COLORADO
Department of Health Care Policy & Financing

2023 Colorado Adult Regional Accountable Entity (RAE) Member Experience Report

September 2023

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

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

CAHPS 5.1 Adult Medicaid Health Plan Survey							
Performance Highlights							
START SURVEY:	12.20.22	FINISH SURVEY:	05.23.23	TOTAL SAMPLE SIZE:	11,340	RESPONSE RATE:	10.69%

STRENGTHS | **OPPORTUNITIES FOR IMPROVEMENT**

NCQA Comparisons

Comparison of top-box scores to NCQA national percentiles to identify star ratings

Above 90th Percentile ★★★★★	Below 25th Percentile ★		
Colorado RAE Aggregate			
The 2023 scores were not above the 2022 NCQA adult Medicaid national 90th percentiles for any measure.	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
	Rating of Specialist Seen Most Often	*Getting Needed Care*	*Customer Service*
	Coordination of Care	*Advising Smokers and Tobacco Users to Quit*	*Discussing Cessation Medications*

Trend Analysis

Comparison of top-box scores to prior year's scores to identify statistically significant differences

Statistically Significantly Higher ▲	Statistically Significantly Lower ▼		
Colorado RAE Aggregate			
The 2023 scores were not statistically significantly higher than the 2022 scores for any measure.	*Rating of All Health Care*		

Plan Comparisons

Comparison of RAE-level, case-mix adjusted top-box scores to the Colorado RAE Aggregate to identify statistically significant differences

Statistically Significantly Higher ⬆			Statistically Significantly Lower ⬇
RMHP (RAE 1): *Coordination of Care*	NHP (RAE 2): *Customer Service*	HCI (RAE 4): *Customer Service*	The 2023 RAE scores were not statistically significantly lower than the Colorado RAE Aggregate scores for any measure.
Colorado Access (RAE 5): *Coordination of Care*			

Key Drivers of Low Member Experience

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

Key Drivers	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away		✓	
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	
Q13. Personal doctor listened carefully			✓
Q15. Personal doctor spent enough time		✓	✓
Q24. Health plan's customer service gave the information or help needed	✓		N/A

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

2. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set to members receiving services through Health First Colorado (Colorado's Medicaid Program) and report the results.[2-1,2-2] 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 2022 to May 2023.

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 2-1 provides a list of the seven RAEs that participated in the survey.[2-3]

Table 2-1—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 HEDIS CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report.

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

2-2 HEDIS® is a registered trademark of NCQA.

2-3 The Colorado RAE Aggregate results presented throughout this report are derived from the combined results of the seven RAEs.

Survey Administration and Response Rates

Survey Administration

HSAG sampled 1,620 members from each RAE. A total of 3,483 members were sampled for DHMP, and 1,890 members were sampled for RMHP Prime. Additional information on the sampling procedures is included in the Reader's Guide section beginning on page 5-4. For the RAEs and RMHP Prime, the survey process employed allowed members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) telephone. For DHMP, the survey process employed allowed members to complete the surveys via mail or telephone only. A cover letter that provided the option to complete a paper-based or web-based survey (if applicable) 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 (if applicable). Additional information on the survey protocol is included in the Reader's Guide section beginning on page 5-5.

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. A 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 5-6. Table 2-2 shows the sample dispositions and response rates for the Colorado RAE Aggregate, each of the Colorado RAEs, and each of the MCOs.

Table 2-2—Sample Dispositions and Response Rates

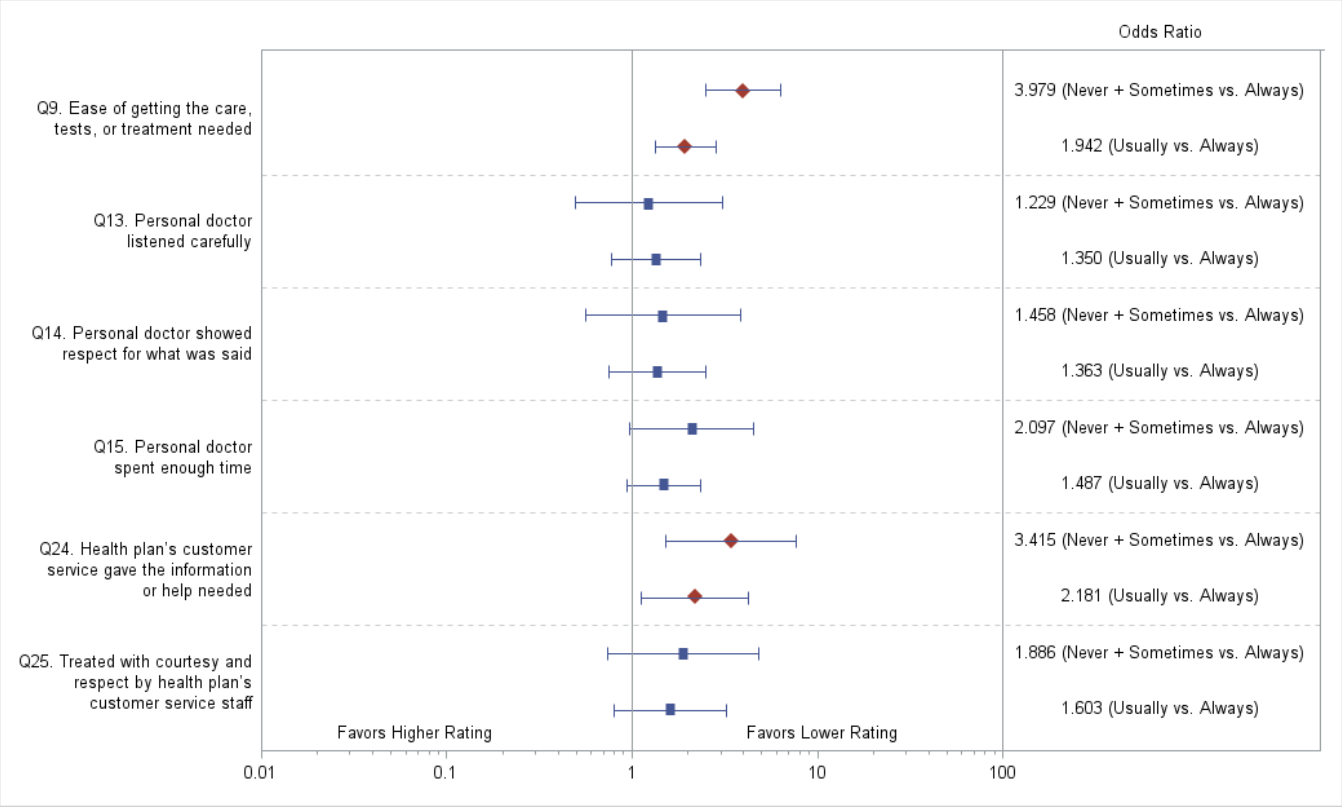
Program/RAE/MCO Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**11,340**	**247**	**11,093**	**1,186**	**10.69%**
RMHP (RAE 1)	1,620	24	1,596	167	10.46%
NHP (RAE 2)	1,620	53	1,567	137	8.74%
Colorado Access (RAE 3)	1,620	31	1,589	172	10.82%
HCI (RAE 4)	1,620	28	1,592	195	12.25%
Colorado Access (RAE 5)	1,620	43	1,577	195	12.37%
CCHA (RAE 6)	1,620	37	1,583	166	10.49%
CCHA (RAE 7)	1,620	31	1,589	154	9.69%
DHMP	**3,483**	**68**	**3,415**	**236**	**6.91%**
RMHP Prime	**1,890**	**14**	**1,876**	**213**	**11.35%**

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 5-7.

Figure 3-1 through Figure 3-3 depict the results of the analysis for the Colorado RAE Aggregate. Figure 3-4 through Figure 3-6 depict the results of the analysis for the Colorado MCO Aggregate (i.e., DHMP and RMHP Prime combined).

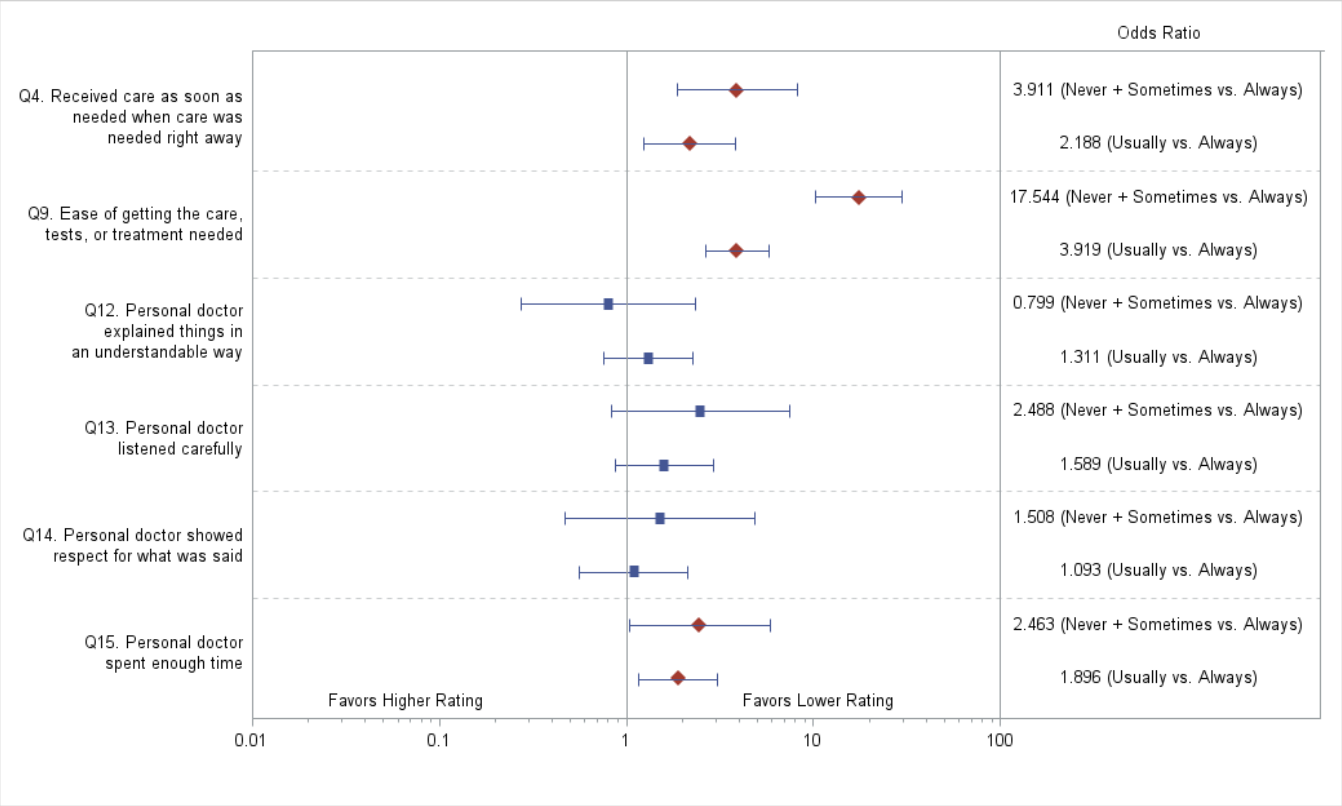
Figure 3-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

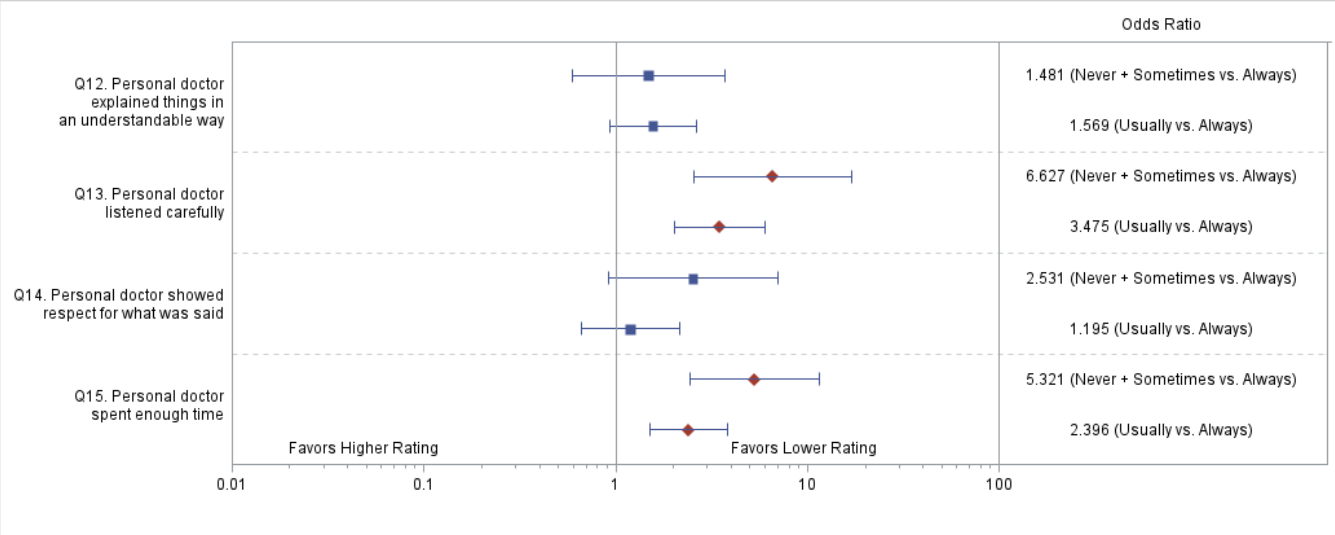
Figure 3-2—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

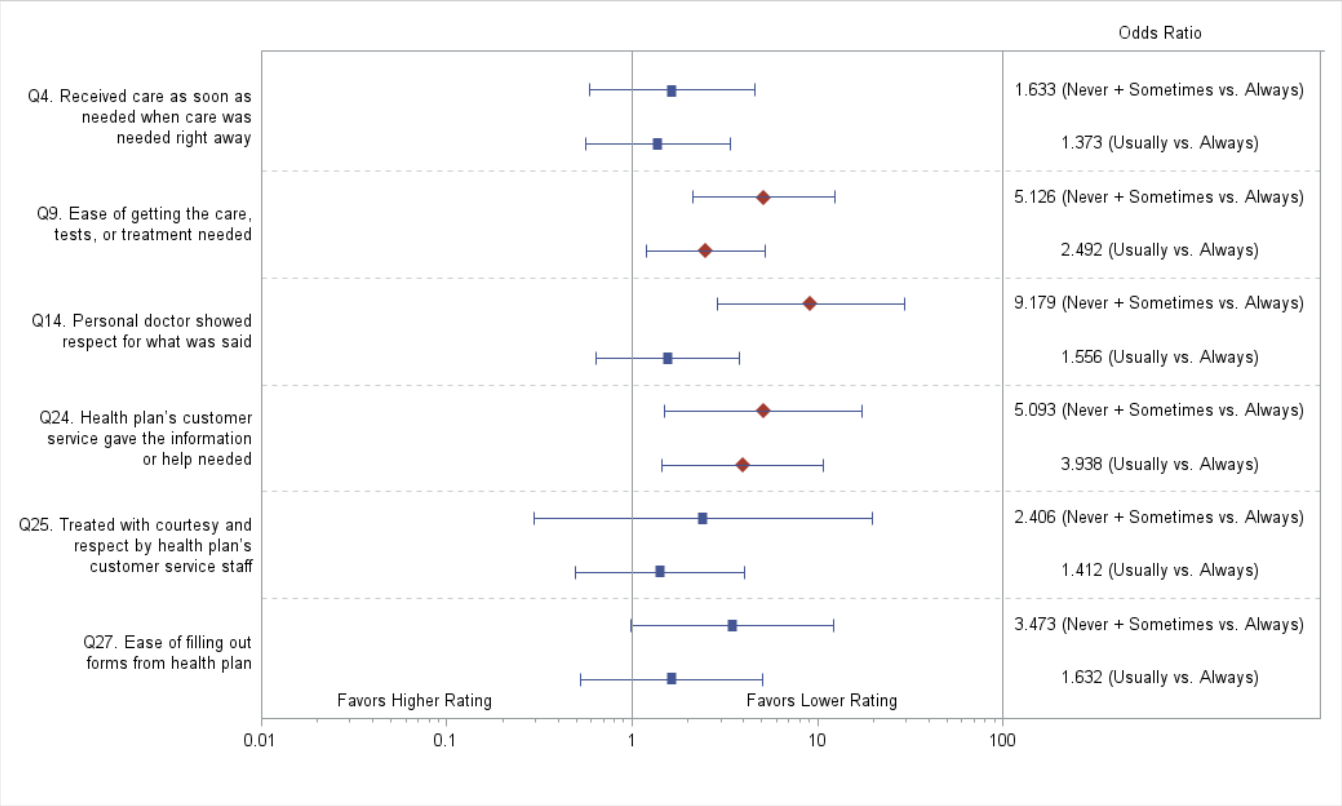
Figure 3-3—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

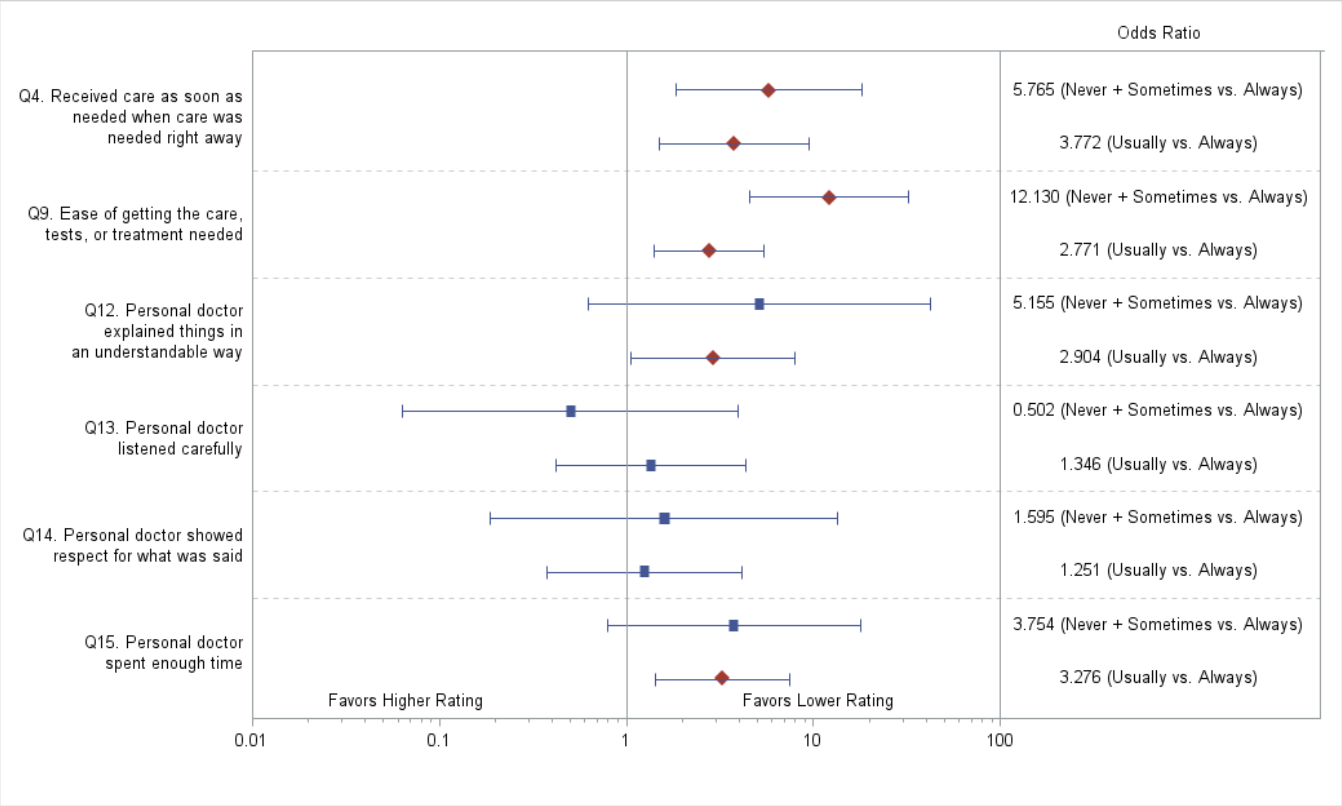
Figure 3-4—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

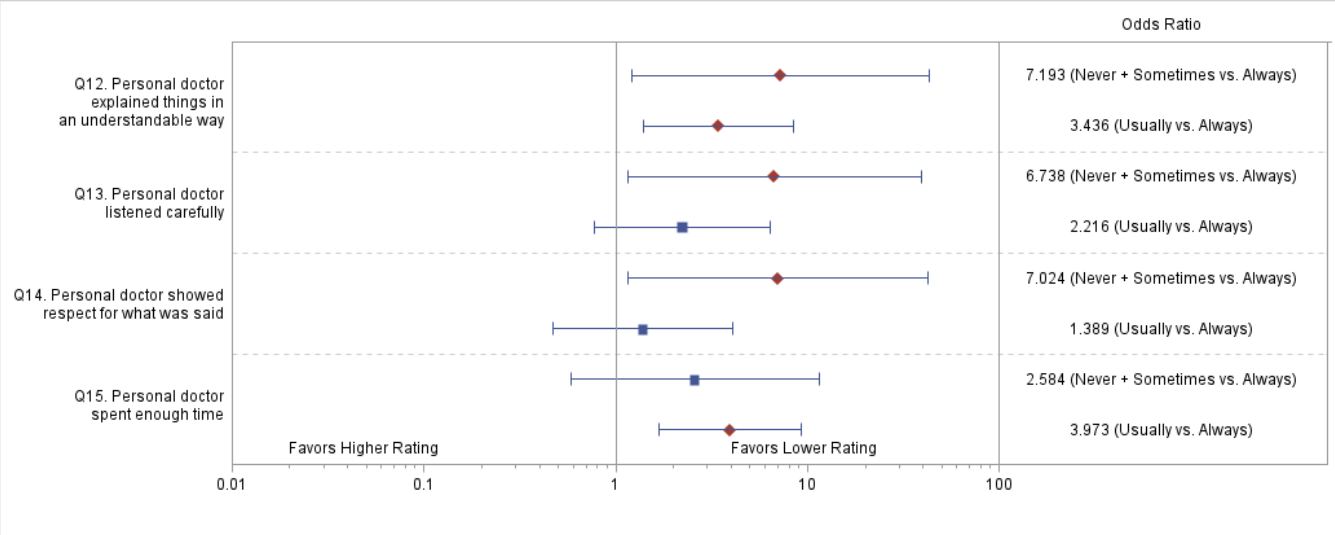
Figure 3-5—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 3-6—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado MCO Aggregate



Indicates the item is a key driver.

