



# CHP+

Child Health Plan *Plus*

## 2024 Member Experience Report

### Colorado Child Health Plan *Plus* (CHP+)

*September 2024*

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



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# 1. Executive Summary

## CAHPS 5.1 Child Medicaid Health Plan Survey

### Performance Highlights

START SURVEY: 12.12.23 FINISH SURVEY: 05.22.24 TOTAL SAMPLE SIZE: 7,162 RESPONSE RATE: 14.69%

#### STRENGTHS

#### OPPORTUNITIES FOR IMPROVEMENT

### National Comparisons

Comparison of top-box scores to NCQA national percentiles to identify star ratings			
Above 90th Percentile ★★★★★		Below 25th Percentile ★	
Colorado CHP+ Program			
General Child Population			
Rating of Specialist Seen Most Often		Rating of Health Plan	Customer Service
CCC Population			
The 2024 scores were not above the 2023 NCQA CCC Medicaid national 90th percentiles for any measure.		Rating of Health Plan	Rating of All Health Care
		Getting Care Quickly	Customer Service
		Coordination of Care for Children with Chronic Conditions	Access to Specialized Services
			Access to Prescription Medicines

### Trend Analysis

Comparison of top-box scores to prior years' scores to identify statistically significant differences			
Statistically Significantly Higher		Statistically Significantly Lower	
2024 Compared to 2023 ▲	2024 Compared to 2022 ▲	2024 Compared to 2023 ▼	2024 Compared to 2022 ▼
Colorado CHP+ Program – General Child Population			
The 2024 scores were not statistically significantly higher or lower than the 2023 or 2022 scores for any measure.			

### Plan Comparisons

Comparison of plan-level, case-mix adjusted top-box scores to the Colorado CHP+ Program to identify statistically significant differences			
Statistically Significantly Higher ↑		Statistically Significantly Lower ↓	
The 2024 plan scores were not statistically significantly higher than the Colorado CHP+ Program for any measure.		RMHP: Rating of All Health Care	RMHP: Rating of Personal Doctor

### 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"			
Colorado CHP+ Program – General Child Population			
Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker			✓
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓
Q29. Child's personal doctor showed respect for what the parent/caretaker said			✓
Q31. Child's personal doctor explained things in an understandable way for the child			✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers			✓
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff		✓	NA
Q48. Ease of filling out forms from the child's health plan	✓		NA
NA Indicates the survey item was not evaluated for this measure.			

NCQA – National Committee for Quality Assurance    CHP+ – Child Health Plan Plus    CCC – Children with Chronic Conditions    RMHP – Rocky Mountain Health Plans

Colorado’s Quality Strategy includes the administration of surveys to members enrolled in the Child Health Plan *Plus* (CHP+) health plans listed in Table 2-1.

**Table 2-1—Participating CHP+ Health Plans**

	Abbreviation
Colorado Access	COA
Denver Health Medical Plan	DHMP
Kaiser Permanente	Kaiser
Rocky Mountain Health Plans	RMHP

RMHP used a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) survey vendor to administer its own CAHPS survey and submitted the data to Health Services Advisory Group, Inc. (HSAG) for inclusion in this report.<sup>2-1,2-2</sup> The Colorado Department of Health Care Policy & Financing (the Department) contracted with HSAG to administer and report the results of the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and Children with Chronic Conditions (CCC) measurement set for the other three CHP+ health plans. The goal of the CAHPS Health Plan Surveys is to provide feedback that is actionable and will aid in improving the overall experiences of the parents/caretakers of child members. The parents/caretakers of child members from COA, DHMP, and Kaiser completed the surveys from December 2023 to May 2024.

## Survey Administration and Response Rates

### Survey Administration

COA, DHMP, and Kaiser CHP+ members were eligible for the survey if they were enrolled in the CHP+ health plan at the time the sample was drawn, continuously enrolled for at least five of the six months of the measurement period (April 1 to September 30, 2023), and 17 years of age or younger as of September 30, 2023. HSAG sampled up to 1,980 child members from each CHP+ health plan. DHMP did not have 1,980 eligible members for inclusion in the survey; therefore, each member from DHMP’s eligible population was included following household deduplication for a sample size of 1,268 members. Based on NCQA protocol, RMHP members were eligible for the survey if they were enrolled in the CHP+ health plan at the time the sample was drawn, continuously enrolled for at least five of the six

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

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

months of the measurement period (July 1 to December 31, 2023), and 17 years of age or younger as of December 31, 2023. A total of 1,934 child members were sampled for RMHP. For more detailed information on the sampling procedures, please refer to the Reader’s Guide section beginning on page 6-6.

For each of the CHP+ health plans, the survey process employed allowed parents/caretakers of child members three methods by which they could complete the survey in English or Spanish: (1) mail, (2) Internet, or (3) telephone. For more detailed information on the survey protocol, please refer to the Reader’s Guide section beginning on page 6-6.

### Response Rates

Table 2-2 shows the total number of members sampled, the number of ineligible and eligible members, the number of surveys completed (i.e., total respondents), and the response rates for all participating CHP+ health plans and the Colorado CHP+ Program (i.e., four CHP+ health plans combined).<sup>2-3</sup> The response rate is the total number of completed surveys divided by all eligible members of the sample.<sup>2-4</sup> A survey was considered completed if at least three of the following five specific questions were answered: 3, 25, 40, 44, and 49. For more detailed information on the calculation of response rates, please refer to the Reader’s Guide on page 6-8.

**Table 2-2—Sample Distribution and Response Rates**

	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
<b>Colorado CHP+ Program</b>	<b>7,162</b>	<b>207</b>	<b>6,955</b>	<b>1,022</b>	<b>14.69%</b>
COA	1,980	71	1,909	278	14.56%
DHMP	1,268	45	1,223	218	17.83%
Kaiser	1,980	56	1,924	267	13.88%
RMHP	1,934	35	1,899	259	13.64%

<sup>2-3</sup> The numbers in Table 2-2 will not match the final, reconciled disposition report for the Colorado CHP+ Program since the results in this table include RMHP.

<sup>2-4</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2023.

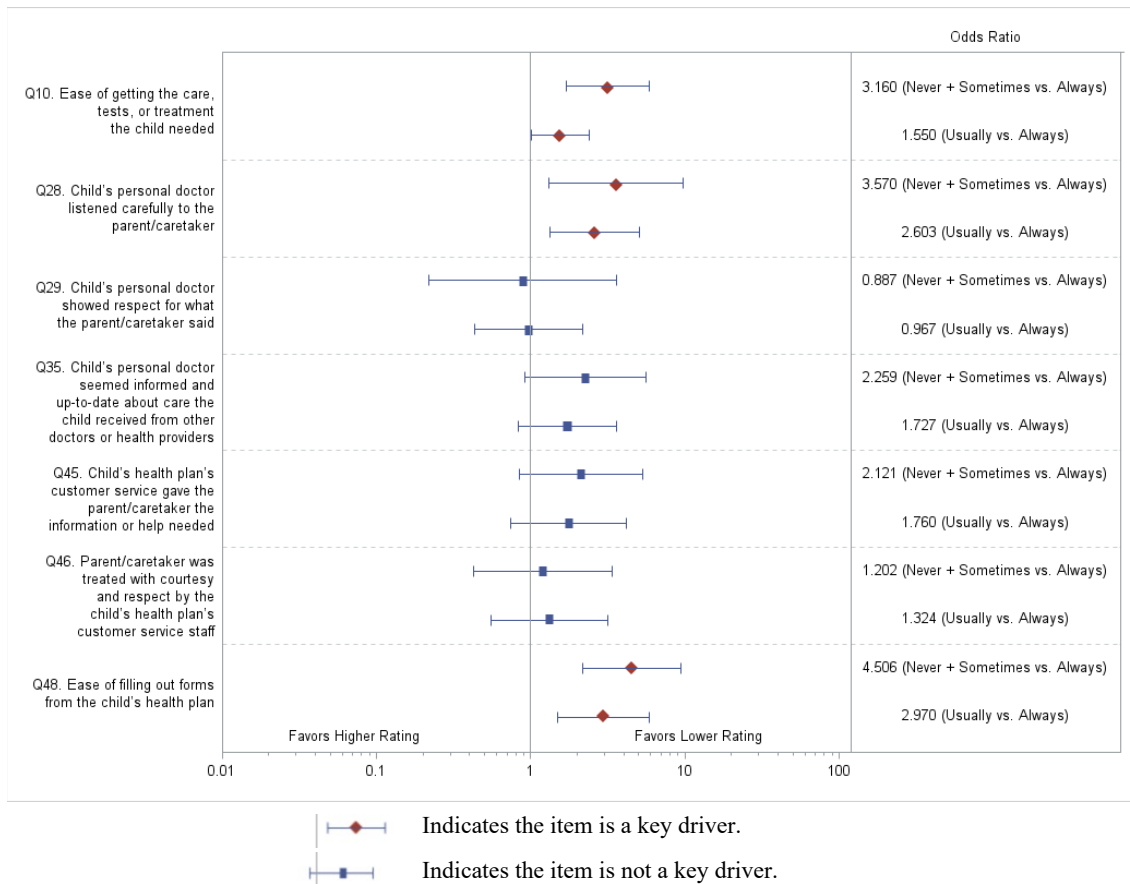
### 3. Key Drivers of Low Member Experience Analysis

HSAG performed an analysis of key drivers of low member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of low member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For more detailed information on the key drivers of low member experience analysis, please refer to the Reader’s Guide section on page 6-9.

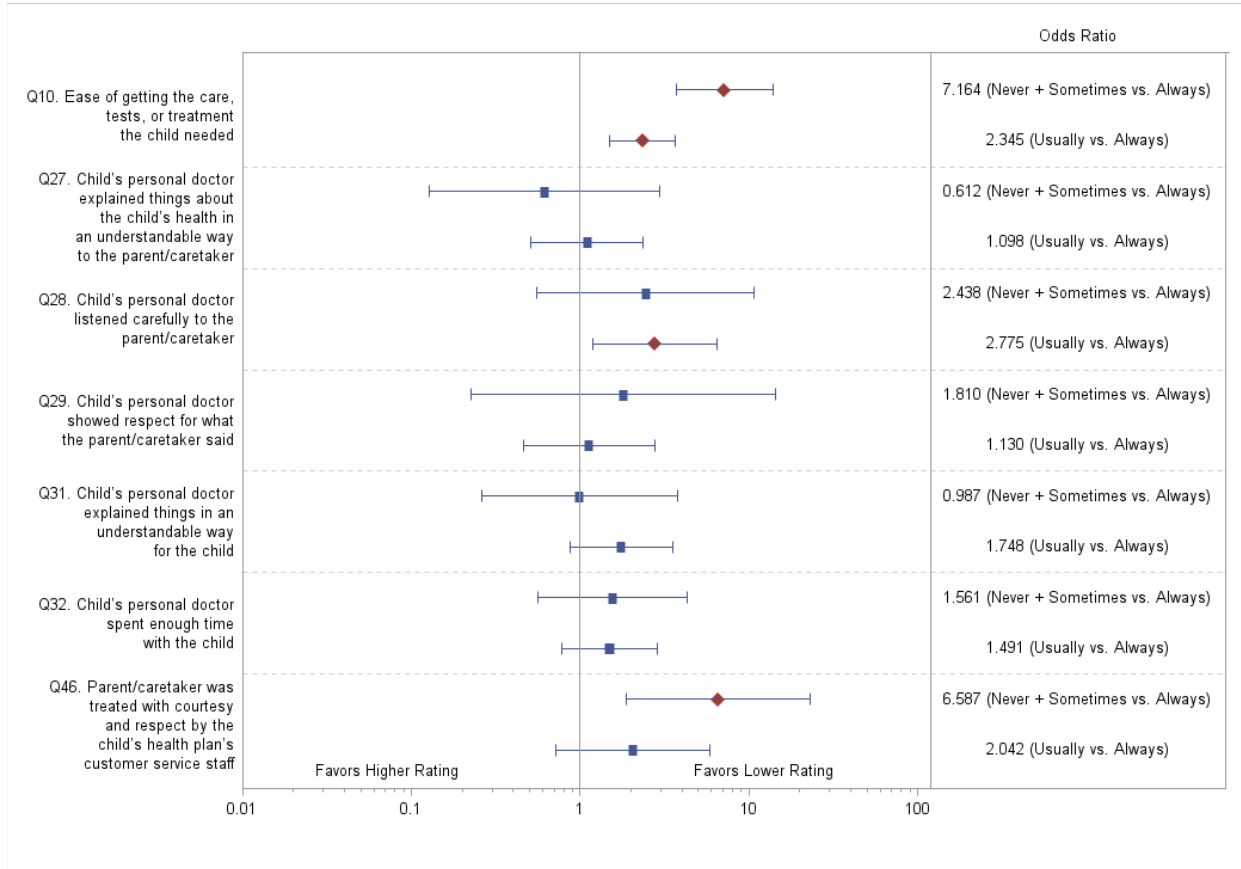
Figure 3-1 through Figure 3-3 depict the results of the analysis for the Colorado CHP+ Program general child population. The items identified as key drivers are indicated with a red diamond.

### Colorado CHP+ Program

**Figure 3-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado CHP+ Program: General Child Population**



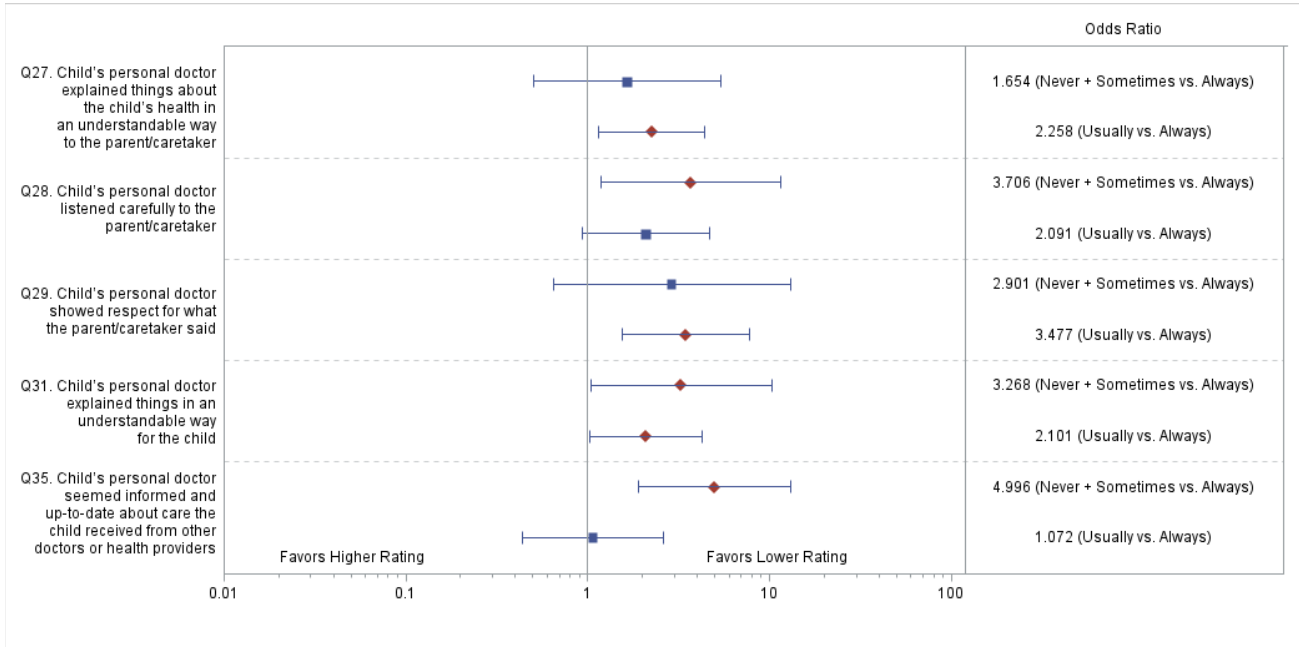
**Figure 3-2—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado CHP+ Program: General Child Population**





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 CHP+ Program: General Child Population**



 Indicates the item is a key driver.  
 Indicates the item is not a key driver.

### General Child Results

The following presents the results for the Colorado CHP+ general child population. Table 4-1 shows the number of completed surveys in 2022, 2023, and 2024.

**Table 4-1—Completed Surveys in 2022, 2023, and 2024**

	2022	2023	2024
COA	305	283	278
DHMP	236	278	218
Friday Health Plans	162	NA	NA
Kaiser	259	258	267
RMHP	353	384	241
<b>Total Respondents</b>	<b>1,315</b>	<b>1,203</b>	<b>1,004</b>

NA Indicates the data are not available since Friday Health Plans no longer provided services in southern Colorado after fiscal year (FY) 2021-2022. Caution should be exercised when comparing results for the 2022 Colorado CHP+ Program to the 2023 and 2024 Colorado CHP+ Program since the 2022 Colorado CHP+ Program results include Friday Health Plans.

These completed surveys were used to calculate the general child results presented in this section. HSAG calculated scores for each measure for the national comparisons, trend analysis, and plan comparisons.<sup>4-1</sup> For more detailed information on the calculation of these measures, please refer to the Reader’s Guide section beginning on page 6-13. For more detailed information on the survey language and response options for the measures, please refer to the Reader’s Guide section beginning on page 6-2.

For 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. Scores with less than 100 respondents are denoted with a cross (+).

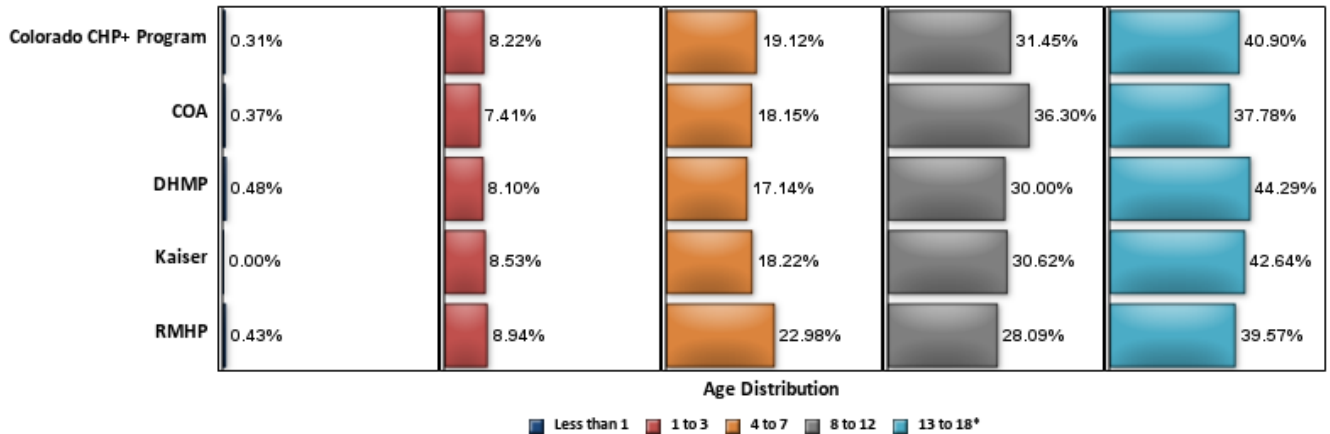
### Child Member Demographics

Figure 4-1 through Figure 4-6 present the demographic characteristics of Colorado CHP+ general child members as reported by the parents/caretakers who completed a survey. In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of experience; therefore, caution should be exercised when

<sup>4-1</sup> HSAG followed HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures for calculating the scores.

comparing populations that have significantly different demographic properties. For more detailed information on the child demographics, please refer to the Reader’s Guide beginning on page 6-11.

