COLORADO
Department of Health Care Policy & Financing

FY 2024-2025 Member Experience Report for Child Regional Accountable Entities

September 2025

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

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

CAHPS 5.1 Child Medicaid Health Plan Survey

Performance Highlights

START SURVEY:	12.12.24	FINISH SURVEY:	04.20.25	TOTAL SAMPLE SIZE:	13,860	RESPONSE RATE:	9.65%

STRENGTHS | **OPPORTUNITIES FOR IMPROVEMENT**

National Percentile 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 2025 scores were not above the 2024 NCQA general child Medicaid national 90th percentiles for any measure.	*Coordination of Care*
CCC Population	
The 2025 scores were not above the 2024 NCQA CCC Medicaid national 90th percentiles for any measure.	*Rating of Health Plan*; *Coordination of Care*; *FCC: Personal Doctor Who Knows Child*; *Access to Prescription Medicines*

Trend Analysis

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

Statistically Significantly Higher		Statistically Significantly Lower	
2025 Compared to 2024	2025 Compared to 2023	2025 Compared to 2024	2025 Compared to 2023
Colorado RAE Aggregate			
General Child Population			
Getting Care Quickly; *Rating of Specialist Seen Most Often*	The 2025 scores were not statistically significantly higher than the 2023 scores for any measure.	*Getting Care Quickly*	The 2025 scores were not statistically significantly lower than the 2023 scores for any measure.
CCC Population			
Rating of Specialist Seen Most Often	The 2023 scores are not available for comparison.	The 2025 scores were not statistically significantly lower than the 2024 scores for any measure.	The 2023 scores are not available for comparison.

Program 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 Region 5: Coordination of Care	*HCI: Rating of All Health Care*	*CCHA Region 7: Rating of All Health Care*

National Average Comparisons

Comparison of top-box scores to NCQA Medicaid national averages to identify statistically significant differences

Statistically Significantly Higher	Statistically Significantly Lower
Colorado RAE Aggregate	
General Child Population	
Getting Care Quickly	The 2025 scores were not statistically significantly lower than the 2024 NCQA general child Medicaid national average for any measure.
CCC Population	
FCC: Getting Needed Information	*FCC: Personal Doctor Who Knows Child*

Key Drivers of Low Member Experience Analysis

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

Colorado 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	✓	✓	
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			✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers			✓
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.*

FCC – Family-Centered Care | NCQA – National Committee for Quality Assurance | RAE – Regional Accountable Entity | CCC – Children with Chronic Conditions | COA – Colorado Access | HCI – Health Colorado, Inc | CCHA – Colorado Community Health Alliance

2. Introduction

Colorado's Quality Strategy includes the administration of surveys to members enrolled in Health First Colorado (Colorado's Medicaid program).[1] Health First Colorado's primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) were 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. During fiscal year (FY) 2024-2025, Health First Colorado was comprised of seven RAEs and two managed care organizations (MCOs) seen in Table 2-1.[2]

Table 2-1—Participating RAEs and MCOs

Name	Abbreviation
RAEs	
Region 1—Rocky Mountain Health Plans	RMHP
Region 2—Northeast Health Partners	NHP
Region 3—Colorado Access	COA Region 3
Region 4—Health Colorado, Inc.	HCI
Region 5—Colorado Access	COA Region 5
Region 6—Colorado Community Health Alliance	CCHA Region 6
Region 7—Colorado Community Health Alliance	CCHA Region 7
MCOs	
Denver Health Medical Plan	DHMP
Rocky Mountain Health Plans Medicaid—Prime	RMHP Prime

The Colorado Department of Health Care Policy and Financing (HCPF) 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. The goal of the CAHPS Health Plan Survey is to provide feedback that is actionable and will aid in improving the overall experiences of the parents/caretakers of child members. DHMP and RMHP Prime 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.

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1 The Department of Health Care Policy & Financing. *2024 CMS Medicaid & Children's Health Insurance Plan (CHIP) Managed Care Quality Strategy*. Available at: https://hcpf.colorado.gov/sites/hcpf/files/2024%20Colorado%20Quality%20Strategy_1.pdf. Accessed on: August 11, 2025.

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

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). The parents/caretakers of child Medicaid members in the seven RAEs completed the surveys from December 2024 to April 2025.

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, 2024), and 17 years of age or younger as of September 30, 2024. 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, 2024), and 17 years of age or younger as of December 31, 2024. A total of 3,490 child members were sampled for DHMP. For additional information on the sampling procedures, please refer to the Reader's Guide section beginning on page 3-7.

For each of the managed care entities (MCEs), 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.

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) and each of the MCEs. The response rate is the total number of completed surveys divided by all eligible members of the sample.[3] A survey was considered completed if at least three of the following five specific questions were answered: 3, 25, 40, 44, and 49. For additional information on the calculation of response rates, please refer to page 3-9 of the Reader's Guide section.

[3] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2024.

Table 2-2—Sample Distribution and Response Rates

	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	**13,860**	**177**	**13,683**	**1,320**	**9.65%**
RMHP	1,980	16	1,964	191	9.73%
NHP	1,980	41	1,939	172	8.87%
COA Region 3	1,980	34	1,946	242	12.44%
HCI	1,980	12	1,968	159	8.08%
COA Region 5	1,980	26	1,954	238	12.18%
CCHA Region 6	1,980	27	1,953	150	7.68%
CCHA Region 7	1,980	21	1,959	168	8.58%
DHMP	**3,490**	**115**	**3,375**	**306**	**9.07%**

3. Reader's Guide

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 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.[4]

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 MCEs, 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

[4] 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*).[5] Figure 3-1 lists the measures included in the survey.

