2024 Member Experience Report

Colorado Child Regional Accountable Entities (RAEs)

September 2024

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1. Executive Summary

CAHPS 5.1 Child Medicaid Health Plan Survey
Performance Highlights

START SURVEY:	12.12.23	FINISH SURVEY:	05.22.24	TOTAL SAMPLE SIZE:	13,860	RESPONSE RATE:	11.49%

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	
General Child Population	

The 2024 scores were not above the 2023 NCQA general child Medicaid national 90th percentiles for any measure.	*Rating of Specialist Seen Most Often*	*Coordination of Care*	

CCC Population			
The 2024 scores were not above the 2023 NCQA CCC Medicaid national 90th percentiles for any measure.	*Rating of All Health Care*	*Rating of Specialist Seen Most Often*	*Getting Needed Care*
	Coordination of Care		

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 – General Child Population			
The 2024 scores were not statistically significantly higher or lower than the 2023 or 2022 scores for any measure.			

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** ↓
COA (RAE 5): *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 – General Child Population			
Survey Item	**Rating of Health Plan**	**Rating of All Health Care**	**Rating of Personal Doctor**
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker		✓	✓
Q28. Child's personal doctor listened carefully to the parent/caretaker			✓
Q29. Child's personal doctor showed respect for what the parent/caretaker said		✓	✓
Q31. Child's personal doctor explained things in an understandable way for the child			✓
Q32. Child's personal doctor spent enough time with the child			✓
Q41. Child received appointment with a specialist as soon as needed		✓	NA
Q48. Ease of filling out forms from the child's health plan	✓		NA
NA *Indicates the survey item was not evaluated for this measure.*			

NCQA – National Committee for Quality Assurance   RAE – Regional Accountable Entity   CCC – Children with Chronic Conditions   COA – Colorado Access   CCHA - Colorado Community Health Alliance

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 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and Children with Chronic Conditions (CCC) measurement set for child 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 the parents/caretakers of child 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] The parents/caretakers of child 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 child 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. Due to a low number of respondents, HSAG is unable to present results for RMHP Prime in this report (i.e., the results are not reportable).

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 17 years of age or younger as of September 30, 2023. HSAG sampled 1,980 child members from each RAE. Members were eligible for the survey DHMP 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 17 years of age or younger as of December 31, 2023. A total of 3,919 child members were sampled for DHMP. For more detailed information on the sampling procedures, please refer to the Reader's Guide section beginning on page 6-6.

For each of the RAEs, the survey process employed allowed parents/caretakers of child members three methods by which they could complete the survey in English or Spanish: (1) mail, (2) Internet, or (3) telephone. For DHMP, the survey process employed allowed parents/caretakers of child 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 DHMP. 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, 25, 40, 44, and 49. For more detailed information on the calculation of response rates, please refer to the Reader's Guide on page 6-8.

Table 2-2—Sample Distribution and Response Rates

	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**13,860**	**243**	**13,617**	**1,564**	**11.49%**
RMHP (RAE 1)	1,980	18	1,962	264	13.46%
NHP (RAE 2)	1,980	47	1,933	194	10.04%
COA (RAE 3)	1,980	43	1,937	283	14.61%
HCI (RAE 4)	1,980	13	1,967	176	8.95%
COA (RAE 5)	1,980	58	1,922	297	15.45%
CCHA (RAE 6)	1,980	30	1,950	184	9.44%
CCHA (RAE 7)	1,980	34	1,946	166	8.53%
DHMP	**3,919**	**25**	**3,894**	**403**	**10.35%**

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

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

Figure 3-1 through Figure 3-3 depict the results of the analysis for the Colorado RAE Aggregate. Figure 3-4 through Figure 3-6 depict the results of the analysis for DHMP. 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: General Child Population
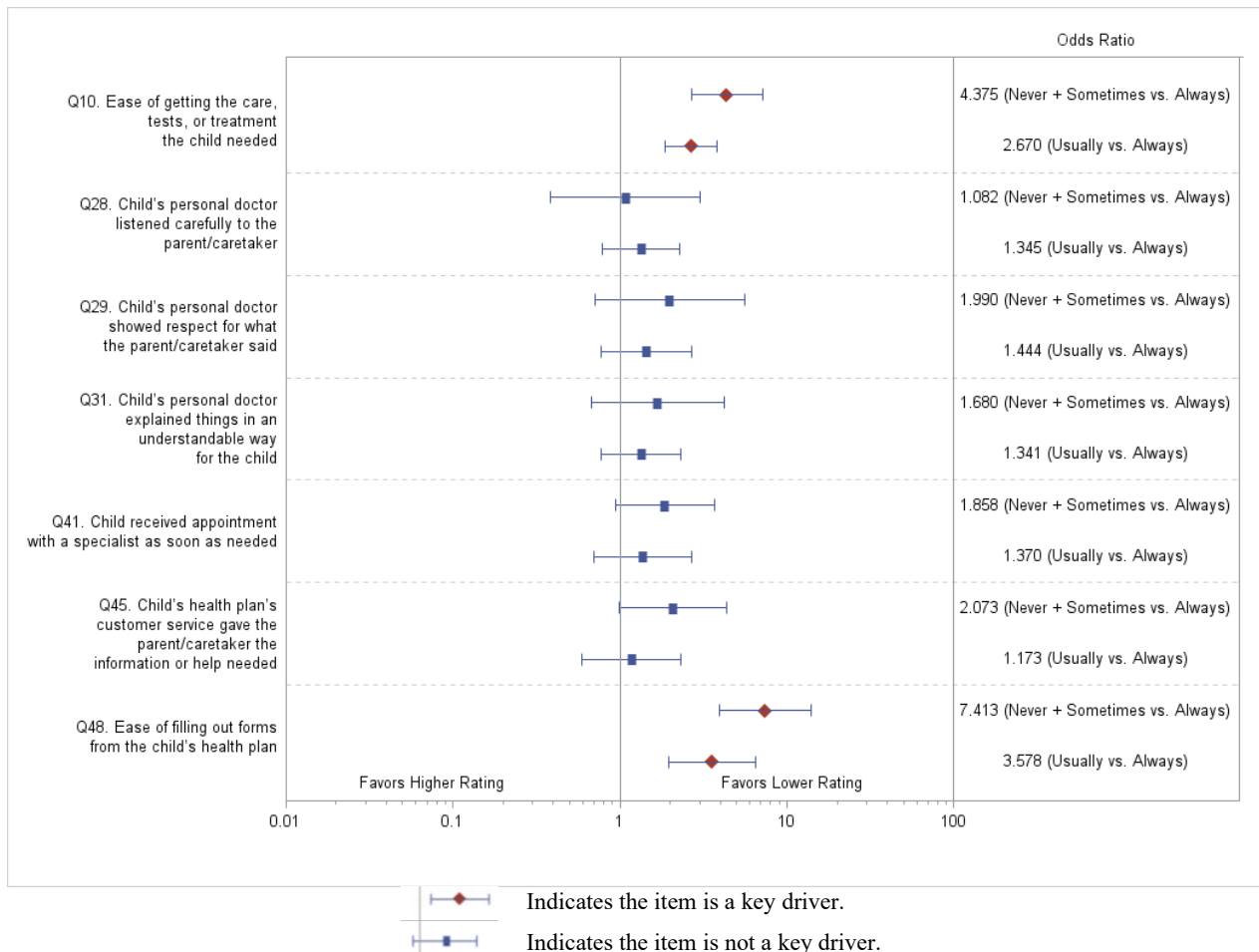
Figure 3-2—Key Drivers of Low Member Experience: Rating of All Health Care—Colorado RAE Aggregate: General Child Population

	Odds Ratio
Q10. Ease of getting the care, tests, or treatment the child needed	9.069 (Never + Sometimes vs. Always)
	4.396 (Usually vs. Always)
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	3.266 (Never + Sometimes vs. Always)
	1.232 (Usually vs. Always)
Q28. Child's personal doctor listened carefully to the parent/caretaker	1.036 (Never + Sometimes vs. Always)
	1.087 (Usually vs. Always)
Q29. Child's personal doctor showed respect for what the parent/caretaker said	3.870 (Never + Sometimes vs. Always)
	1.592 (Usually vs. Always)
Q31. Child's personal doctor explained things in an understandable way for the child	1.946 (Never + Sometimes vs. Always)
	1.066 (Usually vs. Always)
Q32. Child's personal doctor spent enough time with the child	1.183 (Never + Sometimes vs. Always)
	1.458 (Usually vs. Always)
Q41. Child received appointment with a specialist as soon as needed	3.559 (Never + Sometimes vs. Always)
	3.537 (Usually vs. Always)

Favors Higher Rating   Favors Lower Rating

0.01   0.1   1   10   100

◆— 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: General Child Population

DHMP

Figure 3-4—Key Drivers of Low Member Experience: Rating of Health Plan—DHMP: General Child Population

Figure 3-5—Key Drivers of Low Member Experience: Rating of All Health Care—DHMP: General Child Population

**Figure 3-6—Key Drivers of Low Member Experience: Rating of Personal Doctor—DHMP:
General Child Population**
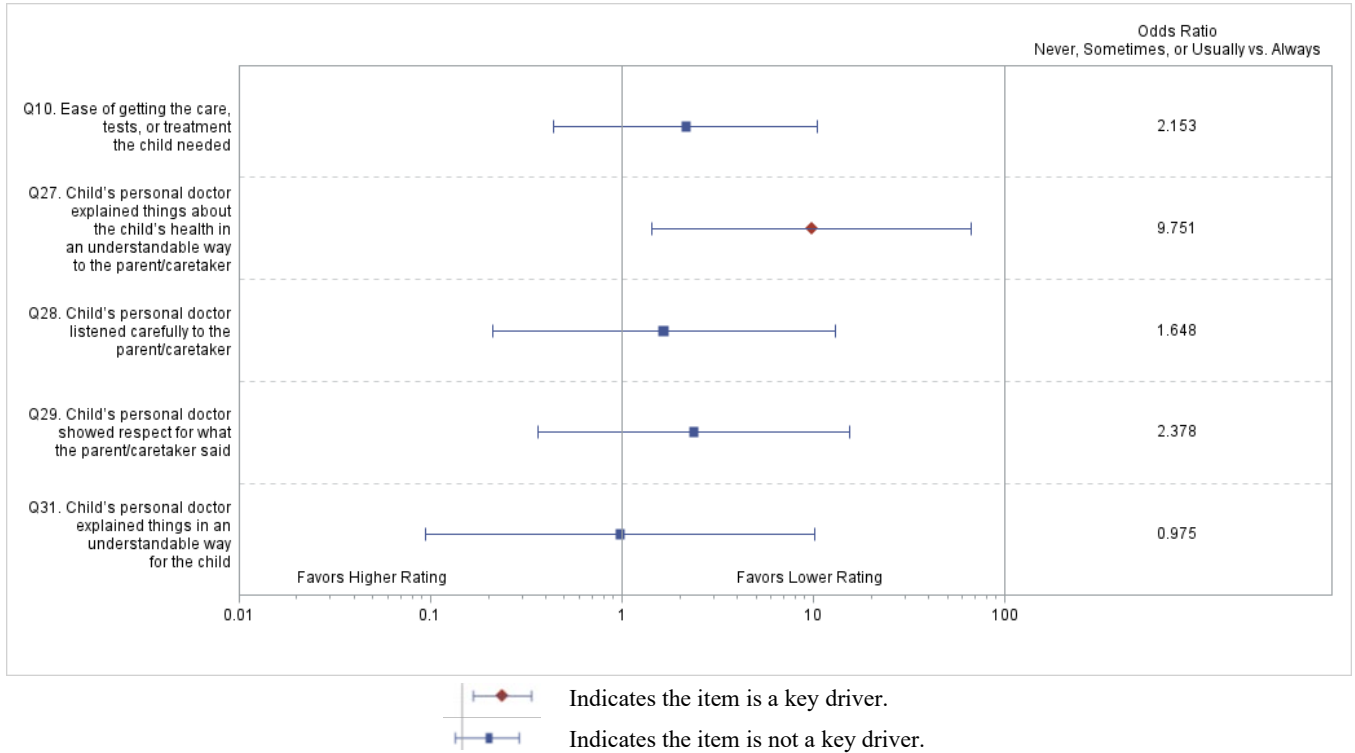
General Child Results

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

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

	2022	2023	2024
Colorado RAE Aggregate	**1,500**	**1,692**	**1,564**
RMHP (RAE 1)	237	244	264
NHP (RAE 2)	185	202	194
COA (RAE 3)	246	281	283
HCI (RAE 4)	187	231	176
COA (RAE 5)	261	291	297
CCHA (RAE 6)	192	223	184
CCHA (RAE 7)	192	220	166
DHMP	**190**	**179**	**211**

HSAG calculated scores for each measure for the national comparisons, trend analysis, and RAE comparisons.[4-1] For more detailed information on the calculation of these measures, ple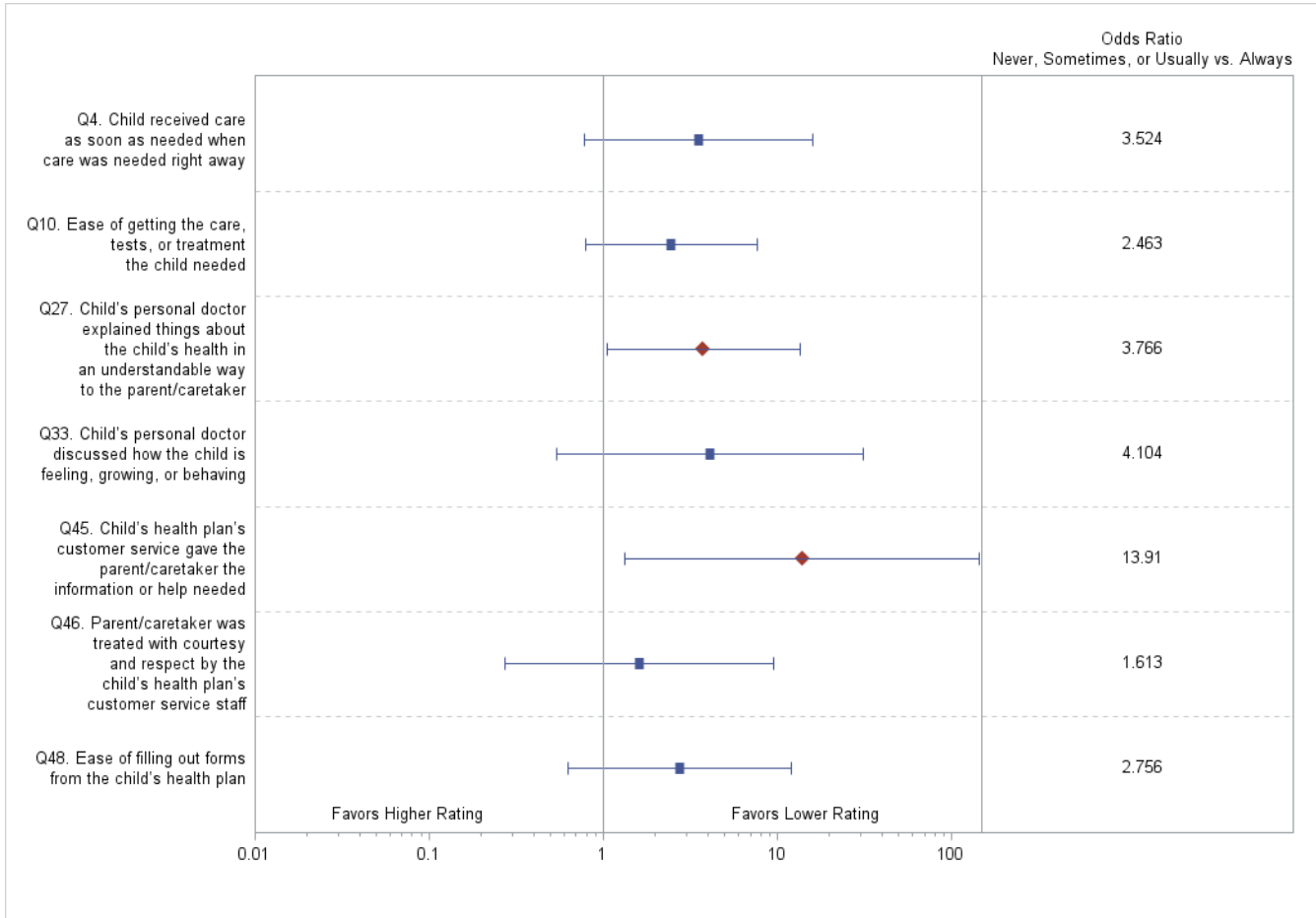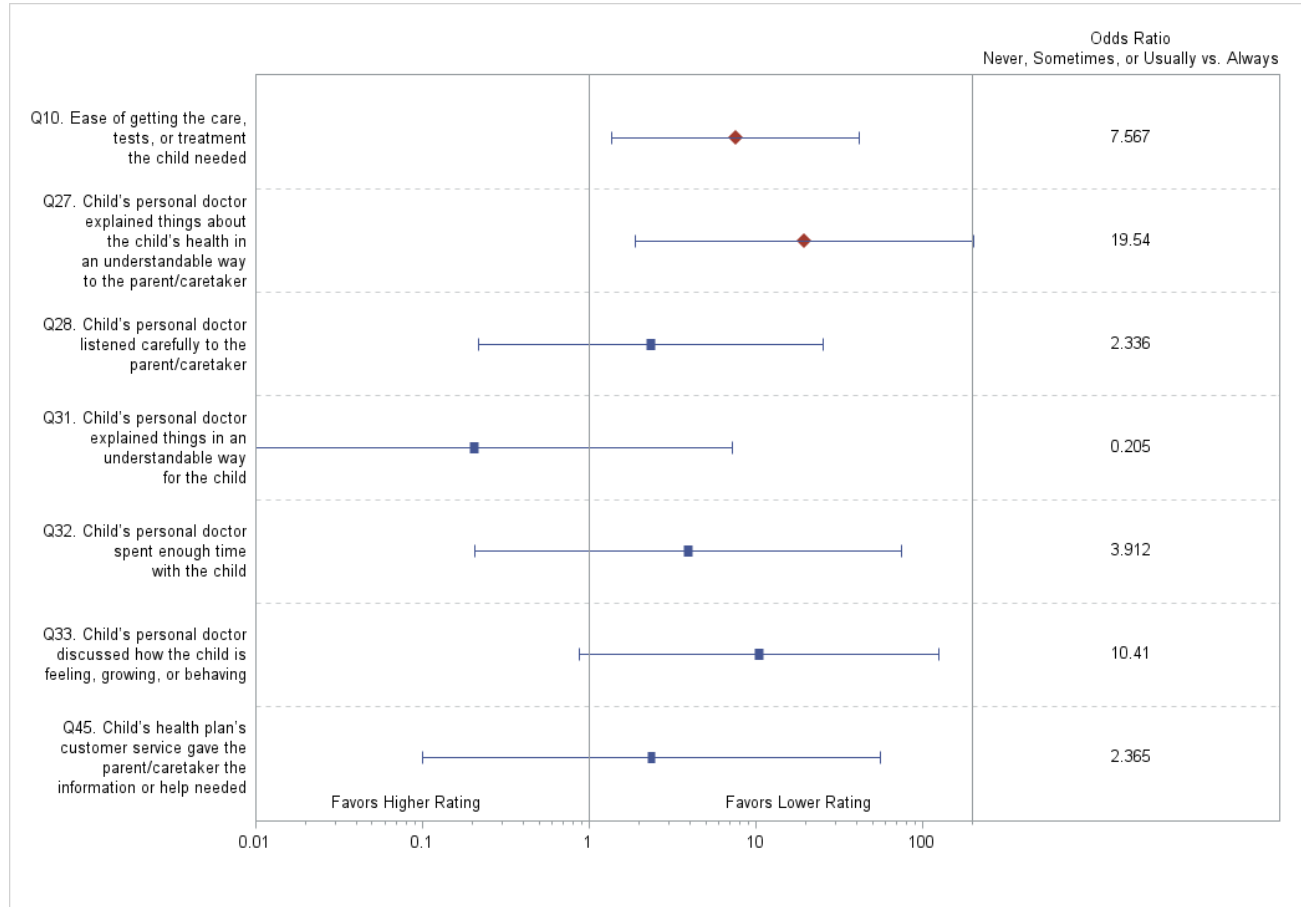ase refer to the Reader's Guide section beginning on page 6-13. For more detailed information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 6-2.

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

Child Member Demographics

Figure 4-1 through Figure 4-6 present the demographic characteristics of general child members as reported by the parents/caretakers who completed a survey. In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties. For more detailed information on the child demographics, please refer to the Reader's Guide beginning on page 6-12.

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

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

	Less than 1	1 to 3	4 to 7	8 to 12	13 to 18*
Colorado RAE Aggregate	1.05%	15.36%	21.41%	30.14%	32.04%
RMHP (RAE 1)	1.16%	15.50%	21.71%	27.13%	34.50%
NHP (RAE 2)	1.60%	13.83%	28.72%	29.26%	26.60%
COA (RAE 3)	1.45%	11.64%	21.09%	30.91%	34.91%
HCI (RAE 4)	0.58%	12.79%	19.77%	30.23%	36.63%
COA (RAE 5)	1.75%	21.40%	19.65%	24.21%	32.98%
CCHA (RAE 6)	0.00%	12.64%	21.98%	35.71%	29.67%
CCHA (RAE 7)	0.00%	18.40%	17.18%	38.65%	25.77%
DHMP	0.00%	8.74%	19.90%	37.38%	33.98%

Age Distribution
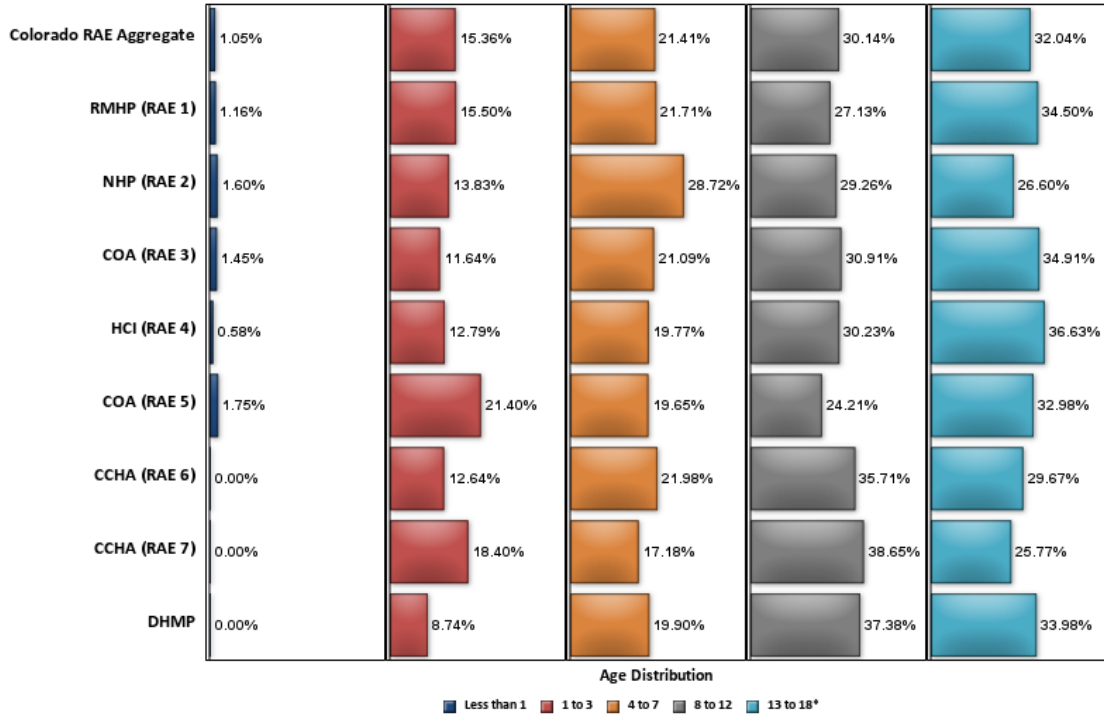
Some percentages may not total 100% due to rounding.