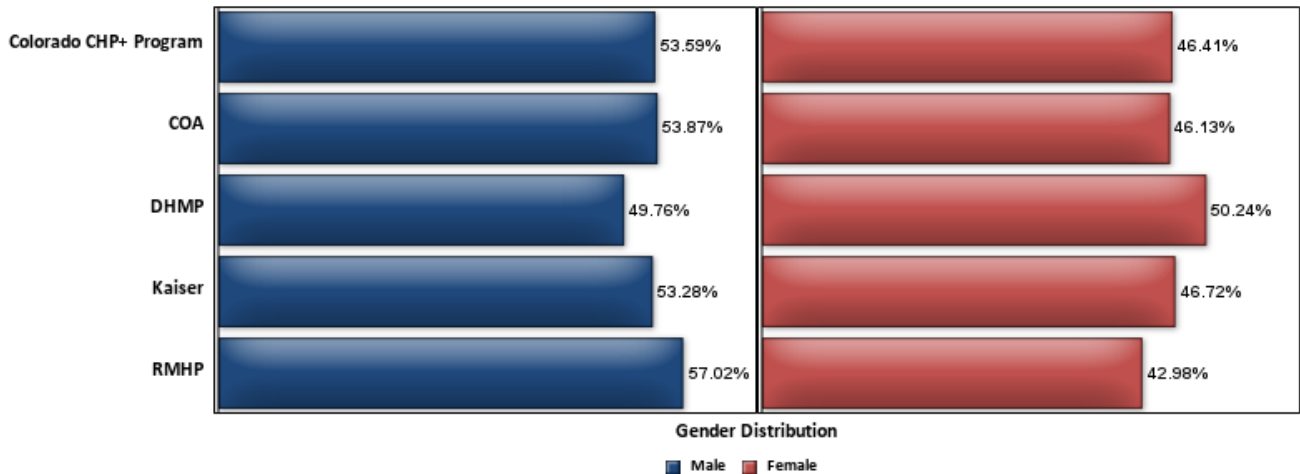
**Figure 4-1—Member Demographics: Age—General Child Population**



*Some percentages may not total 100% due to rounding.*

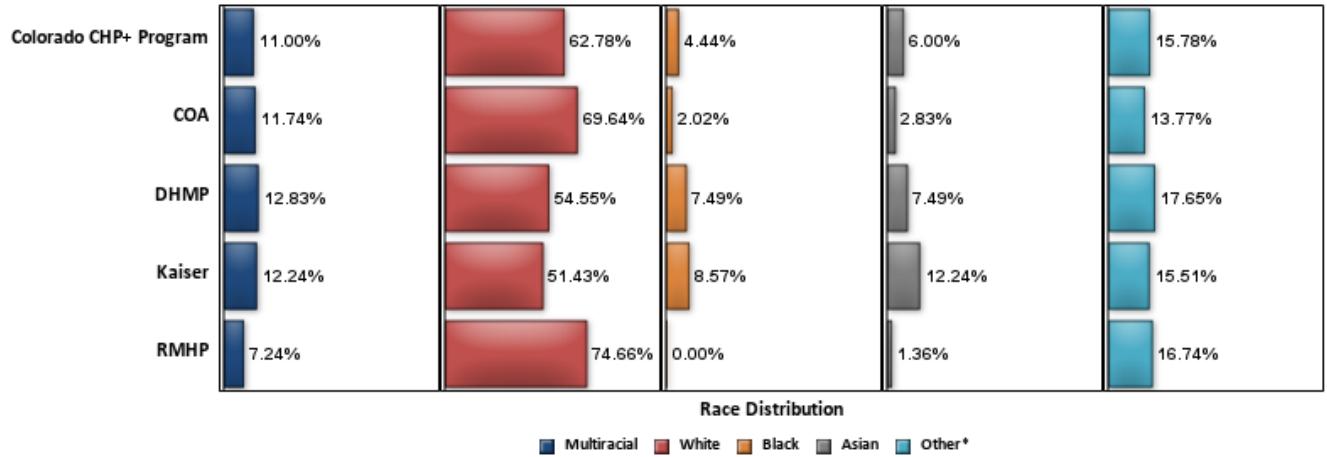
*\*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of the anchor date of the sample frame file. Some children eligible for the CAHPS Survey turned 18 between the anchor date and the time of survey administration.*

**Figure 4-2—Member Demographics: Gender—General Child Population**



*Some percentages may not total 100% due to rounding.*

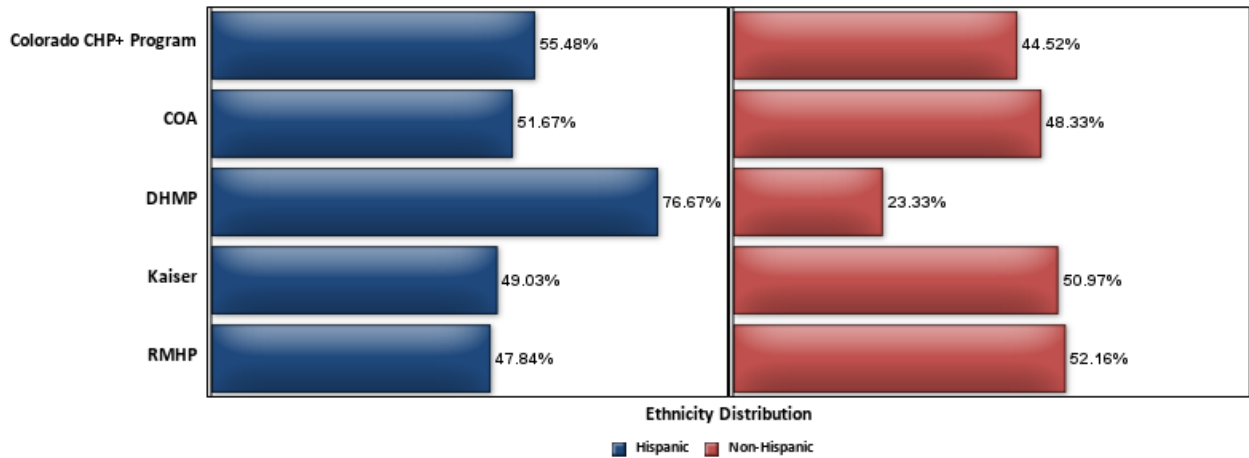
**Figure 4-3—Member Demographics: Race—General Child Population**



*Some percentages may not total 100% due to rounding.*

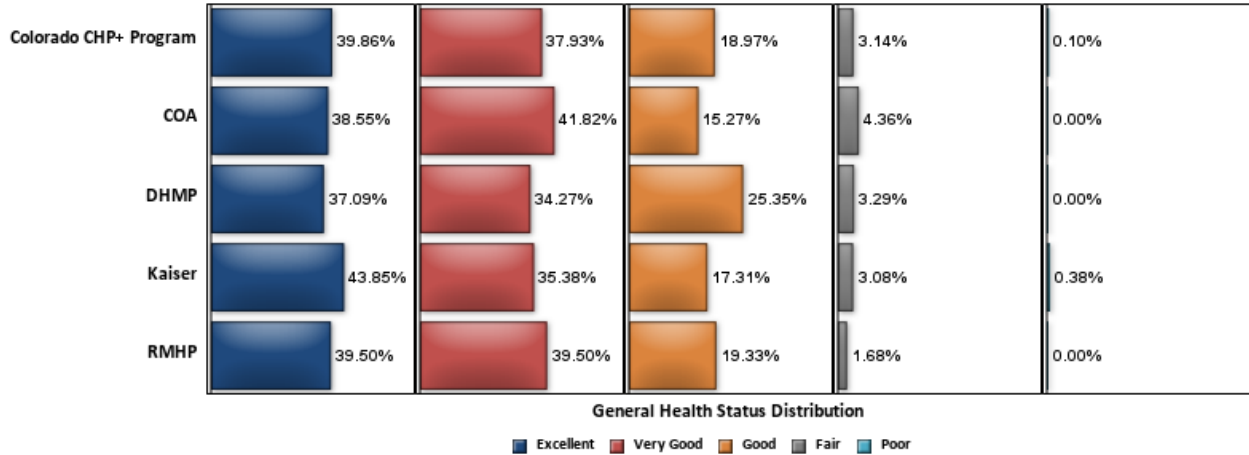
*\*The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

**Figure 4-4—Member Demographics: Ethnicity—General Child Population**



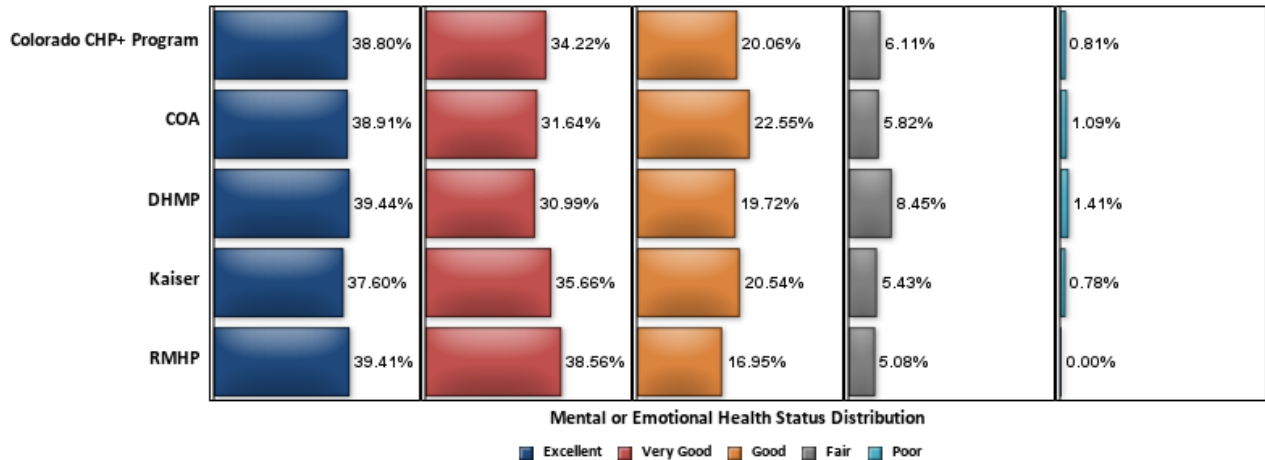
*Some percentages may not total 100% due to rounding.*

**Figure 4-5—Member Demographics: General Health Status—General Child Population**



*Some percentages may not total 100% due to rounding.*

**Figure 4-6—Member Demographics: Mental or Emotional Health Status—General Child Population**

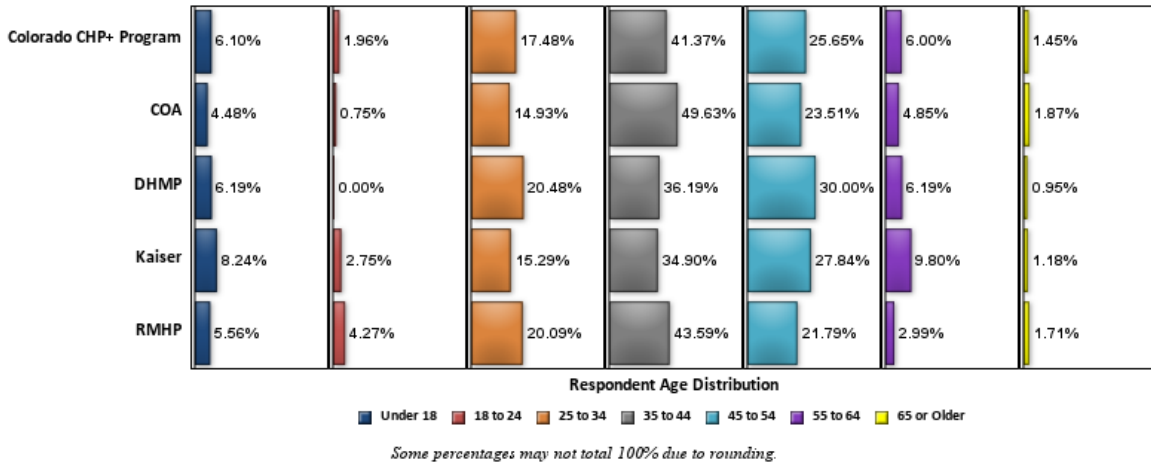


*Some percentages may not total 100% due to rounding.*

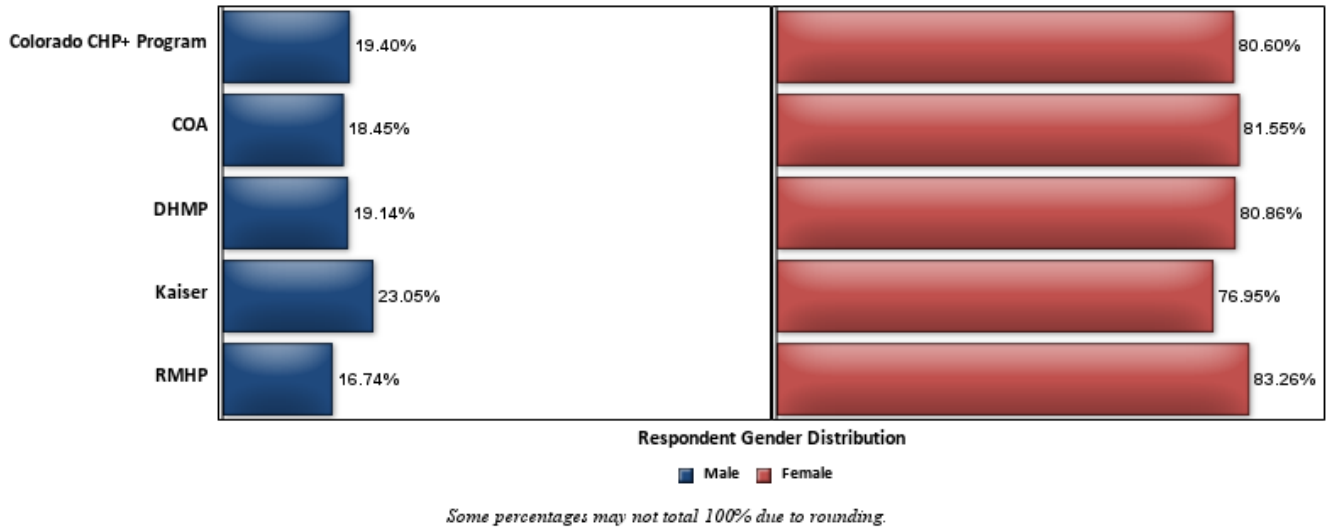
### Respondent Demographics

Figure 4-7 through Figure 4-10 present the self-reported demographic characteristics of parents/caretakers of Colorado CHP+ general child members who completed a survey. For more detailed information on the respondent demographics, please refer to the Reader’s Guide beginning on page 6-11.

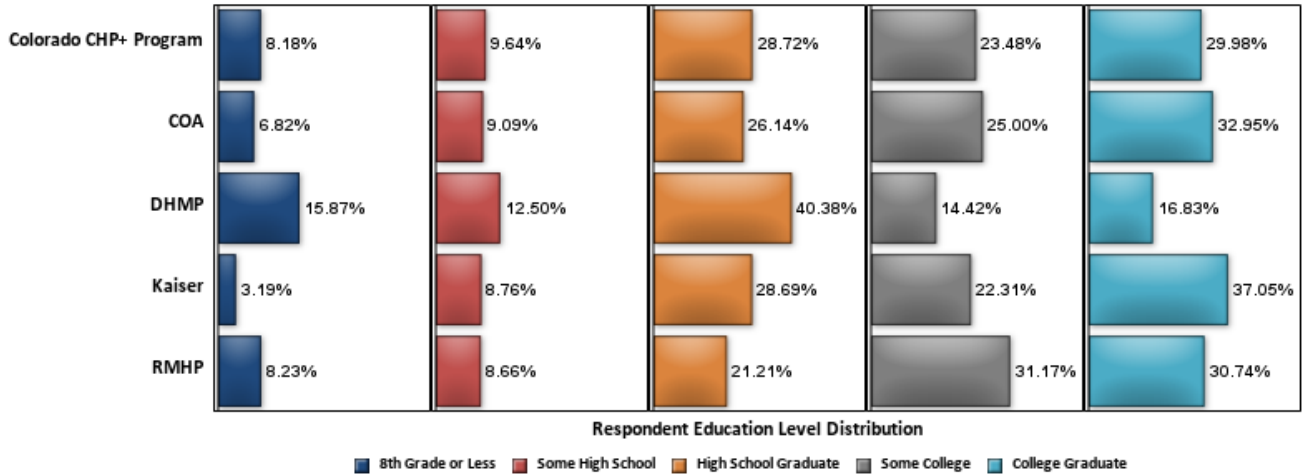
**Figure 4-7—Respondent Demographics: Age—General Child Population**



**Figure 4-8—Respondent Demographics: Gender—General Child Population**

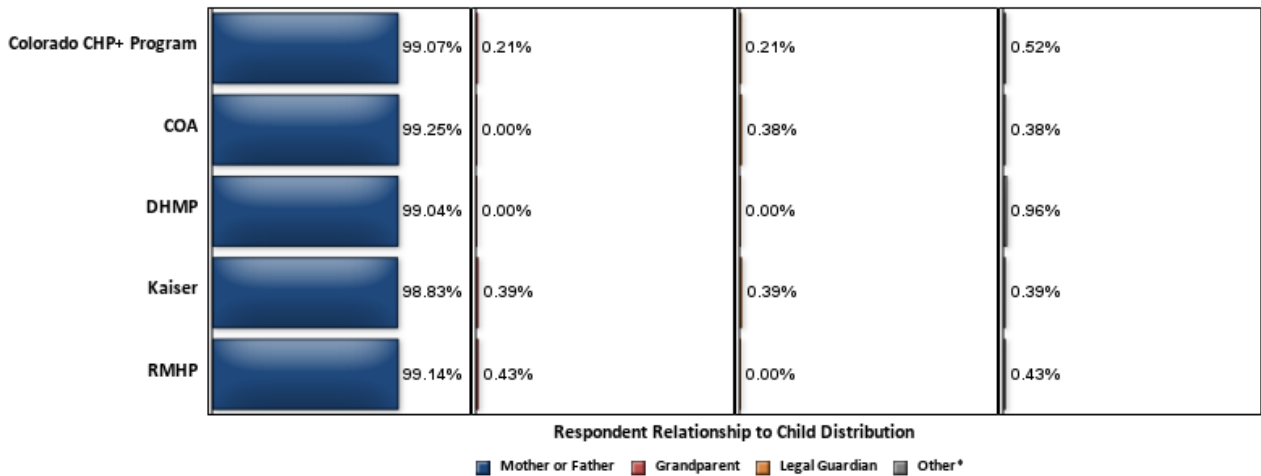


**Figure 4-9—Respondent Demographics: Education Level—General Child Population**



*Some percentages may not total 100% due to rounding.*

**Figure 4-10—Respondent Demographics: Relationship to Child—General Child Population**



*Some percentages may not total 100% due to rounding.*

*\*The "Other" relationship to child category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.*

## **Respondent Analysis**

HSAG compared the demographic characteristics of Colorado CHP+ general child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all Colorado CHP+ members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity.

Table 4-2 presents the results of the respondent analysis for the Colorado CHP+ Program and each CHP+ health plan.<sup>4-2</sup> 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 child member demographics section, which uses responses from the survey as the data source. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual Colorado CHP+ population. For more detailed information on the respondent analysis, please refer to the Reader's Guide beginning on page 6-12.

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<sup>4-2</sup> HSAG did not have access to the sample frame file for RMHP; therefore, HSAG could not perform the respondent analysis for RMHP.