Figure 3-1—CAHPS Measures

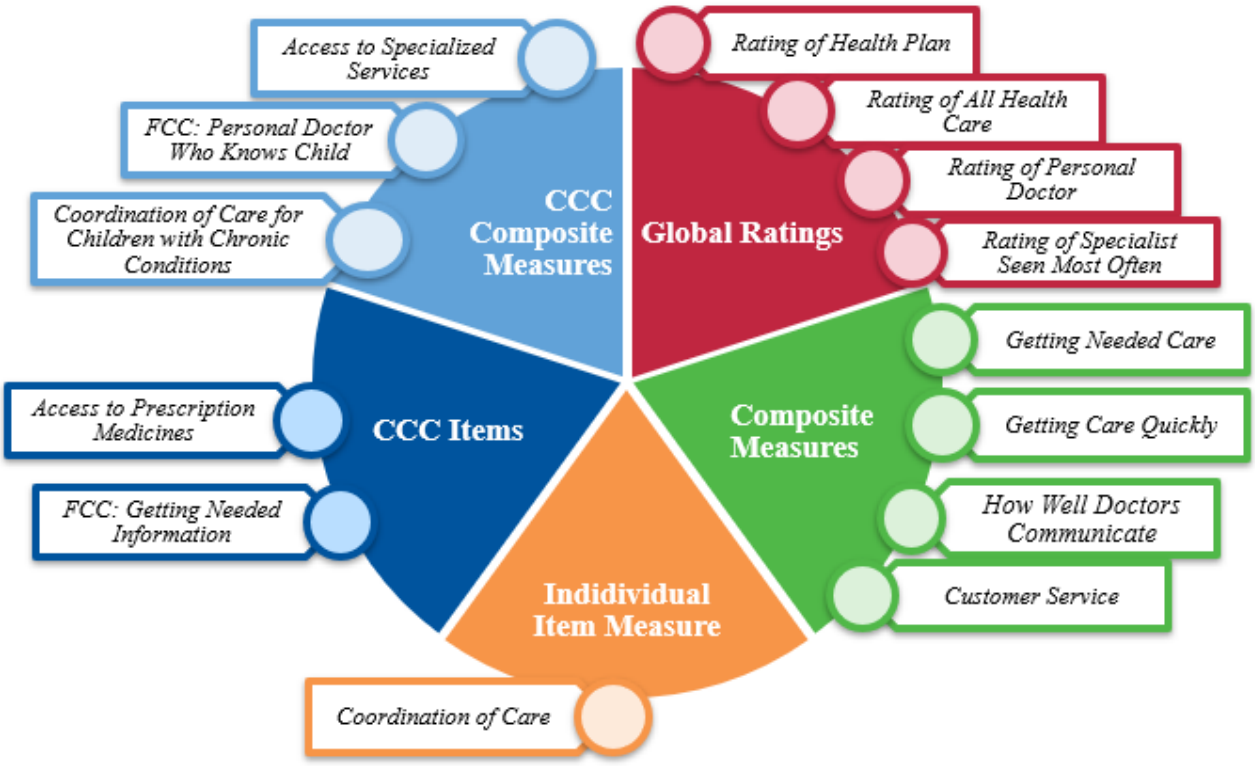


Table 3-1 presents the survey language and response options for each measure. The CAHPS survey includes gate items that instruct respondents to skip specific questions if the child member is not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in Table 3-1.

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

Table 3-1—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
Rating of All Health Care[6]	
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[7]	
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[8]	
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[9]	
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

[6] 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.

[7] 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.

[8] 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.

[9] 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.

Question Language	Response Categories
Getting Care Quickly[10]	
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
How Well Doctors Communicate[11]	
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[12]	
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[13]	
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

[10] 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.

[11] 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.

[12] 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.

[13] 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.

Question Language	Response Categories
CCC Composite Measures	
Access to Specialized Services[14]	
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
FCC: Personal Doctor Who Knows Child[15]	
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 family's day-to-day life?	Yes, No
Coordination of Care for Children with Chronic Conditions[16]	
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[17]	
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

[14] 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.

[15] 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.

[16] 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.

[17] 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.

Question Language	Response Categories
FCC: Getting Needed Information[18]	
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
Supplemental Items	
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[19]
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
76e. In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor's office or clinic during evenings, weekends, or holidays?	Never, Sometimes, Usually, Always
76f. In the last 6 months, not counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?	Same day, 1 day, 2 to 3 days, 4 to 7 days, 8 to 14 days, 15 to 30 days, 31 to 60 days, 61 to 90 days, 91 days or longer

[18] 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.

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

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, 2024, for the RAEs and December 31, 2024, 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, 2024, for the RAEs, and July 1 to December 31, 2024, for DHMP).[20]
- 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 MCE. 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 general 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. After selecting 1,650 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 for DHMP. A total of 3,490 child members were selected for surveying for DHMP. 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 could call to request a survey in another language (i.e., English or Spanish). Non-respondents received a

[20] 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).

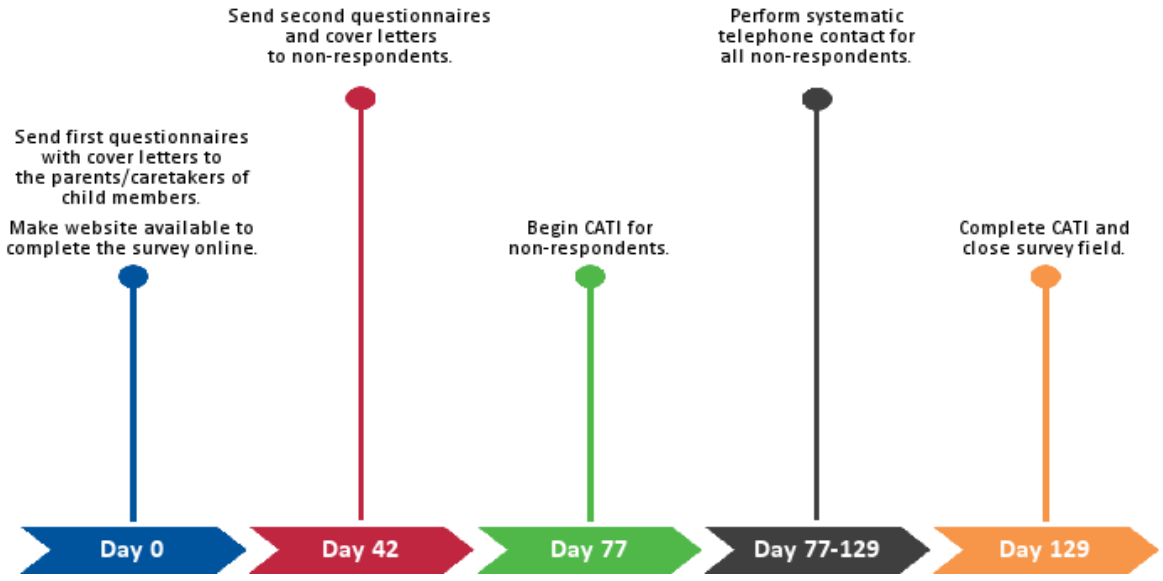
second survey mailing. The name of the RAE appeared in the questionnaires and cover letters, the letters included the signature of a high-ranking state official, and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. Computer assisted 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 and a web survey) was used for data collection, and respondents were given the option of completing the survey in English or Spanish.

Figure 3-2 shows the timeline used in the survey administration for the RAEs.

Figure 3-2—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 several analyses to comprehensively assess member experience. In addition to RAE-level results, HSAG combined results from the seven RAEs to calculate the Colorado RAE Aggregate results. This section provides an overview of each analysis.

Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.[21] HSAG considered a survey completed if at least three of the following five specific questions were answered: 3, 25, 40, 44, and 49. Table 3-2 presents the question language and response options for each of these questions.

Table 3-2—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 3-7), or had a language barrier (the survey was made available in both English and Spanish).

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

[21] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2024.

Child Member and Respondent Demographics

The demographic analysis evaluated the demographic information of the MCE general child members and respondents based on parents'/caretakers' responses to the survey. Table 3-3 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 3-3—Child Member and Respondent Demographic Items Analyzed

Demographic Category	Survey Question Number
Child Member 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 general child RAE 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).[22] 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 table. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual child RAE population.

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

Scoring Calculations

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.[23] For purposes of calculating the top-box scores, 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 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 2024 Specifications for Survey Measures, Volume 3*.

Although NCQA requires a minimum of at least 100 respondents on each item 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 (+) for each comparative analysis as well as presented in red for the national percentile comparisons.

Weighting

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

[23] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA; 2024.

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.

National Percentile and Average Comparisons

HSAG compared the scores to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings (i.e., star ratings) and to determine if the scores were statistically significantly different than the national average.[24,25] For the national percentile comparisons, ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-4.

Table 3-4—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

For the national average comparisons, HSAG performed a t test to determine whether the 2025 scores were statistically significantly different from the 2024 NCQA Medicaid national averages. A difference was considered statistically significant if the two-sided p value of the t test was less than 0.05. An (H) indicates a 2025 score that was statistically significantly higher than the 2024 national average. An (L) indicates a 2025 score that was statistically significantly lower than the 2024 national average. Scores in

[24] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024.* Washington, DC: NCQA, September 2024.

[25] The source for the national data contained in this publication is Quality Compass® 2024 and is used with the permission of NCQA. Quality Compass 2024 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.

2025 that were not statistically significantly higher or lower than the 2024 national averages are not denoted.

