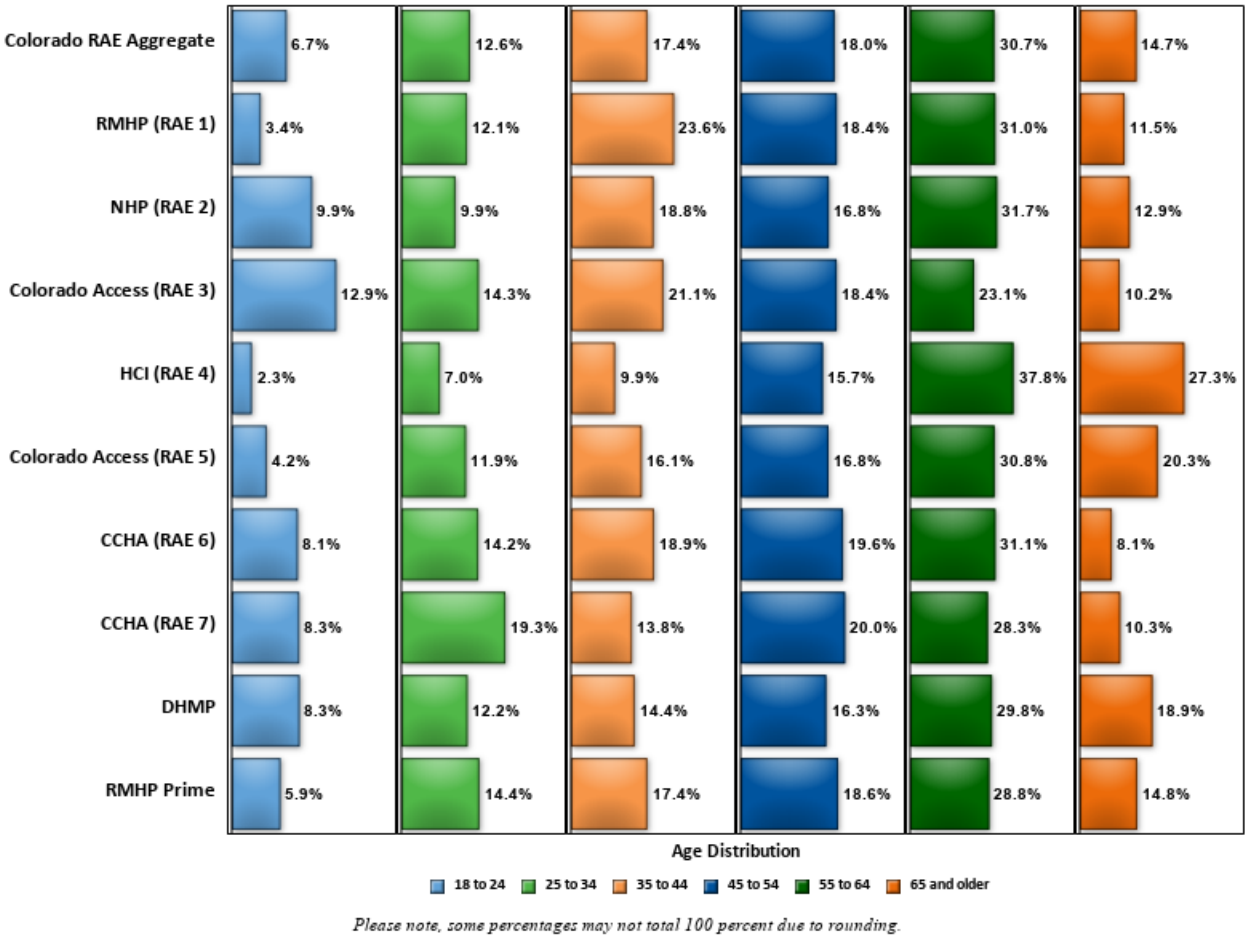
Indicates the item is not a key driver.

Demographics

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

Figure 2-7 through Figure 2-13 show respondents' self-reported age, gender, race, ethnicity, education level, general health status, and mental health status.

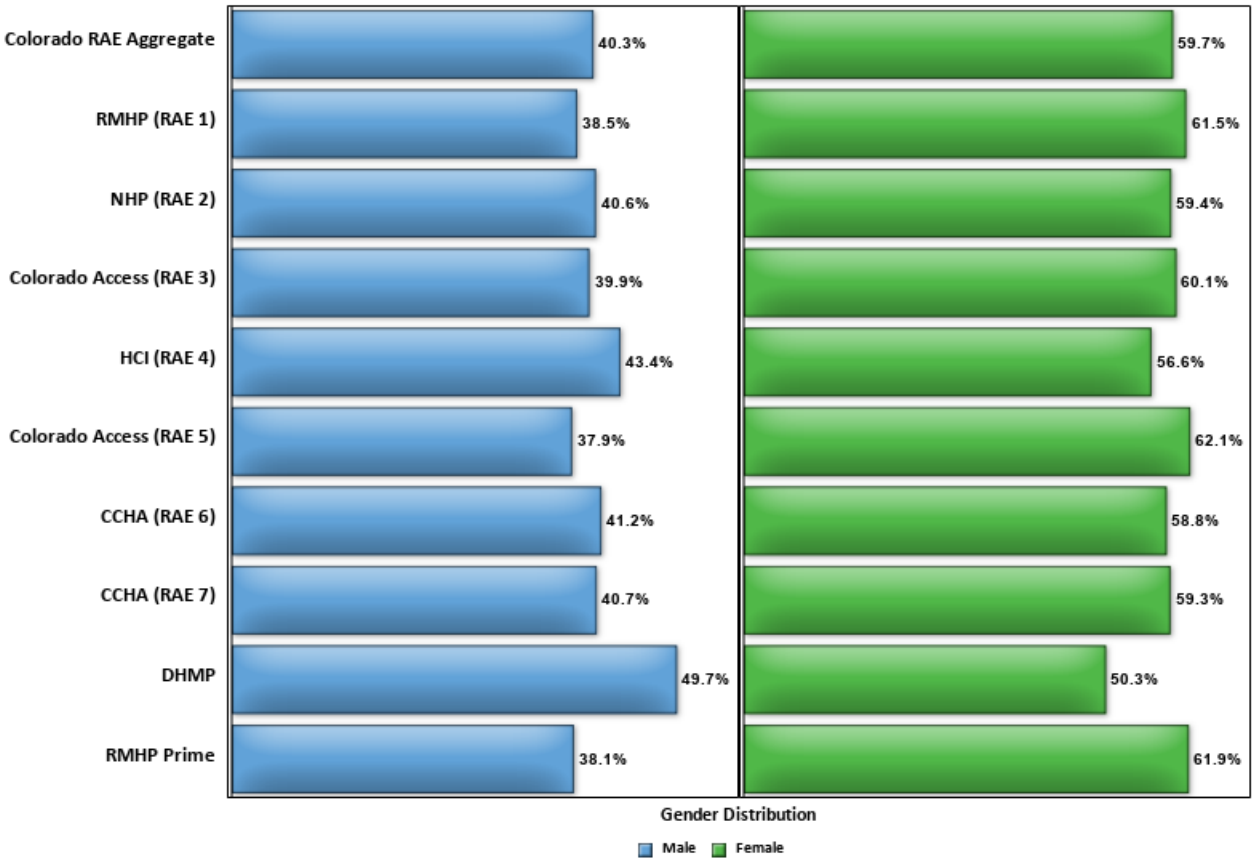
Figure 2-7—Age



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

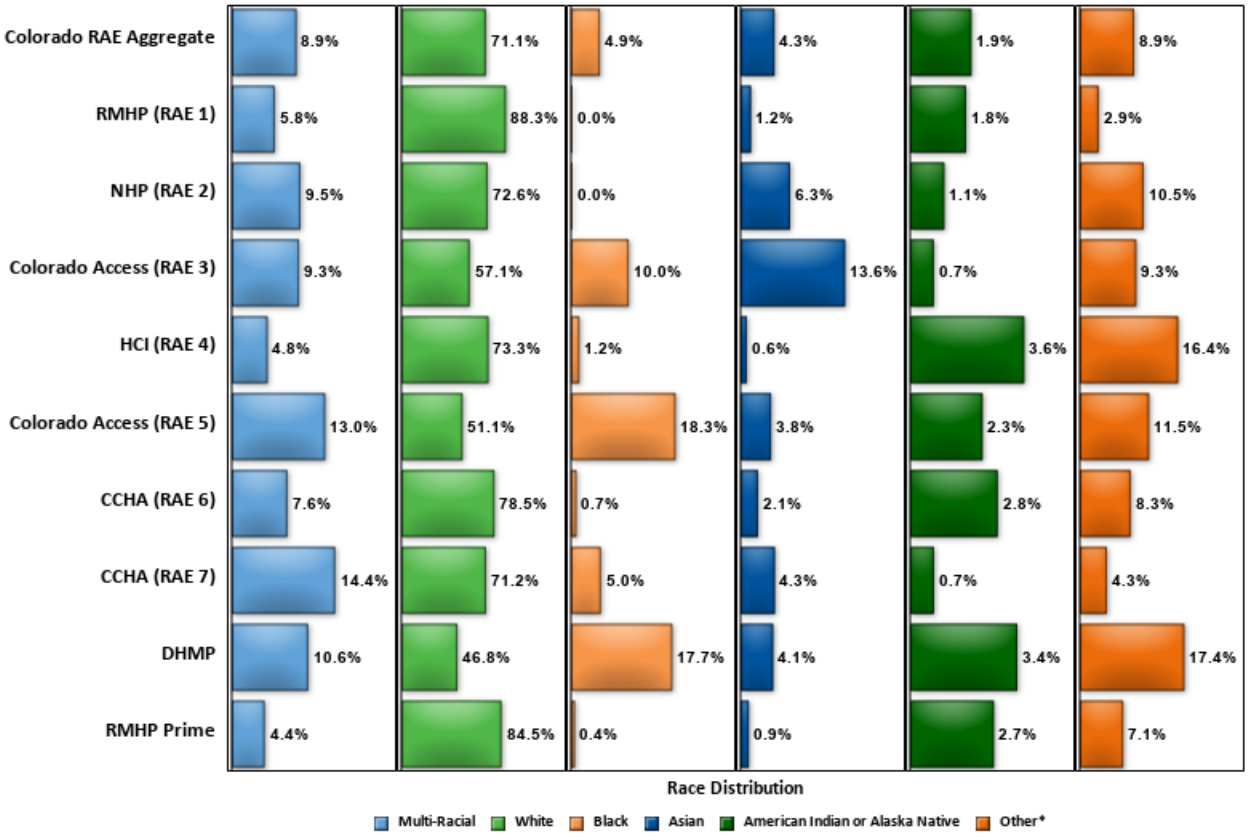
[2-1] Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

Figure 2-8—Gender



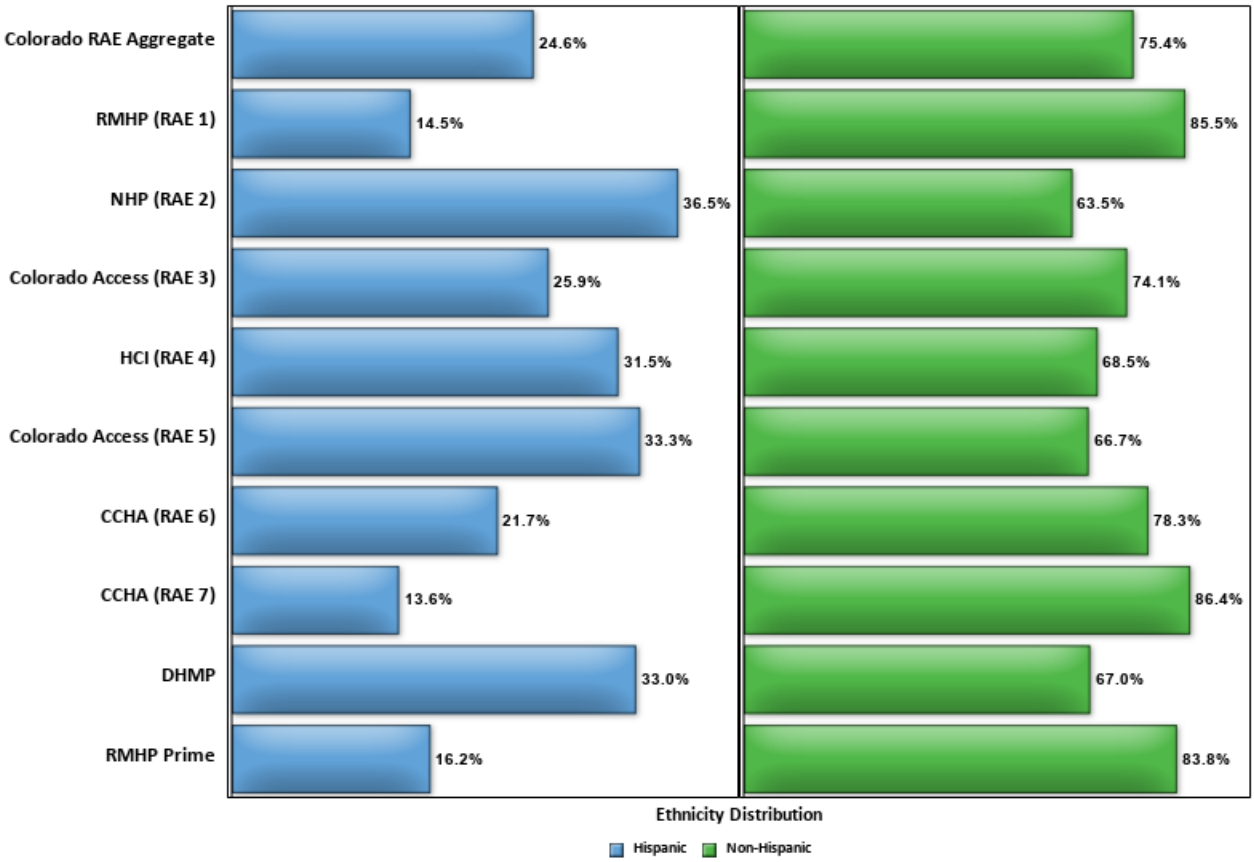
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-9—Race