**Table 4-2—Respondent Analysis: General Child Population**

		Colorado CHP+ Program	COA	DHMP	Kaiser
<b>Age</b>					
Less than 1	R	1.18%	1.44%	1.83%	0.37% ↓
	SF	1.60%	1.71%	1.58%	1.20%
1 to 3	R	8.91%	7.55%	9.17%	10.11%
	SF	8.99%	8.37%	10.08%	10.96%
4 to 7	R	18.48% ↓	19.42%	16.97%	18.73%
	SF	21.29%	21.17%	21.97%	21.47%
8 to 12	R	33.94%	36.69%	32.11%	32.58%
	SF	32.90%	33.20%	30.31%	32.84%
13 to 17	R	37.48%	34.89%	39.91%	38.20%
	SF	35.22%	35.56%	36.06%	33.53%
<b>Gender</b>					
Male	R	51.90%	53.24%	49.54%	52.43%
	SF	51.04%	51.53%	48.79%	50.11%
Female	R	48.10%	46.76%	50.46%	47.57%
	SF	48.96%	48.47%	51.21%	49.89%
<b>Race</b>					
White	R	57.87% ↑	38.27%	64.42%	75.13%
	SF	45.33%	39.01%	58.81%	71.19%
Black	R	5.86%	2.06% ↓	9.13%	7.11%
	SF	5.61%	4.00%	11.27%	10.68%
Asian	R	4.48%	1.65%	0.00%	12.69% ↑
	SF	3.12%	2.64%	0.49%	7.57%
Other	R	20.37% ↓	29.63%	26.44%	2.54% ↓
	SF	26.83%	30.05%	29.43%	7.32%
Multiracial	R	11.42% ↓	28.40%	NA	2.54%
	SF	19.11%	24.31%		3.23%
<b>Ethnicity</b>					
Hispanic	R	14.98%	18.22%	6.00%	12.82%
	SF	16.53%	17.40%	6.65%	12.92%
Non-Hispanic	R	85.02%	81.78%	94.00%	87.18%
	SF	83.47%	82.60%	93.35%	87.08%
<p>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.            Some percentages may not total 100% due to rounding.            NA Indicates the sample frame data are not available.</p>					

## National Comparisons

In order to assess the overall performance of the Colorado CHP+ general child population, HSAG compared the top-box scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.<sup>4-3,4-4,4-5</sup> 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).<sup>4-6</sup> The percentages represent the top-box scores, while the stars represent the star ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data. For more detailed information on the national comparisons, please refer to the Reader's Guide beginning on page 6-13.

Table 4-3 shows the national comparisons results for the general child population for the Colorado CHP+ Program and each CHP+ health plan.

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<sup>4-3</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>4-4</sup> Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

<sup>4-5</sup> Quality Compass® data were not available for 2024 at the time this report was prepared; therefore, 2023 data were used for this comparative analysis.

<sup>4-6</sup> NCQA's benchmarks for the general child Medicaid population were used to derive the overall member experience ratings, since NCQA does not publish separate benchmarking data for the Children's Health Insurance Program (CHIP); therefore, caution should be exercised when interpreting these results.

**Table 4-3—National Comparisons: General Child Population**

	Colorado CHP+ Program	COA	DHMP	Kaiser	RMHP
<b>Global Ratings</b>					
<i>Rating of Health Plan</i>	★ 62.45%	★ 62.08%	★ 66.51%	★ 62.11%	★ 62.50%
<i>Rating of All Health Care</i>	★★★ 69.88%	★★★★ 72.99%	★★★★★ 74.26%	★★ 67.55%	★ 57.97%
<i>Rating of Personal Doctor</i>	★★ 75.01%	★★ 75.71%	★★★★★ 81.06%	★★★★ 79.27%	★ 65.24%
<i>Rating of Specialist Seen Most Often</i>	★★★★★ 77.10%	★★★★★ 79.25% <sup>+</sup>	★★ 67.86% <sup>+</sup>	★★ 67.57% <sup>+</sup>	★★★★★ 82.22% <sup>+</sup>
<b>Composite Measures</b>					
<i>Getting Needed Care</i>	★★★ 83.09%	★★★ 86.33%	★ 73.56% <sup>+</sup>	★ 78.52% <sup>+</sup>	★ 78.99% <sup>+</sup>
<i>Getting Care Quickly</i>	★★ 85.25%	★★★ 86.62%	★ 80.10% <sup>+</sup>	★ 78.39%	★★★ 88.96%
<i>How Well Doctors Communicate</i>	★★★ 95.12%	★★★★ 95.79%	★★ 93.01% <sup>+</sup>	★★★★ 95.75%	★★ 92.75%
<i>Customer Service</i>	★ 85.40%	★★ 86.96% <sup>+</sup>	★ 74.04% <sup>+</sup>	★ 84.29% <sup>+</sup>	★ 85.32% <sup>+</sup>
<b>Individual Item Measure</b>					
<i>Coordination of Care</i>	★★★ 85.23%	★★★ 86.76% <sup>+</sup>	★★★★ 89.29% <sup>+</sup>	★★ 81.82% <sup>+</sup>	★ 80.77% <sup>+</sup>
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.					

## Trend Analysis and Plan Comparisons

### Trend Analysis

HSAG used the completed surveys and corresponding CHP+ health plans' 2022, 2023, and 2024 results presented in this section for trending purposes.<sup>4-7</sup> The Colorado CHP+ Program's results were weighted based on the total eligible general child population of each CHP+ health plan for the corresponding year. Statistically significant differences are noted with directional triangles (▲, ▼ or ▲, ▼). Scores in 2024 that were not statistically significantly different from scores in previous years are not noted with triangles. CAHPS Health Plan Survey Database (i.e., CAHPS Database) benchmarks and NCQA Medicaid national averages for the general child population are presented for comparative purposes.<sup>4-8,4-9,4-10,4-11,4-12</sup> The top-box scores and number of respondents (N) are presented in the figures for the 2023 CAHPS Database Children's Health Insurance Program (CHIP) benchmarks, Colorado CHP+ Program, and each CHP+ health plan for the general child population only since the data for the NCQA Medicaid national averages are proprietary and not reportable. For more detailed information on the trend analysis, please refer to the Reader's Guide beginning on page 6-14.

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<sup>4-7</sup> HSAG recalculated the 2022 and 2023 top-box scores to report scores out to two decimal places. Therefore, the 2022 and 2023 results in this report will not match previous reports.

<sup>4-8</sup> For the NCQA general child Medicaid national averages, the source for data contained in this publication is Quality Compass<sup>®</sup> 2023 data. National Committee for Quality Assurance. *Quality Compass<sup>®</sup>: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>4-9</sup> Quality Compass<sup>®</sup> 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.

<sup>4-10</sup> Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: <https://datatools.ahrq.gov/cahps>. Accessed on: August 5, 2024. 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 with and without the CCC measurement set. The CAHPS Database calculates top-box scores for the composite and individual item measures using responses of "Always;" therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of "Usually" and "Always" for comparison.

<sup>4-11</sup> CAHPS Database benchmarks and NCQA national averages were not available for 2024 at the time this report was prepared; therefore, 2023 benchmarks and national data are presented in this section.

<sup>4-12</sup> NCQA national averages for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when comparing these results.

## Plan Comparisons

In order to identify performance differences in experiences of care, HSAG compared the CHP+ health plans' results to the Colorado CHP+ Program using standard tests for statistical significance.<sup>4-13</sup> Statistically significant differences between the CHP+ health plan scores and the Colorado CHP+ Program are noted with arrows (↑ or ↓). CHP+ health plan scores that were not statistically significantly different than the Colorado CHP+ Program are not noted with arrows. The top-box scores and number of respondents (N) are presented in the figures for the Colorado CHP+ Program and each CHP+ health plan.

For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. In some instances, the scores presented for two plans were similar, but one was statistically significantly different from the Colorado CHP+ Program and the other was not. In these instances, it was the difference in the number of respondents between the two plans that explains the different statistical results. It is more likely that a statistically significant result will be found in a plan with a larger number of respondents. For more detailed information on the plan comparisons, please refer to the Reader's Guide beginning on page 6-15.

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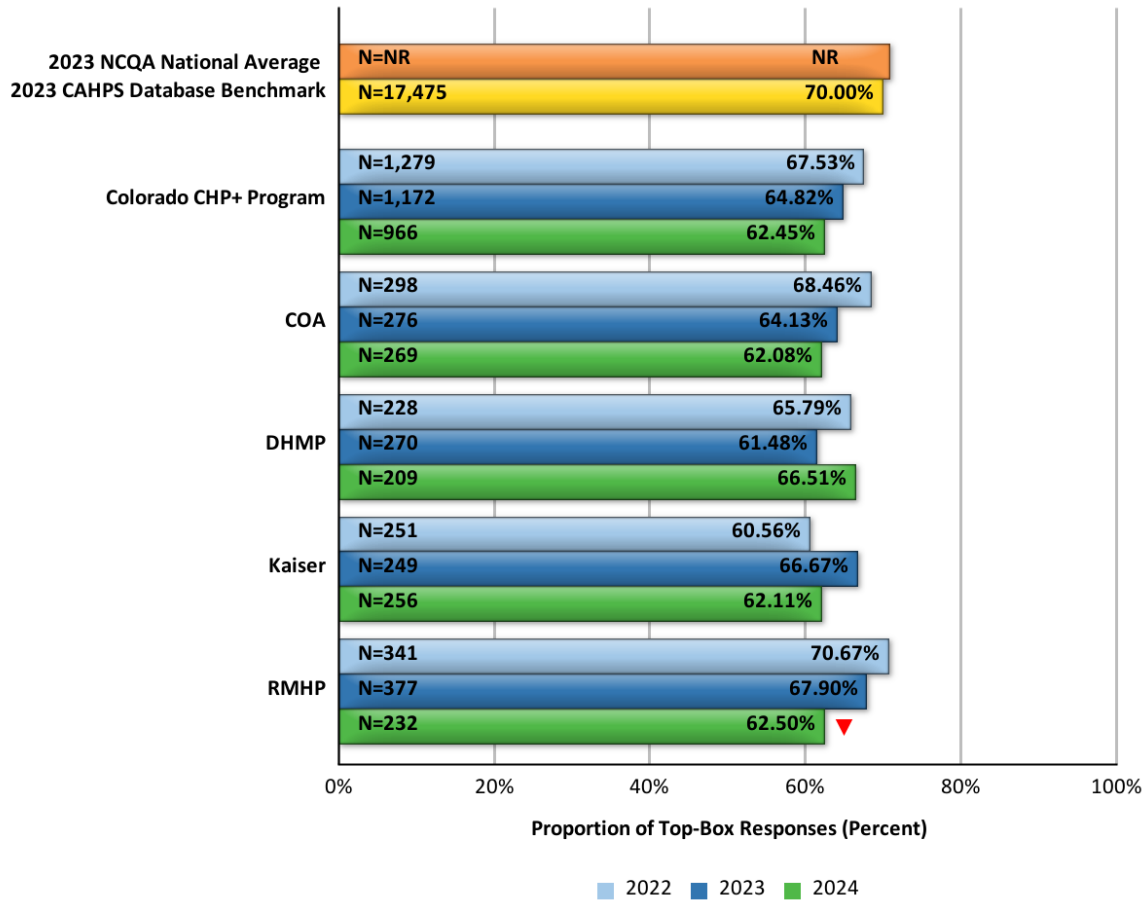
<sup>4-13</sup> Caution should be exercised when evaluating plan comparisons, given that population and plan differences may impact CAHPS results.

## Global Ratings

### Rating of Health Plan

Figure 4-11 shows the trend analysis results for *Rating of Health Plan*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

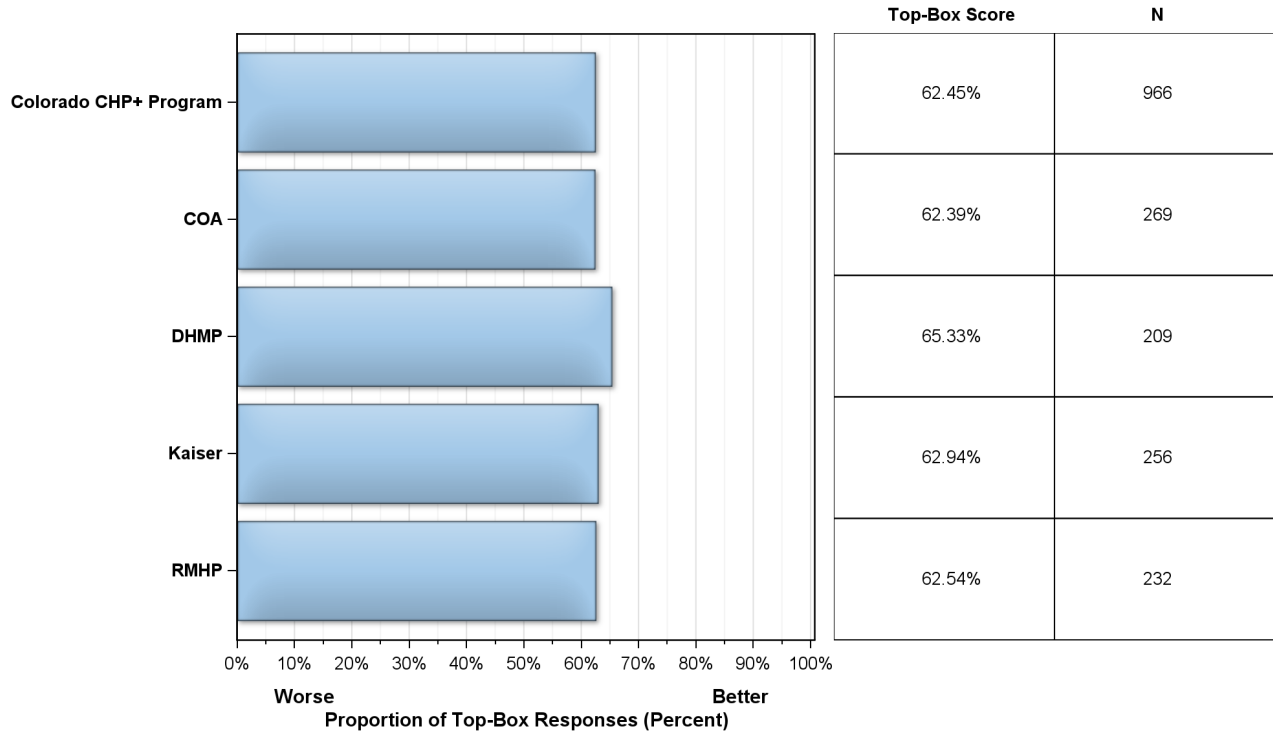
**Figure 4-11—Trend Analysis: Rating of Health Plan (9 or 10)—General Child Population**



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.  
 If no statistically significant differences were found, no indicators (▲, ▼ or ▲, ▼) appear on the figure.  
 NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 4-12 shows the plan comparisons results for *Rating of Health Plan* for the general child population.

**Figure 4-12—Plan Comparisons: Rating of Health Plan (9 or 10)—General Child Population**

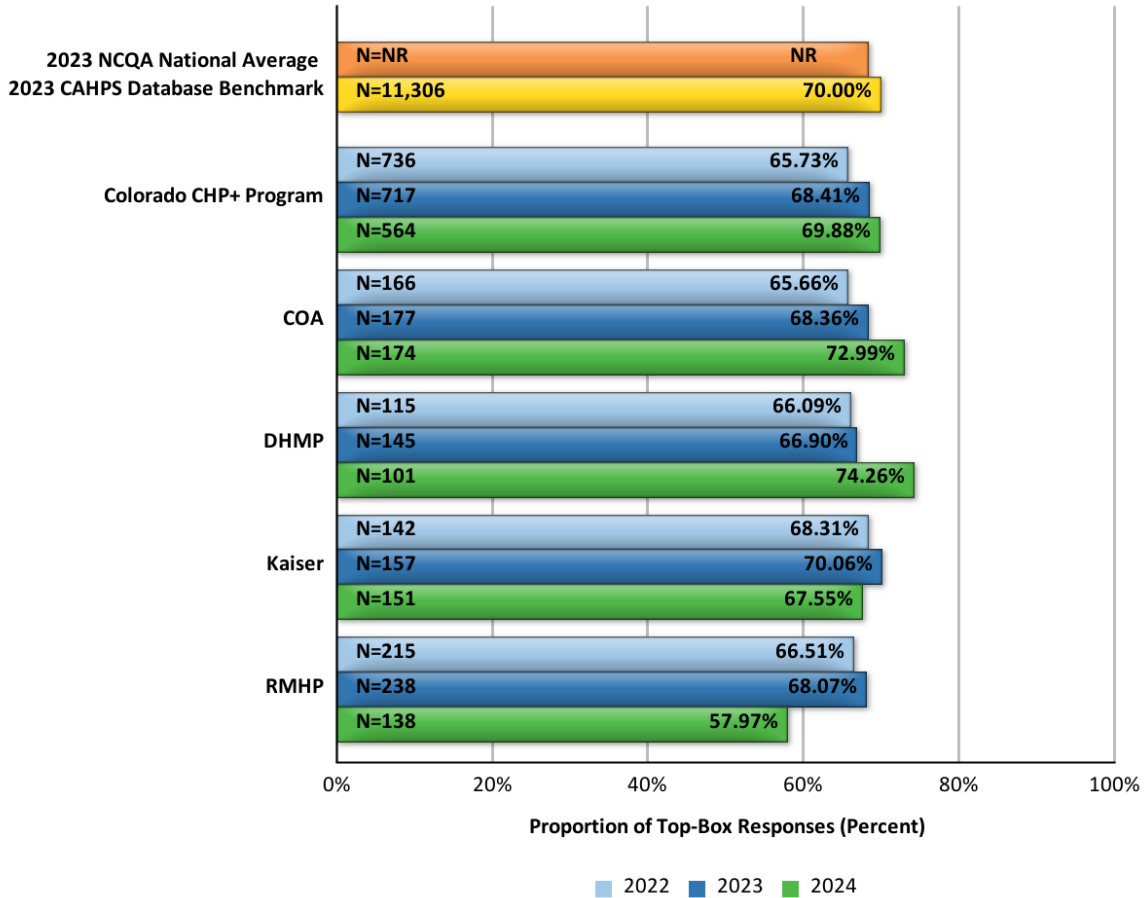


↑ Indicates the plan’s score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan’s score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

**Rating of All Health Care**

Figure 4-13 shows the trend analysis results for *Rating of All Health Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-13—Trend Analysis: Rating of All Health Care (9 or 10)—General Child Population**



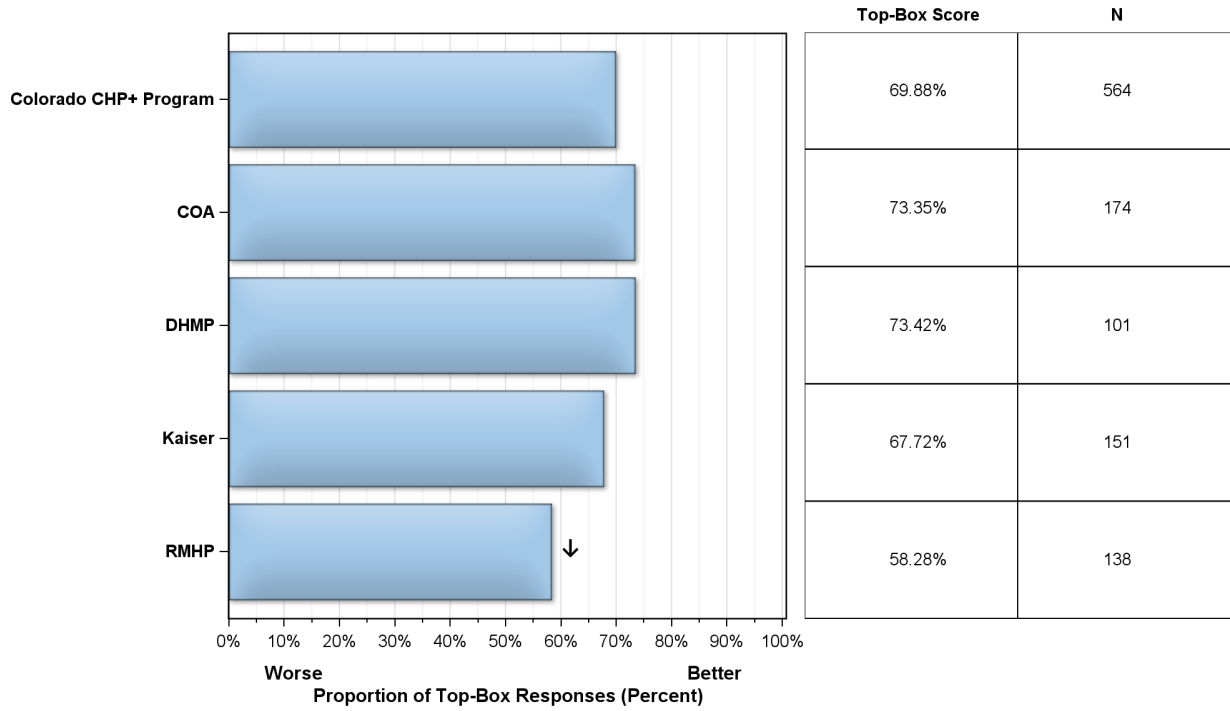
Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicators (▲, ▼ or ▲, ▼) appear on the figure.  
 NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.