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

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

Gender Distribution

■ Male ■ Female
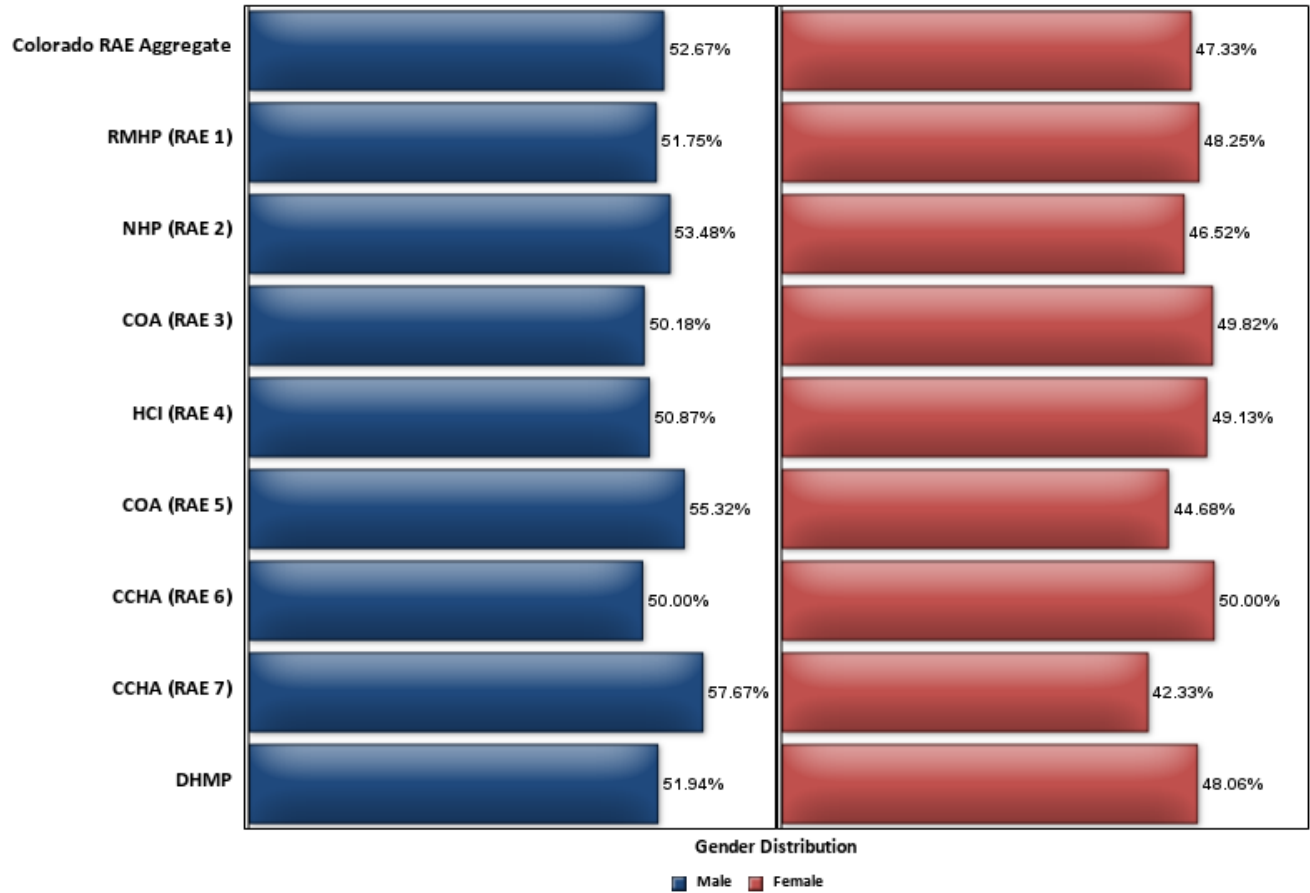
Some percentages may not total 100% due to rounding.

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

	Multiracial	White	Black	Asian	Other*
Colorado RAE Aggregate	14.57%	62.71%	6.48%	2.33%	13.91%
RMHP (RAE 1)	12.92%	75.00%	1.25%	0.83%	10.00%
NHP (RAE 2)	11.11%	67.28%	1.85%	0.62%	19.14%
COA (RAE 3)	14.77%	54.85%	10.97%	4.22%	15.19%
HCI (RAE 4)	10.24%	75.90%	0.60%	0.00%	13.25%
COA (RAE 5)	16.87%	48.19%	15.26%	4.02%	15.66%
CCHA (RAE 6)	19.16%	67.66%	1.20%	2.99%	8.98%
CCHA (RAE 7)	16.45%	54.61%	10.53%	2.63%	15.79%
DHMP	8.94%	46.37%	10.06%	4.47%	30.17%

Race Distribution

■ Multiracial ■ White ■ Black ■ Asian ■ Other*

Some percentages may not total 100% due to rounding.

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

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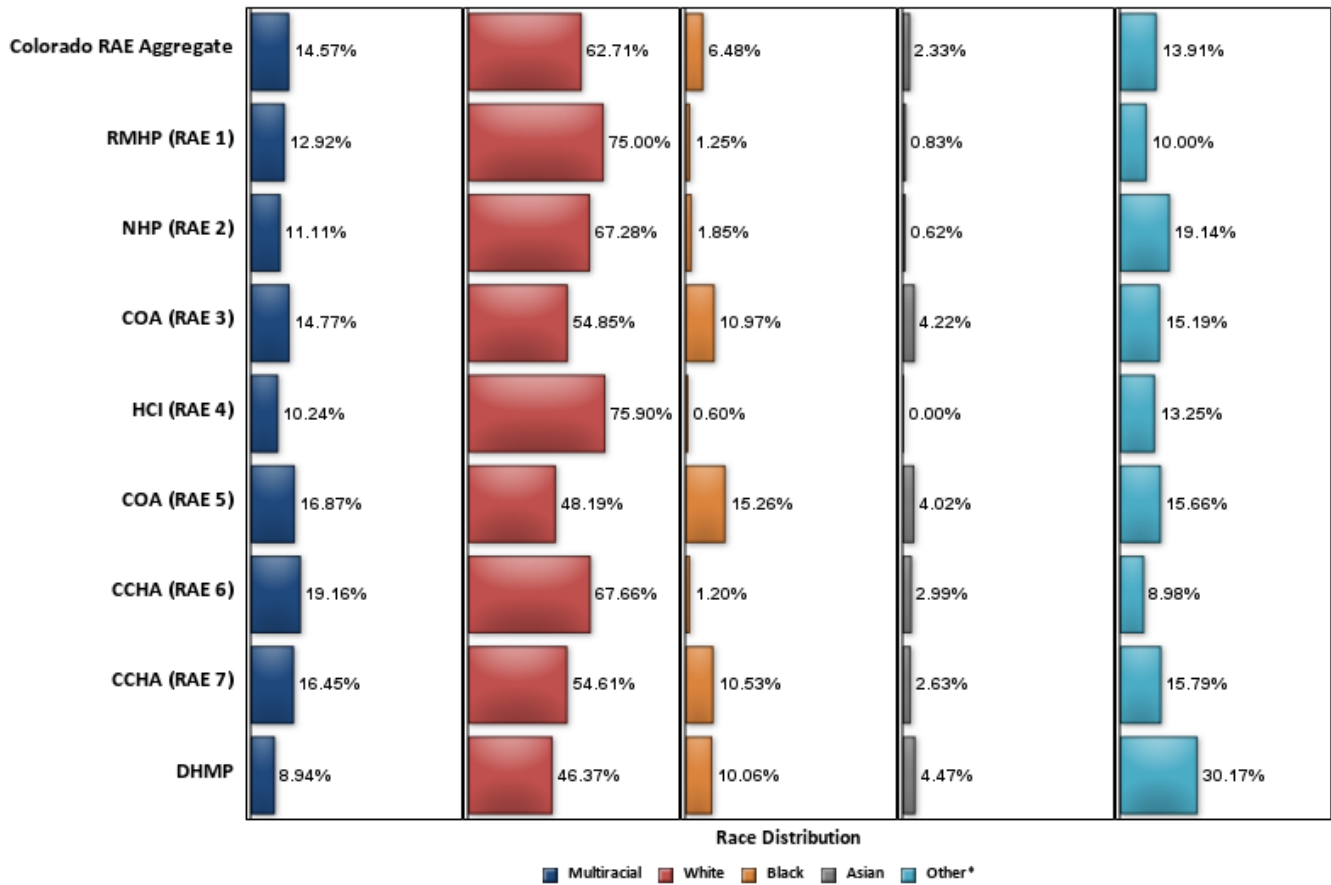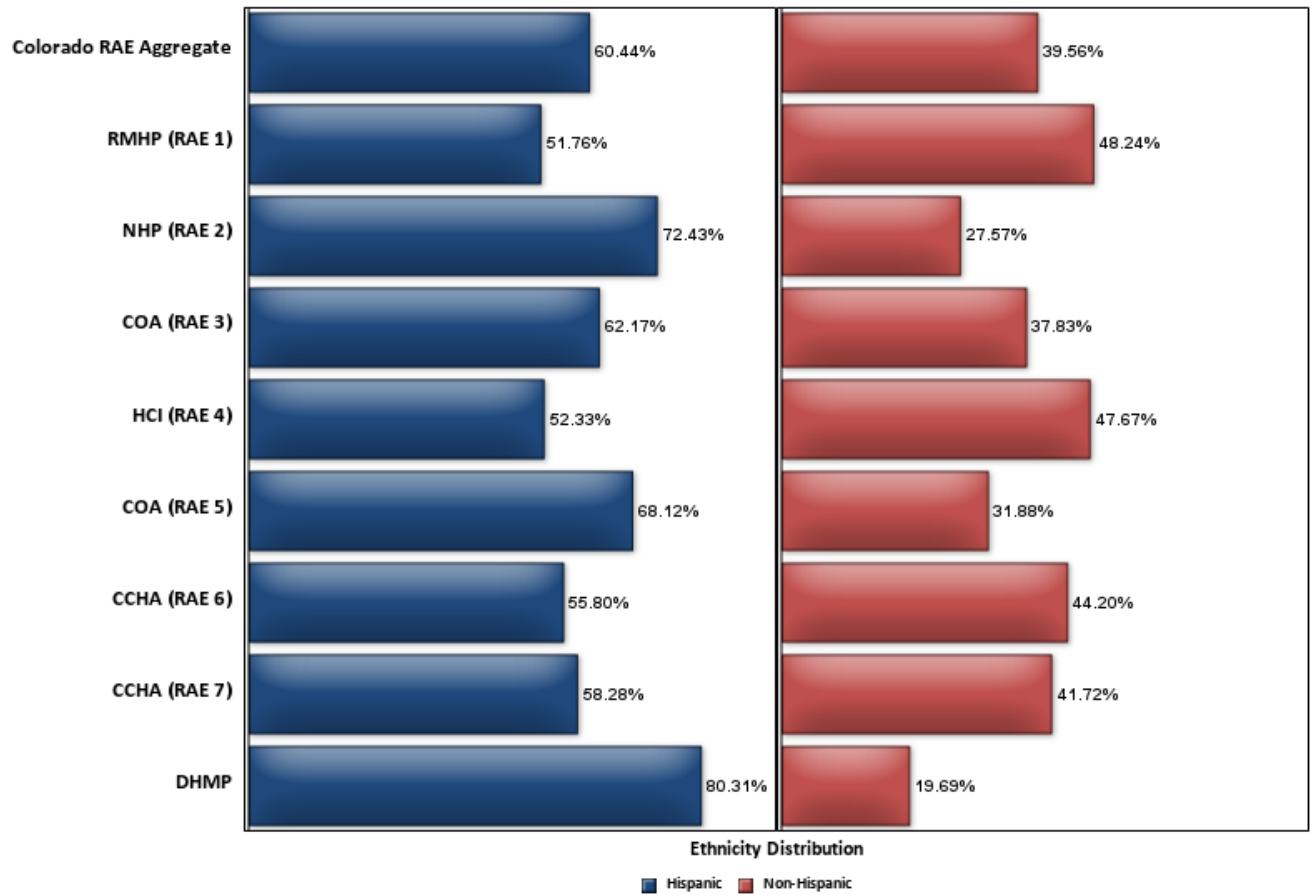

Some percentages may not total 100% due to rounding.

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

General Health Status Distribution

	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	40.61%	34.05%	19.49%	5.65%	0.19%
RMHP (RAE 1)	40.61%	37.16%	16.48%	5.75%	0.00%
NHP (RAE 2)	42.41%	27.75%	24.08%	5.76%	0.00%
COA (RAE 3)	42.24%	32.85%	20.94%	3.61%	0.36%
HCI (RAE 4)	45.09%	32.95%	15.61%	6.36%	0.00%
COA (RAE 5)	37.37%	34.95%	21.45%	6.23%	0.00%
CCHA (RAE 6)	39.89%	34.97%	18.58%	5.46%	1.09%
CCHA (RAE 7)	37.58%	36.97%	18.18%	7.27%	0.00%
DHMP	42.11%	26.32%	22.97%	7.66%	0.96%
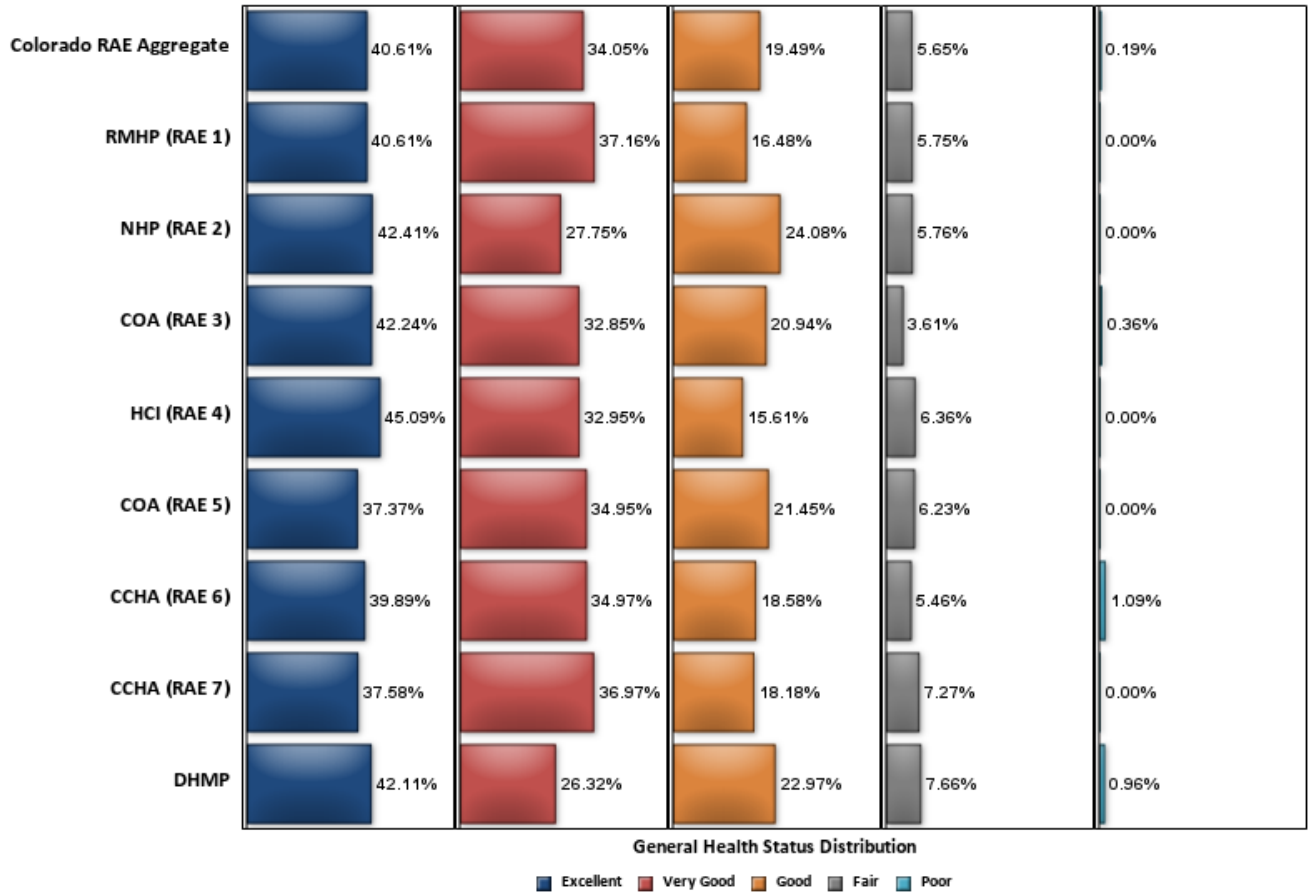
Some percentages may not total 100% due to rounding.

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

Mental or Emotional Health Status Distribution

	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	39.45%	28.19%	20.83%	9.77%	1.76%
RMHP (RAE 1)	38.02%	28.90%	20.53%	12.17%	0.38%
NHP (RAE 2)	45.03%	26.18%	17.80%	9.95%	1.05%
COA (RAE 3)	39.13%	28.62%	22.46%	6.88%	2.90%
HCI (RAE 4)	39.31%	30.64%	18.50%	8.67%	2.89%
COA (RAE 5)	41.46%	28.22%	17.77%	10.45%	2.09%
CCHA (RAE 6)	32.97%	29.67%	25.82%	9.34%	2.20%
CCHA (RAE 7)	39.63%	24.39%	24.39%	10.98%	0.61%
DHMP	37.98%	33.65%	19.23%	9.13%	0.00%
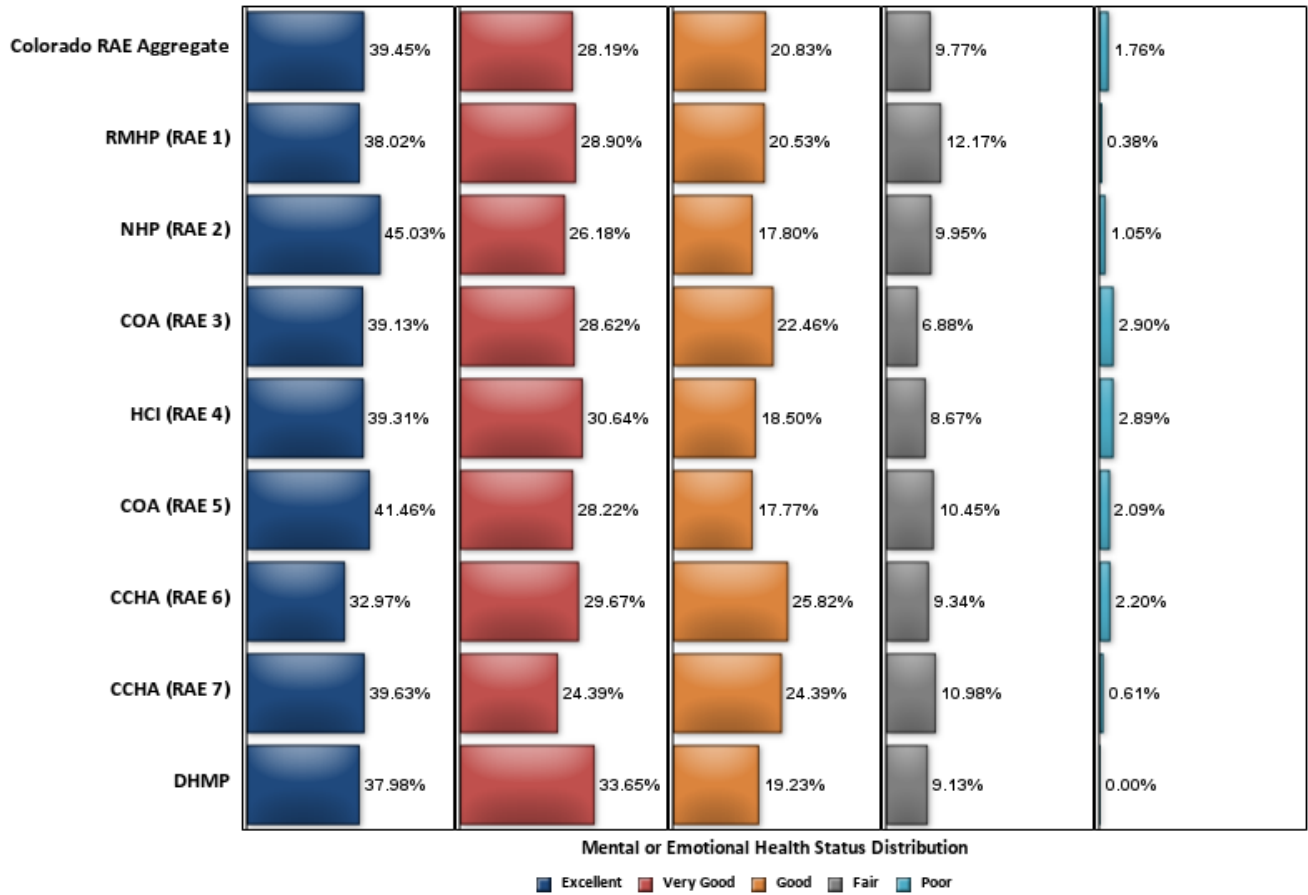
Some percentages may not total 100% due to rounding.

Respondent Demographics

Figure 4-7 through Figure 4-10 present the self-reported demographic characteristics of parents/ caretakers of general child members who completed a survey. For more detailed information on the respondent demographics, please refer to the Reader's Guide beginning on page 6-12.