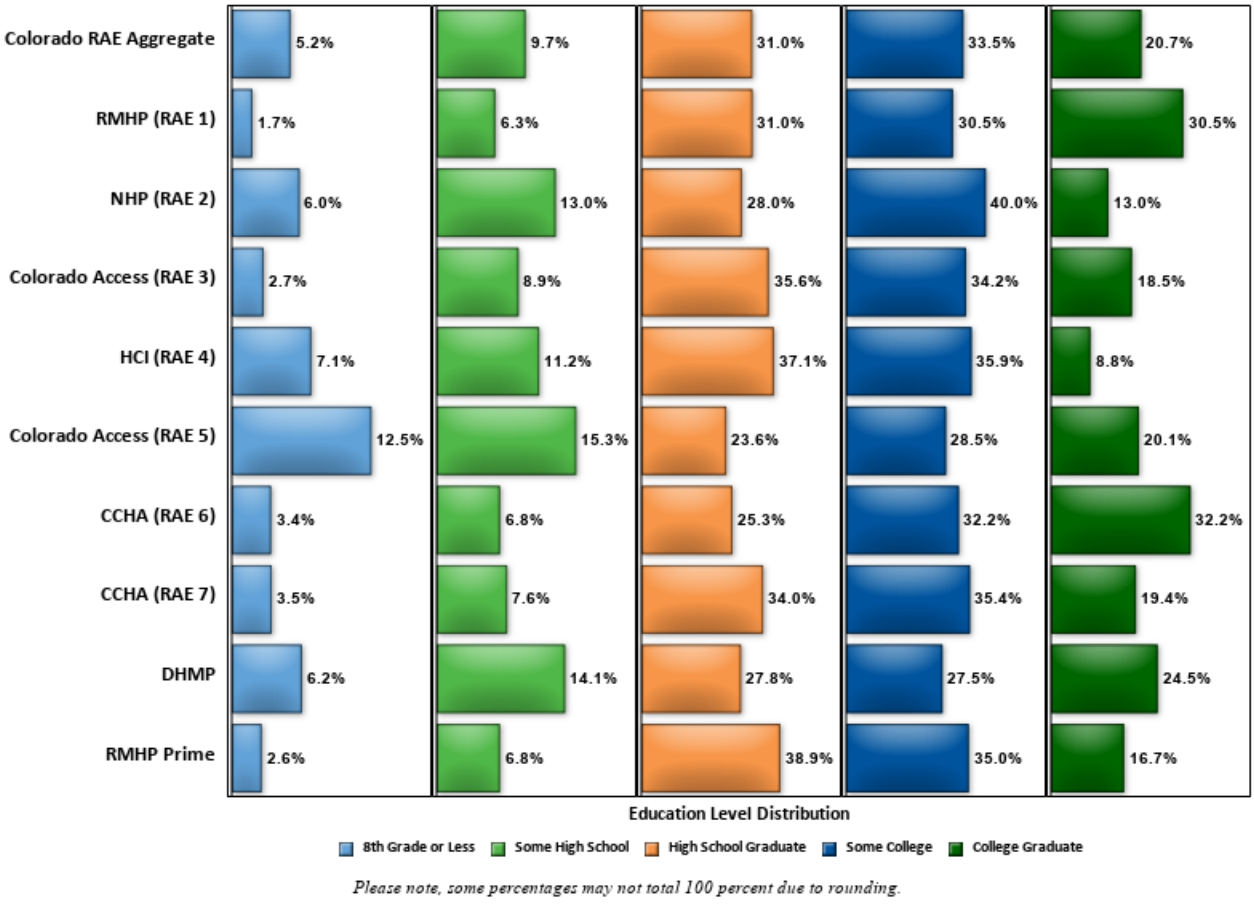
Please note, some percentages may not total 100 percent due to rounding.
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander and Other.*

Figure 2-10—Ethnicity



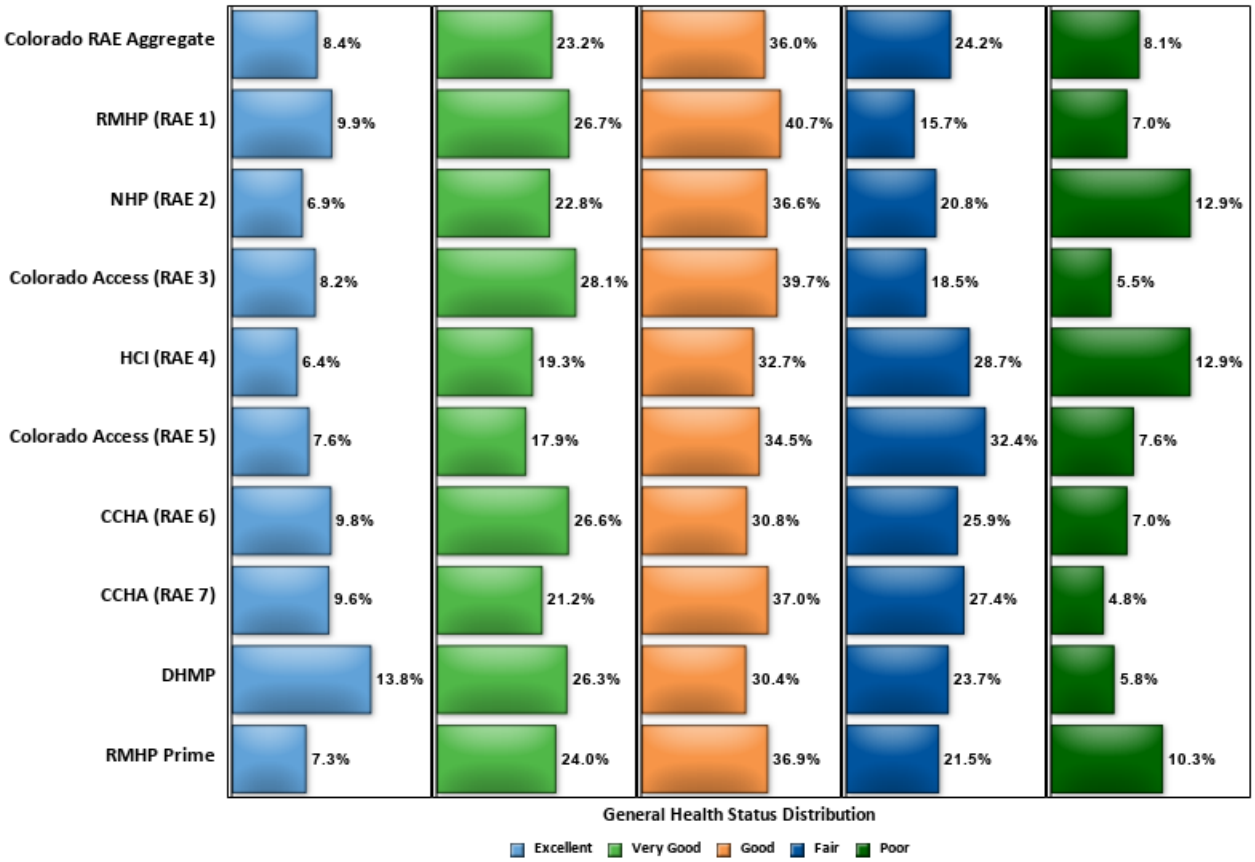
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-11—Education Level



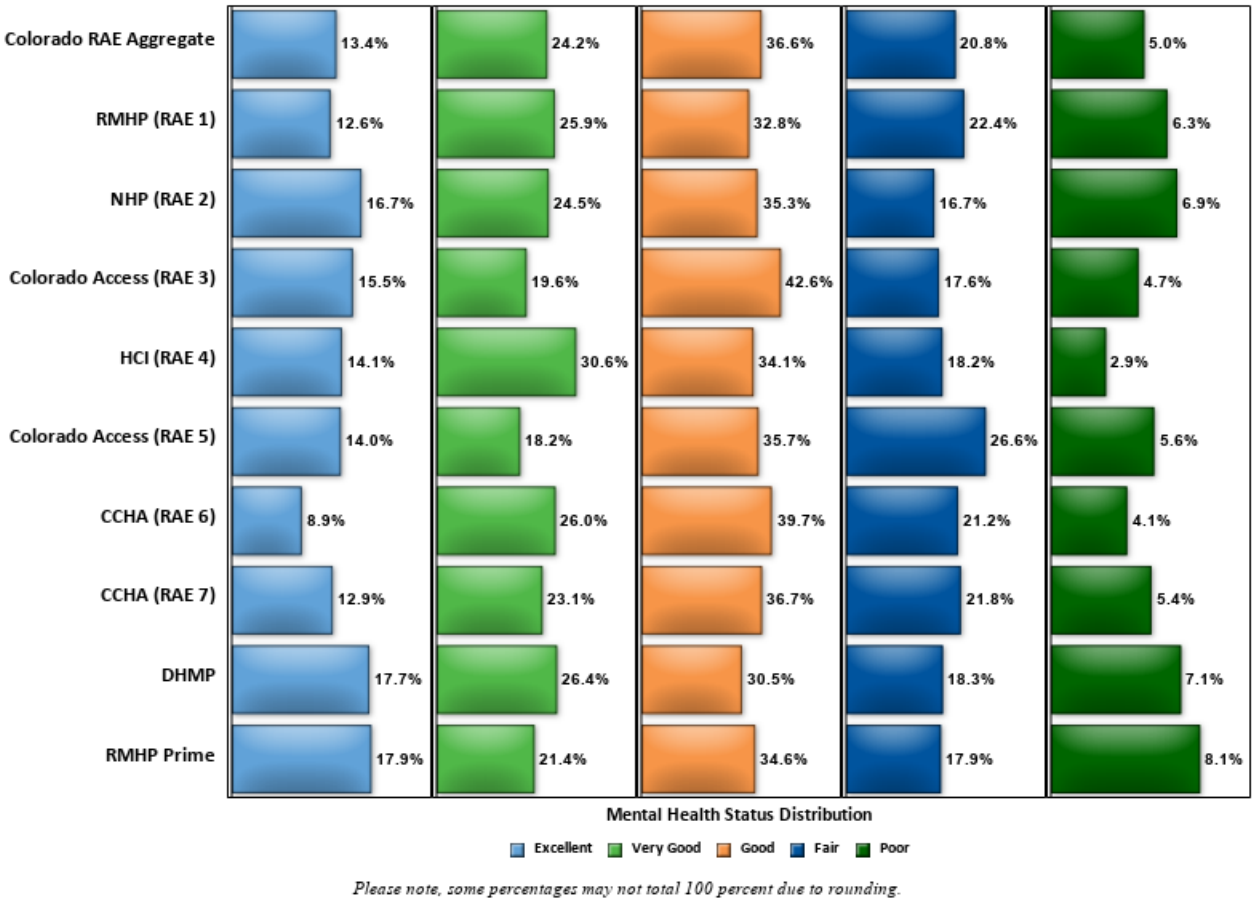
Please note, some percentages may not total 100 percent due to rounding.

Figure 2-12—General Health Status



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

Figure 2-13—Mental Health Status



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

Respondent Analysis

HSAG compared the demographic characteristics of members who responded to the survey to the demographic characteristics of all members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity.

Table 2-1 through Table 2-4 present the results of the respondent analysis for the Colorado RAE Aggregate and each RAE.[2-2] Please note that variables from the sample frame were used for this analysis; therefore, results should not be compared to the demographic results in the previous section.

Table 2-1—Respondent Analysis: Age—Colorado RAE Aggregate and RAEs

Program/RAE Name		18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or Older
Colorado RAE Aggregate	**R** **SF**	**7.5%↓** **17.8%**	**13.5%↓** **26.6%**	**16.6%↓** **21.3%**	**17.8%↑** **14.2%**	**31.5%↑** **13.6%**	**13.2%↑** **6.5%**
RMHP (RAE 1)	R SF	4.5%↓ 17.1%	12.4%↓ 26.7%	22.5% 21.5%	20.2%↑ 14.2%	30.3%↑ 14.3%	10.1% 6.1%
NHP (RAE 2)	R SF	11.5%↓ 20.6%	9.6%↓ 26.4%	17.3% 20.2%	16.3% 13.1%	35.6%↑ 12.7%	9.6% 6.9%
Colorado Access (RAE 3)	R SF	14.3%↓ 20.2%	14.9%↓ 27.0%	20.1% 21.1%	16.9% 13.8%	24.7%↑ 12.0%	9.1% 5.8%
HCI (RAE 4)	R SF	2.3%↓ 16.8%	8.0%↓ 23.8%	9.7%↓ 20.9%	17.7% 14.6%	37.1%↑ 15.4%	25.1%↑ 8.5%
Colorado Access (RAE 5)	R SF	4.8%↓ 15.5%	12.3%↓ 24.8%	17.8% 20.7%	14.4% 15.0%	32.9%↑ 15.1%	17.8%↑ 8.9%
CCHA (RAE 6)	R SF	8.7%↓ 16.1%	18.1%↓ 27.1%	14.8%↓ 21.3%	19.5% 14.9%	31.5%↑ 14.2%	7.4% 6.4%
CCHA (RAE 7)	R SF	8.7%↓ 17.7%	18.8%↓ 28.4%	14.1%↓ 22.5%	18.8% 14.0%	28.9%↑ 12.6%	10.7%↑ 4.8%

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.

[2-2] HSAG did not have access to the sample frame files for DHMP and RMHP Prime; therefore, HSAG could not perform the respondent analysis for the MCOs.

Table 2-2—Respondent Analysis: Gender—Colorado RAE Aggregate and RAEs

Program/RAE Name		Male	Female
Colorado RAE Aggregate	**R** **SF**	**40.1%↓** **44.3%**	**59.9%↑** **55.7%**
RMHP (RAE 1)	R SF	39.9% 45.1%	60.1% 54.9%
NHP (RAE 2)	R SF	40.4% 42.7%	59.6% 57.3%
Colorado Access (RAE 3)	R SF	39.0% 42.7%	61.0% 57.3%
HCI (RAE 4)	R SF	42.9% 46.0%	57.1% 54.0%
Colorado Access (RAE 5)	R SF	37.7% 44.1%	62.3% 55.9%
CCHA (RAE 6)	R SF	40.3% 45.2%	59.7% 54.8%
CCHA (RAE 7)	R SF	40.3% 44.8%	59.7% 55.2%

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

Table 2-3—Respondent Analysis: Race—Colorado RAE Aggregate and RAEs

Program/RAE Name		Multi-Racial	White	Black	Asian	American Indian or Alaska Native	Other
Colorado RAE Aggregate	**R** **SF**	**42.6%** **43.1%**	**39.5%↑** **35.8%**	**4.6%↓** **6.1%**	**3.0%** **2.5%**	**1.0%** **1.1%**	**9.4%↓** **11.5%**
RMHP (RAE 1)	R SF	38.1% 39.9%	52.4% 48.3%	0.0%↓ 1.1%	0.6% 0.8%	1.8% 2.1%	7.1% 7.8%
NHP (RAE 2)	R SF	51.5% 42.5%	32.0% 33.9%	0.0%↓ 2.2%	2.1% 1.3%	0.0%↓ 0.6%	14.4% 19.4%
Colorado Access (RAE 3)	R SF	37.2% 42.4%	29.7% 28.5%	11.0% 9.9%	11.0%↑ 4.8%	0.7% 0.7%	10.3% 13.8%
HCI (RAE 4)	R SF	46.5% 50.6%	38.4% 33.0%	1.3% 1.4%	0.6% 0.4%	1.3% 0.9%	11.9% 13.8%
Colorado Access (RAE 5)	R SF	43.0% 41.9%	28.1% 21.5%	11.9% 16.4%	3.0% 4.3%	0.7% 1.2%	13.3% 14.7%
CCHA (RAE 6)	R SF	39.7% 42.6%	46.3% 42.5%	1.5% 2.2%	1.5% 3.0%	2.2% 0.8%	8.8% 9.0%
CCHA (RAE 7)	R SF	45.5% 43.5%	44.8% 38.9%	6.3% 7.8%	2.1% 1.6%	0.0%↓ 0.9%	1.4%↓ 7.3%

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

Table 2-4—Respondent Analysis: Ethnicity—Colorado RAE Aggregate and RAEs

Program/RAE Name		Hispanic	Non-Hispanic
Colorado RAE Aggregate	**R** **SF**	**19.1%↓** **24.2%**	**80.9%↑** **75.8%**
RMHP (RAE 1)	R SF	10.7% 14.6%	89.3% 85.4%
NHP (RAE 2)	R SF	27.9% 33.6%	72.1% 66.4%
Colorado Access (RAE 3)	R SF	21.4% 26.8%	78.6% 73.2%
HCI (RAE 4)	R SF	25.7%↓ 36.1%	74.3%↑ 63.9%
Colorado Access (RAE 5)	R SF	25.3% 30.6%	74.7% 69.4%
CCHA (RAE 6)	R SF	16.8% 20.1%	83.2% 79.9%
CCHA (RAE 7)	R SF	9.4%↓ 17.8%	90.6%↑ 82.2%

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

NCQA Comparisons

In order to assess the overall performance of the RAEs and MCOs, HSAG compared the scores for each measure to NCQA's 2021 Quality Compass® Benchmark and Compare Quality Data.[2-3,2-4] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 2-5. For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 4-10.