Figure 4-14 shows the plan comparisons results for *Rating of All Health Care* for the general child population.

**Figure 4-14—Plan Comparisons: Rating of All Health Care (9 or 10)—General Child Population**

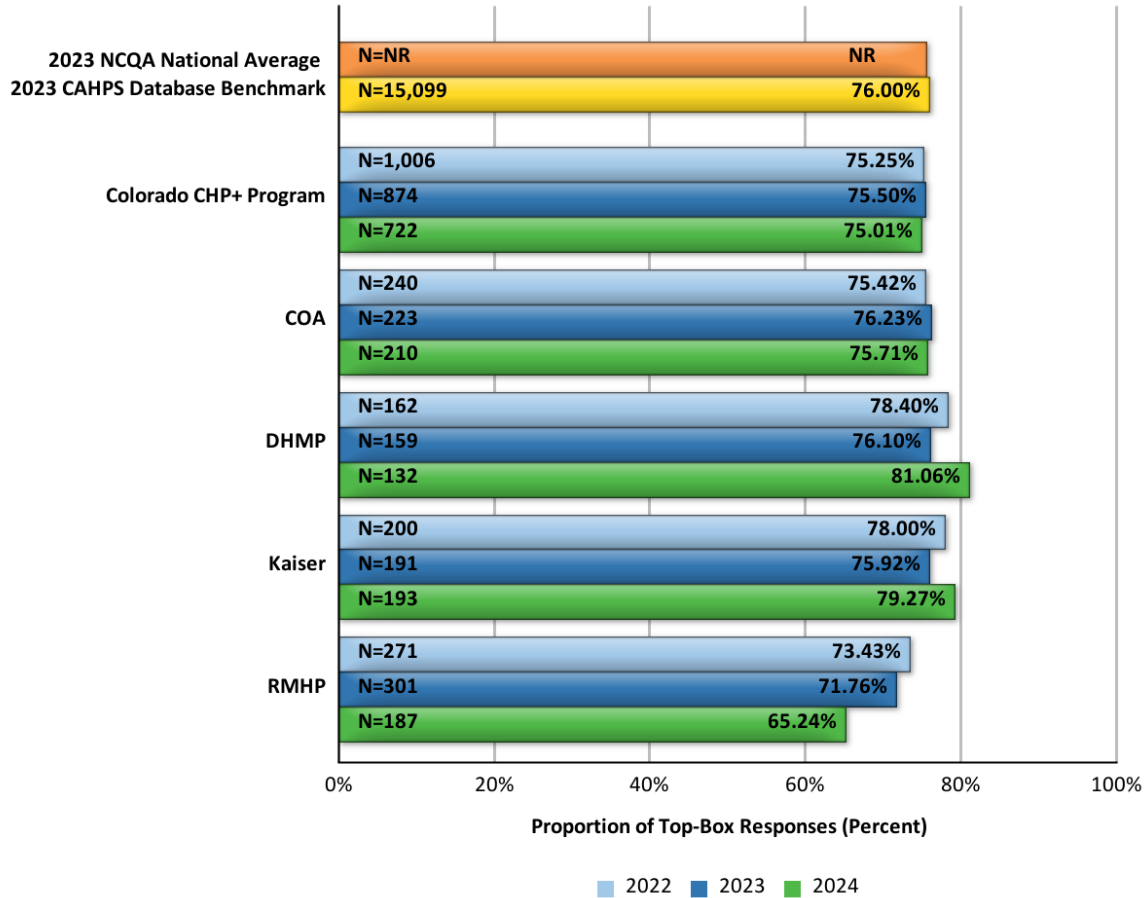


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

**Rating of Personal Doctor**

Figure 4-15 shows the trend analysis results for *Rating of Personal Doctor*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-15—Trend Analysis: Rating of Personal Doctor (9 or 10)—General Child Population**

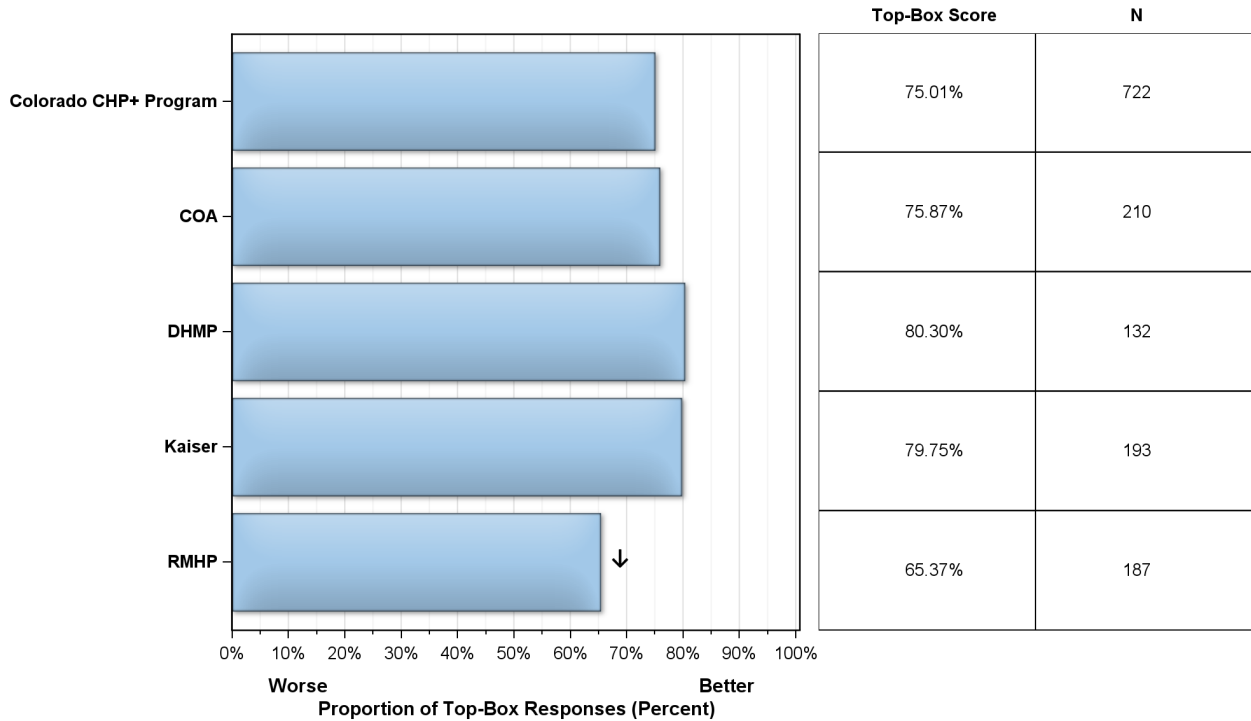


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.

If no statistically significant differences were found, no indicators (▲, ▼ or ▲, ▼) appear on the figure.  
 NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 4-16 shows the plan comparison results for *Rating of Personal Doctor* for the general child population.

**Figure 4-16—Plan Comparisons: Rating of Personal Doctor (9 or 10)—General Child Population**

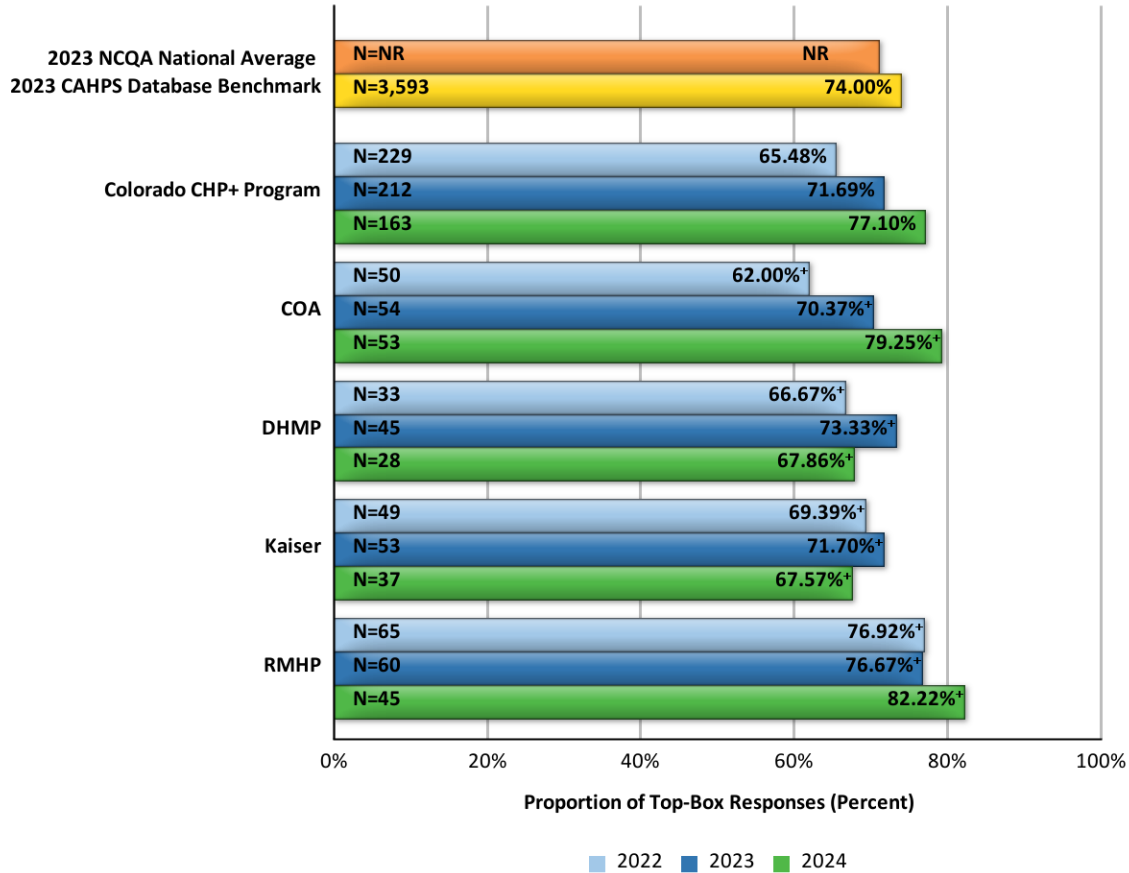


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

**Rating of Specialist Seen Most Often**

Figure 4-17 shows the trend analysis results for *Rating of Specialist Seen Most Often*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-17—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)—General Child Population**

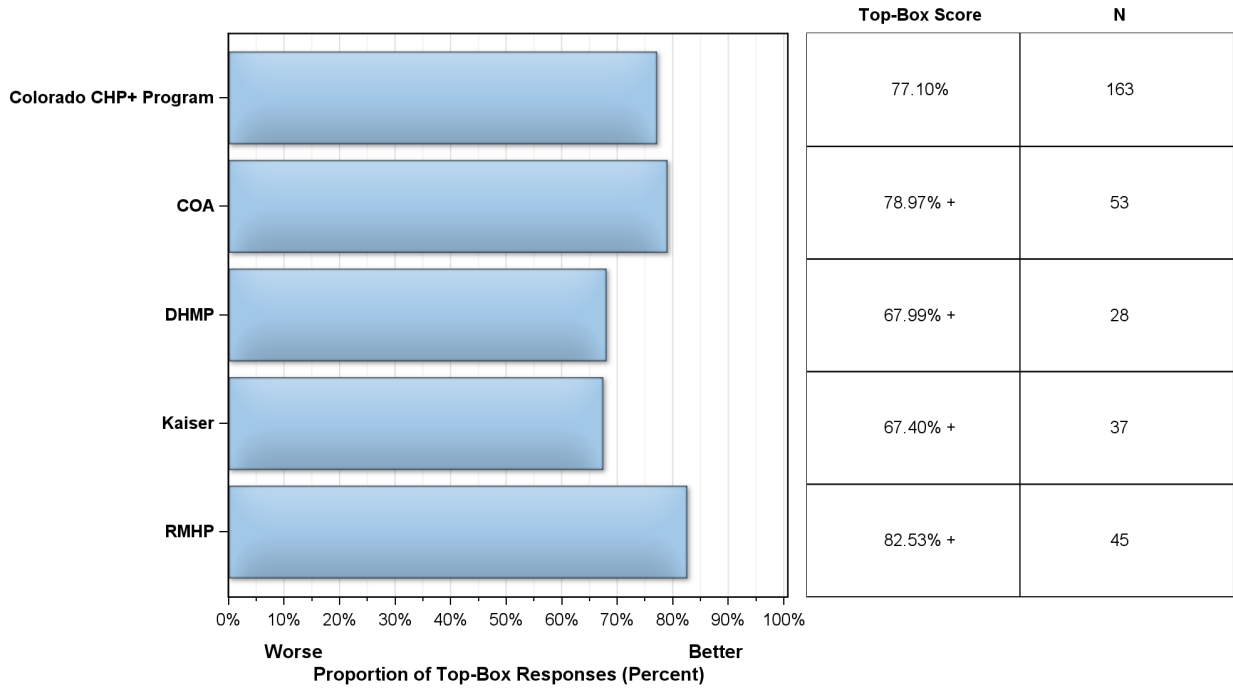


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 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 4-18 shows the plan comparison results for *Rating of Specialist Seen Most Often* for the general child population.

**Figure 4-18—Plan Comparisons: Rating of Specialist Seen Most Often (9 or 10)—General Child Population**



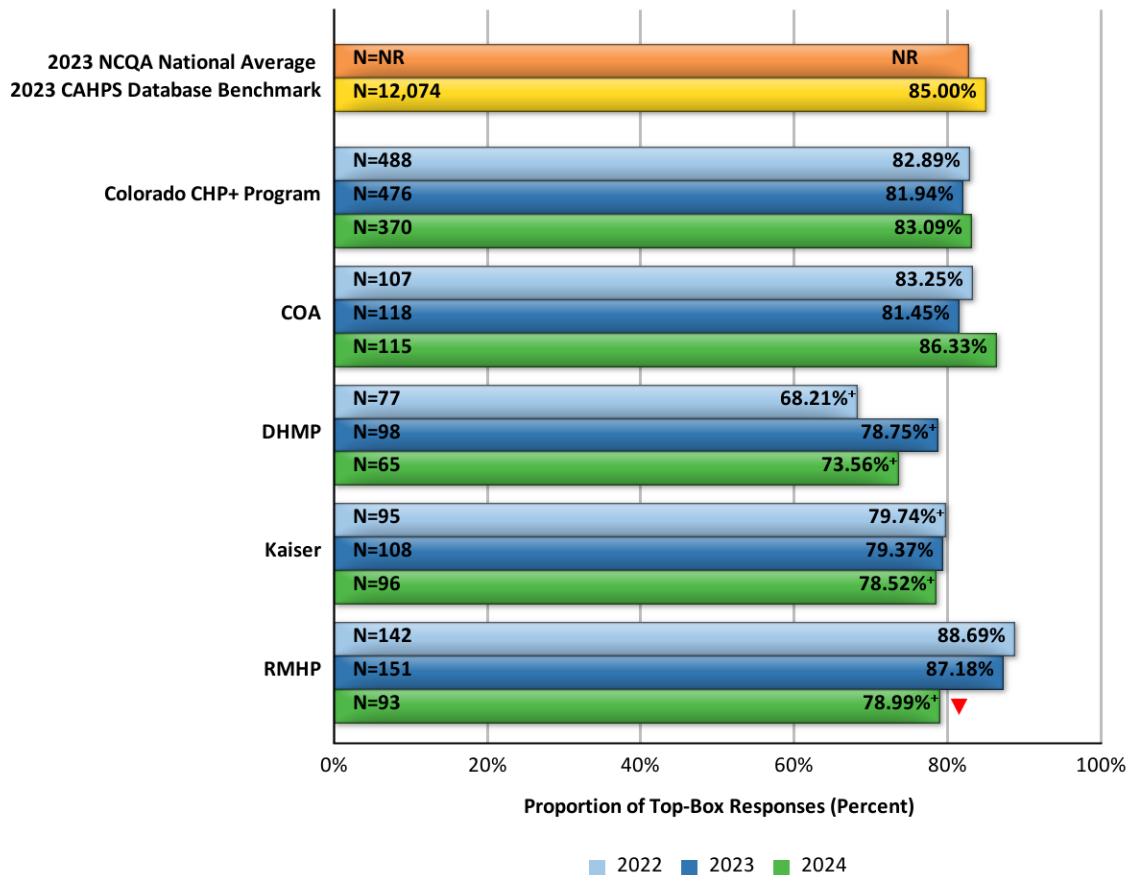
↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.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

## Composite Measures

### Getting Needed Care

Figure 4-19 shows the trend analysis results for *Getting Needed Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-19—Trend Analysis: Getting Needed Care (Usually or Always)—General Child Population**

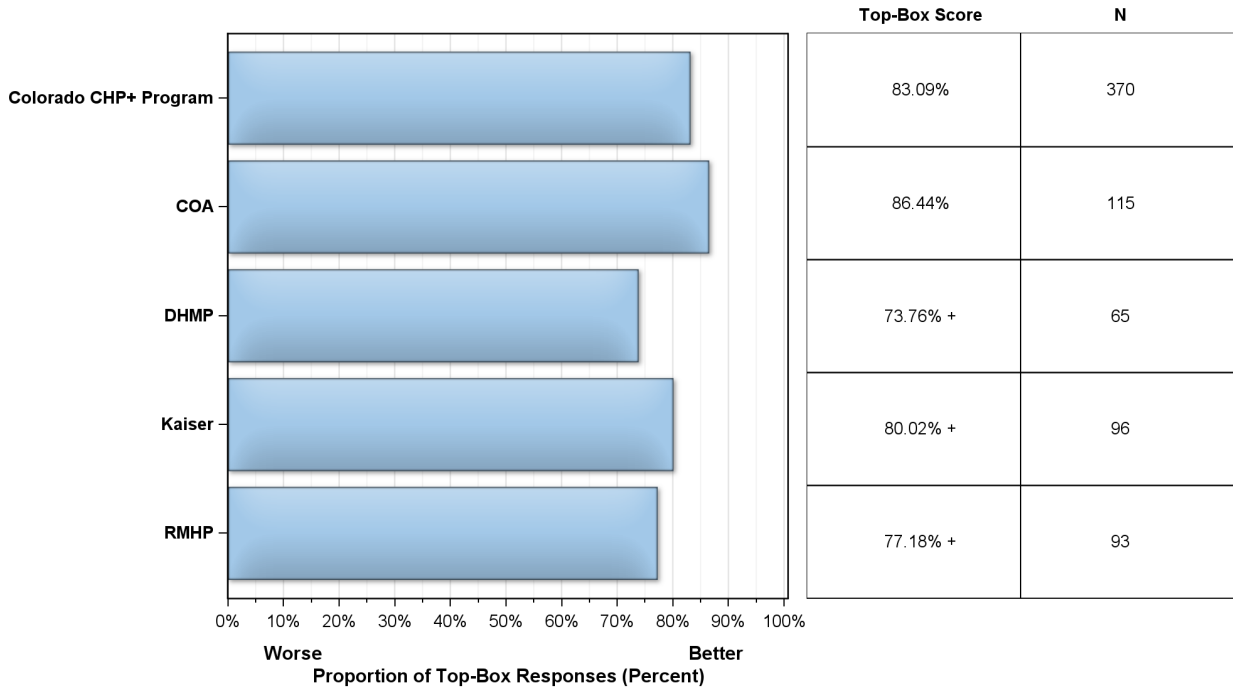


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 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 4-20 shows the comparisons results for *Getting Needed Care* for the general child population.