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

Respondent Age Distribution

Legend: Under 18, 18 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, 65 or Older

Some percentages may not total 100% due to rounding.
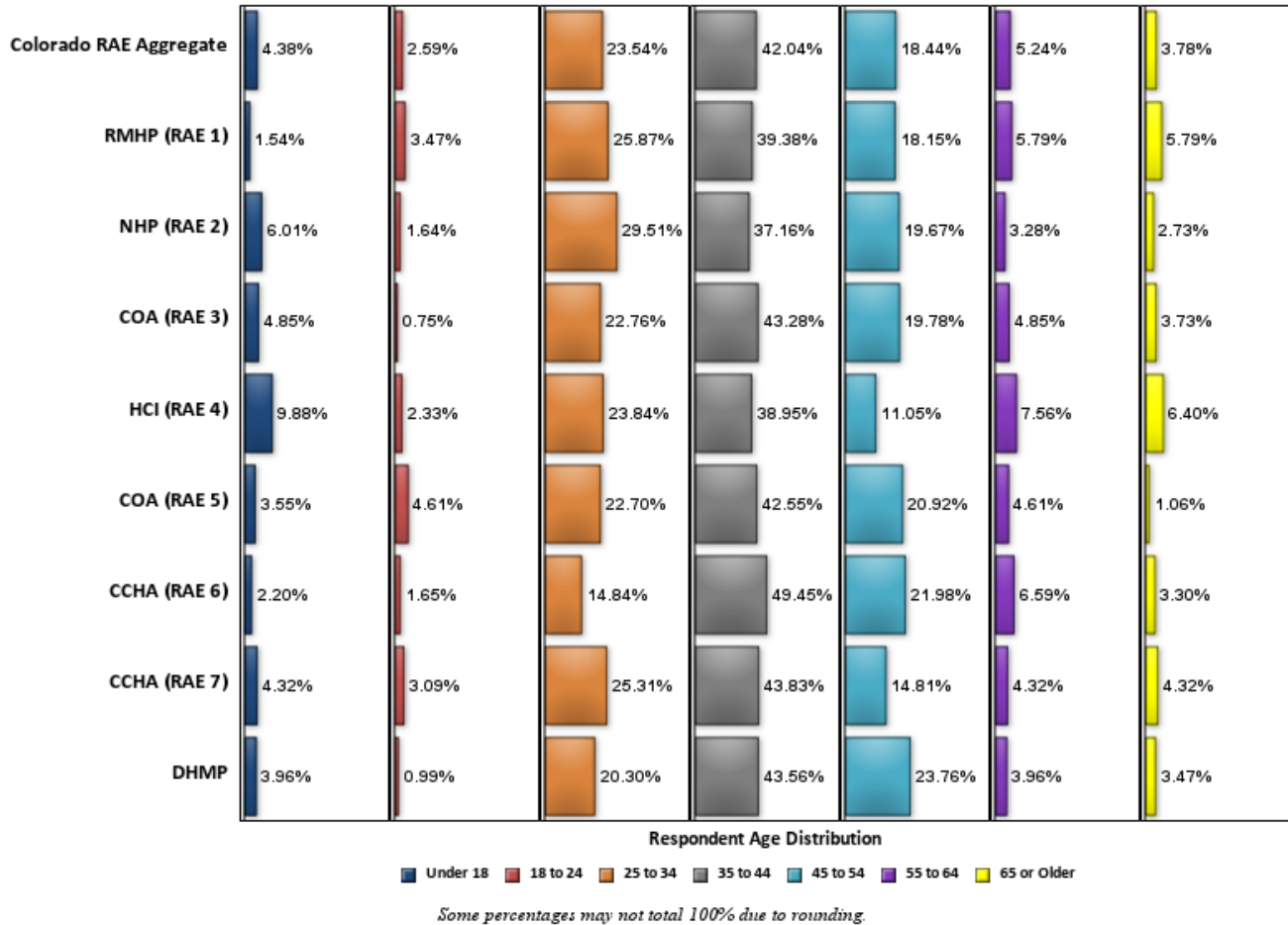
Figure 4-8—Respondent Demographics: Gender—General Child Population

Respondent Gender Distribution

■ Male   ■ Female

Some percentages may not total 100% due to rounding.

	Male	Female
Colorado RAE Aggregate	12.58%	87.42%
RMHP (RAE 1)	11.15%	88.85%
NHP (RAE 2)	8.74%	91.26%
COA (RAE 3)	13.70%	86.30%
HCI (RAE 4)	18.24%	81.76%
COA (RAE 5)	11.70%	88.30%
CCHA (RAE 6)	13.66%	86.34%
CCHA (RAE 7)	11.73%	88.27%
DHMP	9.95%	90.05%
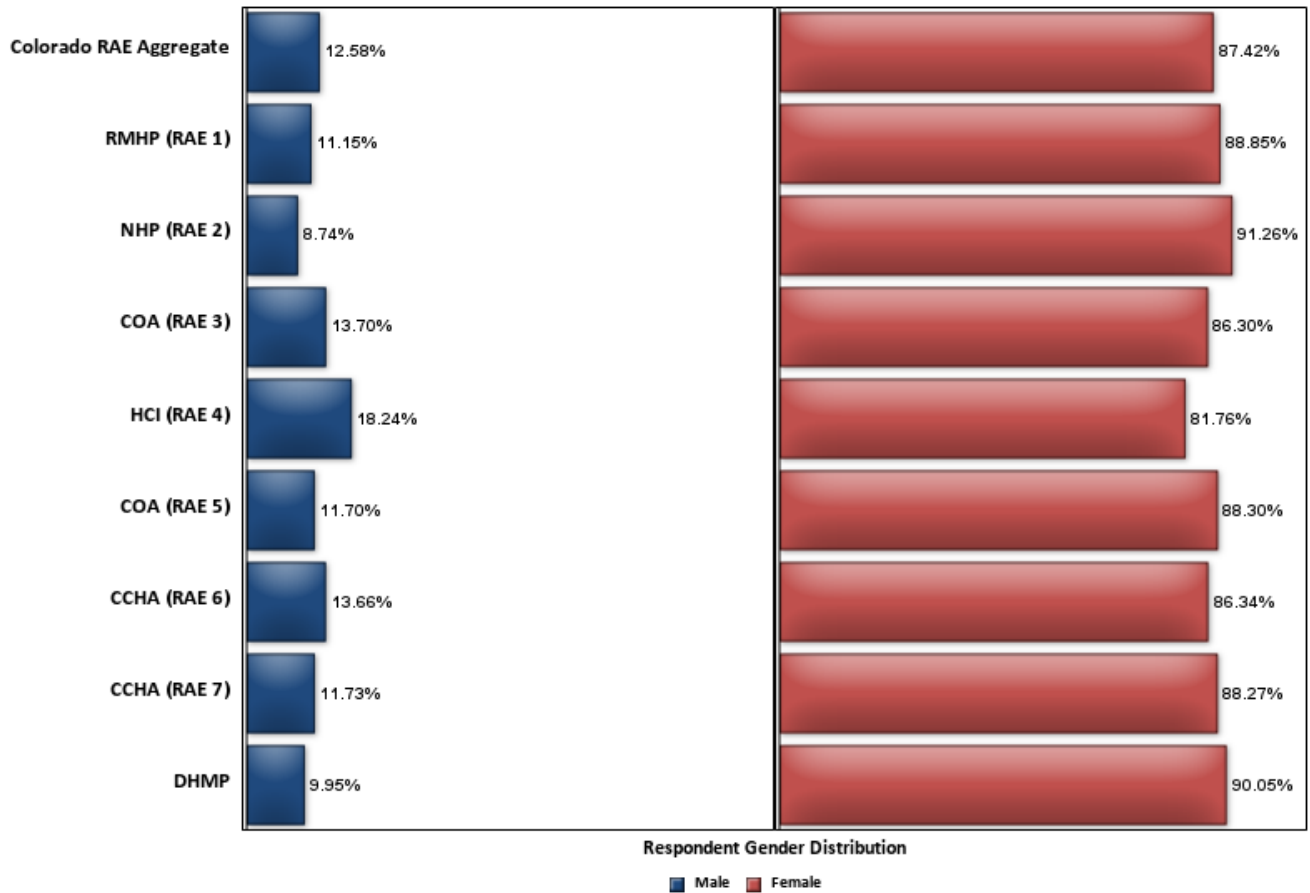
Figure 4-9—Respondent Demographics: Education Level—General Child Population

Respondent Education Level Distribution

■ 8th Grade or Less ■ Some High School ▯ High School Graduate ▯ Some College ▯ College Graduate
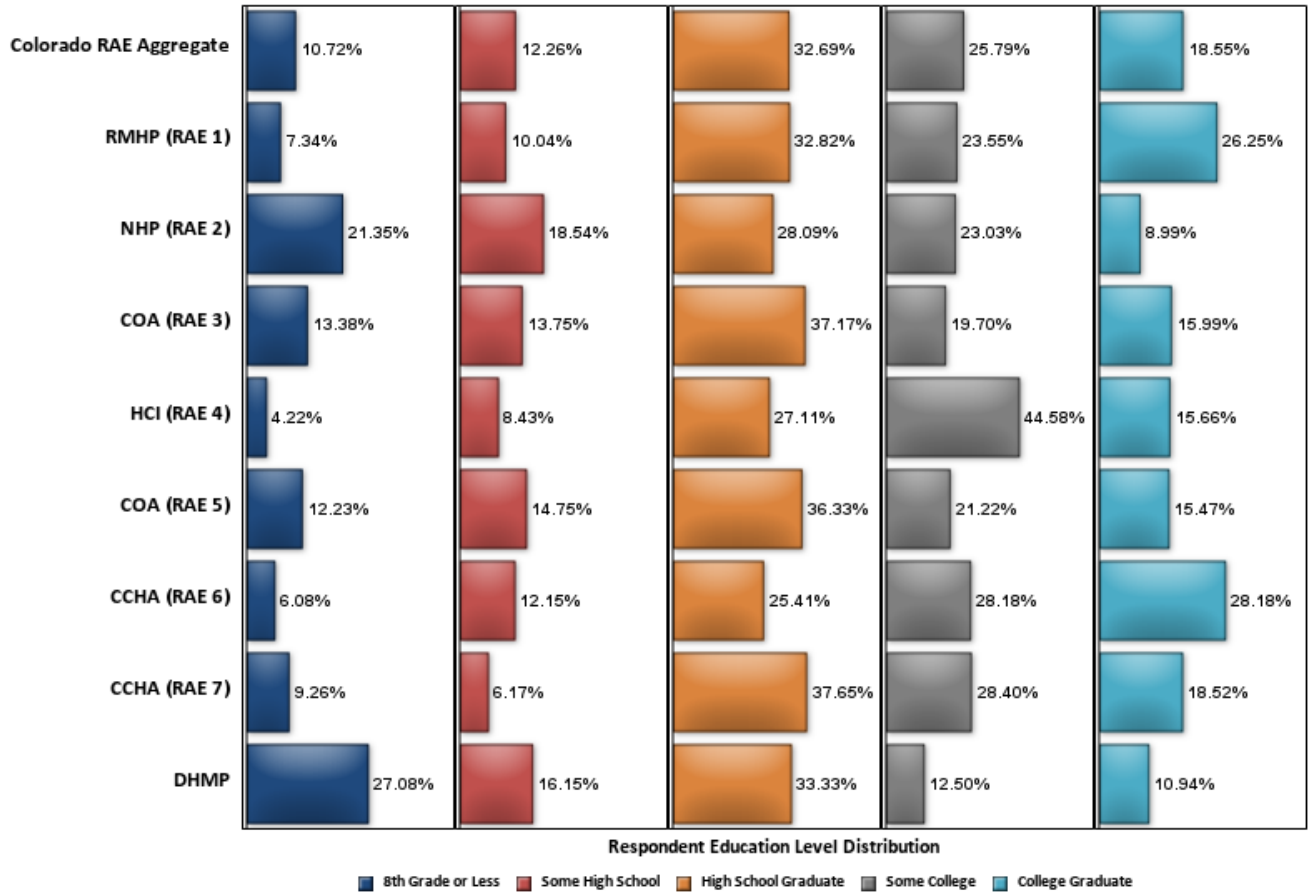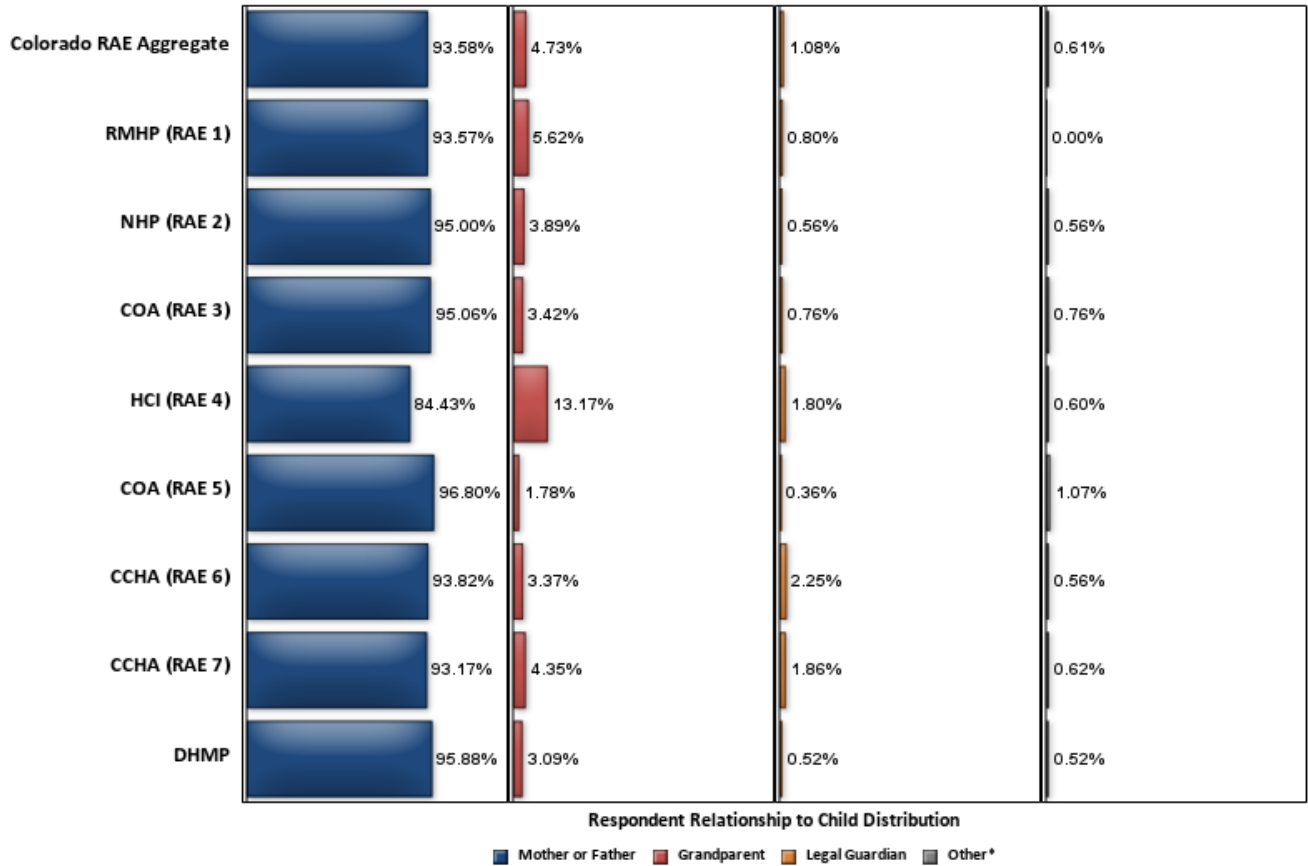
Some percentages may not total 100% due to rounding.

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

Respondent Relationship to Child Distribution

■ Mother or Father ■ Grandparent ■ Legal Guardian ■ Other*

	Mother or Father	Grandparent	Legal Guardian	Other*
Colorado RAE Aggregate	93.58%	4.73%	1.08%	0.61%
RMHP (RAE 1)	93.57%	5.62%	0.80%	0.00%
NHP (RAE 2)	95.00%	3.89%	0.56%	0.56%
COA (RAE 3)	95.06%	3.42%	0.76%	0.76%
HCI (RAE 4)	84.43%	13.17%	1.80%	0.60%
COA (RAE 5)	96.80%	1.78%	0.36%	1.07%
CCHA (RAE 6)	93.82%	3.37%	2.25%	0.56%
CCHA (RAE 7)	93.17%	4.35%	1.86%	0.62%
DHMP	95.88%	3.09%	0.52%	0.52%

Some percentages may not total 100% due to rounding.
*The "Other" relationship to child category includes responses of aunt or uncle, older brother or sister, other relative, and someone else.

Respondent Analysis

HSAG compared the demographic characteristics of RAE general child members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all child 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.[4-2,4-3] Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the child member demographics section, which uses responses from the survey as the data source. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual child RAE population. For more detailed information on the respondent analysis, please refer to the Reader's Guide beginning on page 6-12.

Table 4-2—Respondent Analysis: General Child Population

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									
Less than 1	R	**2.88%**	3.03%	2.58%	3.18%	1.70%	4.04%	0.54% ↓	4.22%
	SF	**3.16%**	3.11%	2.66%	3.38%	2.29%	5.01%	2.51%	2.79%
1 to 3	R	**15.47%**	14.02%	19.07%	10.95% ↓	12.50%	21.55%	14.13%	15.06%
	SF	**16.24%**	15.89%	16.28%	15.91%	15.21%	19.85%	15.57%	15.69%
4 to 7	R	**22.06%**	24.24%	25.77%	21.55%	21.59%	19.87%	23.91%	17.47% ↓
	SF	**23.02%**	22.99%	23.48%	23.25%	22.61%	21.96%	22.87%	23.57%
8 to 12	R	**29.60%**	26.89%	28.35%	28.98%	30.11%	24.92%	33.70%	39.76% ↑
	SF	**28.54%**	29.05%	28.52%	28.46%	29.21%	25.74%	28.99%	29.47%
13 to 17	R	**29.99%**	31.82%	24.23%	35.34% ↑	34.09%	29.63%	27.72%	23.49%
	SF	**29.03%**	28.96%	29.06%	29.00%	30.68%	27.44%	30.05%	28.48%
Gender									
Male	R	**52.88%**	51.14%	54.12%	53.71%	49.43%	55.56%	48.91%	56.02%
	SF	**51.36%**	51.35%	51.26%	51.60%	51.06%	51.24%	51.33%	51.31%
Female	R	**47.12%**	48.86%	45.88%	46.29%	50.57%	44.44%	51.09%	43.98%
	SF	**48.64%**	48.65%	48.74%	48.40%	48.94%	48.76%	48.67%	48.69%

[4-2] HSAG did not have access to the sample frame file for DHMP; therefore, HSAG could not perform the respondent analysis for DHMP.

[4-3] "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.

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)
Race									
White	R	**31.98% ↓**	77.59%	17.58% ↓	19.52% ↓	41.25%	13.55%	33.72%	22.01% ↓
	SF	**37.36%**	79.23%	30.85%	24.88%	36.22%	14.91%	37.37%	38.29%
Black	R	**6.16% ↓**	3.45%	0.55% ↓	10.36%	0.00%	13.92% ↓	1.16%	8.18%
	SF	**7.62%**	3.49%	2.69%	11.74%	1.33%	18.37%	2.22%	7.50%
Asian	R	**2.66%**	1.72%	2.20%	4.38%	0.00%	3.30%	3.49%	2.52%
	SF	**2.38%**	1.60%	1.77%	3.99%	0.29%	3.37%	2.59%	1.16%
Other	R	**20.78%**	17.24%	9.34%	6.77%	8.13%	10.99%	53.49%	55.35% ↑
	SF	**19.82%**	15.68%	9.86%	7.51%	10.95%	8.70%	50.21%	38.63%
Multiracial	R	NA	NA	NA	58.96% ↑	NA	58.24%	8.14%	11.95%
	SF				51.89%		54.65%	7.61%	14.42%
Hispanic/Latino	R	NA	NA	70.33% ↑	NA	50.63%	NA	NA	NA
	SF			54.82%		51.21%			
Ethnicity									
Hispanic	R	NA	71.35% ↑	67.01% ↑	61.18% ↑	48.30%	65.58% ↑	NA	NA
	SF		64.15%	52.86%	53.40%	50.55%	58.37%		
Non-Hispanic	R	NA	28.65% ↓	32.99% ↓	38.82% ↓	51.70%	34.42% ↓	NA	NA
	SF		35.85%	47.14%	46.60%	49.45%	41.63%		

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 general child population, HSAG compared the top-box scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.[4-4,4-5,4-6] 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

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

[4-5] 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.

[4-6] Quality Compass® data were not available for 2024 at the time this report was prepared; therefore, 2023 data were used for this comparative analysis.

top-box scores, while the stars represent the star ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data. For more detailed information on the national comparisons, please refer to the Reader's Guide beginning on page 6-13.

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

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

	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	★★ 69.13%	★★ 68.73%	★ 65.26%	★★★ 73.91%	★ 66.86%	★★★★ 76.41%	★★ 68.54%	★ 59.51%
Rating of All Health Care	★★ 66.40%	★★★ 71.07%	★ 60.82%[+]	★★★ 69.68%	★★ 65.29%	★★★★ 72.25%	★ 65.08%	★ 56.31%
Rating of Personal Doctor	★★ 73.43%	★★ 75.34%	★★★ 75.91%	★ 70.28%	★★ 73.79%	★★★★ 80.09%	★ 72.19%	★ 71.74%
Rating of Specialist Seen Most Often	★ 65.25%	★ 57.14%[+]	★★★★★ 79.31%[+]	★ 63.46%[+]	★★★ 70.83%[+]	★★★★ 75.47%[+]	★ 65.85%[+]	★ 57.50%[+]
Composite Measures								
Getting Needed Care	★★ 81.23%	★★★ 83.78%	★★ 80.71%[+]	★★ 80.77%	★★★ 84.74%[+]	★★★ 83.51%	★★ 82.34%[+]	★ 75.08%[+]
Getting Care Quickly	★★ 85.10%	★★★ 86.91%	★★ 82.73%[+]	★★ 83.81%	★★★ 87.05%[+]	★★ 84.71%	★★★ 88.12%[+]	★★ 83.59%[+]
How Well Doctors Communicate	★★★ 93.90%	★★★★ 95.90%	★ 91.16%[+]	★★ 92.62%	★★ 92.96%	★★★ 94.13%	★★★ 95.39%	★★★ 94.89%[+]
Customer Service	★★★ 88.50%	★★ 86.28%[+]	★★★ 88.37%[+]	★★★★ 90.35%[+]	★ 85.19%[+]	★★★ 87.80%[+]	★★ 87.74%[+]	★★★★ 90.63%[+]
Individual Item Measure								
Coordination of Care	★ 80.13%	★ 77.61%[+]	★ 75.61%[+]	★ 80.70%[+]	★ 80.49%[+]	★★★ 83.95%[+]	★ 80.77%[+]	★ 80.43%[+]
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 general child population for DHMP.

Table 4-4—National Comparisons: DHMP—General Child Population

	Score	Star Rating
Global Ratings		
Rating of Health Plan	73.89%	★★★
Rating of All Health Care	76.42%	★★★★★
Rating of Personal Doctor	84.40%	★★★★★
Rating of Specialist Seen Most Often	71.79%[+]	★★★
Composite Measures		
Getting Needed Care	74.46%[+]	★
Getting Care Quickly	79.22%[+]	★
How Well Doctors Communicate	92.01%[+]	★
Customer Service	84.17%[+]	★
Individual Item Measure		
Coordination of Care	73.17%[+]	★
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th *+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*		

Trend Analysis and 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.[4-7] The Colorado RAE Aggregate's results were weighted based on the total eligible general child 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 general child results for DHMP 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) benchmarks and NCQA Medicaid national averages for the general child population are presented for comparative

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

purposes.[4-8,4-9,4-10,4-11] The top-box scores and number of respondents (N) are presented in the figures for the 2023 CAHPS Database Medicaid benchmarks, Colorado RAE Aggregate, each RAE, and DHMP for the general child population only since the data for the NCQA Medicaid national averages are proprietary and not reportable. For more detailed information on the trend analysis, please refer to the Reader's Guide beginning on page 6-14.

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.[4-12] 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 top-box 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 6-15.

[4-8] For the NCQA general child Medicaid 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.

[4-9] 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.

[4-10] Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: August 5, 2024. The CAHPS Database is a data repository of selected CAHPS surveys, which is collected through participating organizations. Data collected through the CAHPS Database are based on responses to the 5.1/5.1H CAHPS Health Plan Surveys with and without the CCC measurement set. The CAHPS Database calculates top-box scores for the composite and individual item measures using responses of "Always;" therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of "Usually" and "Always" for comparison.

[4-11] 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.

[4-12] Caution should be exercised when evaluating RAE comparisons, given that population and plan differences may impact results.

Global Ratings

Rating of Health Plan

Figure 4-11 shows the trend analysis results for *Rating of Health Plan,* including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.