Table 2-5—Star Rating Percentiles

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

[2-3] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021.* Washington, DC: NCQA, September 2021.

[2-4] Quality Compass® data were not available for 2022 at the time this report was prepared; therefore, 2021 data were used for this comparative analysis.

Table 2-6 shows the Colorado RAE Aggregate's and each RAE's scores and overall member experience ratings for each measure.

Table 2-6—NCQA Comparisons: Overall Member Experience Ratings—Colorado RAE Aggregate and RAEs

	Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings								
Rating of Health Plan	★ 55.2%	★★ 59.6%	★ 56.5%+	★ 54.5%	★ 53.4%	★ 57.4%	★★ 59.0%	★ 49.4%
Rating of All Health Care	★★ 56.5%	★★★ 60.8%	★ 53.3%+	★★★ 59.1%+	★ 51.2%	★ 52.5%+	★★★★ 63.1%+	★ 49.2%+
Rating of Personal Doctor	★★ 66.2%	★★★ 72.1%	★★★ 72.7%+	★ 61.2%	★ 65.0%	★★★★★ 76.2%	★★★ 69.7%	★ 56.6%
Rating of Specialist Seen Most Often	★★ 69.2%	★★★ 71.4%+	★★★ 72.2%+	★★ 67.8%+	★★ 65.5%+	★★★ 69.9%+	★★ 67.0%+	★★★ 71.7%+
Composite Measures								
Getting Needed Care	★ 80.9%	★ 80.6%+	★★ 81.3%+	★ 77.7%+	★★★ 84.7%+	★ 78.6%+	★★★ 85.2%+	★ 80.9%+
Getting Care Quickly	★ 78.9%	★ 77.4%+	★★ 80.4%+	★ 77.3%+	★★★★ 86.3%+	★ 78.8%+	★ 78.2%+	★ 77.3%+
How Well Doctors Communicate	★★ 91.3%	★ 90.6%+	★★ 92.2%+	★ 88.8%+	★★★ 92.7%	★★★★ 94.0%+	★★ 91.2%+	★★★ 92.7%+
Customer Service	★ 86.7%	★ 85.1%+	★ 82.1%+	★ 82.5%+	★★ 88.6%+	★ 84.3%+	★★★★★ 92.4%+	★★★★★ 93.1%+
Individual Item Measure								
Coordination of Care	★ 79.7%	★ 70.8%+	★★★★★ 95.4%+	★★ 84.4%+	★ 79.9%+	★★ 83.1%+	★ 72.3%+	★ 79.2%+
Effectiveness of Care Measures								
Advising Smokers and Tobacco Users to Quit	★ 65.5%	★ 62.5%+	★ 52.4%+	★★★ 75.8%+	★ 57.4%+	★★ 74.9%+	★ 51.7%+	★★★ 76.7%+
Discussing Cessation Medications	★ 40.7%	★ 30.2%+	★ 29.9%+	★★ 51.4%+	★ 35.4%+	★★★★★ 63.1%+	★ 36.7%+	★ 34.5%+
Discussing Cessation Strategies	★ 41.4%	★ 39.6%+	★ 30.3%+	★★ 46.2%+	★ 35.6%+	★★★★ 57.6%+	★ 31.7%+	★★ 45.3%+

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

Table 2-7 shows DHMP's and RMHP Prime's scores and overall member experience ratings for each measure.

Table 2-7—NCQA Comparisons: Overall Member Experience Ratings—DHMP and RMHP Prime

	DHMP	RMHP Prime
Global Ratings		
Rating of Health Plan	★★ 58.6%	★★ 58.5%
Rating of All Health Care	★ 52.8%	★ 49.3%
Rating of Personal Doctor	★★ 68.9%	★ 61.2%
Rating of Specialist Seen Most Often	★★★ 70.6%	★★★ 71.1%+
Composite Measures		
Getting Needed Care	★ 71.7%	★★ 83.6%
Getting Care Quickly	★ 71.3%	★★ 80.2%
How Well Doctors Communicate	★★ 92.1%	★ 87.4%
Customer Service	★★ 87.9%	★★ 88.7%+
Individual Item Measure		
Coordination of Care	★ 81.9%	★ 75.6%+
Effectiveness of Care Measures		
Advising Smokers and Tobacco Users to Quit	★ 66.9%	★ 63.9%
Discussing Cessation Medications	★★ 52.0%	★★★ 54.2%
Discussing Cessation Strategies	★★★ 49.0%	★ 42.4%
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Statewide Comparisons

For purposes of the statewide comparisons, HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores for the other measures.[2-5] The MCO results for DHMP and RMHP Prime are presented in the figures for reference purposes only and are not comparable to the RAE results. CAHPS Health Plan Survey Database (i.e., CAHPS Database) benchmarks are presented in the figures for comparative purposes, where available.[2-6,2-7] The NCQA adult Medicaid national averages are presented for comparison.[2-8,2-9] The 2021 NCQA adult Commercial state averages are presented in the figures for reference purposes only, where applicable, and are not comparable to the RAE or MCO results.[2-10,2-11]

Results with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For additional information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 4-3. For additional information on the calculation of these measures, please refer to the Reader's Guide section beginning on page 4-9.

[2-5] HSAG followed *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

[2-6] Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: July 28, 2022.

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

[2-8] For the NCQA adult Medicaid national averages and adult Commercial state averages, the source for data contained in this publication is Quality Compass 2021 data and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA.

[2-9] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021*. Washington, DC: NCQA, September 2021.

[2-10] The NCQA adult Commercial state averages are based on results for the commercial population and derived from answers to the CAHPS 5.1H Adult Commercial Health Plan Survey; therefore, these results are not comparable to the RAE or MCO results. Additionally, results for the *Customer Service* composite measure and Effectiveness of Care measures are not available for the State of Colorado; therefore, results for these measures are not included.

[2-11] CAHPS Database benchmarks and NCQA national averages were not available for 2022 at the time this report was prepared; therefore, 2021 benchmarks and national data are presented in this section.

RAE Comparisons

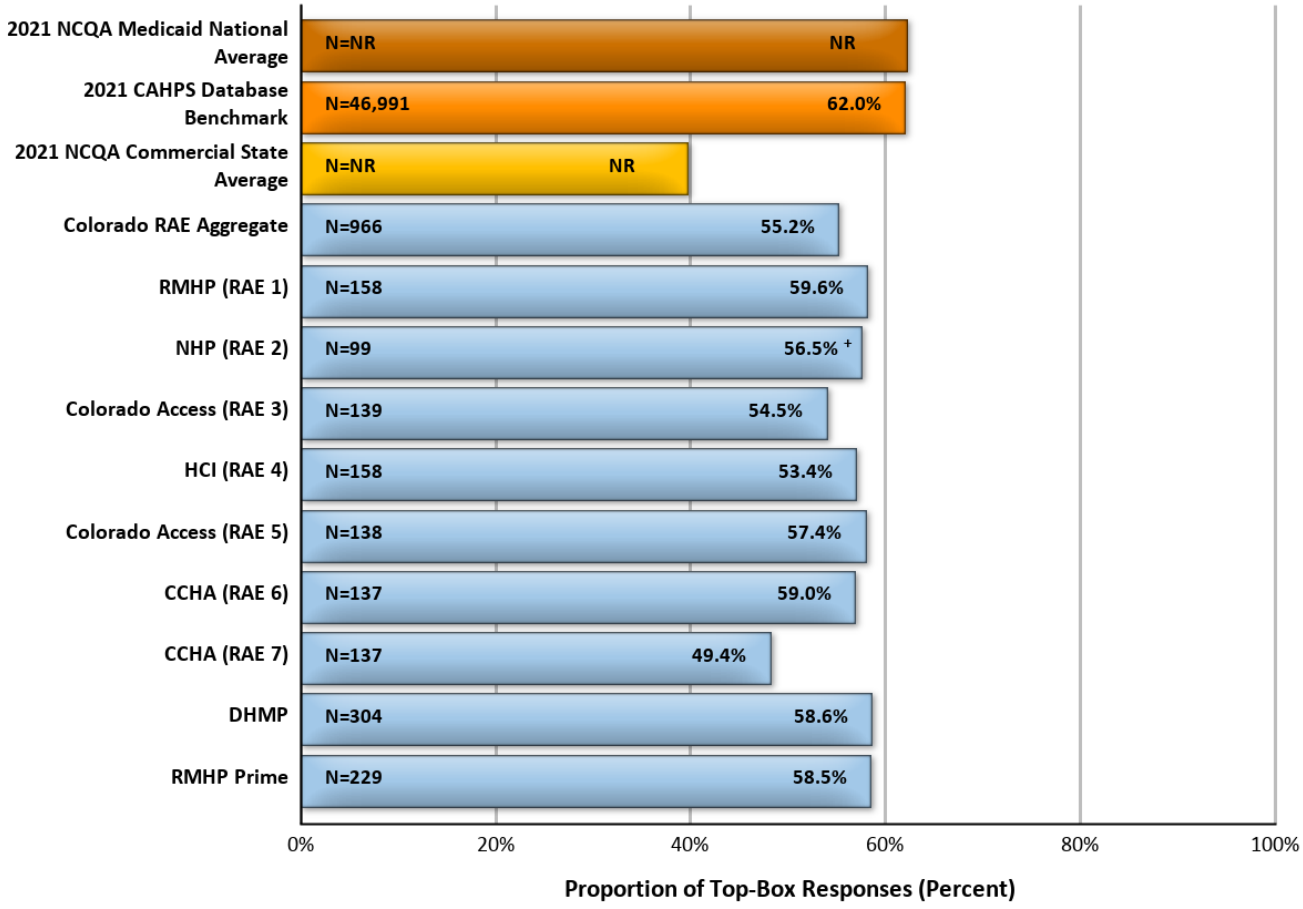
HSAG compared the case-mix adjusted, RAE-level results to the Colorado RAE Aggregate to determine if the results were statistically significantly different than the Colorado RAE Aggregate. In some instances, the scores presented for two RAEs were similar, but one was statistically significantly different from the Colorado RAE Aggregate and the other was not. In these instances, it was the difference in the number of respondents between the two RAEs that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE with a larger number of respondents. The Colorado RAE Aggregate results were weighted based on each RAE's total eligible population. For additional information on the calculations for the RAE comparisons, please refer to the Reader's Guide section beginning on page 4-11.

Global Ratings

Rating of Health Plan

Figure 2-14 shows the *Rating of Health Plan* top-box scores and number of responses (N).

Figure 2-14—Rating of Health Plan (9 or 10)

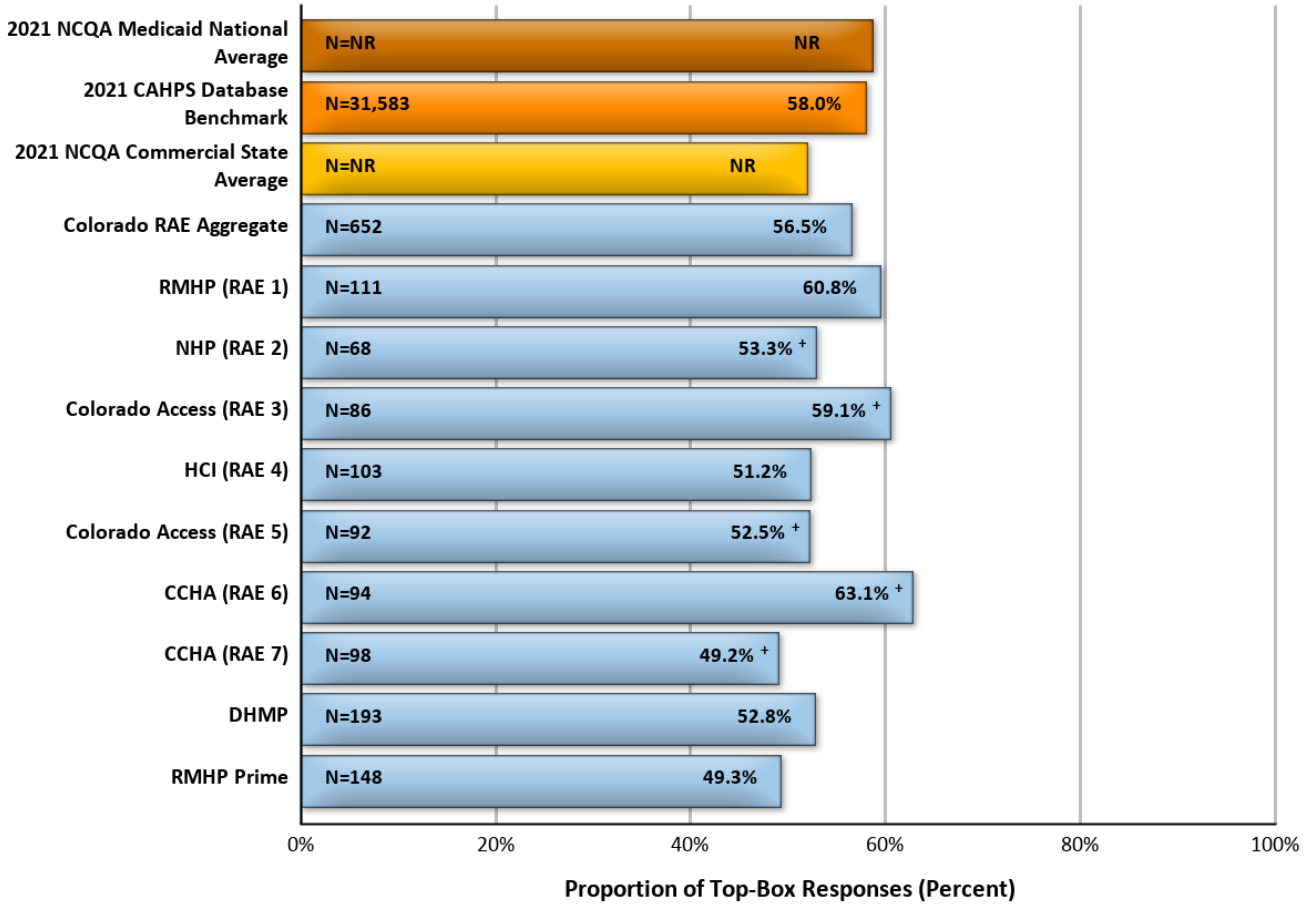


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of All Health Care

Figure 2-15 shows the *Rating of All Health Care* top-box scores and number of responses (N).