Trend Analysis

To evaluate trends in parents'/caretakers' experiences, HSAG compared the 2025 scores to the corresponding 2024 and 2023 scores, if available, to determine whether there were statistically significant differences.[26] 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 2025 than in 2024 are denoted with black upward triangles (▲). Scores that were statistically significantly lower in 2025 than in 2024 are denoted with black downward triangles (▼). Scores that were statistically significantly higher in 2025 than in 2023 are denoted with black squares (■). Scores that were statistically significantly lower in 2025 than in 2023 are denoted with white squares (□). Scores in 2025 that were not statistically significantly different from scores in 2024 or in 2023 are not noted with triangles or squares.

Program Comparisons

HSAG performed comparisons for the general child population to identify if parents'/caretakers' experiences with the RAEs were statistically significantly different than the Colorado RAE Aggregate.[27] 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):

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

The *F* statistic had an *F* distribution with $(P-1, \mathrm{q})$ 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., $p < 0.05$),

[26] Since 2024 was the first year the CAHPS survey with the CCC measurement set was administered to parents/caretakers of child members in the State of Colorado, 2023 trend results are unavailable for the CCC population.

[27] Due to a low number of respondents, HSAG was unable to present RAE-level results for comparison to the Colorado RAE Aggregate for the CCC population (i.e., the results for the RAEs are not reportable).

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

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

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

The variance of Δ_p was:

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

The *t* statistic was:

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

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

Case-Mix Adjustment

Given that variances in 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 for purposes of the program comparisons. Case-mix refers to the characteristics used in adjusting the results for comparability. The 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:

$$Adjusted\ Score = Raw\ Score - Net\ Adjustment$$

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.

Key Drivers of Low Member Experience

HSAG performed a key drivers of low member experience analysis for the Colorado RAE Aggregate general child population for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*.[28] The purpose of the key drivers of low member experience analysis is to help decision makers identify specific aspects of care that may benefit from quality improvement (QI) activities. Table 3-5 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 3-5—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

[28] Due to a low number of respondents, HSAG was unable to perform the key drivers of low member experience analysis for DHMP (i.e., the results are not reportable).

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

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

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

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

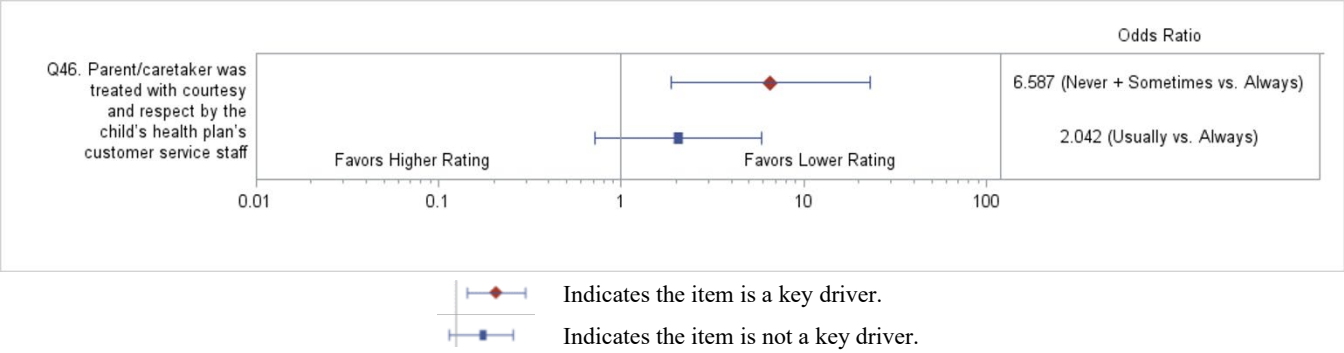
The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore,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

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

response other than the baseline (i.e., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

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



Limitations and Cautions

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

CAHPS Database Benchmarks

A total of 50 states submitted 2024 child Medicaid data to the CAHPS Health Plan Survey Database for a combined total of 111,833 respondents, with 2,927 of these respondents from Colorado.[29] Data collected through the CAHPS Database from 2024 are based on responses to the 5.1/5.1H versions of the CAHPS Health Plan Survey with and without the CCC measurement set. The CAHPS Database calculates 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 scores using responses of "Usually" and "Always" for comparison. Also, the CAHPS Database includes an additional survey item in the calculation of the score for the

[29] Agency for Healthcare Research and Quality. The CAHPS Databases. *2024 Medicaid and Children's Health Insurance Program (CHIP) Chartbook*. Available at: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2024-health-plan-chartbook.pdf. Accessed on: August 11, 2025.

How Well Doctors Communicate composite measure.[30] Since 2025 CAHPS Database benchmarks were not available at the time this report was prepared, caution should be exercised when comparing the 2024 CAHPS Database benchmarks to the 2025 CAHPS survey results.

Case-Mix Adjustment

While data for the program 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 MCEs. The survey by itself does not necessarily reveal the exact cause of these differences.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their child's health care services and may vary by MCE. 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.[31] To identify potential non-response bias, HSAG compared the scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. Table 3-6 presents the results of the non-response bias analysis for the Colorado RAE Aggregate and DHMP. HCPF should consider that potential non-response bias may exist when interpreting CAHPS results.

[30] The additional survey item asks, "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?"

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

Table 3-6—Non-Response Bias Analysis—Colorado RAE Aggregate and DHMP

Measure	2023		2024		2025	
	General Child	CCC	General Child	CCC	General Child	CCC
Colorado RAE Aggregate						
Rating of Personal Doctor	—	NA	—	↑	—	—
Rating of Specialist Seen Most Often	—	NA	↑	—	—	—
Getting Needed Care	—	NA	—	↑	—	—
Customer Service	—	NA	—	—	—	↓
Coordination of Care for Children with Chronic Conditions	NA	NA	NA	—	NA	↓
FCC: Getting Needed Information	NA	NA	NA	—	NA	↓
DHMP						
Rating of Health Plan	—	NA	—	—	↓	—
Rating of Personal Doctor	—	NA	↑	—	—	—
Getting Care Quickly	—	NA	—	—	↑	—
How Well Doctors Communicate	—	NA	↑	—	—	—
Access to Specialized Services	NA	NA	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.*

Survey Vendor Effects

DHMP's CAHPS survey was administered by its own survey vendor. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendor (e.g., survey materials, anchor date of the sample frame file, time frame of survey administration, population oversampling, etc.), there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