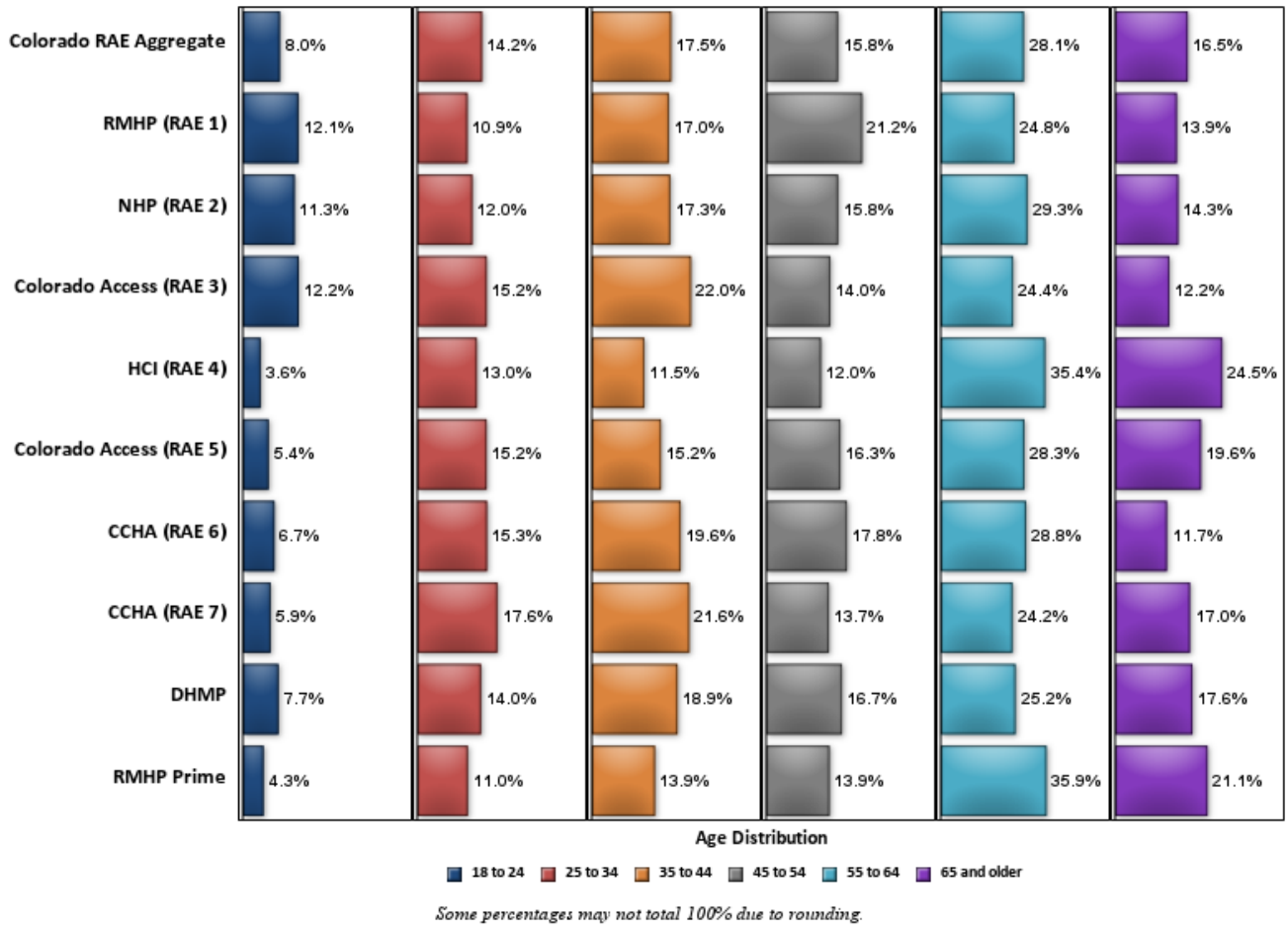
Indicates the item is not a key driver.

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.

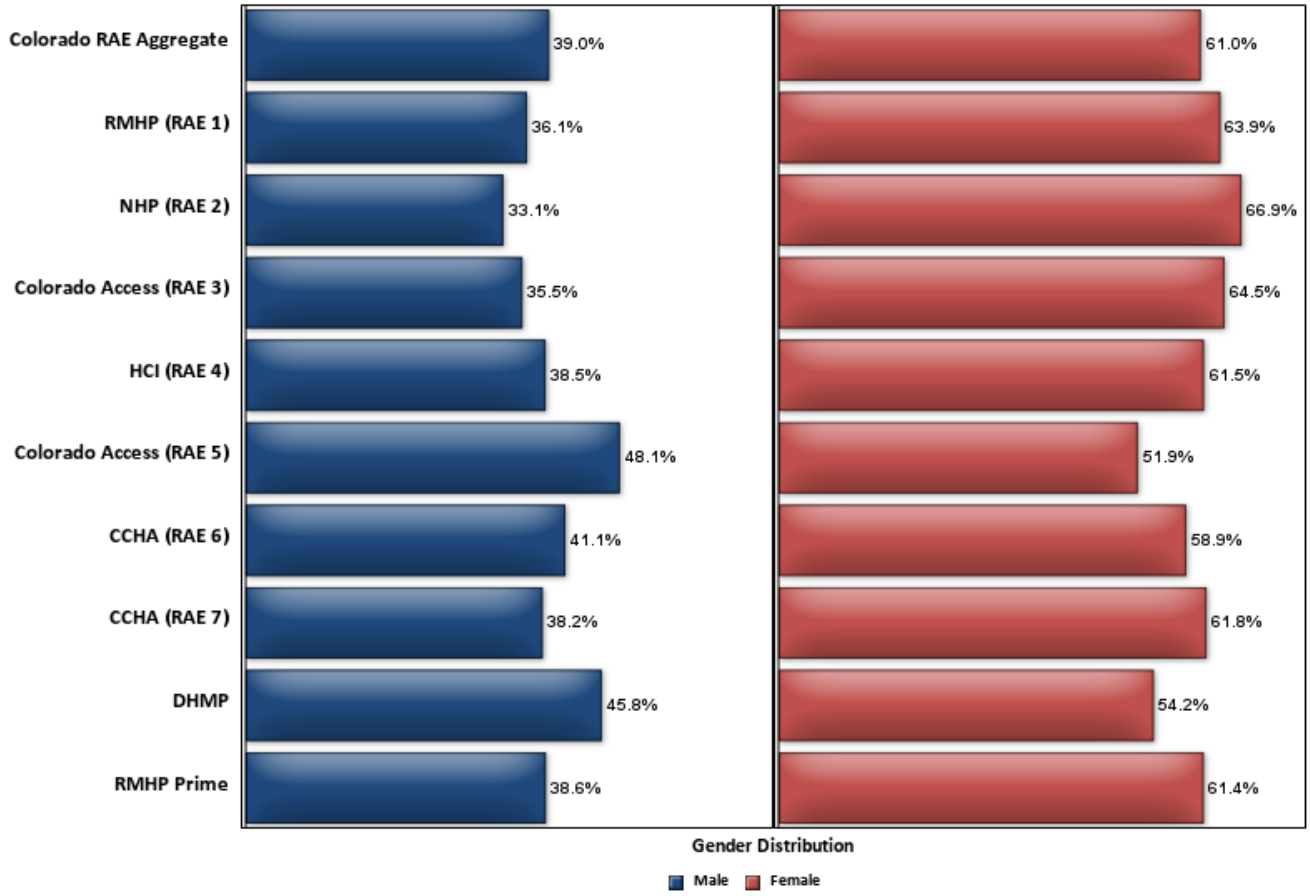
Figure 3-7 through Figure 3-13 present respondents' self-reported age, gender, race, ethnicity, education level, general health status, and mental or emotional health status.

Figure 3-7—Demographics: Age



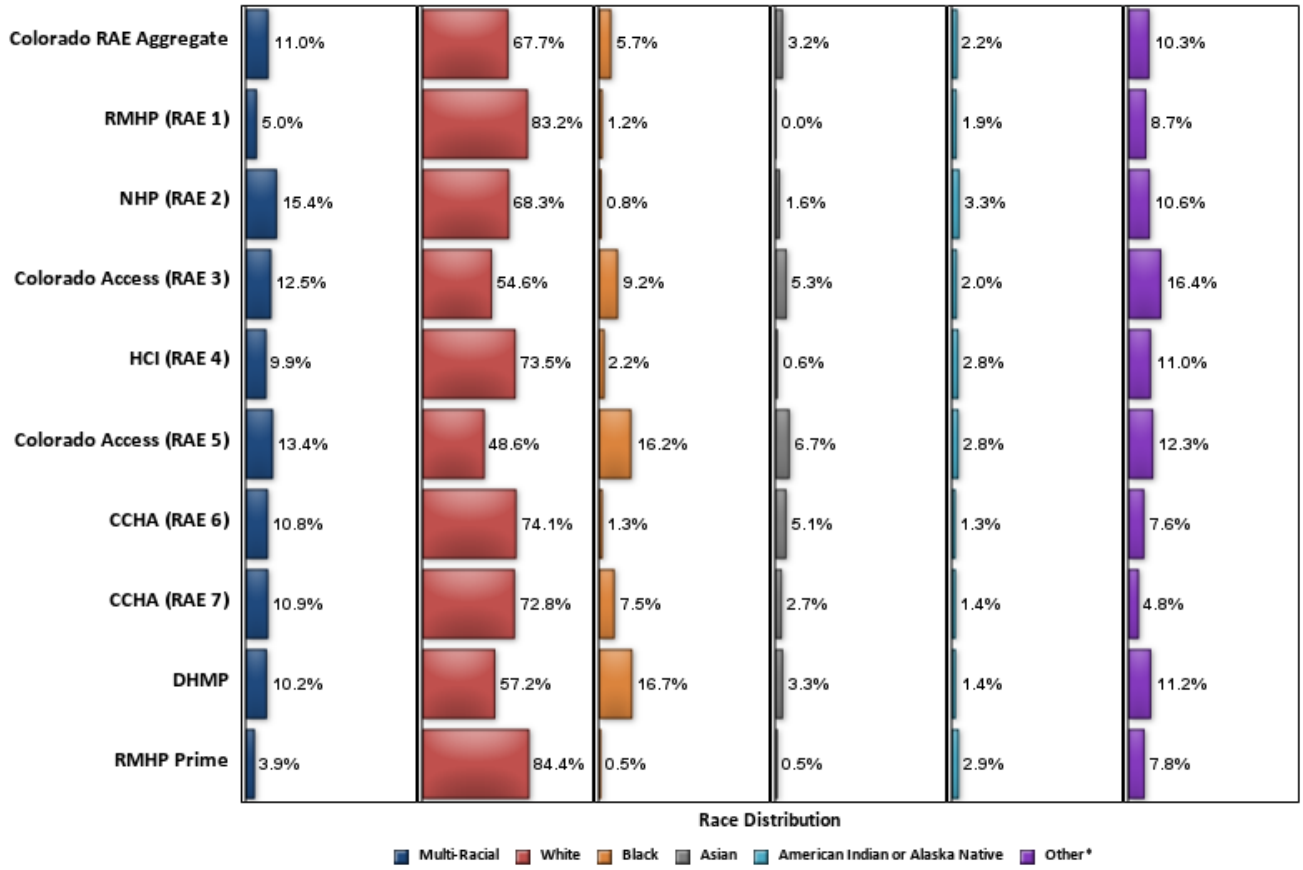
Some percentages may not total 100% due to rounding.

Figure 3-8—Demographics: Gender



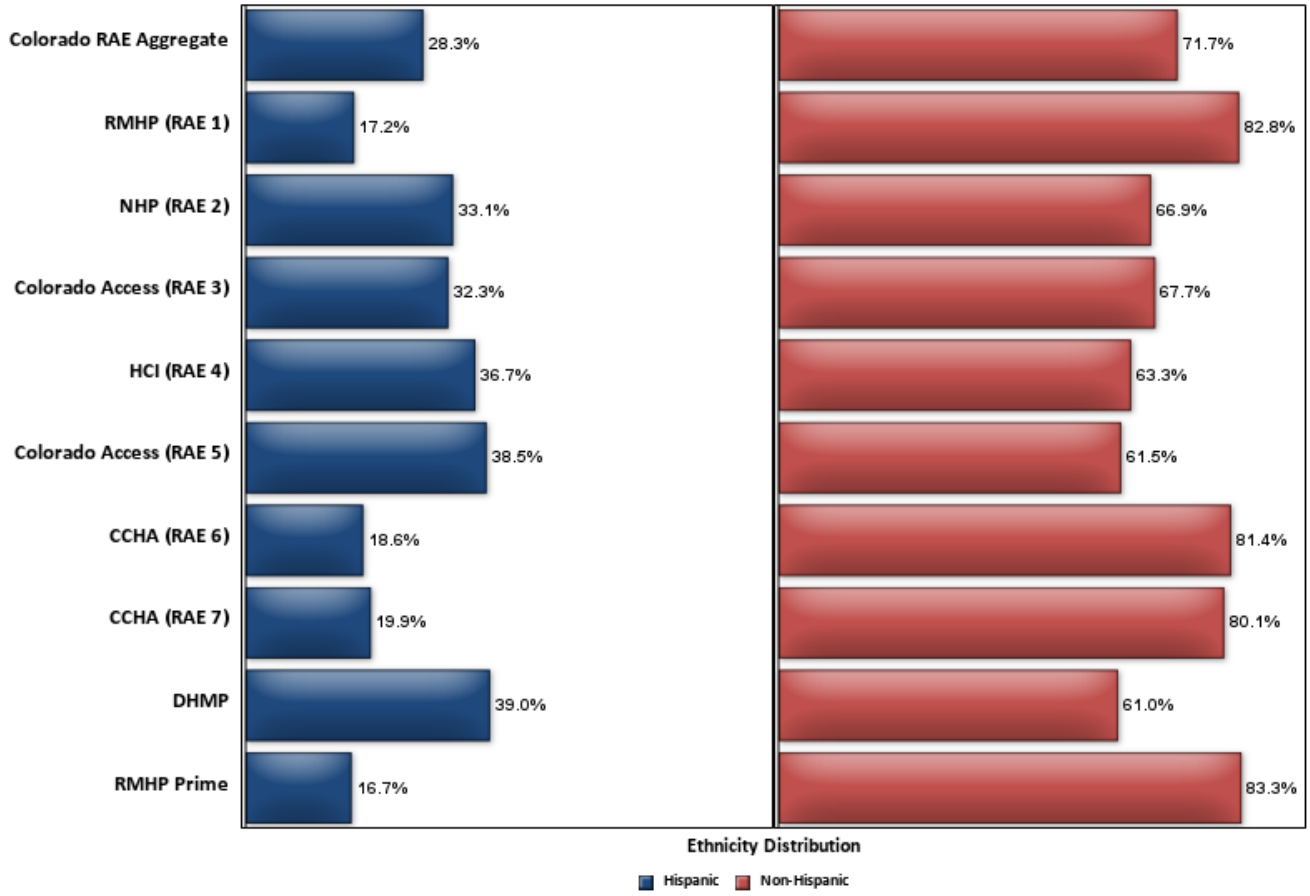
Some percentages may not total 100% due to rounding.