Figure 4-11—Trend Analysis: Rating of Health Plan (9 or 10)—General Child Population
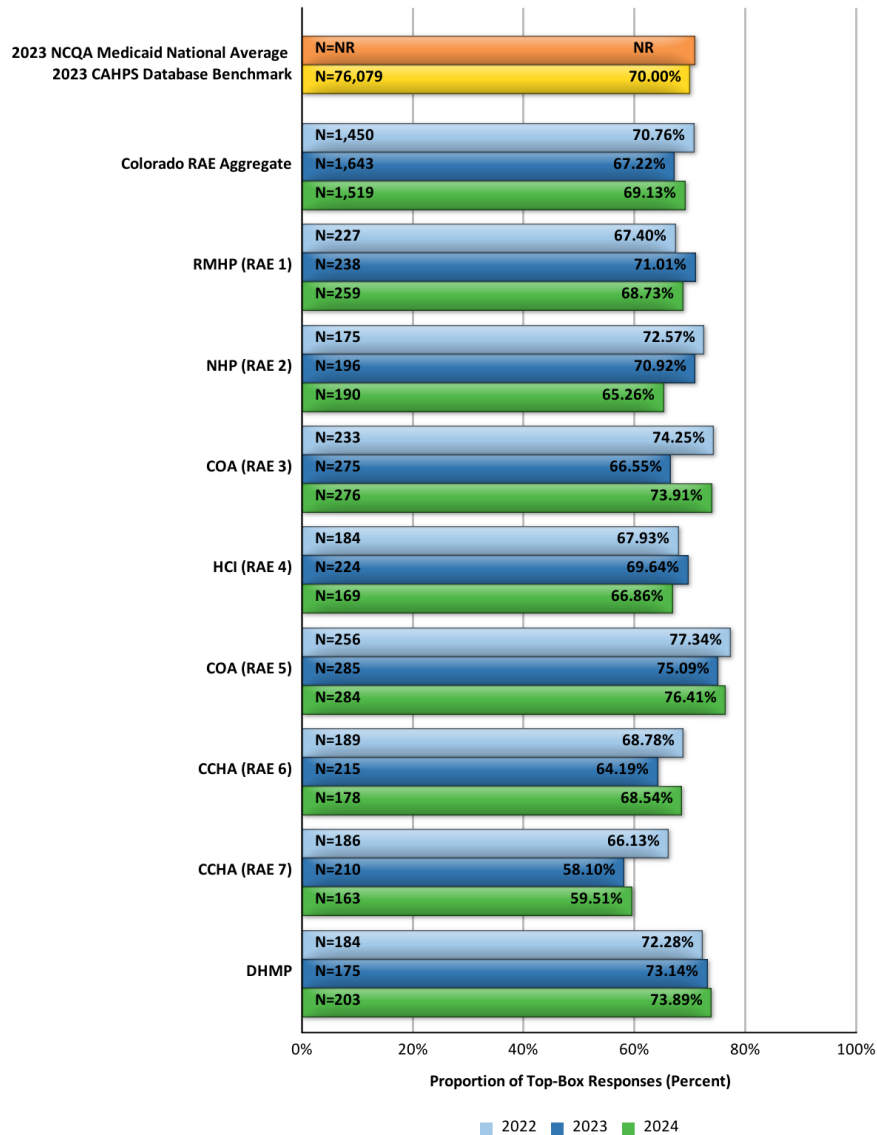
Figure 4-12 shows the RAE comparisons results for *Rating of Health Plan* for the general child population.

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

	Top-Box Score	N
Colorado RAE Aggregate	69.13%	1,519
RMHP (RAE 1)	69.36%	259
NHP (RAE 2)	62.92%	190
COA (RAE 3)	72.93%	276
HCI (RAE 4)	67.92%	169
COA (RAE 5)	75.64%	284
CCHA (RAE 6)	70.25%	178
CCHA (RAE 7)	60.19%	163

Worse   Better
Proportion of Top-Box Responses (Percent)

↑ 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 4-13 shows the trend analysis results for *Rating of All Health Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.
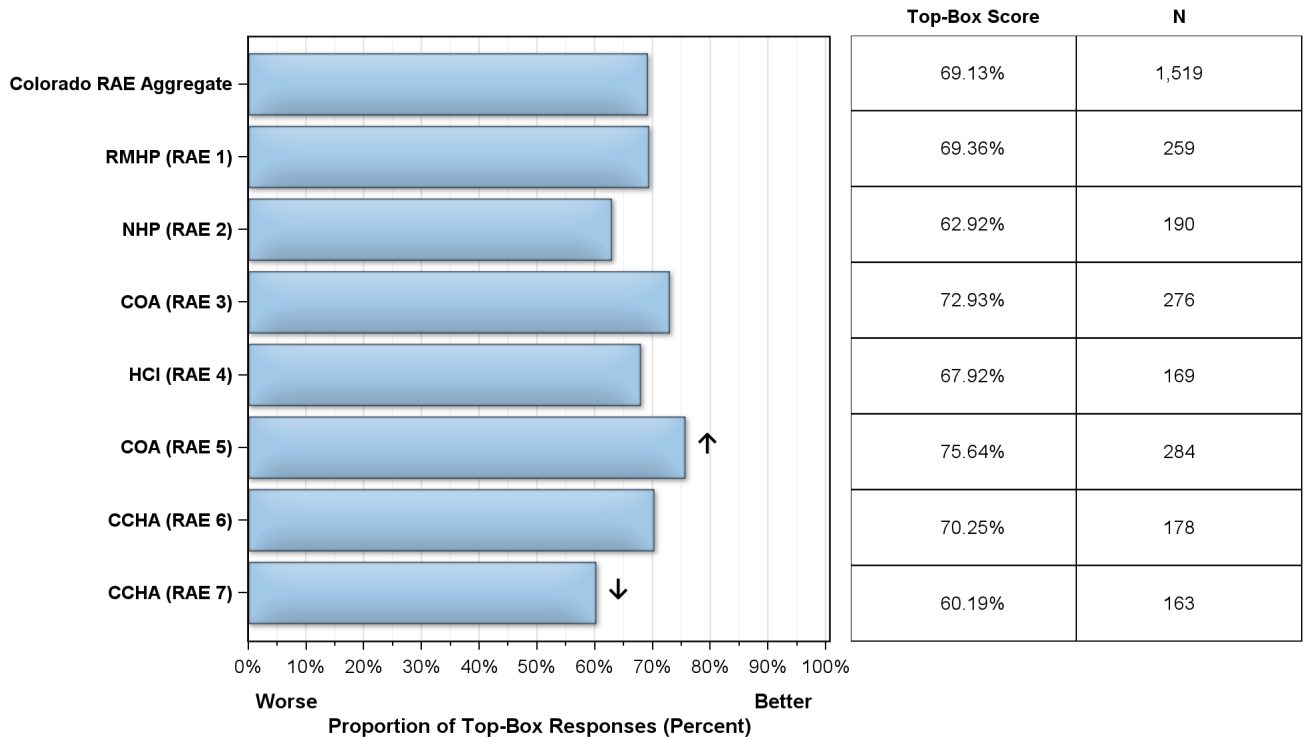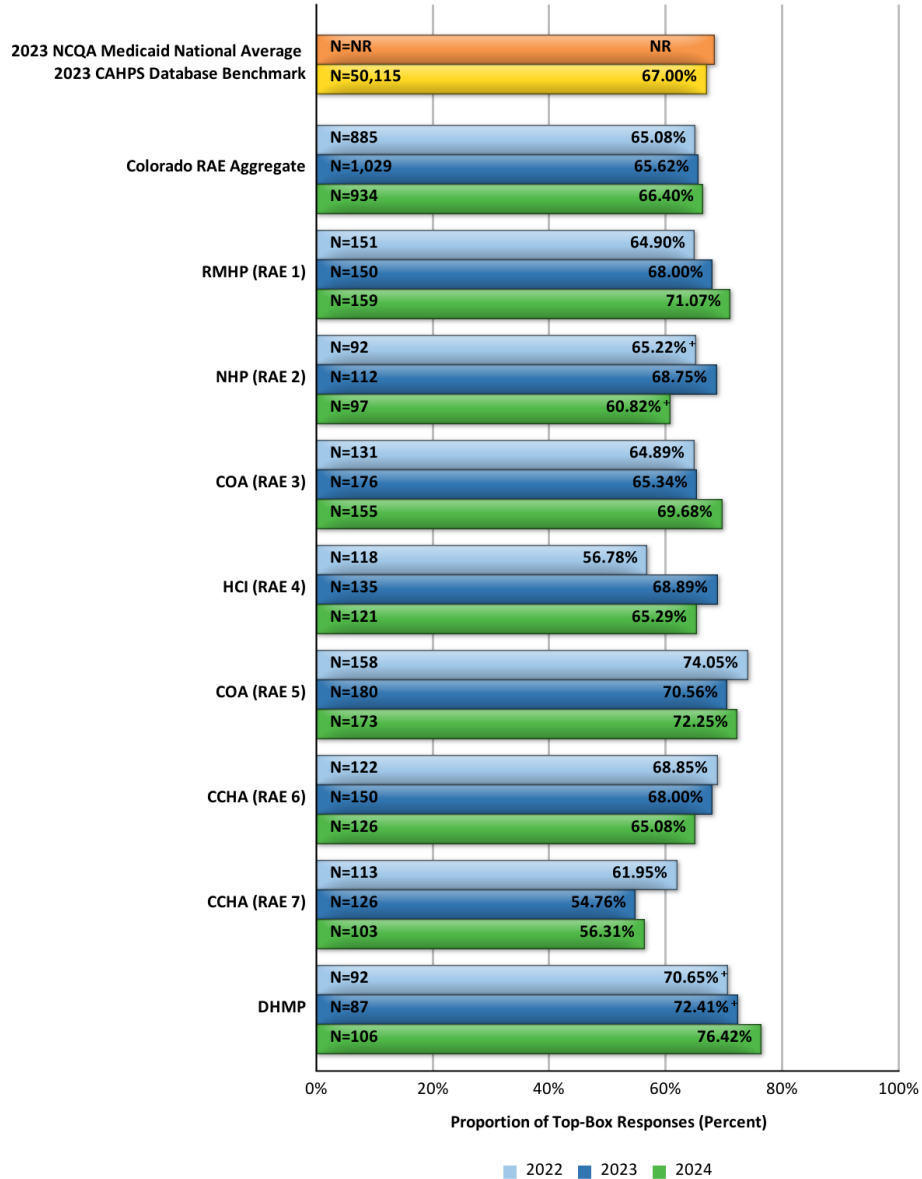
Figure 4-13—Trend Analysis: Rating of All Health Care (9 or 10)—General Child Population

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ 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 4-14 shows the RAE comparisons results for *Rating of All Health Care* for the general child population.

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

	Top-Box Score	N
Colorado RAE Aggregate	66.40%	934
RMHP (RAE 1)	69.82%	159
NHP (RAE 2)	61.01% +	97
COA (RAE 3)	69.73%	155
HCI (RAE 4)	64.44%	121
COA (RAE 5)	72.46%	173
CCHA (RAE 6)	65.21%	126
CCHA (RAE 7)	57.83%	103

Worse — Better
Proportion of Top-Box Responses (Percent)

↑ 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 4-15 shows the trend analysis results for *Rating of Personal Doctor*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.
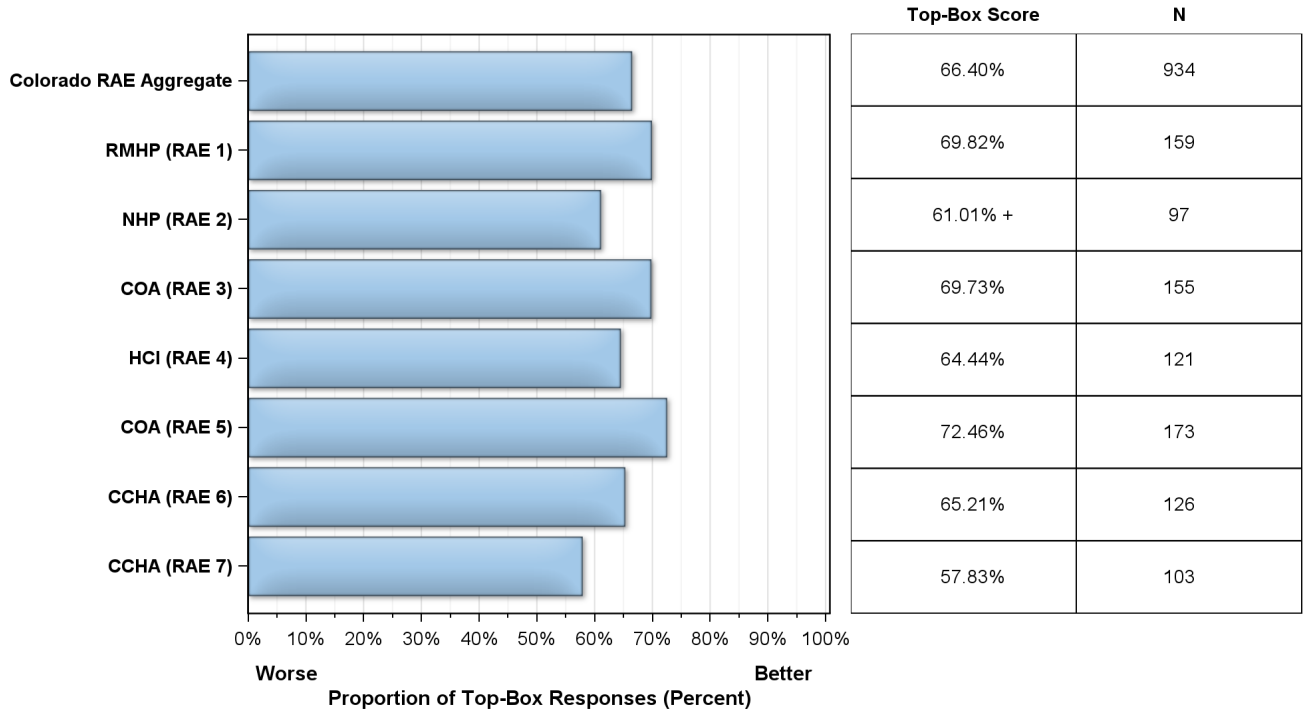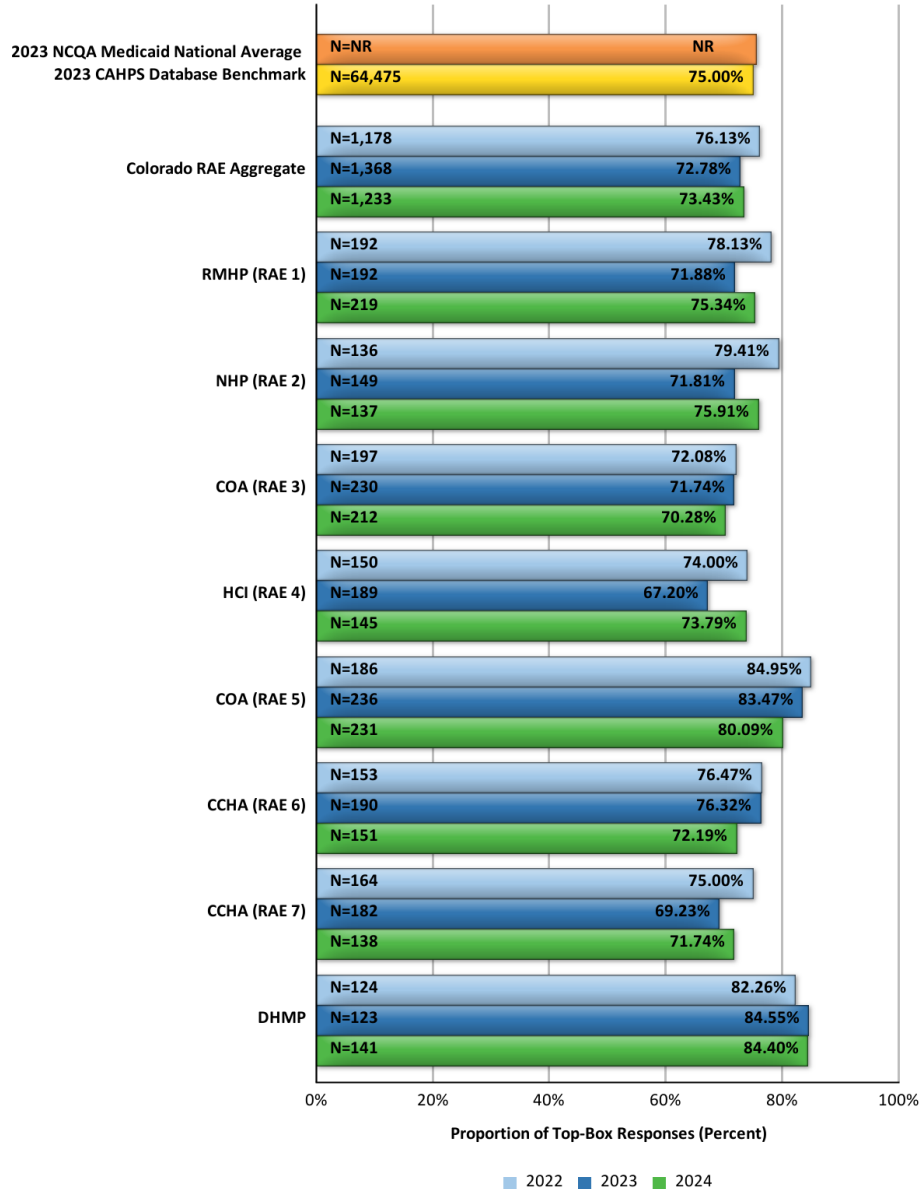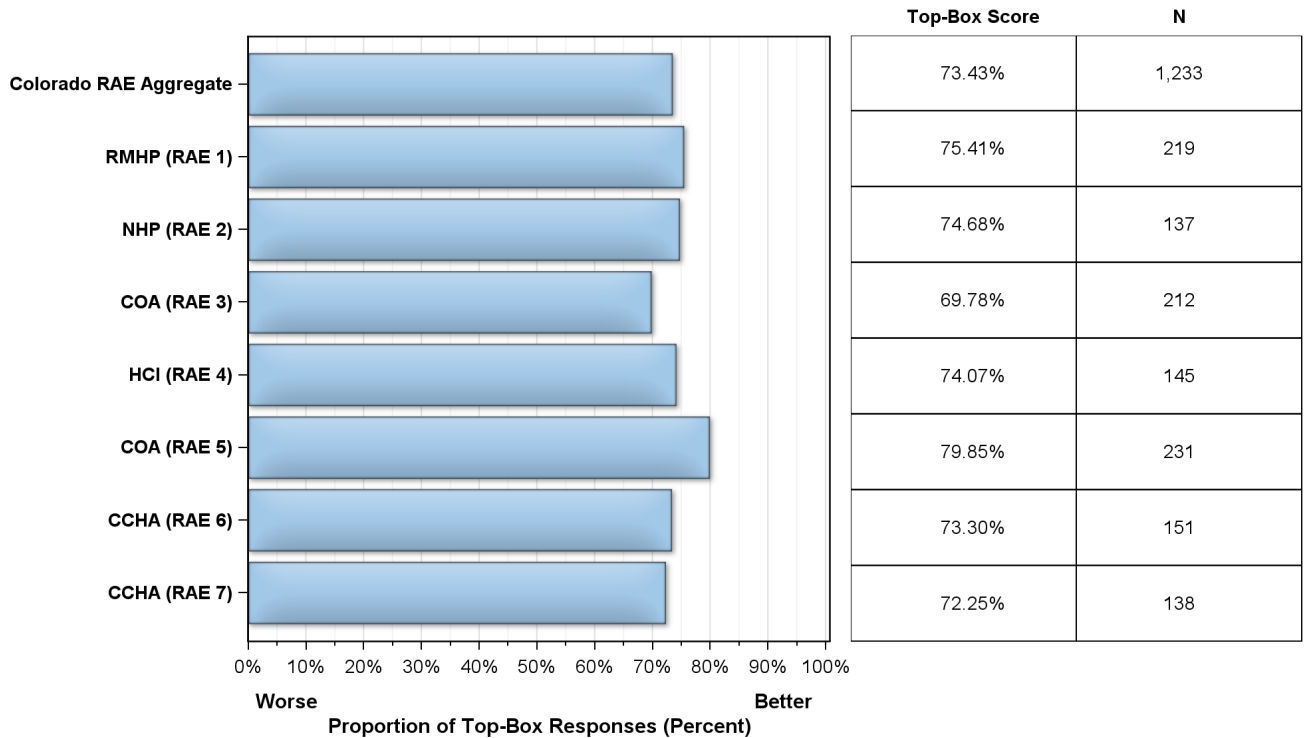
Figure 4-15—Trend Analysis: Rating of Personal Doctor (9 or 10)—General Child Population

	2022	2023	2024
2023 NCQA Medicaid National Average	N=NR / NR		
2023 CAHPS Database Benchmark	N=64,475 / 75.00%		
Colorado RAE Aggregate	N=1,178 / 76.13%	N=1,368 / 72.78%	N=1,233 / 73.43%
RMHP (RAE 1)	N=192 / 78.13%	N=192 / 71.88%	N=219 / 75.34%
NHP (RAE 2)	N=136 / 79.41%	N=149 / 71.81%	N=137 / 75.91%
COA (RAE 3)	N=197 / 72.08%	N=230 / 71.74%	N=212 / 70.28%
HCI (RAE 4)	N=150 / 74.00%	N=189 / 67.20%	N=145 / 73.79%
COA (RAE 5)	N=186 / 84.95%	N=236 / 83.47%	N=231 / 80.09%
CCHA (RAE 6)	N=153 / 76.47%	N=190 / 76.32%	N=151 / 72.19%
CCHA (RAE 7)	N=164 / 75.00%	N=182 / 69.23%	N=138 / 71.74%
DHMP	N=124 / 82.26%	N=123 / 84.55%	N=141 / 84.40%

Proportion of Top-Box Responses (Percent)

■ 2022 ■ 2023 ■ 2024

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

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

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

	Top-Box Score	N
Colorado RAE Aggregate	73.43%	1,233
RMHP (RAE 1)	75.41%	219
NHP (RAE 2)	74.68%	137
COA (RAE 3)	69.78%	212
HCI (RAE 4)	74.07%	145
COA (RAE 5)	79.85%	231
CCHA (RAE 6)	73.30%	151
CCHA (RAE 7)	72.25%	138

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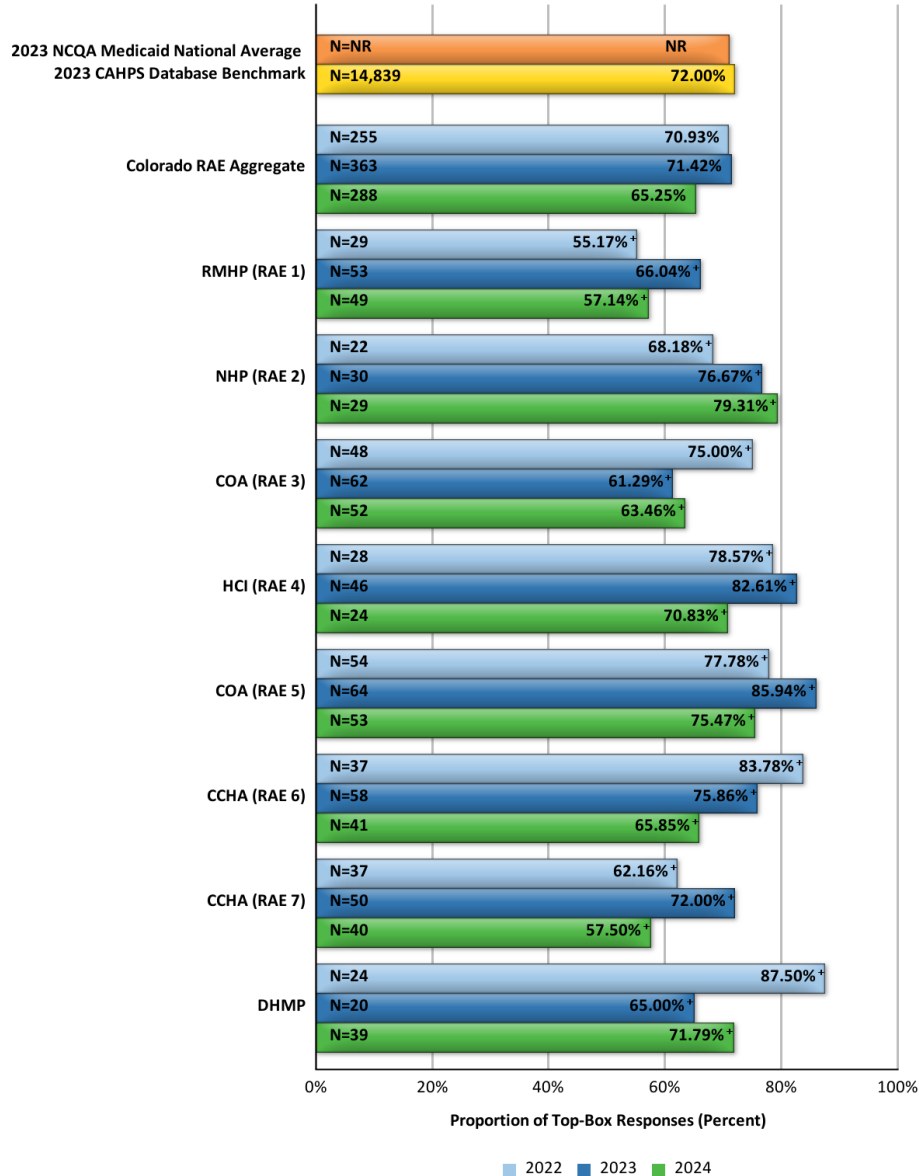↓ Indicates the plan's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 4-17 shows the trend analysis results for *Rating of Specialist Seen Most Often*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.