4. Results

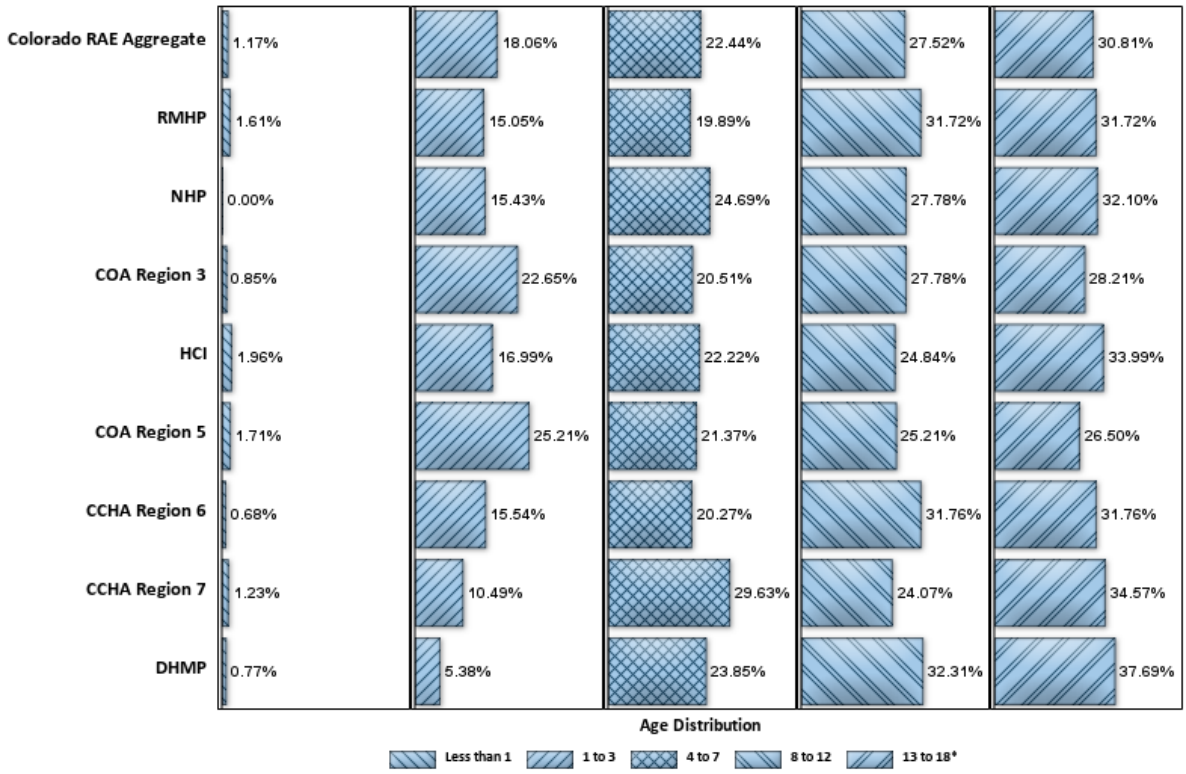
General Child Results

The following presents the results for the general child population for the RAEs, Colorado RAE Aggregate, and DHMP. While the steady decline of survey response rates over the years aligns with national trends, the MCEs should exercise caution when evaluating the results with less than 100 respondents. These results may lack the statistical validity or overall population representation to confidently draw conclusions that are actionable for improving healthcare quality.

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 additional information on the child member demographics, please refer to page 3-10 of the Reader's Guide section.

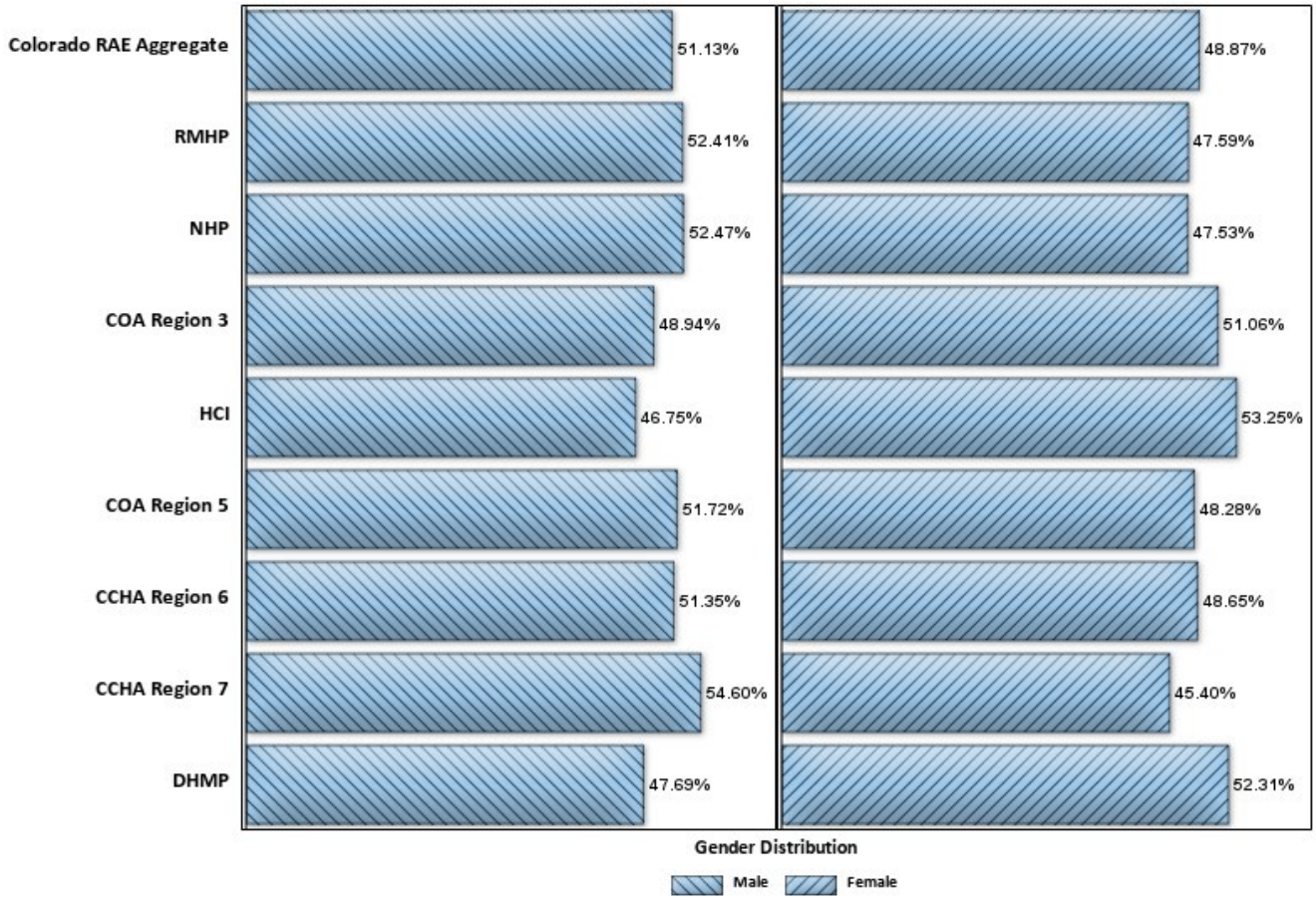
Figure 4-1—Child Member Demographics: Age—General Child Population



Some percentages may not total 100% due to rounding.