Figure 3-9—Demographics: Race



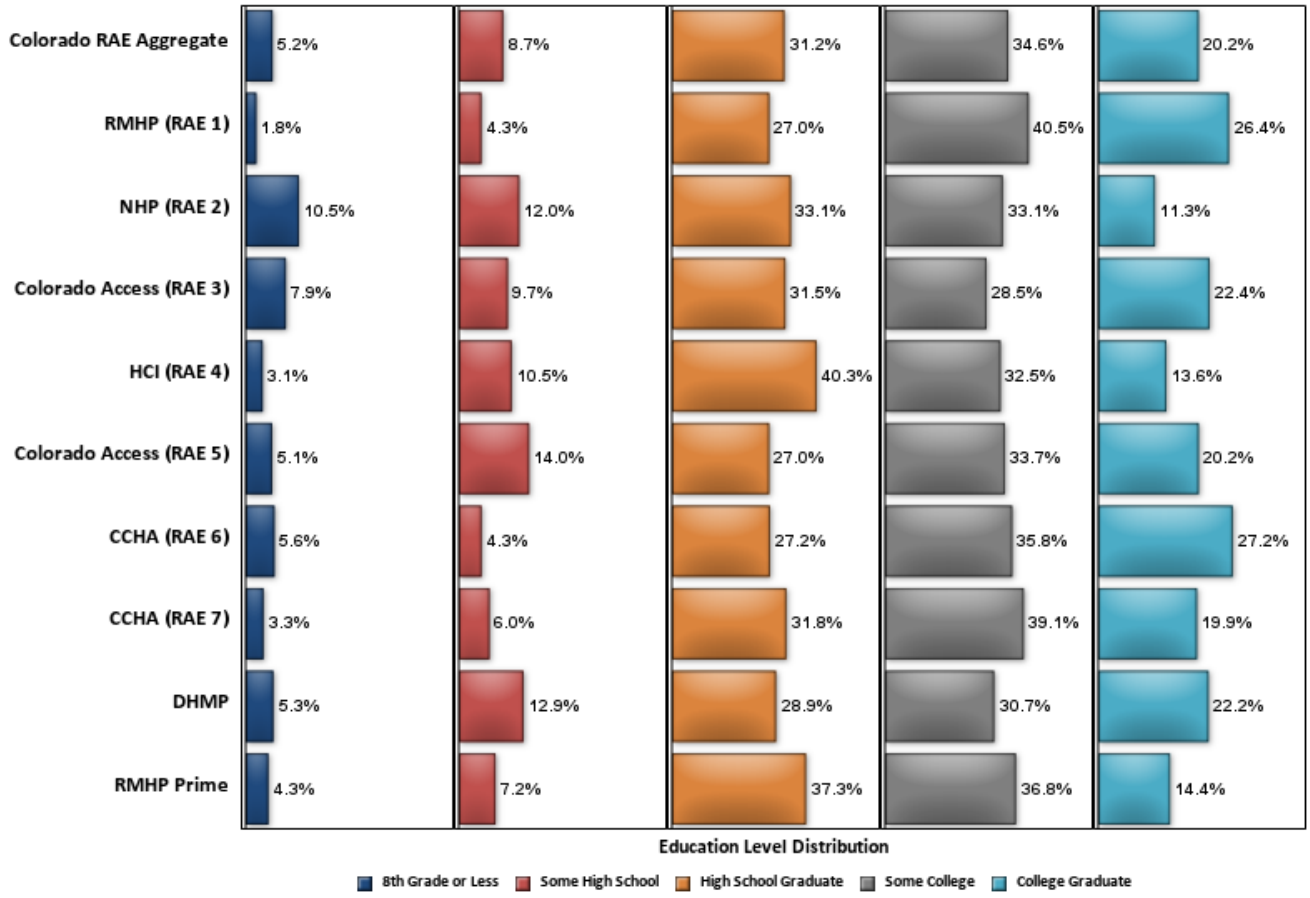
Some percentages may not total 100% due to rounding.
**The "Other" Race category includes responses of Native Hawaiian or Other Pacific Islander and Other.*

Figure 3-10—Demographics: Ethnicity



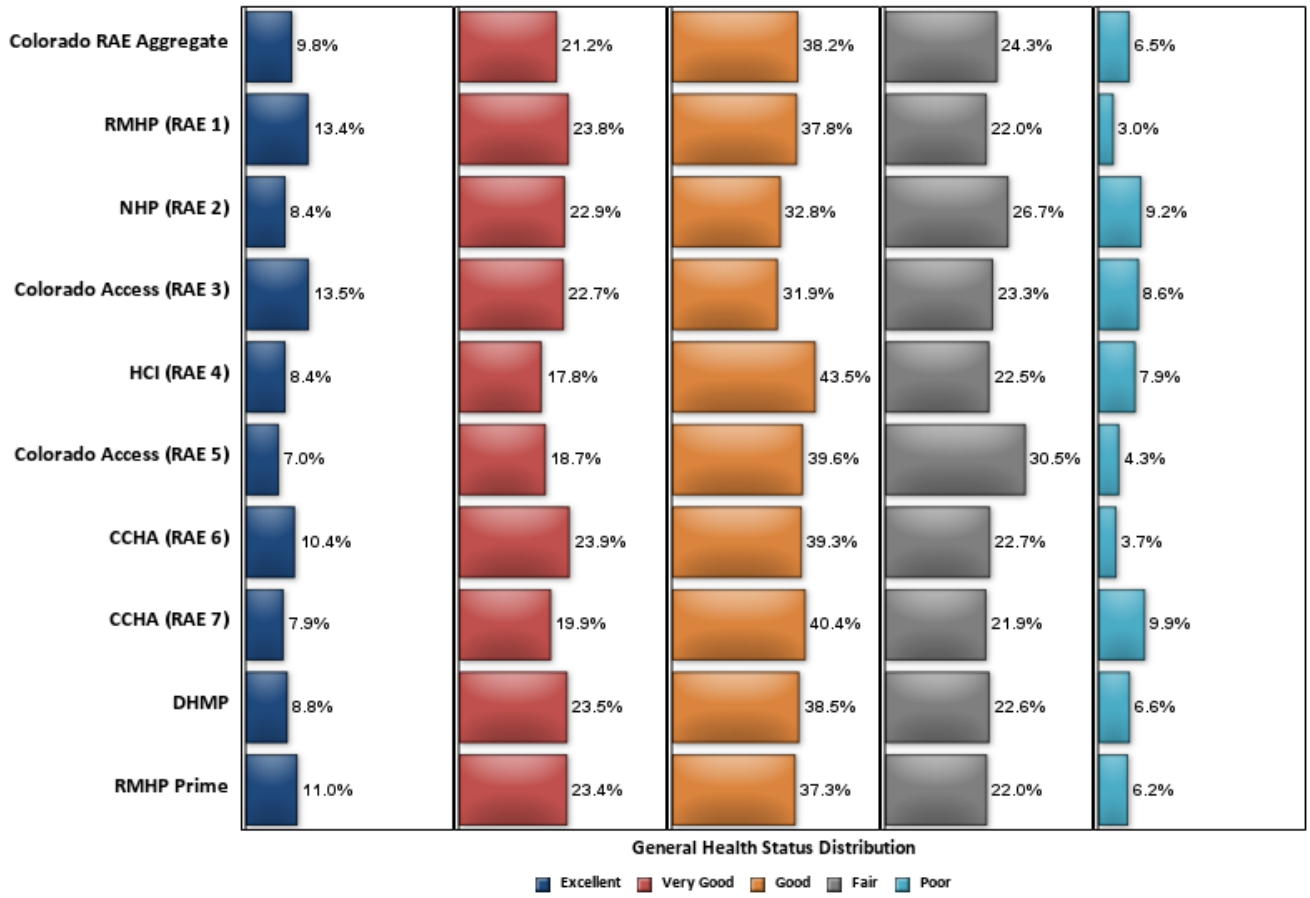
Some percentages may not total 100% due to rounding.

Figure 3-11—Demographics: Education Level



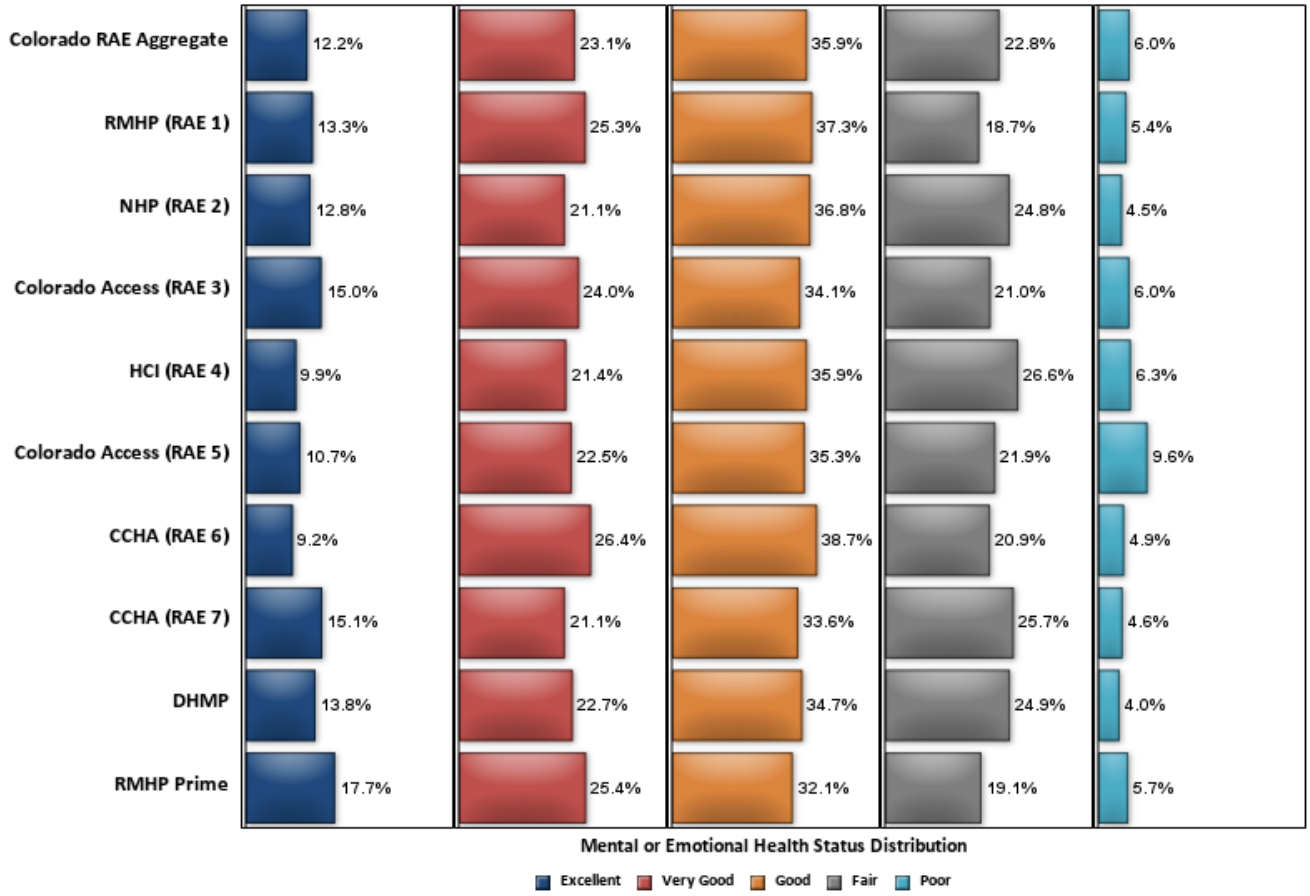
Some percentages may not total 100% due to rounding.

Figure 3-12—Demographics: General Health Status



Some percentages may not total 100% due to rounding.

Figure 3-13—Demographics: Mental or Emotional Health Status



Some percentages may not total 100% due to rounding.

Respondent Analysis

HSAG compared the demographic characteristics of members who responded to the survey (i.e., respondent percentages) to the demographic characteristics of all members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and ethnicity. Table 3-1 through Table 3-3 present the results of the respondent analysis for the Colorado RAE Aggregate and each RAE.[3-1] Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 3-1—Respondent Analysis: Age—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**	**9.1%↓** **18.6%**	**13.9%↓** **26.3%**	**17.2%↓** **21.4%**	**16.4%↑** **14.1%**	**27.8%↑** **12.9%**	**15.6%↑** **6.6%**
RMHP (RAE 1)	R SF	12.6%↓ 21.2%	11.4%↓ 26.4%	17.4% 20.9%	21.6%↑ 13.6%	25.7%↑ 12.3%	11.4%↑ 5.5%
NHP (RAE 2)	R SF	11.7%↓ 20.6%	12.4%↓ 26.2%	15.3% 20.7%	19.0% 13.3%	27.0%↑ 12.4%	14.6%↑ 6.9%
Colorado Access (RAE 3)	R SF	12.8%↓ 20.5%	15.1%↓ 26.6%	20.9% 21.4%	13.4% 13.8%	25.6%↑ 11.7%	12.2%↑ 6.1%
HCI (RAE 4)	R SF	5.6%↓ 16.9%	11.3%↓ 23.4%	11.8%↓ 21.2%	13.3% 14.7%	36.4%↑ 15.0%	21.5%↑ 8.8%
Colorado Access (RAE 5)	R SF	7.2%↓ 16.8%	15.9%↓ 25.3%	14.4%↓ 20.7%	16.9% 14.6%	25.6%↑ 14.1%	20.0%↑ 8.5%
CCHA (RAE 6)	R SF	7.8%↓ 16.4%	15.7%↓ 26.7%	20.5% 21.5%	16.3% 14.9%	27.7%↑ 13.8%	12.0%↑ 6.8%
CCHA (RAE 7)	R SF	7.1%↓ 17.6%	15.6%↓ 28.1%	21.4% 22.8%	14.9% 14.0%	25.3%↑ 12.2%	15.6%↑ 5.2%

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

[3-1] 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 3-2—Respondent Analysis: Gender—Colorado RAE Aggregate and RAEs

Program/RAE Name		Male	Female
Colorado RAE Aggregate	**R** **SF**	**38.7%↓** **44.9%**	**61.3%↑** **55.1%**
RMHP (RAE 1)	R SF	35.9%↓ 46.1%	64.1%↑ 53.9%
NHP (RAE 2)	R SF	32.8%↓ 43.5%	67.2%↑ 56.5%
Colorado Access (RAE 3)	R SF	33.7%↓ 43.3%	66.3%↑ 56.7%
HCI (RAE 4)	R SF	39.5%↓ 46.4%	60.5%↑ 53.6%
Colorado Access (RAE 5)	R SF	46.7% 45.0%	53.3% 55.0%
CCHA (RAE 6)	R SF	41.6% 45.6%	58.4% 54.4%
CCHA (RAE 7)	R SF	38.3% 45.1%	61.7% 54.9%

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

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

Program/RAE Name		Hispanic	Non-Hispanic
Colorado RAE Aggregate	**R** **SF**	**18.0%** **17.5%**	**82.0%** **82.5%**
RMHP (RAE 1)	R SF	15.0% 18.1%	85.0% 81.9%
NHP (RAE 2)	R SF	28.5%↓ 36.4%	71.5%↑ 63.6%
Colorado Access (RAE 3)	R SF	8.1% 6.7%	91.9% 93.3%
HCI (RAE 4)	R SF	33.8% 38.1%	66.2% 61.9%
Colorado Access (RAE 5)	R SF	5.6% 6.6%	94.4% 93.4%
CCHA (RAE 6)	R SF	NA	NA
CCHA (RAE 7)	R SF	NA	NA

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

NCQA Comparisons

In order to assess the overall performance of the RAEs and MCOs, HSAG compared the scores for each measure to NCQA's 2022 Quality Compass® Benchmark and Compare Quality Data.[3-2,3-3] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent), as shown in Table 3-4. For details on the calculation of this comparative analysis, please refer to the Reader's Guide beginning on page 5-11.

Table 3-4—Star Rating Percentiles

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

3-2 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022.

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

Table 3-5 shows the Colorado RAE Aggregate's and each RAE's scores and overall member experience ratings for each measure.

Table 3-5—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	★ 53.8%	★ 54.9%	★★ 58.9%	★ 54.9%	★ 54.5%	★ 56.0%	★ 49.7%	★ 51.1%
Rating of All Health Care	★ 48.5%	★ 48.6%	★ 45.5%+	★ 48.2%	★ 47.9%	★ 50.0%	★ 47.7%	★ 50.5%+
Rating of Personal Doctor	★ 62.2%	★ 63.4%	★★ 68.5%+	★ 62.1%	★ 62.7%	★★ 64.6%	★ 56.8%	★ 62.0%
Rating of Specialist Seen Most Often	★ 64.2%	★ 64.5%+	★ 63.3%+	★ 63.2%+	★ 62.4%+	★★★ 72.3%+	★ 56.6%+	★★★ 68.8%+
Composite Measures								
Getting Needed Care	★ 78.3%	★★ 79.3%	★★★ 83.9%+	★ 72.1%+	★★ 81.3%	★ 78.9%	★ 79.1%+	★★ 81.1%+
Getting Care Quickly	★★ 78.9%	★★ 79.9%+	★★ 80.3%+	★ 71.9%+	★★★ 81.2%+	★★★ 81.8%+	★★★ 82.7%+	★★★ 80.9%+
How Well Doctors Communicate	★★ 92.7%	★★★★★ 96.9%+	★★ 91.0%+	★ 90.2%+	★★★ 94.1%	★★★ 93.7%	★★ 91.3%+	★★★ 93.7%+
Customer Service	★ 85.9%	★ 82.9%+	★★★★★ 94.8%+	★ 81.7%+	★★★★★ 95.2%+	★★ 87.4%+	★ 86.0%+	★ 82.6%+
Individual Item Measure								
Coordination of Care	★ 81.1%	★★★★★ 89.9%+	★ 78.9%+	★ 71.9%+	★ 76.8%+	★★★★★ 90.4%+	★★ 81.3%+	★★★ 86.0%+
Effectiveness of Care Measures								
Advising Smokers and Tobacco Users to Quit	★ 64.5%	★ 67.6%+	★ 57.6%+	★ 67.2%+	★ 51.7%+	★ 67.5%+	★ 63.2%+	★★ 69.6%+
Discussing Cessation Medications	★ 40.5%	★ 34.3%+	★ 33.9%+	★★ 46.6%+	★ 32.6%+	★★ 50.0%+	★ 41.8%+	★ 37.3%+
Discussing Cessation Strategies	★★ 41.6%	★ 35.8%+	★ 30.5%+	★★ 44.6%+	★ 35.6%+	★★★★★ 53.3%+	★★ 41.8%+	★★ 42.6%+

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

Table 3-6 shows DHMP's and RMHP Prime's scores and overall member experience ratings for each measure.

Table 3-6—NCQA Comparisons: Overall Member Experience Ratings—DHMP and RMHP Prime

	DHMP	RMHP Prime
Global Ratings		
Rating of Health Plan	★★ 58.9%	★★★★★ 70.5%
Rating of All Health Care	★ 51.1%	★★ 55.3%
Rating of Personal Doctor	★★ 68.2%	★★★★ 73.2%
Rating of Specialist Seen Most Often	★ 62.0%	★★ 65.4%
Composite Measures		
Getting Needed Care	★ 72.0%	★★★★ 86.1%
Getting Care Quickly	★ 71.3%	★★★★★ 88.7%
How Well Doctors Communicate	★★ 91.7%	★★★★ 94.7%
Customer Service	★★ 88.9%+	★★★★ 92.3%+
Individual Item Measure		
Coordination of Care	★★★ 86.0%+	★★★★ 87.5%+
Effectiveness of Care Measures		
Advising Smokers and Tobacco Users to Quit	★ 65.9%	★ 67.6%
Discussing Cessation Medications	★★★★ 55.8%	★★ 48.6%
Discussing Cessation Strategies	★★★ 48.4%	★★★ 46.7%
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.		

Trend Analysis and RAE Comparisons

For purposes of the trend analysis and RAE comparisons, HSAG calculated overall scores for the Effectiveness of Care measures and top-box scores for the other measures.[3-4] Additionally, the Colorado RAE Aggregate results were weighted based on the total eligible population of each RAE for the corresponding year. The MCO results for DHMP and RMHP Prime are presented in the figures for reference purposes only and are not compared to the RAE results. For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 5-2. For more detailed information on the calculation of these measures, please refer to the Reader's Guide section beginning on page 5-10.

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

Trend Analysis

Table 3-7 shows the number of completed surveys in 2022 and 2023.

Table 3-7—Completed Surveys in 2022 and 2023

	2022	2023
Colorado RAE Aggregate	**1,055**	1,186
RMHP (RAE 1)	178	167
NHP (RAE 2)	104	137
Colorado Access (RAE 3)	154	172
HCI (RAE 4)	175	195
Colorado Access (RAE 5)	146	195
CCHA (RAE 6)	149	166
CCHA (RAE 7)	149	154
DHMP	326	236
RMHP Prime	237	213

HSAG used the completed surveys and corresponding RAEs' and MCOs' 2022 and 2023 results presented in this section for trending purposes. Statistically significant differences are noted with directional triangles. CAHPS Health Plan Survey Database (i.e., CAHPS Database) benchmarks and NCQA adult Medicaid national averages are presented in the figures for comparative purposes, where

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

available.[3-5,3-6,3-7] The 2022 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.[3-8] Additional information is included in the Reader's Guide beginning on page 5-12.

RAE Comparisons

In order to identify performance differences in experiences of care, HSAG compared the RAEs' results to the Colorado RAE Aggregate using standard tests for statistical significance.[3-9] For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. In some instances, the scores presented for two 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. Additional information is included in the Reader's Guide section beginning on page 5-12.

3-5 Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: July 27, 2022. 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 5.1/5.1H CAHPS Health Plan Surveys.

