COLORADO
Department of Health Care Policy & Financing

2024 Member Experience Report

Colorado Adult Regional Accountable Entities (RAEs)

September 2024

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

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

CAHPS 5.1 Adult Medicaid Health Plan Survey

Performance Highlights

START SURVEY:	12.12.23	FINISH SURVEY:	05.22.24	TOTAL SAMPLE SIZE:	11,340	RESPONSE RATE:	10.06%

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 RAE Aggregate			
The 2024 scores were not above the 2023 NCQA adult Medicaid national 90th percentiles for any measure.	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Specialist Seen Most Often*
	Advising Smokers and Tobacco Users to Quit	*Discussing Cessation Medications*	

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 RAE Aggregate			
The 2024 scores were not statistically significantly higher than the 2023 or 2022 scores for any measure.		*Rating of Specialist Seen Most Often*	

RAE Comparisons

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

Statistically Significantly Higher ⬆			Statistically Significantly Lower ⬇		
NHP (RAE 2): *Getting Needed Care*	COA (RAE 3): *Rating of Health Plan*		CCHA (RAE 7): *Rating of Health Plan*		

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 statistically significantly more likely to provide a lower rating than respondents who answered "Always"

Colorado RAE Aggregate

Survey Item	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	✓	✓	
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	
Q13. Personal doctor listened carefully		✓	✓
Q15. Personal doctor spent enough time			✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓		
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓	NA
Q27. Ease of filling out forms from health plan	✓		NA

NA *Indicates the survey item was not evaluated for this measure.*

NCQA – National Committee for Quality Assurance | RAE – Regional Accountable Entity | NHP – Northeast Health Partners | COA – Colorado Access | CCHA - Colorado Community Health Alliance

2. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set for members receiving services through Health First Colorado (Colorado's Medicaid Program).[2-1,2-2] The goal of the CAHPS Health Plan Surveys is to provide feedback that is actionable and will aid in improving the overall experiences of members.

Health First Colorado's primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) are contracted to implement Phase II of Colorado's ACC. Key functions of the RAEs are to coordinate care, ensure members are attributed to a primary medical care provider, and administer the capitated behavioral health benefit. Table 2-1 provides a list of the seven RAEs that participated in the survey.[2-3] Adult Medicaid members in the seven RAEs completed the surveys from December 2023 to May 2024.

Table 2-1—Participating RAEs

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

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

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

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

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

Survey Administration and Response Rates

Survey Administration

RAE members were eligible for the survey if they were enrolled in a RAE 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 18 years of age or older as of September 30, 2023. HSAG sampled 1,620 members from each RAE. Members were eligible for the survey DHMP and RMHP Prime administered if they were enrolled in the MCO at the time the sample was drawn, continuously enrolled for at least five of the six months of the measurement period (July 1 to December 31, 2023), and 18 years of age or older as of December 31, 2023. A total of 3,483 members were sampled for DHMP, and 2,025 members were sampled for RMHP Prime. For more detailed information on the sampling procedures, please refer to the Reader's Guide section beginning on page 6-5.

For each of the RAEs and RMHP Prime, the survey process employed allowed members three methods by which they could complete the survey in English or Spanish: (1) mail, (2) Internet, or (3) telephone. For DHMP, the survey process employed allowed members to complete the survey in English or Spanish via mail or telephone only. 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 the Colorado RAE Aggregate (i.e., seven RAEs combined), each of the Colorado RAEs, and each of the MCOs. The response rate is the total number of completed surveys divided by all eligible members of the sample.[2-4] A survey was considered completed if at least three of the following five specific questions were answered: 3, 10, 19, 23, and 28. For more detailed information on the calculation of response rates, please refer to the Reader's Guide on page 6-7.

Table 2-2—Sample Distribution and Response Rates

	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**11,340**	**327**	**11,013**	**1,108**	**10.06%**
RMHP (RAE 1)	1,620	48	1,572	151	9.61%
NHP (RAE 2)	1,620	53	1,567	123	7.85%
COA (RAE 3)	1,620	55	1,565	197	12.59%
HCI (RAE 4)	1,620	37	1,583	173	10.93%
COA (RAE 5)	1,620	43	1,577	188	11.92%
CCHA (RAE 6)	1,620	48	1,572	147	9.35%
CCHA (RAE 7)	1,620	43	1,577	129	8.18%
DHMP	**3,483**	**44**	**3,439**	**299**	**8.69%**
RMHP Prime	**2,025**	**31**	**1,994**	**225**	**11.28%**

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

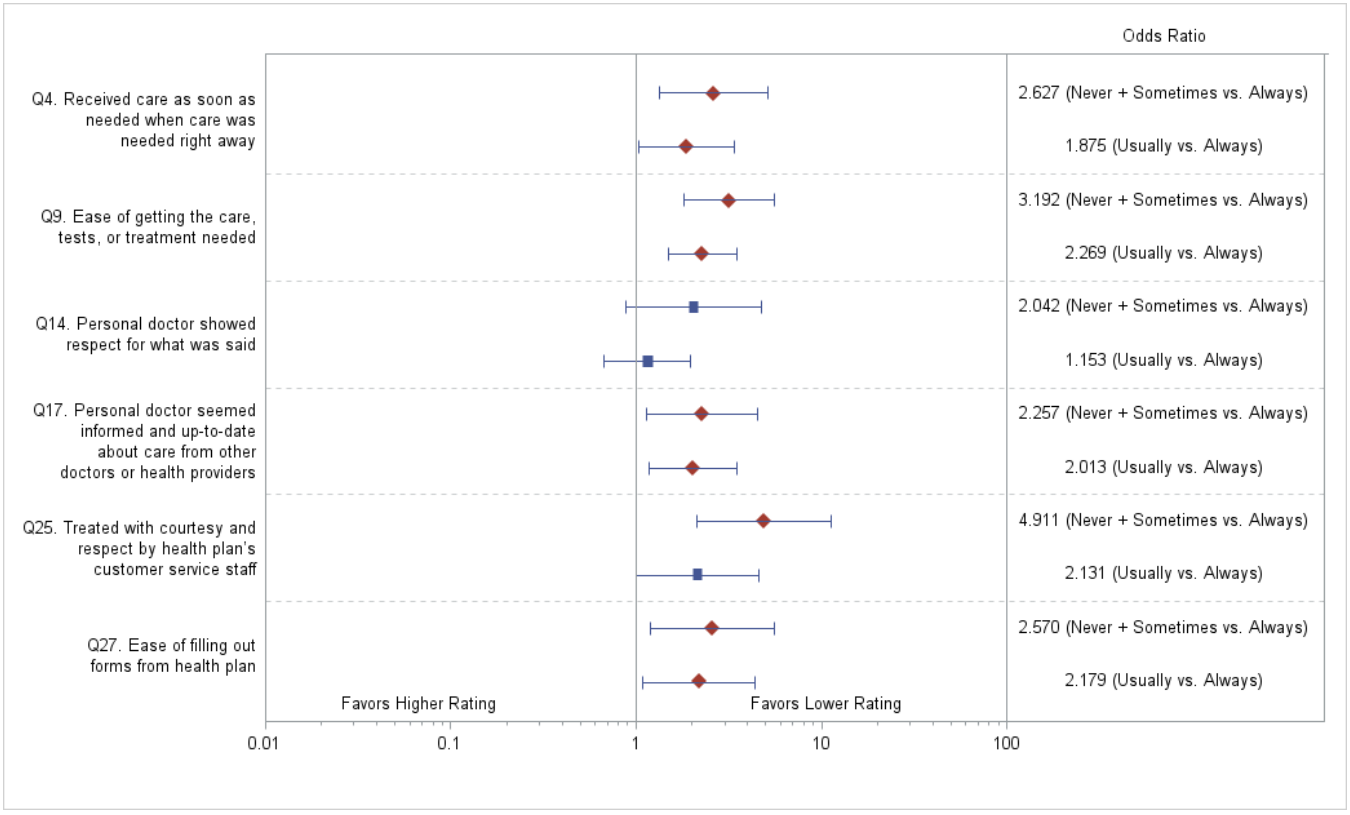
3. Key Drivers of Low Member Experience Analysis

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 additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 6-8.

Figure 3-1 through Figure 3-3 depict the results of the analysis for the Colorado RAE Aggregate. Figure 3-4 through Figure 3-6 depict the results of the analysis for the Colorado MCO Aggregate (i.e., DHMP and RMHP Prime combined). The items identified as key drivers are indicated with a red diamond.

Colorado RAE Aggregate

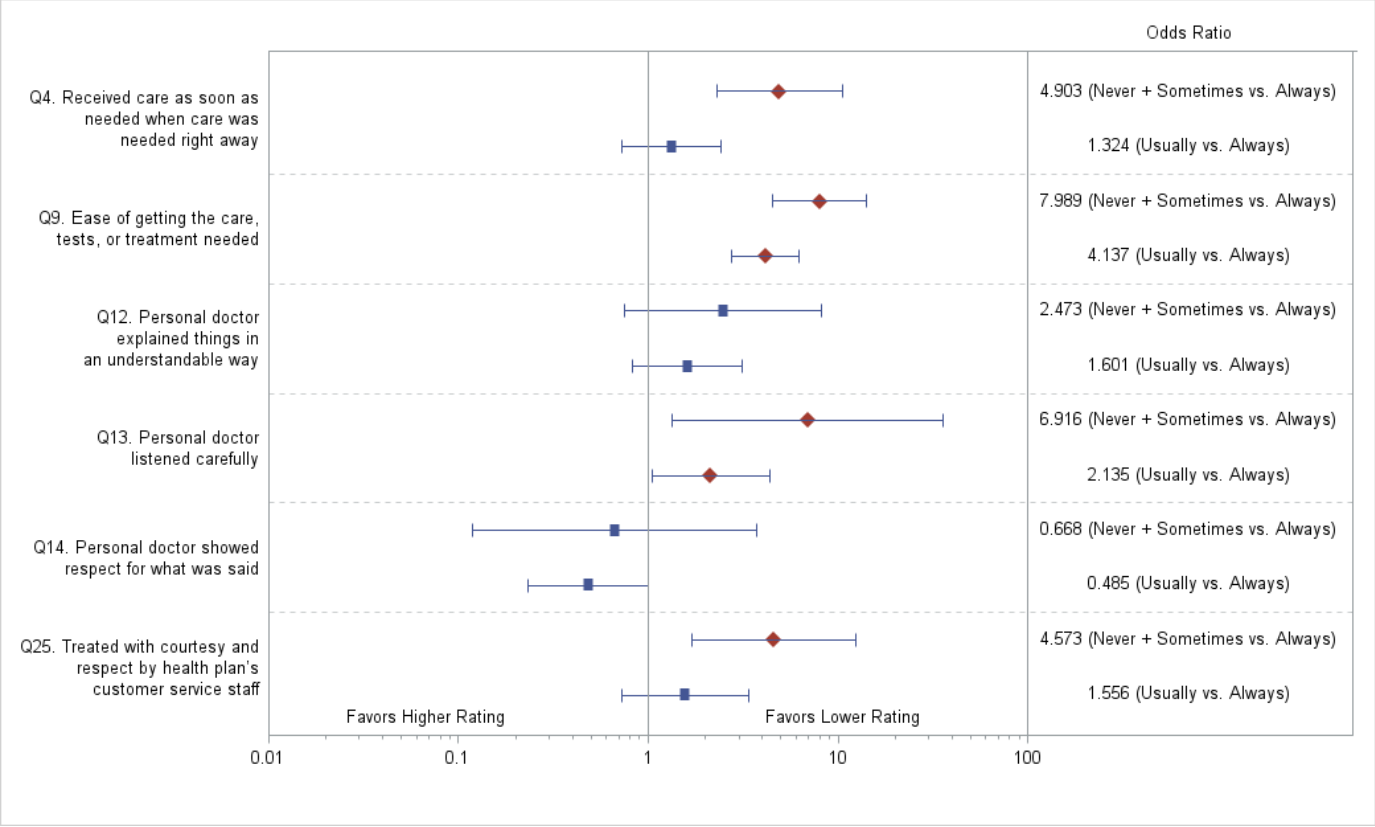
Figure 3-1—Key Drivers of Low Member Experience: Rating of Health Plan—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

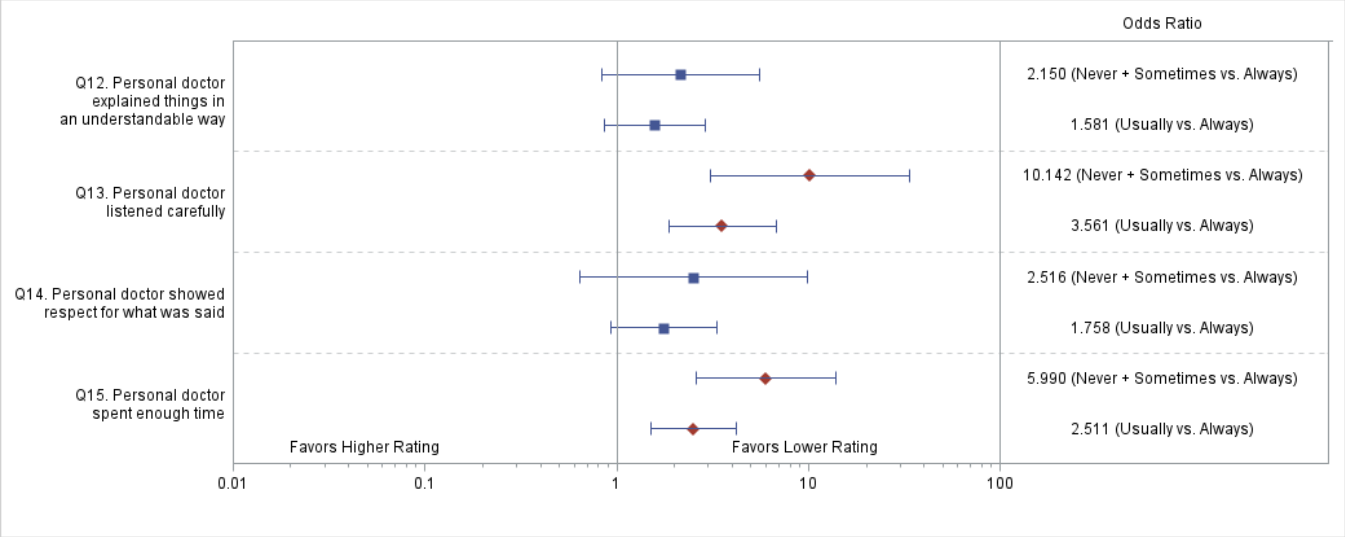
Figure 3-2—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado RAE Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

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

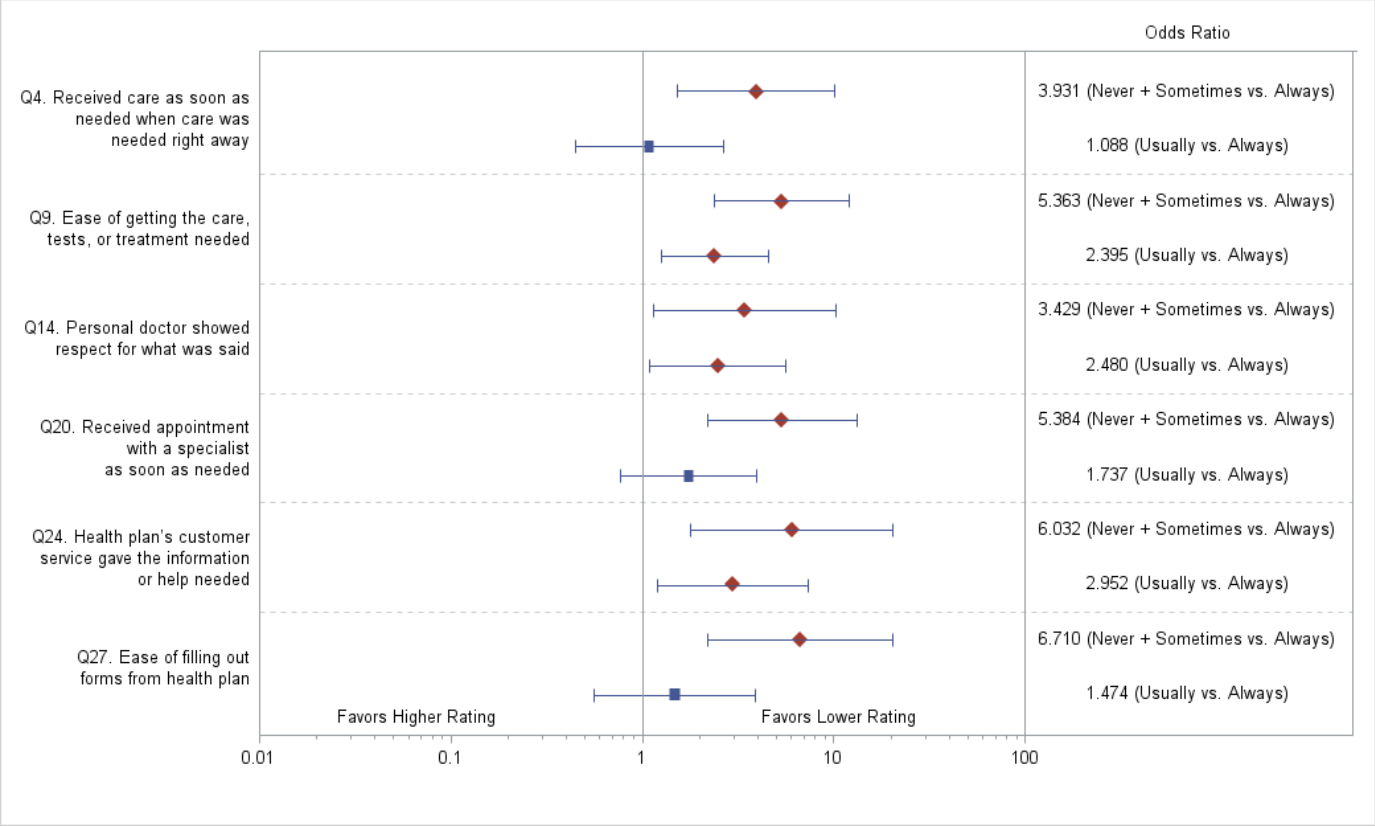


Indicates the item is a key driver.

Indicates the item is not a key driver.

Colorado MCO Aggregate

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



Indicates the item is a key driver.

Indicates the item is not a key driver.