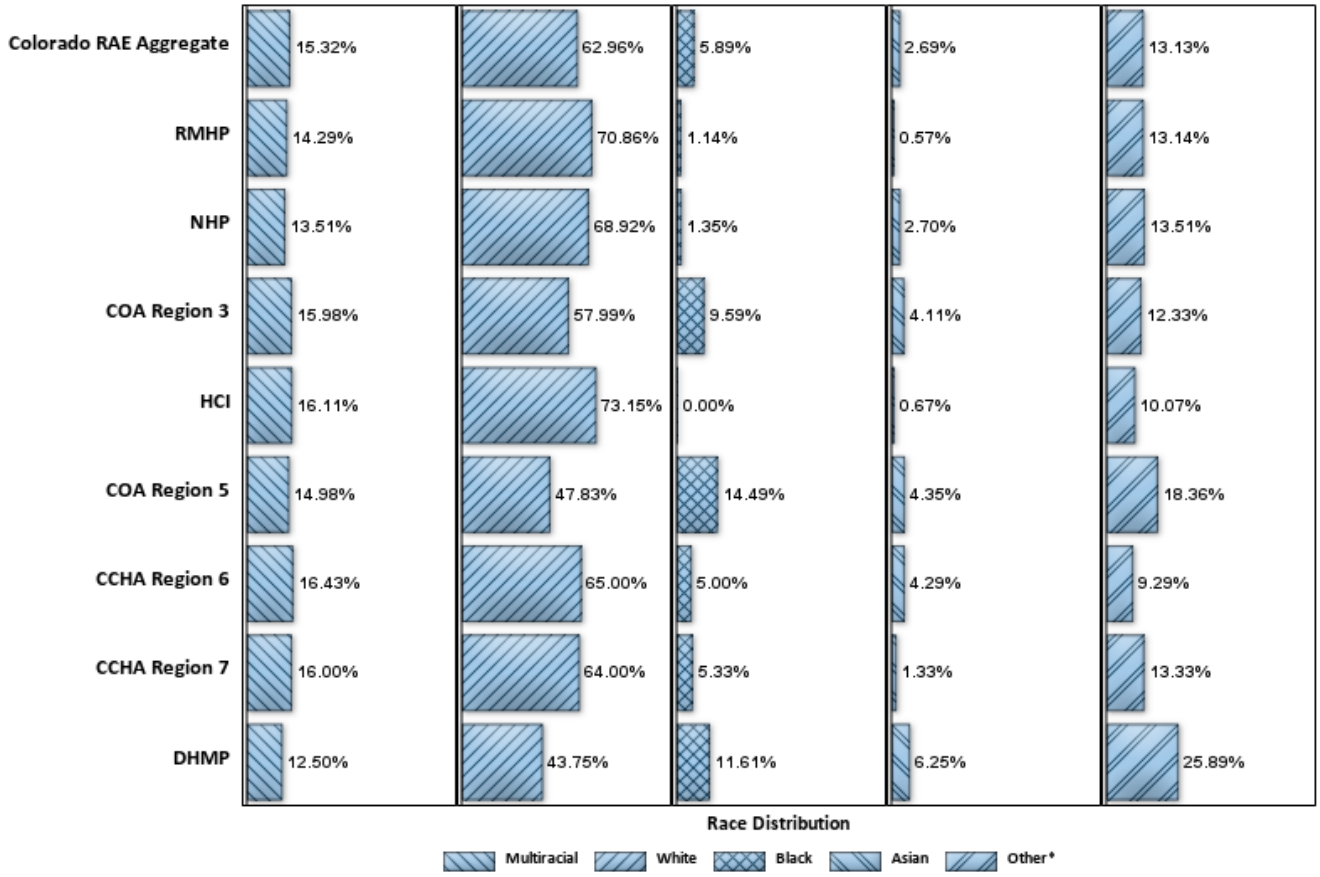
**Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of the anchor date of the sample frame file. Some children eligible for the CAHPS Survey turned 18 between the anchor date and the time of survey administration.*

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



Some percentages may not total 100% due to rounding.

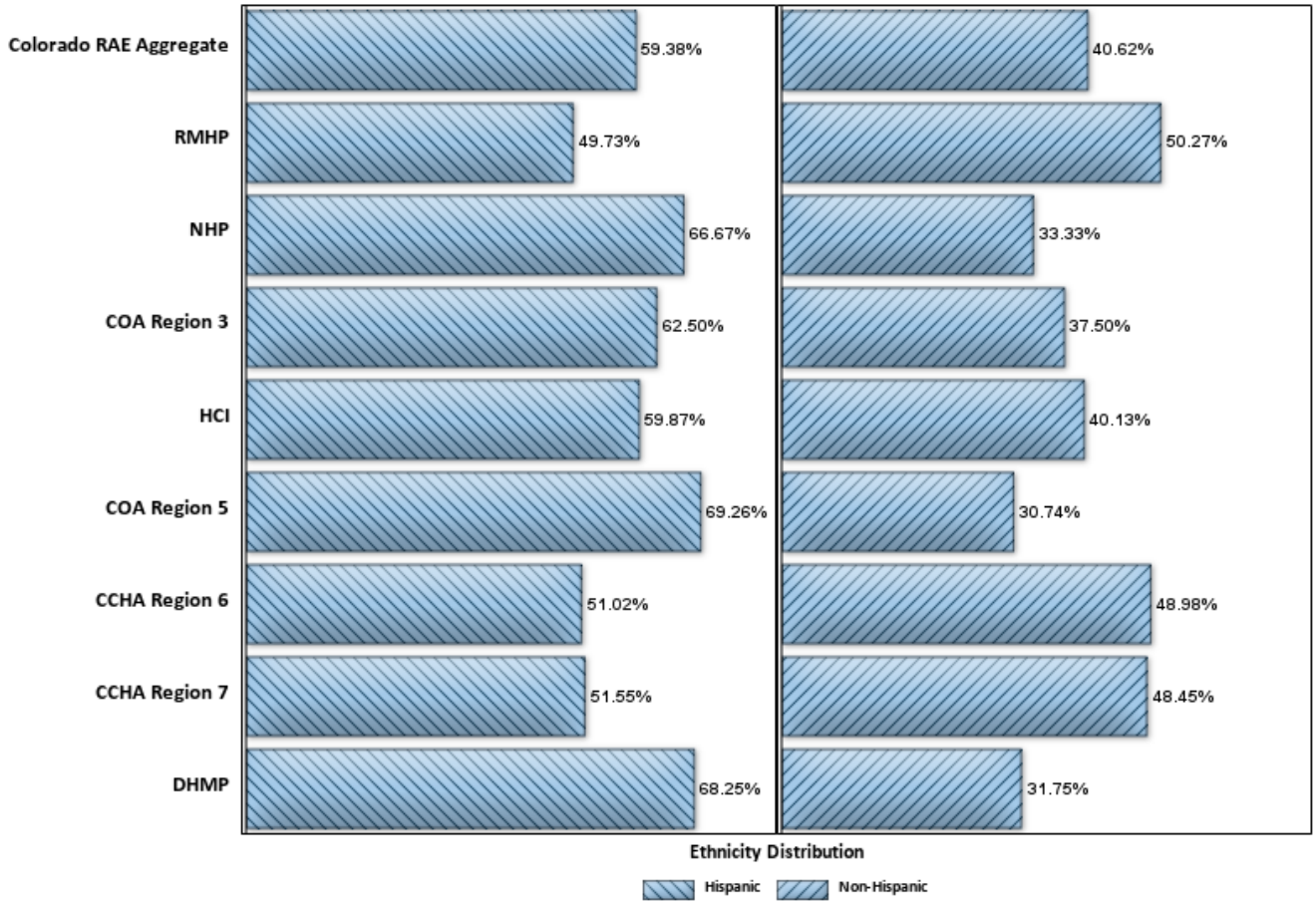
Figure 4-3—Child Member Demographics: Race—General Child Population



Some percentages may not total 100% due to rounding.