3-6 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022. For the NCQA adult Medicaid national averages and adult Commercial state averages, the source for data contained in this publication is Quality Compass 2022 data and is used with the permission of NCQA. Quality Compass 2022 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.

3-7 CAHPS Database benchmarks and NCQA national averages were not available for 2023 at the time this report was prepared; therefore, 2022 benchmarks and national data are presented in this section.

3-8 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.

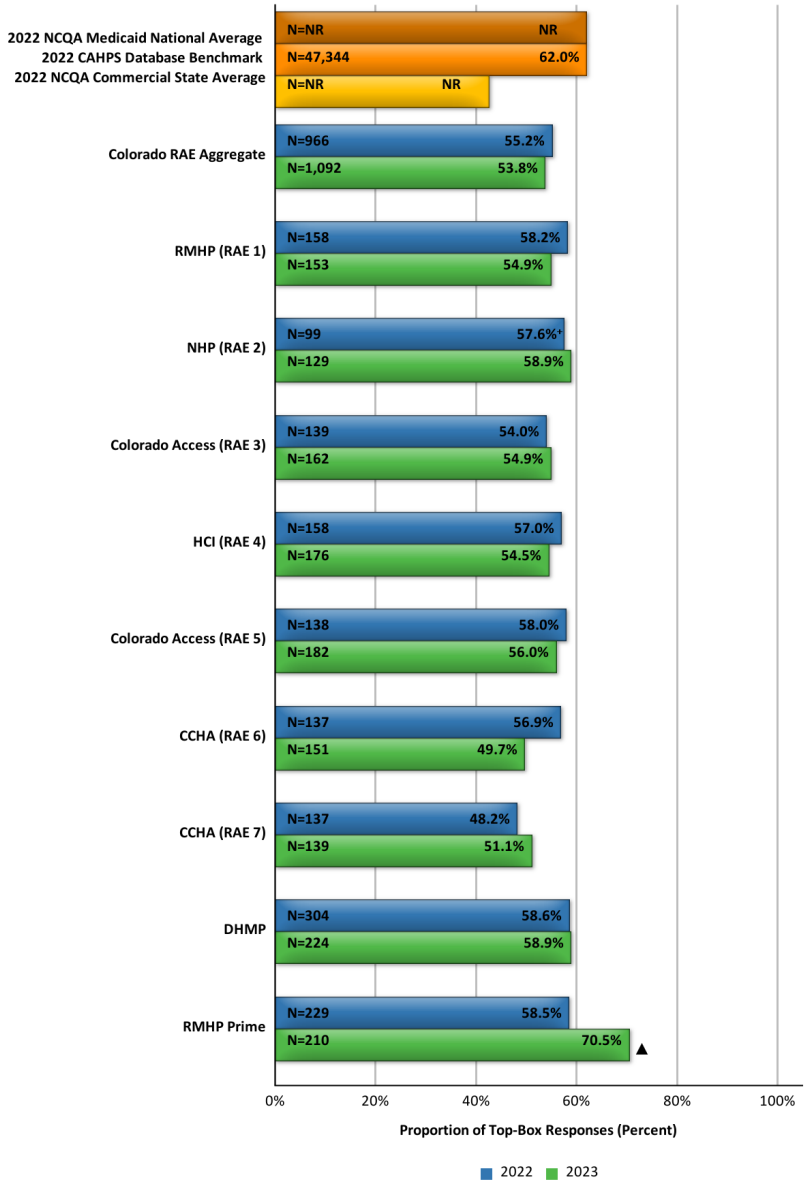
3-9 Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

Global Ratings

Rating of Health Plan

Figure 3-14 shows the *Rating of Health Plan* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

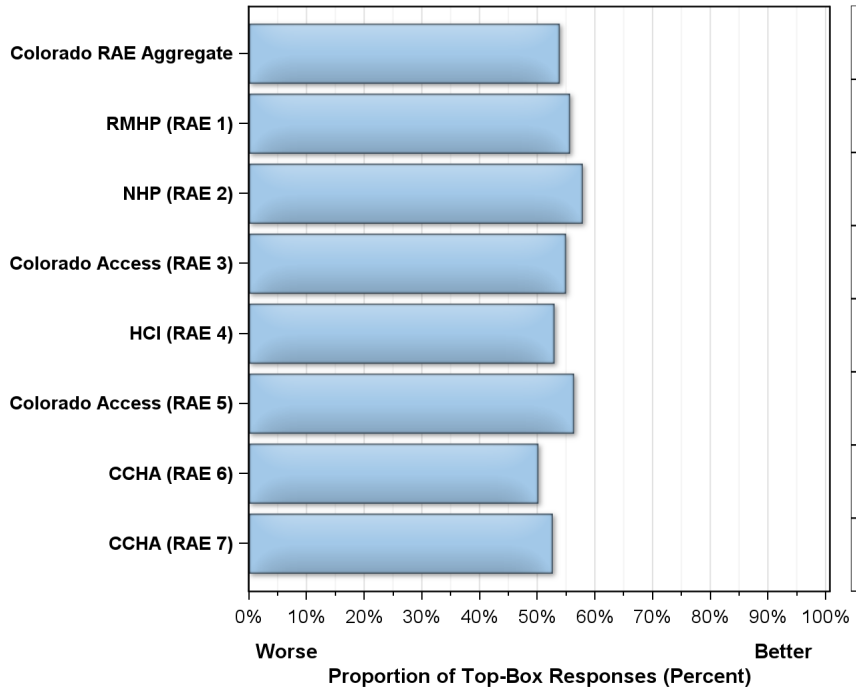
Figure 3-14—Trend Analysis: Rating of Health Plan (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-15 shows the *Rating of Health Plan* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-15—RAE Comparisons: Rating of Health Plan (9 or 10)



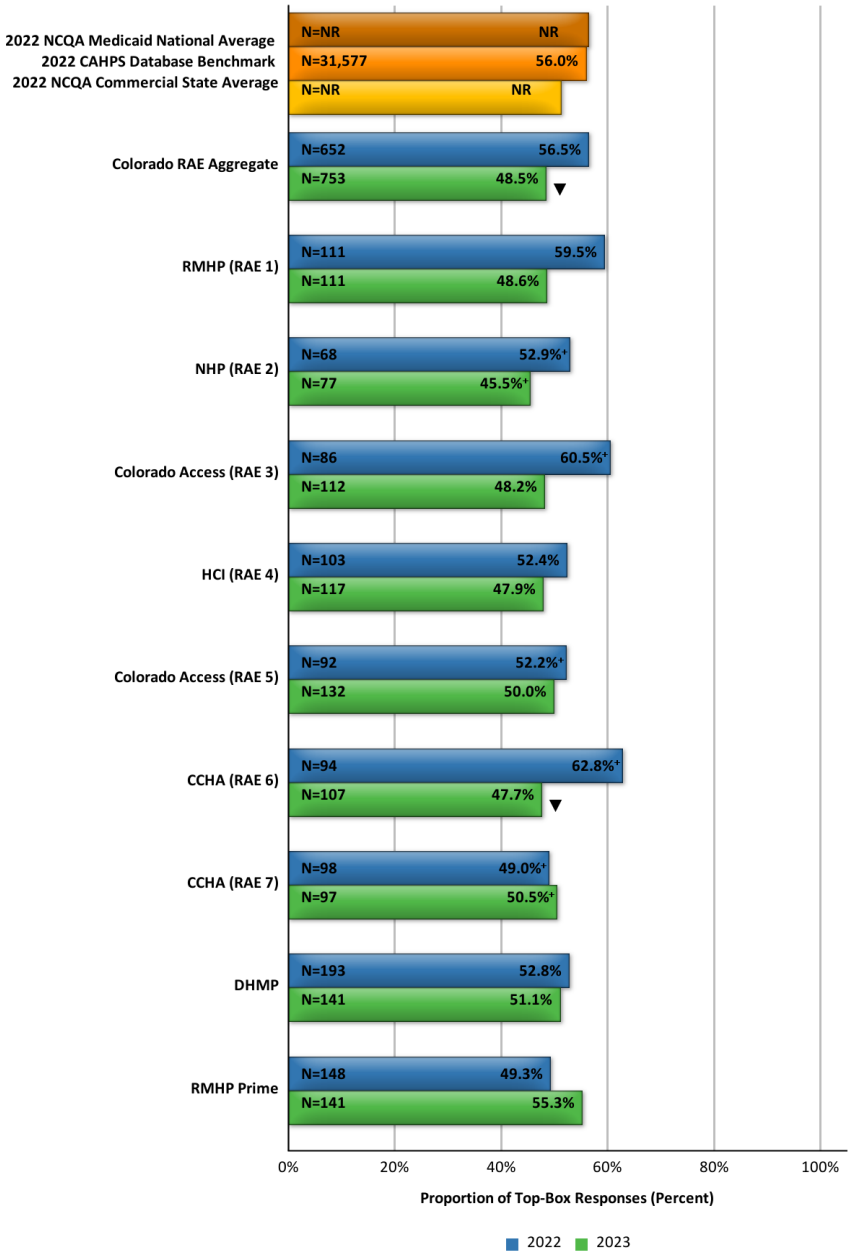
	Top-Box Score	N
Colorado RAE Aggregate	53.8%	1,092
RMHP (RAE 1)	55.6%	153
NHP (RAE 2)	57.8%	129
Colorado Access (RAE 3)	54.9%	162
HCI (RAE 4)	52.9%	176
Colorado Access (RAE 5)	56.3%	182
CCHA (RAE 6)	50.1%	151
CCHA (RAE 7)	52.6%	139

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

Rating of All Health Care

Figure 3-16 shows the *Rating of All Health Care* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

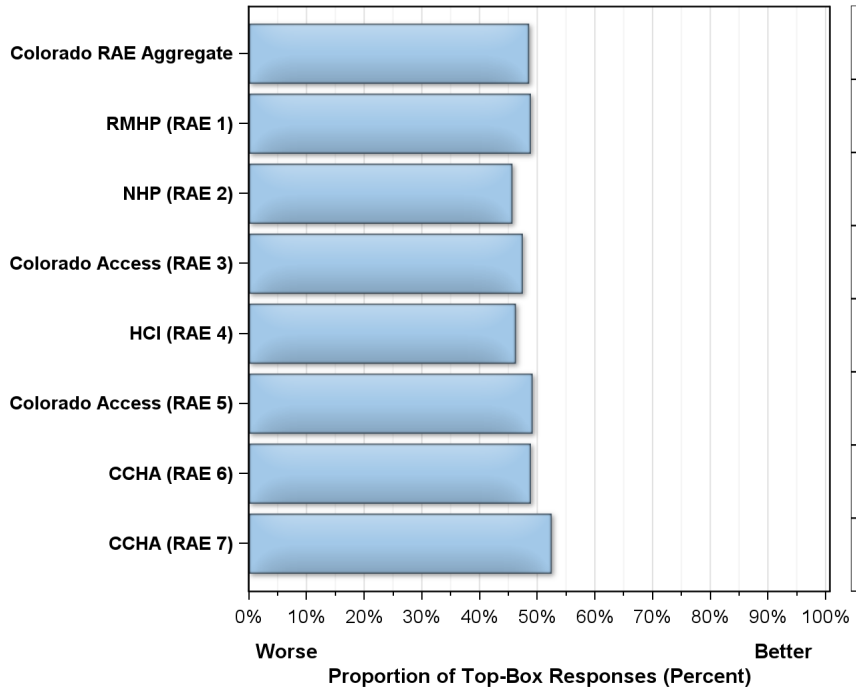
Figure 3-16—Trend Analysis: Rating of All Health Care (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-17 shows the *Rating of All Health Care* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-17—RAE Comparisons: Rating of All Health Care (9 or 10)



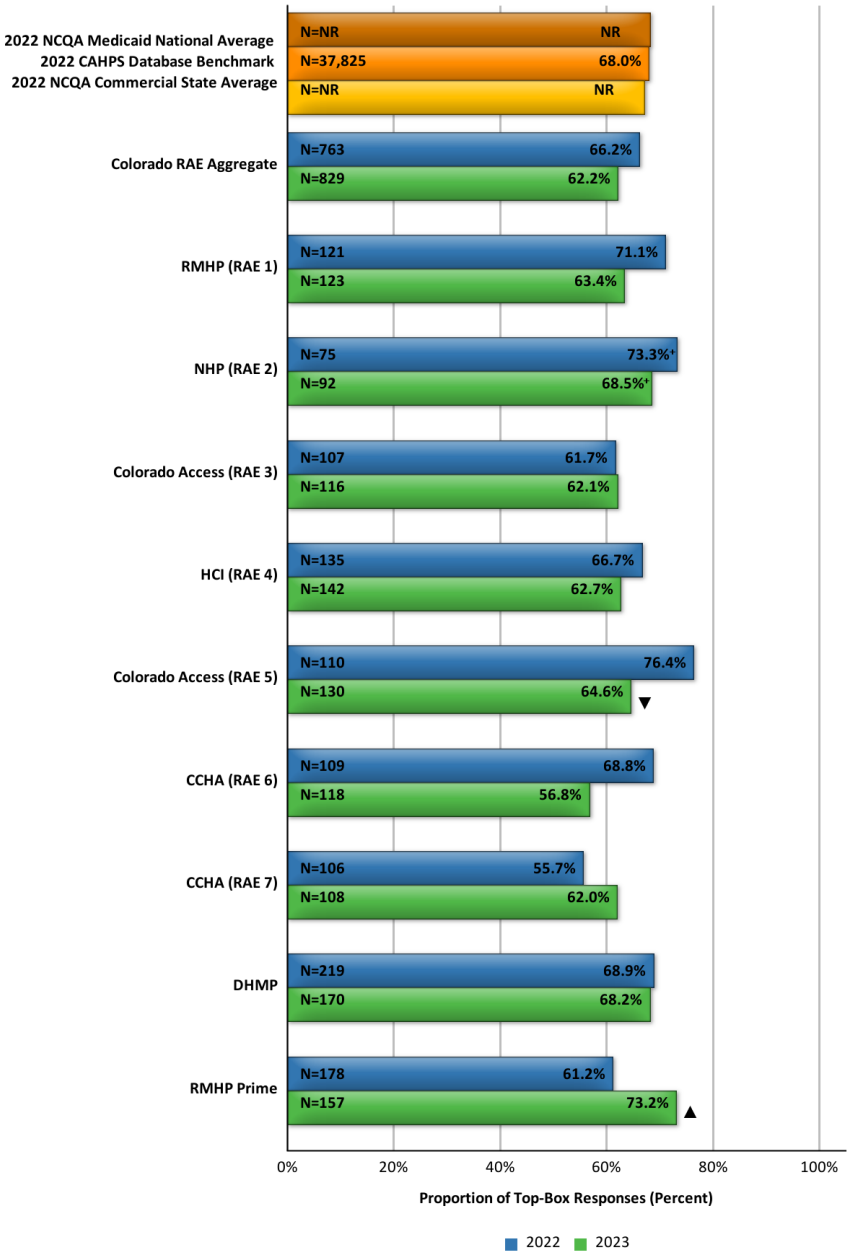
	Top-Box Score	N
Colorado RAE Aggregate	48.5%	753
RMHP (RAE 1)	48.8%	111
NHP (RAE 2)	45.6% +	77
Colorado Access (RAE 3)	47.4%	112
HCI (RAE 4)	46.2%	117
Colorado Access (RAE 5)	49.1%	132
CCHA (RAE 6)	48.8%	107
CCHA (RAE 7)	52.4% +	97

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

Rating of Personal Doctor

Figure 3-18 shows the *Rating of Personal Doctor* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

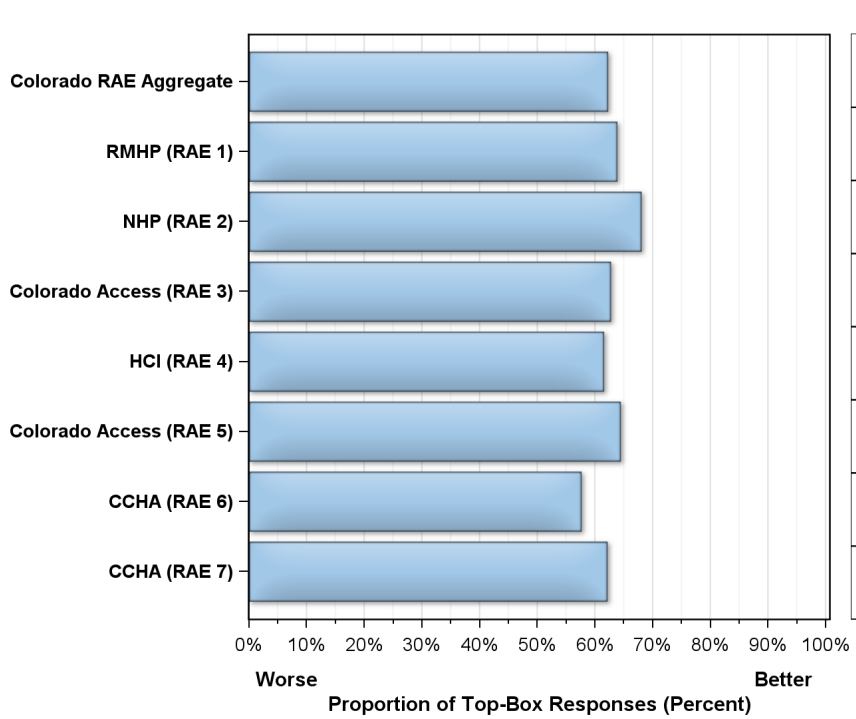
Figure 3-18—Trend Analysis: Rating of Personal Doctor (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-19 shows the *Rating of Personal Doctor* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-19—RAE Comparisons: Rating of Personal Doctor (9 or 10)



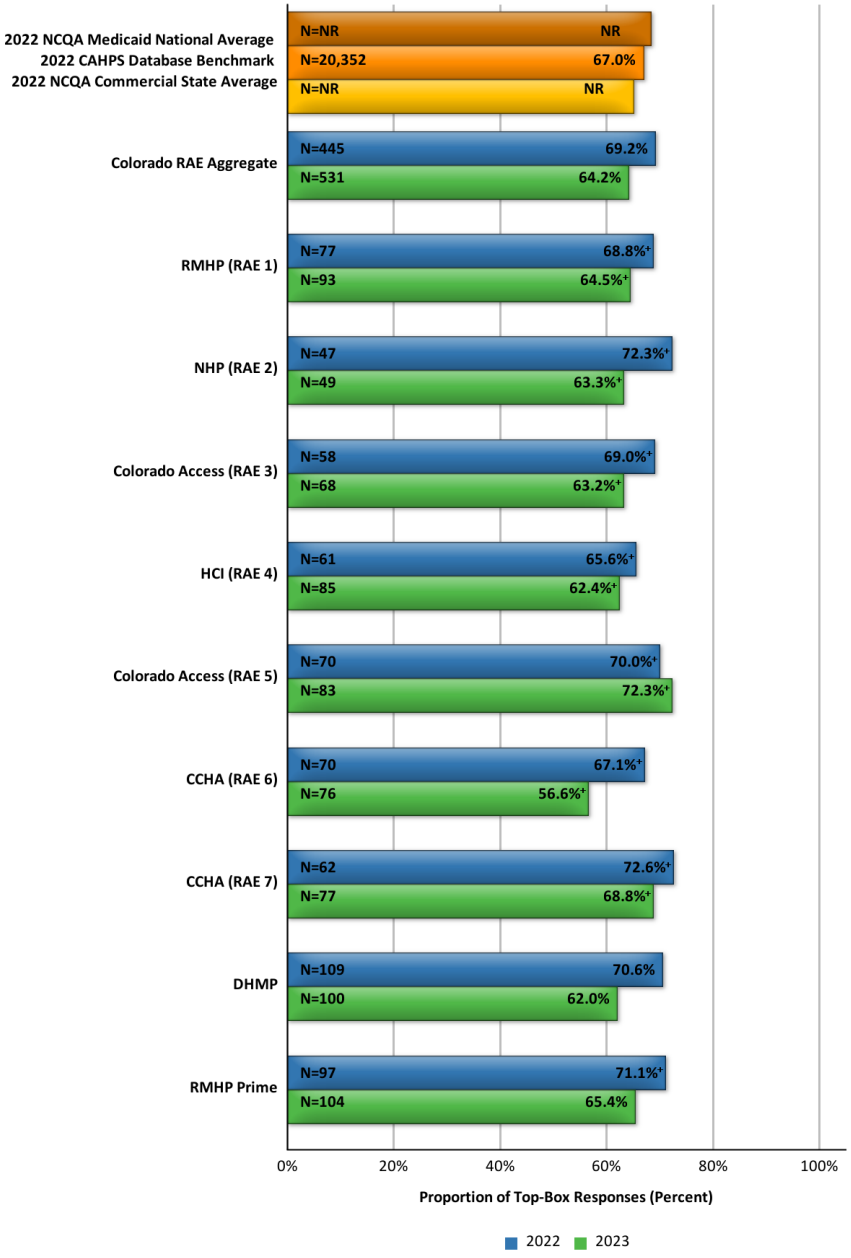
	Top-Box Score	N
Colorado RAE Aggregate	62.2%	829
RMHP (RAE 1)	63.8%	123
NHP (RAE 2)	68.0% +	92
Colorado Access (RAE 3)	62.7%	116
HCI (RAE 4)	61.5%	142
Colorado Access (RAE 5)	64.4%	130
CCHA (RAE 6)	57.6%	118
CCHA (RAE 7)	62.1%	108