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

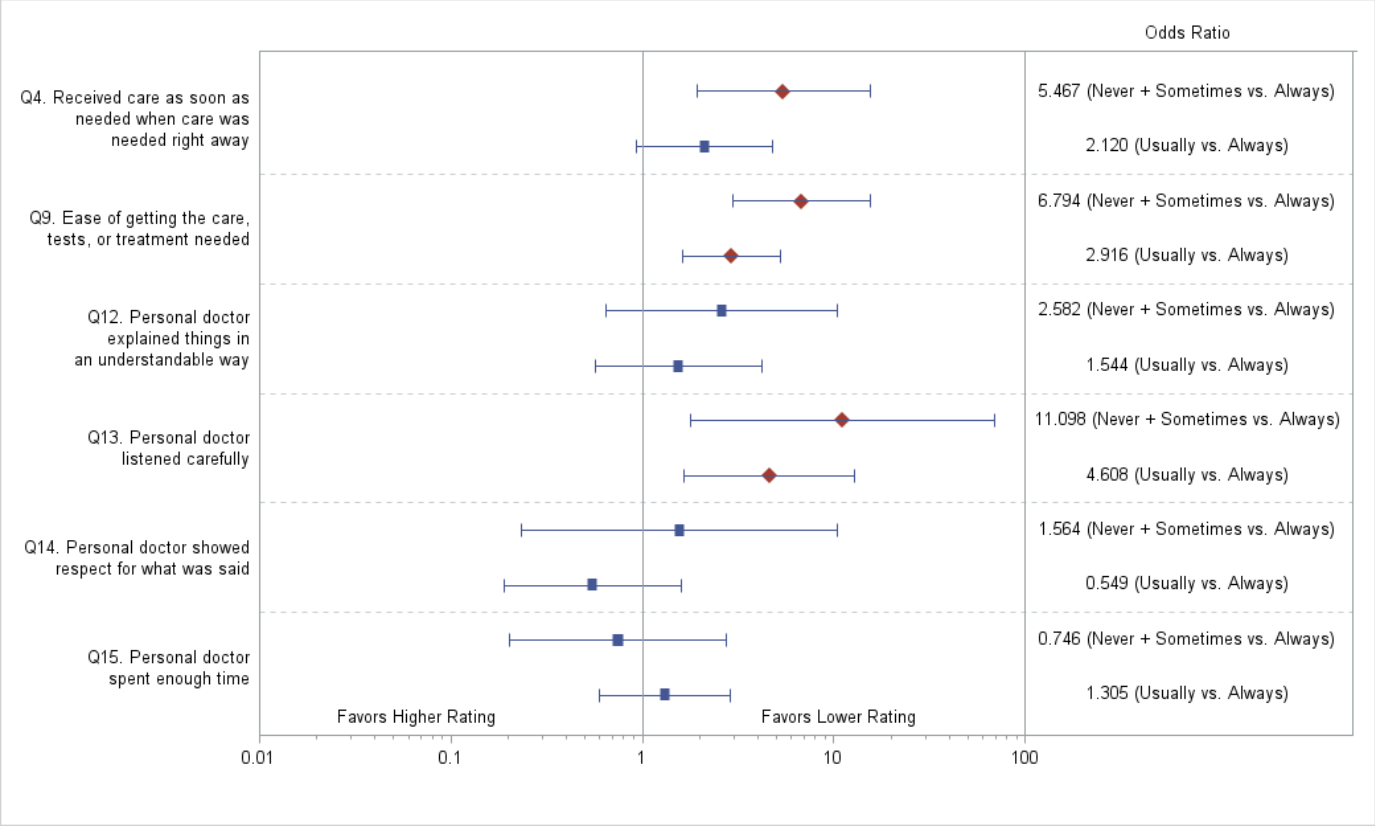
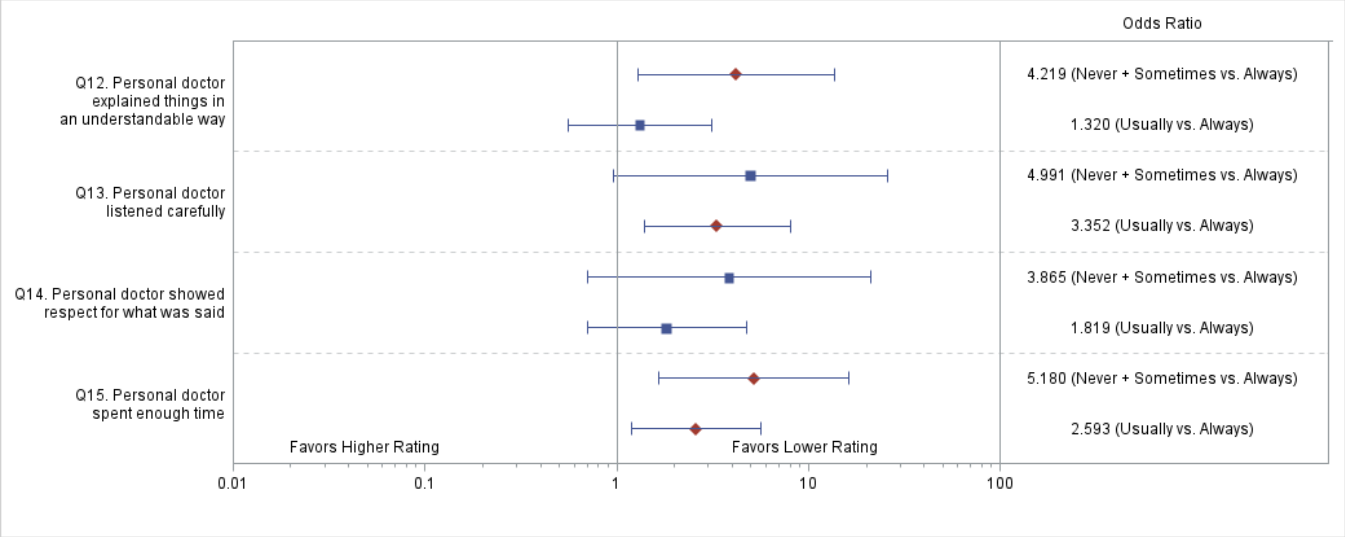


Figure 3-6—Key Drivers of Low Member Experience: Rating of Personal Doctor—Colorado MCO Aggregate



Indicates the item is a key driver.

Indicates the item is not a key driver.

4. Results

The following presents the results for the adult RAE 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
Colorado RAE Aggregate	**1,055**	**1,186**	**1,108**
RMHP (RAE 1)	178	167	151
NHP (RAE 2)	104	137	123
COA (RAE 3)	154	172	197
HCI (RAE 4)	175	195	173
COA (RAE 5)	146	195	188
CCHA (RAE 6)	149	166	147
CCHA (RAE 7)	149	154	129
DHMP	**326**	**236**	**299**
RMHP Prime	**237**	**213**	**225**

These completed surveys were used to calculate the adult results presented in this section. HSAG calculated scores for each measure for the national comparisons, trend analysis, and RAE comparisons.[4-1,4-2] For more detailed information on the calculation of these measures, please refer to the Reader's Guide section beginning on page 6-12. 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 (+).

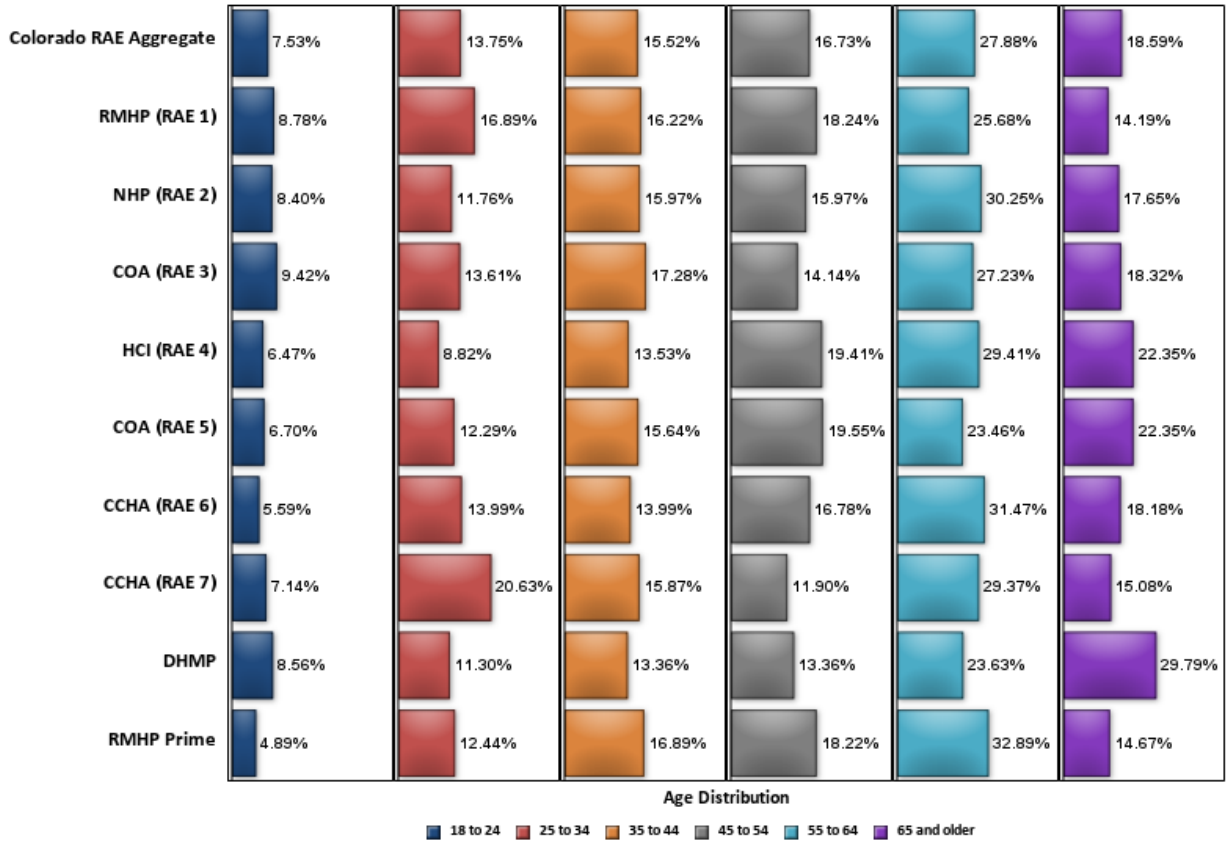
4-1 HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating the scores.

4-2 The medical assistance with smoking and tobacco use cessation measure item scores follow NCQA's methodology of calculating a rolling average using two years of results; however, HSAG did not administer the adult Medicaid survey to the RAEs in 2021; therefore, those results are not available. The 2024 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2023 or 2024. The 2023 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 or 2023. The 2022 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 only.

Member Demographics

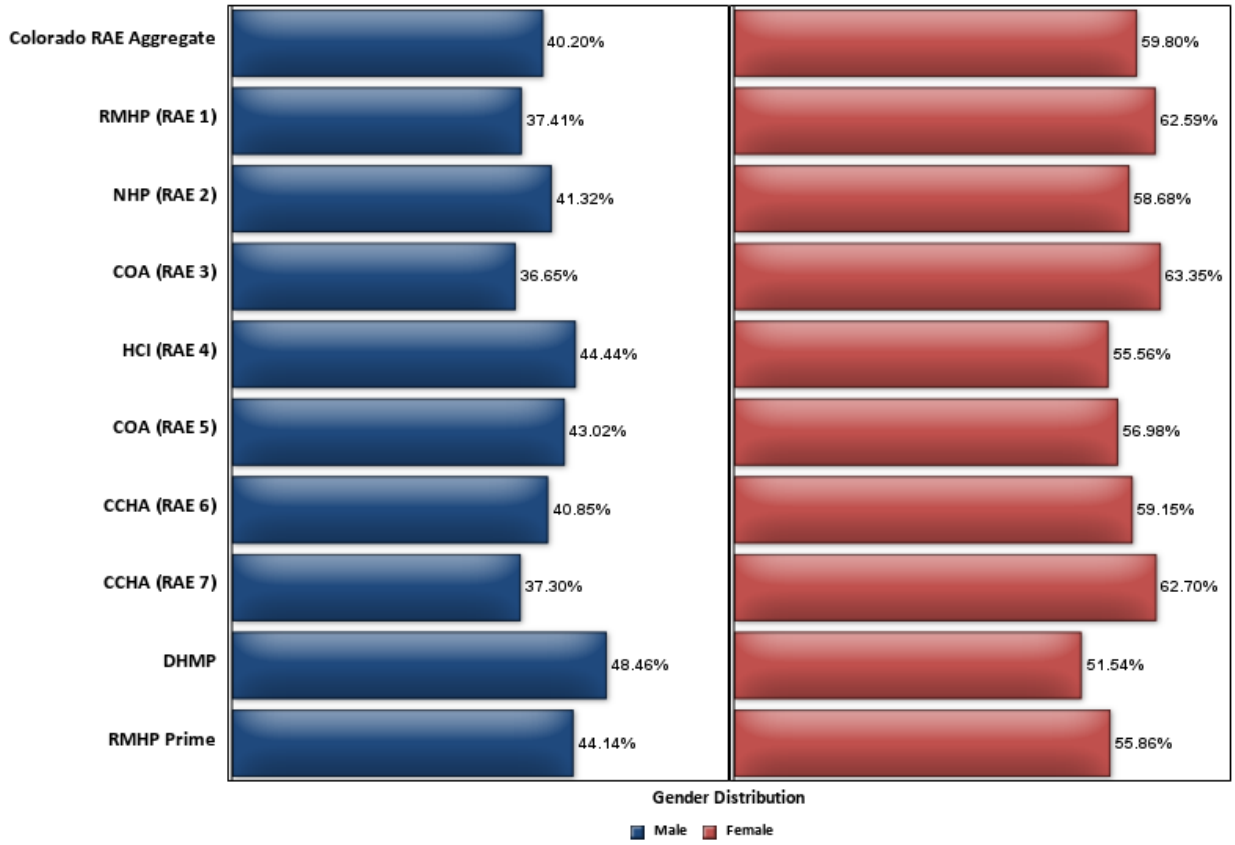
Figure 4-1 through Figure 4-7 present the demographic characteristics of adult members as reported by those who completed a survey. In general, the demographics of a response group influence overall member experience scores. For example, healthier adults tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties. For more detailed information on the member demographics, please refer to the Reader's Guide beginning on page 6-10.

Figure 4-1—Member Demographics: Age



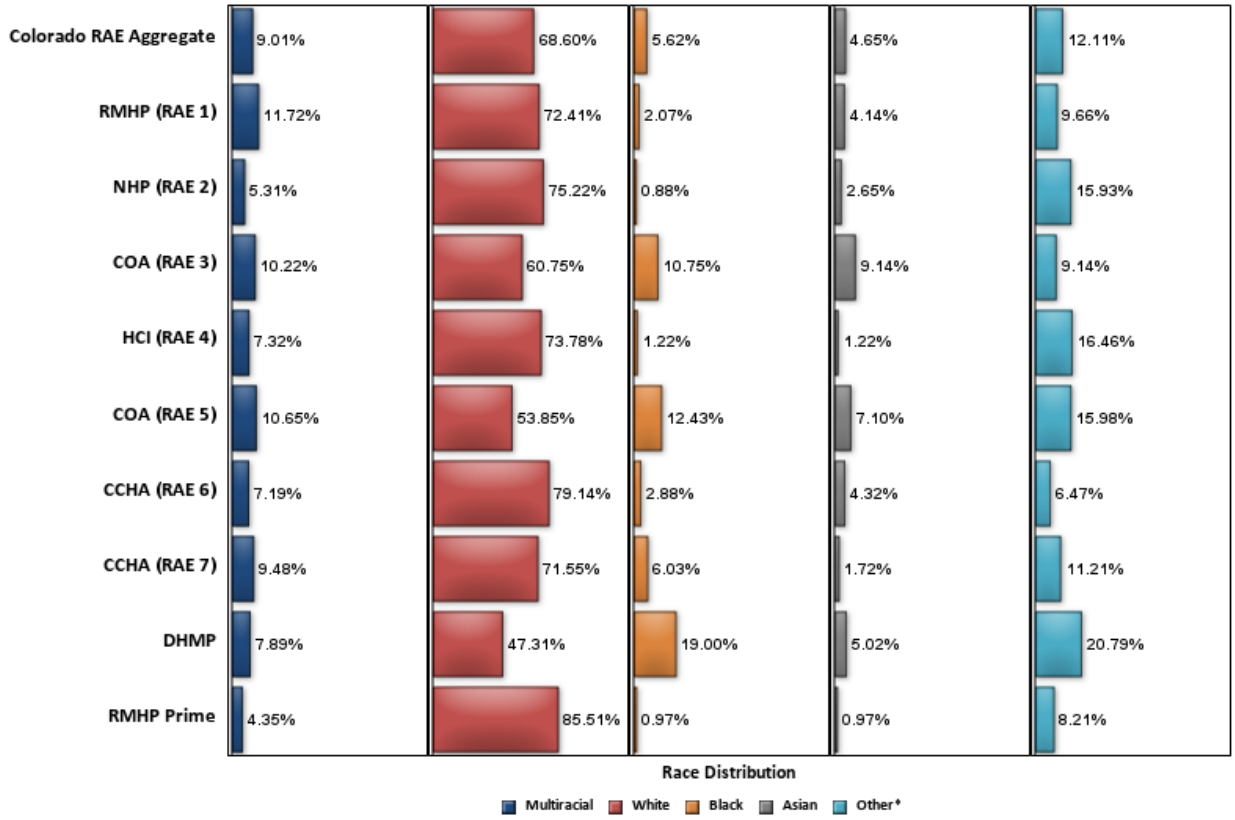
Some percentages may not total 100% due to rounding.

Figure 4-2—Member Demographics: Gender



Some percentages may not total 100% due to rounding.

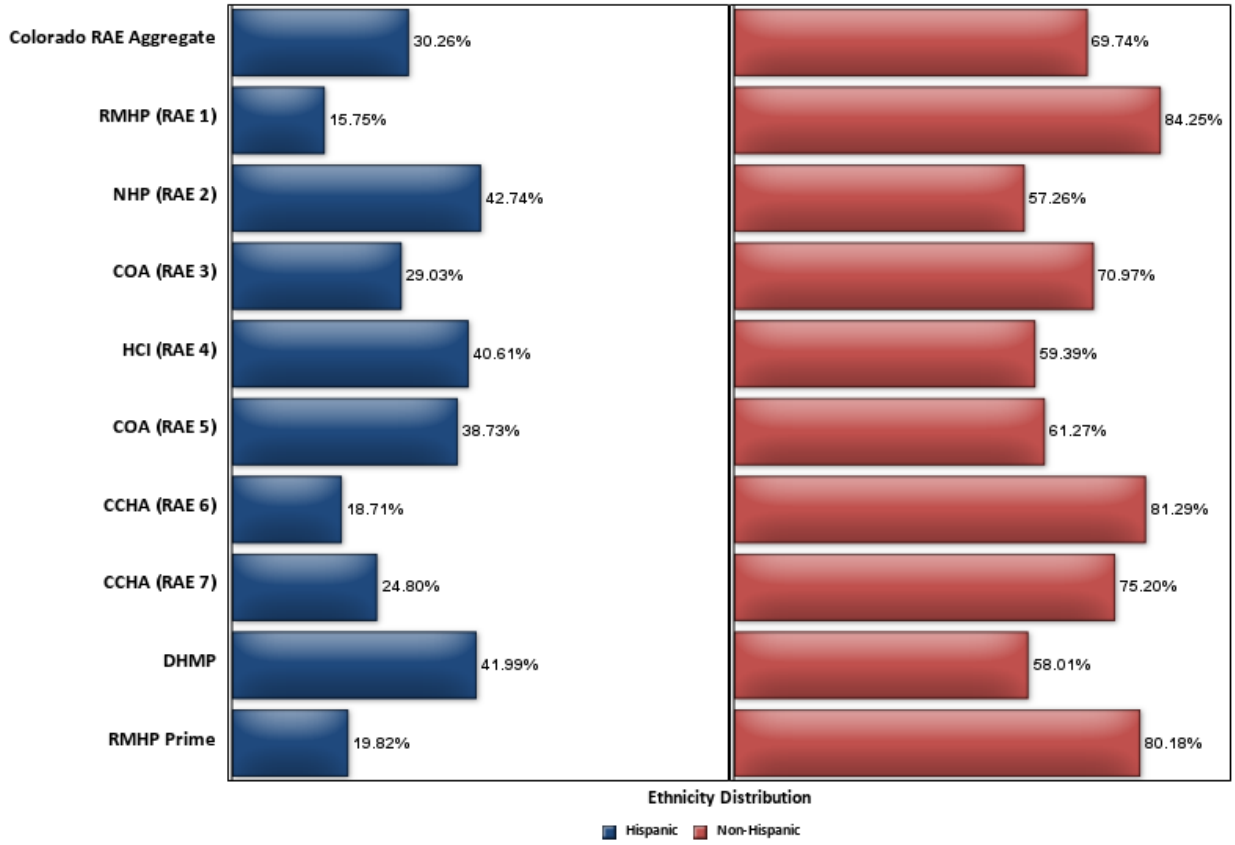
Figure 4-3—Member Demographics: Race



Some percentages may not total 100% due to rounding.