Figure 2-15—Rating of All Health Care (9 or 10)

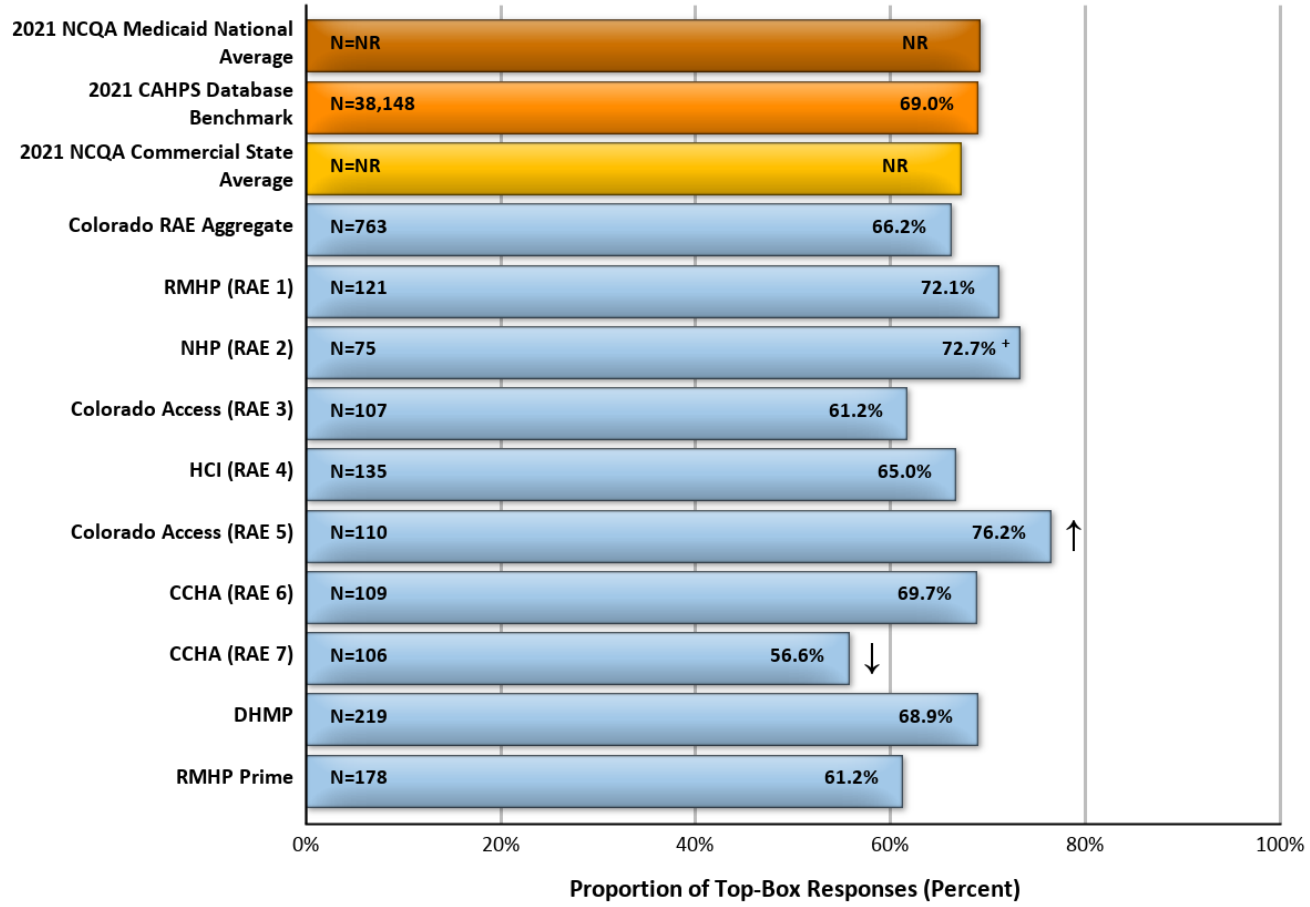


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of Personal Doctor

Figure 2-16 shows the *Rating of Personal Doctor* top-box scores and number of responses (N).

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

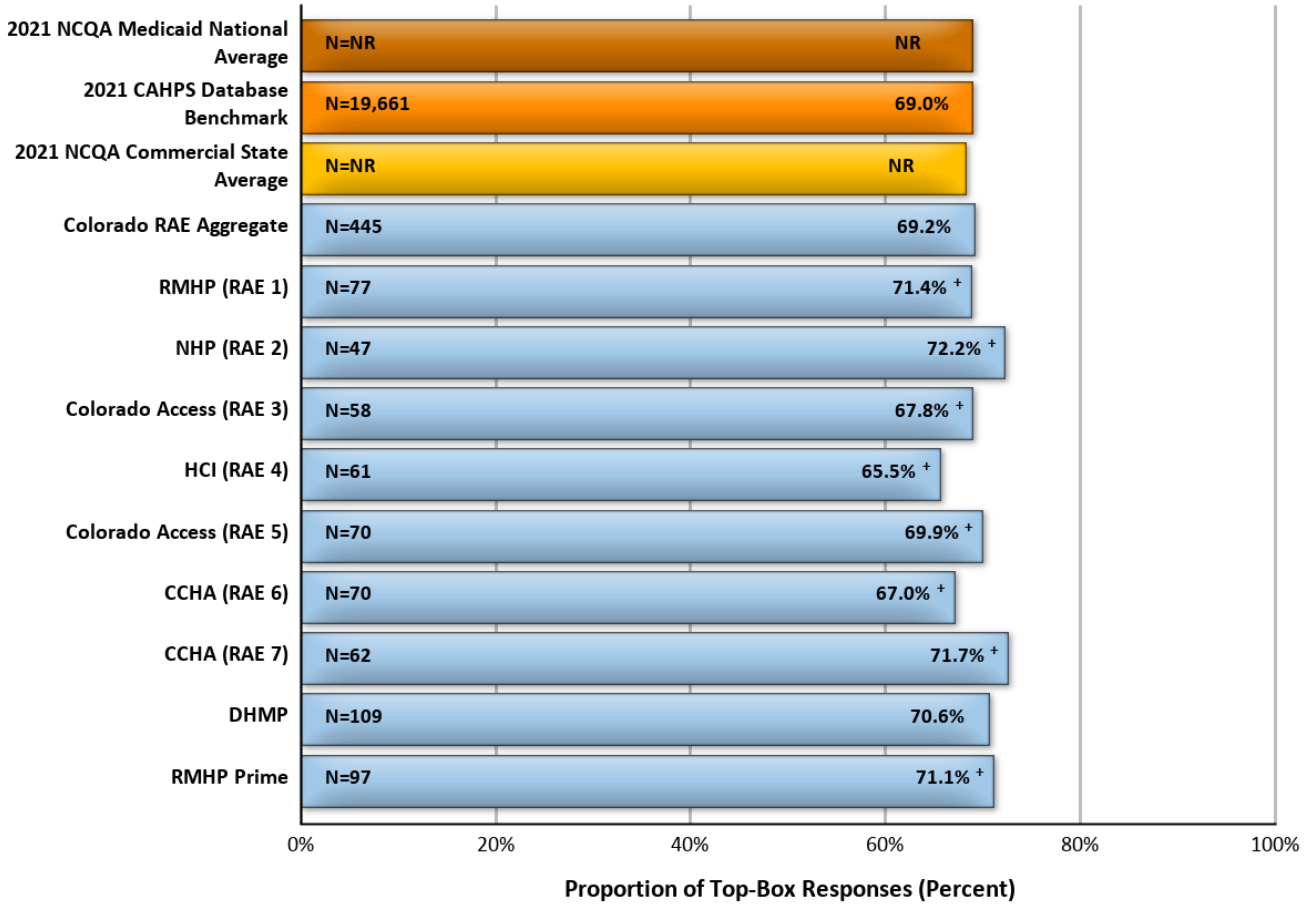


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Rating of Specialist Seen Most Often

Figure 2-17 shows the *Rating of Specialist Seen Most Often* top-box scores and number of responses (N).

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



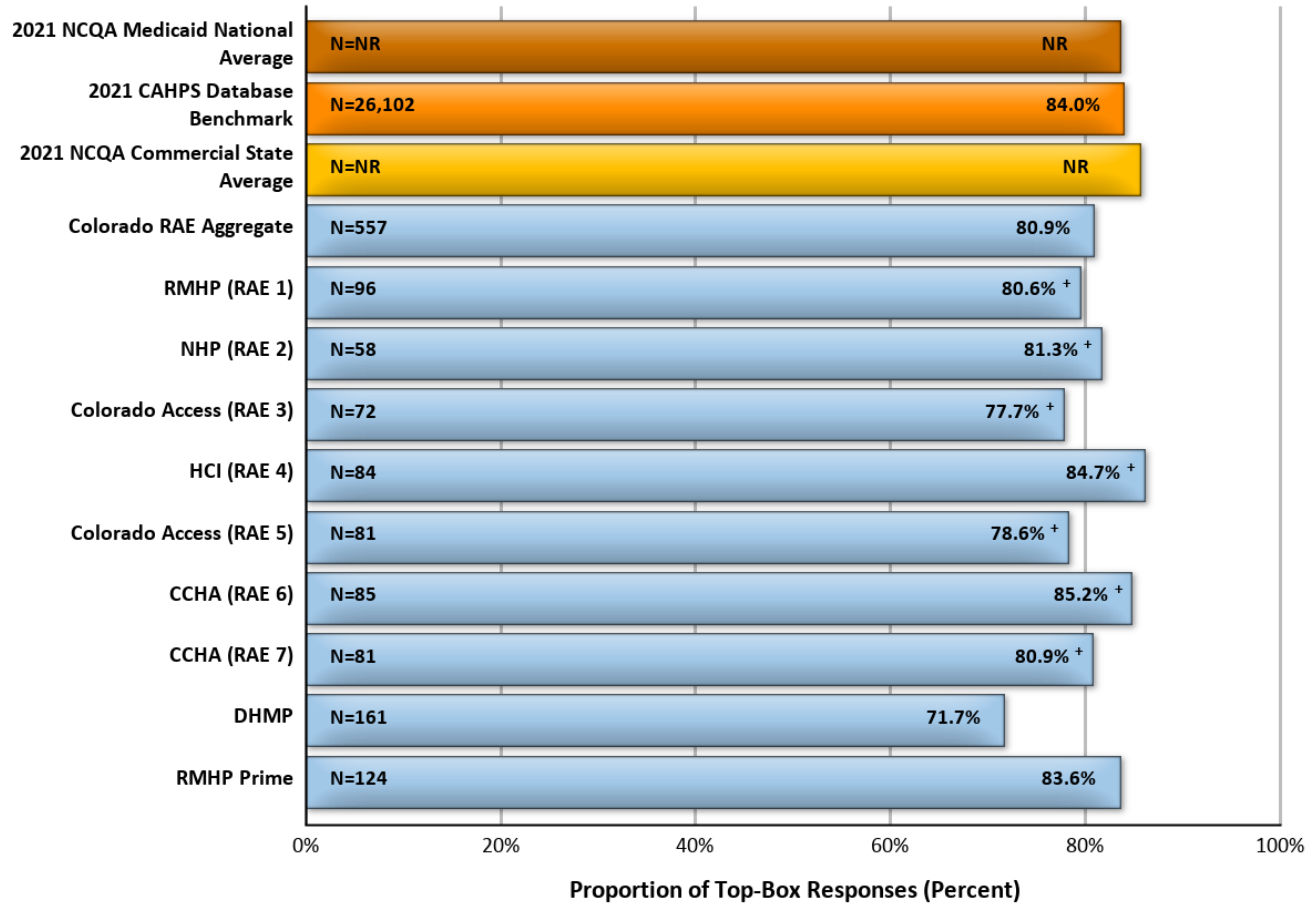
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Composite Measures

Getting Needed Care

Figure 2-18 shows the *Getting Needed Care* top-box scores and number of responses (N).

Figure 2-18—Getting Needed Care (Usually or Always)

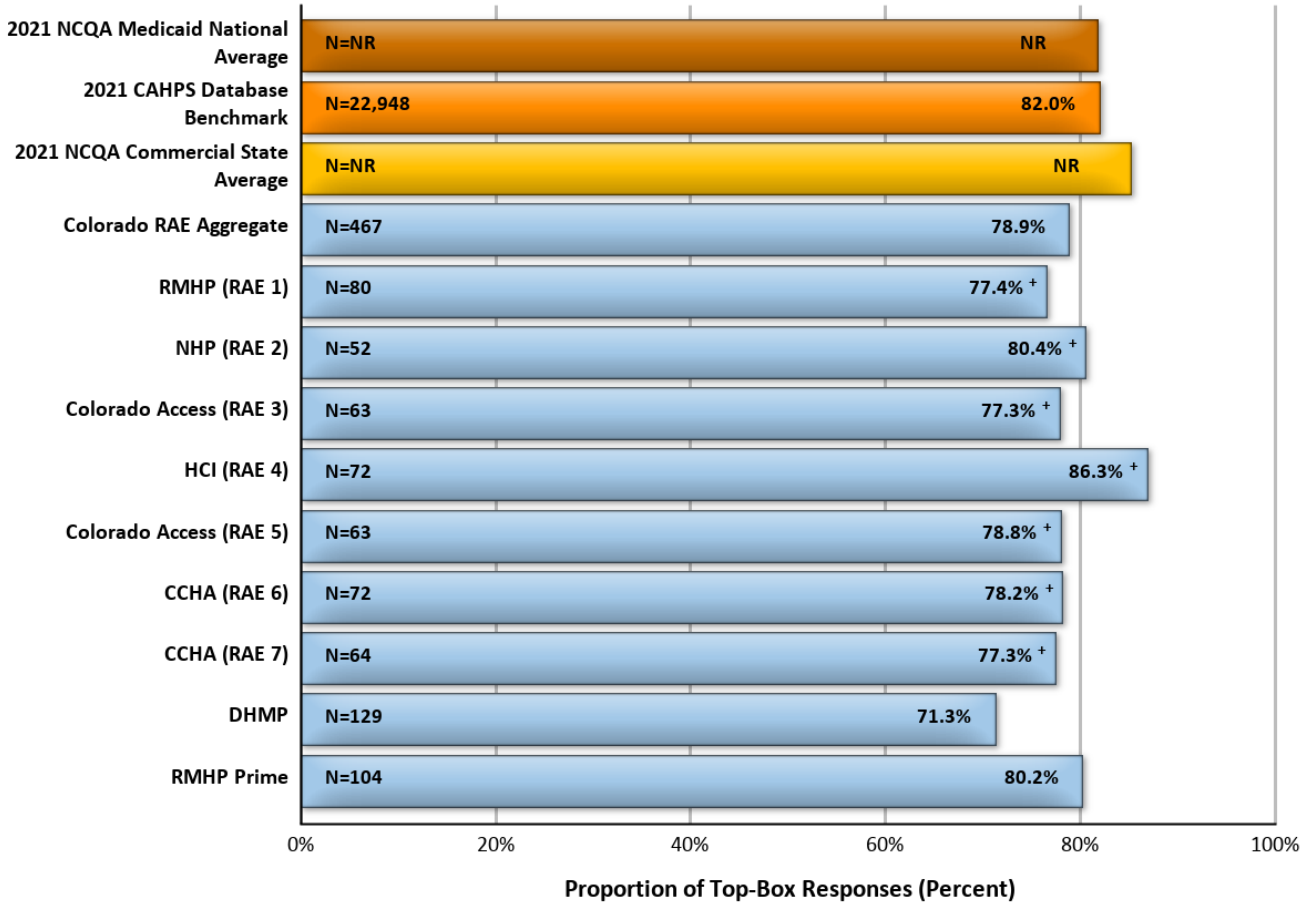


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Getting Care Quickly

Figure 2-19 shows the *Getting Care Quickly* top-box scores and number of responses (N).