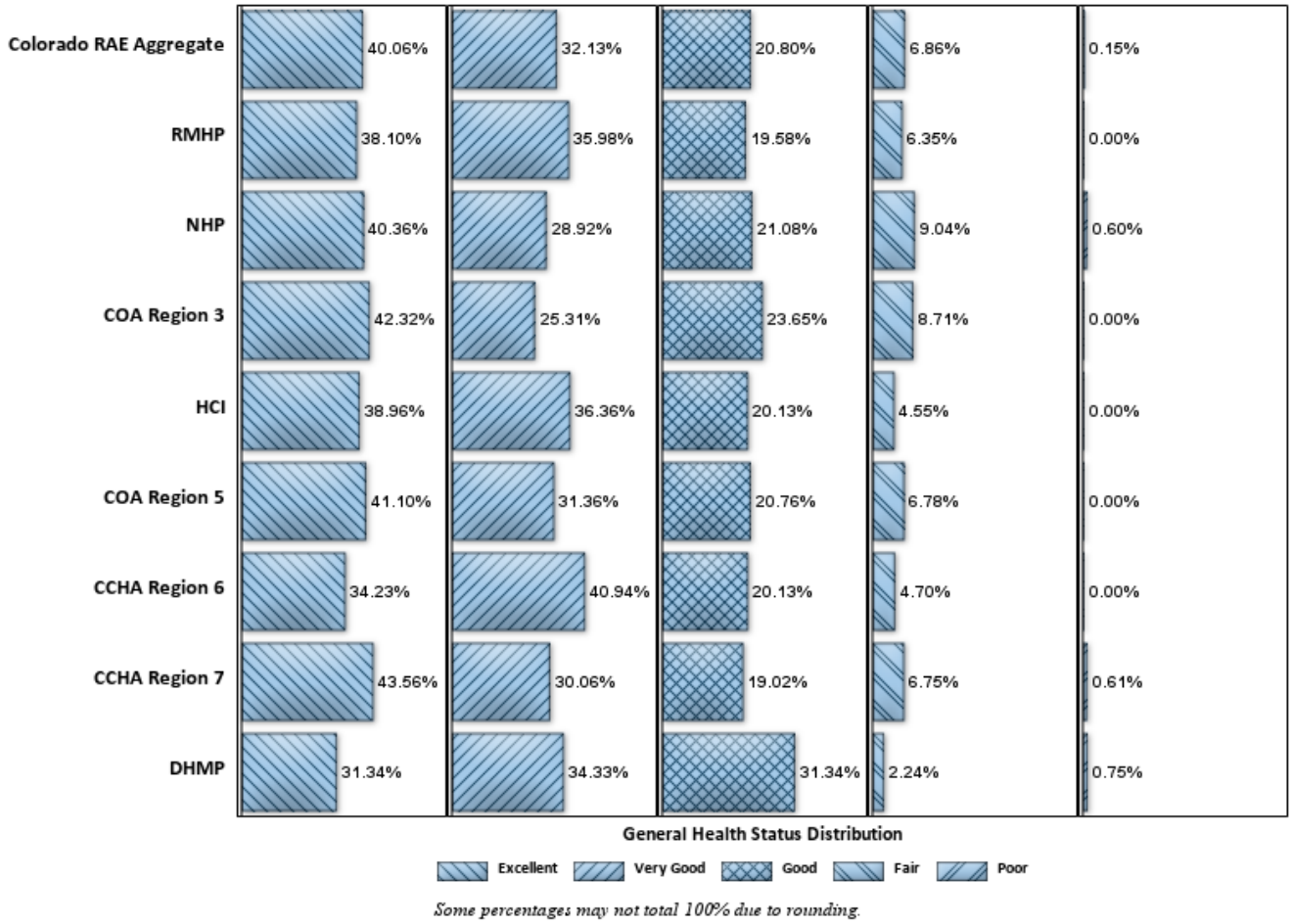
**The "Other" race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

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



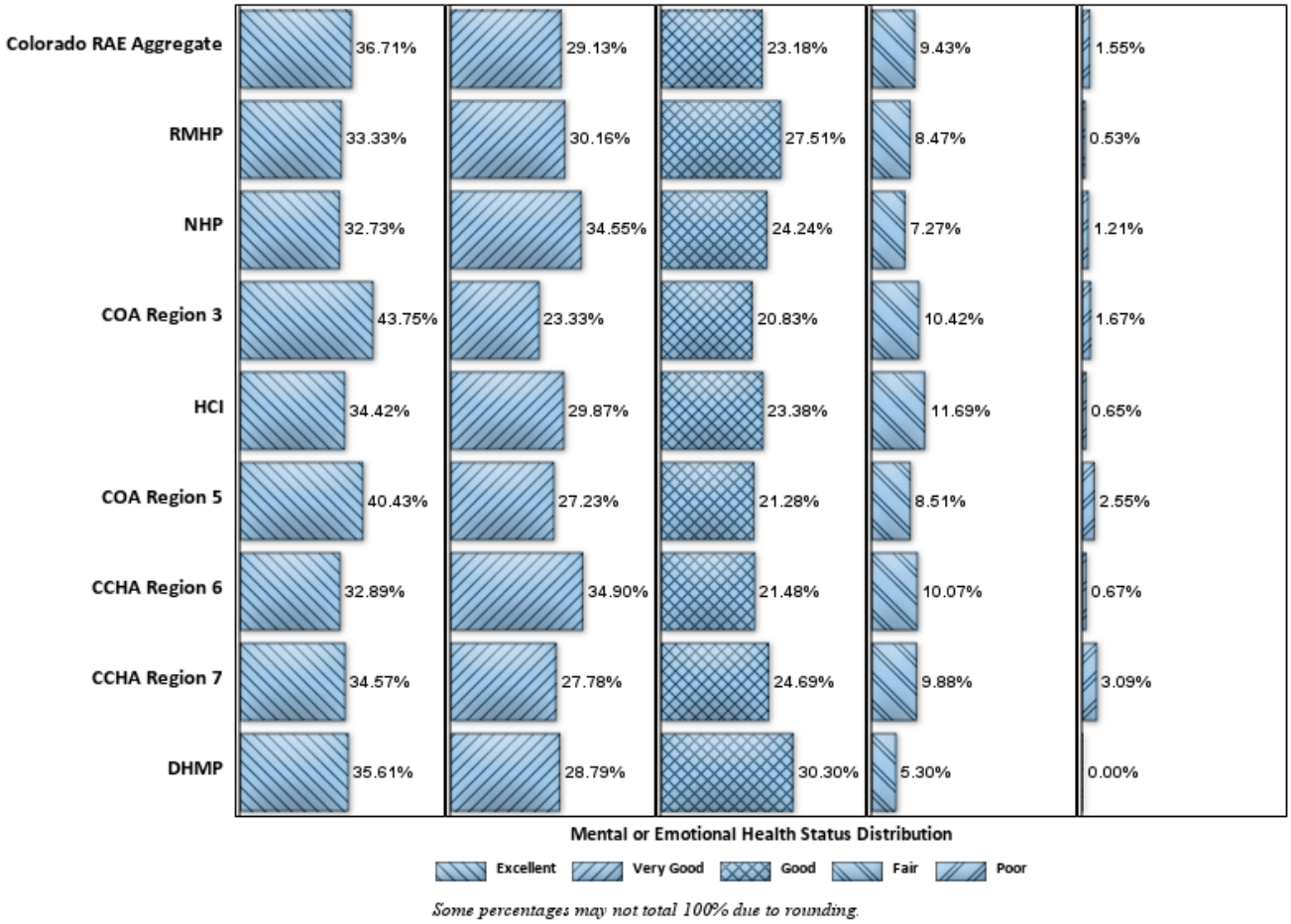
Some percentages may not total 100% due to rounding.

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



Some percentages may not total 100% due to rounding.