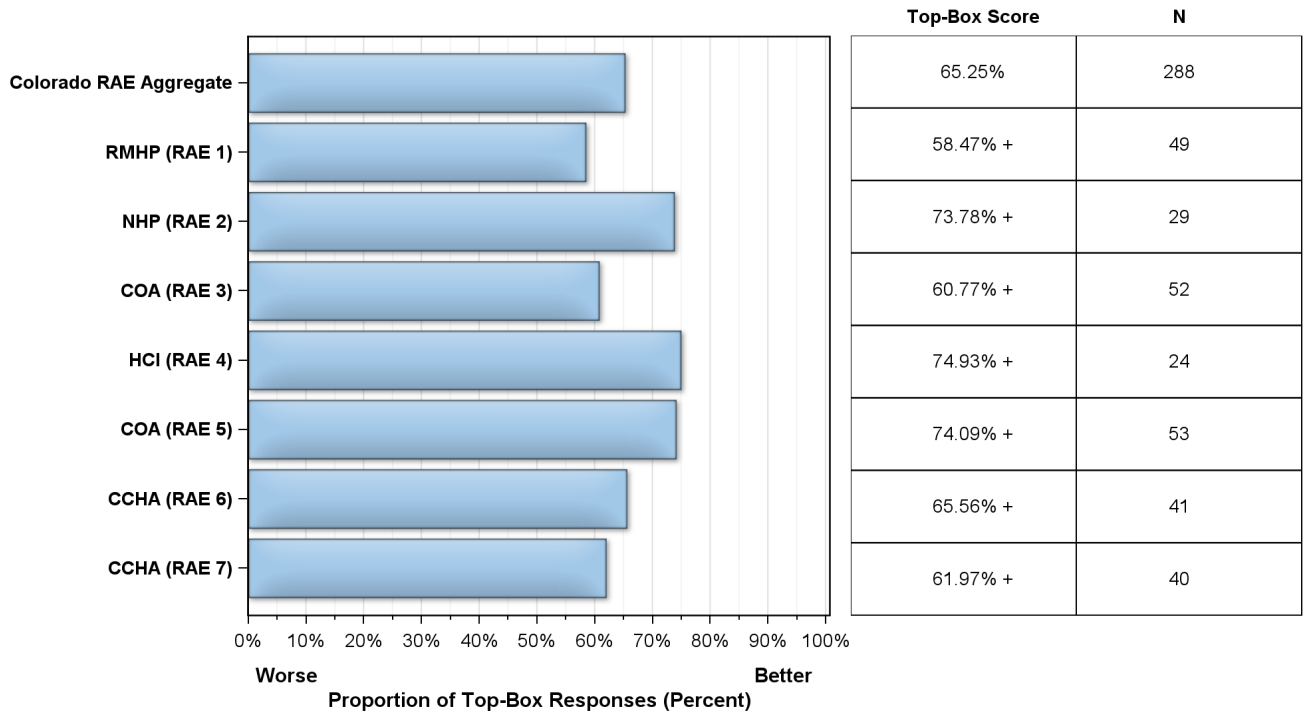**Figure 4-17—Trend Analysis: Rating of Specialist Seen Most Often (9 or 10)—General Child Population**

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 4-18 shows the RAE comparisons results for *Rating of Specialist Seen Most Often* for the general child population.

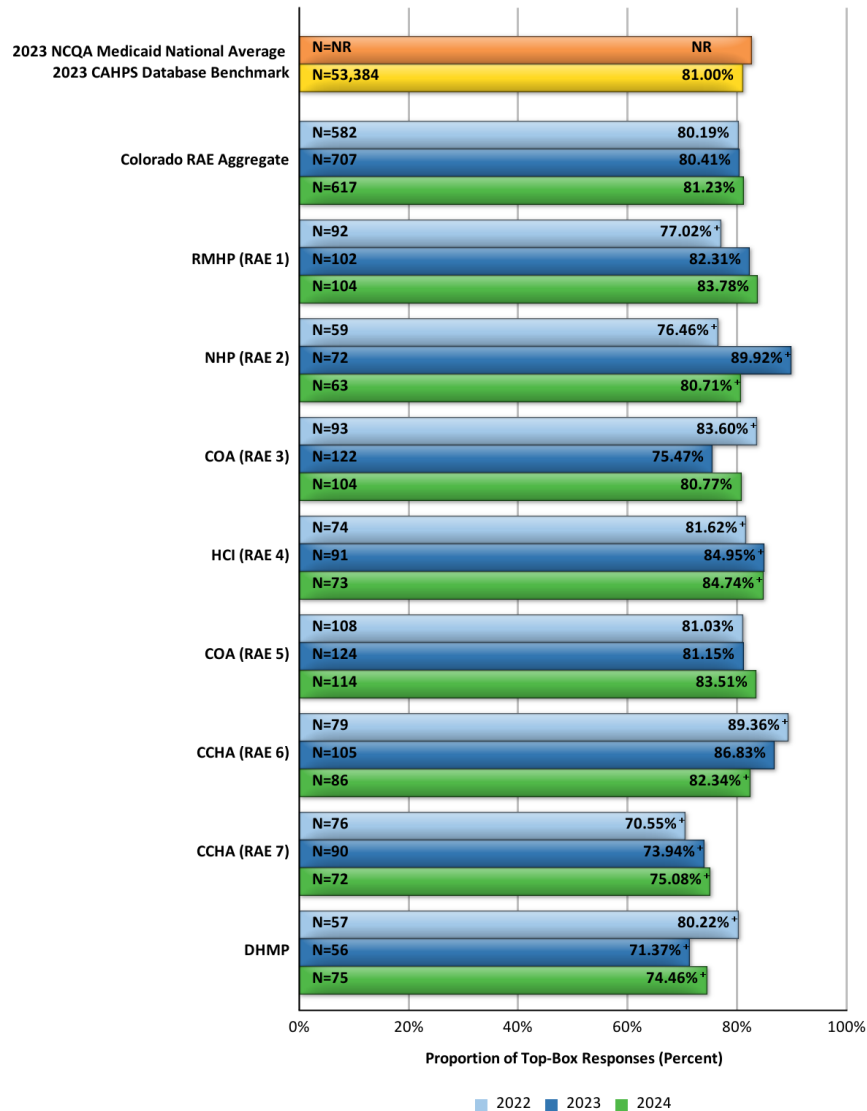**Figure 4-18—RAE Comparisons: Rating of Specialist Seen Most Often (9 or 10)—General Child Population**

	Top-Box Score	N
Colorado RAE Aggregate	65.25%	288
RMHP (RAE 1)	58.47% +	49
NHP (RAE 2)	73.78% +	29
COA (RAE 3)	60.77% +	52
HCI (RAE 4)	74.93% +	24
COA (RAE 5)	74.09% +	53
CCHA (RAE 6)	65.56% +	41
CCHA (RAE 7)	61.97% +	40

Worse — Better
Proportion of Top-Box Responses (Percent)

↑ 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 4-19 shows the trend analysis results for *Getting Needed Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.

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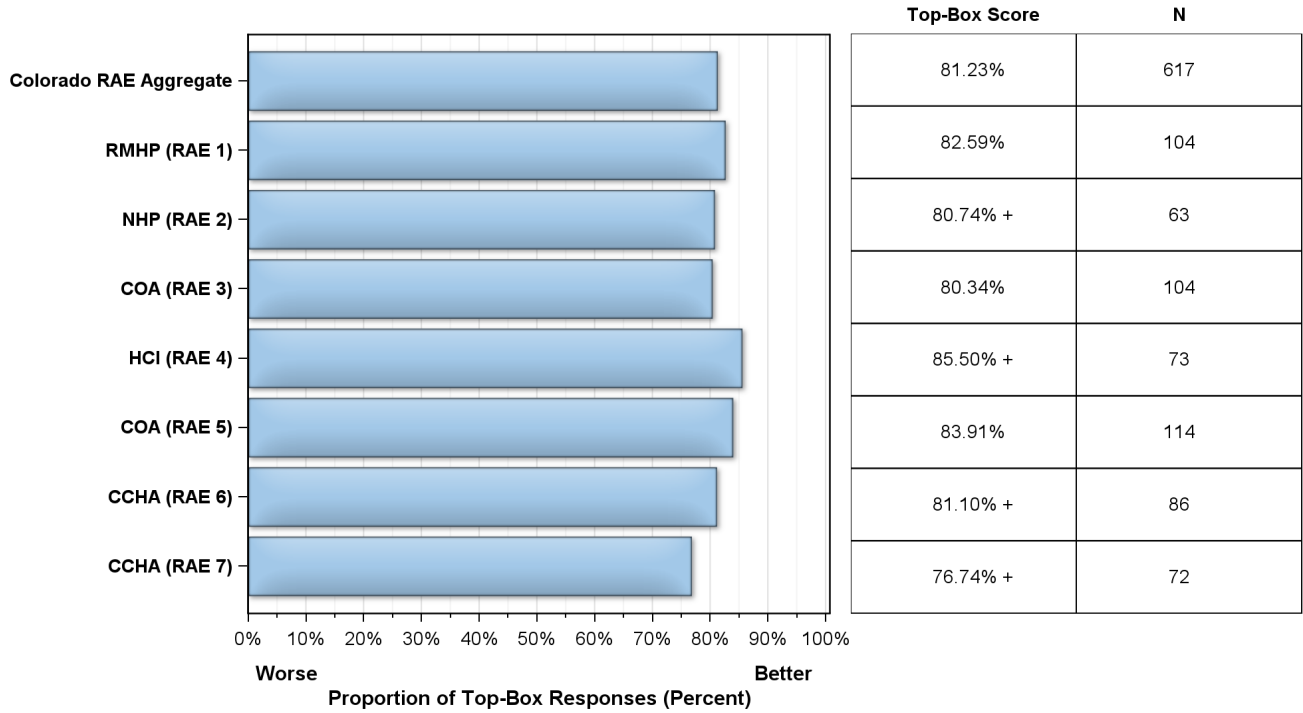

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 4-20 shows the RAE comparisons results for *Getting Needed Care* for the general child population.

Figure 4-20—RAE Comparisons: Getting Needed Care (Usually or Always)—General Child Population
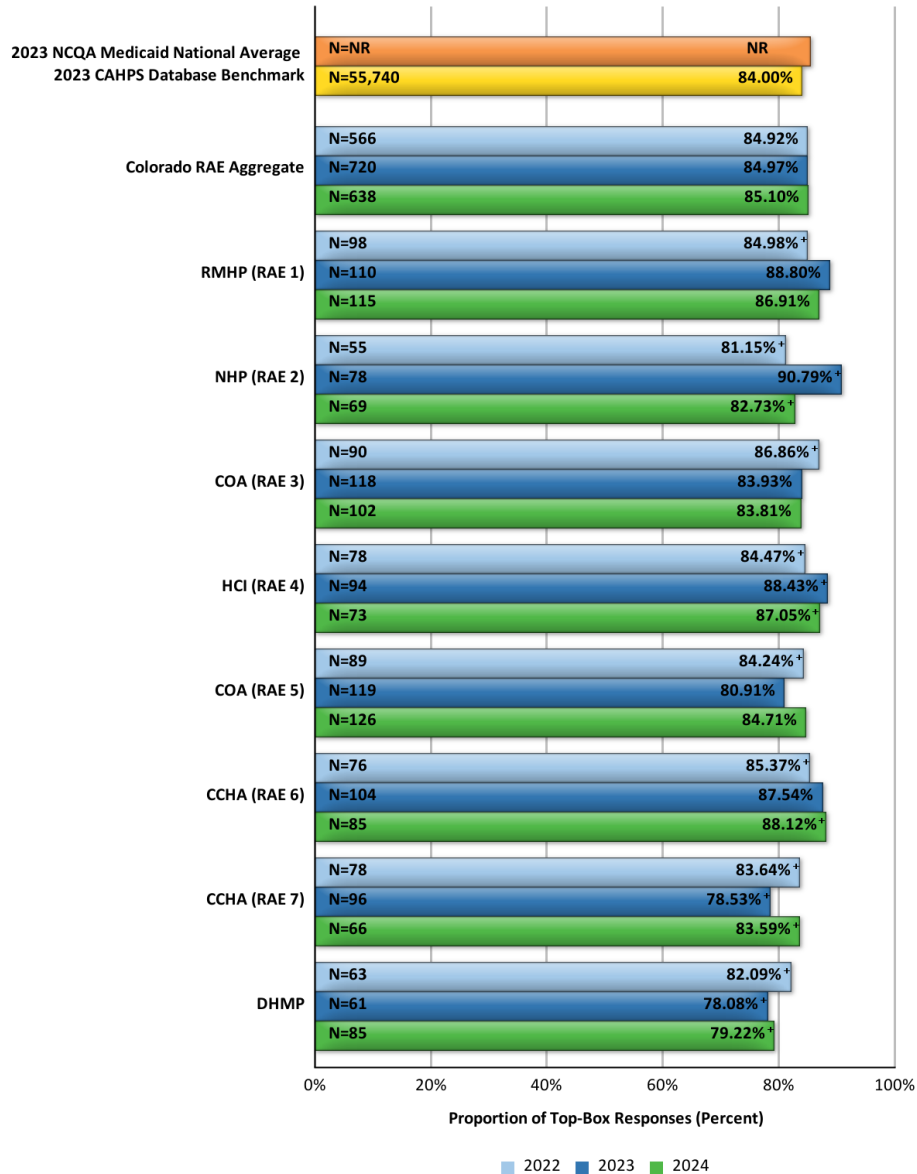
	Top-Box Score	N
Colorado RAE Aggregate	81.23%	617
RMHP (RAE 1)	82.59%	104
NHP (RAE 2)	80.74% +	63
COA (RAE 3)	80.34%	104
HCI (RAE 4)	85.50% +	73
COA (RAE 5)	83.91%	114
CCHA (RAE 6)	81.10% +	86
CCHA (RAE 7)	76.74% +	72

Worse — Better
Proportion of Top-Box Responses (Percent)

↑ 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 4-21 shows the trend analysis results for *Getting Care Quickly*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.
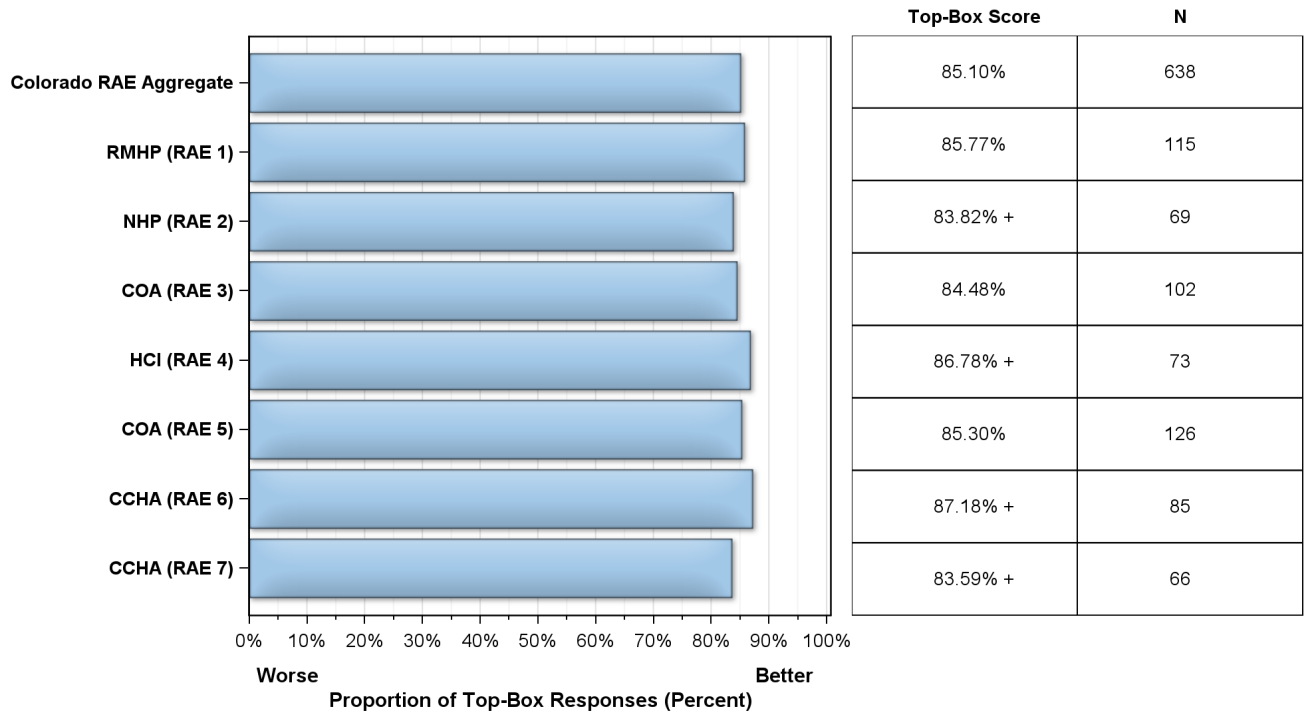
Figure 4-21—Trend Analysis: Getting Care Quickly (Usually or Always)—General Child Population

	2022	2023	2024
2023 NCQA Medicaid National Average		N=NR — NR	
2023 CAHPS Database Benchmark		N=55,740 — 84.00%	
Colorado RAE Aggregate	N=566 — 84.92%	N=720 — 84.97%	N=638 — 85.10%
RMHP (RAE 1)	N=98 — 84.98%+	N=110 — 88.80%	N=115 — 86.91%
NHP (RAE 2)	N=55 — 81.15%+	N=78 — 90.79%+	N=69 — 82.73%+
COA (RAE 3)	N=90 — 86.86%+	N=118 — 83.93%	N=102 — 83.81%
HCI (RAE 4)	N=78 — 84.47%+	N=94 — 88.43%+	N=73 — 87.05%+
COA (RAE 5)	N=89 — 84.24%+	N=119 — 80.91%	N=126 — 84.71%
CCHA (RAE 6)	N=76 — 85.37%+	N=104 — 87.54%	N=85 — 88.12%+
CCHA (RAE 7)	N=78 — 83.64%+	N=96 — 78.53%+	N=66 — 83.59%+
DHMP	N=63 — 82.09%+	N=61 — 78.08%+	N=85 — 79.22%+

Proportion of Top-Box Responses (Percent)

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 4-22 shows the RAE comparisons results for *Getting Care Quickly* for the general child population.