Figure 2-19—Getting Care Quickly (Usually or Always)

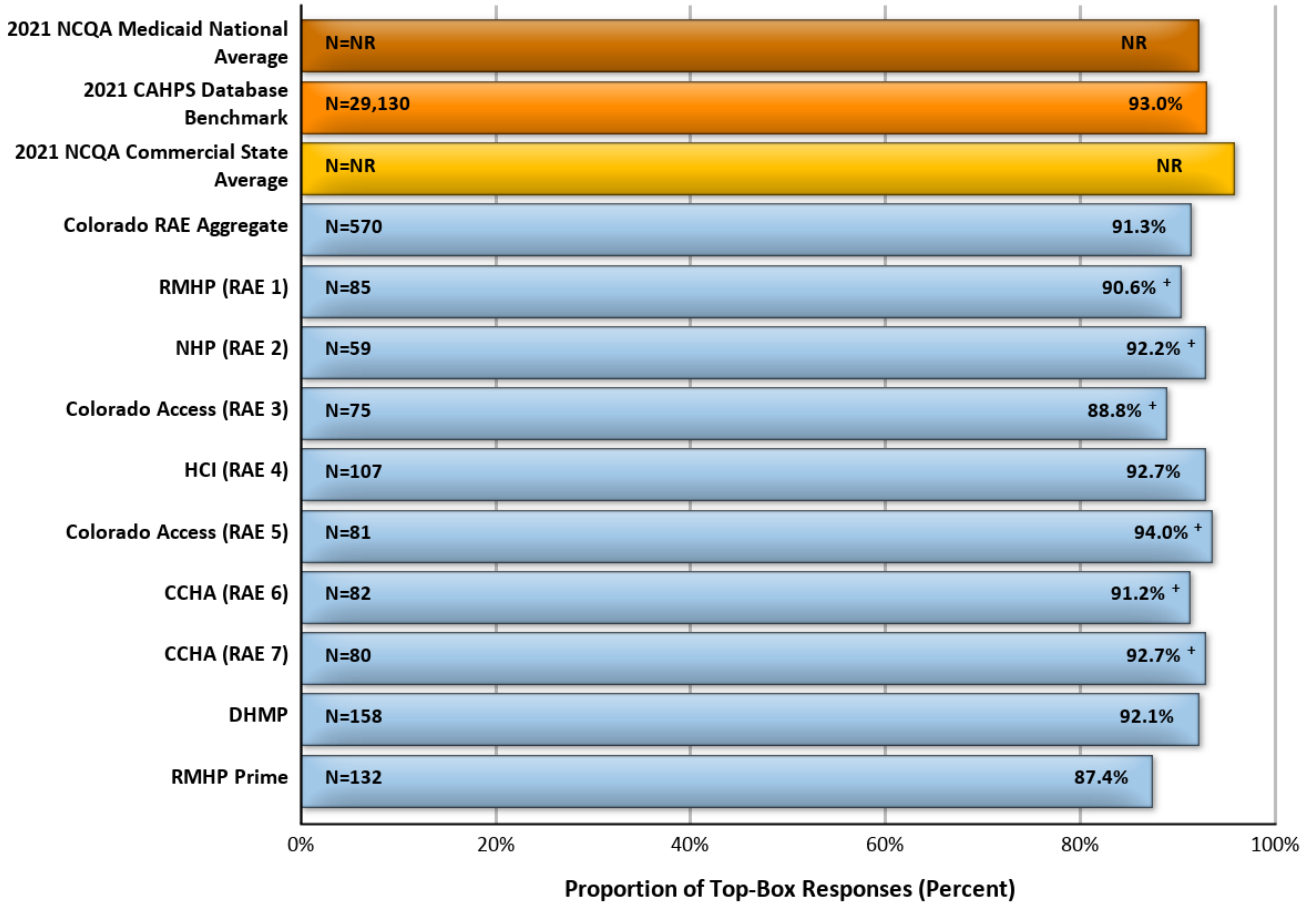


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

How Well Doctors Communicate

Figure 2-20 shows the *How Well Doctors Communicate* top-box scores and number of responses (N).

Figure 2-20—How Well Doctors Communicate (Usually or Always)

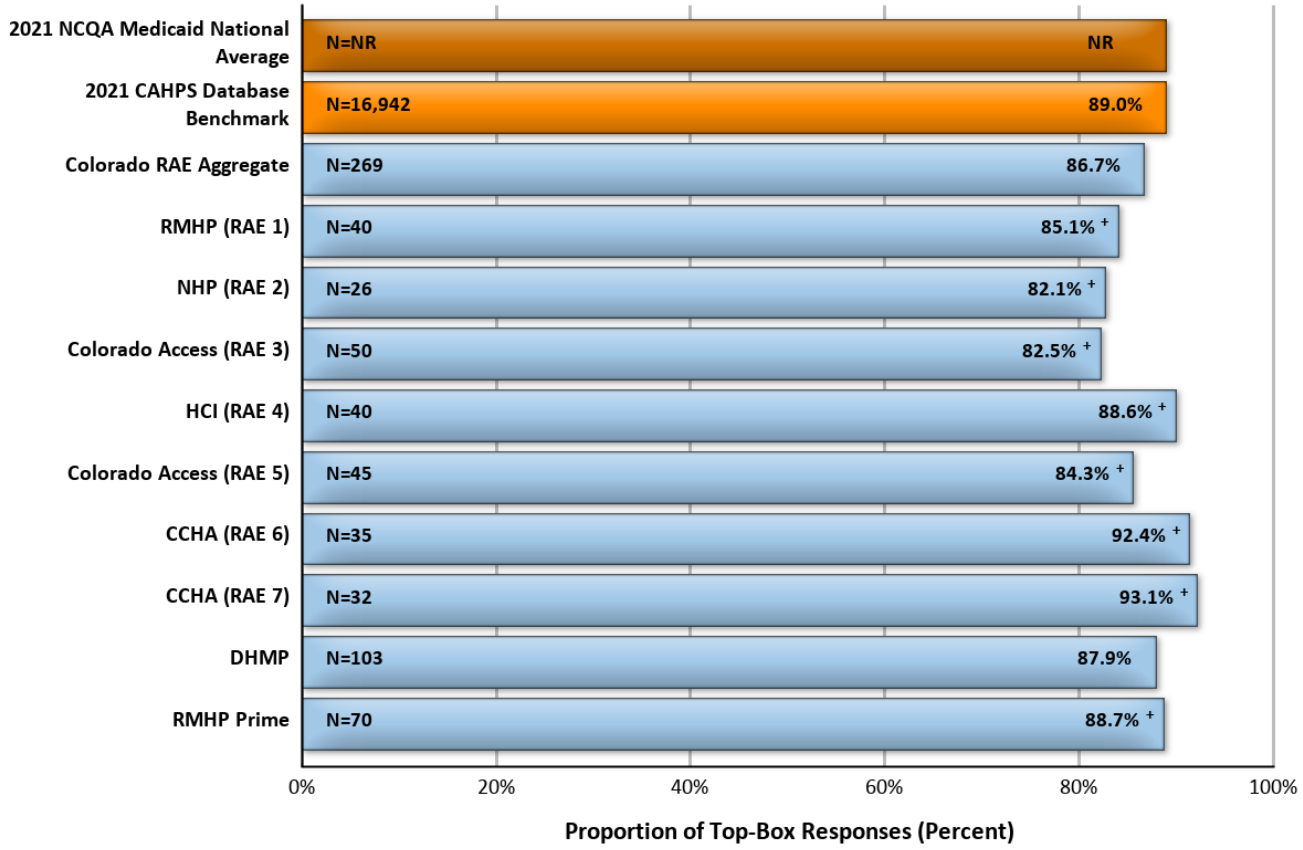


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Customer Service

Figure 2-21 shows the *Customer Service* top-box scores and number of responses (N).

Figure 2-21—Customer Service (Usually or Always)



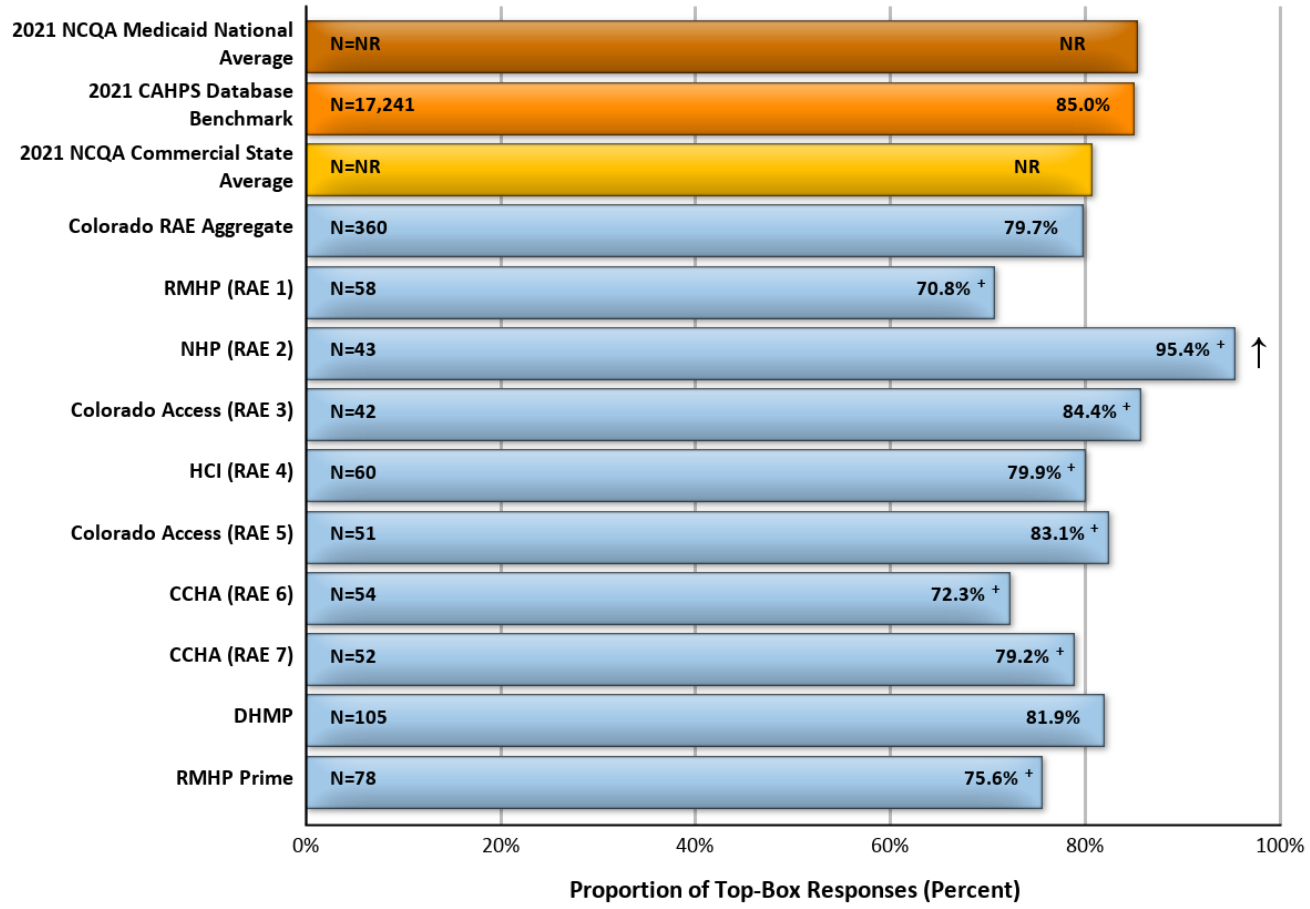
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Individual Item Measure

Coordination of Care

Figure 2-22 shows the *Coordination of Care* top-box scores and number of responses (N).

Figure 2-22—Coordination of Care (Usually or Always)



↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

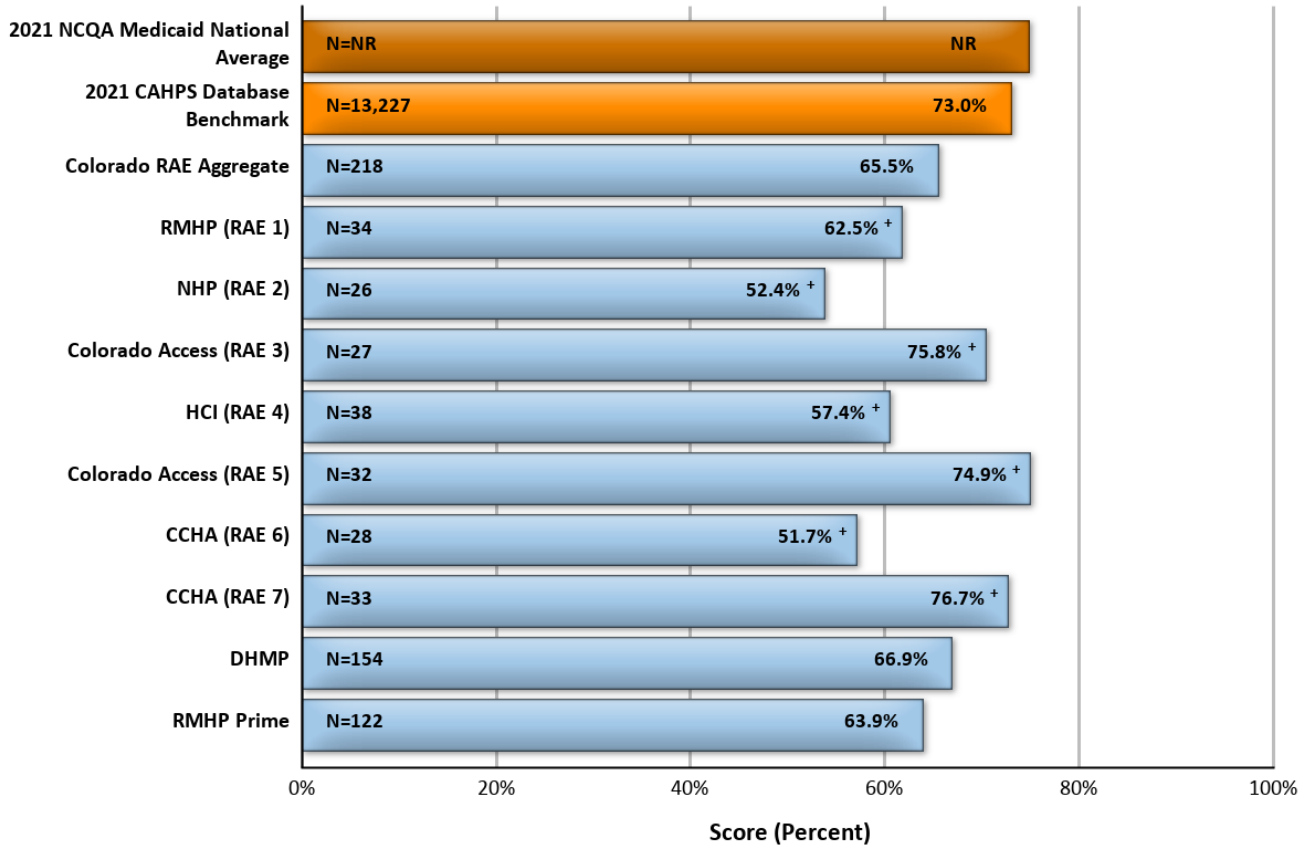
Effectiveness of Care Measures

Medical Assistance With Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Figure 2-23 shows the *Advising Smokers and Tobacco Users to Quit* scores and number of responses (N).