**Figure 4-20—Plan Comparisons: Getting Needed Care (Usually or Always)—General Child Population**

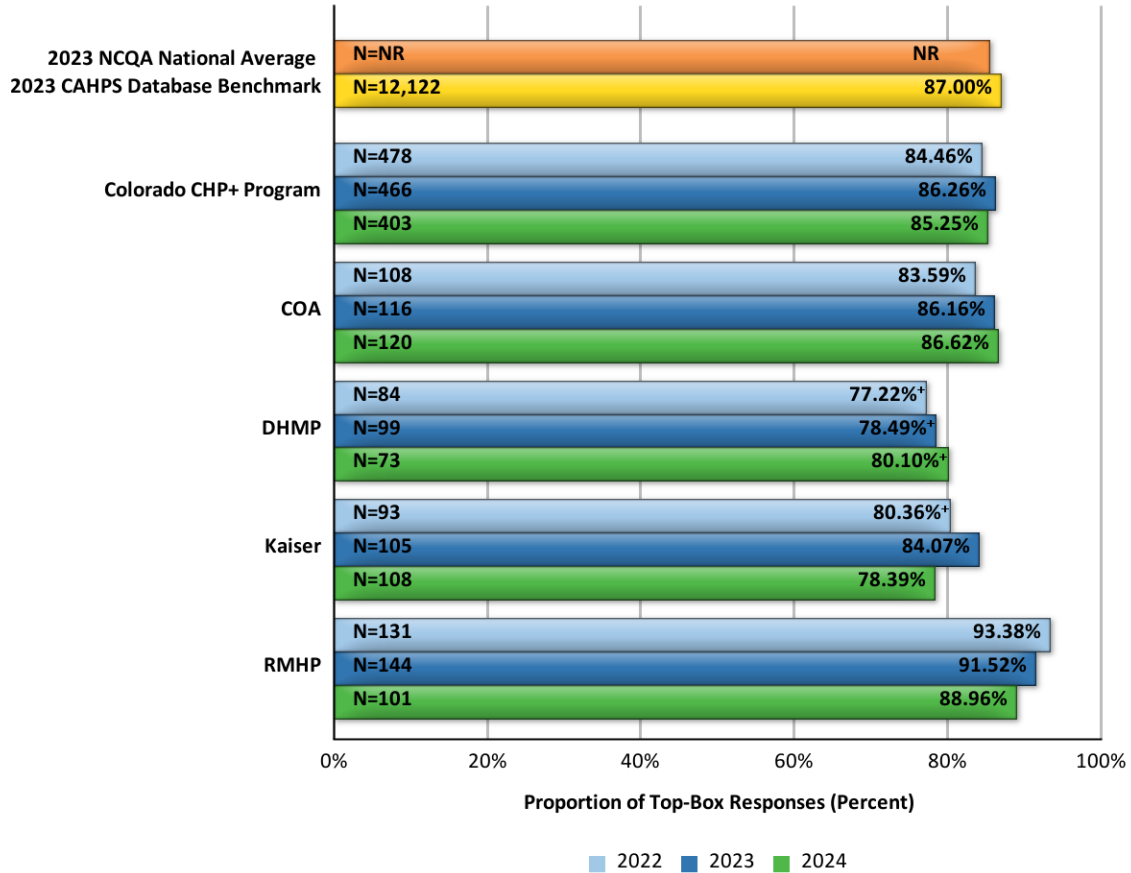


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.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

**Getting Care Quickly**

Figure 4-21 shows the trend analysis results for *Getting Care Quickly*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-21—Trend Analysis: Getting Care Quickly (Usually or Always)—General Child Population**



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 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.

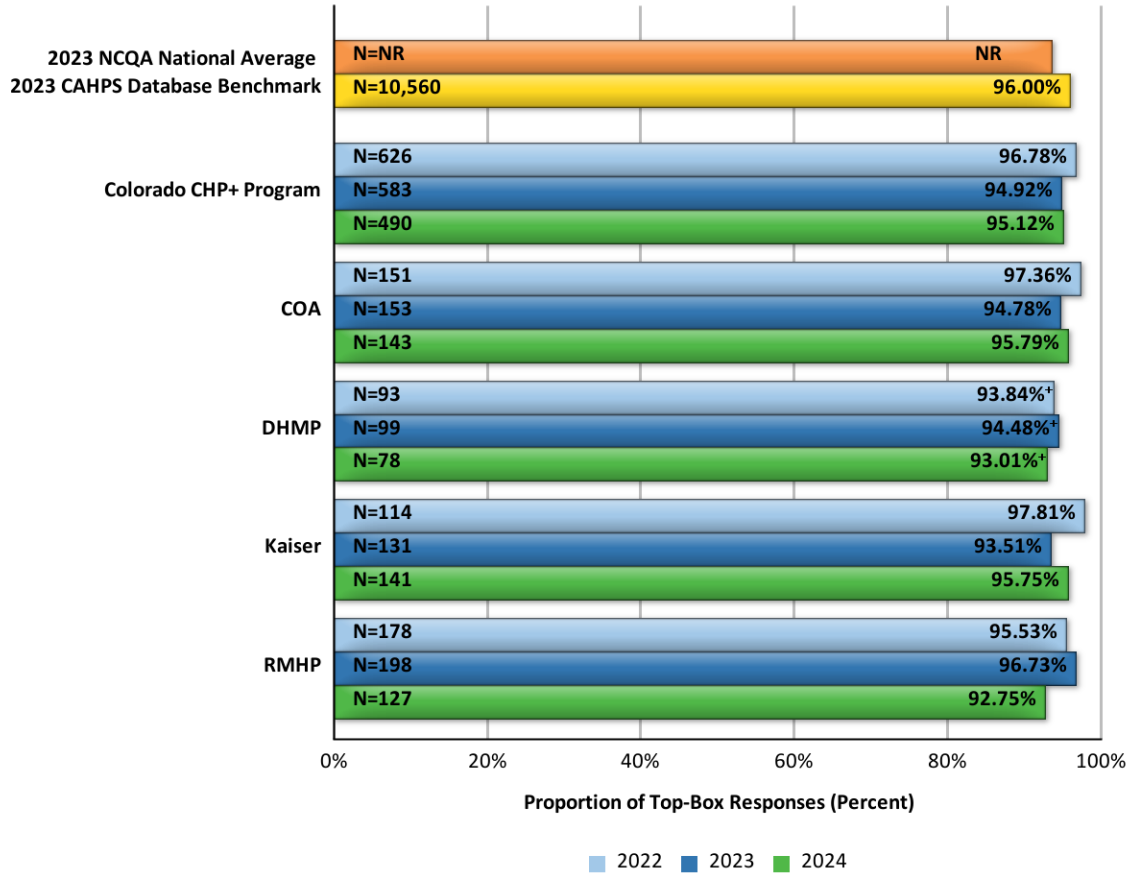




### How Well Doctors Communicate

Figure 4-23 shows the trend analysis results for *How Well Doctors Communicate*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-23—Trend Analysis: How Well Doctors Communicate (Usually or Always)—General Child Population**

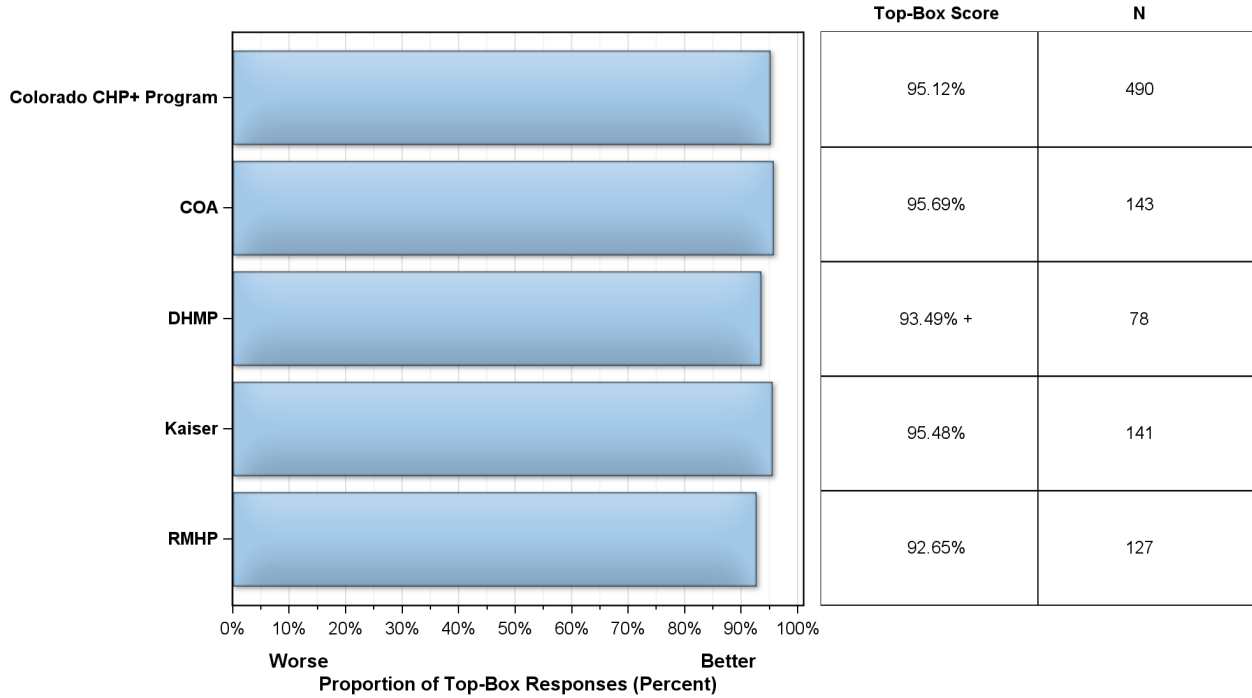


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
▼ Indicates the 2024 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 4-24 shows the plan comparisons results for *How Well Doctors Communicate* for the general child population.

**Figure 4-24—Plan Comparisons: How Well Doctors Communicate (Usually or Always)—General Child Population**

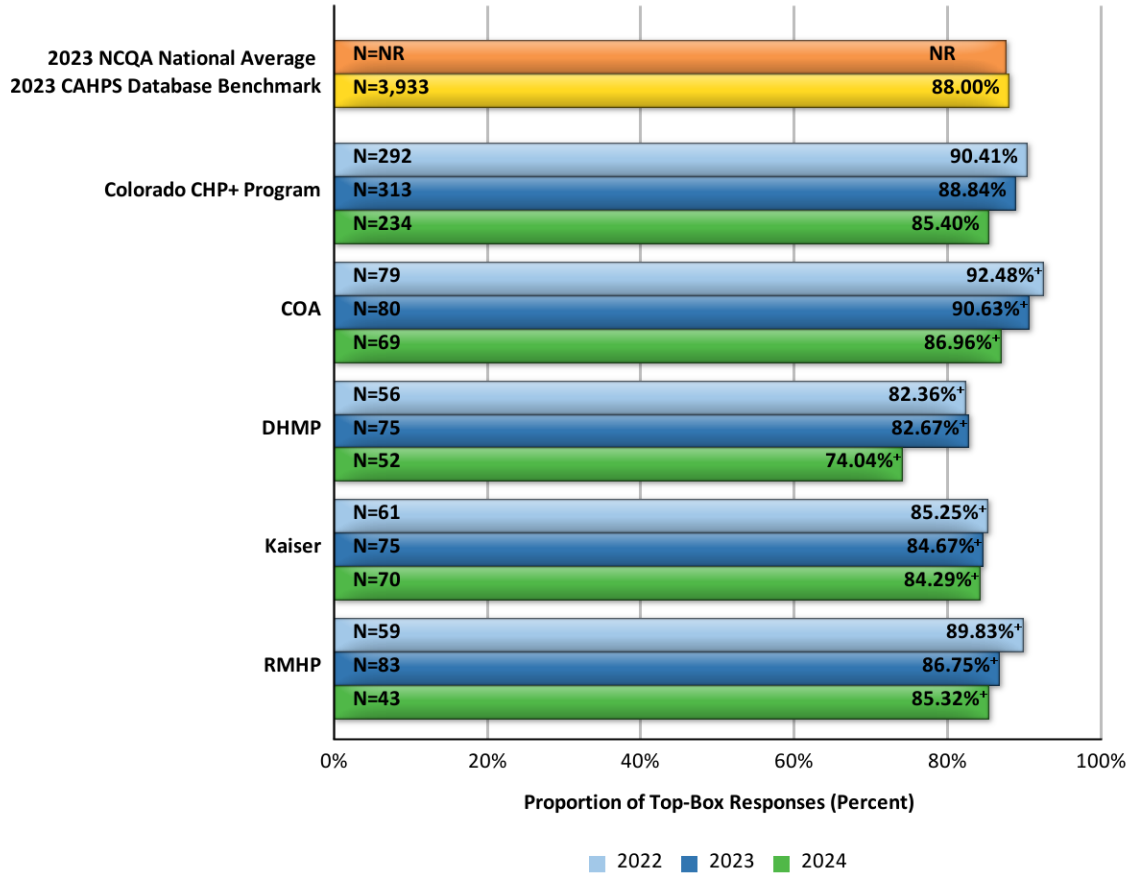


↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.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

**Customer Service**

Figure 4-25 shows the trend analysis results for *Customer Service*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-25—Trend Analysis: Customer Service (Usually or Always)—General Child Population**

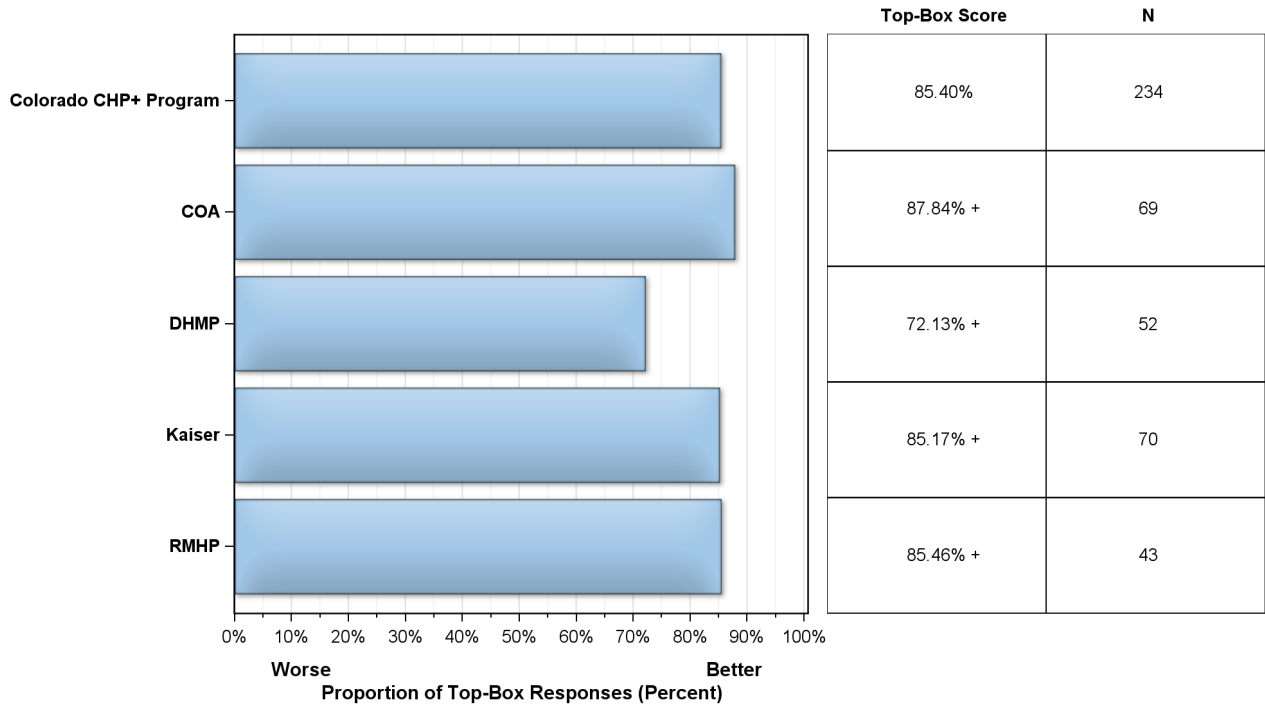


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 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 4-26 shows the plan comparisons results for *Customer Service* for the general child population.

**Figure 4-26—Plan Comparisons: Customer Service (Usually or Always)—General Child Population**



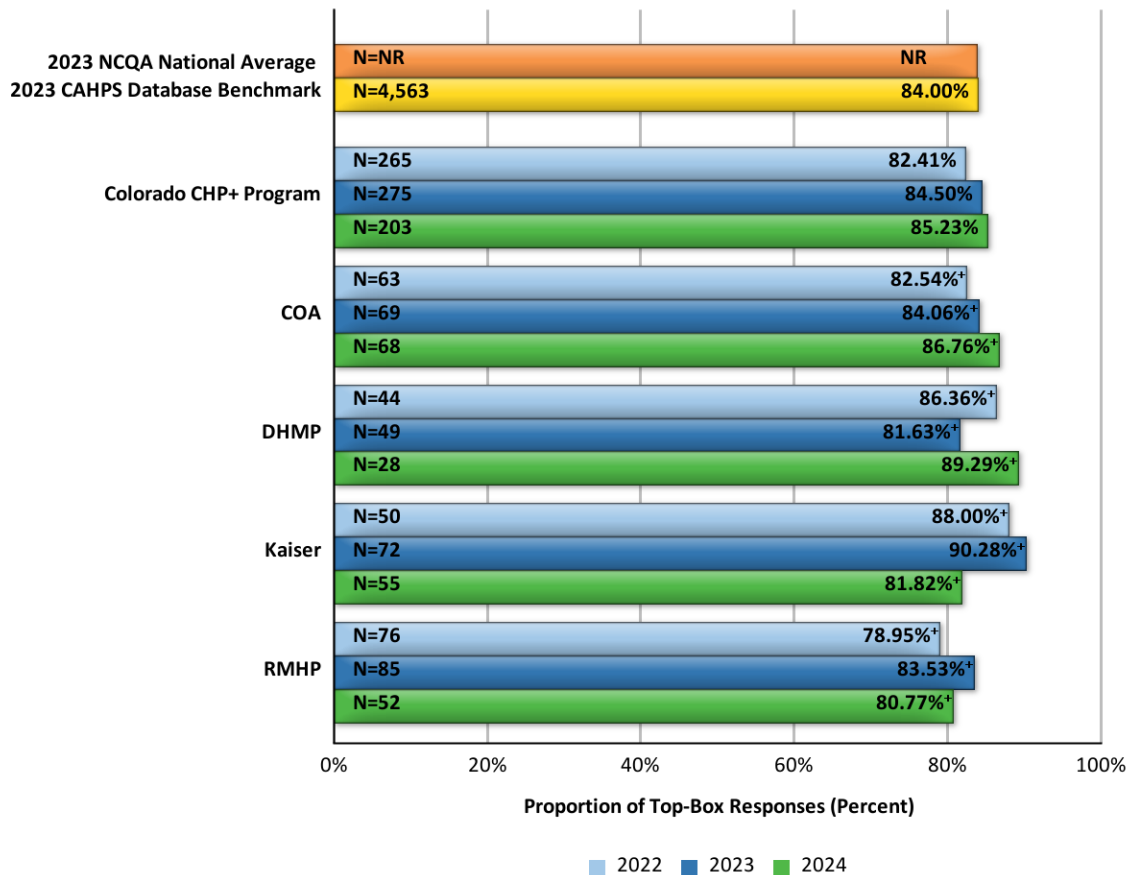
↑ Indicates the plan’s score is statistically significantly higher than the Colorado CHP+ Program.  
 ↓ Indicates the plan’s score is statistically significantly lower than the Colorado CHP+ Program.  
 If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.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

### Individual Item Measure

#### Coordination of Care

Figure 4-27 shows the trend analysis results for *Coordination of Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database CHIP benchmark, Colorado CHP+ Program, and each CHP+ health plan for the general child population.