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

Rating of Specialist Seen Most Often

Figure 3-20 shows the *Rating of Specialist Seen Most Often* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

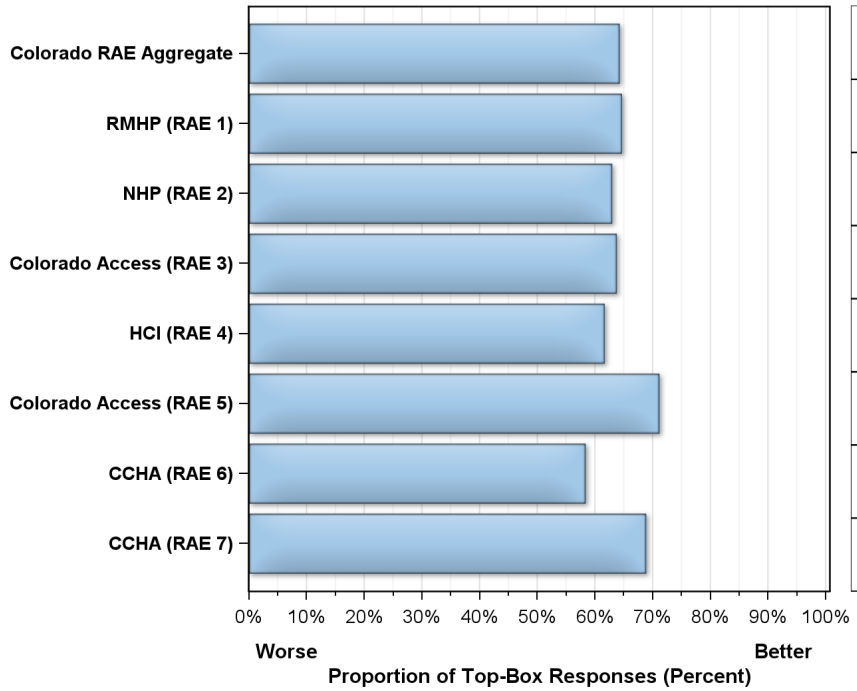
Figure 3-20—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-21 shows the *Rating of Specialist Seen Most Often* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-21—RAE Comparisons: Rating of Specialist Seen Most Often (9 or 10)



	Top-Box Score	N
Colorado RAE Aggregate	64.2%	531
RMHP (RAE 1)	64.6% +	93
NHP (RAE 2)	62.9% +	49
Colorado Access (RAE 3)	63.7% +	68
HCI (RAE 4)	61.6% +	85
Colorado Access (RAE 5)	71.1% +	83
CCHA (RAE 6)	58.3% +	76
CCHA (RAE 7)	68.8% +	77

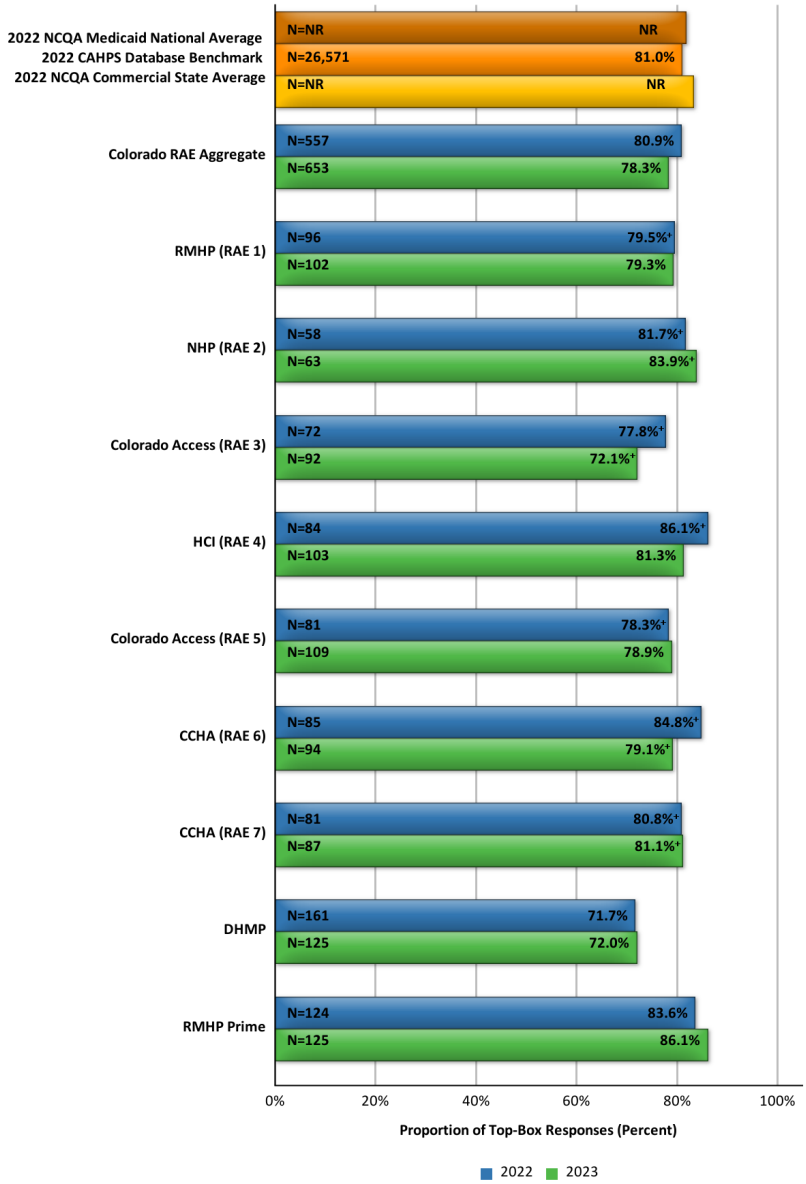
↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

Composite Measures

Getting Needed Care

Figure 3-22 shows the *Getting Needed Care* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

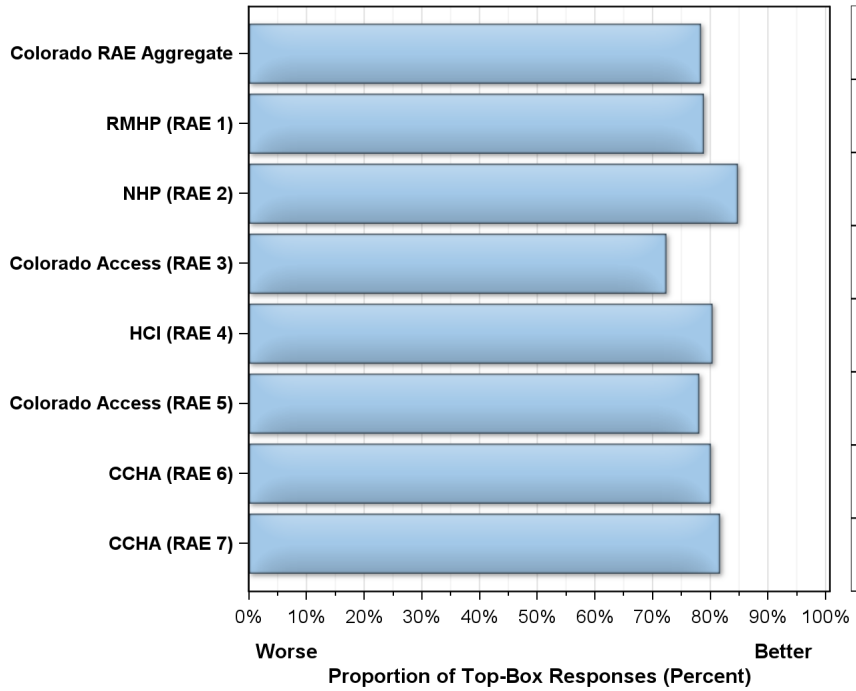
Figure 3-22—Trend Analysis: Getting Needed Care (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-23 shows the *Getting Needed Care* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-23—RAE Comparisons: Getting Needed Care (Usually or Always)



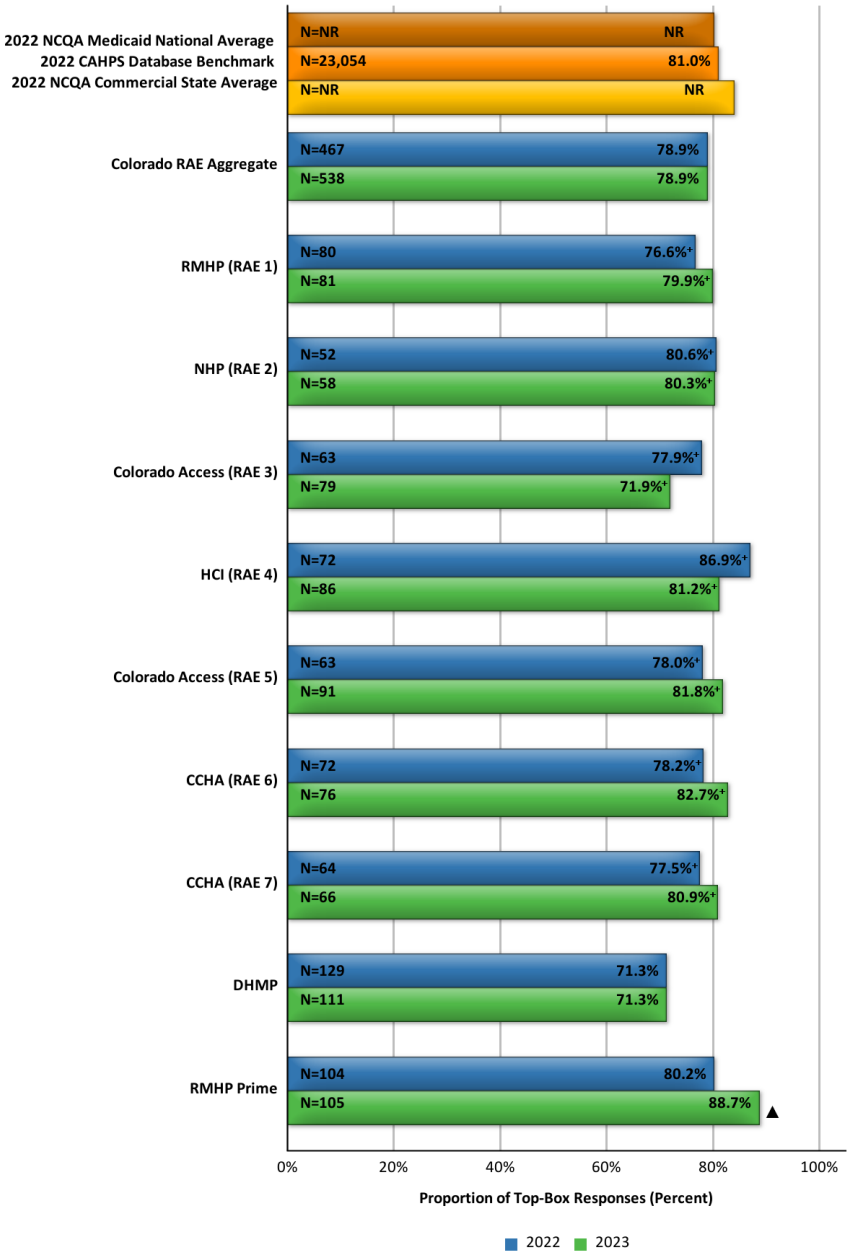
	Top-Box Score	N
Colorado RAE Aggregate	78.3%	653
RMHP (RAE 1)	78.8%	102
NHP (RAE 2)	84.7% +	63
Colorado Access (RAE 3)	72.3% +	92
HCI (RAE 4)	80.3%	103
Colorado Access (RAE 5)	78.0%	109
CCHA (RAE 6)	80.0% +	94
CCHA (RAE 7)	81.6% +	87

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

Getting Care Quickly

Figure 3-24 shows the *Getting Care Quickly* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

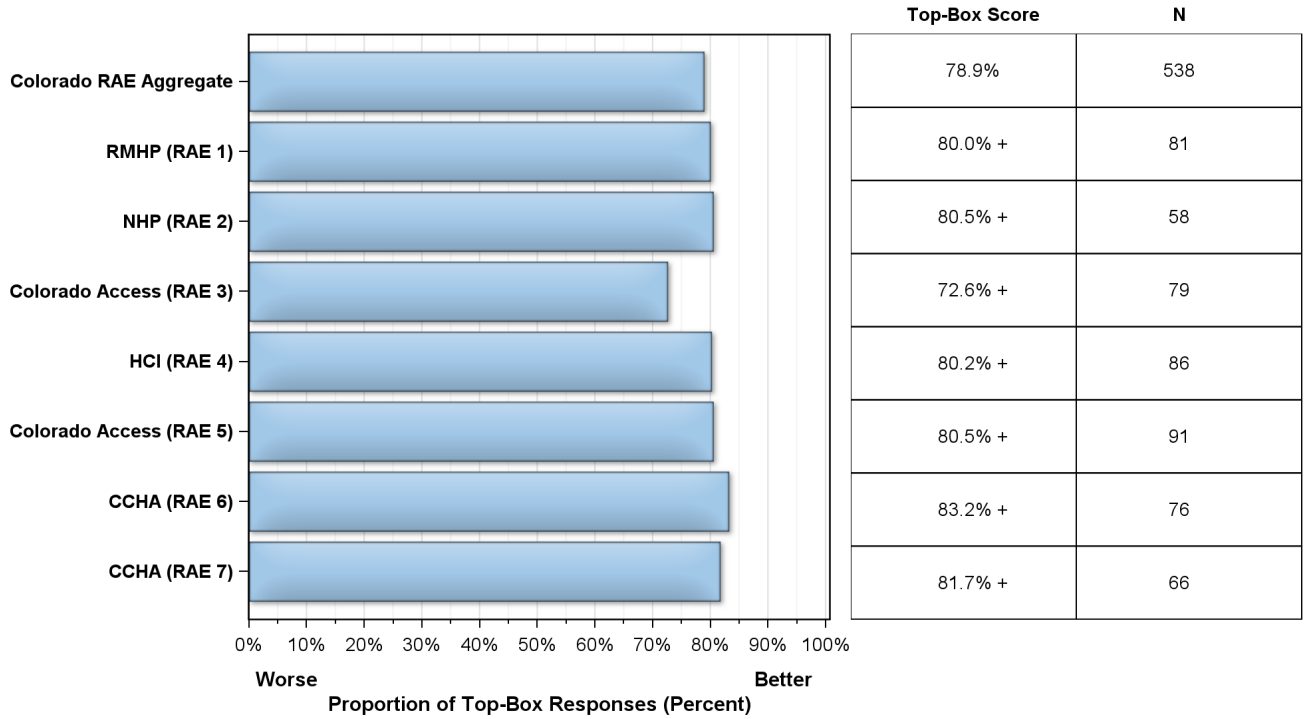
Figure 3-24—Trend Analysis: Getting Care Quickly (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-25 shows the *Getting Care Quickly* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-25—RAE Comparisons: Getting Care Quickly (Usually or Always)

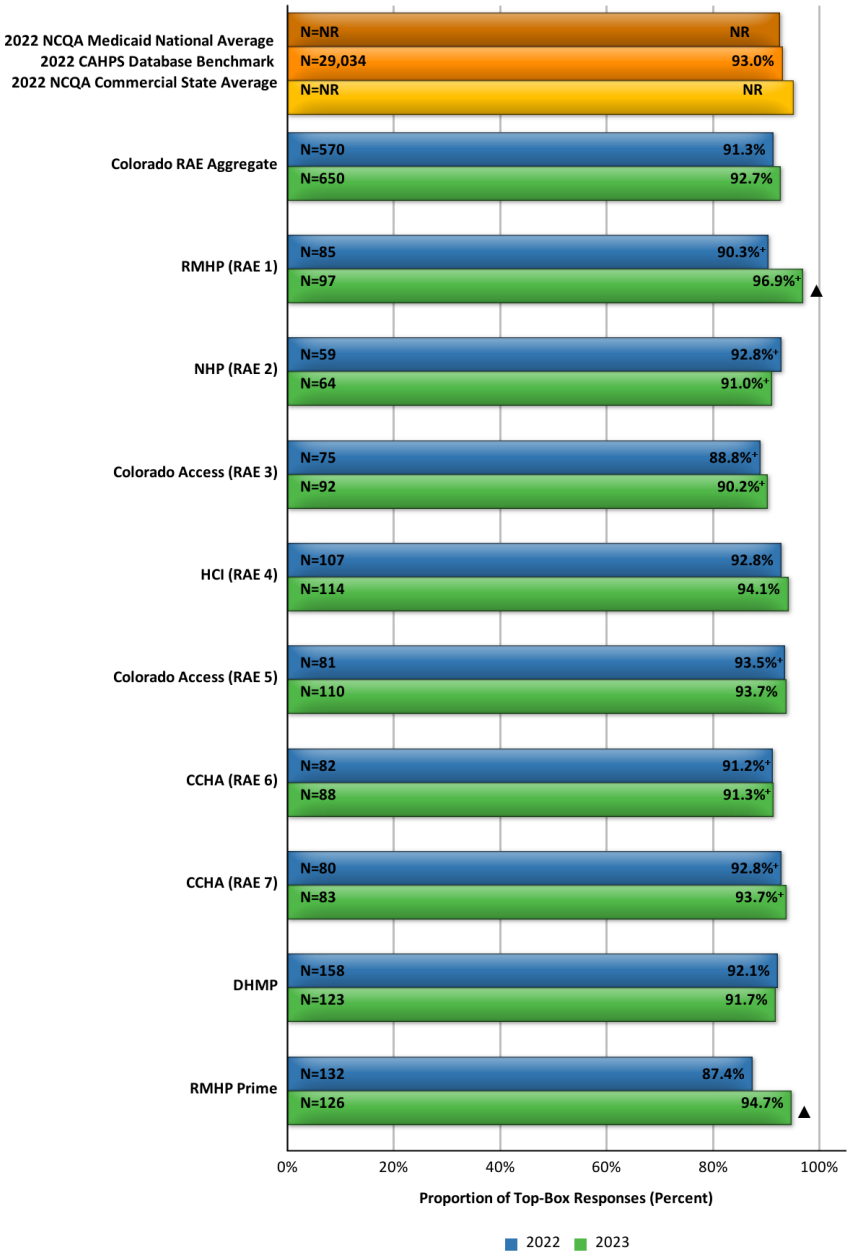


↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

How Well Doctors Communicate

Figure 3-26 shows the *How Well Doctors Communicate* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