Figure 2-23—Advising Smokers and Tobacco Users to Quit (Sometimes, Usually, or Always)

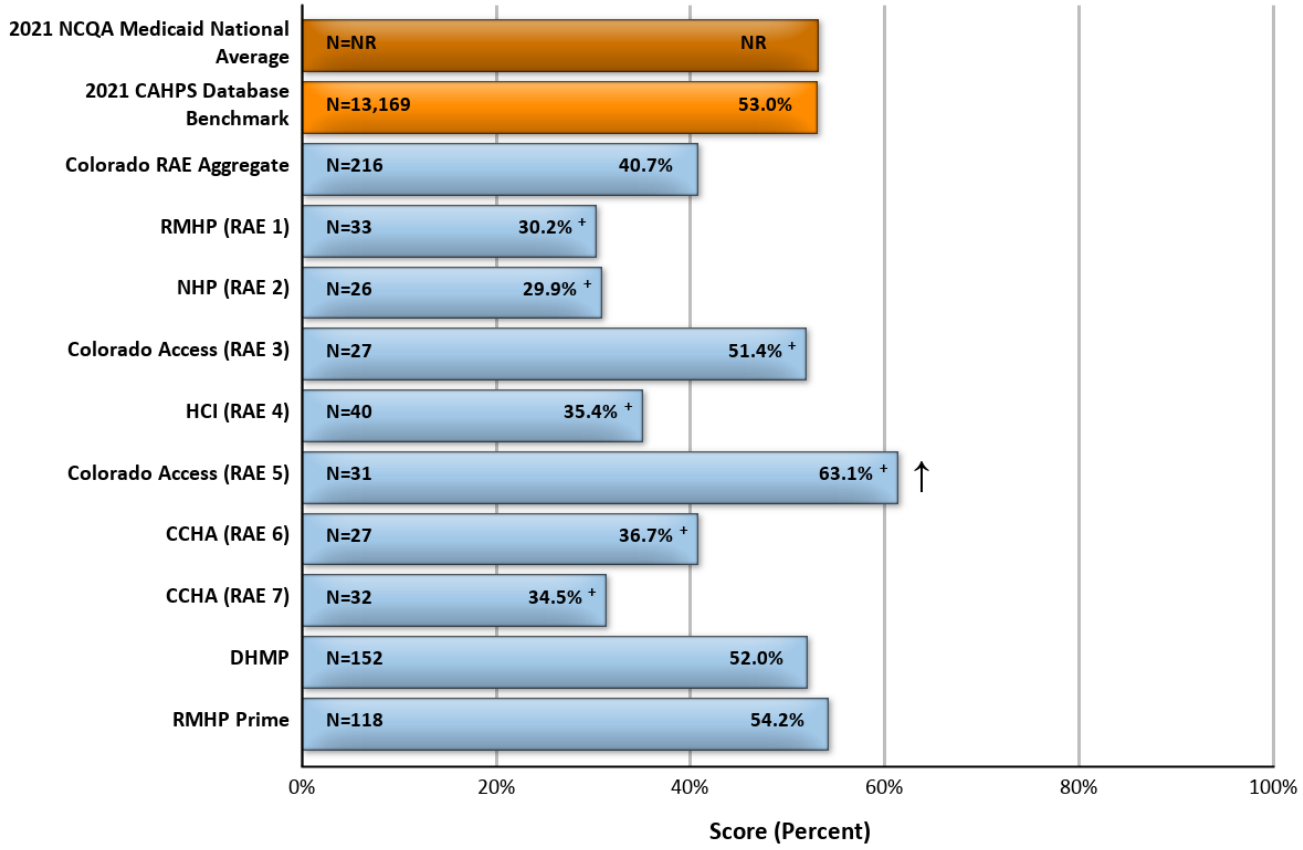


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Discussing Cessation Medications

Figure 2-24 shows the *Discussing Cessation Medications* scores and number of responses (N).

Figure 2-24—Discussing Cessation Medications (Sometimes, Usually, or Always)

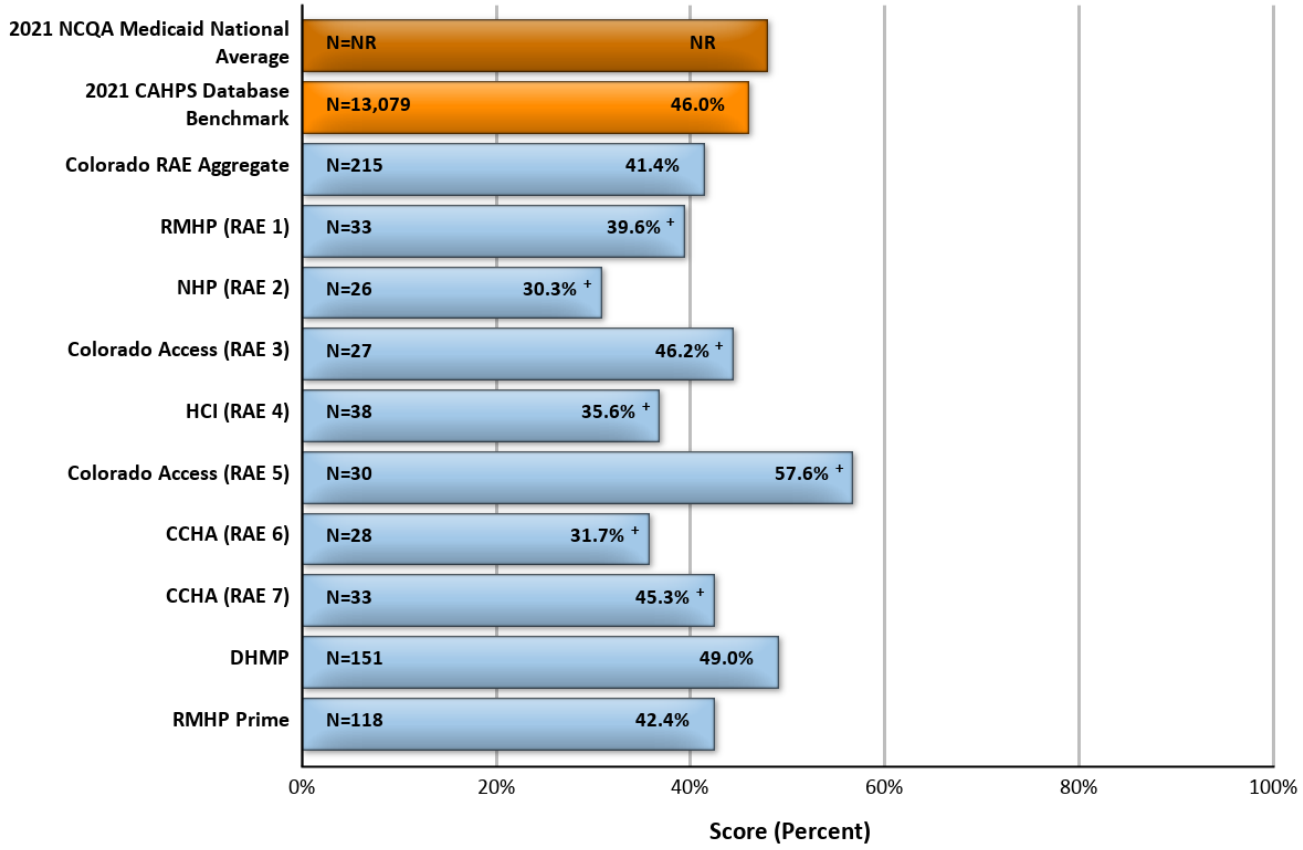


↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Discussing Cessation Strategies

Figure 2-25 shows the *Discussing Cessation Strategies* scores and number of responses (N).

Figure 2-25—Discussing Cessation Strategies (Sometimes, Usually, or Always)



↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and score are not reportable since the data are proprietary.

Summary of RAE Comparisons Results

Table 2-8 provides a summary of the results that scored statistically significantly higher or lower than the Colorado RAE Aggregate from the RAE comparisons.

Table 2-8—RAE Comparisons

Measure	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Rating							
Rating of Personal Doctor	—	—	—	—	↑	—	↓
Individual Item Measure							
Coordination of Care	—	↑	—	—	—	—	—
Effectiveness of Care Measure							
Discussing Cessation Medications	—	—	—	—	↑	—	—

↑ *Statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2022 score is not statistically significantly different than the Colorado RAE Aggregate.*

Supplemental Items

The Department elected to add seven supplemental items to the standard CAHPS survey that was administered to members in the RAEs.[2-12] Table 2-9 details the survey language and response options for each of the supplemental items. Table 2-10 through Table 2-16 show the results for each supplemental item. For all RAEs, the number and percentage of responses for each item are presented.

Table 2-9—Supplemental Items

Question		Response Options
Q28a.	People can get counseling, treatment or medicine for many different reasons, such as: • Feeling depressed, anxious, or stressed. • Personal problems (like when a loved one dies or when there are problems at work). • Family problems (like marriage problems or when parents and children have trouble getting along). • Needing help with drug or alcohol use. In the last 6 months, did you make any appointments for counseling or mental health treatment for any of these reasons?	Yes No
Q28b.	In the last 6 months, did you try to make any appointments for counseling or mental health treatment?	Yes No
Q28c.	Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, how difficult was it to make appointments with this person for counseling or mental health treatment?	Extremely difficult Very difficult Somewhat difficult Not very difficult Not at all difficult
Q28d.	In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?	Never Sometimes Usually Always
Q28e.	Sometimes counseling or mental health treatment can include taking medicine. In the last 6 months, did you take any medicine because of how you were feeling or for personal problems?	Yes No
Q28f.	In the last 6 months, how difficult was it for you to get your prescriptions for these mental health medicines as soon as you needed?	Extremely difficult Very difficult Somewhat difficult Not very difficult Not at all difficult

[2-12] The data HSAG received for inclusion in this report did not include any supplemental questions that may have been included in the surveys that were administered to adult Medicaid members enrolled in DHMP and RMHP Prime; therefore, HSAG could not include supplemental question results for the MCOs.

Question		Response Options
Q40a.	In general, how would you rate your overall experience of the maternal care or services you received during pregnancy, delivery, and postpartum period in the last 6 months?	Excellent Very Good Good Fair Poor I did not receive any maternal care or services in the last 6 months[2-13]

Made Counseling or Mental Health Appointments

Members were asked if they made any appointments for counseling or mental health treatment for any of the mentioned reasons in the survey in the last 6 months (Question 28a). Table 2-10 displays the responses for this question.

Table 2-10—Made Counseling or Mental Health Appointments

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**196**	**19.2%**	**827**	**80.8%**
RMHP (RAE 1)	40	23.5%	130	76.5%
NHP (RAE 2)	18	17.8%	83	82.2%
Colorado Access (RAE 3)	22	15.4%	121	84.6%
HCI (RAE 4)	16	9.3%	156	90.7%
Colorado Access (RAE 5)	32	22.2%	112	77.8%
CCHA (RAE 6)	36	24.7%	110	75.3%
CCHA (RAE 7)	32	21.8%	115	78.2%
Please note: Percentages may not total 100 percent due to rounding.				

[2-13] Respondents who answered, "I did not receive any maternal care or services in the last 6 months" were excluded from the analysis.

Tried to Make Any Counseling or Mental Health Appointments

Members were asked if they tried to make any appointments for counseling or mental health treatment in the last 6 months (Question 28b). Table 2-11 displays the responses for this question.

Table 2-11—Tried to Make Any Counseling or Mental Health Appointments

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**21**	**2.7%**	**751**	**97.3%**
RMHP (RAE 1)	1	0.8%	119	99.2%
NHP (RAE 2)	1	1.3%	76	98.7%
Colorado Access (RAE 3)	2	1.7%	116	98.3%
HCI (RAE 4)	2	1.4%	141	98.6%
Colorado Access (RAE 5)	4	3.9%	99	96.1%
CCHA (RAE 6)	9	8.8%	93	91.2%
CCHA (RAE 7)	2	1.8%	107	98.2%

Please note: Percentages may not total 100 percent due to rounding. Results presented in this table are based on respondents that answered "No" to Question 28a.

Difficulty in Making Appointments With Person for Counseling or Mental Health Treatment

Members were asked how difficult it was to make appointments with the person they saw most often for counseling or mental health treatment in the last 6 months (Question 28c). Table 2-12 displays the responses for this question.

Table 2-12—Difficulty in Making Appointments With Person for Counseling or Mental Health Treatment

Program/RAE Name	Extremely Difficult		Very Difficult		Somewhat Difficult		Not Very Difficult		Not at All Difficult	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**6**	**30.0%**	**3**	**15.0%**	**5**	**25.0%**	**3**	**15.0%**	**3**	**15.0%**
RMHP (RAE 1)	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%
NHP (RAE 2)	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Colorado Access (RAE 3)	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%
HCI (RAE 4)	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Colorado Access (RAE 5)	0	0.0%	0	0.0%	3	75.0%	0	0.0%	1	25.0%
CCHA (RAE 6)	0	0.0%	3	37.5%	2	25.0%	2	25.0%	1	12.5%
CCHA (RAE 7)	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Please note: Percentages may not total 100 percent due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28b.

Ability to Get Appointment for Counseling or Mental Health Treatment as Soon as Needed

Members were asked how often they were able to get an appointment for counseling or mental health treatment as soon as they needed in the last 6 months (Question 28d). Table 2-13 displays the responses for this question.