Figure 4-22—RAE Comparisons: Getting Care Quickly (Usually or Always)—General Child Population
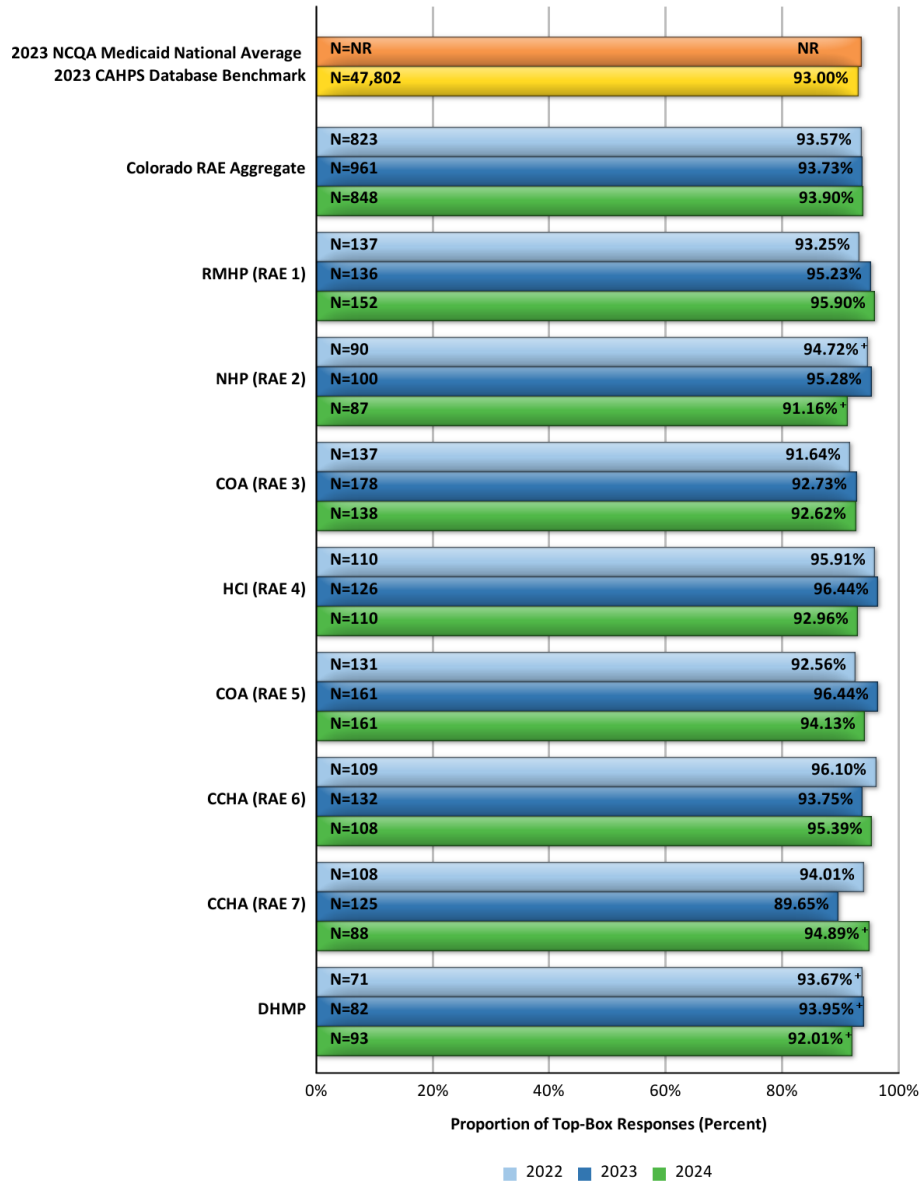

	Top-Box Score	N
Colorado RAE Aggregate	85.10%	638
RMHP (RAE 1)	85.77%	115
NHP (RAE 2)	83.82% +	69
COA (RAE 3)	84.48%	102
HCI (RAE 4)	86.78% +	73
COA (RAE 5)	85.30%	126
CCHA (RAE 6)	87.18% +	85
CCHA (RAE 7)	83.59% +	66

↑ 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 4-23 shows the trend analysis results for *How Well Doctors Communicate*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.
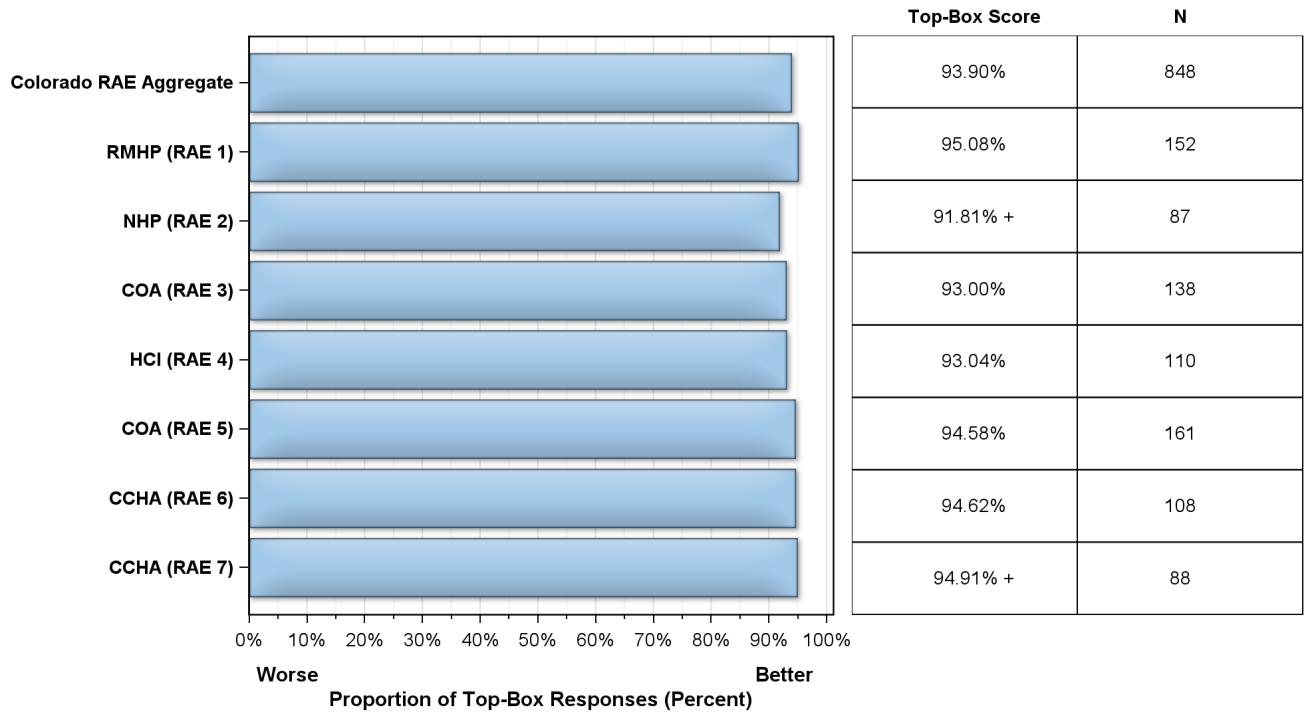
Figure 4-23—Trend Analysis: How Well Doctors Communicate (Usually or Always)—General Child Population

	2022	2023	2024
2023 NCQA Medicaid National Average	N=NR — NR		
2023 CAHPS Database Benchmark	N=47,802 — 93.00%		
Colorado RAE Aggregate	N=823 — 93.57%	N=961 — 93.73%	N=848 — 93.90%
RMHP (RAE 1)	N=137 — 93.25%	N=136 — 95.23%	N=152 — 95.90%
NHP (RAE 2)	N=90 — 94.72%+	N=100 — 95.28%	N=87 — 91.16%+
COA (RAE 3)	N=137 — 91.64%	N=178 — 92.73%	N=138 — 92.62%
HCI (RAE 4)	N=110 — 95.91%	N=126 — 96.44%	N=110 — 92.96%
COA (RAE 5)	N=131 — 92.56%	N=161 — 96.44%	N=161 — 94.13%
CCHA (RAE 6)	N=109 — 96.10%	N=132 — 93.75%	N=108 — 95.39%
CCHA (RAE 7)	N=108 — 94.01%	N=125 — 89.65%	N=88 — 94.89%+
DHMP	N=71 — 93.67%+	N=82 — 93.95%+	N=93 — 92.01%+

Proportion of Top-Box Responses (Percent)

■ 2022 ■ 2023 ■ 2024

Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.
▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.
If no statistically significant differences were found, no indicators (▲,▼ or ▲,▼) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Figure 4-24 shows the RAE comparisons results for *How Well Doctors Communicate* for the general child population.

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

	Top-Box Score	N
Colorado RAE Aggregate	93.90%	848
RMHP (RAE 1)	95.08%	152
NHP (RAE 2)	91.81% +	87
COA (RAE 3)	93.00%	138
HCI (RAE 4)	93.04%	110
COA (RAE 5)	94.58%	161
CCHA (RAE 6)	94.62%	108
CCHA (RAE 7)	94.91% +	88

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Worse   Better

Proportion of Top-Box Responses (Percent)

↑ 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 4-25 shows the trend analysis results for *Customer Service*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.

Figure 4-25—Trend Analysis: Customer Service (Usually or Always)—General Child Population
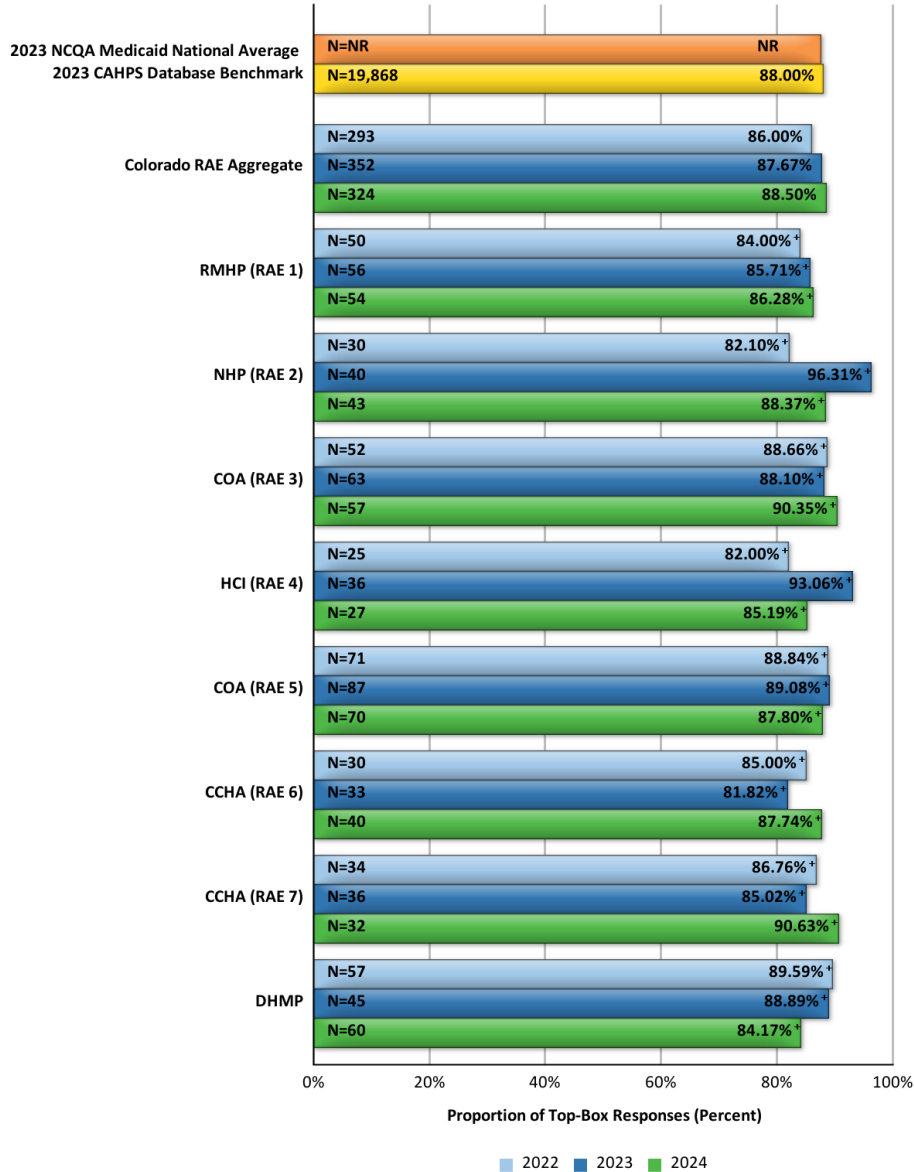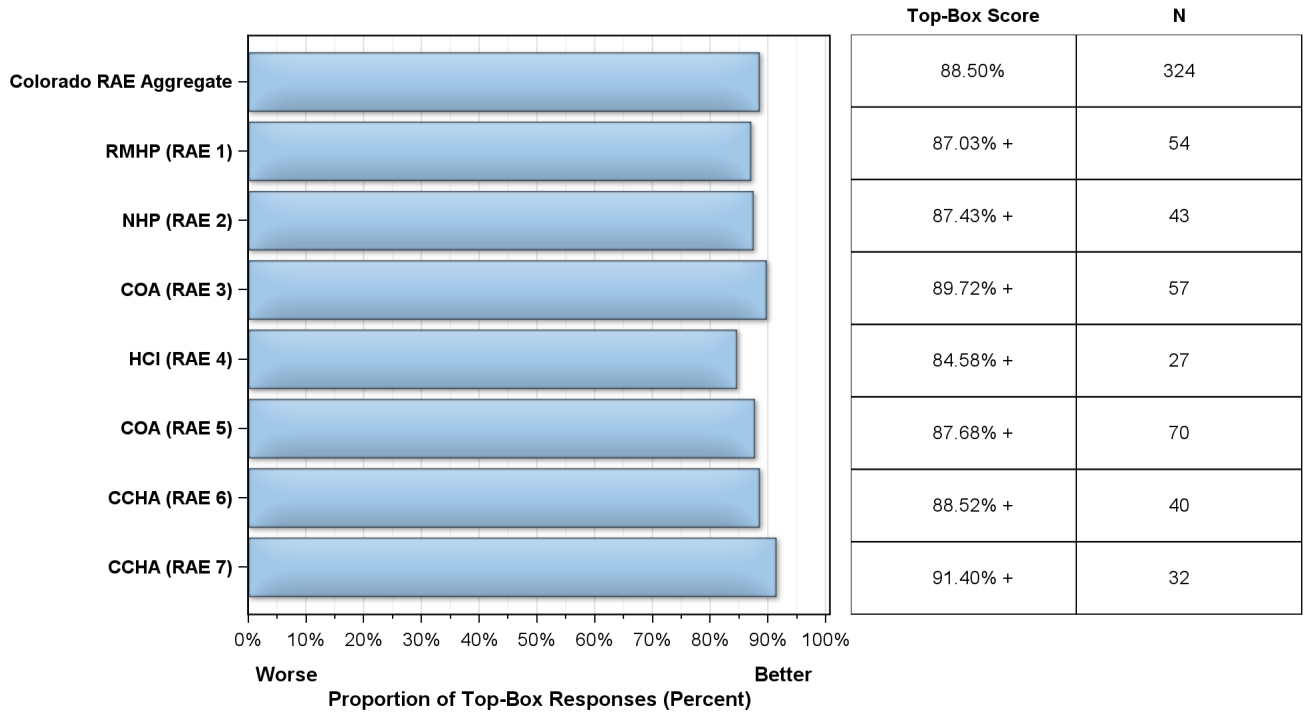
Figure 4-26 shows the RAE comparisons results for *Customer Service* for the general child population.

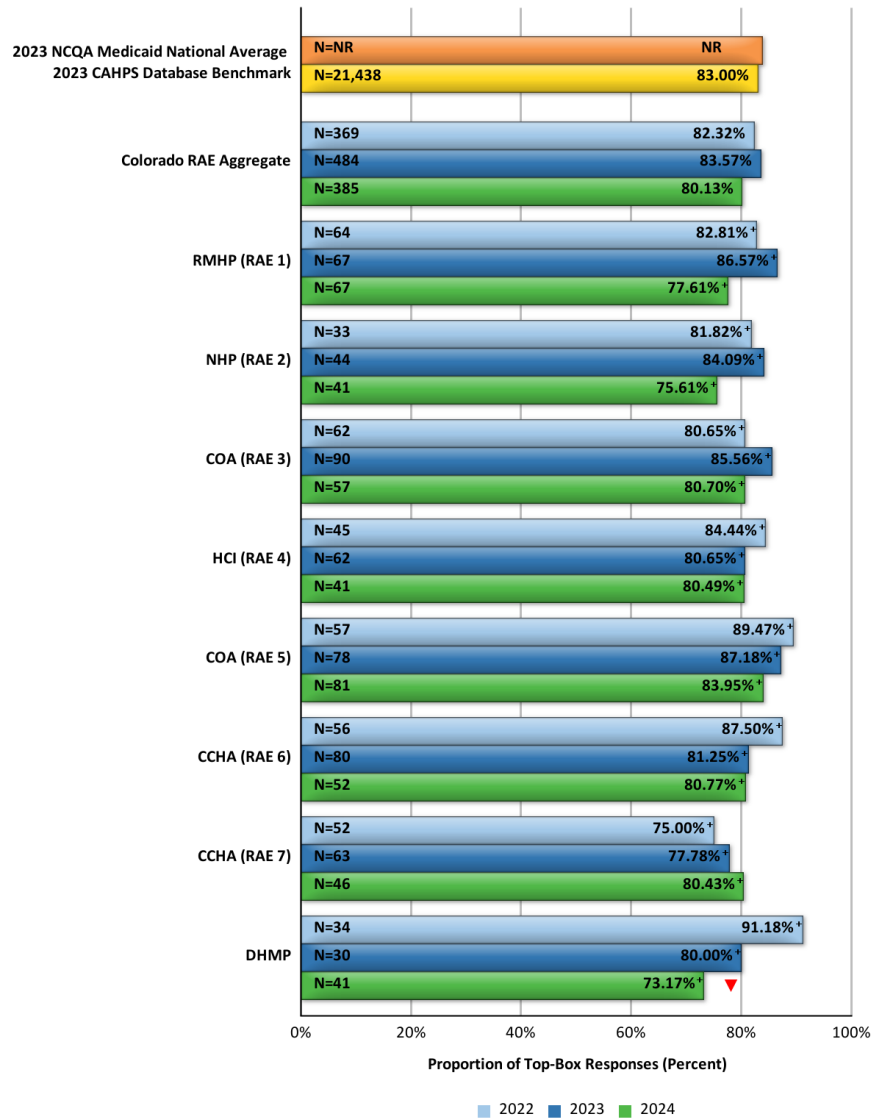**Figure 4-26—RAE Comparisons: Customer Service (Usually or Always)—General Child Population**

	Top-Box Score	N
Colorado RAE Aggregate	88.50%	324
RMHP (RAE 1)	87.03% +	54
NHP (RAE 2)	87.43% +	43
COA (RAE 3)	89.72% +	57
HCI (RAE 4)	84.58% +	27
COA (RAE 5)	87.68% +	70
CCHA (RAE 6)	88.52% +	40
CCHA (RAE 7)	91.40% +	32

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Worse   Better

Proportion of Top-Box Responses (Percent)

↑ 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 4-27 shows the trend analysis results for *Coordination of Care*, including the 2023 NCQA Medicaid national average, 2023 CAHPS Database Medicaid benchmark, Colorado RAE Aggregate, each RAE, and DHMP for the general child population.
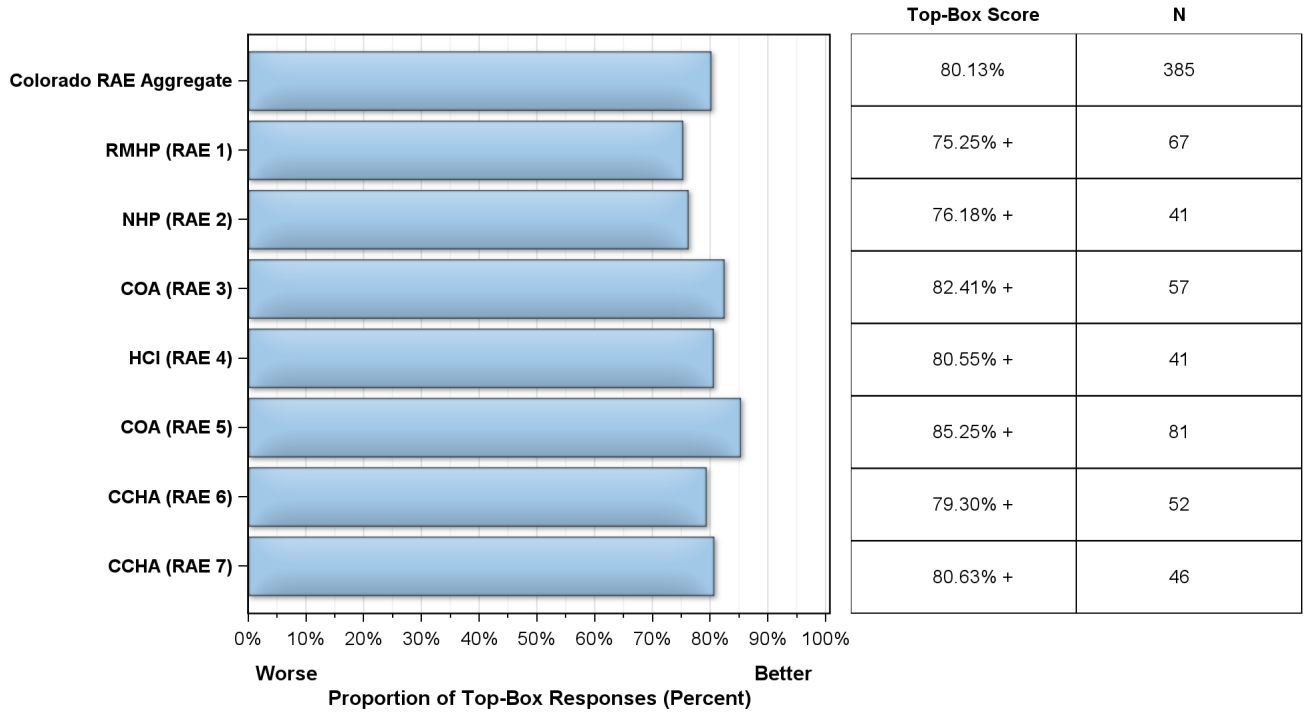
Figure 4-27—Trend Analysis: Coordination of Care (Usually or Always)—General Child Population

Figure 4-28 shows the RAE comparisons results for *Coordination of Care* for the general child population.

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

	Top-Box Score	N
Colorado RAE Aggregate	80.13%	385
RMHP (RAE 1)	75.25% +	67
NHP (RAE 2)	76.18% +	41
COA (RAE 3)	82.41% +	57
HCI (RAE 4)	80.55% +	41
COA (RAE 5)	85.25% +	81
CCHA (RAE 6)	79.30% +	52
CCHA (RAE 7)	80.63% +	46

Worse — Better
Proportion of Top-Box Responses (Percent)

↑ 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 *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often* global ratings and all the composite measures.

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

Measures	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
Global Rating									
Rating of Health Plan	—	—	—	—	—	↑	—	↓	—
Individual Item Measure									
Coordination of Care	—	—	—	—	—	—	—	—	▼+

▲	*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 six supplemental items to the standard CAHPS Survey.[4-13] 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
Q76a.	In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?	Yes No My child did not see a doctor or other health provider in the last 6 months[4-14]
Q76b.	In the last 6 months, did you and your child's doctor or other health provider talk about whether there are any problems in your household that might affect your child?	Yes No
Q76c.	In the last 6 months, did your child's doctor's office or health provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes No
Q76d.	In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?	Yes No
Q76e.	In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?	Never Sometimes Usually Always
Q76f.	In the last 6 months, <u>not</u> counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days 31 to 60 days 61 to 90 days 91 days or longer

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[4-13] The data submitted by DHMP did not include the supplemental items DHMP included in its own CAHPS survey; therefore, HSAG could not include results for the supplemental items for DHMP.

[4-14] Respondents who answered, "My child did not see a doctor or other health provider in the last 6 months" were excluded from the analysis.

Talked About Child

Parents/caretakers of child members were asked if they and their child's doctor or other health provider talked about the kinds of behaviors that are normal for their child's age (Question 76a). Table 4-7 displays the responses for this question.

Table 4-7—Talked About Child's Behavior: General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**751**	**63.27%**	**436**	**36.73%**
RMHP (RAE 1)	139	66.19%	71	33.81%
NHP (RAE 2)	81	59.12%	56	40.88%
COA (RAE 3)	120	56.87%	91	43.13%
HCI (RAE 4)	90	66.18%	46	33.82%
COA (RAE 5)	142	61.47%	89	38.53%
CCHA (RAE 6)	103	73.05%	38	26.95%
CCHA (RAE 7)	76	62.81%	45	37.19%
Some percentages may not total 100% due to rounding.				

Parents/caretakers of child members were asked if they and their child's doctor or other health provider talked about any problems in their household that might affect their child (Question 76b). Table 4-8 displays the responses for this question.

Table 4-8—Talked About Household Problems That Might Affect Child: General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**386**	**33.10%**	**780**	**66.90%**
RMHP (RAE 1)	78	37.50%	130	62.50%
NHP (RAE 2)	39	29.32%	94	70.68%
COA (RAE 3)	54	26.47%	150	73.53%
HCI (RAE 4)	54	40.00%	81	60.00%
COA (RAE 5)	73	32.16%	154	67.84%
CCHA (RAE 6)	45	31.91%	96	68.09%
CCHA (RAE 7)	43	36.44%	75	63.56%
Some percentages may not total 100% due to rounding.				

After-Hours Care

Parents/caretakers of child members were asked if their child's doctor's office or health provider's office gave them information about what to do if their child needed care during evenings, weekends, or holidays (Question 76c). Table 4-9 displays the responses for this question.

Table 4-9—Received Information About After-Hours Care: General Child Population

	Yes		No	
	N	**%**	**N**	**%**
Colorado RAE Aggregate	**496**	**42.61%**	**668**	**57.39%**
RMHP (RAE 1)	85	41.46%	120	58.54%
NHP (RAE 2)	49	36.57%	85	63.43%
COA (RAE 3)	90	44.33%	113	55.67%
HCI (RAE 4)	57	41.91%	79	58.09%
COA (RAE 5)	102	44.74%	126	55.26%
CCHA (RAE 6)	66	47.14%	74	52.86%
CCHA (RAE 7)	47	39.83%	71	60.17%
Some percentages may not total 100% due to rounding.				

Parents/caretakers of child members were asked if their child needed care from their doctor during evenings, weekends, or holidays (Question 76d). Table 4-10 displays the responses for this question.