**Figure 4-27—Trend Analysis: Coordination of Care (Usually or Always)—General Child Population**

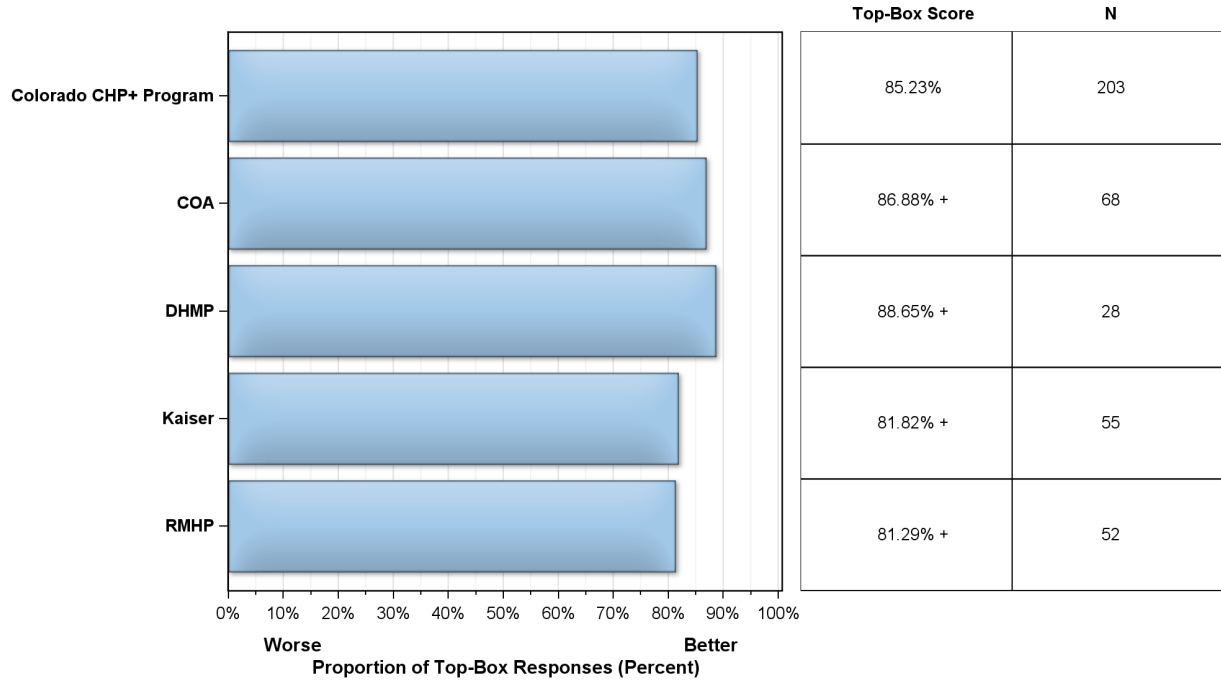


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.  
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.  
 ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
 ▼ Indicates the 2024 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 4-28 shows the plan comparison results for *Coordination of Care* for the general child population.

**Figure 4-28—Plan Comparisons: Coordination of Care (Usually or Always)—General Child Population**



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

## Summary of Results

Table 4-4 summarizes the statistically significant differences identified from the trend analysis and plan comparisons. There were no statistically significant differences identified for the following:

- Global Rating
  - *Rating of Specialist Seen Most Often*
- Composite Measures
  - *Getting Care Quickly*
  - *How Well Doctors Communicate*
  - *Customer Service*
- Individual Item Measure
  - *Coordination of Care*

**Table 4-4—Summary of Results: Trend Analysis and Plan Comparisons Highlights—General Child Population**

Measures	Colorado CHP+ Program	COA	DHMP	Kaiser	RMHP
<b>Global Ratings</b>					
<i>Rating of Health Plan</i>	—	—	—	—	▼
<i>Rating of All Health Care</i>	—	—	—	—	↓
<i>Rating of Personal Doctor</i>	—	—	—	—	↓
<b>Composite Measure</b>					
<i>Getting Needed Care</i>	—	—	—	—	▼ <sup>+</sup>
<p>▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.            ▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.            ↑ Indicates the plan's score is statistically significantly higher than the Colorado CHP+ Program.            ↓ Indicates the plan's score is statistically significantly lower than the Colorado CHP+ Program.            — Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program.            + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p>					



## Supplemental Items

The Department elected to add six supplemental items to the standard CAHPS Survey.<sup>4-14</sup> Table 4-5 details the survey language and response options for each of the supplemental items. Table 4-6 through Table 4-12 present the number and percentage of responses for each supplemental item.

**Table 4-5—Supplemental Items**

Question		Response Options
Q76a.	In the last 6 months, did you and your child’s doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?	Yes No My child did not see a doctor or other health provider in the last 6 months <sup>4-15</sup>
Q76b.	In the last 6 months, did you and your child’s doctor or other health provider talk about whether there are any problems in your household that might affect your child?	Yes No
Q76c.	In the last 6 months, did your child’s doctor’s office or health provider’s office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes No
Q76d.	In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?	Yes No
Q76e.	In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor’s office or clinic during evenings, weekends, or holidays?	Never Sometimes Usually Always
Q76f.	In the last 6 months, <u>not</u> counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer

<sup>4-14</sup> The data submitted by RMHP did not include the supplemental items RMHP included in its own CAHPS survey; therefore, HSAG could not include results for the supplemental items for RMHP.

<sup>4-15</sup> Respondents who answered, “My child did not see a doctor or other health provider in the last 6 months” were excluded from the analysis.

### Talked About Child

Parents/caretakers of child members were asked if they and their child’s doctor or other health provider talked about the kinds of behaviors that are normal for their child’s age (Question 76a). Table 4-6 displays the responses for this question.

**Table 4-6—Talked About Child’s Behavior: General Child Population**

	Yes		No	
	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>305</b>	<b>56.80%</b>	<b>232</b>	<b>43.20%</b>
COA	126	62.69%	75	37.31%
DHMP	77	50.66%	75	49.34%
Kaiser	102	55.43%	82	44.57%
<i>Some percentages may not total 100% due to rounding.</i>				

Parents/caretakers of child members were asked if they and their child’s doctor or other health provider talked about any problems in their household that might affect their child (Question 76b). Table 4-7 displays the responses for this question.

**Table 4-7—Talked About Household Problems That Might Affect Child: General Child Population**

	Yes		No	
	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>174</b>	<b>32.71%</b>	<b>358</b>	<b>67.29%</b>
COA	73	36.87%	125	63.13%
DHMP	42	27.81%	109	72.19%
Kaiser	59	32.24%	124	67.76%
<i>Some percentages may not total 100% due to rounding.</i>				

### After-Hours Care

Parents/caretakers of child members were asked if their child’s doctor’s office or health provider’s office gave them information about what to do if their child needed care during evenings, weekends, or holidays (Question 76c). Table 4-8 displays the responses for this question.

**Table 4-8—Received Information About After-Hours Care: General Child Population**

	Yes		No	
	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>213</b>	<b>40.49%</b>	<b>313</b>	<b>59.51%</b>
COA	86	43.65%	111	56.35%
DHMP	55	36.91%	94	63.09%
Kaiser	72	40.00%	108	60.00%

*Some percentages may not total 100% due to rounding.*

Parents/caretakers of child members were asked if their child needed care from their doctor during evenings, weekends, or holidays (Question 76d). Table 4-9 displays the responses for this question.

**Table 4-9—Needed After-Hours Care: General Child Population**

	Yes		No	
	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>52</b>	<b>9.81%</b>	<b>478</b>	<b>90.19%</b>
COA	21	10.55%	178	89.45%
DHMP	13	8.78%	135	91.22%
Kaiser	18	9.84%	165	90.16%

*Some percentages may not total 100% due to rounding.*

Parents/caretakers of child members were asked to assess how often they were able to get the care their child needed from their child’s personal doctor’s office or clinic during evenings, weekends, or holidays (Question 76e). Table 4-10 displays the responses for this question.

**Table 4-10—Access to After-Hours Care: General Child Population**

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>10</b>	<b>19.23%</b>	<b>9</b>	<b>17.31%</b>	<b>11</b>	<b>21.15%</b>	<b>22</b>	<b>42.31%</b>
COA	3	14.29%	3	14.29%	7	33.33%	8	38.10%
DHMP	1	7.69%	2	15.38%	2	15.38%	8	61.54%
Kaiser	6	33.33%	4	22.22%	2	11.11%	6	33.33%

*Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered “Yes” to Question 76d.*

### Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked how many days they usually had to wait between making an appointment and their child actually seeing a health provider, not counting the times their child needed health care right away (Question 76f). Table 4-11 and Table 4-12 display the responses for this question.

**Table 4-11—Number of Days Waiting to See Health Provider: General Child Population**

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days	
	N	%	N	%	N	%	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>90</b>	<b>18.11%</b>	<b>65</b>	<b>13.08%</b>	<b>96</b>	<b>19.32%</b>	<b>86</b>	<b>17.30%</b>	<b>73</b>	<b>14.69%</b>
COA	45	23.68%	31	16.32%	40	21.05%	24	12.63%	22	11.58%
DHMP	21	16.03%	10	7.63%	11	8.40%	27	20.61%	31	23.66%
Kaiser	24	13.64%	24	13.64%	45	25.57%	35	19.89%	20	11.36%

*Some percentages may not total 100% due to rounding.*

**Table 4-12—Number of Days Waiting to See Health Provider (Continued): General Child Population**

	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
<b>Colorado CHP+ Program</b>	<b>53</b>	<b>10.66%</b>	<b>22</b>	<b>4.43%</b>	<b>5</b>	<b>1.01%</b>	<b>7</b>	<b>1.41%</b>
COA	14	7.37%	11	5.79%	1	0.53%	2	1.05%
DHMP	17	12.98%	8	6.11%	1	0.76%	5	3.82%
Kaiser	22	12.50%	3	1.70%	3	1.70%	0	0.00%

*Some percentages may not total 100% due to rounding.*

## CCC Results

### *Chronic Conditions Classification*

A series of questions included in the survey was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus on specific health care needs and conditions. Colorado CHP+ members whose parents/caretakers provided affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or counseling.

The Colorado CHP+ sample included children with and without chronic conditions based on the responses to the survey questions; therefore, the survey responses were analyzed to determine which Colorado CHP+ members had chronic conditions (i.e., Colorado CHP+ CCC population). For RMHP, parts of the general child sample (i.e., general Colorado CHP+ population) and CCC supplemental samples were identified as children with chronic conditions based on the responses to the survey questions.<sup>4-16</sup>

Based on parents'/caretakers' responses to the CCC screener questions, a total of 188 surveys were completed for the Colorado CHP+ CCC population.<sup>4-17</sup> These completed surveys were used to calculate the 2024 CCC results presented in this section.

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<sup>4-16</sup> For RMHP, a sample of 119 child members with a prescreen code of 2 (i.e., CCC supplemental sample), which was assigned in the eligible population file and represents the population of children who are more likely to have a chronic condition, was selected along with the general child sample. A CCC supplemental sample was not included for survey administration for the other three CHP+ health plans.

<sup>4-17</sup> Due to a low number of respondents for the CCC population, HSAG presents aggregate (i.e., Colorado CHP+ Program) results throughout this section.

## Top-Box Scores

HSAG calculated top-box scores for each measure for the CCC population.<sup>4-18</sup> For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 6-13. For more detailed information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 6-2.

For purposes of this report, top-box 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. Top-box scores with less than 100 respondents are denoted with a cross (+).

## National Comparisons

In order to assess the overall performance of the Colorado CHP+ CCC population, HSAG compared the top-box scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.<sup>4-19,4-20,4-21,4-22</sup> 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). The percentages represent the top-box scores, while the stars represent the star ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data. For more detailed information on the national comparisons, please refer to the Reader's Guide beginning on page 6-13.

Table 4-13 shows the national comparisons results for the CCC population for the Colorado CHP+ Program.

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<sup>4-18</sup> HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating the top-box scores.

<sup>4-19</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

<sup>4-20</sup> Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

<sup>4-21</sup> Quality Compass® data were not available for 2024 at the time this report was prepared; therefore, 2023 data were used for this comparative analysis.

<sup>4-22</sup> NCQA's benchmarks for the CCC Medicaid population were used to derive the overall member experience ratings, since NCQA does not publish separate benchmarking data for CHIP; therefore, caution should be exercised when interpreting these results.

**Table 4-13—National Comparisons: CCC Population**

Measure	Score	Star Rating
<b>Global Ratings</b>		
<i>Rating of Health Plan</i>	54.30%	★
<i>Rating of All Health Care</i>	59.44%	★
<i>Rating of Personal Doctor</i>	76.13%	★★★★
<i>Rating of Specialist Seen Most Often</i>	78.26% <sup>+</sup>	★★★★★
<b>Composite Measures</b>		
<i>Getting Needed Care</i>	74.31%	★
<i>Getting Care Quickly</i>	85.71%	★
<i>How Well Doctors Communicate</i>	95.02%	★★★★
<i>Customer Service</i>	82.08% <sup>+</sup>	★
<b>Individual Item Measure</b>		
<i>Coordination of Care</i>	81.58% <sup>+</sup>	★★
<b>CCC Composite and Item Measures</b>		
<i>Access to Specialized Services</i>	55.22% <sup>+</sup>	★
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	91.74%	★★★★
<i>Coordination of Care for Children with Chronic Conditions</i>	70.17% <sup>+</sup>	★
<i>Access to Prescription Medicines</i>	86.44%	★
<i>FCC: Getting Needed Information</i>	91.61%	★★★★
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.		

## Top-Box Score Results

The 2023 NCQA Medicaid national averages and 2023 CAHPS Database CHIP benchmarks for the CCC population are provided for comparative purposes.<sup>4-23,4-24,4-25,4-26,4-27</sup> The top-box scores and number of respondents (N) are presented in the figures for the 2023 CAHPS Database CHIP benchmarks and Colorado CHP+ Program for the CCC population only since data for the NCQA Medicaid national averages are proprietary and not reportable.

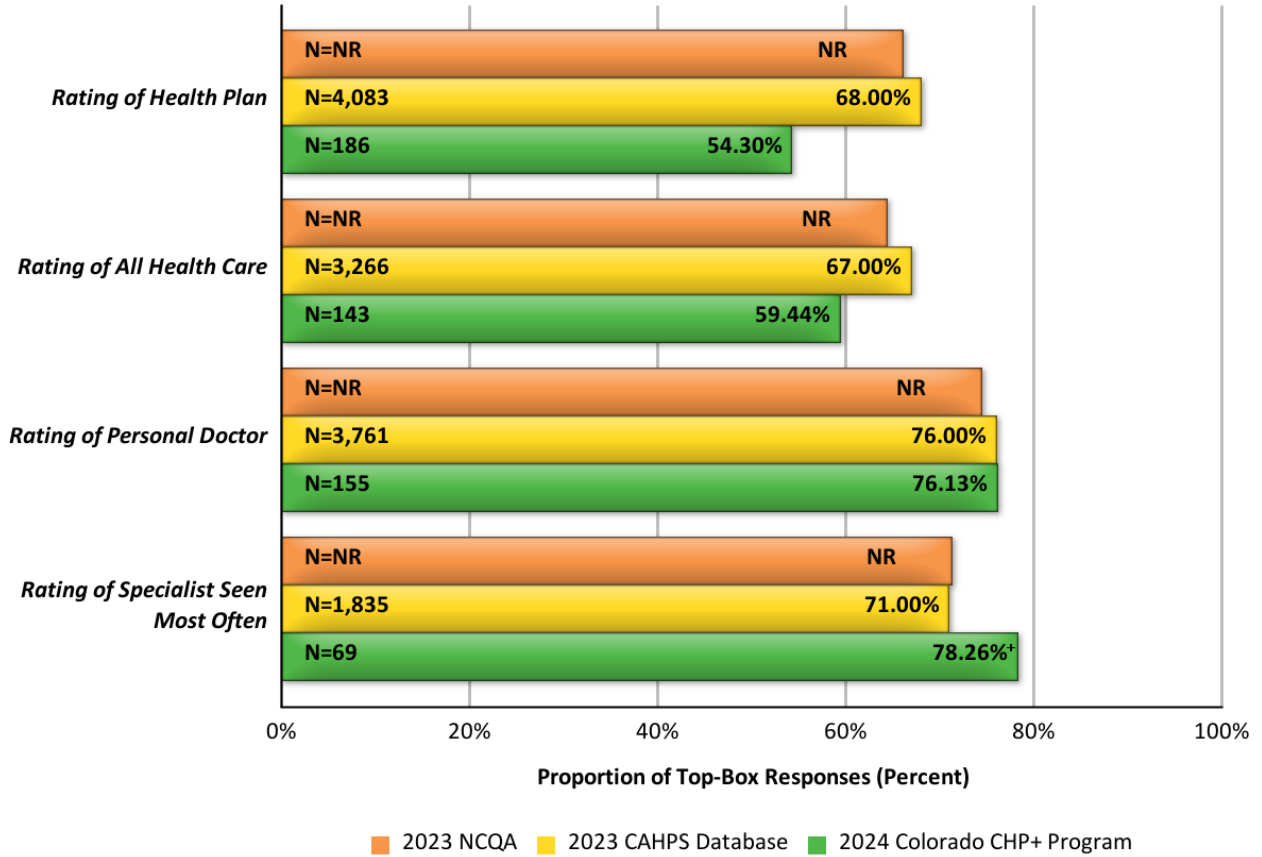
- 
- <sup>4-23</sup> For the NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass<sup>®</sup> 2023 data. National Committee for Quality Assurance. *Quality Compass<sup>®</sup>: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.
- <sup>4-24</sup> Quality Compass<sup>®</sup> 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.
- <sup>4-25</sup> Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: <https://datatools.ahrq.gov/cahps>. Accessed on: August 5, 2024. 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 with and without the CCC measurement set. The CAHPS Database calculates top-box scores for the composite measures, *Coordination of Care* individual item measure, *Access to Specialized Services* CCC composite measure, and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures using responses of “Always;” therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of “Usually” and “Always” for comparison.
- <sup>4-26</sup> CAHPS Database benchmarks and NCQA national averages were not available for 2024 at the time this report was prepared; therefore, 2023 benchmarks and national data are presented in this section.
- <sup>4-27</sup> NCQA national averages for the CCC Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population; therefore, caution should be exercised when comparing these results.



**Global Ratings**

Figure 4-29 shows the results for the global ratings, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database CHIP benchmarks, and Colorado CHP+ Program for the CCC population

**Figure 4-29—Top-Box Scores: Global Ratings (9 or 10)—CCC Population**

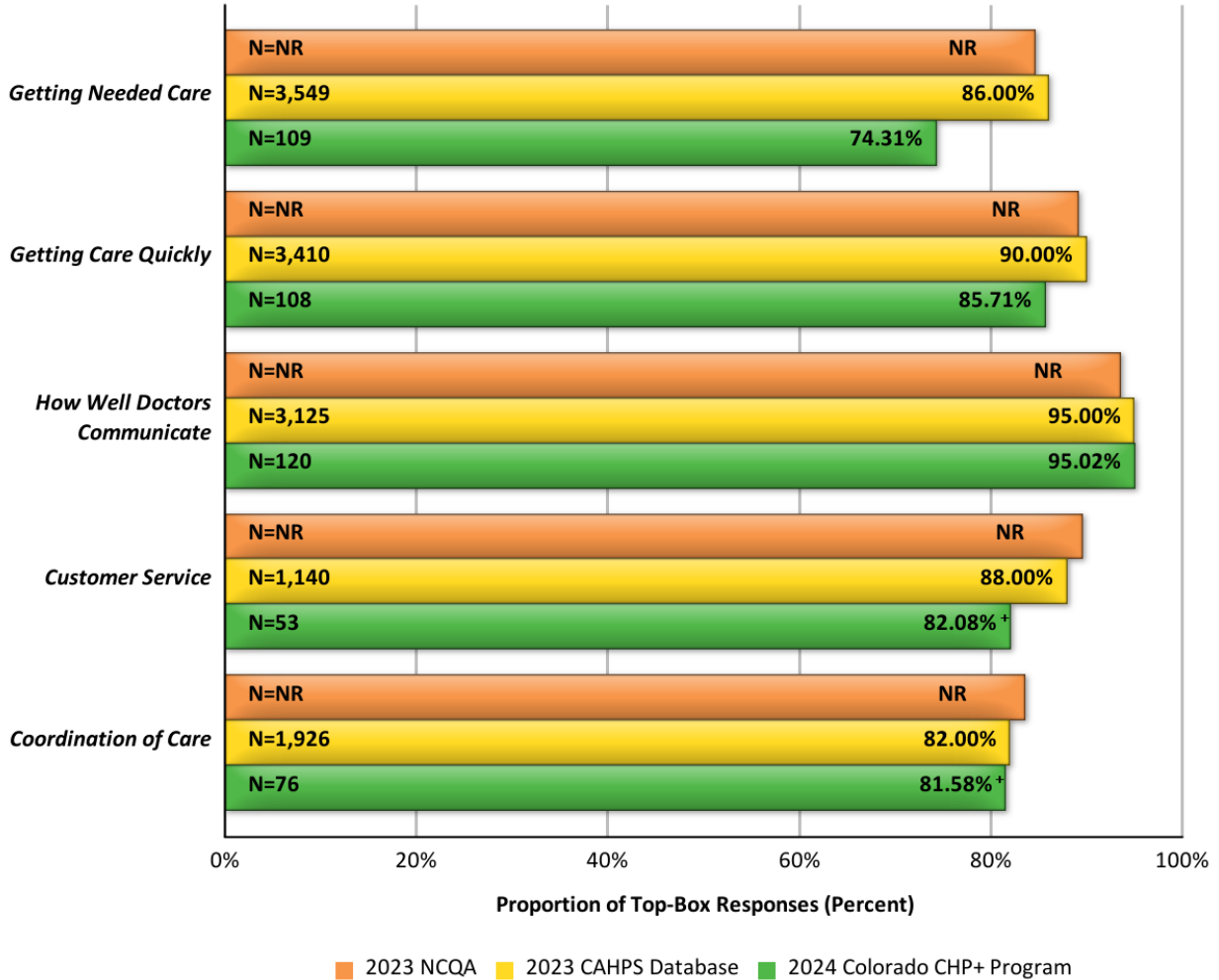


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.  
 NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

### Composite and Individual Item Measures

Figure 4-30 shows the results for the composite and individual item measures, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database CHIP benchmarks, and Colorado CHP+ Program for the CCC population.