Table 2-13—Ability to Get Appointment for Counseling or Mental Health Treatment as Soon as Needed

Program/RAE Name	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**11**	**57.9%**	**3**	**15.8%**	**1**	**5.3%**	**4**	**21.1%**
RMHP (RAE 1)	0	0.0%	0	0.0%	0	0.0%	1	100.0%
NHP (RAE 2)	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Colorado Access (RAE 3)	1	50.0%	1	50.0%	0	0.0%	0	0.0%
HCI (RAE 4)	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Colorado Access (RAE 5)	1	33.3%	0	0.0%	1	33.3%	1	33.3%
CCHA (RAE 6)	4	50.0%	2	25.0%	0	0.0%	2	25.0%
CCHA (RAE 7)	2	100.0%	0	0.0%	0	0.0%	0	0.0%

Please note: Percentages may not total 100 percent due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28b.

Took Mental Health Medicines

Members were asked if they took any medicine because of how they were feeling or for personal problems in the last 6 months (Question 28e). Table 2-14 displays the responses for this question.

Table 2-14—Took Mental Health Medicines

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**245**	**24.5%**	**755**	**75.5%**
RMHP (RAE 1)	46	27.4%	122	72.6%
NHP (RAE 2)	21	21.6%	76	78.4%
Colorado Access (RAE 3)	26	18.2%	117	81.8%
HCI (RAE 4)	39	24.1%	123	75.9%
Colorado Access (RAE 5)	36	25.4%	106	74.6%
CCHA (RAE 6)	38	26.6%	105	73.4%
CCHA (RAE 7)	39	26.9%	106	73.1%

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

Difficulty Getting Mental Health Medicines

Members were asked how difficult it was for them to get prescriptions for mental health medicines as soon as they needed in the last 6 months (Question 28f). Table 2-15 displays the responses for this question.

Table 2-15—Difficulty Getting Mental Health Medicines

Program/RAE Name	Extremely Difficult		Very Difficult		Somewhat Difficult		Not Very Difficult		Not at All Difficult	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**6**	**2.5%**	**11**	**4.6%**	**33**	**13.9%**	**59**	**24.8%**	**129**	**54.2%**
RMHP (RAE 1)	0	0.0%	7	15.2%	6	13.0%	13	28.3%	20	43.5%
NHP (RAE 2)	2	10.0%	0	0.0%	4	20.0%	4	20.0%	10	50.0%
Colorado Access (RAE 3)	1	4.0%	2	8.0%	2	8.0%	8	32.0%	12	48.0%
HCI (RAE 4)	0	0.0%	0	0.0%	6	15.8%	7	18.4%	25	65.8%
Colorado Access (RAE 5)	2	5.6%	1	2.8%	5	13.9%	6	16.7%	22	61.1%
CCHA (RAE 6)	1	2.9%	0	0.0%	5	14.7%	10	29.4%	18	52.9%
CCHA (RAE 7)	0	0.0%	1	2.6%	5	12.8%	11	28.2%	22	56.4%

Please note: Percentages may not total 100 percent due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28e.

Overall Rating of Maternal Care or Services

Members were asked how they would rate their overall experience of the maternal care or services they received during pregnancy, delivery, and postpartum period in the last 6 months (Question 40a). Table 2-16 displays the responses for this question.

Table 2-16—Overall Rating of Maternal Care or Services

Program/RAE Name	Excellent		Very Good		Good		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**18**	**25.0%**	**25**	**34.7%**	**22**	**30.6%**	**6**	**8.3%**	**1**	**1.4%**
RMHP (RAE 1)	4	30.8%	6	46.2%	2	15.4%	1	7.7%	0	0.0%
NHP (RAE 2)	1	12.5%	5	62.5%	2	25.0%	0	0.0%	0	0.0%
Colorado Access (RAE 3)	3	23.1%	6	46.2%	1	7.7%	3	23.1%	0	0.0%
HCI (RAE 4)	1	10.0%	1	10.0%	7	70.0%	0	0.0%	1	10.0%
Colorado Access (RAE 5)	3	23.1%	5	38.5%	5	38.5%	0	0.0%	0	0.0%
CCHA (RAE 6)	2	28.6%	1	14.3%	2	28.6%	2	28.6%	0	0.0%
CCHA (RAE 7)	4	50.0%	1	12.5%	3	37.5%	0	0.0%	0	0.0%

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

3. Conclusions and Recommendations

Conclusions

HSAG summarized results of the NCQA, national average, CAHPS Database, and RAE comparisons, and key drivers of low member experience analysis to provide an overall assessment of access to, timeliness of, and quality of care that each RAE provides. The RAEs can utilize these findings to identify areas in need of quality improvement (QI).

Access to Care

Getting Needed Care

Table 3-1 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Getting Needed Care* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-1—Access to Care: Getting Needed Care Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★★+	Lower+	Lower+
Colorado Access (RAE 3)	★+	Lower+	Lower+
HCI (RAE 4)	★★★+	Higher+	Higher+
Colorado Access (RAE 5)	★+	Lower+	Lower+
CCHA (RAE 6)	★★★+	Higher+	Higher+
CCHA (RAE 7)	★+	Lower+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA adult Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

Table 3-2—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 needed	Never + Sometimes vs. Always	4.362	11.022	NS
	Usually vs. Always	2.329	4.617	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.				

- Compared to members who perceived it was always easy to get the care, tests, and treatment they needed:
  - Members who perceived it was never or sometimes easy to get the care, tests, or treatment they needed were 4.362 and 11.022 times more likely to provide a lower rating for their RAE and overall health care, respectively.
  - Members who perceived it was usually easy to get the care, tests, or treatment they needed were 2.329 and 4.617 times more likely to provide a lower rating for their RAE and overall health care, respectively.

Timeliness of Care

Getting Care Quickly

Table 3-3 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Getting Care Quickly* composite measure. There were no statistically significant results for the RAE comparisons.

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

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★★+	Lower+	Lower+
Colorado Access (RAE 3)	★+	Lower+	Lower+
HCI (RAE 4)	★★★★+	Higher+	Higher+
Colorado Access (RAE 5)	★+	Lower+	Lower+
CCHA (RAE 6)	★+	Lower+	Lower+
CCHA (RAE 7)	★+	Lower+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA adult Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-4 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Care Quickly* composite measure.

Table 3-4—Timeliness of Care: Getting Care Quickly Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	Never + Sometimes vs. Always	NS	2.385	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.

- Members who never or sometimes received care as soon as they needed when they needed care right away were 2.385 times more likely to provide a lower rating for their overall health care than members who always received care as soon as they needed when they needed care right away.

Quality of Care

Communication

Table 3-5 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *How Well Doctors Communicate* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-5—Quality of Care: How Well Doctors Communicate Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★★+	Higher+	Lower+
Colorado Access (RAE 3)	★+	Lower+	Lower+
HCI (RAE 4)	★★★	Higher	Lower
Colorado Access (RAE 5)	★★★★+	Higher+	Higher+
CCHA (RAE 6)	★★+	Lower+	Lower+
CCHA (RAE 7)	★★★+	Higher+	Lower+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA adult Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-6 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

Table 3-6—Quality of Care: How Well Doctors Communicate Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q13. Personal doctor listened carefully	Never + Sometimes vs. Always	NS	NS	4.783
	Usually vs. Always	NS	NS	2.629
Q14. Personal doctor showed respect for what was said	Never + Sometimes vs. Always	3.837	6.784	11.149
Q15. Personal doctor spent enough time	Never + Sometimes vs. Always	NS	NS	2.761
	Usually vs. Always	NS	NS	3.380

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 members who perceived their personal doctor always listened carefully to them:
  - Members who perceived their personal doctor never or sometimes listened carefully to them were 4.783 times more likely to provide a lower rating for their personal doctor.
  - Members who perceived their personal doctor usually listened carefully to them were 2.629 times more likely to provide a lower rating for their personal doctor.
- Members who perceived their personal doctor never or sometimes showed respect for what they said were 3.837, 6.784, and 11.149 times more likely to provide a lower rating for their RAE, overall health care, and personal doctor, respectively, than members who perceived their personal doctor always showed respect for what they said.
- Compared to members who perceived their personal doctor always spent enough time with them:
  - Members who perceived their personal doctor never or sometimes spent enough time with them were 2.761 times more likely to provide a lower rating for their personal doctor.
  - Members who perceived their personal doctor usually spent enough time with them were 3.380 times more likely to provide a lower rating for their personal doctor.

Customer Service

Table 3-7 provides a summary of findings for the NCQA, national average, and CAHPS Database comparisons for the *Customer Service* composite measure. There were no statistically significant results for the RAE comparisons.

Table 3-7—Quality of Care: Customer Service Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons
Colorado RAE Aggregate	★	Lower	Lower
RMHP (RAE 1)	★+	Lower+	Lower+
NHP (RAE 2)	★+	Lower+	Lower+
Colorado Access (RAE 3)	★+	Lower+	Lower+
HCI (RAE 4)	★★+	Lower+	Lower+
Colorado Access (RAE 5)	★+	Lower+	Lower+
CCHA (RAE 6)	★★★★★+	Higher+	Higher+
CCHA (RAE 7)	★★★★★+	Higher+	Higher+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA adult Medicaid national average or CAHPS Database benchmark.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Table 3-8 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

Table 3-8—Quality of Care: Customer Service Summary—Key Drivers of Low Member Experience

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q24. Health plan's customer service gave the information or help needed	Never + Sometimes vs. Always	2.675	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.

- Members who perceived their RAE's customer service never or sometimes gave the information or help they needed were 2.675 times more likely to provide a lower rating for their RAE than members who perceived their RAE's customer service always gave the information or help they needed.

Coordination of Care

Table 3-9 provides a summary of findings for the NCQA, national average, CAHPS Database, and RAE comparisons for the *Coordination of Care* individual item measure. There were no statistically significant results for the key drivers of low member experience analysis.

Table 3-9—Quality of Care: Coordination of Care Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	National Average Comparisons	CAHPS Database Comparisons	RAE Comparisons
Colorado RAE Aggregate	★	Lower	Lower	—
RMHP (RAE 1)	★+	Lower+	Lower+	—+
NHP (RAE 2)	★★★★★+	Higher+	Higher+	↑+
Colorado Access (RAE 3)	★★+	Lower+	Lower+	—+
HCI (RAE 4)	★+	Lower+	Lower+	—+
Colorado Access (RAE 5)	★+	Lower+	Lower+	—+
CCHA (RAE 6)	★+	Lower+	Lower+	—+
CCHA (RAE 7)	★+	Lower+	Lower+	—+

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
Higher/Lower *Indicates the score is higher or lower than the NCQA adult Medicaid national average or CAHPS Database benchmark.*
↑ *Statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2022 score is not statistically significantly different than the Colorado RAE Aggregate.*
\+ *Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.*

Recommendations

The RAEs are responsible for developing a network of primary care medical providers (PCMPs) and behavioral health specialists. HSAG recommends that each RAE consider the following strategies to improve the quality of, timeliness of, or access to services in its respective region:

- Continue to recruit and increase the number of arrangements with facilities or provider sites solely for the purpose of after-hours care in a region where the RAE's PCMP network is unable or unwilling to provide after-hours care.
- Periodically review the provider directory available on the RAE's website for accuracy regarding the list of providers who offer after hours care and all urgent care facilities.

Additionally, those measures that exhibited low performance suggest that additional analysis may be required to identify what is truly causing low performance in these areas. HSAG recommends that the Department consider:

- Drawing on the analysis of population sub-groups (e.g., health status, race, age) to determine if there are member groups that tend to have lower levels of member experience (see Tab and Banner Book, which is separate from this report).
- Using other indicators to supplement CAHPS data such as member complaints/grievances, feedback from staff members, and other survey data (e.g., provider surveys to determine barriers of timely access to care and test results for members).
- Conducting member or provider focus groups and interviews to further explore circumstances driving low member experience ratings.

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

4. Reader's Guide

This section provides a comprehensive overview of the CAHPS survey, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the survey results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. The CAHPS 5.1H Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS.[4-1] In 2002, AHRQ convened the CAHPS Instrument Panel to reevaluate and update the CAHPS Health Plan Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.[4-2] The result of this reevaluation and updated process was the development of the CAHPS 3.0H Health Plan Surveys. The goal of the CAHPS 3.0H Health Plan Surveys was to effectively and efficiently obtain information from the person receiving care. In 2006, AHRQ released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, NCQA introduced new HEDIS versions of the Adult Health Plan Survey in 2007 and the Child Health Plan Survey in 2009, which are referred to as the CAHPS 4.0H Health Plan Surveys.[4-3,4-4] In 2012, AHRQ released the CAHPS 5.0 Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Health Plan Surveys.[4-5] In October 2019, NCQA updated the CAHPS 5.0H Medicaid Health Plan Surveys by eliminating some items from the surveys.[4-6] In October 2020,

[4-1] National Committee for Quality Assurance. *HEDIS® 2002, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2001.

[4-2] National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

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

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

[4-5] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2012.

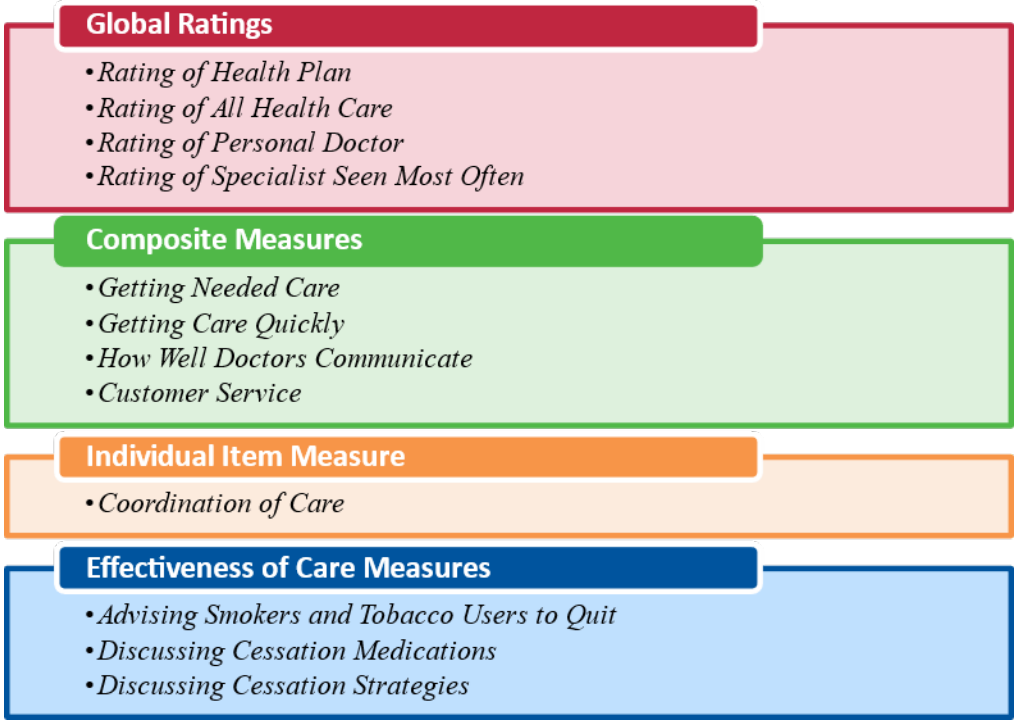
[4-6] National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2019.