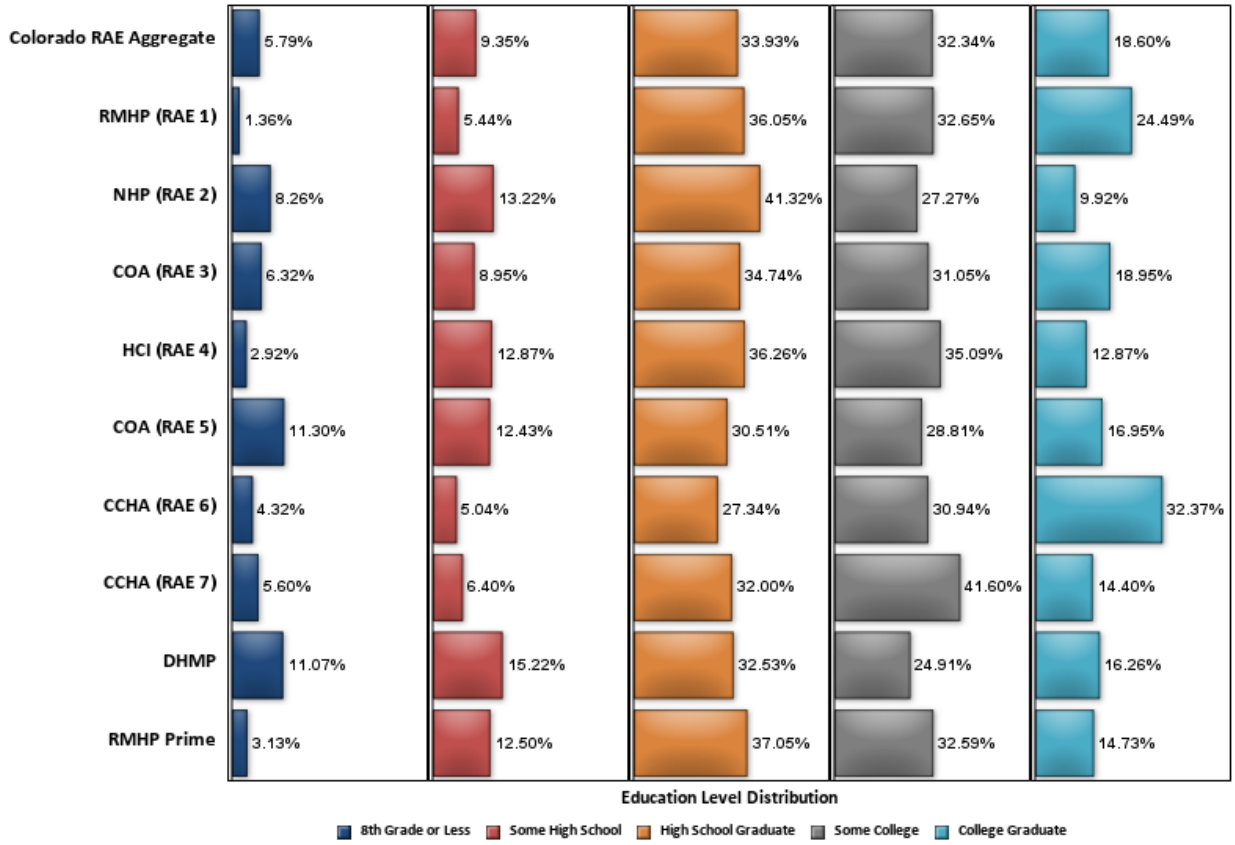
**The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 4-4—Member Demographics: Ethnicity



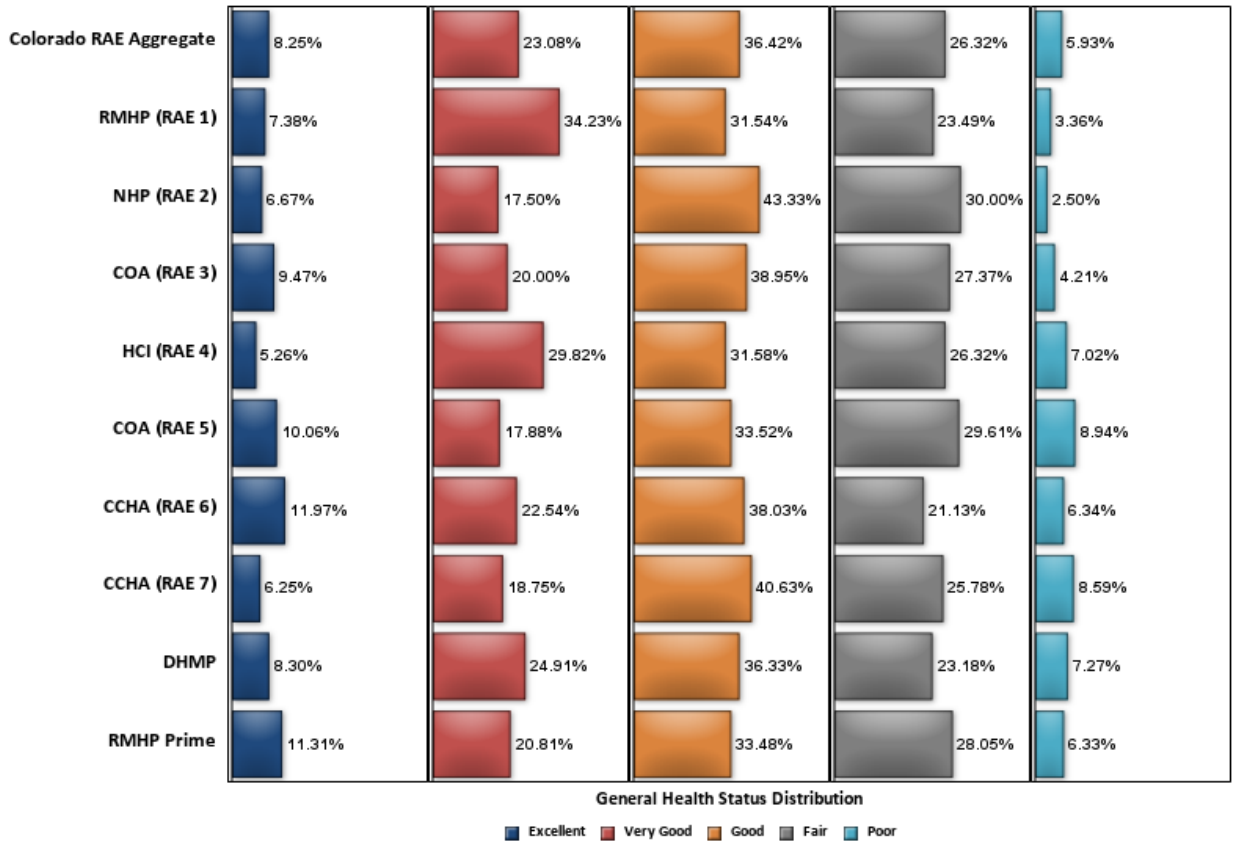
Some percentages may not total 100% due to rounding.

Figure 4-5—Demographics: Education Level



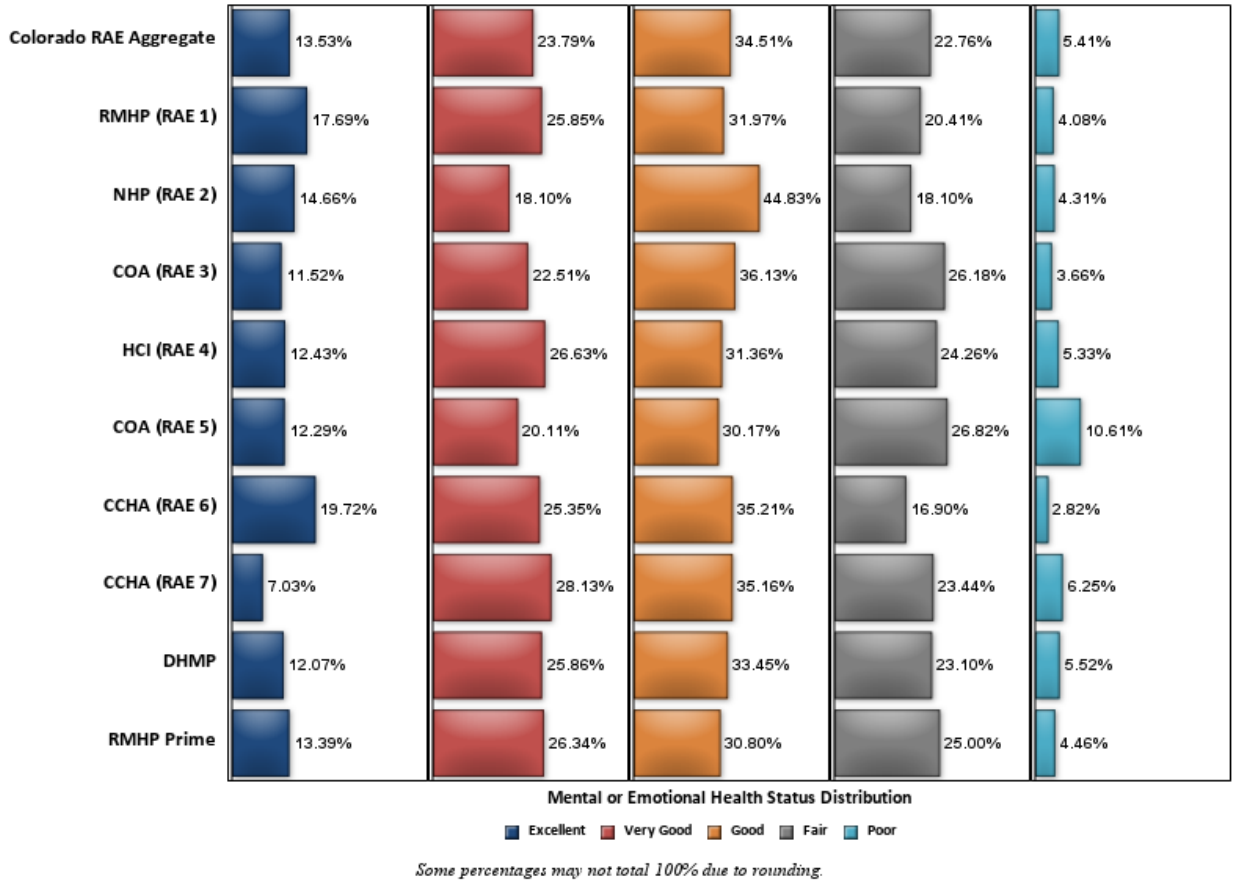
Some percentages may not total 100% due to rounding.

Figure 4-6—Member Demographics: General Health Status



Some percentages may not total 100% due to rounding.

Figure 4-7—Member Demographics: Mental or Emotional Health Status



Some percentages may not total 100% due to rounding.

Respondent Analysis

HSAG compared the demographic characteristics of adult RAE members who responded to the survey (i.e., respondent percentages) to the demographic characteristics of all adult RAE 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 RAE Aggregate and each RAE.[4-3,4-4] 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 member demographics section, which uses responses from the survey as the data source. Caution should be exercised when

[4-3] HSAG did not have access to the sample frame files for DHMP and RMHP Prime; therefore, HSAG could not perform the respondent analysis for the MCOs.

[4-4] "Hispanic/Latino" was included as a race in the sample frame data HSAG received from NHP (RAE 2) and HCI (RAE 4) included; therefore, "Hispanic" is included as both a race and ethnicity in the respondent analysis.

extrapolating the results to the entire population if the respondent population differs significantly from the actual adult RAE population. For more detailed information on the respondent analysis, please refer to the Reader's Guide beginning on page 6-11.

Table 4-2—Respondent Analysis

Demographic Category		Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	COA (RAE 3)	HCI (RAE 4)	COA (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Age									
18 to 24	R SF	**7.67% ↓** **17.92%**	9.27% ↓ 20.93%	7.32% ↓ 20.11%	9.14% ↓ 19.63%	7.51% ↓ 16.01%	6.91% ↓ 15.89%	6.12% ↓ 15.96%	6.98% ↓ 17.07%
25 to 34	R SF	**14.71% ↓** **25.35%**	18.54% ↓ 24.95%	13.01% ↓ 24.94%	14.72% ↓ 25.76%	9.83% ↓ 22.59%	13.83% ↓ 24.95%	13.61% ↓ 25.55%	20.93% 27.31%
35 to 44	R SF	**15.79% ↓** **21.53%**	13.91% ↓ 20.89%	16.26% 20.92%	17.26% 21.35%	13.29% ↓ 21.21%	17.02% 20.94%	14.97% ↓ 21.68%	17.83% 22.96%
45 to 54	R SF	**16.79% ↑** **14.38%**	18.54% 14.02%	16.26% 13.48%	14.21% 13.98%	19.65% 14.98%	17.55% 14.61%	17.69% 15.03%	13.18% 14.38%
55 to 64	R SF	**28.25% ↑** **13.50%**	27.81% ↑ 12.98%	30.08% ↑ 12.91%	28.43% ↑ 12.48%	28.90% ↑ 15.44%	24.47% ↑ 14.56%	31.29% ↑ 14.38%	27.91% ↑ 12.62%
65 or Older	R SF	**16.79% ↑** **7.32%**	11.92% ↑ 6.22%	17.07% ↑ 7.63%	16.24% ↑ 6.81%	20.81% ↑ 9.78%	20.21% ↑ 9.05%	16.33% ↑ 7.40%	13.18% ↑ 5.65%
Gender									
Male	R SF	**40.43% ↓** **44.98%**	39.07% 45.67%	41.46% 43.16%	36.55% ↓ 43.59%	45.66% 46.41%	41.49% 45.10%	42.18% 45.74%	36.43% ↓ 45.42%
Female	R SF	**59.57% ↑** **55.02%**	60.93% 54.33%	58.54% 56.84%	63.45% ↑ 56.41%	54.34% 53.59%	58.51% 54.90%	57.82% 54.26%	63.57% ↑ 54.58%
Race									
White	R SF	**54.05%** **52.77%**	82.52% 82.08%	44.35% 47.97%	50.00% 43.19%	49.69% 48.53%	35.56% 35.64%	64.66% 59.50%	57.26% 55.66%
Black	R SF	**5.59% ↓** **7.39%**	2.10% 2.39%	0.00% 2.59%	11.67% 11.80%	1.23% 1.72%	12.78% ↓ 18.17%	2.26% 2.57%	4.84% 8.63%
Asian	R SF	**4.53% ↑** **3.22%**	4.90% 1.66%	2.61% 1.68%	7.78% 5.93%	0.00% 0.43%	7.22% 5.20%	4.51% 3.40%	3.23% 2.02%
Other	R SF	**13.20% ↓** **15.58%**	10.49% 13.87%	12.17% 9.32%	5.00% 7.17%	12.27% 8.92%	4.44% 7.10%	24.06% 30.45%	31.45% 27.19%
Multiracial	R SF	NA	NA	NA	25.56% 31.91%	NA	40.00% 33.89%	4.51% 4.08%	3.23% ↓ 6.50%
Hispanic/Latino	R SF	NA	NA	40.87% 38.44%	NA	36.81% 40.40%	NA	NA	NA
Ethnicity									
Hispanic	R SF	NA	42.00% 53.77%	39.02% 37.52%	27.22% ↓ 34.91%	36.99% 39.73%	40.56% 36.35%	NA	NA

Demographic Category		Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	COA (RAE 3)	HCI (RAE 4)	COA (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Non-Hispanic	R SF	NA	58.00% 46.23%	60.98% 62.48%	72.78% ↑ 65.09%	63.01% 60.27%	59.44% 63.65%	NA	NA

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

National Comparisons

In order to assess the overall performance of the adult RAE population, HSAG compared the scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.[4-5,4-6,4-7] 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 scores, while the stars represent the star ratings for each measure when the 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.

4-5 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

4-6 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.

4-7 Quality Compass® data were not available for 2024 at the time this report was prepared; therefore, 2023 data were used for this comparative analysis.

Table 4-3 shows the national comparisons results for the Colorado RAE Aggregate and each RAE.

Table 4-3—National Comparisons: Colorado RAE Aggregate and RAEs

	Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	COA (RAE 3)	HCI (RAE 4)	COA (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings								
Rating of Health Plan	★ 56.00%	★ 56.62%	★★ 59.82%	★★★★ 65.76%	★★ 58.86%	★ 56.36%	★ 50.36%	★ 43.44%
Rating of All Health Care	★ 51.66%	★ 42.86%+	★★★★ 58.97%+	★★ 54.07%	★★ 53.92%	★★ 52.78%	★★ 52.81%+	★ 47.62%+
Rating of Personal Doctor	★★ 66.93%	★ 60.58%	★★★★ 72.94%+	★★★★★ 75.17%	★★ 66.13%	★ 62.41%	★★ 64.71%	★ 62.89%+
Rating of Specialist Seen Most Often	★ 60.19%	★ 56.45%+	★★ 66.00%+	★ 59.78%+	★ 53.13%+	★★★ 67.50%+	★ 57.38%+	★★ 63.49%+
Composite Measures								
Getting Needed Care	★★ 79.30%	★★ 78.15%+	★★★★★ 89.66%+	★★ 80.52%	★ 76.68%+	★★ 78.46%+	★ 76.25%+	★★ 79.00%+
Getting Care Quickly	★★ 80.51%	★★★★ 86.77%+	★★★★ 85.04%+	★★ 81.35%+	★★ 81.20%+	★★ 77.84%+	★★ 79.22%+	★ 75.61%+
How Well Doctors Communicate	★★★ 93.18%	★★★★ 94.79%+	★★★★ 94.59%+	★★★★★ 95.64%	★★ 91.93%+	★★★ 93.71%+	★ 91.25%+	★ 90.43%+
Customer Service	★★ 88.65%	★ 85.37%+	★★★★★ 94.29%+	★ 87.05%+	★ 81.71%+	★ 84.43%+	★★★★★ 93.49%+	★★★★★ 93.90%+
Individual Item Measure								
Coordination of Care	★★ 83.28%	★★★★ 87.27%+	★★★ 87.18%+	★★★ 86.67%+	★ 77.78%+	★ 77.78%+	★★ 83.67%+	★ 81.48%+
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items								
Advising Smokers and Tobacco Users to Quit	★ 65.66%	★★ 72.31%+	★ 60.00%+	★★ 68.66%+	★ 53.19%+	★ 63.33%+	★★ 69.49%+	★ 66.67%+
Discussing Cessation Medications	★ 42.60%	★ 41.54%+	★ 40.00%+	★ 46.27%+	★ 38.30%+	★ 42.86%+	★ 43.10%+	★ 41.94%+
Discussing Cessation Strategies	★★ 41.87%	★ 35.94%+	★ 36.23%+	★★ 41.27%+	★★ 40.22%+	★★★★ 51.09%+	★★ 42.11%+	★★ 44.07%+

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.

Table 4-4 shows the national comparisons results for the MCOs.

Table 4-4—National Comparisons: MCOs

	DHMP	RMHP Prime
Global Ratings		
Rating of Health Plan	★ 56.58%	★ 54.72%
Rating of All Health Care	★ 51.74%	★ 41.61%
Rating of Personal Doctor	★★★★ 73.10%	★ 56.73%
Rating of Specialist Seen Most Often	★ 63.11%	★ 58.82%
Composite Measures		
Getting Needed Care	★ 75.18%	★★★★ 85.24%
Getting Care Quickly	★ 71.48%	★★ 79.32%
How Well Doctors Communicate	★★★ 93.54%	★ 90.91%
Customer Service	★★★ 90.20%	★★★★★ 92.86%+
Individual Item Measure		
Coordination of Care	★★★★★ 90.20%	★ 80.72%+
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items		
Advising Smokers and Tobacco Users to Quit	★ 68.12%	★ 66.34%
Discussing Cessation Medications	★★★★ 58.09%	★★ 50.00%
Discussing Cessation Strategies	★★★ 49.63%	★★★ 48.98%+

Star Ratings 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 RAE Comparisons

Trend Analysis

HSAG used the completed surveys and corresponding RAEs' and MCO's 2022, 2023, and 2024 results presented in this section for trending purposes.[4-8] The Colorado RAE Aggregate's results were weighted based on the total eligible population of each RAE 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. The MCO results for DHMP and RMHP Prime are presented in the figures for reference purposes only and are not compared to the RAE results. CAHPS Health Plan Survey Database (i.e., CAHPS Database) adult Medicaid benchmarks and NCQA adult Medicaid national averages are presented for comparative purposes.[4-9,4-10,4-11,4-12] The 2023 NCQA adult Commercial national averages are presented in the figures for reference purposes only, where applicable, and are not comparable to the RAE or MCO results.[4-13] The scores and number of respondents (N) are presented in the figures for the 2023 CAHPS Database adult Medicaid benchmarks, Colorado RAE Aggregate, each RAE, and each MCO only since the data for the NCQA adult Medicaid and Commercial 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.

4-8 HSAG recalculated the 2022 and 2023 scores to report scores out to two decimal places. Therefore, the 2022 and 2023 results in this report will not match previous reports.

4-9 For the NCQA adult Medicaid and Commercial national averages, the source for data contained in this publication is Quality Compass® 2023 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

4-10 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.

4-11 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. 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.

4-12 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.

4-13 The NCQA adult Commercial national averages are based on results for the commercial population and derived from answers to the CAHPS 5.1H Adult Commercial Health Plan Survey; therefore, these results are not comparable to the RAE or MCO results. Additionally, NCQA adult Commercial national averages are not available for the medical assistance with smoking and tobacco use cessation measure items; therefore, results for these measures are not included.