Table 4-10—Needed After-Hours Care: General Child Population

	Yes		No	
	N	**%**	**N**	**%**
Colorado RAE Aggregate	**130**	**11.15%**	**1,036**	**88.85%**
RMHP (RAE 1)	29	14.08%	177	85.92%
NHP (RAE 2)	15	11.11%	120	88.89%
COA (RAE 3)	16	7.80%	189	92.20%
HCI (RAE 4)	9	6.72%	125	93.28%
COA (RAE 5)	25	10.92%	204	89.08%
CCHA (RAE 6)	19	13.67%	120	86.33%
CCHA (RAE 7)	17	14.41%	101	85.59%
Some percentages may not total 100% due to rounding.				

Parents/caretakers of child members were asked to assess how often they were able to get the care their child needed from their child's personal doctor's office or clinic during evenings, weekends, or holidays (Question 76e). Table 4-11 displays the responses for this question.

Table 4-11—Access to After-Hours Care: General Child Population

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**33**	**25.98%**	**30**	**23.62%**	**15**	**11.81%**	**49**	**38.58%**
RMHP (RAE 1)	5	17.86%	8	28.57%	4	14.29%	11	39.29%
NHP (RAE 2)	2	13.33%	4	26.67%	0	0.00%	9	60.00%
COA (RAE 3)	4	26.67%	5	33.33%	2	13.33%	4	26.67%
HCI (RAE 4)	6	66.67%	0	0.00%	1	11.11%	2	22.22%
COA (RAE 5)	2	8.33%	5	20.83%	4	16.67%	13	54.17%
CCHA (RAE 6)	9	47.37%	2	10.53%	3	15.79%	5	26.32%
CCHA (RAE 7)	5	29.41%	6	35.29%	1	5.88%	5	29.41%
Some percentages may not total 100% due to rounding. Results presented in this table are based on respondents that answered "Yes" to Question 76d.								

Number of Days Waiting to See Health Provider

Parents/caretakers of child members were asked how many days they usually had to wait between making an appointment and their child actually seeing a health provider, not counting the times their child needed health care right away (Question 76f). Table 4-12 and Table 4-13 display the responses for this question.

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

	Same day		1 day		2 to 3 days		4 to 7 days		8 to 14 days	
	N	%	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**271**	**24.52%**	**164**	**14.84%**	**215**	**19.46%**	**163**	**14.75%**	**127**	**11.49%**
RMHP (RAE 1)	48	24.49%	33	16.84%	35	17.86%	34	17.35%	16	8.16%
NHP (RAE 2)	43	34.68%	20	16.13%	27	21.77%	10	8.06%	10	8.06%
COA (RAE 3)	56	28.72%	19	9.74%	32	16.41%	33	16.92%	26	13.33%
HCI (RAE 4)	30	22.90%	26	19.85%	27	20.61%	24	18.32%	13	9.92%
COA (RAE 5)	50	24.27%	30	14.56%	43	20.87%	23	11.17%	23	11.17%
CCHA (RAE 6)	23	16.79%	23	16.79%	26	18.98%	19	13.87%	23	16.79%
CCHA (RAE 7)	21	18.10%	13	11.21%	25	21.55%	20	17.24%	16	13.79%
Some percentages may not total 100% due to rounding.										

Table 4-13—Number of Days Waiting to See Health Provider (Continued): General Child Population

	15 to 30 days		31 to 60 days		61 to 90 days		91 days or longer	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**96**	**8.69%**	**33**	**2.99%**	**20**	**1.81%**	**16**	**1.45%**
RMHP (RAE 1)	19	9.69%	3	1.53%	3	1.53%	5	2.55%
NHP (RAE 2)	9	7.26%	3	2.42%	2	1.61%	0	0.00%
COA (RAE 3)	15	7.69%	8	4.10%	1	0.51%	5	2.56%
HCI (RAE 4)	5	3.82%	3	2.29%	3	2.29%	0	0.00%
COA (RAE 5)	20	9.71%	9	4.37%	6	2.91%	2	0.97%
CCHA (RAE 6)	17	12.41%	3	2.19%	3	2.19%	0	0.00%
CCHA (RAE 7)	11	9.48%	4	3.45%	2	1.72%	4	3.45%
Some percentages may not total 100% due to rounding.								

CCC Results

Chronic Conditions Classification

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

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

The child sample included children with and without chronic conditions based on the responses to the survey questions; therefore, the survey responses were analyzed to determine which child members had chronic conditions (i.e., CCC population). For DHMP, parts of the general child sample (i.e., general child population) and CCC supplemental samples were identified as children with chronic conditions based on the responses to the survey questions.[4-15]

Based on parents'/caretakers' responses to the CCC screener questions, a total of 435 and 99 surveys were completed for the RAE and DHMP CCC populations, respectively.[4-16] These completed surveys were used to calculate the 2024 CCC results presented in this section.

[4-15] For DHMP, a sample of 1,840 child members with a prescreen code of 2 (i.e., CCC supplemental sample), which was assigned in the eligible population file and represents the population of children who are more likely to have a chronic condition, was selected along with the general child sample. A CCC supplemental sample was not included for survey administration for the RAEs.

[4-16] Due to a low number of respondents for the CCC population, HSAG presents aggregate results for the RAEs throughout this section (i.e., Colorado RAE Aggregate).

Top-Box Scores

HSAG calculated top-box scores for each measure for the CCC population.[4-17] For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 6-13. For more detailed information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 6-2.

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

National Comparisons

In order to assess the overall performance of the CCC population, HSAG compared the top-box scores for each measure to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data.[4-18,4-19,4-20] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The percentages represent the top-box scores, while the stars represent star ratings for each measure when the top-box scores were compared to NCQA's Quality Compass data. For more detailed information on the national comparisons, please refer to the Reader's Guide beginning on page 6-13.

Table 4-14 shows the national comparisons results for the CCC population for the Colorado RAE Aggregate and DHMP.

[4-17] HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating the top-box scores.

[4-18] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

[4-19] 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.

[4-20] 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 4-14—National Comparisons: Colorado RAE Aggregate and DHMP—CCC Population

| Measure	Colorado RAE Aggregate	DHMP
Global Ratings		
Rating of Health Plan	★★ 62.62%	★ 61.86%+
Rating of All Health Care	★ 59.00%	★★★★ 71.01%+
Rating of Personal Doctor	★★ 72.28%	★★★ 75.00%+
Rating of Specialist Seen Most Often	★ 60.77%	★ 63.64%+
Composite Measures		
Getting Needed Care	★ 80.33%	★ 77.58%+
Getting Care Quickly	★★ 87.87%	★★ 87.78%+
How Well Doctors Communicate	★★★ 94.53%	★★★ 94.12%+
Customer Service	★★ 89.18%	★ 85.00%+
Individual Item Measure		
Coordination of Care	★ 80.85%	★ 73.33%+
CCC Composite and Item Measures		
Access to Specialized Services	★★ 70.11%	★★★ 73.41%+
Family-Centered Care (FCC): Personal Doctor Who Knows Child	★★★ 91.61%	★★★★★ 93.69%+
Coordination of Care for Children with Chronic Conditions	★★ 77.67%	★★★★★ 82.48%+
Access to Prescription Medicines	★★ 87.28%	★ 81.16%+
FCC: Getting Needed Information	★★ 90.29%	★★★★★ 95.71%+
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.		

Top-Box Score Results

The 2023 NCQA Medicaid national averages and 2023 CAHPS Database Medicaid benchmarks for the CCC population are provided for comparative purposes.[4-21,4-22,4-23,4-24] The top-box scores and number of respondents (N) are presented in the figures for the 2023 CAHPS Database Medicaid benchmarks, Colorado RAE Aggregate, and DHMP for the CCC population only since data for the NCQA Medicaid national averages are proprietary and not reportable.

[4-21]   For the NCQA CCC Medicaid 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.

[4-22]   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.

[4-23]   Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: August 5, 2024. The CAHPS Database is a data repository of selected CAHPS surveys, which is collected through participating organizations. Data collected through the CAHPS Database are based on responses to the 5.1/5.1H CAHPS Health Plan Surveys with and without the CCC measurement set. The CAHPS Database calculates top-box scores for the composite measures, *Coordination of Care* individual item measure, *Access to Specialized Services* CCC composite measure, and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures using responses of "Always;" therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of "Usually" and "Always" for comparison.

[4-24]   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.

Global Ratings

Figure 4-29 shows the results for the global ratings, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database Medicaid benchmarks, Colorado RAE Aggregate, and DHMP for the CCC population.

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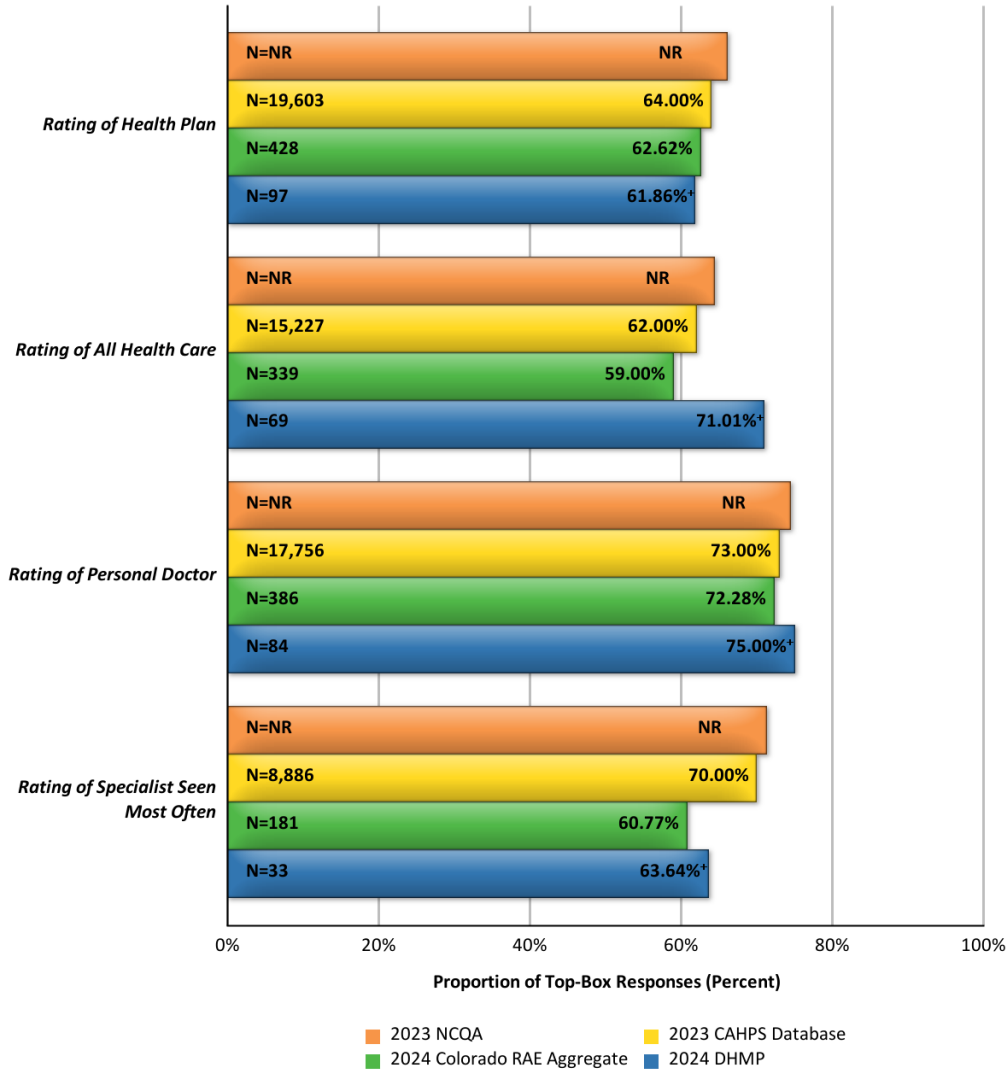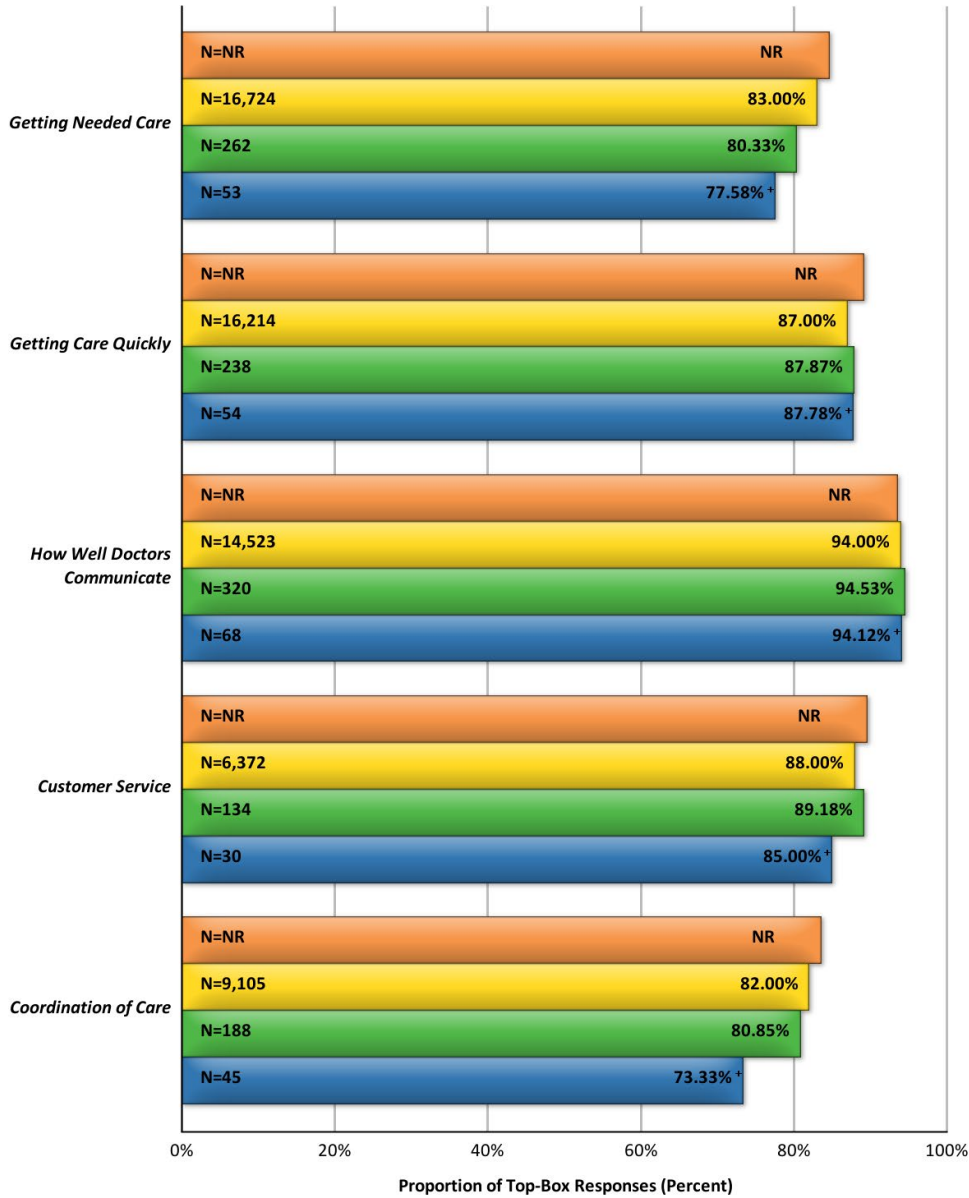

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Composite and Individual Item Measures

Figure 4-30 shows the results for the composite and individual item measures, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database Medicaid benchmarks, Colorado RAE Aggregate, and DHMP for the CCC population.

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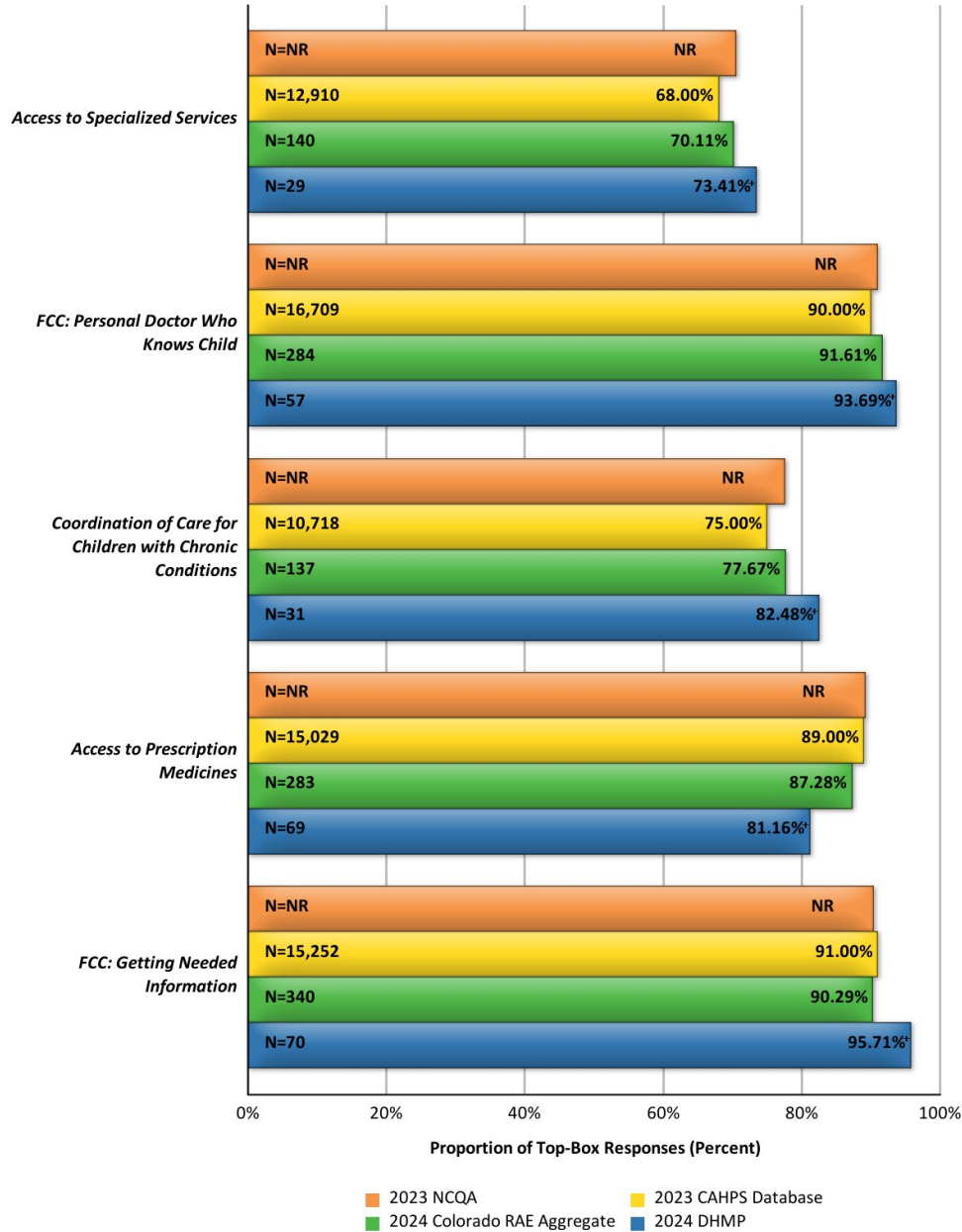

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

CCC Composite and Item Measures

Figure 4-31 shows the results for the CCC composite and item measures, including the 2023 NCQA Medicaid national averages, 2023 CAHPS Database Medicaid benchmarks, Colorado RAE Aggregate, and DHMP for the CCC population.

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

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

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
	General Child	**CCC**		
Colorado RAE Aggregate	★★	★	—	NA
RMHP (RAE 1)	★★★	NA	—	—
NHP (RAE 2)	★★+	NA	—	—
COA (RAE 3)	★★	NA	—	—
HCI (RAE 4)	★★★+	NA	—	—
COA (RAE 5)	★★★	NA	—	—
CCHA (RAE 6)	★★+	NA	—	—
CCHA (RAE 7)	★+	NA	—	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th				
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.*				
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or the CCC population.*				
+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*				

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

Survey Item	Response Options	Odds Ratio		
		Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*
Q10. Ease of getting the care, tests, or treatment the child needed	Never + Sometimes vs. Always	4.375	9.069	NS
	Usually vs. Always	2.670	4.396	NS
Q41. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	NS	3.559	NA
	Usually vs. Always	NS	3.537	NA

NA *Indicates that this question was not evaluated for this measure.*
NS *Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.*

- Compared to parents/caretakers who perceived it was always easy to get the care, tests, and treatment their child needed:
    – Parents/caretakers of child members who perceived it was never or sometimes easy to get the care, tests, or treatment their child needed were 4.375 and 9.069 times more likely to provide a lower rating for their child's RAE and overall health care, respectively.
    – Parents/caretakers of child members who perceived it was usually easy to get the care, tests, or treatment their child needed were 2.670 and 4.396 times more likely to provide a lower rating for their child's RAE and overall health care, respectively.

- Compared to parents/caretakers who perceived they always received an appointment with a specialist as soon as their child needed:
    – Parents/caretakers of child members who perceived they never or sometimes received an appointment with a specialist as soon as their child needed were 3.559 times more likely to provide a lower rating for their child's overall health care.
    – Parents/caretakers of child members who perceived they usually received an appointment with a specialist as soon as their child needed were 3.537 times more likely to provide a lower rating for their child's overall health care.

Timeliness of Care

Getting Care Quickly

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

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

	National Comparisons (Star Ratings)		Trend Analysis	RAE Comparisons
	General Child	**CCC**		
Colorado RAE Aggregate	★★	★★	—	**NA**
RMHP (RAE 1)	★★★	NA	—	—
NHP (RAE 2)	★★+	NA	—	—
COA (RAE 3)	★★	NA	—	—
HCI (RAE 4)	★★★+	NA	—	—
COA (RAE 5)	★★	NA	—	—
CCHA (RAE 6)	★★★+	NA	—	—
CCHA (RAE 7)	★★+	NA	—	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th				
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.* NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or the CCC population.* + *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*				

Quality of Care

Customer Service

Table 5-4 provides a summary of findings for the national comparisons, trend analysis, and RAE comparisons for the *Customer Service* composite measure. There were no findings for the key drivers of low member experience analysis.

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

	National Comparisons (Star Ratings)		Trend Analysis	RAE Comparisons
	General Child	**CCC**	**Trend Analysis**	**RAE Comparisons**
Colorado RAE Aggregate	★★★	★★	—	**NA**
RMHP (RAE 1)	★★[+]	NA	—	—
NHP (RAE 2)	★★★[+]	NA	—	—
COA (RAE 3)	★★★★[+]	NA	—	—
HCI (RAE 4)	★[+]	NA	—	—
COA (RAE 5)	★★★[+]	NA	—	—
CCHA (RAE 6)	★★[+]	NA	—	—
CCHA (RAE 7)	★★★★[+]	NA	—	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th				
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.*				
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or the CCC population.*				
+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*				

Communication

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 *How Well Doctors Communicate* composite measure.