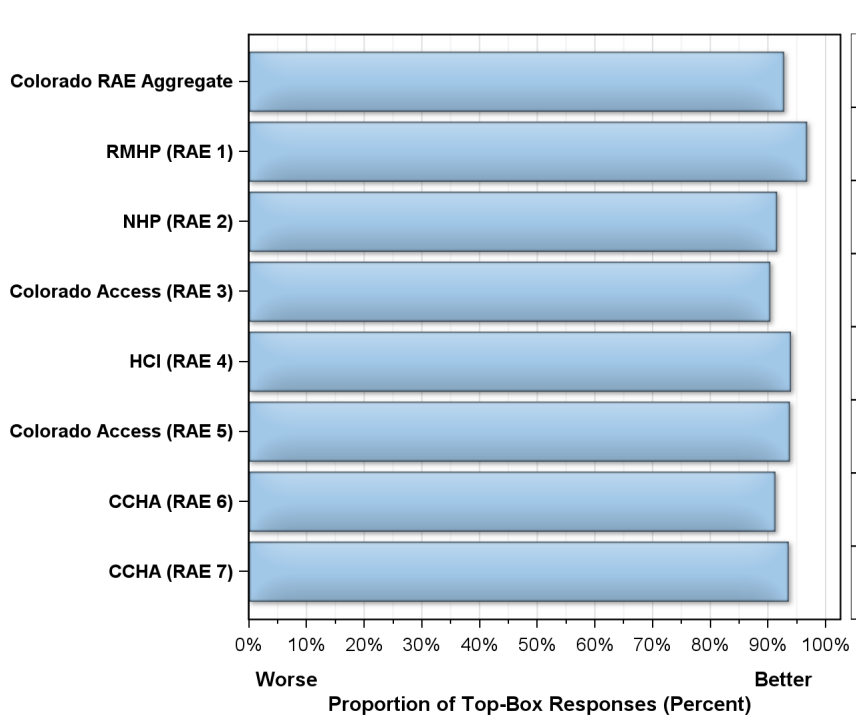
Figure 3-26—Trend Analysis: How Well Doctors Communicate (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-27 shows the *How Well Doctors Communicate* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-27—RAE Comparisons: How Well Doctors Communicate (Usually or Always)



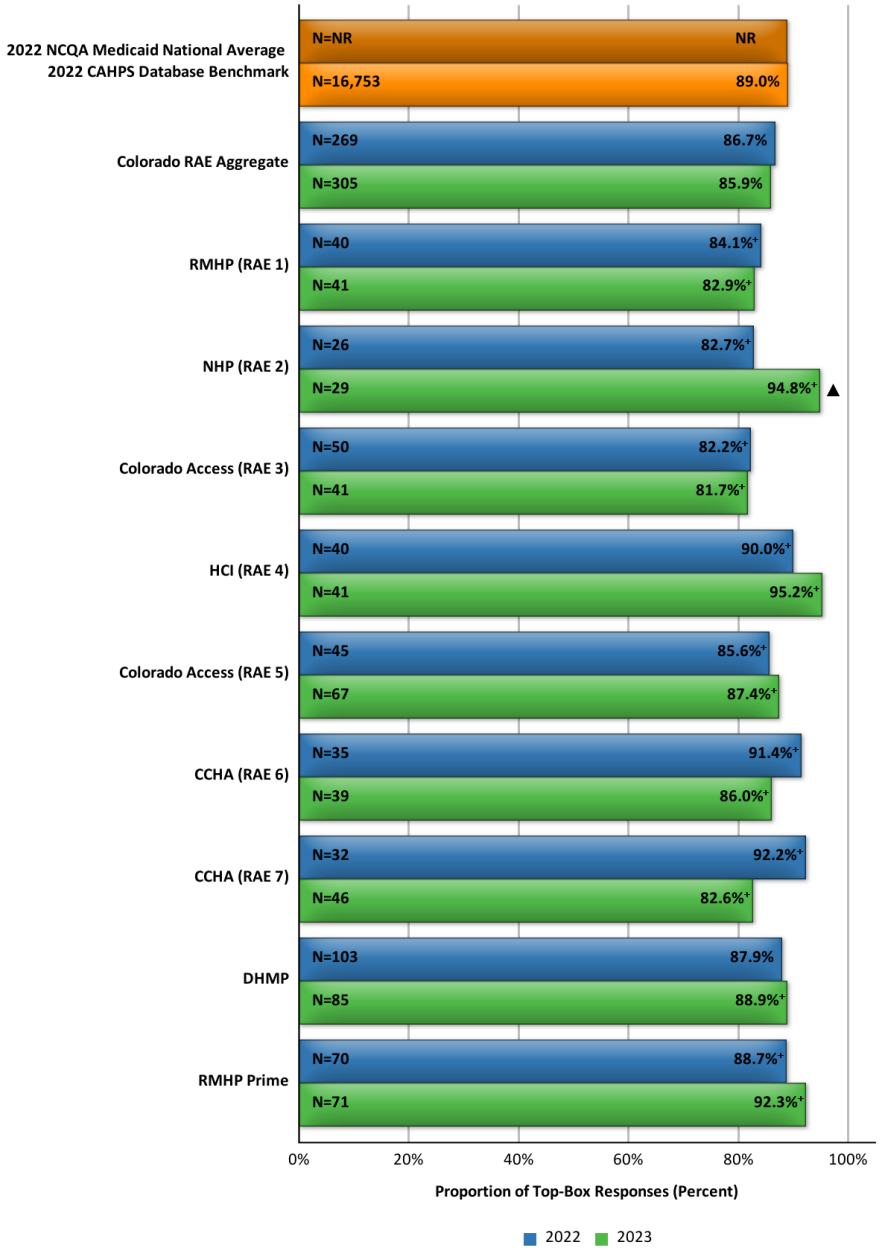
	Top-Box Score	N
Colorado RAE Aggregate	92.7%	650
RMHP (RAE 1)	96.7% +	97
NHP (RAE 2)	91.5% +	64
Colorado Access (RAE 3)	90.3% +	92
HCI (RAE 4)	93.9%	114
Colorado Access (RAE 5)	93.7%	110
CCHA (RAE 6)	91.2% +	88
CCHA (RAE 7)	93.5% +	83

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

Customer Service

Figure 3-28 shows the *Customer Service* trend analysis results, including the 2022 NCQA Medicaid national average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

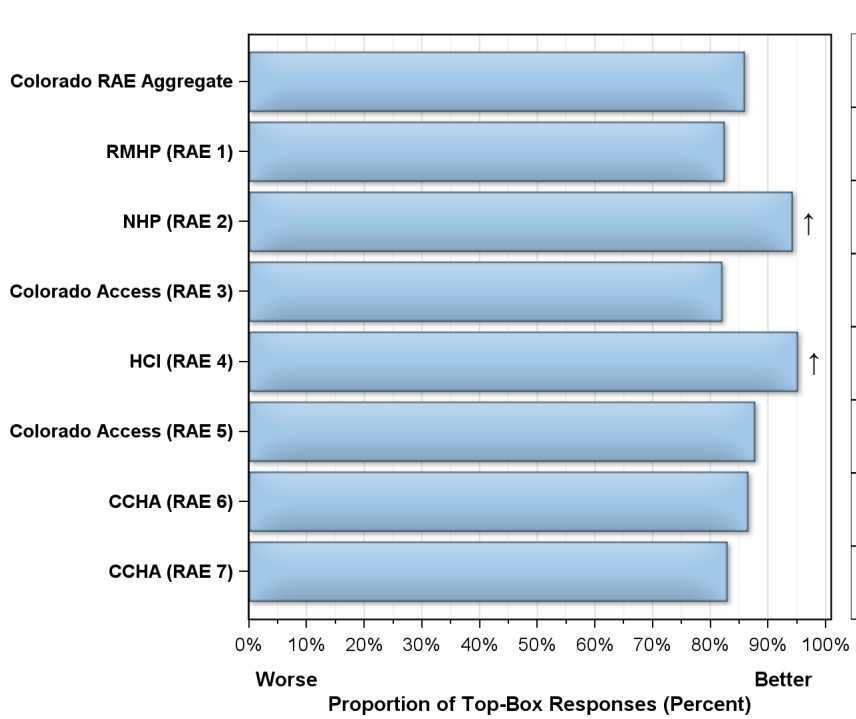
Figure 3-28—Trend Analysis: Customer Service (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-29 shows the *Customer Service* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-29—RAE Comparisons: Customer Service (Usually or Always)



	Top-Box Score	N
Colorado RAE Aggregate	85.9%	305
RMHP (RAE 1)	82.4% +	41
NHP (RAE 2)	94.2% +	29
Colorado Access (RAE 3)	82.0% +	41
HCI (RAE 4)	95.1% +	41
Colorado Access (RAE 5)	87.7% +	67
CCHA (RAE 6)	86.5% +	39
CCHA (RAE 7)	82.9% +	46

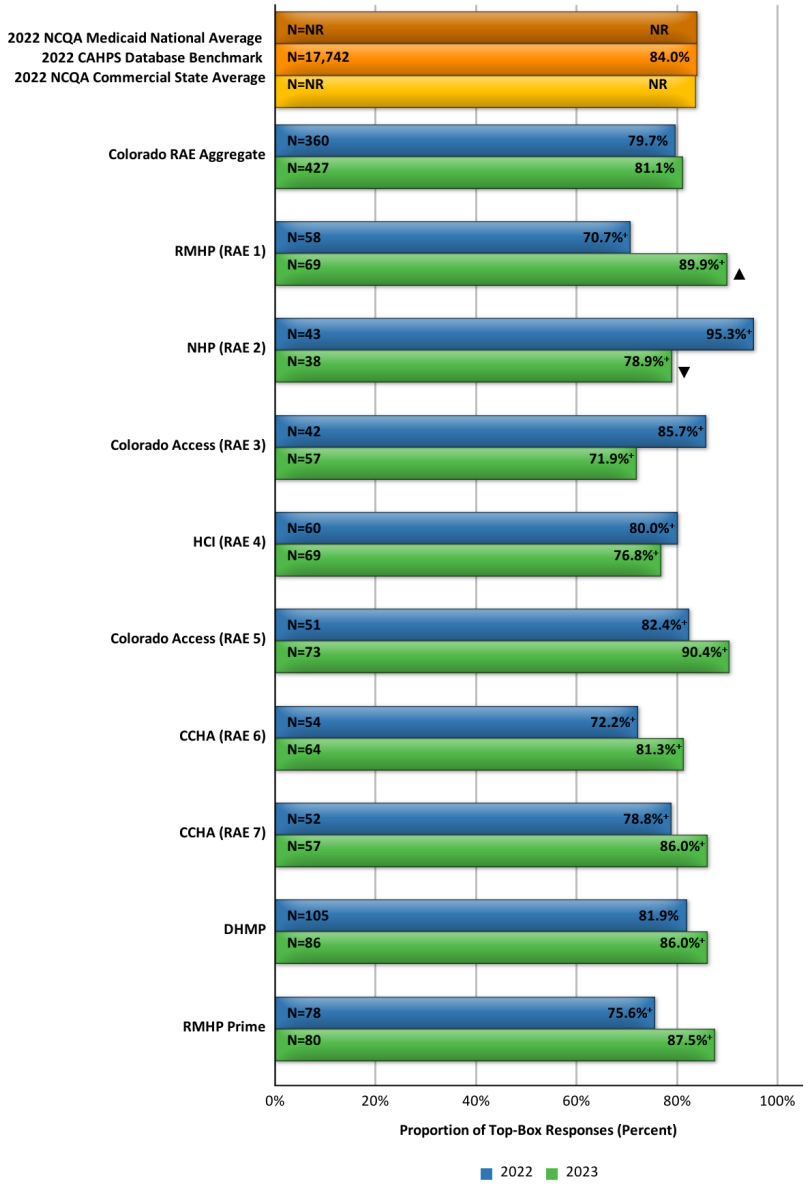
↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

Individual Item Measure

Coordination of Care

Figure 3-30 shows the *Coordination of Care* trend analysis results, including the 2022 NCQA Medicaid national average and Commercial state average, 2022 CAHPS Database Benchmark, top-box scores, and number of respondents (N).

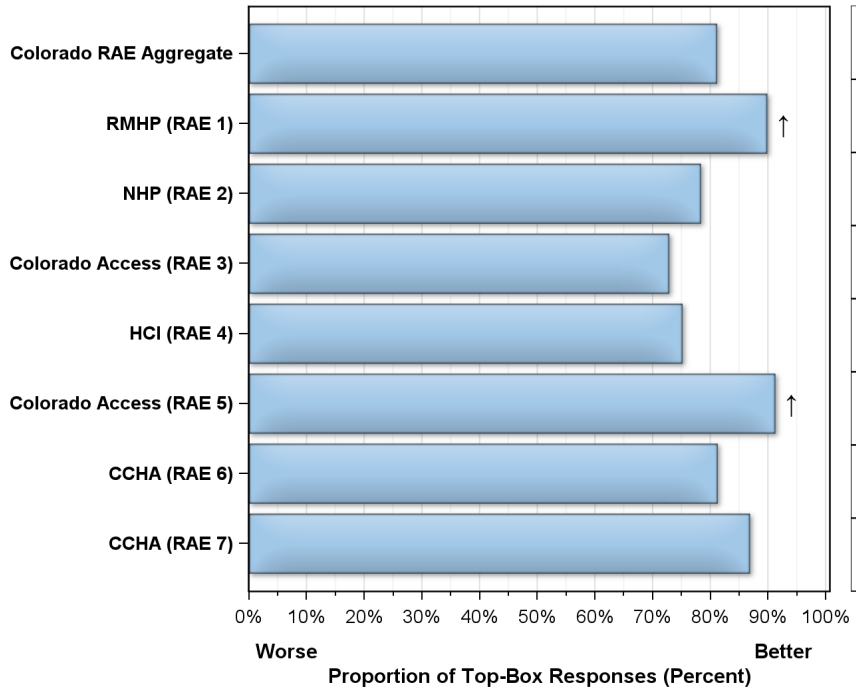
Figure 3-30—Trend Analysis: Coordination of Care (Usually or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-31 shows the *Coordination of Care* RAE comparisons results, including the top-box scores and number of respondents (N).

Figure 3-31—RAE Comparisons: Coordination of Care (Usually or Always)



	Top-Box Score	N
Colorado RAE Aggregate	81.1%	427
RMHP (RAE 1)	89.8% +	69
NHP (RAE 2)	78.3% +	38
Colorado Access (RAE 3)	72.8% +	57
HCI (RAE 4)	75.1% +	69
Colorado Access (RAE 5)	91.2% +	73
CCHA (RAE 6)	81.2% +	64
CCHA (RAE 7)	86.8% +	57

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

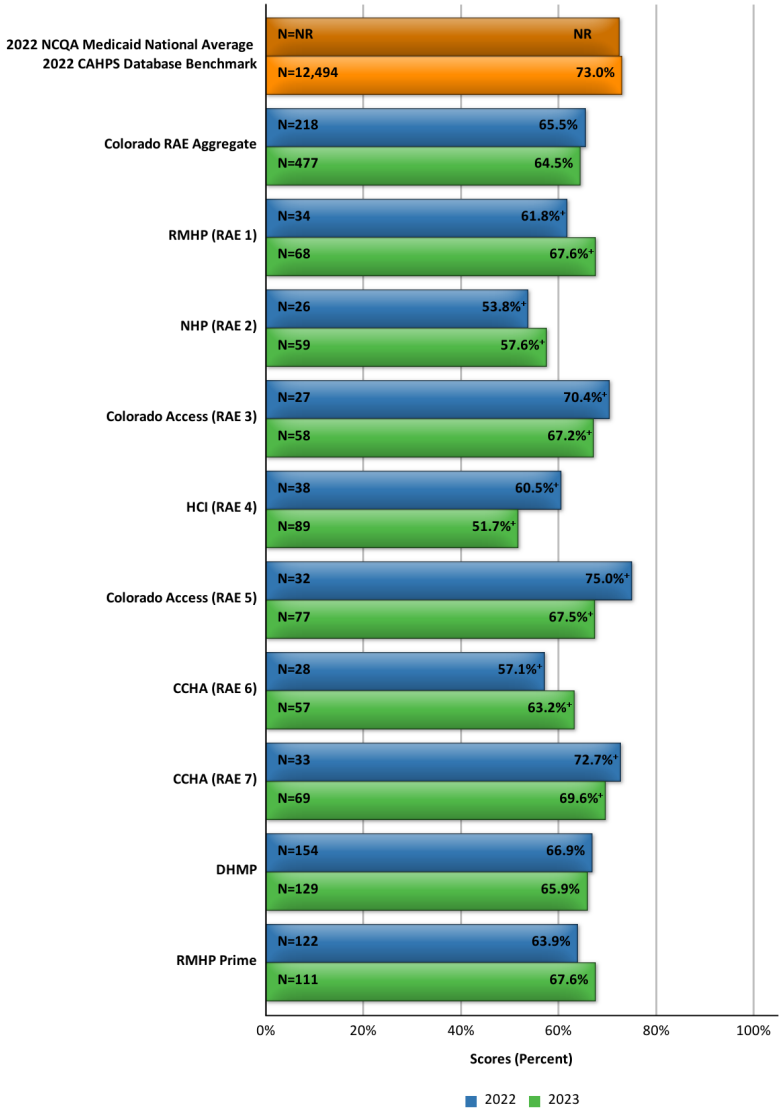
Effectiveness of Care Measures

Medical Assistance With Smoking and Tobacco Use Cessation

Advising Smokers and Tobacco Users to Quit

Figure 3-32 shows the *Advising Smokers and Tobacco Users to Quit* trend analysis results, including the 2022 NCQA Medicaid national average, 2022 CAHPS Database Benchmark, scores, and number of respondents (N).

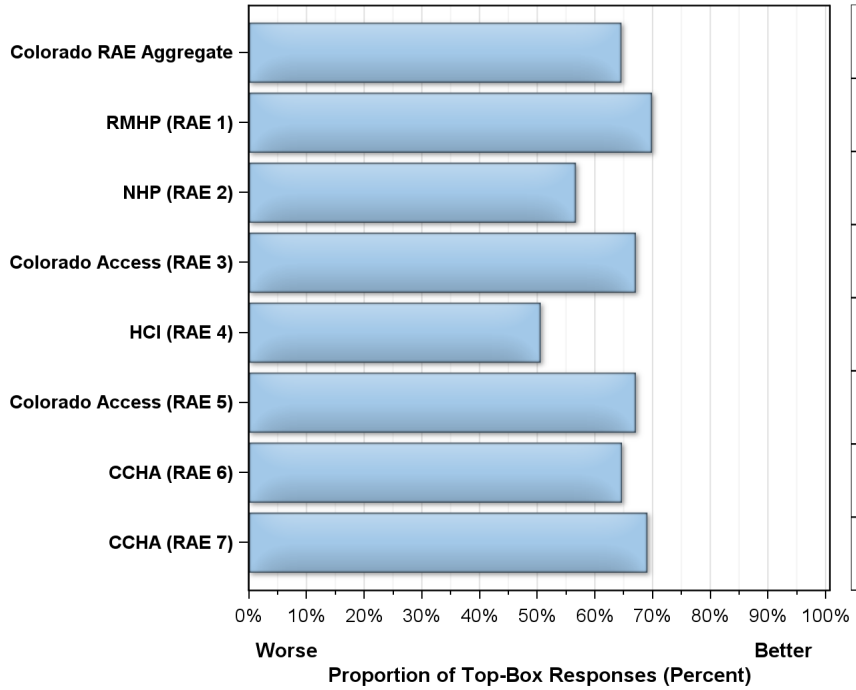
Figure 3-32—Trend Analysis: Advising Smokers and Tobacco Users to Quit (Sometimes, Usually, or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-33 shows the *Advising Smokers and Tobacco Users to Quit* RAE comparisons results, including the scores and number of respondents (N).