RAE Comparisons

In order to identify performance differences in experiences of care, HSAG compared the RAEs' results to the Colorado RAE Aggregate using standard tests for statistical significance.[4-14] Statistically significant differences between the RAE scores and the Colorado RAE Aggregate are noted with arrows (↑ or ↓). RAE scores that were not statistically significantly different than the Colorado RAE Aggregate are not noted with arrows. The scores and number of respondents (N) are presented in the figures for the Colorado RAE Aggregate and each RAE.

For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. In some instances, the scores presented for two RAEs were similar, but one was statistically significantly different from the Colorado RAE Aggregate and the other was not. In these instances, it was the difference in the number of respondents between the two RAEs that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE with a larger number of respondents. For more detailed information on the RAE comparisons, please refer to the Reader's Guide beginning on page 6-14.

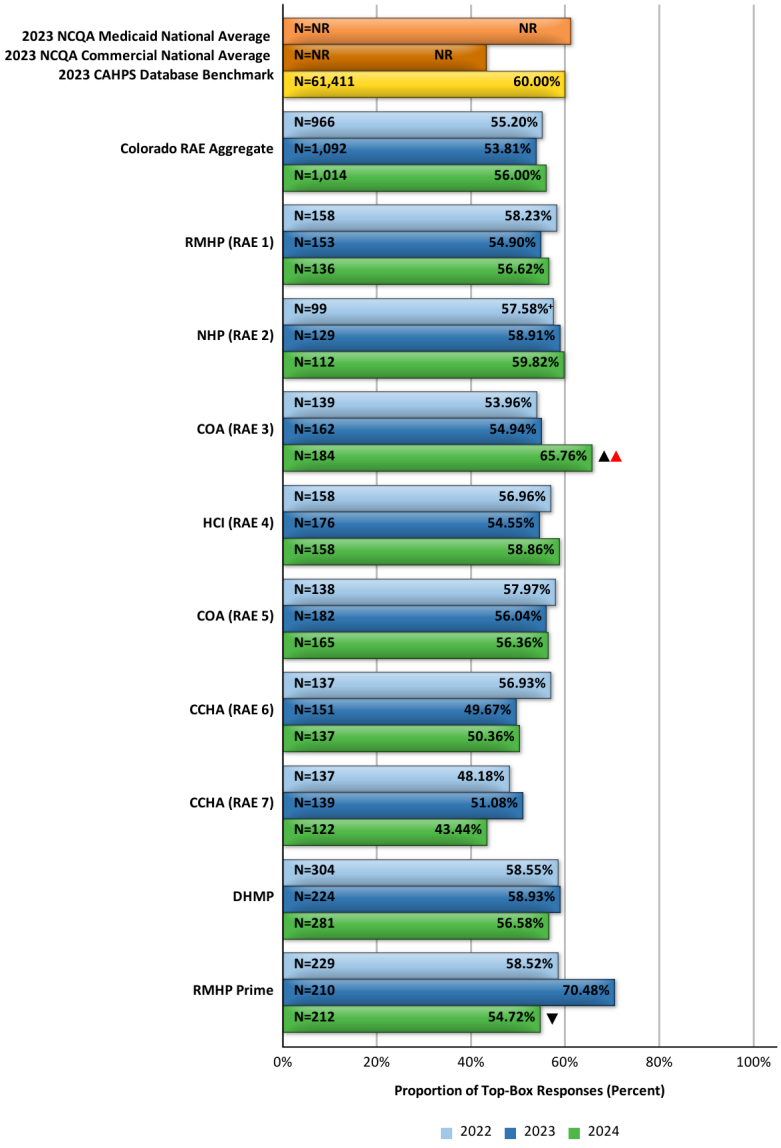
[4-14] Caution should be exercised when evaluating RAE comparisons, given that population and plan differences may impact results.

Global Ratings

Rating of Health Plan

Figure 4-8 shows the trend analysis results for *Rating of Health Plan,* including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

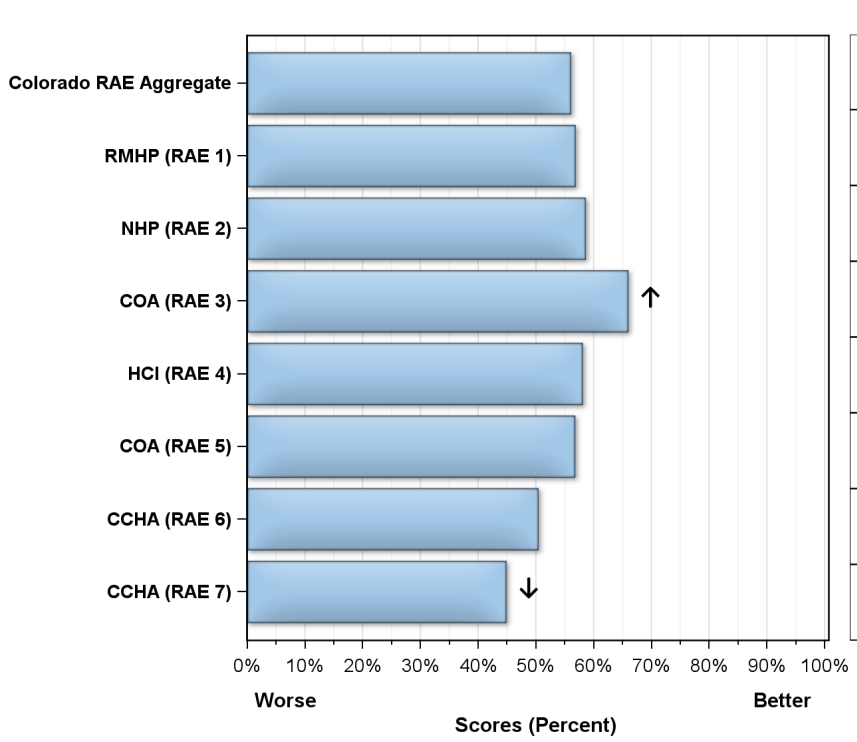
Figure 4-8—Trend Analysis: Rating of Health Plan (9 or 10)



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 4-9 shows the RAE comparisons results for *Rating of Health Plan*.

Figure 4-9—RAE Comparisons: Rating of Health Plan (9 or 10)



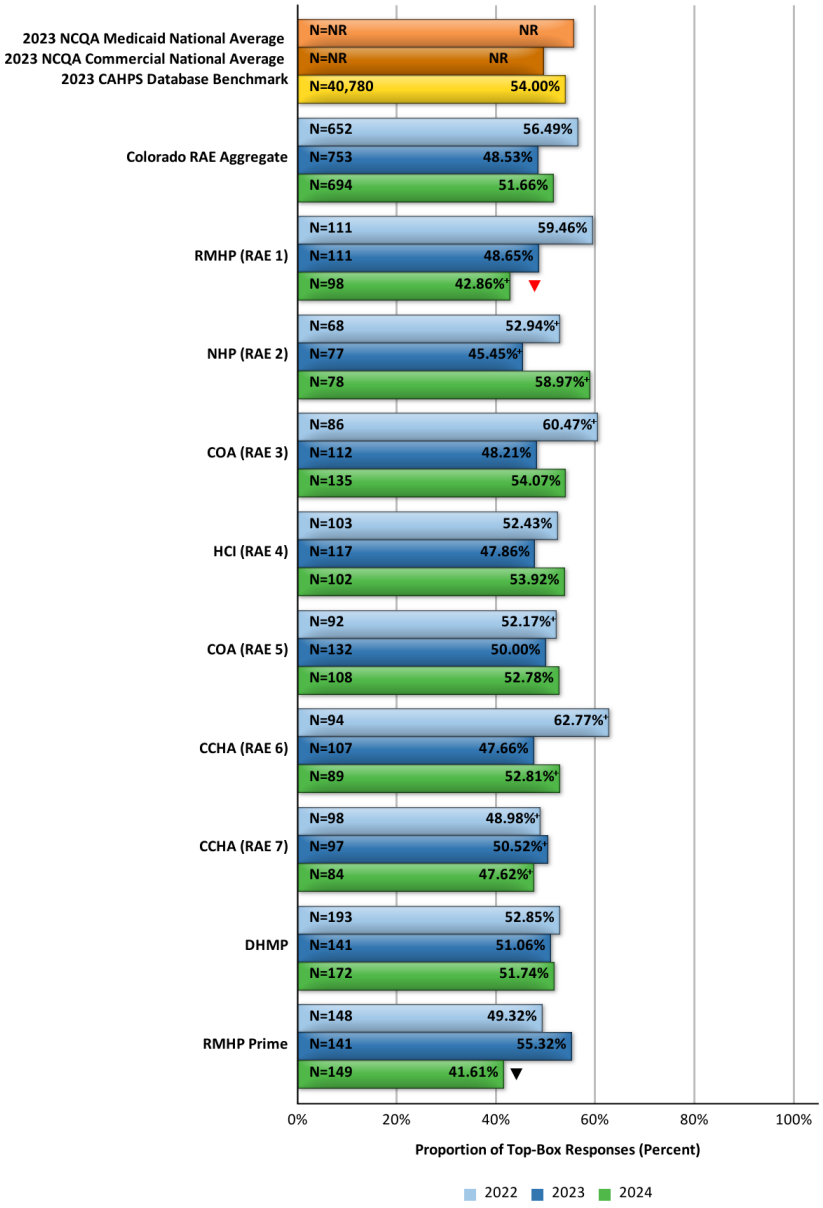
	Top-Box Score	N
Colorado RAE Aggregate	56.00%	1,014
RMHP (RAE 1)	56.80%	136
NHP (RAE 2)	58.55%	112
COA (RAE 3) ↑	65.93%	184
HCI (RAE 4)	58.04%	158
COA (RAE 5)	56.73%	165
CCHA (RAE 6)	50.37%	137
CCHA (RAE 7) ↓	44.82%	122

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

Rating of All Health Care

Figure 4-10 shows the trend analysis results for *Rating of All Health Care*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

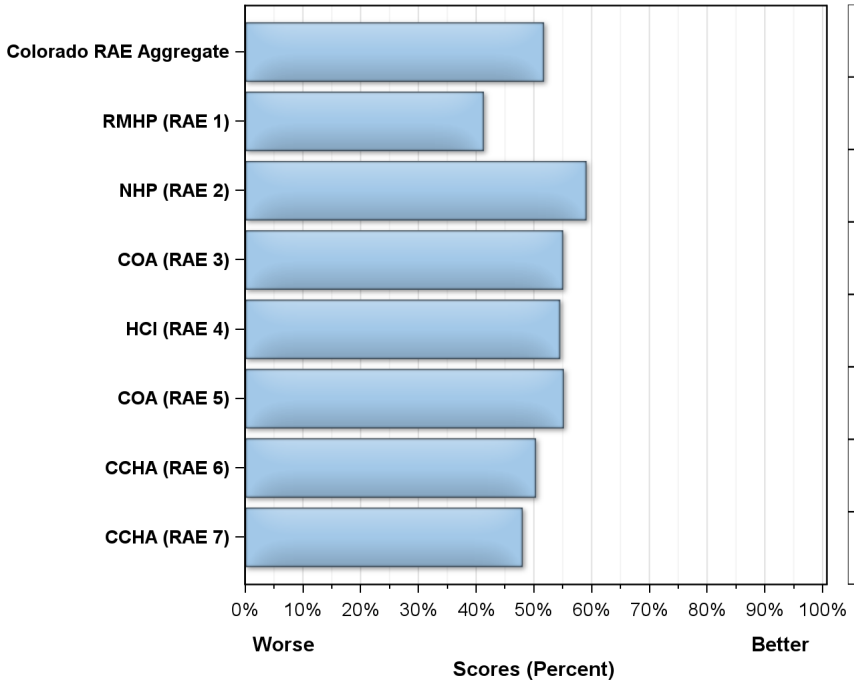
Figure 4-10—Trend Analysis: Rating of All Health Care (9 or 10)



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 4-11 shows the RAE comparisons results for *Rating of All Health Care*.

Figure 4-11—RAE Comparisons: Rating of All Health Care (9 or 10)



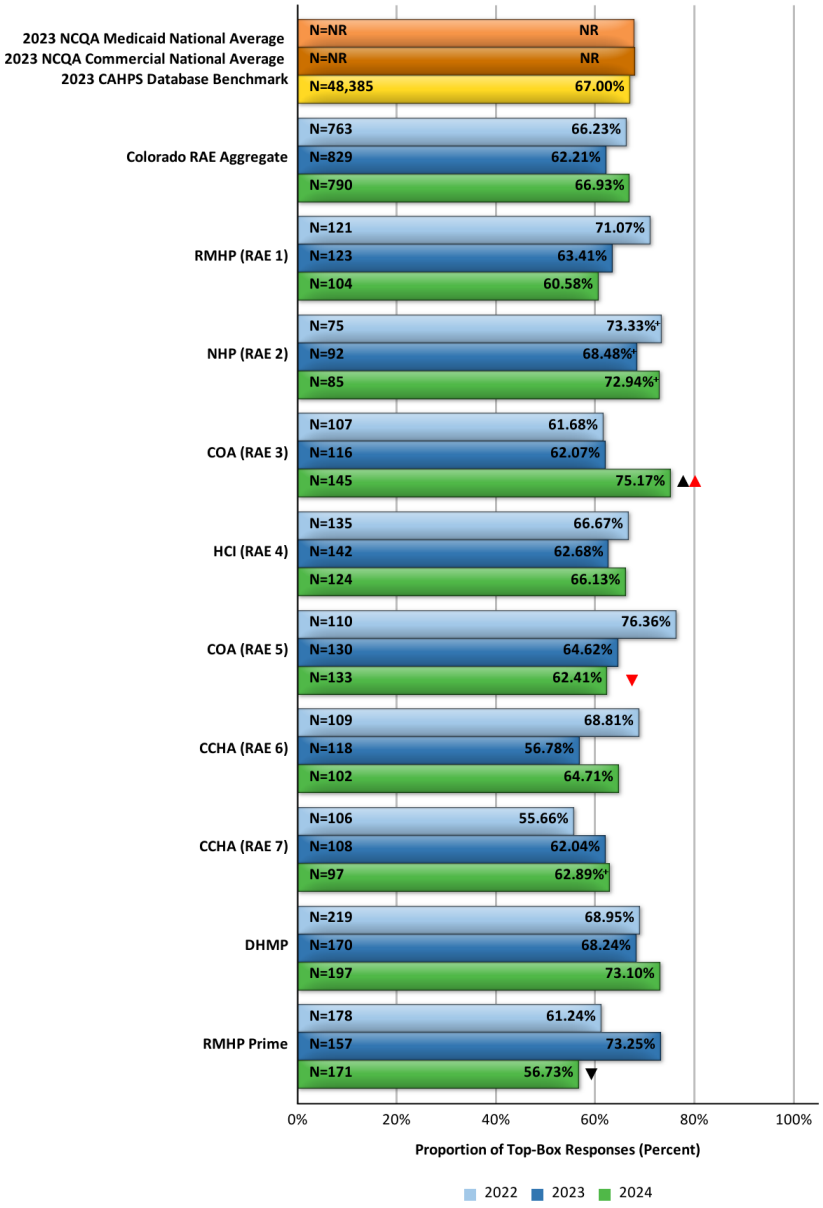
	Top-Box Score	N
Colorado RAE Aggregate	51.66%	694
RMHP (RAE 1)	41.24% +	98
NHP (RAE 2)	59.02% +	78
COA (RAE 3)	54.98%	135
HCI (RAE 4)	54.46%	102
COA (RAE 5)	55.09%	108
CCHA (RAE 6)	50.27% +	89
CCHA (RAE 7)	47.96% +	84

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

Rating of Personal Doctor

Figure 4-12 shows the trend analysis results for *Rating of Personal Doctor*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

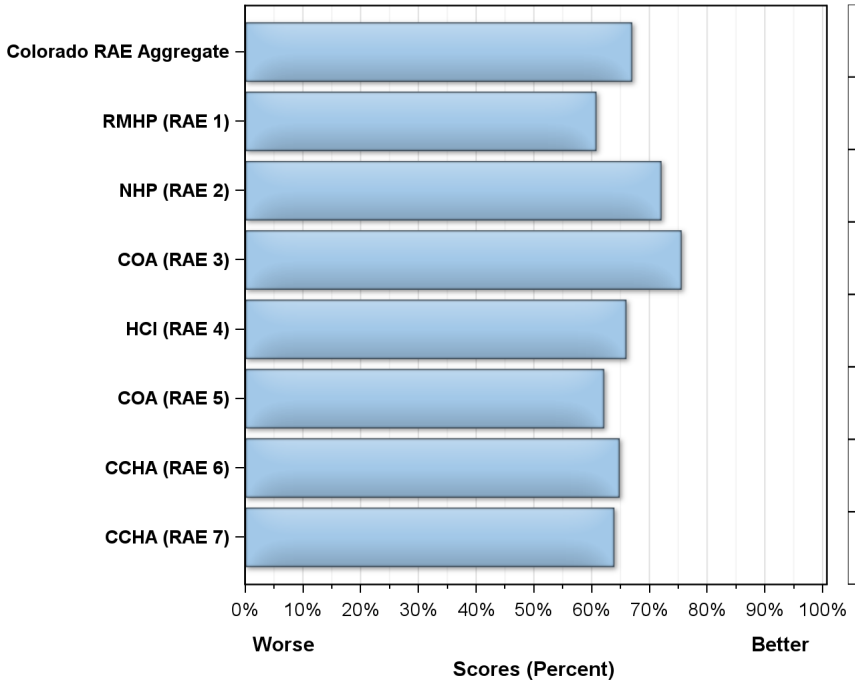
Figure 4-12—Trend Analysis: Rating of Personal Doctor (9 or 10)



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 4-13 shows the RAE comparisons results for *Rating of Personal Doctor*.