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

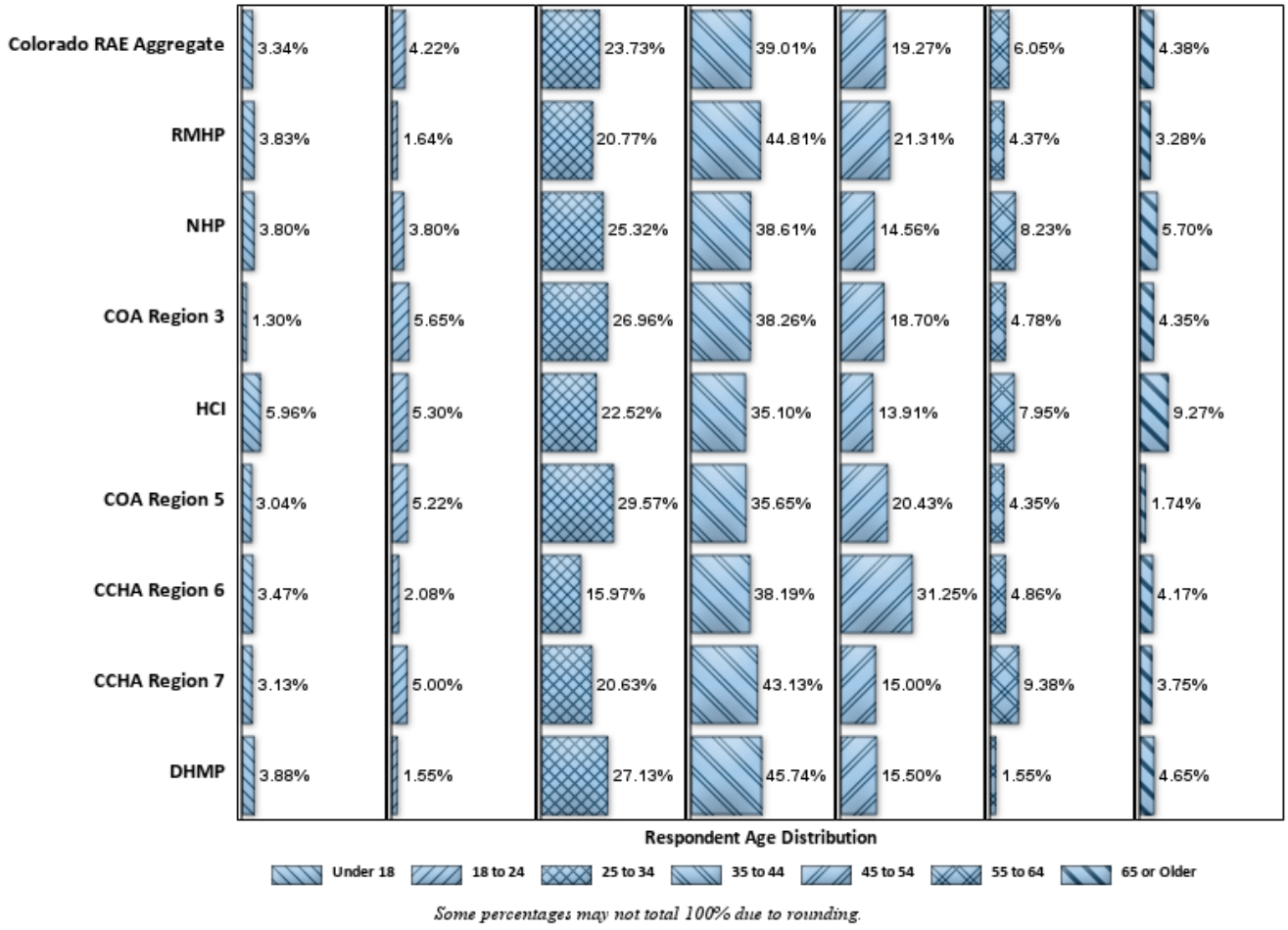


Some percentages may not total 100% due to rounding.

Respondent Demographics

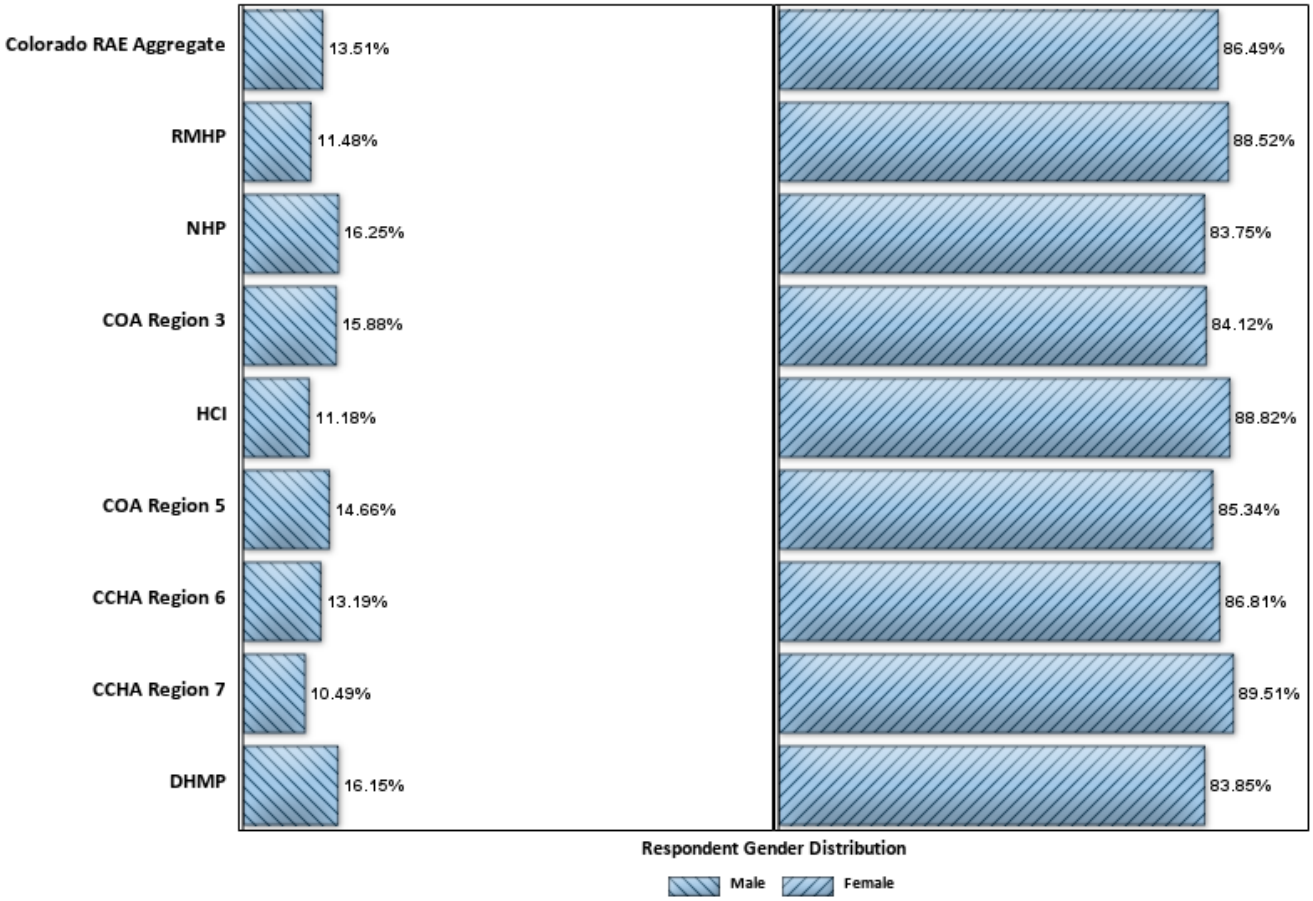
Figure 4-7 through Figure 4-10 present the self-reported demographic characteristics of parents/ caretakers of general child members who completed a survey. For additional information on the respondent demographics, please refer to page 3-10 of the Reader's Guide section.