Figure 3-33—RAE Comparisons: Advising Smokers and Tobacco Users to Quit (Sometimes, Usually, or Always)



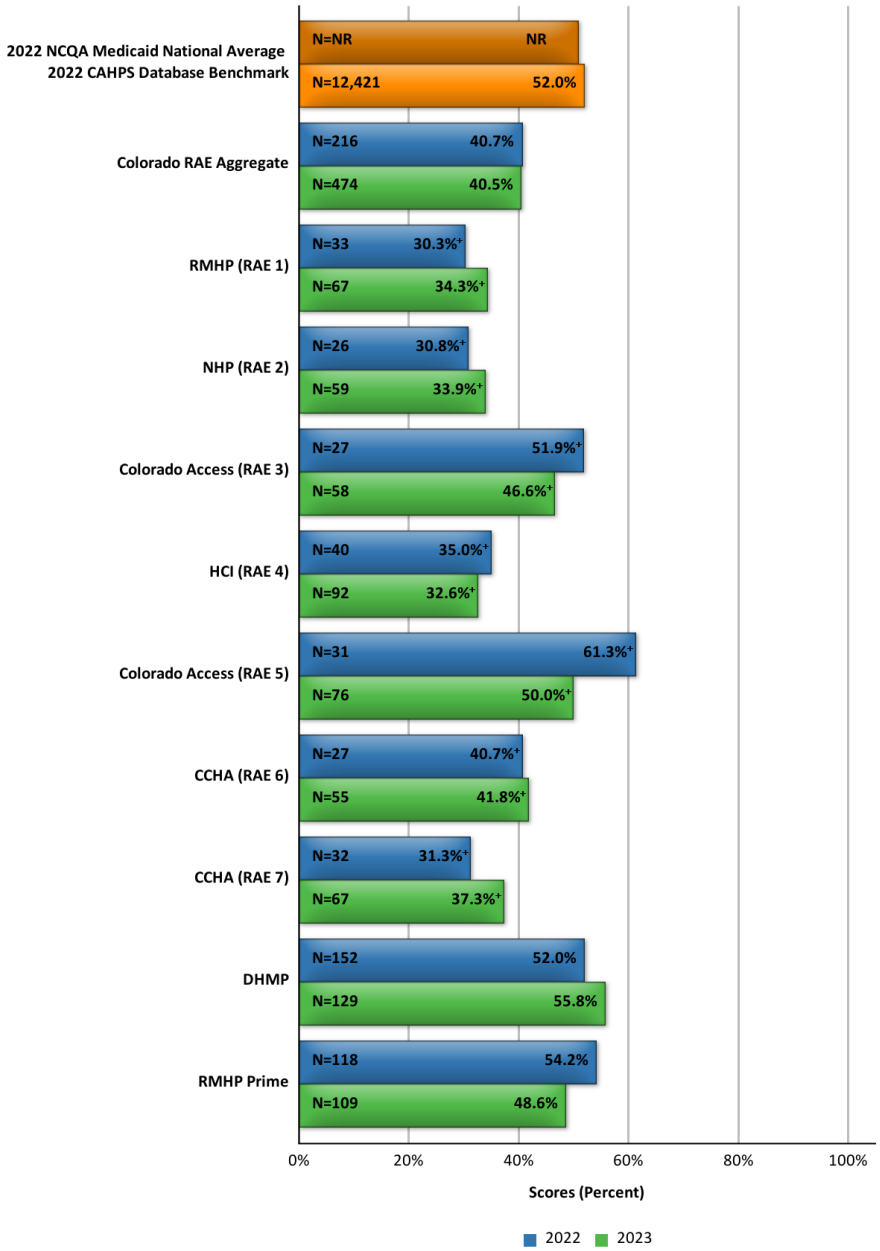
	Top-Box Score	N
Colorado RAE Aggregate	64.5%	477
RMHP (RAE 1)	69.8% +	68
NHP (RAE 2)	56.6% +	59
Colorado Access (RAE 3)	67.0% +	58
HCI (RAE 4)	50.5% +	89
Colorado Access (RAE 5)	67.0% +	77
CCHA (RAE 6)	64.6% +	57
CCHA (RAE 7)	69.0% +	69

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

Discussing Cessation Medications

Figure 3-34 shows the *Discussing Cessation Medications* trend analysis results, including the 2022 NCQA Medicaid national average, 2022 CAHPS Database Benchmark, scores, and number of respondents (N).

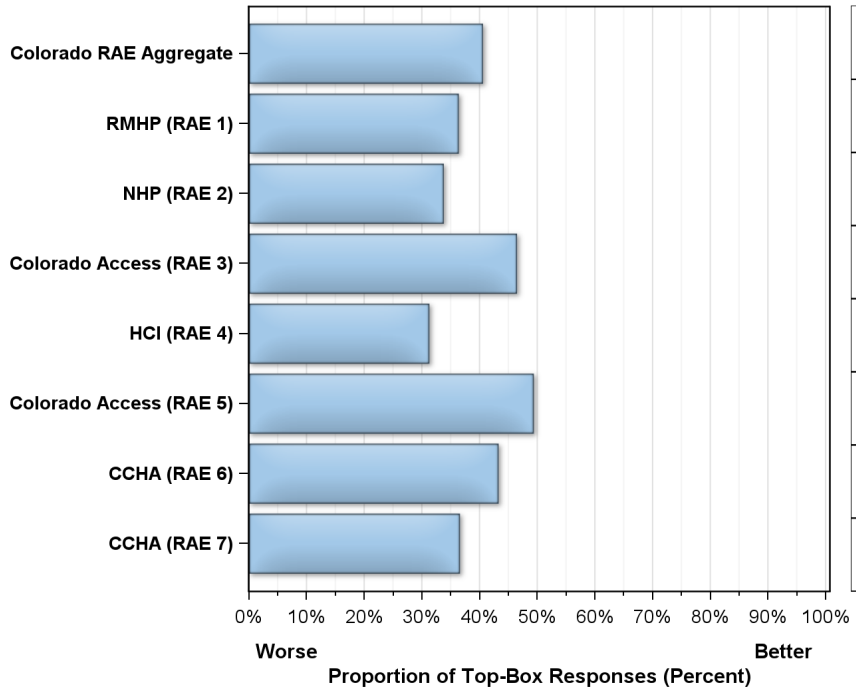
Figure 3-34—Trend Analysis: Discussing Cessation Medications (Sometimes, Usually, or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-35 shows the *Discussing Cessation Medications* RAE comparisons results, including the scores and number of respondents (N).

Figure 3-35—RAE Comparisons: Discussing Cessation Medications (Sometimes, Usually, or Always)



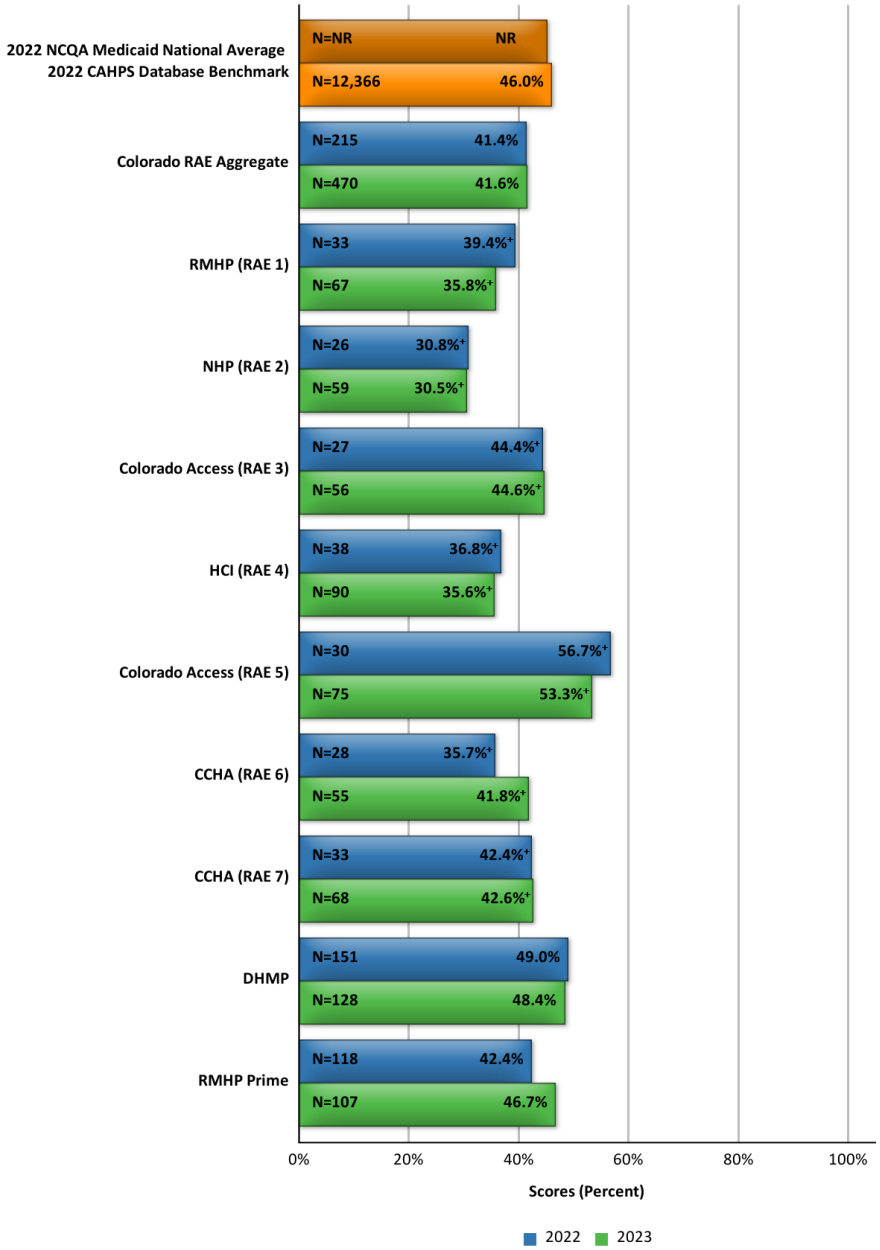
	Top-Box Score	N
Colorado RAE Aggregate	40.5%	474
RMHP (RAE 1)	36.3% +	67
NHP (RAE 2)	33.7% +	59
Colorado Access (RAE 3)	46.4% +	58
HCI (RAE 4)	31.2% +	92
Colorado Access (RAE 5)	49.3% +	76
CCHA (RAE 6)	43.2% +	55
CCHA (RAE 7)	36.5% +	67

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

Discussing Cessation Strategies

Figure 3-36 shows the *Discussing Cessation Strategies* trend analysis results, including the 2022 NCQA Medicaid national average, 2022 CAHPS Database Benchmark, scores, and number of respondents (N).

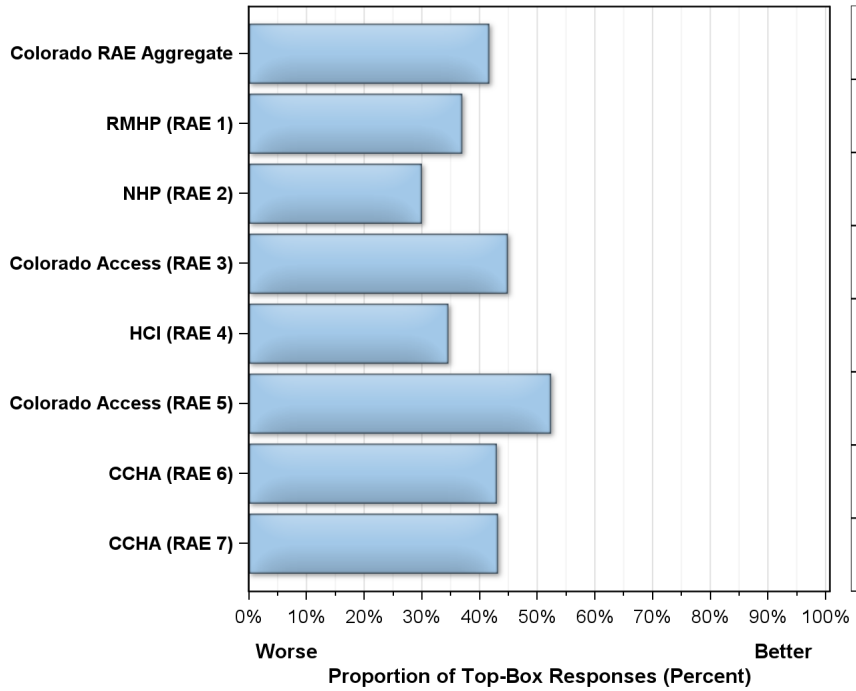
Figure 3-36—Trend Analysis: Discussing Cessation Strategies (Sometimes, Usually, or Always)



Statistical Significance Note: ▲ Indicates the 2023 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2023 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 3-37 shows the *Discussing Cessation Strategies* RAE comparisons results, including the scores and number of respondents (N).

Figure 3-37—RAE Comparisons: Discussing Cessation Strategies (Sometimes, Usually, or Always)



	Top-Box Score	N
Colorado RAE Aggregate	41.6%	470
RMHP (RAE 1)	36.9% +	67
NHP (RAE 2)	29.9% +	59
Colorado Access (RAE 3)	44.8% +	56
HCI (RAE 4)	34.5% +	90
Colorado Access (RAE 5)	52.3% +	75
CCHA (RAE 6)	42.9% +	55
CCHA (RAE 7)	43.1% +	68

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

Summary of Results

Table 3-8 summarizes the statistically significant differences identified from the trend analysis and RAE comparisons. There were no statistically significant differences identified for the *Rating of Specialist Seen Most Often* global rating, *Getting Needed Care* composite measure, and all of the Effectiveness of Care measures.

Table 3-8—Summary of Results: Trend Analysis and RAE Comparisons

Measure	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)	DHMP	RMHP Prime
Global Ratings										
Rating of Health Plan	—	—	—	—	—	—	—	—	—	▲
Rating of All Health Care	▼	—	—+	—	—	—	▼	—+	—	—
Rating of Personal Doctor	—	—	—+	—	—	▼	—	—	—	▲
Composite Measures										
Getting Care Quickly	—	—+	—+	—+	—+	—+	—+	—+	—	▲
How Well Doctors Communicate	—	▲+	—+	—+	—	—	—+	—+	—	▲
Customer Service	—	—+	▲ ↑+	—+	↑+	—+	—+	—+	—+	—+
Individual Item Measure										
Coordination of Care	—	▲ ↑+	▼+	—+	—+	↑+	—+	—+	—+	—+

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

Supplemental Items

The Department elected to add seven supplemental items to the standard CAHPS survey that was administered to RAE members.[3-10] Table 3-9 details the survey language and response options for each of the supplemental items. Table 3-10 through Table 3-16 present the number and percentage of responses for each supplemental item.

Table 3-9—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

[3-10] The DHMP and RMHP Prime data received for inclusion in this report did not include these supplemental question responses, if applicable; 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[3-11]

Counseling and Mental Health

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 3-10 displays the responses for this question.

Table 3-10—Made Counseling or Mental Health Appointments

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**254**	**21.9%**	**906**	**78.1%**
RMHP (RAE 1)	43	26.5%	119	73.5%
NHP (RAE 2)	26	19.3%	109	80.7%
Colorado Access (RAE 3)	40	24.0%	127	76.0%
HCI (RAE 4)	35	18.0%	159	82.0%
Colorado Access (RAE 5)	41	21.7%	148	78.3%
CCHA (RAE 6)	38	23.3%	125	76.7%
CCHA (RAE 7)	31	20.7%	119	79.3%
Some percentages may not total 100% due to rounding.				

[3-11] Respondents who answered, "I did not receive any maternal care or services in the last 6 months" were excluded from the analysis.

Members were asked if they tried to make any appointments for counseling or mental health treatment in the last 6 months (Question 28b). Table 3-11 displays the responses for this question.

Table 3-11—Tried to Make Any Counseling or Mental Health Appointments

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**37**	**4.4%**	**812**	**95.6%**
RMHP (RAE 1)	6	5.2%	109	94.8%
NHP (RAE 2)	7	6.6%	99	93.4%
Colorado Access (RAE 3)	4	3.4%	115	96.6%
HCI (RAE 4)	3	2.1%	139	97.9%
Colorado Access (RAE 5)	8	5.8%	130	94.2%
CCHA (RAE 6)	5	4.2%	113	95.8%
CCHA (RAE 7)	4	3.6%	107	96.4%

Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "No" to Question 28a.

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 3-12 displays the responses for this question.

Table 3-12—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	**11**	**34.4%**	**7**	**21.9%**	**9**	**28.1%**	**0**	**0.0%**	**5**	**15.6%**
RMHP (RAE 1)	4	80.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%
NHP (RAE 2)	1	16.7%	2	33.3%	1	16.7%	0	0.0%	2	33.3%
Colorado Access (RAE 3)	2	50.0%	1	25.0%	0	0.0%	0	0.0%	1	25.0%
HCI (RAE 4)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Colorado Access (RAE 5)	1	12.5%	2	25.0%	5	62.5%	0	0.0%	0	0.0%
CCHA (RAE 6)	2	50.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%
CCHA (RAE 7)	1	25.0%	1	25.0%	1	25.0%	0	0.0%	1	25.0%

Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28a or Question 28b.

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 3-13 displays the responses for this question.

Table 3-13—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	**21**	**60.0%**	**5**	**14.3%**	**3**	**8.6%**	**6**	**17.1%**
RMHP (RAE 1)	3	60.0%	0	0.0%	1	20.0%	1	20.0%
NHP (RAE 2)	2	28.6%	2	28.6%	1	14.3%	2	28.6%
Colorado Access (RAE 3)	3	75.0%	1	25.0%	0	0.0%	0	0.0%
HCI (RAE 4)	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Colorado Access (RAE 5)	5	62.5%	1	12.5%	1	12.5%	1	12.5%
CCHA (RAE 6)	5	100.0%	0	0.0%	0	0.0%	0	0.0%
CCHA (RAE 7)	3	75.0%	1	25.0%	0	0.0%	0	0.0%

Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28a or Question 28b.

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 3-14 displays the responses for this question.

Table 3-14—Took Mental Health Medicines

Program/RAE Name	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**315**	**28.2%**	**804**	**71.8%**
RMHP (RAE 1)	48	30.8%	108	69.2%
NHP (RAE 2)	27	20.6%	104	79.4%
Colorado Access (RAE 3)	39	24.1%	123	75.9%
HCI (RAE 4)	59	32.2%	124	67.8%
Colorado Access (RAE 5)	53	29.3%	128	70.7%
CCHA (RAE 6)	42	26.6%	116	73.4%
CCHA (RAE 7)	47	31.8%	101	68.2%

Some percentages may not total 100% due to rounding.

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 3-15 displays the responses for this question.

Table 3-15—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	**10**	**3.3%**	**9**	**3.0%**	**35**	**11.7%**	**82**	**27.4%**	**163**	**54.5%**
RMHP (RAE 1)	1	2.2%	0	0.0%	7	15.6%	18	40.0%	19	42.2%
NHP (RAE 2)	2	8.0%	0	0.0%	2	8.0%	5	20.0%	16	64.0%
Colorado Access (RAE 3)	2	5.1%	1	2.6%	2	5.1%	15	38.5%	19	48.7%
HCI (RAE 4)	2	3.6%	1	1.8%	6	10.7%	14	25.0%	33	58.9%
Colorado Access (RAE 5)	0	0.0%	4	8.3%	4	8.3%	12	25.0%	28	58.3%
CCHA (RAE 6)	1	2.4%	1	2.4%	7	17.1%	9	22.0%	23	56.1%
CCHA (RAE 7)	2	4.4%	2	4.4%	7	15.6%	9	20.0%	25	55.6%

Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 28e.

Maternal Care and 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 3-16 displays the responses for this question.