Figure 4-13—RAE Comparisons: Rating of Personal Doctor (9 or 10)



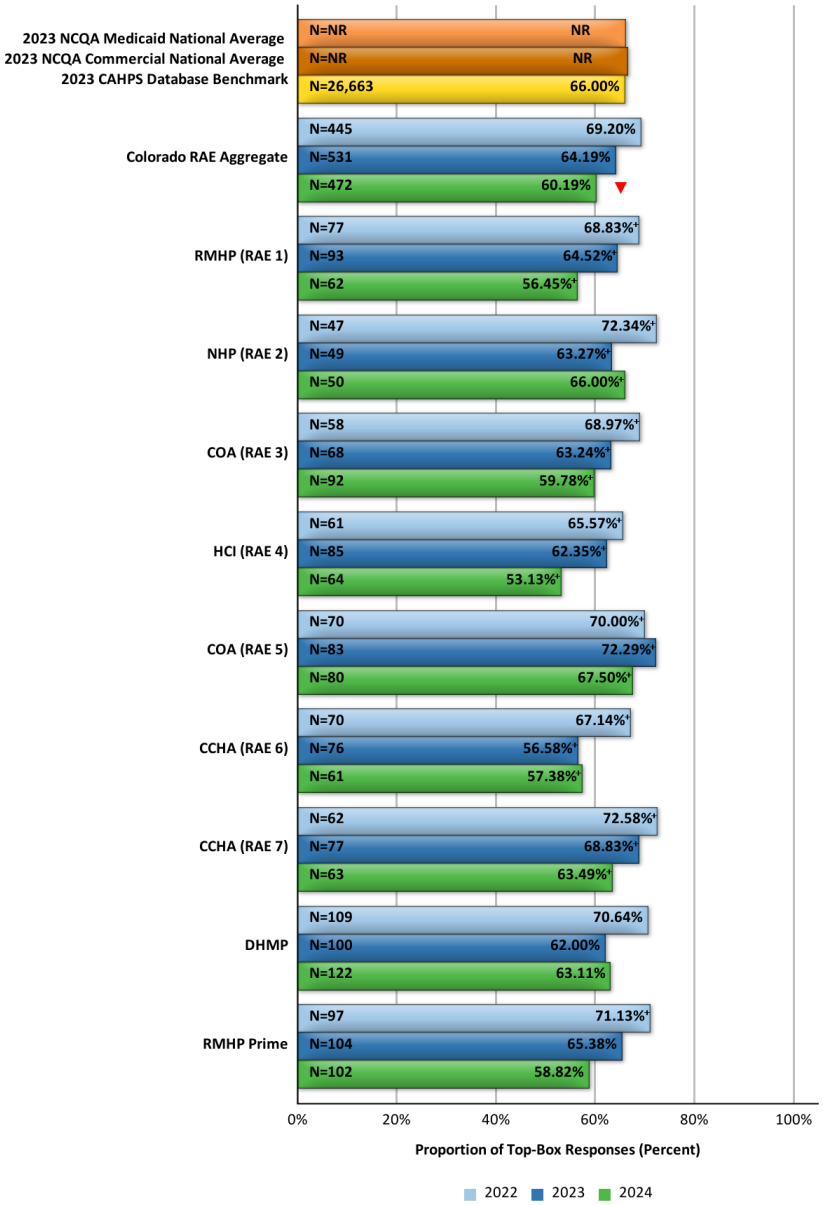
	Top-Box Score	N
Colorado RAE Aggregate	66.93%	790
RMHP (RAE 1)	60.74%	104
NHP (RAE 2)	72.00% +	85
COA (RAE 3)	75.49%	145
HCI (RAE 4)	65.93%	124
COA (RAE 5)	62.08%	133
CCHA (RAE 6)	64.75%	102
CCHA (RAE 7)	63.84% +	97

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

Rating of Specialist Seen Most Often

Figure 4-14 shows the trend analysis results for *Rating of Specialist Seen Most Often*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

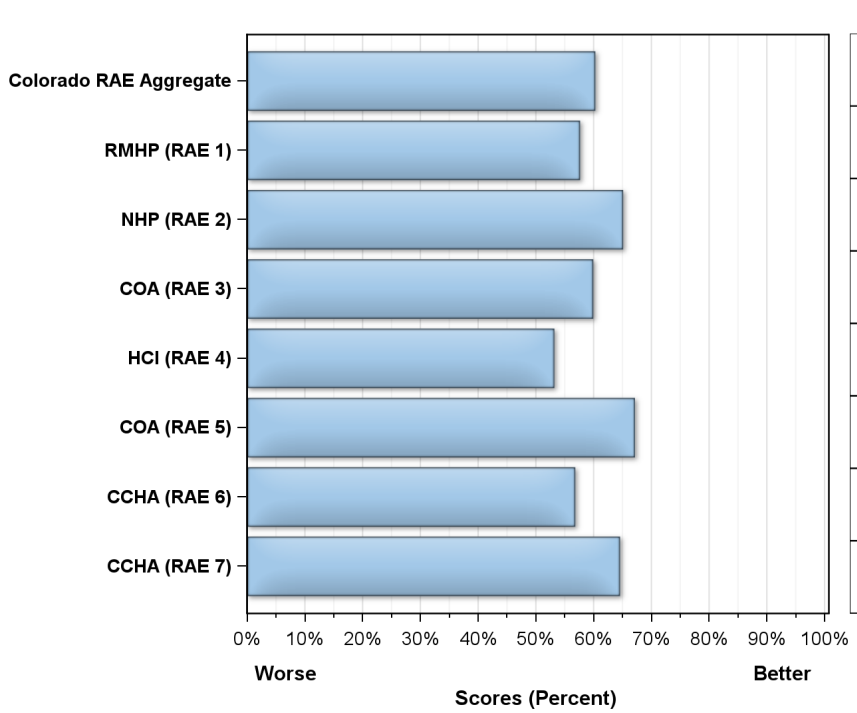
Figure 4-14—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)



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 4-15 shows the RAE comparisons results for *Rating of Specialist Seen Most Often*.

Figure 4-15—RAE Comparisons: Rating of Specialist Seen Most Often (9 or 10)



	Top-Box Score	N
Colorado RAE Aggregate	60.19%	472
RMHP (RAE 1)	57.55% +	62
NHP (RAE 2)	65.01% +	50
COA (RAE 3)	59.83% +	92
HCI (RAE 4)	53.10% +	64
COA (RAE 5)	67.05% +	80
CCHA (RAE 6)	56.72% +	61
CCHA (RAE 7)	64.47% +	63

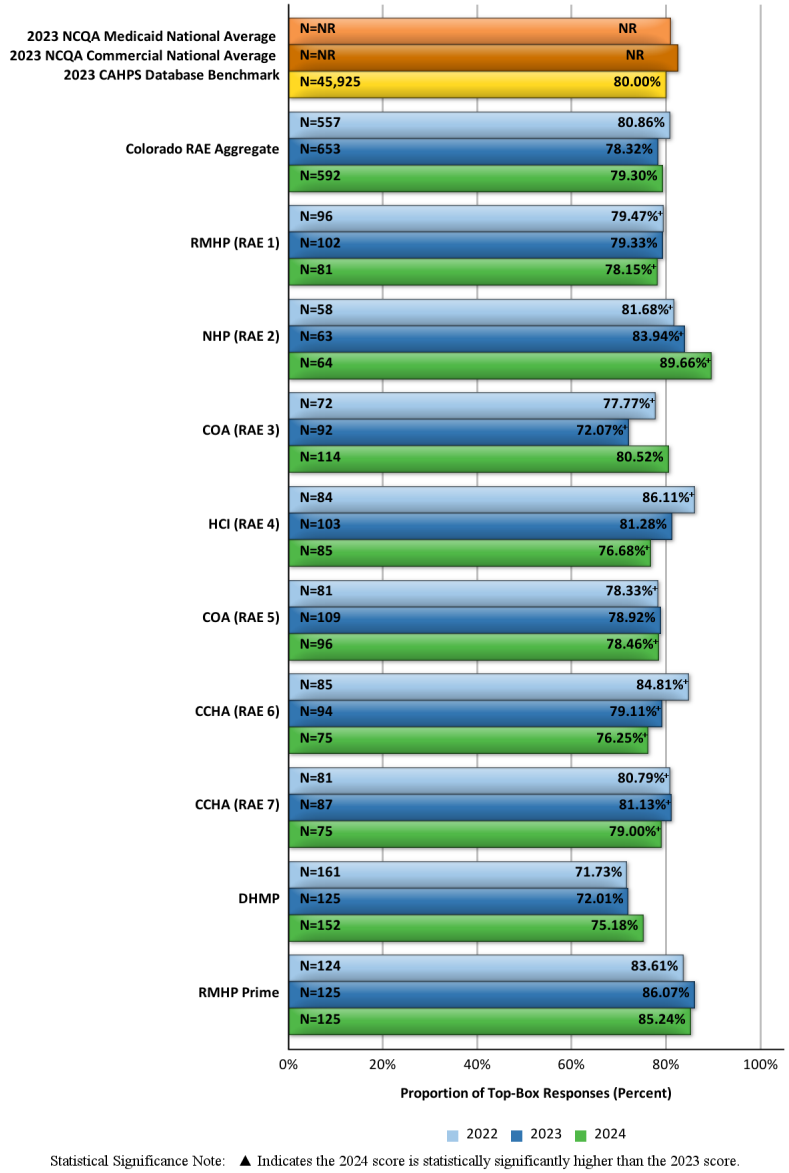
↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

Composite Measures

Getting Needed Care

Figure 4-16 shows the trend analysis results for *Getting Needed Care*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

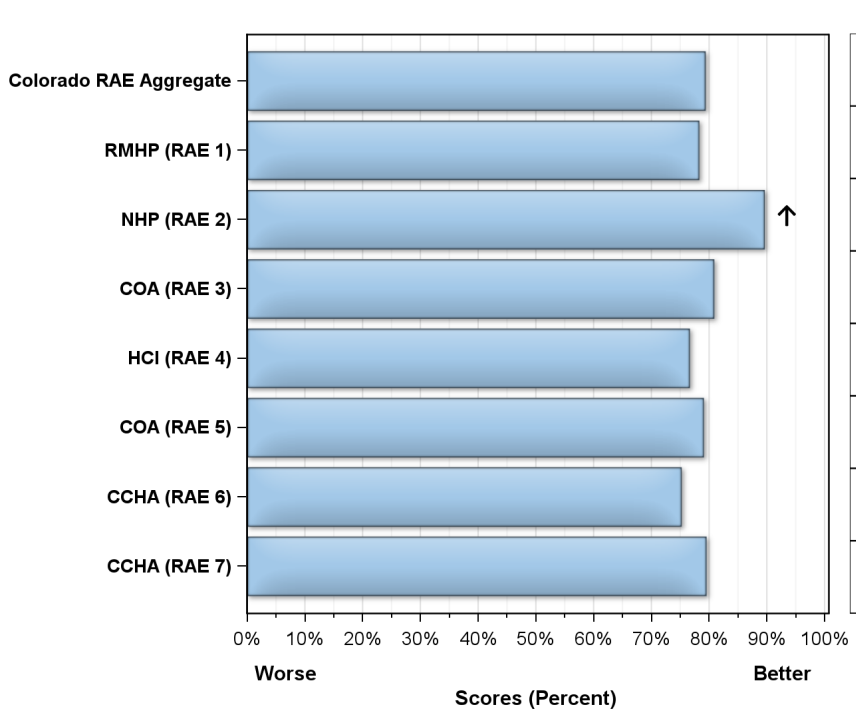
Figure 4-16—Trend Analysis: Getting Needed Care (Usually or Always)



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 4-17 shows the RAE comparisons results for *Getting Needed Care*.

Figure 4-17—RAE Comparisons: Getting Needed Care (Usually or Always)



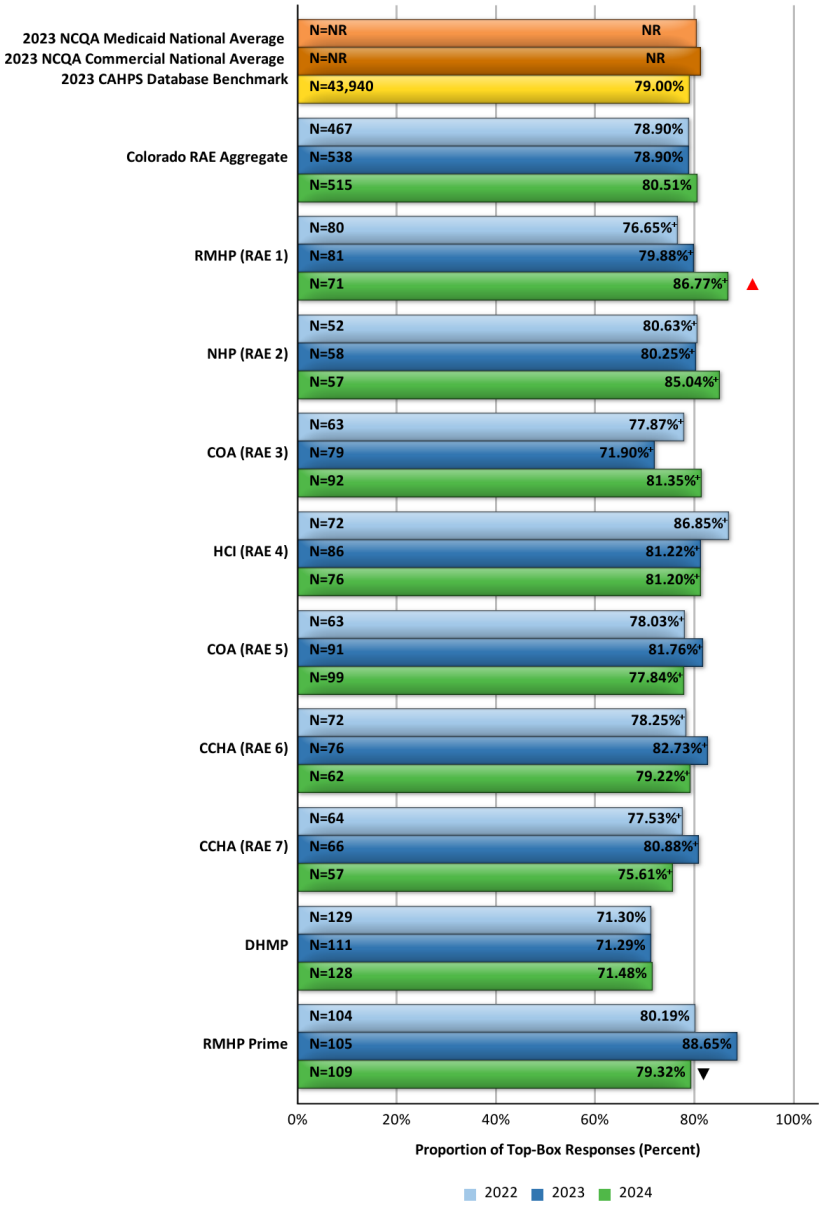
	Top-Box Score	N
Colorado RAE Aggregate	79.30%	592
RMHP (RAE 1)	78.21% +	81
NHP (RAE 2)	89.54% +	64
COA (RAE 3)	80.80%	114
HCI (RAE 4)	76.57% +	85
COA (RAE 5)	79.00% +	96
CCHA (RAE 6)	75.15% +	75
CCHA (RAE 7)	79.45% +	75

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

Getting Care Quickly

Figure 4-18 shows the top-box trend analysis results for *Getting Care Quickly*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

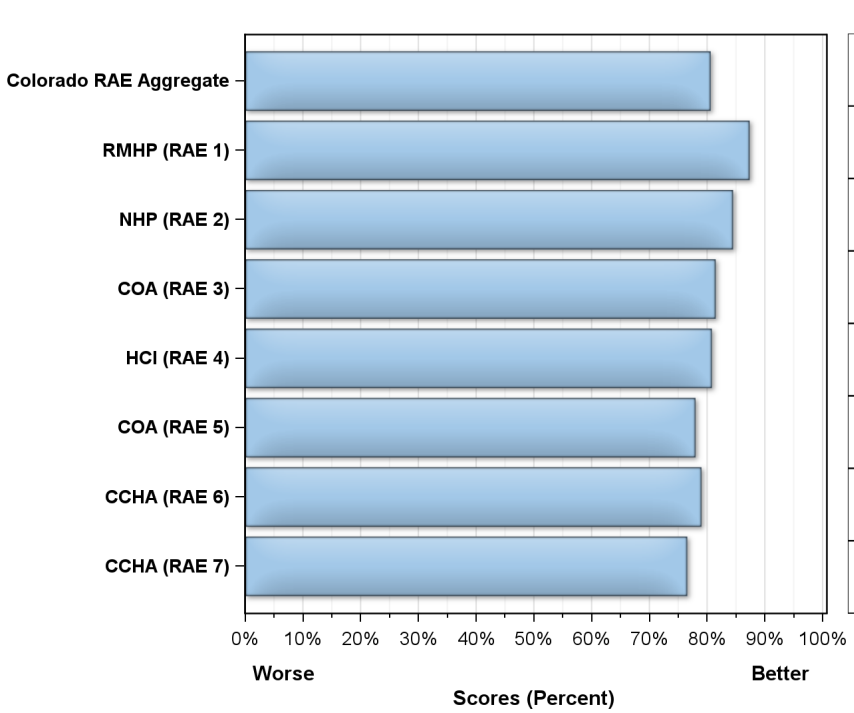
Figure 4-18—Trend Analysis: Getting Care Quickly (Usually or Always)



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 4-19 shows the RAE comparisons results for *Getting Care Quickly*.

Figure 4-19—RAE Comparisons: Getting Care Quickly (Usually or Always)



	Top-Box Score	N
Colorado RAE Aggregate	80.51%	515
RMHP (RAE 1)	87.26% +	71
NHP (RAE 2)	84.39% +	57
COA (RAE 3)	81.38% +	92
HCI (RAE 4)	80.72% +	76
COA (RAE 5)	77.89% +	99
CCHA (RAE 6)	78.92% +	62
CCHA (RAE 7)	76.46% +	57

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

How Well Doctors Communicate

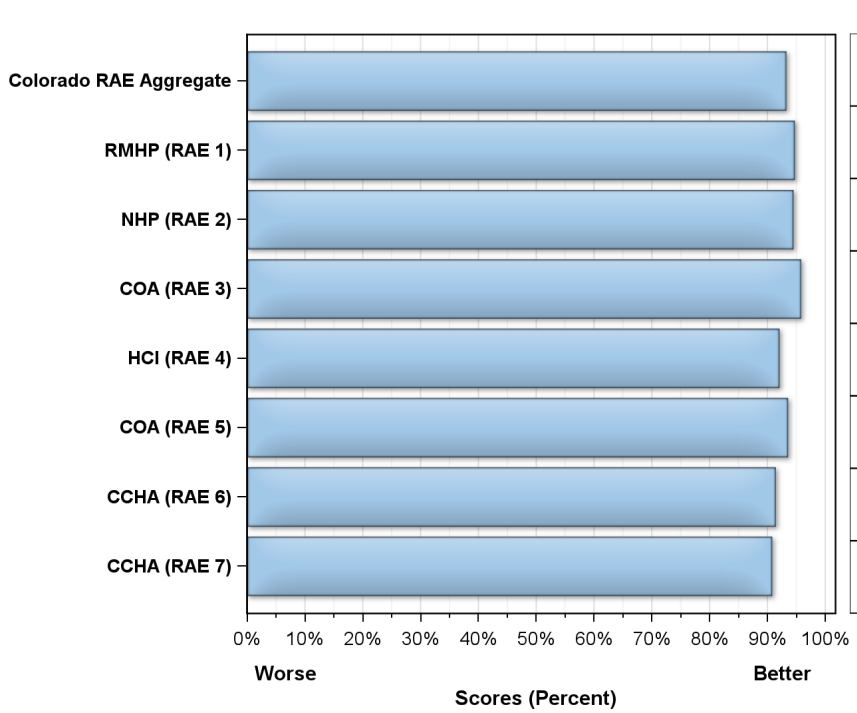
Figure 4-20 shows the trend analysis results for *How Well Doctors Communicate*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

Figure 4-20—Trend Analysis: How Well Doctors Communicate (Usually or Always)

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 4-21 shows the RAE comparisons results for *How Well Doctors Communicate*.