AHRQ released the CAHPS 5.1 Health Plan Surveys. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[4-7]

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

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures of experience. These measures include four global rating questions, four composite measures, one individual item measure, and three Effectiveness of Care measures. The global measures (also referred to as global ratings) reflect overall member experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "*Getting Needed Care*" or "*Getting Care Quickly*"). The individual item measure is an individual question that looks at a specific area of care (i.e., "*Coordination of Care*"). The Effectiveness of Care measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation. Figure 4-1 lists the measures included in the survey.

Figure 4-1—CAHPS Measures



[4-7] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Table 4-1 presents the survey language and response options for the measures.

Table 4-1—Question Language and Response Options

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

Question Language	Response Options
Customer Service	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
Effectiveness of Care Measures	
Advising Smokers and Tobacco Users to Quit	
33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
Discussing Cessation Medications	
34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
Discussing Cessation Strategies	
35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

Sampling Procedures

Sampled RAE members included those who met the following criteria:

- Were 18 years of age or older as of October 31, 2021.
- Were currently enrolled in a RAE.
- Had been continuously enrolled in the RAE for at least five of the six months of the measurement period (May 1 to October 31, 2021).[4-8]
- Had Medicaid as a payer.

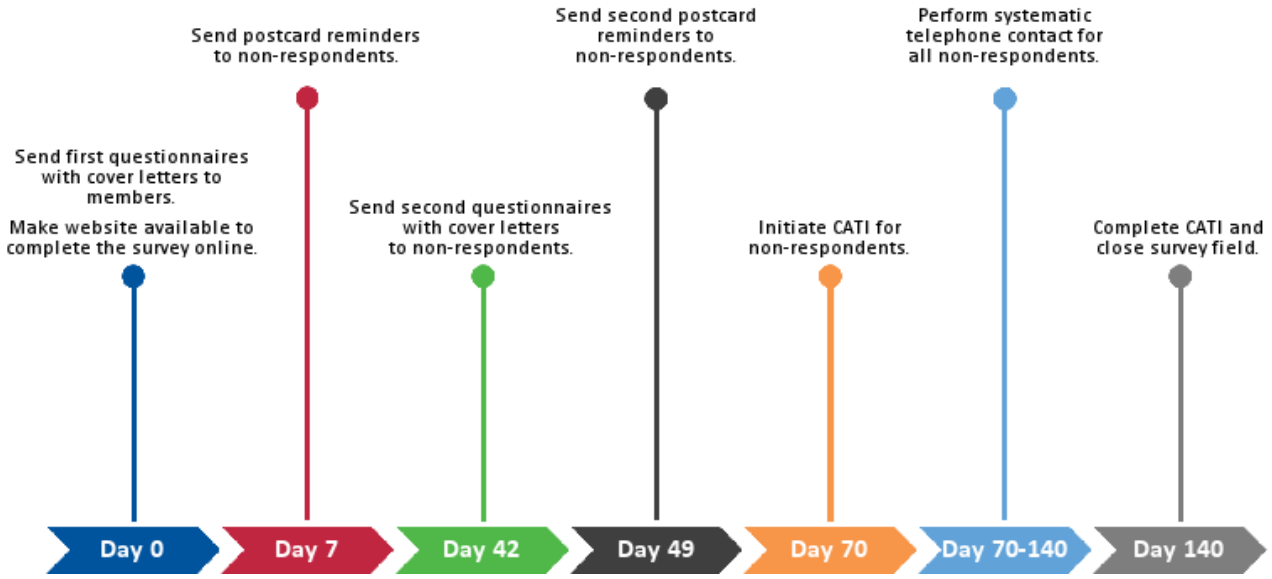
[4-8] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days was allowed.

NCQA specifications require a sample size of 1,350 members per RAE for the CAHPS 5.1 Adult Medicaid Health Plan Survey. For each RAE, a 20 percent oversample was performed to ensure a greater number of respondents to each measure. Based on this oversampling rate, a total of 1,620 adult members were selected for surveying from each RAE.

Survey Protocol

Figure 4-2 shows the mixed-mode (i.e., mail and website followed by telephone follow-up) timeline used in the survey administration for the RAEs.

Figure 4-2—Mixed-Mode Methodology Survey Timeline



The first phase consisted of a cover letter being mailed to all sampled members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. The telephone phase consisted of CATI for sampled members who had not completed a survey. A maximum of six CATI calls was made to each non-respondent at different times of the day, on different days of the week, and in different weeks.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each RAE was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents. The survey samples were selected so that no more than one member was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of the HEDIS Specifications for Survey Measures as a guideline for conducting the Colorado CAHPS survey data analysis.[4-9] A number of analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "complete" if members answered at least three of the following five questions: 3, 10, 19, 23, and 28. Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 4-4), had a language barrier, or were mentally or physically incapacitated.

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

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of member experience 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 most benefit from QI activities. Table 4-2 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

[4-9] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2021.

Table 4-2—Potential Key Drivers

Question Number	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q12. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q13. Personal doctor listened carefully	✓	✓	✓	Always
Q14. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q15. Personal doctor spent enough time	✓	✓	✓	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q20. Received appointment with a specialist as soon as needed	✓	✓		Always
Q24. Health plan's customer service gave the information or help needed	✓	✓		Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓		Always
Q27. Ease of filling out forms from 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)

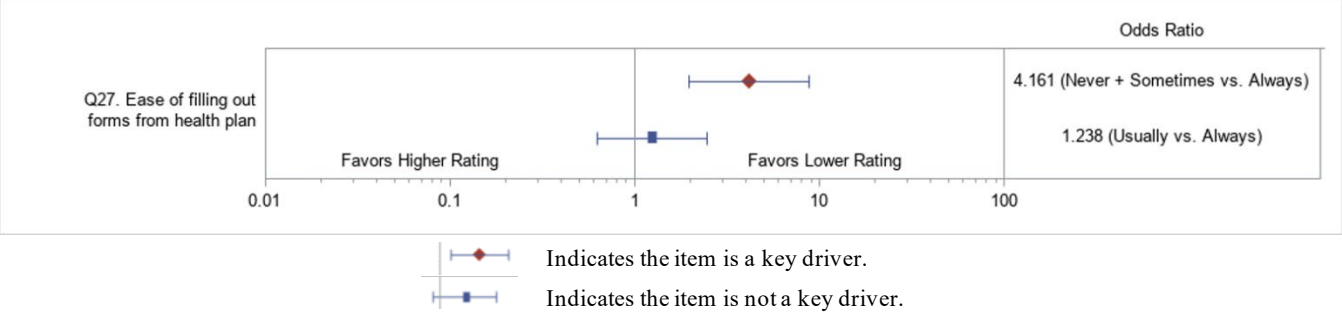
For each item evaluated, HSAG assigned 3 (Satisfied) to each item's baseline response ("Always"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses ("Never" or "Sometimes"). HSAG calculated the relationship between the item's response and performance 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") 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 4-3, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 27 are 4.161 and 1.238 times, respectively, more likely to provide a lower rating for their RAE or MCO than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 4-3—Key Drivers of Low Member Experience: Rating of Health Plan



Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents. Self-reported demographic information included age, gender, race, ethnicity, education level, overall general health status, and mental health status. Given that the demographics of a response group can influence overall member experience scores, it is important to evaluate all survey results in the context of the actual respondent population.

Respondent Analysis

HSAG evaluated the demographic characteristics of RAE members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from demographic characteristics of all members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. If the respondent population differs significantly from the actual population of the RAE, then caution must be exercised when extrapolating the survey results to the entire population.

Scoring Calculations

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[4-10] A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Usually" or "Always" for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures, and the *Coordination of Care* individual item measure.

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 rating and individual item measure, 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

[4-10] National Committee for Quality Assurance. *HEDIS® Measurement Year 2021, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2021.

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 responses 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.

Effectiveness of Care Measures: Medical Assistance With Smoking and Tobacco Use Cessation

HSAG calculated three scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. Since HSAG did not administer the CAHPS survey for the RAEs in the prior year (i.e., 2021 results are not available), HSAG used 2022 results only; therefore, the scores presented do not follow NCQA's methodology of calculating a rolling average using two years of results. The 2022 results contain members who responded to the survey and indicated that they were current smokers or tobacco users.

NCQA Comparisons

HSAG compared the scores to NCQA's 2021 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[4-11] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 4-3.

[4-11] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2021.* Washington, DC: NCQA, September 2021.

Table 4-3—Star Ratings

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

Statewide Comparisons

RAE Comparisons

RAE-level comparisons were performed to identify statistically significant differences in member experience between the RAEs. Two types of hypothesis tests were applied to the comparative results. First, a global *F* test was calculated, which determined whether the differences between the RAEs' scores were significantly different than the aggregate.

The score was:

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

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

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

The *F* statistic had an *F* distribution with $(P-1, q)$ degrees of freedom, where *q* was equal to *n* – *P* – *(number of case-mix adjusters)*. Due to these qualities, this *F* test produced *p* values that were slightly larger than they should have been; therefore, finding significant differences was less likely. An alpha-level of 0.05 was used. If the *F* test demonstrated differences (i.e., $p < 0.05$), then a *t* test was performed.

The *t* test determined whether a RAE's score was significantly different from the average results of all RAEs. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - \frac{\sum_{p'} \hat{\mu}_{p'}}{P} = \left(1 - \frac{1}{P}\right)\hat{\mu}_p - \frac{\sum^*_{p'} \hat{\mu}_{p'}}{P}$$

In this equation, $\sum^*$was the sum of all RAEs except RAE p.

The variance of $\Delta_p$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 respondents' demographics can result in differences in scores between the RAEs 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 survey-reported member general health status, mental health status, education level, and age. Case-mix adjusted scores were calculated using the following formula:

Adjusted Top-Box Score = Raw Score – Net Adjustment

Where net adjustment was calculated using the following equation:

Net Adjustment = (RAE Adjuster's Mean – Program Adjuster's Mean) x Coefficient

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

Weighting

HSAG calculated a weighted score for the Colorado RAE Aggregate based on each RAE's total eligible population.

The weighted score was:

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

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

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.

Baseline Results

It is important to note that in state fiscal year 2021–2022, RAE adult members were surveyed for the first time using the CAHPS Health Plan Survey. The 2022 results presented in the report represent a baseline assessment of members' experiences of the care and services received through the RAEs.

CAHPS Database Benchmarks

A total of 40 states submitted 2021 data to the CAHPS Health Plan Survey Database for the adult Medicaid population with a combined total of 49,997 respondents; furthermore, 594 of these respondents were from Colorado.[4-12] Data collected through the CAHPS Health Plan Survey Database from 2021 are based on responses to the 5.0/5.0H and 5.1/5.1H versions of the CAHPS Health Plan Survey. In addition, since 2022 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2021 CAHPS Database benchmarks to the 2022 Colorado RAE and MCO CAHPS survey results.

[4-12] Agency for Healthcare Research and Quality. The CAHPS Database. *2021 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://cahpsdatabase.ahrq.gov/files/2021CAHPSHealthPlanChartbook.pdf. Accessed on: July 28, 2022.

Case-Mix Adjustment

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

Causal Inferences

Although the analyses in this report examine whether members report differences with various aspects of their care and services, these differences may not be completely attributable to the overall performance of the RAE or MCO. 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 health care services and may vary by RAE or MCO. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[4-13] To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. Results indicate that early RAE respondents are statistically significantly more likely to provide a lower score than late respondents for the *Discussing Cessation Medications* Effectiveness of Care measure. Results indicate that early MCO respondents are statistically significantly more likely to provide a lower top-box response than late respondents for the *Rating of Specialist Seen Most Often* global rating. The Department should consider that potential non-response bias may exist when interpreting CAHPS results for these measures for each respective population.

[4-13] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

5. Survey Instrument

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. HSAG administered the CAHPS survey to the RAEs. The MCOs contracted with their own survey vendors to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.

COLORADO
Department of Health Care Policy & Financing

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 you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5136.

SURVEY INSTRUCTIONS

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

Correct Mark ● **Incorrect Marks** 

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

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

START HERE

1. **Our records show that you are now in [HEALTH PLAN NAME]. Is that right?**

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

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

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

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

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

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

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

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

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

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself 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 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 you needed?

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

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 19***

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

- ○ None ➔ ***Go to Question 18***
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

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

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

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

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

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

15. In the last 6 months, how often did your personal doctor spend enough time with you?

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

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- ○ Yes
- ○ No ➔ ***Go to Question 18***

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

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

18. 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 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 you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. 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 with a specialist?

- ○ Yes
- ○ No ➔ ***Go to Question 23***

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

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

21. How many specialists have you talked to in the last 6 months?

- ○ None ➔ ***Go to Question 23***
- ○ 1 specialist
- ○ 2
- ○ 3
- ○ 4
- ○ 5 or more specialists

22. We want to know your rating of the specialist you 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 HEALTH PLAN

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

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

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

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

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

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

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

26. In the last 6 months, did your health plan give you any forms to fill out?

- ○ Yes
- ○ No ➔ ***Go to Question 28***

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

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

28. 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 health plan?

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

Worst Health Plan Possible — Best Health Plan Possible

COUNSELING AND MENTAL HEALTH TREATMENT

People can get counseling, treatment or medicine for many different reasons, such as:

- **Feeling depressed, anxious, or stressed.**
- **Personal problems (like when a loved one dies or when there are problems at work).**
- **Family problems (like marriage problems or when parents and children have trouble getting along).**
- **Needing help with drug or alcohol use.**

28a. In the last 6 months, did you make any appointments for counseling or mental health treatment for any of these reasons?

- ○ Yes ➔ ***Go to Question 28c***
- ○ No

28b. In the last 6 months, did you <u>try to make</u> any appointments for counseling or mental health treatment?

- ○ Yes
- ○ No ➔ ***Go to Question 28e***

28c. Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, how difficult was it to make appointments with this person for counseling or mental health treatment?

- ○ Extremely difficult
- ○ Very difficult
- ○ Somewhat difficult
- ○ Not very difficult
- ○ Not at all difficult

28d. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?

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

28e. Sometimes counseling or mental health treatment can include taking medicine. In the last 6 months, did you take any medicine because of how you were feeling or for personal problems?

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

28f. In the last 6 months, how difficult was it for you to get your prescriptions for these mental health medicines as soon as you needed?

- ○ Extremely difficult
- ○ Very difficult
- ○ Somewhat difficult
- ○ Not very difficult
- ○ Not at all difficult

ABOUT YOU

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

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

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

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

31. Have you had either a flu shot or flu spray in the nose since July 1, 2021?

- ○ Yes
- ○ No
- ○ Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 36***
- ○ Don't know ➔ ***Go to Question 36***

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

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

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

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

35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

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

36. What is your age?

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

37. Are you male or female?

- ○ Male
- ○ Female

38. 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

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

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

40. What is your race? Mark one or more.

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

40a. In general, how would you rate your overall experience of the maternal care or services you received during pregnancy, delivery, and postpartum period in the last 6 months?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ I did not receive any maternal care or services in the last 6 months

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