Table 3-16—Overall Rating of Maternal Care or Services

Program/RAE Name	Excellent		Very Good		Good		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**34**	**36.6%**	**32**	**34.4%**	**10**	**10.8%**	**9**	**9.7%**	**8**	**8.6%**
RMHP (RAE 1)	2	14.3%	8	57.1%	2	14.3%	1	7.1%	1	7.1%
NHP (RAE 2)	5	41.7%	3	25.0%	2	16.7%	1	8.3%	1	8.3%
Colorado Access (RAE 3)	8	42.1%	7	36.8%	2	10.5%	1	5.3%	1	5.3%
HCI (RAE 4)	2	18.2%	3	27.3%	3	27.3%	2	18.2%	1	9.1%
Colorado Access (RAE 5)	7	43.8%	5	31.3%	0	0.0%	2	12.5%	2	12.5%
CCHA (RAE 6)	5	71.4%	1	14.3%	0	0.0%	0	0.0%	1	14.3%
CCHA (RAE 7)	5	35.7%	5	35.7%	1	7.1%	2	14.3%	1	7.1%

Some percentages may not total 100% due to rounding.

4. Conclusions and Recommendations

Conclusions

HSAG summarized results of the NCQA comparisons, trend analysis, RAE comparisons, and key drivers of low member experience analysis to provide an overall assessment of the 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) or areas that have performed well and share best practices with other RAEs.

Access to Care

Getting Needed Care

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

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

Program/RAE Name	NCQA Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
RMHP (RAE 1)	★★	—	—
NHP (RAE 2)	★★★+	—	—
Colorado Access (RAE 3)	★+	—	—
HCI (RAE 4)	★★	—	—
Colorado Access (RAE 5)	★	—	—
CCHA (RAE 6)	★+	—	—
CCHA (RAE 7)	★★+	—	—

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

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

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

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q9. Ease of getting the care, tests, or treatment needed	Never + Sometimes vs. Always	3.979	17.544	NS
	Usually vs. Always	1.942	3.919	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 3.979 and 17.544 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 1.942 and 3.919 times more likely to provide a lower rating for their RAE and overall health care, respectively.

Timeliness of Care

Getting Care Quickly

Table 4-3 provides a summary of findings for the NCQA comparisons, trend analysis, and RAE comparisons for the *Getting Care Quickly* composite measure.

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

Program/RAE Name	NCQA Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
RMHP (RAE 1)	★★+	—	—
NHP (RAE 2)	★★+	—	—
Colorado Access (RAE 3)	★+	—	—
HCI (RAE 4)	★★★+	—	—
Colorado Access (RAE 5)	★★★+	—	—
CCHA (RAE 6)	★★★+	—	—
CCHA (RAE 7)	★★★+	—	—

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

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

Table 4-4—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	3.911	NS
	Usually vs. Always	NS	2.188	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 they always received care as soon as they needed when they needed care right away:
  - Members who perceived they never or sometimes received care as soon as they needed when they needed care right away were 3.911 times more likely to provide a lower rating for their overall health care.
  - Members who perceived they usually received care as soon as they needed when they needed care right away were 2.188 times more likely to provide a lower rating for their overall health care.

Quality of Care

Communication

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

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

Program/RAE Name	NCQA Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
RMHP (RAE 1)	★★★★★+	▲+	—
NHP (RAE 2)	★★+	—	—
Colorado Access (RAE 3)	★+	—	—
HCI (RAE 4)	★★★	—	—
Colorado Access (RAE 5)	★★★	—	—
CCHA (RAE 6)	★★+	—	—
CCHA (RAE 7)	★★★+	—	—

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

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

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

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q13. Personal doctor listened carefully	Never + Sometimes vs. Always	NS	NS	6.627
	Usually vs. Always	NS	NS	3.475
Q15. Personal doctor spent enough time	Never + Sometimes vs. Always	NS	2.463	5.321
	Usually vs. Always	NS	1.896	2.396

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 6.627 times more likely to provide a lower rating for their personal doctor.

  - Members who perceived their personal doctor usually listened carefully to them were 3.475 times more likely to provide a lower rating for their personal doctor.
- 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 2.463 and 5.321 times more likely to provide a lower rating for their overall health care and personal doctor, respectively.
  - Members who perceived their personal doctor usually spent enough time with them were 1.896 and 2.396 times more likely to provide a lower rating for their overall health care and personal doctor, respectively.

Customer Service

Table 4-7 provides a summary of findings for the NCQA comparisons, trend analysis, and RAE comparisons for the *Customer Service* composite measure.

Table 4-7—Quality of Care: Customer Service Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
RMHP (RAE 1)	★+	—	—
NHP (RAE 2)	★★★★★+	▲+	↑+
Colorado Access (RAE 3)	★+	—	—
HCI (RAE 4)	★★★★★+	—	↑+
Colorado Access (RAE 5)	★★+	—	—
CCHA (RAE 6)	★+	—	—
CCHA (RAE 7)	★+	—	—

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

Table 4-8 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

Table 4-8—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	3.415	NS	NA
	Usually vs. Always	2.181	NS	NA

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

- Compared to members who perceived their RAE's customer service always gave the information or help they needed:
  - Members who perceived their RAE's customer service never or sometimes gave the information or help they needed were 3.415 times more likely to provide a lower rating for their RAE.
  - Members who perceived their RAE's customer service usually gave the information or help they needed were 2.181 times more likely to provide a lower rating for their RAE.

Coordination of Care

Table 4-9 provides a summary of findings for the NCQA comparisons, trend analysis, and RAE comparisons for the *Coordination of Care* individual item measure. There were no key drivers identified from the key drivers of low member experience analysis.

Table 4-9—Quality of Care: Coordination of Care Summary

Program/RAE Name	NCQA Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
RMHP (RAE 1)	★★★★★+	▲+	↑+
NHP (RAE 2)	★+	▼+	—
Colorado Access (RAE 3)	★+	—	—
HCI (RAE 4)	★+	—	—
Colorado Access (RAE 5)	★★★★★+	—	↑+
CCHA (RAE 6)	★★+	—	—
CCHA (RAE 7)	★★★+	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th—89th ★★★ 50th—74th ★★ 25th—49th ★ Below 25th
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*
↑ *Indicates the score is statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Indicates the score is statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2023 score is not statistically significantly different than the 2022 score or Colorado RAE Aggregate.*
\+ *Indicates fewer than 100 respondents. 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:

- RAEs/MCOs with low access to care (i.e., *Getting Needed Care*) survey scores should continue to recruit and increase the provider network and expand after-hours appointment availability.
- 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:

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

5. Reader's Guide

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the 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). The most recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[5-1]

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

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures. 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 5-1 lists the measures included in the survey.

[5-1] National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2020.

Figure 5-1—CAHPS Measures

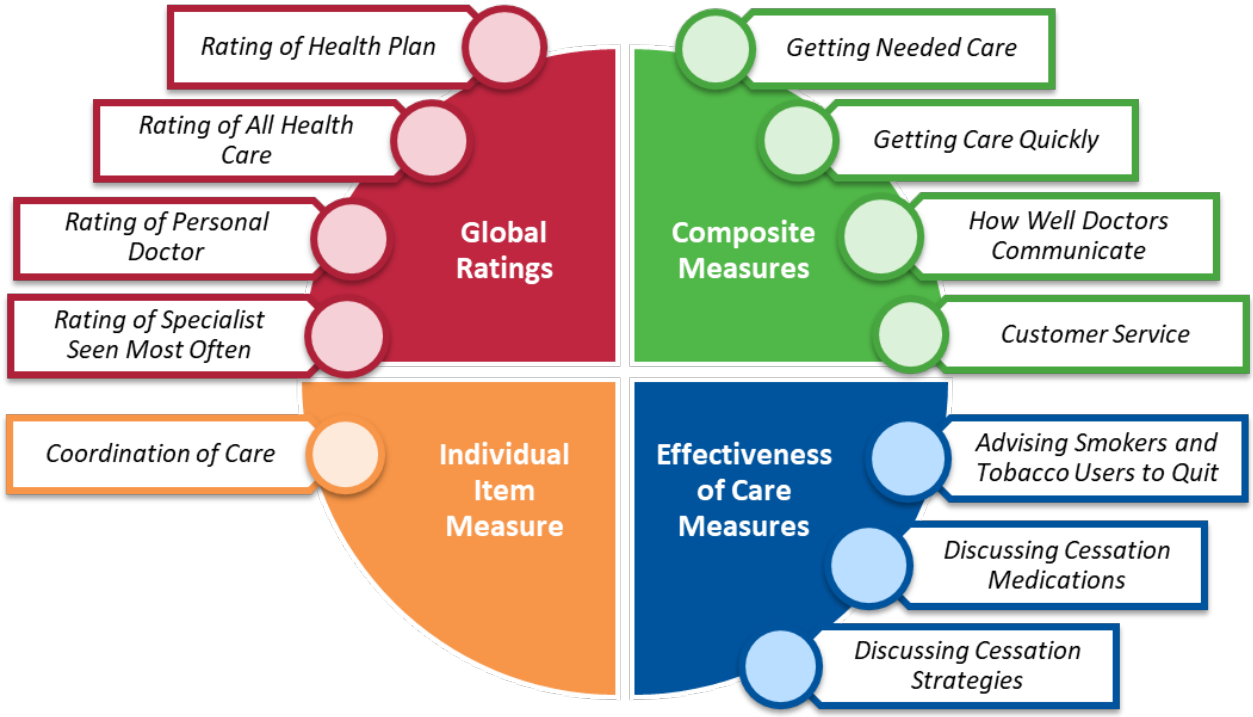


Table 5-1 presents the survey language and response options for the measures.

Table 5-1—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

Question Language	Response Options
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
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

Question Language	Response Options
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, 2022.
- 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, 2022).[5-2]
- Had Medicaid as a payer.

Based on NCQA protocol, MCO members were eligible for the survey if they were 18 years of age or older as of December 31, 2022.

NCQA specifications require a sample size of 1,350 members per MCO and 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. For DHMP and RMHP Prime, a 158 percent and 40 percent oversample was performed, respectively, for a total of 3,483 members selected for DHMP and 1,890 members selected for RMHP Prime.

The selected RAE survey samples were random samples with no more than one member being selected per household. 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). The MCO survey samples were selected following NCQA standardized sampling.

[5-2] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days was allowed.

Survey Protocol

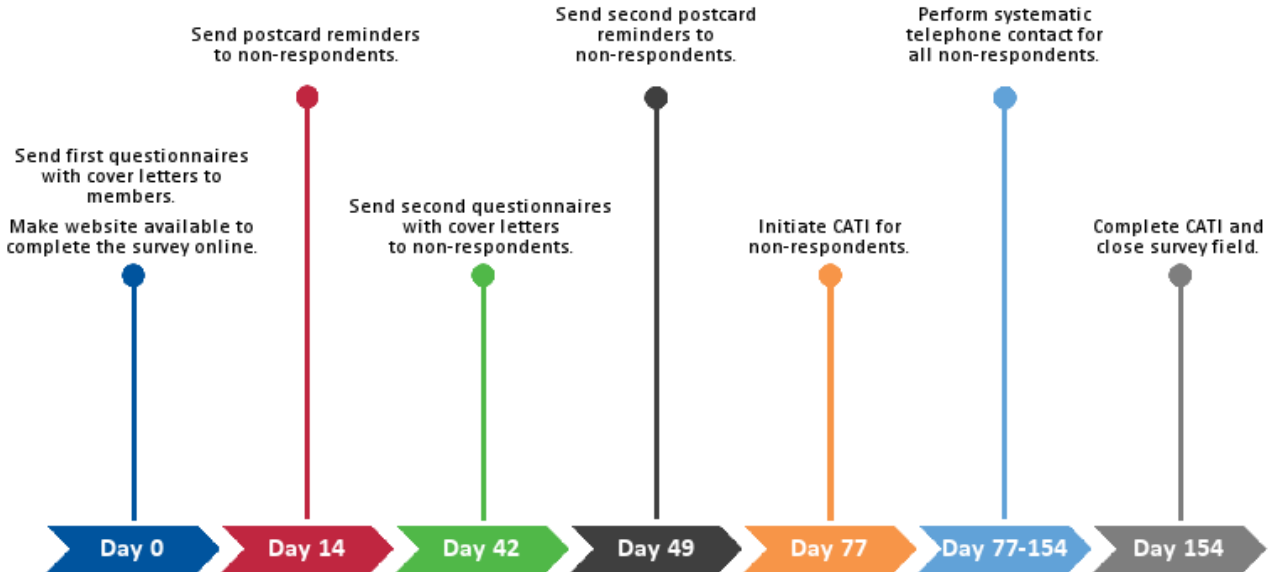
For the RAEs, the first phase consisted of a cover letter being mailed to all sampled members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete 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 first and second cover letters included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). A reminder postcard was sent to all non-respondents, followed by a second survey mailing and a second reminder postcard. The name of the RAE appeared in the questionnaires and cover letters, the letters included the signature of a high-ranking state official, and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys.

The telephone phase consisted of CATI for sampled members who did not complete a survey. A maximum of six CATI calls was made to each non-respondent at different times of the day, on different days of the week, and in different weeks. Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents.

For DHMP, a mixed mode methodology (i.e., mailed surveys followed by telephone interviews of non-respondents with up to three CATI calls) was used for data collection. For RMHP Prime, a mixed mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letters followed by telephone interviews of non-respondents with up to four CATI calls) was used for data collection. Respondents were given the option of completing the survey in English or Spanish for DHMP and RMHP Prime.

Figure 5-2 shows the mixed-mode (i.e., mail and website followed by telephone follow-up) timeline used in the survey administration for the RAEs.

Figure 5-2—Mixed-Mode Methodology Survey Timeline



Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of the HEDIS Specifications for Survey Measures.[5-3] 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 5-4), had a language barrier, or were mentally or physically incapacitated.

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

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

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 benefit from QI activities. Table 5-2 depicts the survey items that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

Table 5-2—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)

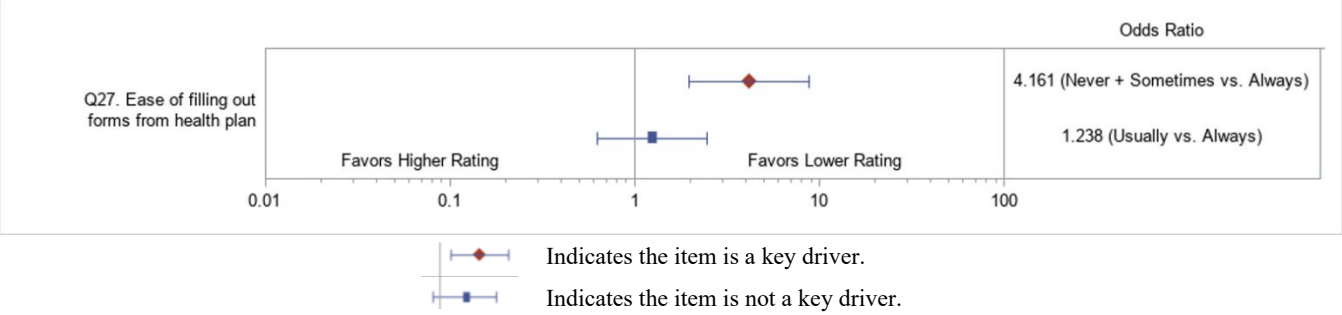
For each item evaluated, HSAG assigned 3 (Satisfied) to each item's baseline response ("Always"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses ("Never" or "Sometimes"). HSAG calculated the relationship between the item's response and performance 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 5-3, 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 5-3—Key Drivers of Low Member Experience: Rating of Health Plan



Demographics

The demographic analysis evaluated self-reported demographic information from survey respondents. In general, the demographics of a response group influence overall member experience scores. For example, healthier members tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties. Table 5-3 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 5-3—Demographic Items Analyzed

Demographic Category	Survey Question Number
Age	36
Gender	37
Race	40
Ethnicity	39
Education Level	38
General Health Status	29
Mental or Emotional Health Status	30

Respondent Analysis

HSAG evaluated the demographic characteristics of RAE members (i.e., age, gender, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of 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 should 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.[5-4] A "top-box" response was defined as follows:

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

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 composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores).

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

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. The 2023 scores presented follow NCQA's methodology of calculating a rolling average using the current and prior year's results. Since HSAG did not administer the CAHPS survey for the RAEs in 2021 (i.e., 2021 results are not available), the 2022 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 only; therefore, the 2022 scores presented do not follow NCQA's methodology of calculating a rolling average using two years of results. Please exercise caution when reviewing the trend analysis results for

[5-4] National Committee for Quality Assurance. *HEDIS® Measurement Year 2022*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2022.

the *Medical Assistance With Smoking and Tobacco Use Cessation* measures, as the 2023 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 or 2023.

NCQA Comparisons

HSAG compared the scores to NCQA's 2022 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[5-5] Table 5-4 shows the percentiles that were used to determine star ratings.

Table 5-4—Star Rating Percentiles

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

Weighting

For purposes of the trend analysis and RAE comparisons, HSAG calculated a weighted score for the Colorado RAE Aggregate based on each RAE's total eligible population for the corresponding year.

The weighted score was:

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

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

[5-5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022.

Trend Analysis

To evaluate trends in members' experiences with the RAEs and MCOs, HSAG compared the 2023 top-box scores to the 2022 top-box scores. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. Scores that were statistically significantly higher in 2023 than in 2022 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2023 than in 2022 are noted with black downward (▼) triangles. Scores in 2023 that were not statistically significantly different from scores in 2022 are not noted with triangles.

RAE Comparisons

HSAG performed comparisons to identify if members' experiences with the RAEs were statistically significantly different than the Colorado RAE Aggregate. HSAG applied two types of hypothesis tests to the comparative results. First, HSAG calculated a global *F* test, which determined whether the difference between the RAEs' scores was significant.

The score was:

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

The *F* statistic was determined using the formula below, where *P* is the number of entities being compared (i.e., 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 RAE-level differences (i.e., $p < 0.05$), then HSAG performed a *t* test for each RAE.

The *t* test determined whether each 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 Δ_p was:

$$\hat{V}(\Delta_p) = \left(1 - \frac{1}{P}\right)^2 \hat{V}_p + \frac{\sum^*_{p'} \hat{V}_{p'}}{P^2}$$

The *t* statistic was:

$$\frac{\Delta_p}{\sqrt{\hat{V}(\Delta_p)}}$$

and had a *t* distribution with *n – P – (number of case-mix adjusters)* degrees of freedom. This statistic also produced *p* values that were slightly larger than they should have been; therefore, finding significant differences was less likely.

Case-Mix Adjustment

Given that variances in 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 or emotional health status, education level, and age. Case-mix adjusted scores were calculated using the following formula:

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

Where net adjustment was calculated using the following equation:

$$Net\ Adjustment = (RAE\ Adjuster's\ Mean - Program\ Adjuster's\ Mean)\ x\ Coefficient$$

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

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

CAHPS Database Benchmarks

A total of 40 states submitted 2022 data to the CAHPS Health Plan Survey Database for the adult Medicaid population with a combined total of 50,336 respondents, with 1,637 of these respondents from Colorado.[5-6] Data collected through the CAHPS Health Plan Survey Database from 2022 are based on

[5-6] Agency for Healthcare Research and Quality. The CAHPS Databases. *2022 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2022-hp-chartbook.pdf. Accessed on: July 27, 2022.

responses to the 5.1/5.1H versions of the CAHPS Health Plan Survey. Since 2023 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2022 CAHPS Database benchmarks to the 2023 Colorado RAE and MCO CAHPS survey results.

Case-Mix Adjustment

While data for the RAEs have been adjusted for differences in survey-reported member general health status, mental or emotional health status, age, and education level, 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 this report examines whether members report differences with various aspects of their health care experiences, 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.[5-7] To identify potential non-response bias, HSAG compared the 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 higher top-box response than late respondents for the *Rating of Personal Doctor* global rating. Results indicate that early MCO respondents are statistically significantly more likely to provide a lower top-box response than late respondents for the *How Well Doctors Communicate* composite measure. The Department should consider that potential non-response bias may exist when interpreting CAHPS results for these measures for each respective population.

[5-7] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

6. Survey Instrument

The survey instrument selected was the CAHPS 5.1 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, 2022?

- ○ 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