Figure 4-21—RAE Comparisons: How Well Doctors Communicate (Usually or Always)



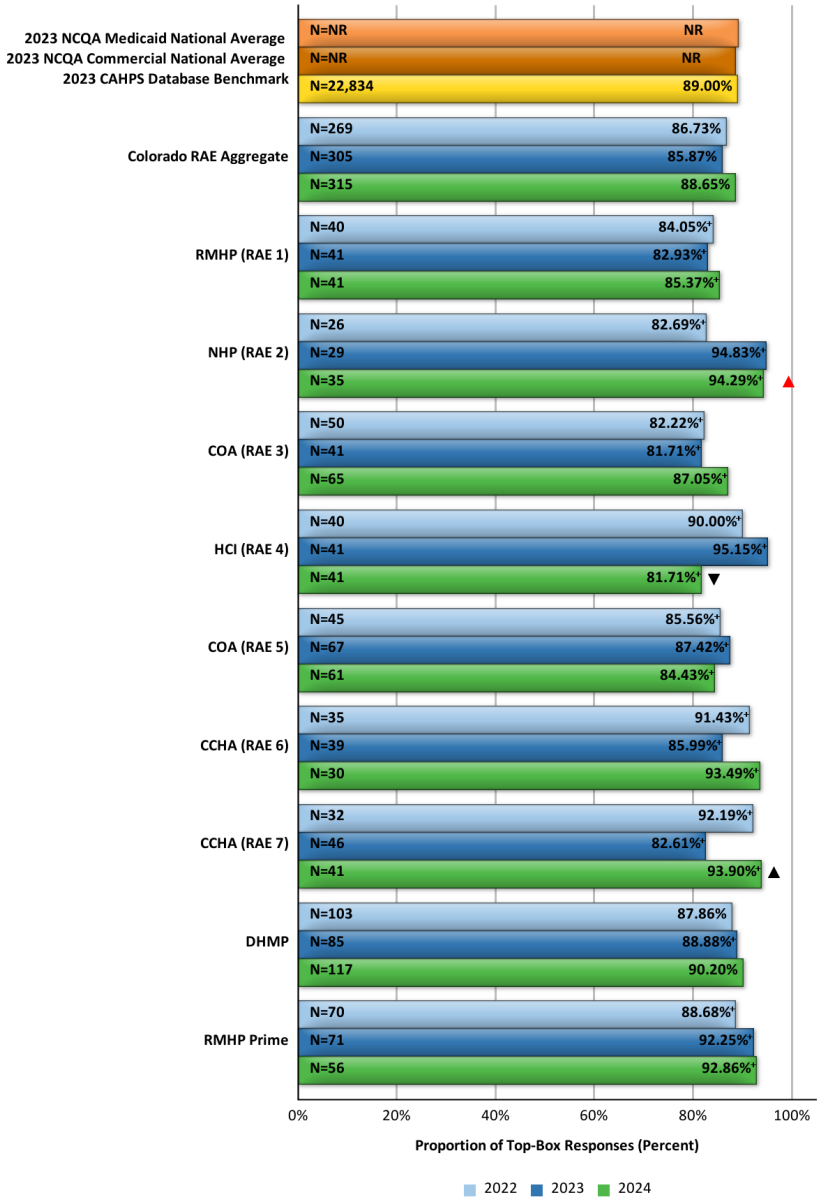
	Top-Box Score	N
Colorado RAE Aggregate	93.18%	625
RMHP (RAE 1)	94.64% +	86
NHP (RAE 2)	94.41% +	64
COA (RAE 3)	95.73%	120
HCI (RAE 4)	91.99% +	96
COA (RAE 5)	93.48% +	99
CCHA (RAE 6)	91.35% +	82
CCHA (RAE 7)	90.73% +	75

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

Customer Service

Figure 4-22 shows the trend analysis results for *Customer Service*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

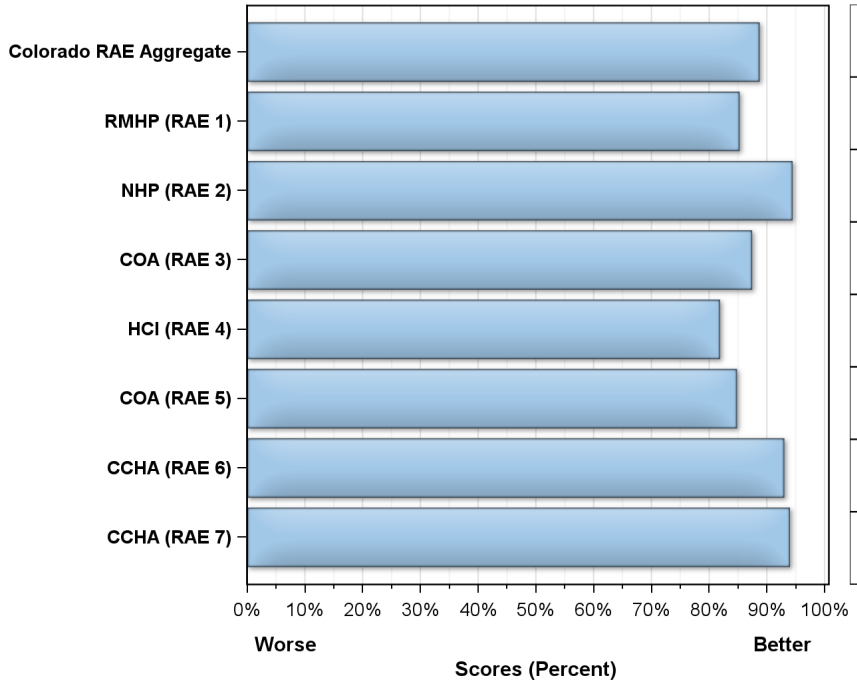
Figure 4-22—Trend Analysis: Customer Service (Usually or Always)



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 4-23 shows the RAE comparisons results for *Customer Service*.

Figure 4-23—RAE Comparisons: Customer Service (Usually or Always)



	Top-Box Score	N
Colorado RAE Aggregate	88.65%	315
RMHP (RAE 1)	85.18% +	41
NHP (RAE 2)	94.35% +	35
COA (RAE 3)	87.35% +	65
HCI (RAE 4)	81.79% +	41
COA (RAE 5)	84.73% +	61
CCHA (RAE 6)	92.93% +	30
CCHA (RAE 7)	93.90% +	41

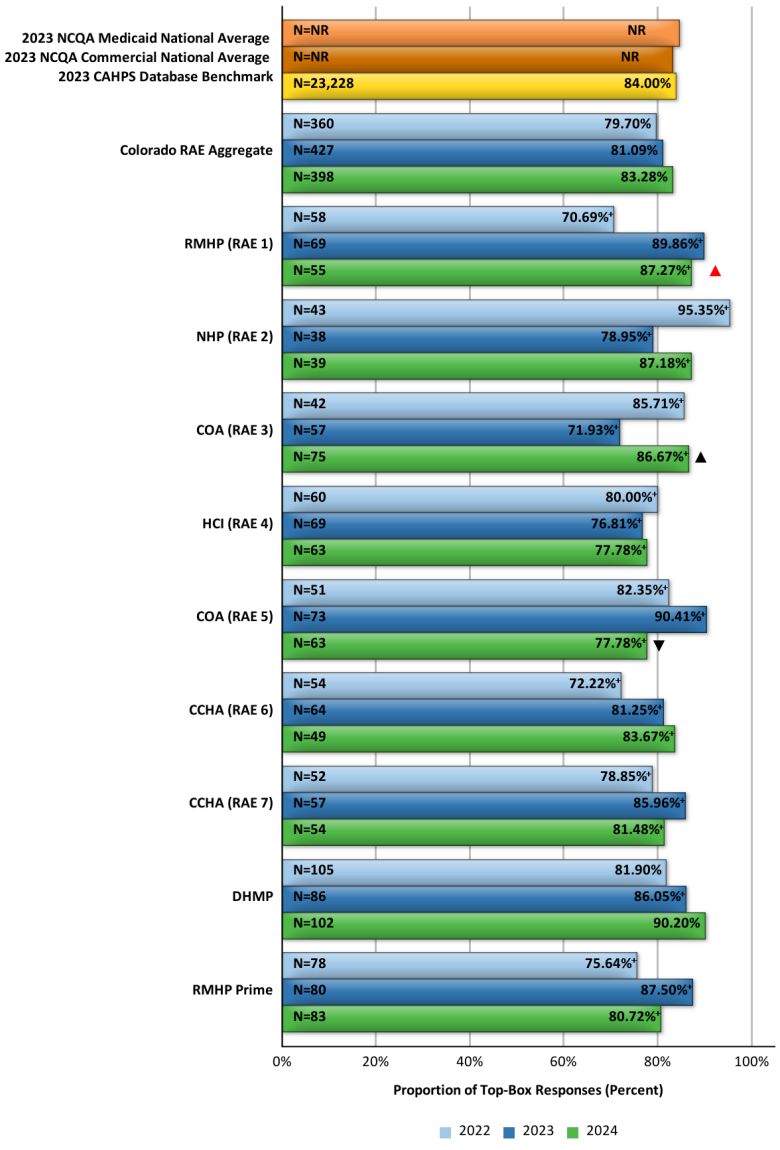
↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

Individual Item Measure

Coordination of Care

Figure 4-24 shows the trend analysis results for *Coordination of Care*, including the 2023 NCQA adult Medicaid and Commercial national averages, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

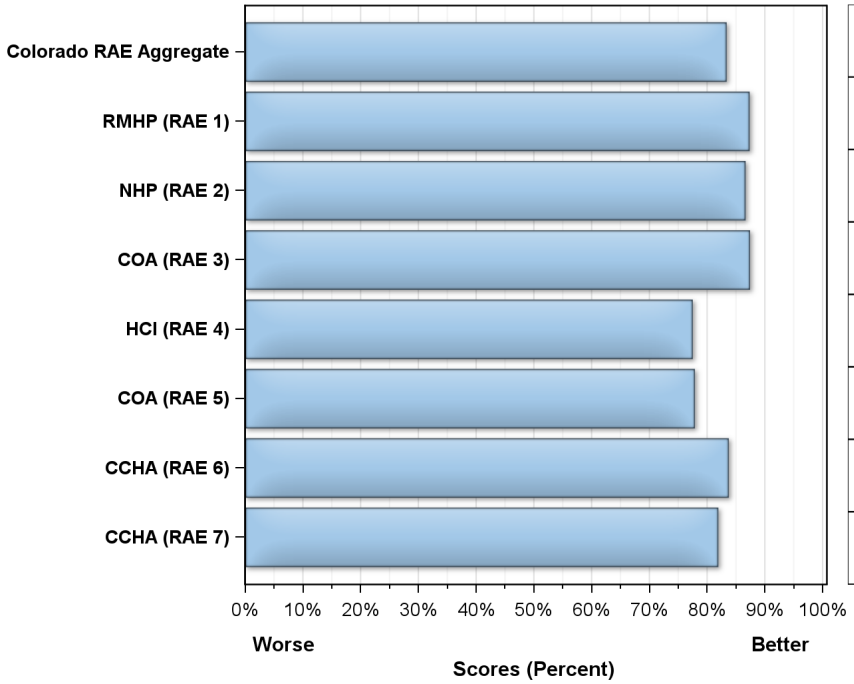
Figure 4-24—Trend Analysis: Coordination of Care (Usually or Always)



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 4-25 shows the RAE comparisons results for *Coordination of Care*.

Figure 4-25—RAE Comparisons: Coordination of Care (Usually or Always)



	Top-Box Score	N
Colorado RAE Aggregate	83.28%	398
RMHP (RAE 1)	87.26% +	55
NHP (RAE 2)	86.56% +	39
COA (RAE 3)	87.33% +	75
HCI (RAE 4)	77.41% +	63
COA (RAE 5)	77.78% +	63
CCHA (RAE 6)	83.65% +	49
CCHA (RAE 7)	81.84% +	54

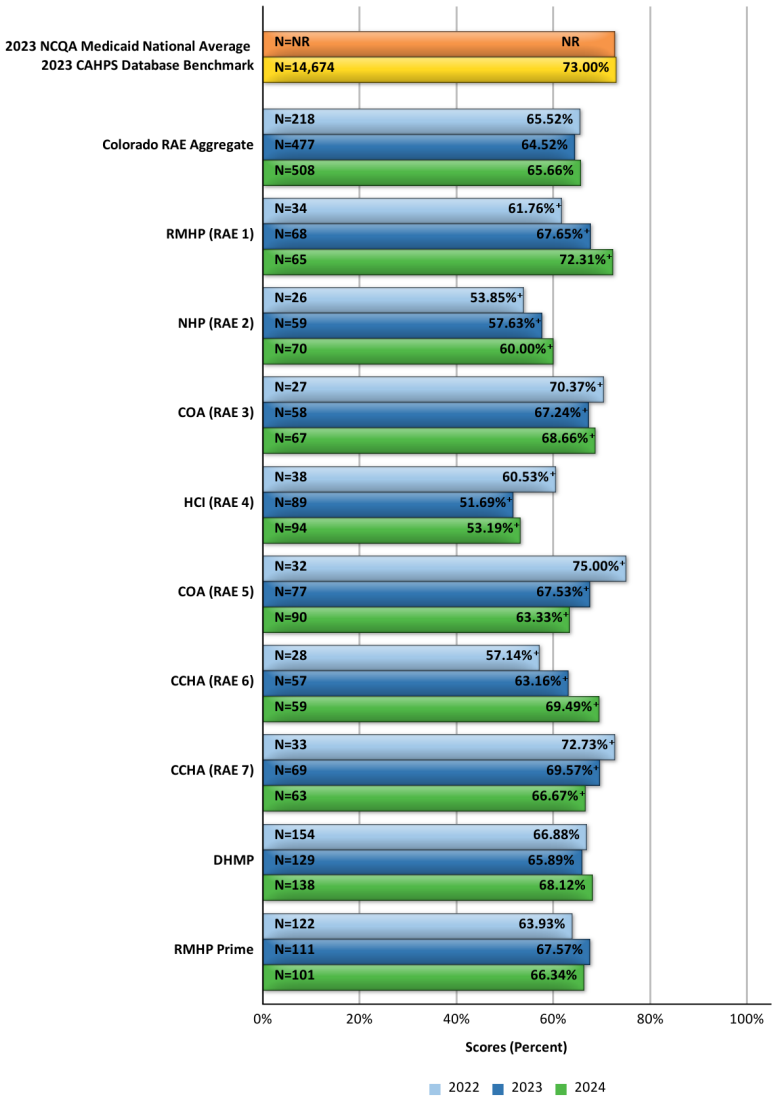
↑ Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+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

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Advising Smokers and Tobacco Users to Quit

Figure 4-26 shows the trend analysis results for *Advising Smokers and Tobacco Users to Quit*, including the 2023 NCQA adult Medicaid national average, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

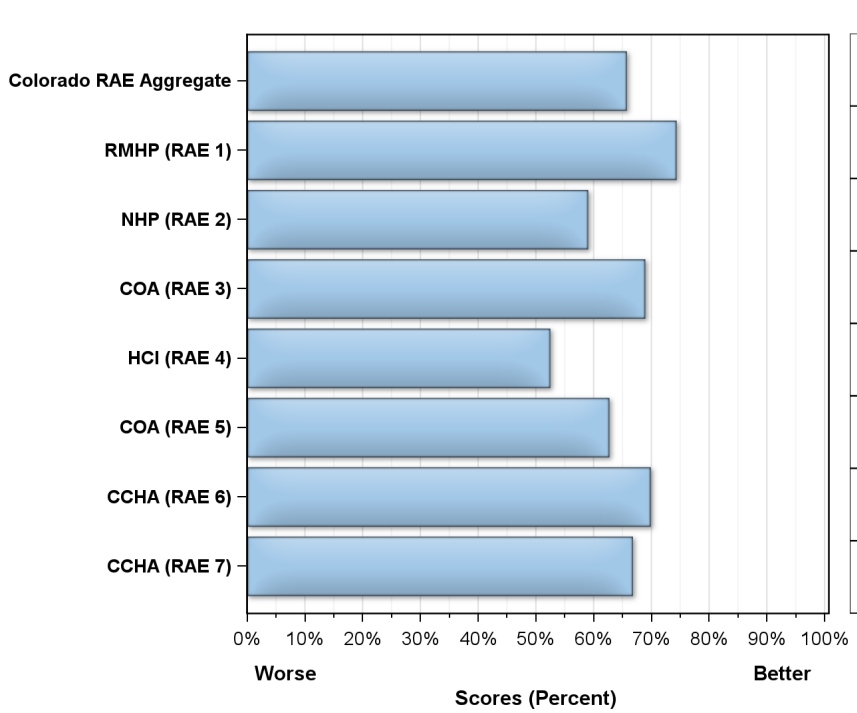
Figure 4-26—Trend Analysis: Advising Smokers and Tobacco Users to Quit (Sometimes, Usually, or Always)



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 4-27 shows the RAE comparisons results for *Advising Smokers and Tobacco Users to Quit*.

Figure 4-27—RAE Comparisons: Advising Smokers and Tobacco Users to Quit (Sometimes, Usually, or Always)



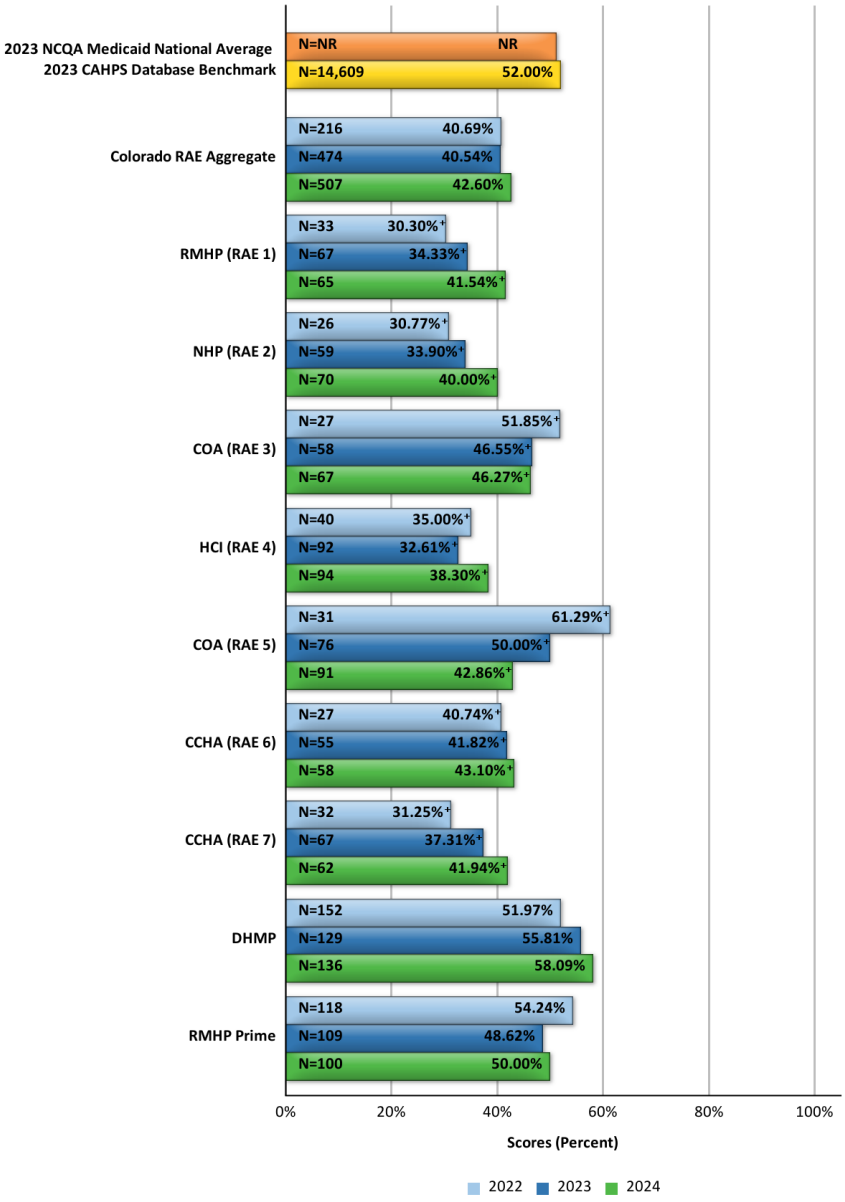
	Score	N
Colorado RAE Aggregate	65.66%	508
RMHP (RAE 1)	74.27% +	65
NHP (RAE 2)	58.96% +	70
COA (RAE 3)	68.86% +	67
HCI (RAE 4)	52.41% +	94
COA (RAE 5)	62.64% +	90
CCHA (RAE 6)	69.80% +	59
CCHA (RAE 7)	66.71% +	63

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

Discussing Cessation Medications

Figure 4-28 shows the trend analysis results for *Discussing Cessation Medications*, including the 2023 NCQA adult Medicaid national average, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

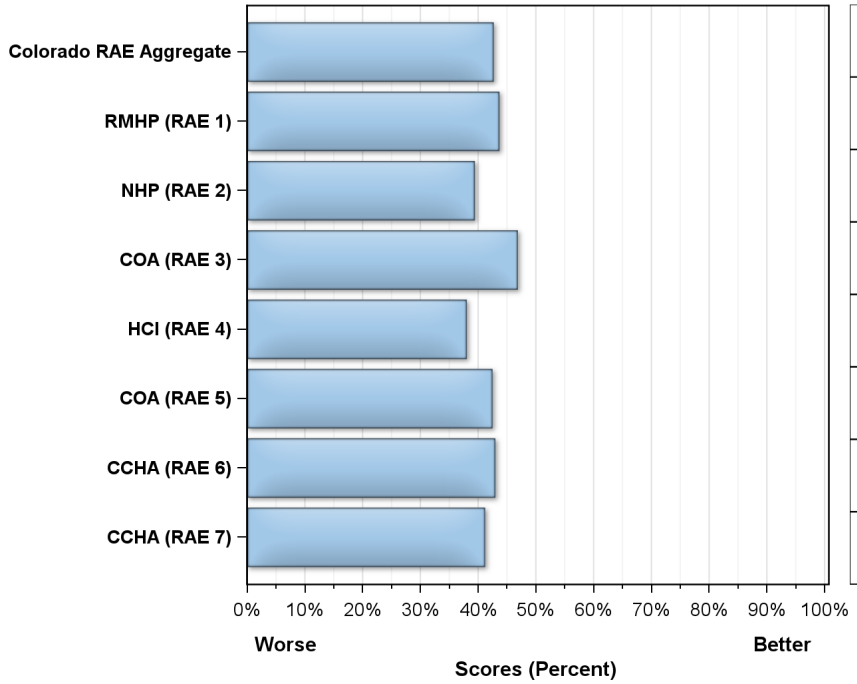
Figure 4-28—Trend Analysis: Discussing Cessation Medications (Sometimes, Usually, or Always)



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 4-29 shows the RAE comparisons results for *Discussing Cessation Medications*.