**Figure 4-30—Top-Box Scores: Composite and Individual Item Measures (Usually or Always)—CCC Population**

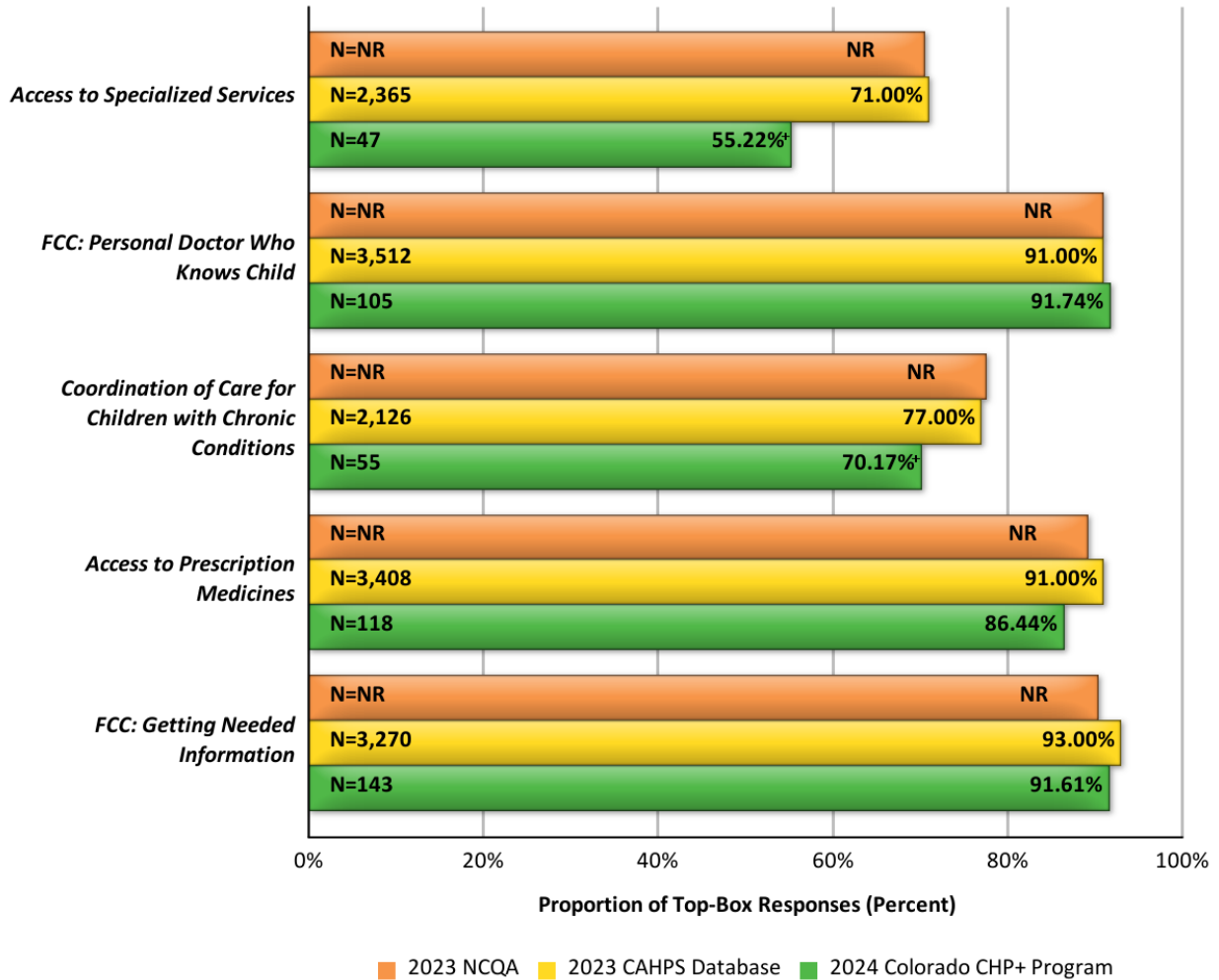


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.  
 NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

### CCC Composite and Item Measures

Figure 4-31 shows the results for the CCC composite and item measures, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database CHIP benchmarks, and Colorado CHP+ Program for the CCC population.

**Figure 4-31—Top-Box Scores: CCC Composite and Item Measures (Usually or Always/Yes)—CCC Population**



+ 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.

## 5. Conclusions and Recommendations

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

### Conclusions

#### Access to Care

##### Getting Needed Care

Table 5-1 provides a summary of findings for the national comparisons, trend analysis, and plan comparisons, and Table 5-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

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

	National Comparisons (Star Ratings)		Trend Analysis	Plan Comparisons
	General Child	CCC		
<b>Colorado CHP+ Program</b>	★★★★	★	—	NA
COA	★★★★	NA	—	—
DHMP	★ <sup>+</sup>	NA	—	—
Kaiser	★ <sup>+</sup>	NA	—	—
RMHP	★ <sup>+</sup>	NA	▼ <sup>+</sup>	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th–89th ★★★★ 50th–74th ★★ 25th–49th ★ Below 25th  
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.  
▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.  
— Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program.  
NA Indicates the analysis does not apply to the Colorado CHP+ Program or the CCC population.  
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**Table 5-2—Access to Care: Getting Needed Care Summary—Key Drivers of Low Member Experience**

Survey Item	Response Options	Odds Ratio		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q10. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	3.160	7.164	NS
	Usually vs. Always	1.550	2.345	NS
NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.				

- Compared to parents/caretakers of child members who perceived it was always easy to get the care, tests, and treatment their child needed:
  - Parents/caretakers of child members who perceived it was never or sometimes easy to get the care, tests, or treatment their child needed were 3.160 and 7.164 times more likely to provide a lower rating for their child’s CHP+ health plan and overall health care, respectively.
  - Parents/caretakers of child members who perceived it was usually easy to get the care, tests, or treatment their child needed were 1.550 and 2.345 times more likely to provide a lower rating for their child’s CHP+ health plan and overall health care, respectively.

## Timeliness of Care

### Getting Care Quickly

Table 5-3 provides a summary of findings for the national comparisons, trend analysis, and plan comparisons for the *Getting Care Quickly* composite measure. There were no findings for the key drivers of low member experience analysis.

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

	National Comparisons (Star Ratings)		Trend Analysis	Plan Comparisons
	General Child	CCC		
<b>Colorado CHP+ Program</b>	★★	★	—	NA
COA	★★★★	NA	—	—
DHMP	★+	NA	—	—
Kaiser	★	NA	—	—
RMHP	★★★★	NA	—	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th — Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program. NA Indicates the analysis does not apply to the Colorado CHP+ Program or the CCC population. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

## Quality of Care

### Customer Service

Table 5-4 provides a summary of findings for the national comparisons, trend analysis, and plan comparisons, and Table 5-5 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

**Table 5-4—Quality of Care: Customer Service Summary**

	National Comparisons (Star Ratings)		Trend Analysis	Plan Comparisons
	General Child	CCC		
<b>Colorado CHP+ Program</b>	★	★ <sup>+</sup>	—	NA
COA	★★ <sup>+</sup>	NA	—	—
DHMP	★ <sup>+</sup>	NA	—	—
Kaiser	★ <sup>+</sup>	NA	—	—
RMHP	★ <sup>+</sup>	NA	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th–89th ★★★★★ 50th–74th ★★ 25th–49th ★ Below 25th  
 — Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program.  
 NA Indicates the analysis does not apply to the Colorado CHP+ Program or the CCC population.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

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

	Response Options	Odds Ratio		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q46. Customer service staff treated parent/caretaker with courtesy and respect	Never + Sometimes vs. Always	NS	6.587	NA
<p>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, improvements of those responses may not significantly affect the rating.</p>				

- Parents/caretakers of child members who were never or sometimes treated with courtesy and respect by the customer service staff at their child’s health plan were 6.587 times more likely to provide a lower rating for all their child’s health care than parents/caretakers who were always treated with courtesy and respect by the customer service staff at their child’s CHP+ health plan.

**Communication**

Table 5-6 provides a summary of findings for the national comparisons, trend analysis, and plan comparisons, and Table 5-7 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

**Table 5-6—Quality of Care: How Well Doctors Communicate Summary**

	National Comparisons (Star Ratings)		Trend Analysis	Plan Comparisons
	General Child	CCC		
Colorado CHP+ Program	★★★★	★★★★	—	NA
COA	★★★★	NA	—	—
DHMP	★★★ <sup>+</sup>	NA	—	—
Kaiser	★★★★	NA	—	—
RMHP	★★	NA	—	—
<p>Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th–89th ★★★★★ 50th–74th ★★ 25th–49th ★ Below 25th            — Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program.            NA Indicates the analysis does not apply to the Colorado CHP+ Program or the CCC population.            + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</p>				

**Table 5-7—Quality of Care: How Well Doctors Communicate Summary—  
Key Drivers of Low Member Experience**

Survey Item	Response Options	Odds Ratio		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the parent/caretaker	Usually vs. Always	NS	NS	2.258
Q28. Child’s personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	3.570	NS	3.706
	Usually vs. Always	2.603	2.775	NS
Q29. Child’s personal doctor showed respect for what the parent/caretaker said	Usually vs. Always	NS	NS	3.477
NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.				

- Parents/caretakers of child members who perceived their child’s personal doctor usually explained things about their child’s health in an understandable way were 2.258 times more likely to provide a lower rating for their child’s personal doctor than parents/caretakers who perceived their child’s personal doctor always explained things about their child’s health in an understandable way.
- Compared to parents/caretakers of child members who perceived their child’s personal doctor always listened carefully to them:
  - Parents/caretakers of child members who perceived their child’s personal doctor never or sometimes listened carefully to them were 3.570 and 3.706 times more likely to provide a lower rating for their child’s CHP+ health plan and personal doctor, respectively.
  - Parents/caretakers of child members who perceived their child’s personal doctor usually listened carefully to them were 2.603 and 2.775 times more likely to provide a lower rating of their child’s CHP+ health plan and overall health care, respectively.
- Parents/caretakers of child members who perceived their child’s personal doctor usually showed respect for what they said were 3.477 times more likely to provide a lower rating for their child’s personal doctor than parents/caretakers who perceived their child’s personal doctor always showed respect for what they said.



**Coordination of Care**

Table 5-8 provides a summary of findings for the national comparisons, trend analysis, and plan comparisons, and Table 5-9 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

**Table 5-8—Quality of Care: Coordination of Care Summary**

	National Comparisons (Star Ratings)		Trend Analysis	Plan Comparisons
	General Child	CCC		
<b>Colorado CHP+ Program</b>	★★★★	★★ <sup>+</sup>	—	NA
COA	★★★★ <sup>+</sup>	NA	—	—
DHMP	★★★★★ <sup>+</sup>	NA	—	—
Kaiser	★★ <sup>+</sup>	NA	—	—
RMHP	★ <sup>+</sup>	NA	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th–89th ★★★★ 50th–74th ★★★ 25th–49th ★ Below 25th  
 — Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado CHP+ Program.  
 NA Indicates the analysis does not apply to the Colorado CHP+ Program or the CCC population.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**Table 5-9—Quality of Care: Coordination of Care Summary—Key Drivers of Low Member Experience**

	Response Options	Odds Ratio		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q35. Child’s personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	4.996

NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.

- Parents/caretakers of child members who perceived their child’s personal doctor never or sometimes seemed informed and up-to-date about care their child received from other doctors or health providers were 4.996 times more likely to provide a lower rating for their child’s personal doctor than parents/caretakers who perceived their child’s personal doctor always seemed informed and up-to-date about care their child received from other doctors or health providers.

## Recommendations

The CHP+ health plans could benefit from continuing to:

- Use administrative data for flagging the Spanish-speaking population in the sample frame file. Table 5-10 shows the number of completed surveys in Spanish, as well as the percentage of the total number of responses for the FY 2023–2024 survey administration.

**Table 5-10—Spanish Survey Completions**

	Number of Completed Surveys in Spanish	Percentage of Total Responses
COA	58	21.09%
DHMP	71	33.17%
Kaiser	26	9.89%
RMHP	88	36.51%
<b>Total Spanish Respondents</b>	<b>390</b>	<b>32.42%</b>

In addition, the Department could benefit from beginning to:

- Use benchmarking and trend analysis on standardized performance measures from any CAHPS or other surveys to:
  - Set clear goals for CHP+ health plans and assist the CHP+ health plans in designing related QI activities.
  - Use the longitudinal trends to assist with barrier analysis and goal setting.
- Encourage the CHP+ health plans to facilitate conversations between their provider relations staff members and the provider network about the key drivers that impact experiences of care.

## Accountability and Improvement of Care

Although the administration of the CAHPS survey takes place at the CHP+ health plan level, the accountability for the performance lies at both the plan and provider network level. Table 5-11 provides a summary of the responsible parties for various aspects of care.<sup>5-1</sup>

<sup>5-1</sup> Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. American College of Surgeons, June 2012. Available at: <https://www.facs.org/media/gp3pusph/improvement-guide.pdf>. Accessed on: August 5, 2024.

**Table 5-11—Accountability for Areas of Care**

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

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

- Exploring CAHPS data (see Tab and Banner Book, which is separate from this report) against the Department’s Health Equity dashboard and the Department and CHP+ MCO’s 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, quality of care concerns, potentially significant patient safety issues, appeals, and State fair hearings, feedback from staff, and other survey data.
- Conducting focus groups and interviews to determine what specific issues are causing low member experience ratings.

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

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

### Survey Administration

#### Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.<sup>6-1</sup>

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

#### CAHPS Performance Measures

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of member experience. These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items. The global measures (also referred to as global ratings) reflect overall member experience with the CHP+ health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at coordination of care. The CCC composite and item measures are sets of questions and individual questions that look at different aspects of care for the CCC population (e.g., *Access to*

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

Prescription Medicines or Access to Specialized Services).<sup>6-2</sup> Figure 6-1 lists the measures included in the survey.

**Figure 6-1—CAHPS Measures**

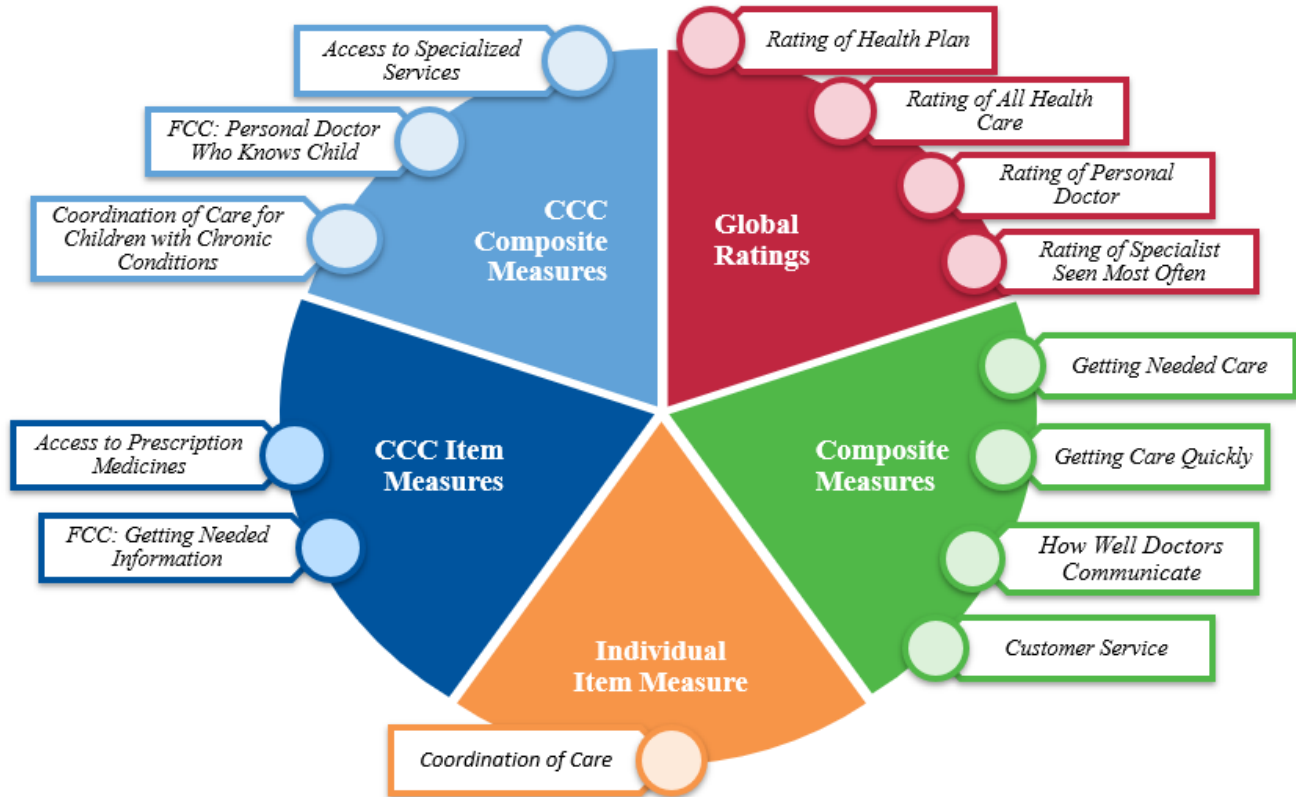


Table 6-1 presents the question language and response options for each measure. The CAHPS Survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

**Table 6-1—Question Language and Response Options**

Question Language	Response Categories
<b>Global Ratings</b>	
<i>Rating of Health Plan</i>	
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale

<sup>6-2</sup> The CCC composite and item measures are only calculated for the CCC population. They are not calculated for the general child population.

Question Language	Response Categories
<b>Rating of All Health Care</b> <sup>6-3</sup>	
9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
<b>Rating of Personal Doctor</b> <sup>6-4</sup>	
36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale
<b>Rating of Specialist Seen Most Often</b> <sup>6-5</sup>	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<b>Composite Measures</b>	
<b>Getting Needed Care</b> <sup>6-6</sup>	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
<b>Getting Care Quickly</b> <sup>6-7</sup>	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always

<sup>6-3</sup> For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

<sup>6-4</sup> For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

<sup>6-5</sup> For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

<sup>6-6</sup> For *Getting Needed Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

<sup>6-7</sup> For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

Question Language	Response Categories
<b>How Well Doctors Communicate<sup>6-8</sup></b>	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b>Customer Service<sup>6-9</sup></b>	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<b>Coordination of Care<sup>6-10</sup></b>	
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?	Never, Sometimes, Usually, Always
<b>CCC Composite Measures</b>	
<b>Access to Specialized Services<sup>6-11</sup></b>	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always

<sup>6-8</sup> For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

<sup>6-9</sup> For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

<sup>6-10</sup> For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

<sup>6-11</sup> For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child in the last six months, if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child in the last six months, and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.