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

	National Comparisons (Star Ratings)			
	General Child	**CCC**	**Trend Analysis**	**RAE Comparisons**
Colorado RAE Aggregate	★★★	★★★	—	**NA**
RMHP (RAE 1)	★★★★	NA	—	—
NHP (RAE 2)	★⁺	NA	—	—
COA (RAE 3)	★★	NA	—	—
HCI (RAE 4)	★★	NA	—	—
COA (RAE 5)	★★★	NA	—	—
CCHA (RAE 6)	★★★	NA	—	—
CCHA (RAE 7)	★★★⁺	NA	—	—
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th				
— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.* NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or the CCC population.* + *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*				

Table 5-6—Quality of Care: How Well Doctors Communicate Summary–
Key Drivers of Low Member Experience

		Odds Ratio		
Survey Item	**Response Options**	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	Never + Sometimes vs. Always	NS	3.266	2.503
	Usually vs. Always	NS	NS	1.825
Q28. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	NS	3.340
	Usually vs. Always	NS	NS	2.830

Survey Item	Response Options	Odds Ratio		
		Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q29. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	3.870	3.065
Q32. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	NS	2.522
	Usually vs. Always	NS	NS	2.496
NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.				

- Compared to parents/caretakers who perceived their child's personal doctor always explained things about their child's health in an understandable way:
    - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes explained things about their child's health in an understandable way were 3.266 and 2.503 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively.
    - Parents/caretakers of child members who perceived their child's personal doctor usually explained things about their child's health in an understandable way were 1.825 times more likely to provide a lower rating for their child's personal doctor.
- Compared to parents/caretakers who perceived their child's personal doctor always listened carefully to them:
    - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes listened carefully to them were 3.340 more likely to provide a lower rating for their child's personal doctor.
    - Parents/caretakers of child members who perceived their child's personal doctor usually listened carefully to them were 2.830 times more likely to provide a lower rating for their child's personal doctor.
- Parents/caretakers of child members who perceived their child's personal doctor never or sometimes showed respect for what they said were 3.870 and 3.065 times more likely to provide a lower rating for their child's overall health care and personal doctor, respectively, than parents/caretakers who perceived their child's personal doctor always showed respect for what they said.
- Compared to parents/caretakers who perceived their child's personal doctor always spent enough time with their child:
    - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes spent enough time with their child were 2.522 times more likely to provide a lower rating for their child's personal doctor.
    - Parents/caretakers of child members who perceived their child's personal doctor usually spent enough time with their child were 2.496 times more likely to provide a lower rating for their child's personal doctor.

Coordination of Care

Table 5-7 provides a summary of findings for the national comparisons, trend analysis, and RAE comparisons for the *Coordination of Care* individual item measure. There were no findings for the key drivers of low member experience analysis.

Table 5-7—Quality of Care: Coordination of Care Summary

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

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th–89th ★★★ 50th–74th ★★ 25th–49th ★ Below 25th

— *Indicates the 2024 score is not statistically significantly different than the 2023 or 2022 score or Colorado RAE Aggregate.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or the CCC population.*
+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Recommendations

The RAEs could benefit from continuing to:

- Use administrative data for flagging the Spanish-speaking population in the sample frame file. Table 5-8 shows the number of completed surveys in Spanish, as well as the percentage of the total number of responses for the fiscal year (FY) 2023–2024 survey administration.

Table 5-8—Spanish Survey Completions

	Number of Completed Surveys in Spanish	Percentage of Total Responses
RMHP (RAE 1)	75	28.41%
NHP (RAE 2)	101	52.06%
COA (RAE 3)	121	42.76%

	Number of Completed Surveys in Spanish	Percentage of Total Responses
HCI (RAE 4)	22	12.50%
COA (RAE 5)	138	46.46%
CCHA (RAE 6)	49	26.63%
CCHA (RAE 7)	47	28.31%
Total Spanish Respondents	**553**	**35.36%**

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.
- 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 5-9 provides a summary of the responsible parties for various aspects of care.[5-1]

Table 5-9—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				✓

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.

Domain	Composite Measures	Individual Item Measure	Who is Accountable?	
			Health Plan	Provider Network
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 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.

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.[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 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of member experience. These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composites/items. The global measures (also referred to as global ratings) reflect overall member experience with the 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 CCC composite and item measures are sets of questions and individual

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

questions that look at different aspects of care for the CCC population (e.g., *Access to Prescription Medicines* or *Access to Specialized Services*).[6-2] Figure 6-1 lists the measures included in the survey.
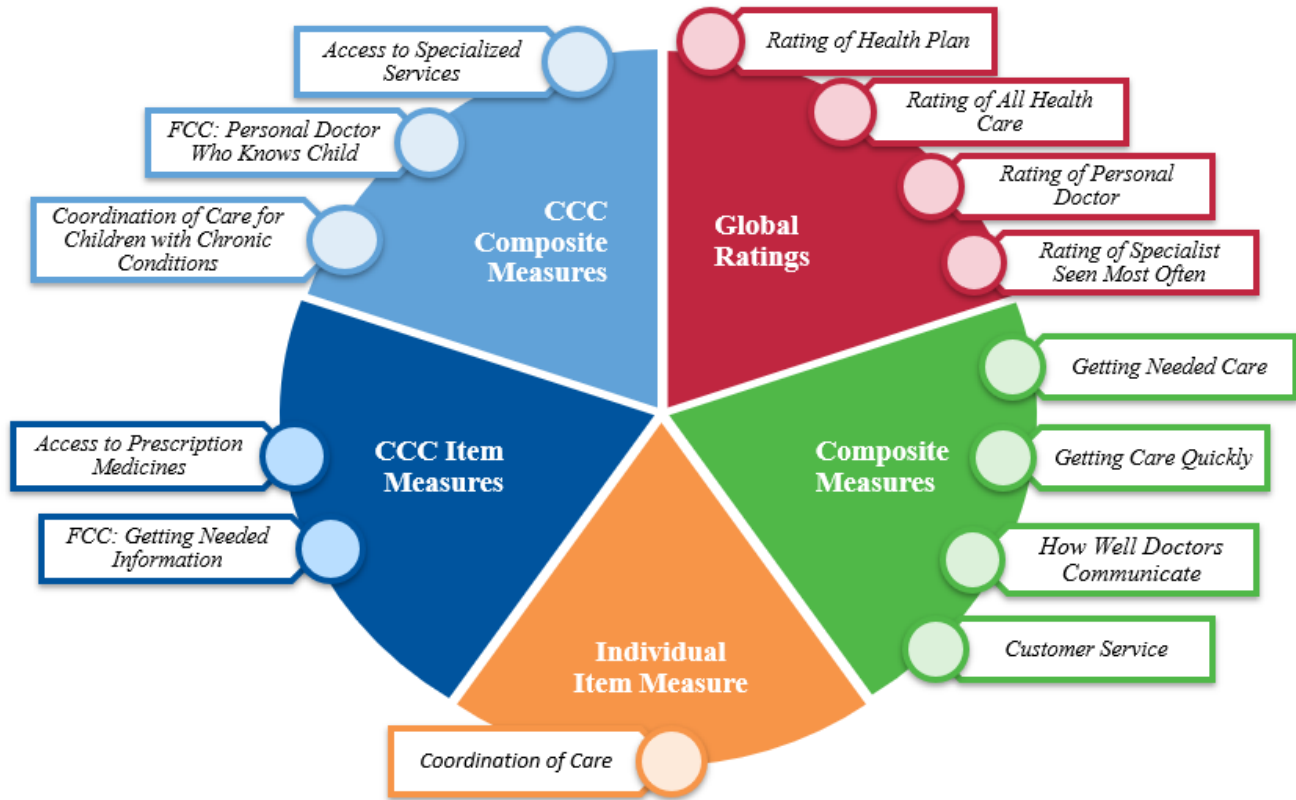
Figure 6-1—CAHPS Measures

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

Table 6-1—Question Language and Response Options

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

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[6-2] The CCC composite and item measures are only calculated for the CCC population. They are not calculated for the general child population.

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

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

[6-4] For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

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

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

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

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

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

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

[6-10] For *Coordination of Care*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Coordination of Care* measure.

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

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

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

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

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

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

Sampling Procedures

Sampled members included those who met the following criteria:

- Were age 17 or younger as of the end of the measurement period (September 30, 2023, for the RAEs and December 31, 2023, for DHMP).
- Were currently enrolled in the RAE or DHMP.
- 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).[6-16]
- Had Medicaid as a payer.

For the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set, NCQA specifications require a minimum sample size of 1,650 for the general child population and a sample size of 1,840 for the CCC supplemental population per RAE. Sampling for the RAEs deviates from standard NCQA protocol since a CCC supplemental sample was not included for survey administration. In addition to selecting 1,650 general child members, a 20 percent oversample was performed to ensure a greater number of respondents to each measure for each RAE. Based on this oversampling rate, a total of 1,980 child members were selected for 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, a 26 percent oversample for the general child population was performed for a total sample size of 2,079 general child members. After selecting child members for the general child sample, a sample of 1,840 child members with a prescreen code of 2 (i.e., CCC supplemental sample), which was assigned in the eligible population file and represents the population of children who are more likely to have a chronic condition, was selected. A total sample of 3,919 DHMP child members was selected for surveying. The NCQA standardized sampling strategy was followed to select the DHMP survey sample.

Survey Protocol

For the RAEs, the survey administration protocol employed was a mixed mode methodology, which allowed for three methods by which parents/caretakers of child members could complete a survey: (1) mail, (2) Internet, or (3) telephone. A cover letter was mailed to all parents/caretakers of sampled child members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey via a URL or quick response (QR) code and designated username. Child members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Child members that were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the first and second cover letters included a toll-free number that parents/caretakers of child members

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

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 parents/caretakers of sampled child members who did not complete a survey. HSAG followed a staggered method of up to six CATI calls to each non-respondent at different times of the day, on different days of the week, and in different weeks.

Prior to survey administration, HSAG inspected the 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. Respondents were given the option of completing the survey in English or Spanish.

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

Figure 6-2—Survey Timeline
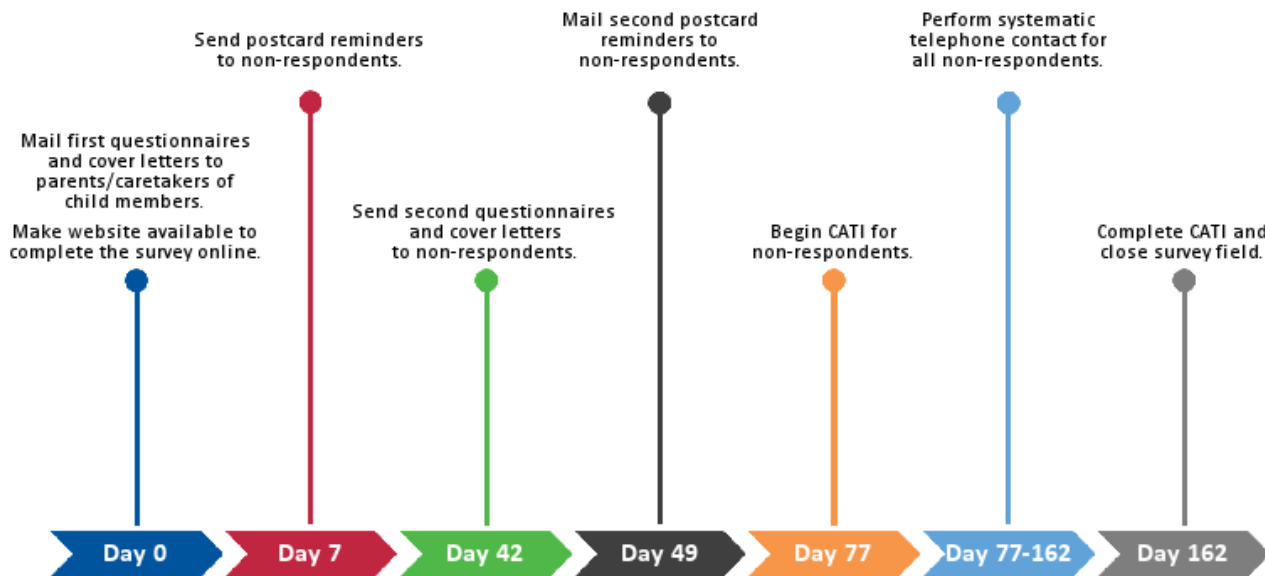
Methodology

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.[6-17] HSAG considered a survey completed if at least three of the following five specific questions were answered: 3, 25, 40, 44, and 49. Table 6-2 presents the question language and response options for each of these questions.

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

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

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

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

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

Key Drivers of Low Member Experience

HSAG performed a key drivers of low member experience analysis for the Colorado RAE Aggregate and DHMP general child populations 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				
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	✓	Always
Q41. Child received appointment with a specialist as soon as needed	✓	✓	NA	Always
Timeliness of Care				
Q4. Child received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Child received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Quality of Care				
Q27. Child's personal doctor explained things about the child's health in an understandable way to the parent/caretaker	✓	✓	✓	Always
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓	Always
Q29. Child's personal doctor showed respect for what the parent/caretaker said	✓	✓	✓	Always
Q31. Child's personal doctor explained things in an understandable way for the child	✓	✓	✓	Always
Q32. Child's personal doctor spent enough time with the child	✓	✓	✓	Always
Q33. Child's personal doctor discussed how the child is feeling, growing, or behaving	✓	✓	✓	Yes
Q35. Child's personal doctor seemed informed and up-to-date about care	✓	✓	✓	Always

Survey Item	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*	Baseline Response
the child received from other doctors or health providers				
Q45. Child's health plan's customer service gave the parent/caretaker the information or help needed	✓	✓	NA	Always
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	✓	NA	Always
Q48. Ease of filling out forms from the child's health plan	✓	✓	NA	Always
NA *Indicates the survey item was not evaluated for this measure.*				

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

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

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

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

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

measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In Figure 6-3 below, the results indicate that respondents who answered "Never/Sometimes" or "Usually" to Question 46 are 6.587 and 2.042 times, respectively, more likely to provide a lower rating for their child's 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
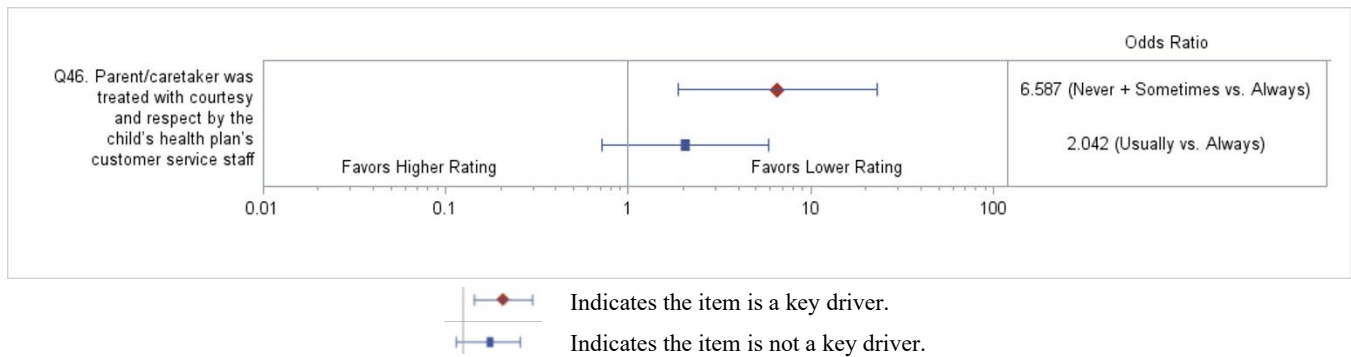
In Figure 6-4, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to Question 41 are 6.439 times more likely to provide a lower rating for their child's RAE than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Figure 6-4—Key Drivers of Low Member Experience: Rating of Health Plan
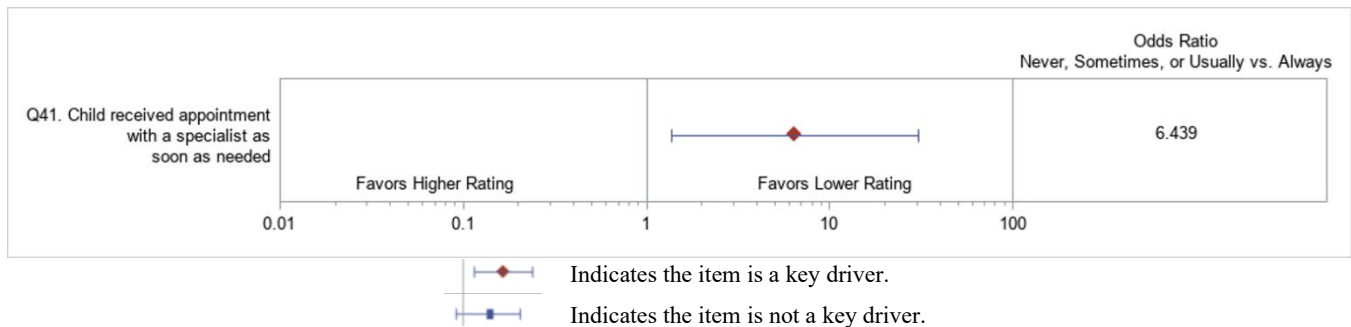
Child and Respondent Demographics

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

Table 6-4—Child and Respondent Demographic Items Analyzed

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

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a t test to determine whether the demographic characteristics of RAE general child members that were provided by parents'/caretakers' responses to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all child 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 child member demographics section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided p value of the t test is less than 0.05. The two-sided p value of the t test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows (↑ or ↓) in the tables. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual child RAE population.

Scoring Calculations

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

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

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and item measures, top-box scores were defined as the proportion of responses with a score value of 1 over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores). For additional details, please refer to the *NCQA HEDIS Measurement Year 2023 Specifications for Survey Measures, Volume 3*.

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

National Comparisons

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

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

[6-19] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

Table 6-5—Star Rating Percentile Distributions

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

Weighting

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

The weighted score was:

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

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

Trend Analysis

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

[6-20] Since this is the first year the CAHPS Survey with the CCC measurement set was administered to parents/caretakers of child RAE members in the State of Colorado, trend results are unavailable for the RAE CCC population.

RAE Comparisons

HSAG performed comparisons for the RAE general child population to identify if parents'/caretakers' experiences with the RAEs were statistically significantly different than the Colorado RAE Aggregate.[6-21] 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 $(P-1, q)$ 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:

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

[6-21] Due to a low number of respondents, HSAG was unable to present RAE-level results for comparison to the Colorado RAE CCC Aggregate.

The *t* statistic was:

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

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

Case-Mix Adjustment

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

Adjusted Top-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.

Baseline Results

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

CAHPS Database Benchmarks

A total of 45 states submitted 2023 child Medicaid data to the CAHPS Health Plan Survey Database for a combined total of 103,515 respondents, with 2,218 of these respondents from Colorado.[6-22] Data collected through the CAHPS Database from 2023 are based on responses to the 5.1/5.1H versions of the CAHPS Health Plan Survey with and without the CCC measurement set. Also, the CAHPS Database calculates top-box scores for the composite measures, *Coordination of Care* individual item measure, *Access to Specialized Services* CCC composite measure, and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures using responses of "Always;" therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of "Usually" and "Always" for comparison. Since 2024 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2023 CAHPS Database benchmarks to the 2024 child CAHPS Survey results.

Case-Mix Adjustment

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

Causal Inferences

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

Data Differences

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

[6-22] 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.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services and may vary by RAE or MCO. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.[6-23] To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. 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 General Child	2022 CCC	2023 General Child	2023 CCC	2024 General Child	2024 CCC
Colorado RAE Aggregate						
Rating of Personal Doctor	—	NA	—	NA	—	↑
Rating of Specialist Seen Most Often	—	NA	—	NA	↑	—
Getting Needed Care	—	NA	—	NA	—	↑
Access to Specialized Services	NA	NA	NA	NA	NA	—
DHMP						
Rating of Personal Doctor	—	NA	—	NA	↑	—
How Well Doctors Communicate	—	NA	—	NA	↑	—
↑	*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.*					
NA	*Indicates that this measure is not applicable for the population or results are not available for the FY.*					

[6-23] Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." European journal of epidemiology 17.11 (2001): 991-999.

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

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

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

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

SURVEY INSTRUCTIONS

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

Correct Mark ●	**Incorrect Marks**	⊘ ∅	🐾

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

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

⬇ **START HERE** ⬇

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

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

   ○ Yes ➔ *Go to Question 3*
   ○ No

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

   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

   ○ Yes
   ○ No ➔ *Go to Question 5*

4. **In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

   ○ Yes
   ○ No ➔ *Go to Question 7*

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

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

   ○ None ➔ *Go to Question 11*
   ○ 1 time
   ○ 2
   ○ 3
   ○ 4
   ○ 5 to 9
   ○ 10 or more times

8. **In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?**

   ○ Never
   ○ Sometimes
   ○ Usually
   ○ Always

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

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

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

    ○ Never
    ○ Sometimes
    ○ Usually
    ○ Always

11. **Is your child now enrolled in any kind of school or daycare?**

    ○ Yes
    ○ No ➔ *Go to Question 14*

12. **In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?**

    ○ Yes
    ○ No ➔ *Go to Question 14*

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

○ Yes
○ No

SPECIALIZED SERVICES

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

○ Yes
○ No ➔ *Go to Question 17*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 20*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 23*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 25*

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

○ Yes
○ No

YOUR CHILD'S PERSONAL DOCTOR

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

○ Yes
○ No ➔ *Go to Question 40*

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

- ○ None ➔ *Go to Question 36*
- ○ 1 time
- ○ 2
- ○ 3
- ○ 4
- ○ 5 to 9
- ○ 10 or more times

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

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

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

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

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

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

30. **Is your child able to talk with doctors about his or her health care?**

- ○ Yes
- ○ No ➔ *Go to Question 32*

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

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

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

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

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

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No ➔ *Go to Question 36*

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

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

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

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

Worst Personal Doctor Possible   Best Personal Doctor Possible

37. **Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?**

- ○ Yes
- ○ No ➔ *Go to Question 40*

38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

○ Yes
○ No

39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?

○ Yes
○ No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

○ Yes
○ No ➔ *Go to Question 44*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ None ➔ *Go to Question 44*
○ 1 specialist
○ 2
○ 3
○ 4
○ 5 or more specialists

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

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

YOUR CHILD'S HEALTH PLAN

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

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

○ Yes
○ No ➔ *Go to Question 47*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Never
○ Sometimes
○ Usually
○ Always

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

○ Yes
○ No ➔ *Go to Question 49*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

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

PRESCRIPTION MEDICINES

50. In the last 6 months, did you get or refill any prescription medicines for your child?

○ Yes
○ No ➜ *Go to Question 53*

51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

○ Never
○ Sometimes
○ Usually
○ Always

52. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

○ Yes
○ No

ABOUT YOUR CHILD AND YOU

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

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

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

○ Excellent
○ Very good
○ Good
○ Fair
○ Poor

55. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

○ Yes
○ No ➜ *Go to Question 58*

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

○ Yes
○ No ➜ *Go to Question 58*

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

○ Yes
○ No

58. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

○ Yes
○ No ➜ *Go to Question 61*

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

○ Yes
○ No ➜ *Go to Question 61*

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

○ Yes
○ No

61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

○ Yes
○ No ➜ *Go to Question 64*

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

○ Yes
○ No ➔ *Go to Question 64*

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 67*

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

○ Yes
○ No ➔ *Go to Question 67*

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 69*

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

○ Yes
○ No

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

○ Less than 1 year old

[ ][ ] YEARS OLD (write in)

70. Is your child male or female?

○ Male
○ Female

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

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

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

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

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

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

74. Are you male or female?

○ Male
○ Female

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

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

76. How are you related to the child?

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

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

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

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

○ Yes
○ No

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

○ Yes
○ No

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

○ Yes
○ No ➔ *Go to Question 76f*

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

○ Never
○ Sometimes
○ Usually
○ Always

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

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

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

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

DataStat
3975 Research Park Drive
Ann Arbor, MI 48108