Figure 4-29—RAE Comparisons: Discussing Cessation Medications (Sometimes, Usually, or Always)



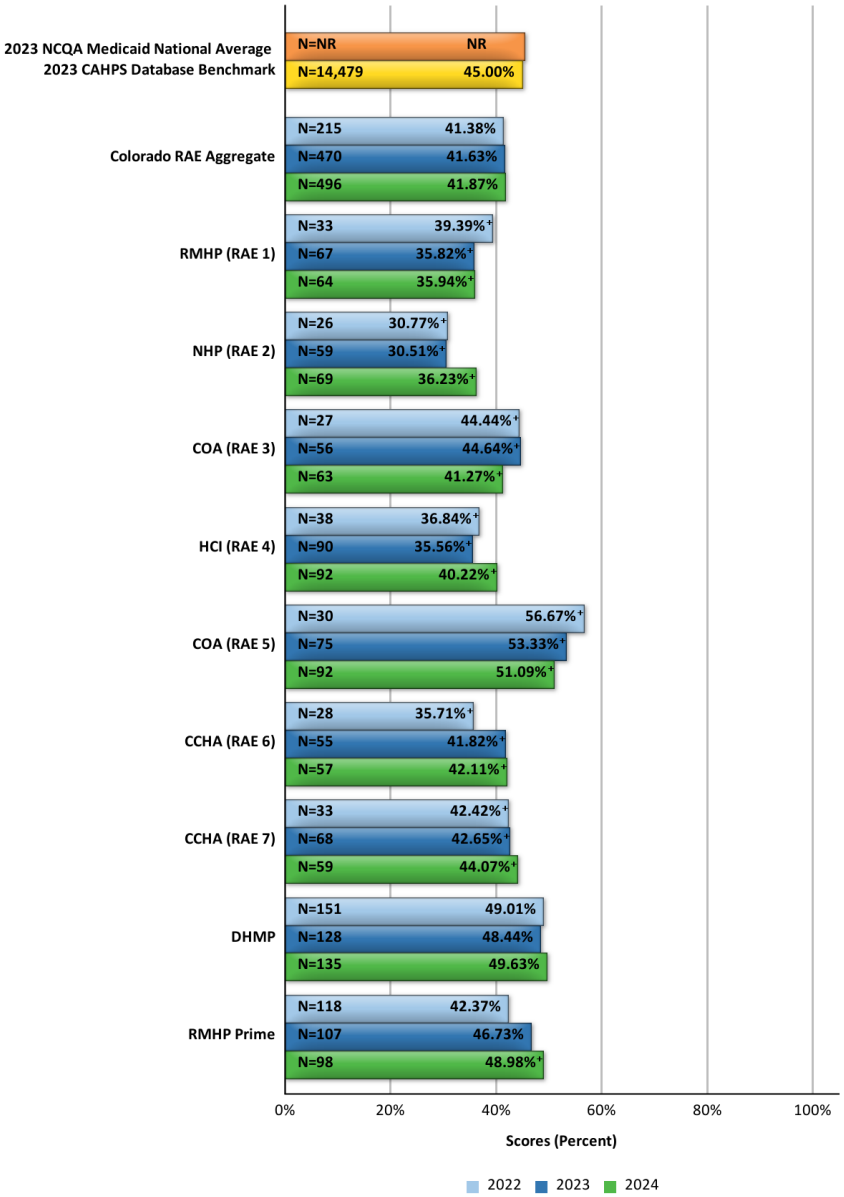
	Score	N
Colorado RAE Aggregate	42.60%	507
RMHP (RAE 1)	43.59% +	65
NHP (RAE 2)	39.32% +	70
COA (RAE 3)	46.77% +	67
HCI (RAE 4)	37.93% +	94
COA (RAE 5)	42.39% +	91
CCHA (RAE 6)	42.88% +	58
CCHA (RAE 7)	41.11% +	62

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

Discussing Cessation Strategies

Figure 4-30 shows the trend analysis results for *Discussing Cessation Strategies*, including the 2023 NCQA adult Medicaid national average, 2023 CAHPS Database adult Medicaid benchmark, Colorado RAE Aggregate, each RAE, and each MCO.

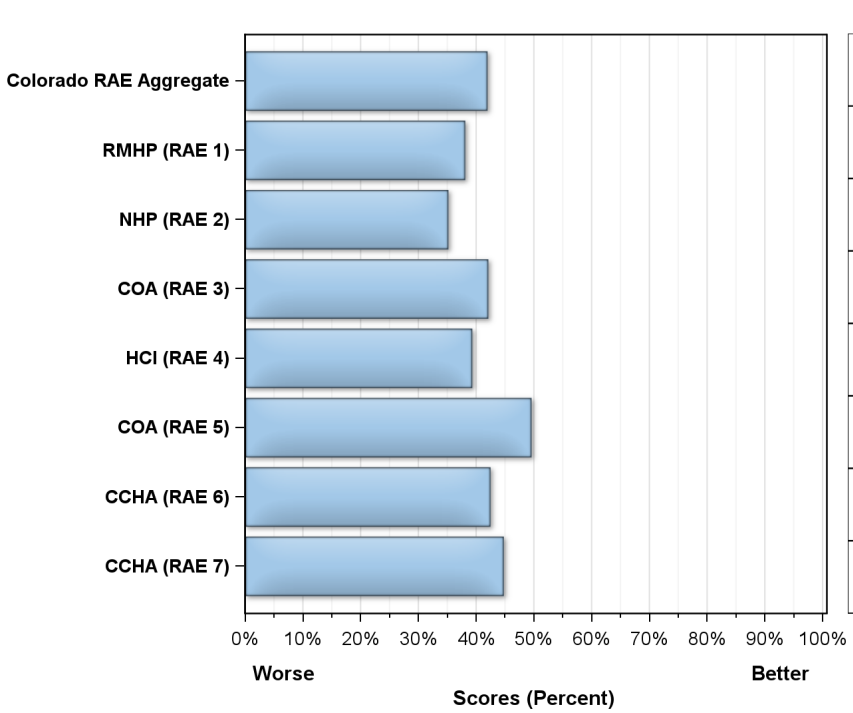
Figure 4-30—Trend Analysis: Discussing Cessation Strategies (Sometimes, Usually, or Always)



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 4-31 shows the RAE comparisons results for *Discussing Cessation Strategies*.

Figure 4-31—RAE Comparisons: Discussing Cessation Strategies (Sometimes, Usually, or Always)



	Score	N
Colorado RAE Aggregate	41.87%	496
RMHP (RAE 1)	38.01% +	64
NHP (RAE 2)	35.09% +	69
COA (RAE 3)	42.01% +	63
HCI (RAE 4)	39.23% +	92
COA (RAE 5)	49.49% +	92
CCHA (RAE 6)	42.39% +	57
CCHA (RAE 7)	44.69% +	59

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

Summary of Results

Table 4-5 summarizes the statistically significant differences identified from the trend analysis and RAE comparisons. There were no statistically significant differences identified for the *How Well Doctors Communicate* composite measure or the medical assistance with smoking and tobacco use cessation measure items.

Table 4-5—Summary of Results: Trend Analysis and RAE Comparisons Highlights

Measure	Colorado RAE Aggregate	RMHP (RAE 1)	NHP (RAE 2)	COA (RAE 3)	HCI (RAE 4)	COA (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)	DHMP	RMHP Prime
Global Ratings										
Rating of Health Plan	—	—	—	▲ ▲ ↑	—	—	—	↓	—	▼
Rating of All Health Care	—	▼+	—	—	—	—	—	—	—	▼
Rating of Personal Doctor	—	—	—	▲ ▲	—	▼	—	—	—	▼
Rating of Specialist Seen Most Often	▼	—	—	—	—	—	—	—	—	—
Composite Measures										
Getting Needed Care	—	—	↑+	—	—	—	—	—	—	—
Getting Care Quickly	—	▲+	—	—	—	—	—	—	—	▼
Customer Service	—	—	▲+	—	▼+	—	—	▲+	—	—
Individual Item Measure										
Coordination of Care	—	▲+	—	▲+	—	▼+	—	—	—	—

▲ *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.*
↑ *Indicates the 2024 score is statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Indicates the 2024 score is statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Supplemental Items

The Department elected to add seven supplemental items to the standard CAHPS Survey.[4-15] Table 4-6 details the survey language and response options for each of the supplemental items. Table 4-7 through Table 4-13 present the number and percentage of responses for each supplemental item.

Table 4-6—Supplemental Items

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

[4-15] The data submitted by DHMP and RMHP Prime did not include the supplemental items the MCOs included in their own CAHPS surveys; therefore, HSAG could not include results for the supplemental items for the MCOs.

Question		Response Options
Q39a.	In general, how would you rate your overall experience of the maternal care or services you received during pregnancy, delivery, and postpartum period in the last 6 months?	Excellent Very Good Good Fair Poor I did not receive any maternal care or services in the last 6 months[4-16]

Counseling and Mental Health

Members were asked if they made any appointments for counseling or mental health treatment in the last 6 months (Question 28a). Table 4-7 displays the responses for this question.

Table 4-7—Made Counseling or Mental Health Appointments

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**232**	**21.68%**	**838**	**78.32%**
RMHP (RAE 1)	41	27.52%	108	72.48%
NHP (RAE 2)	24	20.51%	93	79.49%
COA (RAE 3)	34	17.62%	159	82.38%
HCI (RAE 4)	31	18.79%	134	81.21%
COA (RAE 5)	43	24.57%	132	75.43%
CCHA (RAE 6)	27	18.88%	116	81.12%
CCHA (RAE 7)	32	25.00%	96	75.00%
Some percentages may not total 100% due to rounding.				

[4-16] Respondents who answered, "I did not receive any maternal care or services in the last 6 months" were excluded from the analysis.

Members were asked if they tried to make any appointments for counseling or mental health treatment in the last 6 months (Question 28b). Table 4-8 displays the responses for this question.

Table 4-8—Tried to Make Any Counseling or Mental Health Appointments

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**35**	**4.42%**	**757**	**95.58%**
RMHP (RAE 1)	4	3.81%	101	96.19%
NHP (RAE 2)	3	3.30%	88	96.70%
COA (RAE 3)	7	4.64%	144	95.36%
HCI (RAE 4)	4	3.25%	119	96.75%
COA (RAE 5)	6	4.96%	115	95.04%
CCHA (RAE 6)	3	2.75%	106	97.25%
CCHA (RAE 7)	8	8.70%	84	91.30%

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

Members were asked how difficult it was to make appointments with the person they saw most often for counseling or mental health treatment in the last 6 months (Question 28c). Table 4-9 displays the responses for this question.

Table 4-9—Difficulty in Making Appointments With Person for Counseling or Mental Health Treatment

	Extremely difficult		Very difficult		Somewhat difficult		Not very difficult		Not at all difficult	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**10**	**29.41%**	**6**	**17.65%**	**7**	**20.59%**	**0**	**0.00%**	**11**	**32.35%**
RMHP (RAE 1)	1	33.33%	2	66.67%	0	0.00%	0	0.00%	0	0.00%
NHP (RAE 2)	0	0.00%	0	0.00%	1	33.33%	0	0.00%	2	66.67%
COA (RAE 3)	1	14.29%	0	0.00%	3	42.86%	0	0.00%	3	42.86%
HCI (RAE 4)	3	75.00%	1	25.00%	0	0.00%	0	0.00%	0	0.00%
COA (RAE 5)	3	50.00%	0	0.00%	0	0.00%	0	0.00%	3	50.00%
CCHA (RAE 6)	0	0.00%	1	33.33%	1	33.33%	0	0.00%	1	33.33%
CCHA (RAE 7)	2	25.00%	2	25.00%	2	25.00%	0	0.00%	2	25.00%

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

Members were asked how often they were able to get an appointment for counseling or mental health treatment as soon as they needed in the last 6 months (Question 28d). Table 4-10 displays the responses for this question.

Table 4-10—Ability to Get Appointment for Counseling or Mental Health Treatment as Soon as Needed

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**15**	**44.12%**	**7**	**20.59%**	**2**	**5.88%**	**10**	**29.41%**
RMHP (RAE 1)	2	50.00%	1	25.00%	0	0.00%	1	25.00%
NHP (RAE 2)	0	0.00%	1	33.33%	0	0.00%	2	66.67%
COA (RAE 3)	2	28.57%	2	28.57%	1	14.29%	2	28.57%
HCI (RAE 4)	4	100.0%	0	0.00%	0	0.00%	0	0.00%
COA (RAE 5)	3	50.00%	1	16.67%	0	0.00%	2	33.33%
CCHA (RAE 6)	1	33.33%	1	33.33%	0	0.00%	1	33.33%
CCHA (RAE 7)	3	42.86%	1	14.29%	1	14.29%	2	28.57%

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

Members were asked if they took any medicine because of how they were feeling or for personal problems in the last 6 months (Question 28e). Table 4-11 displays the responses for this question.

Table 4-11—Took Mental Health Medicines

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**275**	**26.65%**	**757**	**73.35%**
RMHP (RAE 1)	42	29.37%	101	70.63%
NHP (RAE 2)	28	24.56%	86	75.44%
COA (RAE 3)	51	27.57%	134	72.43%
HCI (RAE 4)	38	24.20%	119	75.80%
COA (RAE 5)	49	28.16%	125	71.84%
CCHA (RAE 6)	33	24.26%	103	75.74%
CCHA (RAE 7)	34	27.64%	89	72.36%

Some percentages may not total 100% due to rounding.

Members were asked how difficult it was for them to get prescriptions for mental health medicines as soon as they needed in the last 6 months (Question 28f). Table 4-12 displays the responses for this question.

Table 4-12—Difficulty Getting Mental Health Medicines

	Extremely difficult		Very difficult		Somewhat difficult		Not very difficult		Not at all difficult	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**5**	**1.87%**	**12**	**4.48%**	**31**	**11.57%**	**62**	**23.13%**	**158**	**58.96%**
RMHP (RAE 1)	0	0.00%	2	4.88%	5	12.20%	15	36.59%	19	46.34%
NHP (RAE 2)	0	0.00%	1	3.70%	2	7.41%	6	22.22%	18	66.67%
COA (RAE 3)	3	6.12%	0	0.00%	5	10.20%	11	22.45%	30	61.22%
HCI (RAE 4)	1	2.78%	2	5.56%	5	13.89%	8	22.22%	20	55.56%
COA (RAE 5)	0	0.00%	5	10.20%	4	8.16%	10	20.41%	30	61.22%
CCHA (RAE 6)	1	3.13%	0	0.00%	5	15.63%	6	18.75%	20	62.50%
CCHA (RAE 7)	0	0.00%	2	5.88%	5	14.71%	6	17.65%	21	61.76%

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

Maternal Care and Services

Members were asked how they would rate their overall experience of the maternal care or services they received during pregnancy, delivery, and postpartum period in the last 6 months (Question 39a). Table 4-13 displays the responses for this question.

Table 4-13—Overall Rating of Maternal Care or Services

	Excellent		Very Good		Good		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**34**	**33.33%**	**26**	**25.49%**	**27**	**26.47%**	**14**	**13.73%**	**1**	**0.98%**
RMHP (RAE 1)	5	38.46%	4	30.77%	3	23.08%	1	7.69%	0	0.00%
NHP (RAE 2)	3	21.43%	5	35.71%	2	14.29%	4	28.57%	0	0.00%
COA (RAE 3)	3	18.75%	4	25.00%	8	50.00%	1	6.25%	0	0.00%
HCI (RAE 4)	4	30.77%	4	30.77%	3	23.08%	2	15.38%	0	0.00%
COA (RAE 5)	12	48.00%	4	16.00%	7	28.00%	2	8.00%	0	0.00%
CCHA (RAE 6)	3	33.33%	4	44.44%	0	0.00%	1	11.11%	1	11.11%
CCHA (RAE 7)	4	33.33%	1	8.33%	4	33.33%	3	25.00%	0	0.00%

Some percentages may not total 100% due to rounding.

5. Conclusions and Recommendations

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

Conclusions

Access to Care

Getting Needed Care

Table 5-1 provides a summary of findings for the national comparisons, trend analysis, and RAE 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	RAE Comparisons
Colorado RAE Aggregate	★★	—	**NA**
RMHP (RAE 1)	★★+	—	—
NHP (RAE 2)	★★★★★+	—	↑+
COA (RAE 3)	★★	—	—
HCI (RAE 4)	★+	—	—
COA (RAE 5)	★★+	—	—
CCHA (RAE 6)	★+	—	—
CCHA (RAE 7)	★★+	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th
↑ *Indicates the plan's score is statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.*
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate.*
\+ *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*
Q9. Ease of getting the care, tests, or treatment needed	Never + Sometimes vs. Always	3.192	7.989	NS
	Usually vs. Always	2.269	4.137	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 members who perceived it was always easy to get the care, tests, and treatment they needed:
  - Members who perceived it was never or sometimes easy to get the care, tests, or treatment they needed were 3.192 and 7.989 times more likely to provide a lower rating for their RAE and overall health care, respectively.
  - Members who perceived it was usually easy to get the care, tests, or treatment they needed were 2.269 and 4.137 times more likely to provide a lower rating for their RAE 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 RAE comparisons, and Table 5-4 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Care Quickly* composite measure.

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

	National Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
Colorado RAE Aggregate	★★	—	**NA**
RMHP (RAE 1)	★★★★+	▲+	—
NHP (RAE 2)	★★★★+	—	—
COA (RAE 3)	★★+	—	—
HCI (RAE 4)	★★+	—	—
COA (RAE 5)	★★+	—	—
CCHA (RAE 6)	★★+	—	—

	National Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
CCHA (RAE 7)	★+	—	—

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 RAE Aggregate.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 5-4—Timeliness of Care: Getting Care Quickly 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*
Q4. Received care as soon as needed when care was needed right away	Never + Sometimes vs. Always	2.627	4.903	NS
	Usually vs. Always	1.875	NS	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 members who perceived they always received care as soon as needed when they needed care right away:
  - Members who perceived they never or sometimes received care as soon as needed when they needed care right away were 2.627 and 4.903 times more likely to provide a lower rating for their RAE and overall health care, respectively.
  - Members who perceived they usually received care as soon as needed when they needed care right away were 1.875 times more likely to provide a lower rating for their RAE.

Quality of Care

Customer Service

Table 5-5 provides a summary of findings for the national comparisons, trend analysis, and RAE comparisons, and Table 5-6 provides a summary of findings for the key drivers of low member experience analysis for the *Customer Service* composite measure.

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

	National Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
Colorado RAE Aggregate	★★	—	**NA**
RMHP (RAE 1)	★+	—	—
NHP (RAE 2)	★★★★★+	▲+	—
COA (RAE 3)	★+	—	—
HCI (RAE 4)	★+	▼+	—
COA (RAE 5)	★+	—	—
CCHA (RAE 6)	★★★★★+	—	—
CCHA (RAE 7)	★★★★★+	▲+	—

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

Table 5-6—Quality of Care: Customer Service 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*
Q25. Treated with courtesy and respect by health plan's customer service staff	Never + Sometimes vs. Always	4.911	4.573	NA

NA *Indicates that this question was not evaluated for this measure.*

- Members who were never or sometimes treated with courtesy and respect by their RAE's customer service staff were 4.911 and 4.573 times more likely to provide a lower rating for their RAE and overall health care, respectively, than members who were always treated with courtesy and respect by their RAE's customer service staff.

Communication

Table 5-7 provides a summary of findings for the national comparisons, trend analysis, and RAE comparisons, and Table 5-8 provides a summary of findings for the key drivers of low member experience analysis for the *How Well Doctors Communicate* composite measure.

Table 5-7—Quality of Care: How Well Doctors Communicate Summary

	National Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
Colorado RAE Aggregate	★★★	—	**NA**
RMHP (RAE 1)	★★★★+	—	—
NHP (RAE 2)	★★★★+	—	—
COA (RAE 3)	★★★★★	—	—
HCI (RAE 4)	★★+	—	—
COA (RAE 5)	★★★+	—	—
CCHA (RAE 6)	★+	—	—
CCHA (RAE 7)	★+	—	—

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

Table 5-8—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*
Q13. Personal doctor listened carefully	Never + Sometimes vs. Always	NS	6.916	10.142
	Usually vs. Always	NS	2.135	3.561
Q15. Personal doctor spent enough time	Never + Sometimes vs. Always	NS	NS	5.990
	Usually vs. Always	NS	NS	2.511

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 members who perceived their personal doctor always listened carefully to them:
  - Members who perceived their personal doctor never or sometimes listened carefully to them were 6.916 and 10.142 times more likely to provide a lower rating for their overall health care and personal doctor, respectively.