Question Language	Response Categories
<b>FCC: Personal Doctor Who Knows Child</b> <sup>6-12</sup>	
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes, No
39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?	Yes, No
<b>Coordination of Care for Children with Chronic Conditions</b> <sup>6-13</sup>	
13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes, No
<b>CCC Item Measures</b>	
<b>Access to Prescription Medicines</b> <sup>6-14</sup>	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
<b>FCC: Getting Needed Information</b> <sup>6-15</sup>	
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always

<sup>6-12</sup> For *FCC: Personal Doctor Who Knows Child*, the gate question asks respondents if their child has a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *FCC: Personal Doctor Who Knows Child* measure.

<sup>6-13</sup> For *Coordination of Care for Children with Chronic Conditions*, the gate question asks respondents if their child is enrolled in any kind of school or daycare and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Coordination of Care for Children with Chronic Conditions* measure.

<sup>6-14</sup> For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines* measure.

<sup>6-15</sup> For *FCC: Getting Needed Information*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *FCC: Getting Needed Information* measure.



## Sampling Procedures

Sampled members included those who met the following criteria:

- Were age 17 or younger as of the end of the measurement period (September 30, 2023, for COA, DHMP, and Kaiser and December 31, 2023, for RMHP).
- Were currently enrolled in the CHP+ health plan.
- Had been continuously enrolled for at least five of the six months of the measurement period (April 1 to September 30, 2023, for COA, DHMP, and Kaiser, and July 1 to December 31, 2023, for RMHP).<sup>6-16</sup>

For the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set, NCQA specifications require a minimum sample size of 1,650 for the general population and a sample size of 1,840 for the CCC supplemental population per CHP+ health plan. Sampling for COA, DHMP, and Kaiser deviates from standard NCQA protocol since a CCC supplemental sample was not included for survey administration. In addition to selecting 1,650 general child members, a 20 percent oversample was performed to ensure a greater number of respondents to each measure for COA and Kaiser. Based on this oversampling rate, a total of 1,980 child members were selected for surveying from each of these CHP+ health plans. DHMP did not have 1,980 eligible members for inclusion in the survey; therefore, each member from DHMP's eligible population was included following household deduplication for a sample size of 1,268 members. A simple random sampling strategy with no more than one member being selected per household was performed to select the COA, DHMP, and Kaiser survey samples. A total of 1,815 general child members were sampled for RMHP. After selecting child members for the general child sample, a sample of 119 child members with a prescreen code of 2 (i.e., CCC supplemental sample), which was assigned in the eligible population file and represents the population of children who are more likely to have a chronic condition, was selected. A total sample of 1,934 RMHP child members was selected for surveying. The NCQA standardized sampling strategy was followed to select the RMHP survey sample.

## Survey Protocol

For COA, DHMP, and Kaiser, the survey administration protocol employed was a mixed mode methodology, which allowed for three methods by which parents/caretakers of child members could complete a survey: (1) mail, (2) Internet, or (3) telephone. A cover letter was mailed to all parents/caretakers of sampled child members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey via a URL or quick response (QR) code and designated username. Child members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Child

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<sup>6-16</sup> To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a child member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed (i.e., a member whose coverage lapsed for two months [60 days] was not considered continuously enrolled).

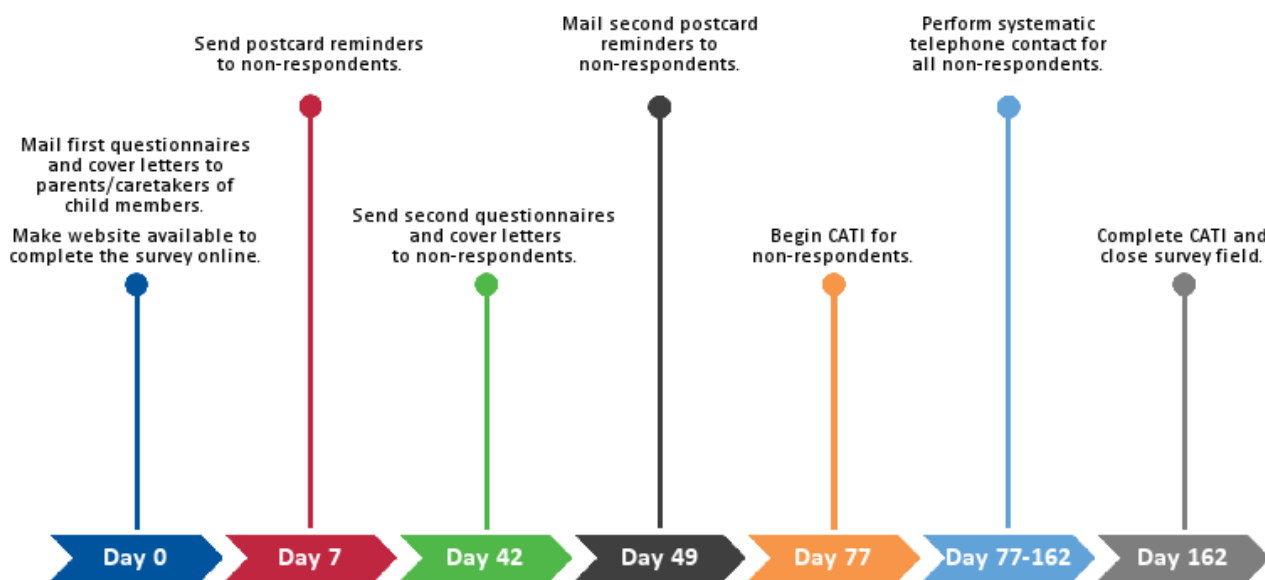
members that were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the first and second cover letters included a toll-free number that parents/caretakers of child members could call to request a survey in another language (i.e., English or Spanish). Non-respondents received a reminder postcard, followed by a second survey mailing and a second reminder postcard. The name of the CHP+ health plan appeared in the questionnaires and cover letters, the letters included the signature of a high-ranking state official, and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. Computer assisted telephone interviewing (CATI) was conducted for parents/caretakers of sampled child members who did not complete a survey. HSAG followed a staggered method of up to six CATI calls to each non-respondent at different times of the day, on different days of the week, and in different weeks.

Prior to survey administration, HSAG inspected the COA, DHMP, and Kaiser file records to check for any apparent problems, such as missing address elements. The entire sample of records was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the Marketing Systems Group telephone number verification service to locate and/or update telephone numbers for all non-respondents.

For RMHP, 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.

Figure 6-2 shows the timeline used in the survey administration for COA, DHMP, and Kaiser.

**Figure 6-2—Survey Timeline**



## Methodology

Based on NCQA's recommendations in Volume 3 of HEDIS Specifications for Survey Measures and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member experience with the CHP+ health plans. In addition to CHP+ health plan-level results, HSAG combined results from the four CHP+ health plans to calculate the Colorado CHP+ Program results. This section provides an overview of each analysis.

## Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.<sup>6-17</sup> HSAG considered a survey completed if at least three of the following five specific questions were answered: 3, 25, 40, 44, and 49. Table 6-2 presents the question language and response options for each of these questions.

**Table 6-2—Question Language and Response Options for a Completed Survey**

Question Language	Response Categories
3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?	Yes, No
25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?	Yes, No
40. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child with a specialist?	Yes, No
44. In the last 6 months, did you get information or help from customer service at your child's health plan?	Yes, No
49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0–10 Scale

<sup>6-17</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2023.

Eligible child members include the entire sample minus ineligible child members. Ineligible child members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 6-6), or had a language barrier (the survey was made available in both English and Spanish).

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

### Key Drivers of Low Member Experience

HSAG performed a key drivers of low member experience analysis for the Colorado CHP+ Program general child population for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that may benefit from QI activities. Table 6-3 depicts the survey items that were analyzed for each measure in the key drivers of low member experience analysis as indicated by a checkmark (✓), as well as each survey item’s baseline response that was used in the statistical calculation.

**Table 6-3—Potential Key Drivers**

Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
<b>Access to Care</b>				
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q41. Child received appointment with a specialist as soon as needed	✓	✓	NA	Always
<b>Timeliness of Care</b>				
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
<b>Quality of Care</b>				
Q27. Child’s personal doctor explained things about the child’s health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q28. Child’s personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q29. Child’s personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always

Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Yes
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	✓	✓	✓	Always
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓	NA	Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓	NA	Always
Q48. Ease of filling out forms from the child's health plan	✓	✓	NA	Always
NA Indicates the survey item was not evaluated for this measure.				

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

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

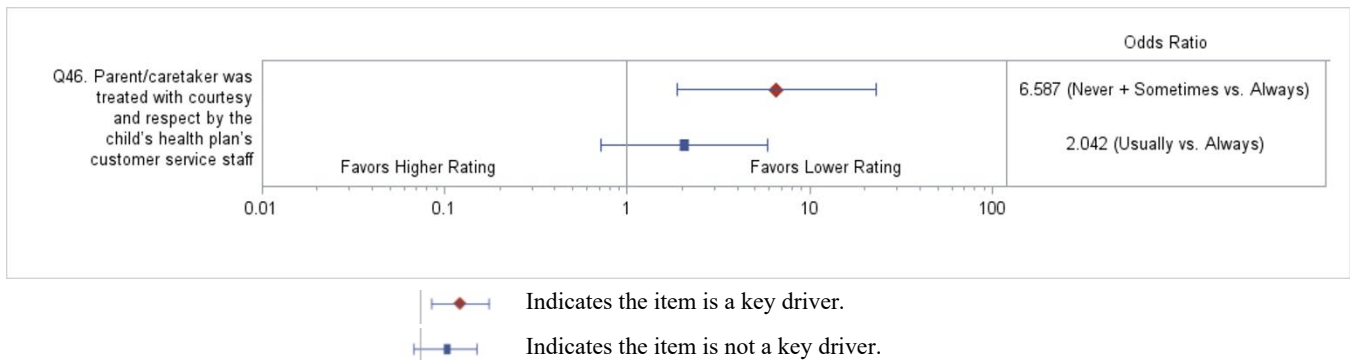
For each item evaluated, HSAG assigned 3 (Satisfied) to each item's baseline response ("Always" or "Yes"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses ("Never," "Sometimes," or "No"). HSAG calculated the relationship between the item's response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

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of the correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member's experience. As the value of correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In Figure 6-3 below, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 46 are 6.587 and 2.042 times, respectively, more likely to provide a lower rating for their child's CHP+ health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

**Figure 6-3—Key Drivers of Low Member Experience: Rating of Health Plan**



### Child and Respondent Demographics

The demographic analysis evaluated the demographic information of Colorado CHP+ general child members and respondents based on parents'/caretakers' responses to the survey. Table 6-4 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

**Table 6-4—Child and Respondent Demographic Items Analyzed**

Demographic Category	Survey Question Number
<b>Child Demographics</b>	
Age	69
Gender	70
Race	72
Ethnicity	71
General Health Status	53
Mental or Emotional Health Status	54
<b>Respondent Demographics</b>	
Respondent Age	73
Respondent Gender	74
Respondent Education Level	75
Respondent Relationship to Child	76

### Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of Colorado CHP+ general child members that were provided by parents'/caretakers' responses to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all Colorado CHP+ members in the sample frame (i.e., sample frame percentages). 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 child member demographics section, which uses responses from the survey as the data source. 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 (↑ or ↓) in the tables. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual Colorado CHP+ population.



## Scoring Calculations

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.<sup>6-18</sup> For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; *Coordination of Care* individual item measure; *Access to Specialized Services* CCC composite measure; and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures.
- “Yes” for the *FCC: Personal Doctor Who Knows Child* and *Coordination of Care for Children with Chronic Conditions* CCC composite measures.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and item measures, top-box scores were defined as the proportion 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). For additional details, please refer to the *NCQA HEDIS Measurement Year 2023 Specifications for Survey Measures, Volume 3*.

Although NCQA requires a minimum of at least 100 respondents on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 respondents. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. Scores with fewer than 100 respondents are denoted with a cross (+).

## National Comparisons

HSAG compared the top-box scores to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).<sup>6-19</sup> Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 6-5.

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<sup>6-18</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2023.

<sup>6-19</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.



**Table 6-5—Star Rating Percentile Distributions**

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 plan comparisons, HSAG calculated a weighted score for the Colorado CHP+ Program based on each CHP+ health plan’s total eligible CHP+ population for the corresponding year.

The weighted score was:

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

Where  $w_p$  is the weight for CHP+ health plan  $p$  and  $\mu_p$  is the score for CHP+ health plan  $p$ .

### Trend Analysis

To evaluate trends in parents’/caretakers’ experiences, HSAG performed a trend analysis for the CHP+ general child population to determine whether there were statistically significant differences.<sup>6-20</sup> HSAG compared the 2024 top-box scores to the corresponding 2023 and 2022 top-box scores. A difference was considered statistically significant if the two-sided  $p$  value of the  $t$  test was less than 0.05. Scores that were statistically significantly higher in 2024 than in 2023 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2024 than in 2023 are noted with black downward (▼) triangles. Scores that were statistically significantly higher in 2024 than in 2022 are noted with red upward (▲) triangles. Scores that were statistically significantly lower in 2024 than in 2022 are noted with red downward (▼) triangles. Scores in 2024 that were not statistically significantly different from scores in 2023 or in 2022 are not noted with triangles.

<sup>6-20</sup> Since this is the first year the CAHPS Survey with the CCC measurement set was administered to parents/caretakers of CHP+ members in the State of Colorado, trend results are unavailable for the CCC population.

## Plan Comparisons

HSAG performed comparisons for the Colorado CHP+ general child population to identify if parents' / caretakers' experiences with the CHP+ health plans were statistically significantly different than the Colorado CHP+ Program.<sup>6-21</sup> HSAG applied two types of hypothesis tests to the comparative results. First, HSAG calculated a global  $F$  test, which determined whether the difference between the CHP+ health plans' scores was significant. The score was:

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

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

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

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 between CHP+ health plans was less likely. An alpha level of 0.05 was used. If the  $F$  test demonstrated CHP+ health plan-level differences (i.e.,  $p < 0.05$ ), then HSAG performed a  $t$  test for each CHP+ health plan. The  $t$  test determined whether each CHP+ health plan's score was significantly different from the average results of all Colorado CHP+ health plans. The equation for the differences was as follows:

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

In this equation,  $\Sigma^*$  was the sum of all CHP+ health plans except CHP+ health plan  $p$ .

The variance of  $\Delta_p$  was:

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

The  $t$  statistic was:

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

<sup>6-21</sup> Due to a low number of respondents, HSAG was unable to present plan-level results for comparison to the CCC Colorado CHP+ Program.

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

### Case-Mix Adjustment

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

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

Where net adjustment was calculated using the following equation:

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

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 discussed below should be considered carefully when interpreting or generalizing the findings.

### Baseline Results

It is important to note that in state FY 2023–2024, parents/caretakers of CHP+ members in the State of Colorado were administered the child CAHPS Survey with the CCC measurement set for the first time. The 2024 Colorado CHP+ CCC population results presented in this report represent a baseline assessment of respondents' experiences of the care and services received for Colorado CHP+ members identified as children with chronic conditions.

## CAHPS Database Benchmarks

A total of 30 states submitted 2023 CHIP data to the CAHPS Health Plan Survey Database for a combined total of 23,008 respondents, with 1,232 of these respondents from Colorado.<sup>6-22</sup> Data collected through the CAHPS Database from 2023 are based on responses to the 5.1/5.1H versions of the CAHPS Health Plan Survey with and without the CCC measurement set. Also, the CAHPS Database calculates top-box scores for the composite measures, *Coordination of Care* individual item measure, *Access to Specialized Services* CCC composite measure, and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures using responses of “Always;” therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of “Usually” and “Always” for comparison. Since 2024 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2023 CAHPS Database benchmarks to the 2024 CAHPS Survey results.

## Case-Mix Adjustment

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

## Causal Inferences

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

## Data Differences

Since RMHP administered its own CAHPS Survey following NCQA protocols, the survey materials, anchor date of the sample frame file, time frame of survey administration, and CCC and general oversample sizes were not consistent with the CAHPS Survey that HSAG administered to the CHP+ health plans; therefore, caution should be exercised when comparing RMHP's results to the other CHP+ health plans.

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<sup>6-22</sup> Agency for Healthcare Research and Quality. The CAHPS Databases. *2023 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2023-hp-chartbook.pdf>. Accessed on: August 5, 2024.

## National Benchmarks

Since NCQA does not publish separate benchmarking data for CHIP, data for the general child Medicaid and CCC Medicaid populations from NCQA's Quality Compass benchmarks are used for the percentiles and national averages for comparison in this report. Therefore, caution should be exercised when interpreting these results.

## Non-Response Bias

The experiences of the survey respondent population may be different than those of non-respondents with respect to their child's health care services.<sup>6-23</sup> To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents (i.e., respondents who submitted a survey later than the first mailing/round) for each measure. Table 6-6 presents the results of the non-response bias analysis. The Department should consider that potential non-response bias may exist when interpreting CAHPS results.

**Table 6-6—Non-Response Bias Analysis**

Measure	2022		2023		2024	
	General Child	CCC	General Child	CCC	General Child	CCC
<i>Rating of Health Plan</i>	↑	NA	—	NA	—	—
<i>Rating of Personal Doctor</i>	—	NA	↓	NA	—	—
<i>Rating of Specialist Seen Most Often</i>	—	NA	—	NA	—	↑
<i>How Well Doctors Communicate</i>	↑	NA	—	NA	—	—
↑	<i>Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).</i>					
↓	<i>Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).</i>					
—	<i>Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.</i>					
NA	<i>Indicates that results are not available for the FY.</i>					

<sup>23</sup> Korkeila K, Suominen S, Ahvenainen J, et al. "Non-response and related factors in a nation-wide health survey." *European Journal of Epidemiology* 17.11 (2001): 991–999.



## 7. Survey Instrument

HSAG administered the CAHPS survey to the COA, DHMP, and Kaiser. The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. RMHP contracted with its own survey vendor to administer the CAHPS survey. This section provides a copy of the survey instrument administered by HSAG.



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

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

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

**SURVEY INSTRUCTIONS**

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

Correct Mark 

Incorrect Marks 



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

Yes → *Go to Question 1*  
 No

↓ **START HERE** ↓

Please answer the questions for the child named in the letter that was sent with this survey. Please do not answer for any other children.

1. Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

Yes → *Go to Question 3*  
 No

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

\_\_\_\_\_



**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

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

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
  - Yes
  - No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?
  - Yes
  - No → *Go to Question 7*
  
- 6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?
  - None → *Go to Question 11*
  - 1 time
  - 2
  - 3
  - 4
  - 5 to 9
  - 10 or more times
  
- 8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?
 

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10
Worst					Best					
Health Care					Health Care					
Possible					Possible					
  
- 10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 11. Is your child now enrolled in any kind of school or daycare?
  - Yes
  - No → *Go to Question 14*
  
- 12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?
  - Yes
  - No → *Go to Question 14*





13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

### SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
- No → *Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 20*

18. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

- Yes
- No → *Go to Question 23*

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → *Go to Question 25*

24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

### YOUR CHILD'S PERSONAL DOCTOR

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

- Yes
- No → *Go to Question 40*







62. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → Go to Question 64

63. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

64. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- Yes
- No → Go to Question 67

65. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → Go to Question 67

66. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- Yes
- No → Go to Question 69

68. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
- No

69. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

- Male
- Female

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

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

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

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

73. What is your age?

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

74. Are you male or female?

- Male
- Female

75. 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

76. How are you related to the child?

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



76a. In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?

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

76b. In the last 6 months, did you and your child's doctor or other health provider talk about whether there are any problems in your household that might affect your child?

- Yes
- No

76c. In the last 6 months, did your child's doctor's office or health provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- Yes
- No

76d. In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?

- Yes
- No → **Go to Question 76f**

76e. In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?

- Never
- Sometimes
- Usually
- Always

76f. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

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

**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**