  - Members who perceived their personal doctor usually listened carefully to them were 2.135 and 3.561 times more likely to provide a lower rating for their overall health care and personal doctor, respectively.
- Compared to members who perceived their personal doctor always spent enough time with them:
  - Members who perceived their personal doctor never or sometimes spent enough time with them were 5.990 times more likely to provide a lower rating for their personal doctor.
  - Members who perceived their personal doctor usually spent enough time with them were 2.511 times more likely to provide a lower rating for their personal doctor.

Coordination of Care

Table 5-9 provides a summary of findings for the national comparisons, trend analysis, and RAE comparisons, and Table 5-10 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

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

	National Comparisons (Star Ratings)	Trend Analysis	RAE Comparisons
Colorado RAE Aggregate	★★	—	**NA**
RMHP (RAE 1)	★★★★+	▲+	—
NHP (RAE 2)	★★★+	—	—
COA (RAE 3)	★★★+	▲+	—
HCI (RAE 4)	★+	—	—
COA (RAE 5)	★+	▼+	—
CCHA (RAE 6)	★★+	—	—
CCHA (RAE 7)	★+	—	—

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

Table 5-10—Quality of Care: Coordination of 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*
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Never + Sometimes vs. Always	2.257	NS	NS
	Usually vs. Always	2.013	NS	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 members who perceived their personal doctor always seemed informed and up-to-date about care from other doctors or health providers:
  - Members who perceived their personal doctor never or sometimes seemed informed and up-to-date about care from other doctors or health providers were 2.257 times more likely to provide a lower rating for their RAE.
  - Members who perceived their personal doctor usually seemed informed and up-to-date about care from other doctors or health providers were 2.013 times more likely to provide a lower rating for their RAE.

Recommendations

The RAEs could benefit from continuing to:

- Use administrative data for flagging the Spanish-speaking population in the sample frame file. Table 5-11 shows the number of completed surveys in Spanish, as well as the approximate percentage of the total number of responses for the fiscal year (FY) 2023–2024 survey administration.

Table 5-11—Spanish Survey Completions

	Number of Completed Surveys in Spanish	Percentage of Total Responses
RMHP (RAE 1)	7	4.64%
NHP (RAE 2)	26	21.14%
COA (RAE 3)	22	11.17%
HCI (RAE 4)	5	2.89%
COA (RAE 5)	28	14.89%
CCHA (RAE 6)	4	2.72%
CCHA (RAE 7)	11	8.53%
Total Spanish Respondents	**103**	**9.30%**

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 RAEs and assist the RAEs in designing related QI activities.
  - Use the longitudinal trends to assist with barrier analysis and goal setting.
- Facilitate learning opportunities for the RAEs with statistically significantly higher ratings to share "best practices" among the other RAEs.
- Encourage the RAEs 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 RAE level, the accountability for the performance lies at both the plan and provider network level.

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

Table 5-12—Accountability for Areas of Care

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

The RAEs are responsible for developing a network of primary care medical providers (PCMPs) and behavioral health specialists. Although performance on some of the measures may be driven by the actions of the provider network, the RAEs can still play a major role in influencing the performance of

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

provider groups through intervention and incentive programs. HSAG recommends that each RAE consider the following strategies to improve the quality of, timeliness of, or access to services in its respective region:

- RAEs with low access to care (i.e., *Getting Needed Care*) survey scores should continue to recruit and increase the provider network and expand after-hours appointment availability.
- Periodically review the provider directory available on the website for accuracy regarding the list of providers who offer after hours care and all urgent care facilities.

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

- Exploring CAHPS data (see Tab and Banner Book, which is separate from this report) against the Department's Health Equity dashboard and the Department and MCE'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.

6. Reader's Guide

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item 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.[6-1]

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

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 39 core questions that yield 12 measures of member experience. These measures include four global rating questions, four composite measures, one individual item measure, and three medical assistance with smoking and tobacco use cessation measure items. The global measures (also referred to as global ratings) reflect overall member experience with the RAE/MCO, 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 medical assistance with smoking and tobacco use cessation measure items assess the percentage of smokers or tobacco users who were advised to quit,

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

were recommended cessation medications, and were provided cessation methods or strategies. Figure 6-1 lists the measures included in the survey.

Figure 6-1—CAHPS Measures

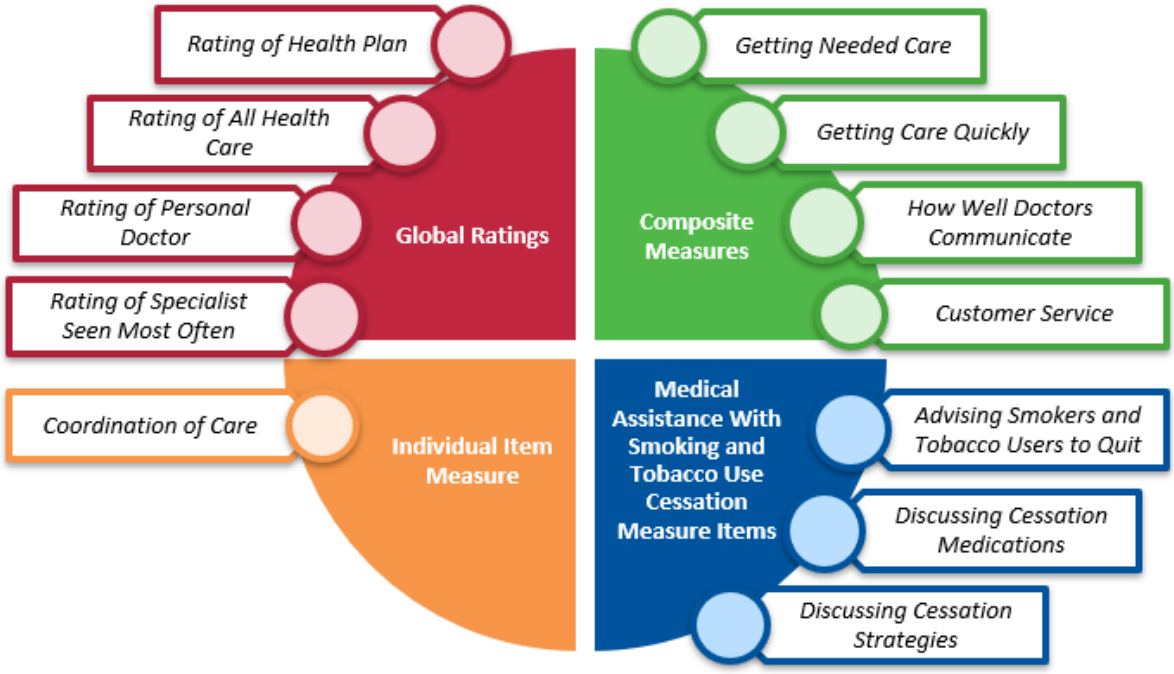


Table 6-1 presents the question language and response options for each measure. The CAHPS Survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are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

Table 6-1—Question Language and Response Options

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale

Question Language	Response Options
Rating of All Health Care[6-2]	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor[6-3]	
18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often[6-4]	
22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
Composite Measures	
Getting Needed Care[6-5]	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always

6-2 For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they 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.

6-3 For *Rating of Personal Doctor*, the gate question asks respondents if they have 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.

6-4 For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments 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.

6-5 For *Getting Needed Care*, the gate questions ask respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months and did they make any appointments 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.

Question Language	Response Options
Getting Care Quickly[6-6]	
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate[6-7]	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
Customer Service[6-8]	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Individual Item Measure	
Coordination of Care[6-9]	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always

6-6 For *Getting Care Quickly*, the gate questions ask respondents if they 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. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

6-7 For *How Well Doctors Communicate*, the gate question asks respondents if they have 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.

6-8 For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their 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.

6-9 For *Coordination of Care*, the gate question asks respondents if they have a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

Question Language	Response Options
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items[6-10]	
Advising Smokers and Tobacco Users to Quit	
32. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
Discussing Cessation Medications	
33. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
Discussing Cessation Strategies	
34. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

Sampling Procedures

Sampled members included those who met the following criteria:

- Were age 18 or older as of the end of the measurement period (September 30, 2023, for the RAEs and December 31, 2023, for DHMP and RMHP Prime).
- Were currently enrolled in the RAE or MCO.
- Had been continuously enrolled for at least five of the six months of the measurement period (April 1 to September 30, 2023, for the RAEs, and July 1 to December 31, 2023, for DHMP and RMHP Prime).[6-11]
- Had Medicaid as a payer.

For the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set, NCQA specifications require a minimum sample size of 1,350 members per RAE. In addition to selecting 1,350 members, a 20 percent oversample was performed to ensure a greater number of respondents to each measure for each RAE. Based on this oversampling rate, a total of 1,620 members were selected for

[6-10] For the medical assistance with smoking and tobacco use cessation measure items, the gate question asks respondents if they smoke cigarettes or use tobacco every day, some days, or not at all. If respondents answer "Not at all" or "Don't know" to this question, they are directed to skip the questions that collectively comprise the medical assistance with smoking and tobacco use cessation measure items.

[6-11] To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a 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).

surveying from each RAE. A simple random sampling strategy with no more than one member being selected per household was performed to select each RAE's survey sample. For DHMP and RMHP Prime, a 158 percent and 50 percent oversample for the adult population was performed, respectively, for a total sample size of 3,483 members for DHMP and 2,025 members for RMHP Prime. The NCQA standardized sampling strategy was followed to select the DHMP and RMHP Prime survey samples.

Survey Protocol

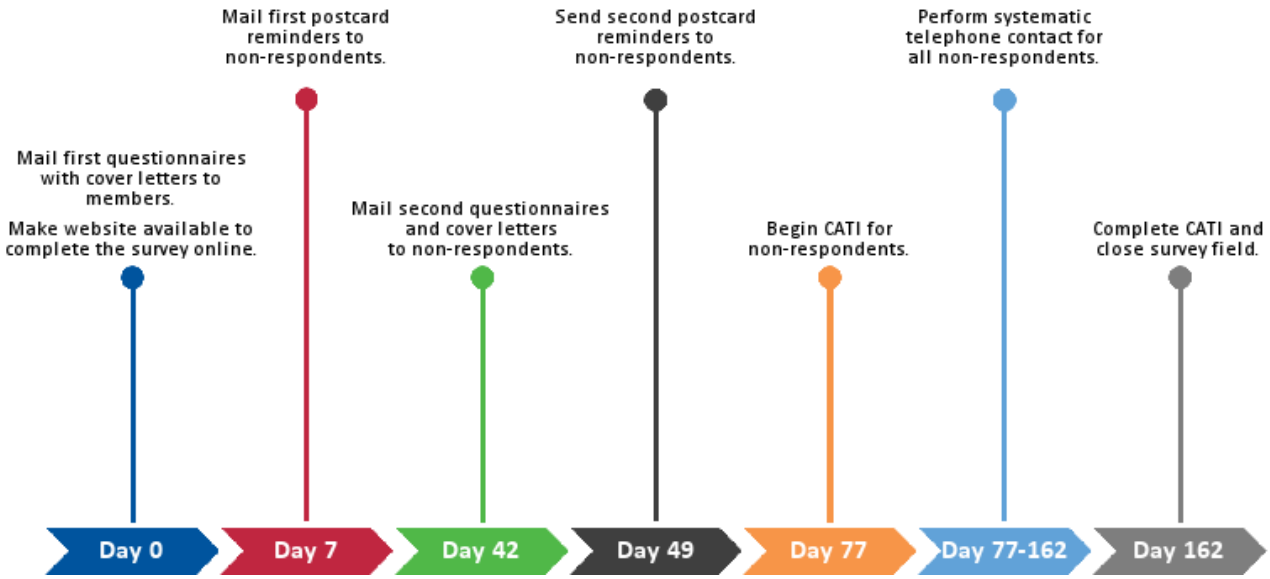
For the RAEs, the survey administration protocol employed was a mixed mode methodology, which allowed for three methods by which members could complete a survey: (1) mail, (2) Internet, or (3) telephone. A cover letter was mailed to all sampled members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey via a URL or quick response (QR) code and designated username. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members that were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the first and second cover letters included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). Non-respondents received a reminder postcard, followed by a second survey mailing and a second reminder postcard. The name of the RAE appeared in the questionnaires and cover letters, the letters included the signature of a high-ranking state official, and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. Computer assisted telephone interviewing (CATI) was conducted for sampled 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 RAE 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 DHMP, a mixed mode methodology (i.e., mailed surveys followed by telephone interviews of non-respondents with up to three CATI calls) was used for data collection. For RMHP Prime, a mixed mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letters followed by telephone interviews of non-respondents with up to four CATI calls) was used for data collection. Respondents were given the option of completing the survey in English or Spanish for DHMP and RMHP Prime.

Figure 6-2 shows the timeline used in the survey administration for the RAEs.

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. 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.[6-12] HSAG considered a survey completed if at least three of the following five specific questions were answered: 3, 10, 19, 23, and 28. Table 6-2 presents the question language and response options for each of these questions.

[6-12] National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2023.

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

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

Eligible members include the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 6-5), were mentally or physically incapacitated, or had a language barrier (the survey was made available in both English and Spanish).

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

Key Drivers of Low Member Experience

HSAG performed a key drivers of low member experience analysis for the Colorado RAE Aggregate and Colorado MCO Aggregate 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
Access to Care				
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q20. Received appointment with a specialist as soon as needed	✓	✓	NA	Always
Timeliness of Care				
Q4. Received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Quality of Care				
Q12. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q13. Personal doctor listened carefully	✓	✓	✓	Always
Q14. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q15. Personal doctor spent enough time	✓	✓	✓	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q24. Health plan's customer service gave the information or help needed	✓	✓	NA	Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓	NA	Always
Q27. Ease of filling out forms from 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"), 2 (Neutral) to each item's response ("Usually"), and 1 (Dissatisfied) to each item's other responses

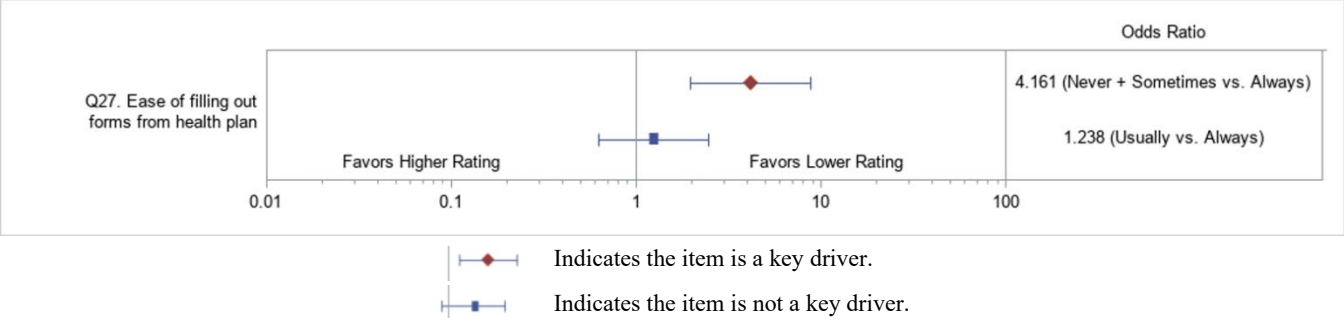
("Never" or "Sometimes"). HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

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

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

In Figure 6-3, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 27 are 4.161 and 1.238 times, respectively, more likely to provide a lower rating for their RAE 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



Member Demographics

The demographic analysis evaluated the demographic information of adult RAE members based on their 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—Member Demographic Items Analyzed

Demographic Category	Survey Question Number
Age	35
Gender	36
Race	39
Ethnicity	38
Education Level	37
General Health Status	29
Mental or Emotional Health Status	30

Respondent Analysis

HSAG evaluated the demographic characteristics of 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 adult RAE members that were provided by members' responses to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all adult RAE 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 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 adult RAE population.

Scoring Calculations

Global Ratings, Composite Measures, and Individual Item Measure

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[6-13] For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A "top-box" response was defined as follows:

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

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

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

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

Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The 2024 and 2023 scores presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results. Since HSAG did not administer the CAHPS survey for the RAEs in 2021 (i.e., 2021 results are not available), the 2022 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2022 only; therefore, the 2022 scores presented do not follow NCQA's methodology of calculating a rolling average using two years of results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measure items, as the 2024 results contain members who responded to the survey and indicated they were current smokers or tobacco users in 2023 or 2024, and the 2023 results contain members who responded to the survey and indicated they were current smokers or tobacco users in 2022 or 2023.

[6-13] National Committee for Quality Assurance. *HEDIS® Measurement Year 2023*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2023.

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 resulting scores to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings).[6-14] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 6-5.

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

6-14 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

The weighted score was:

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

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

Trend Analysis

To evaluate trends in members' experiences, HSAG performed a trend analysis to determine whether there were statistically significant differences. HSAG compared the 2024 scores to the corresponding 2023 and 2022 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.

RAE Comparisons

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

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

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

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

The F statistic had an F distribution with $(P-1, \text{q})$ 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 RAEs was less likely. An alpha level of 0.05 was used. If the F test demonstrated RAE-level differences (i.e., $p < 0.05$), then HSAG performed a t test for each RAE. The t test determined whether each RAE's score was significantly different from the average results of all Colorado RAEs. The equation for the differences was as follows:

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

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

The variance of Δ_p was:

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

The *t* statistic was:

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

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

Case-Mix Adjustment

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

Adjusted Top-Box Score = Raw Score − Net Adjustment

Where net adjustment was calculated using the following equation:

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

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

Limitations and Cautions

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

CAHPS Database Benchmarks

A total of 44 states submitted 2023 adult Medicaid data to the CAHPS Health Plan Survey Database for a combined total of 65,261 respondents, with 1,671 of these respondents from Colorado.[6-15] 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. Also, the CAHPS Database calculates top-box scores for the composite measures and *Coordination of Care* individual item measure 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 adult Medicaid benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2023 CAHPS Database adult Medicaid benchmarks to the 2024 adult CAHPS Survey results.

Case-Mix Adjustment

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

Causal Inferences

Although this report examines whether adult RAE and MCO members report different experiences with various aspects of their health care, these differences may not be completely attributable to the RAEs or MCOs. The survey by itself does not necessarily reveal the exact cause of these differences.

[6-15] 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.

Data Differences

Since DHMP and RMHP Prime administered their own CAHPS Survey following NCQA protocols, the survey materials, anchor date of the sample frame file, time frame of survey administration, and general oversample sizes were not consistent with the CAHPS Survey that HSAG administered to the RAEs; therefore, caution should be exercised when comparing the MCO results to the RAEs.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by RAE or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[6-16] To identify potential non-response bias, HSAG compared the scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. 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
Colorado RAE Aggregate			
Rating of Personal Doctor	—	↑	—
Getting Needed Care	—	—	↓
How Well Doctors Communicate	—	—	↓
Discussing Cessation Medications	↓	—	—
Colorado MCO Aggregate			
Rating of Specialist Seen Most Often	↓	—	—
How Well Doctors Communicate	—	↓	↓
Coordination of Care	—	—	↓
Discussing Cessation Strategies	—	—	↑

↑ *Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).*
↓ *Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).*
— *Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.*

[6-16] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

7. Survey Instrument

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

COLORADO
Department of Health Care Policy & Financing

DataStat

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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark ● **Incorrect Marks** 

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

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

START HERE

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

○ Yes ➔ ***Go to Question 3***
○ No

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

_____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

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

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

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

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

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

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

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

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

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

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

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

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

YOUR PERSONAL DOCTOR

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

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

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

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

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

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

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

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

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

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

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

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

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

- ○ Yes
- ○ No ➔ *Go to Question 18*

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

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

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

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

Worst Personal Doctor Possible — Best Personal Doctor Possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

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

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

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

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

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

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

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

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10
Worst Specialist Possible										Best Specialist Possible

YOUR HEALTH PLAN

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

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

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

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

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

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

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

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

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

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

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

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

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

Worst Health Plan Possible — Best Health Plan Possible

COUNSELING AND MENTAL HEALTH TREATMENT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ABOUT YOU

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

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

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

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

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

- ○ Every day
- ○ Some days
- ○ Not at all ➔ ***Go to Question 35***
- ○ Don't know ➔ ***Go to Question 35***

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

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

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

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

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

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

35. What is your age?

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

36. Are you male or female?

- ○ Male
- ○ Female

37. 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

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

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

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

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

39a. In general, how would you rate your overall experience of the maternal care or services you received during pregnancy, delivery, and postpartum period in the last 6 months?

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

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

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

DataStat
3975 Research Park Drive
Ann Arbor, MI 48108