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



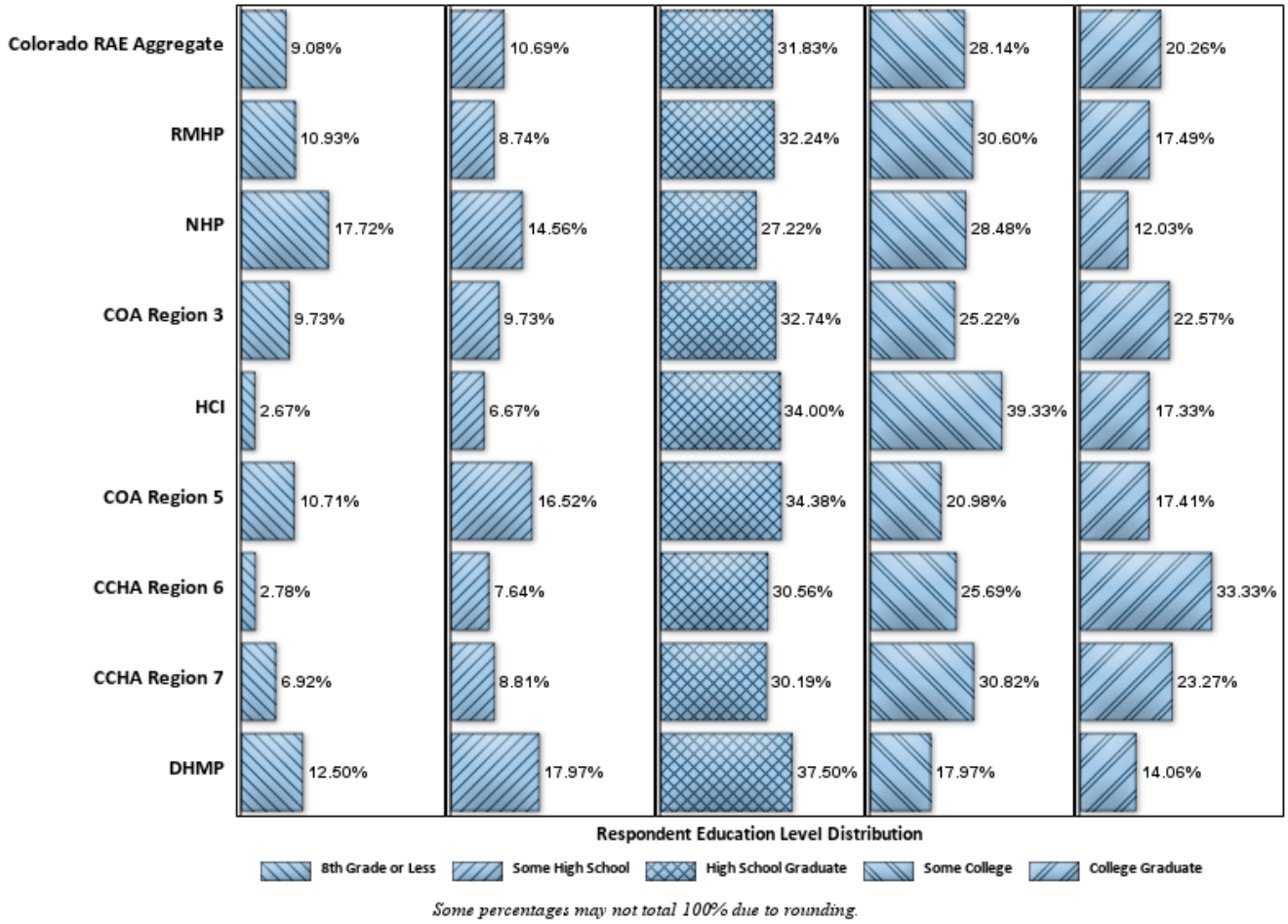
Some percentages may not total 100% due to rounding.

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



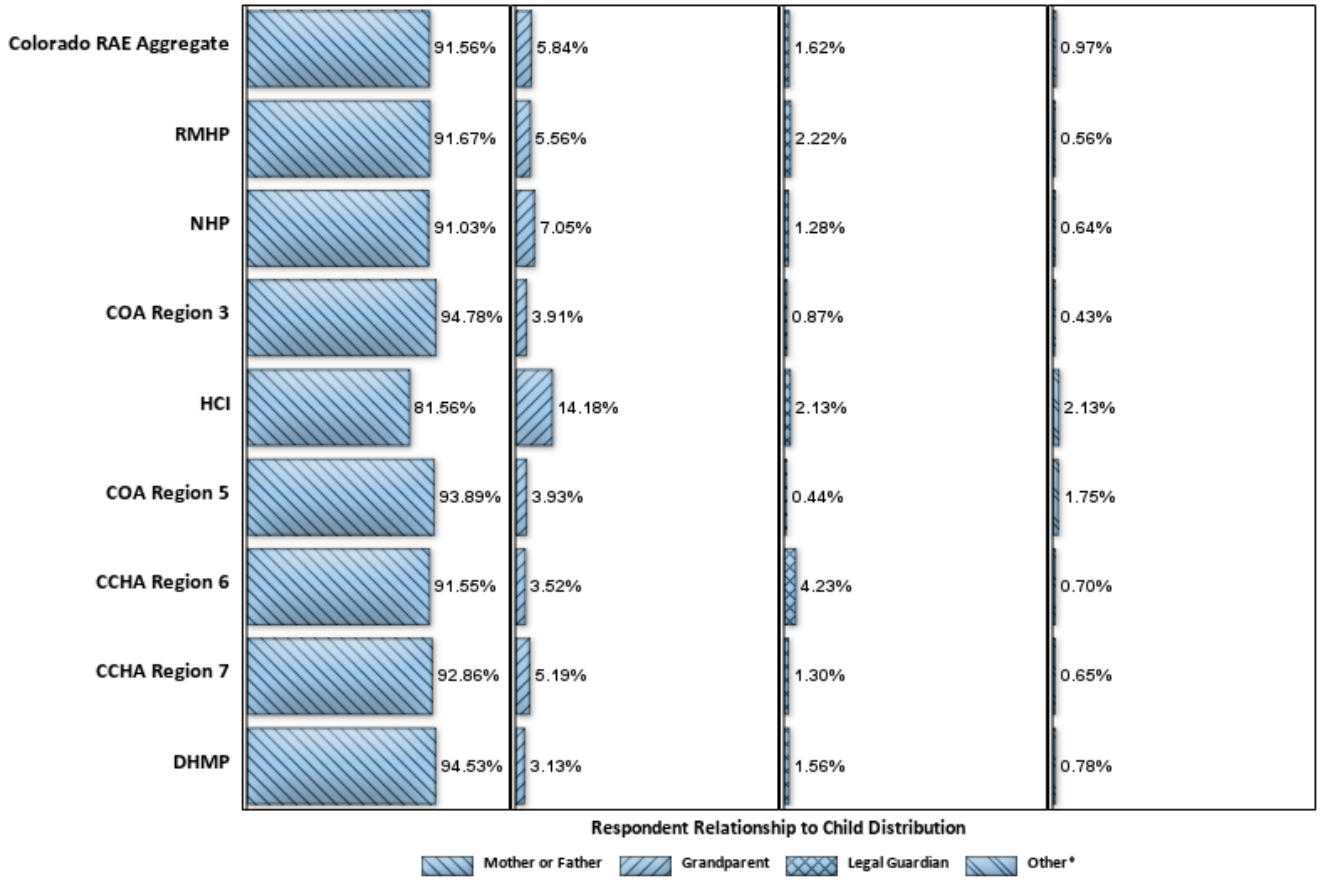
Some percentages may not total 100% due to rounding.

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



Some percentages may not total 100% due to rounding.

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



Some percentages may not total 100% due to rounding.

**The "Other" relationship to child category includes responses of aunt or uncle, older brother or sister, other relative, 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 general 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 4-1 presents the results of the respondent analysis for the Colorado RAE Aggregate and each RAE.[32,33] 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 additional information on the respondent analysis, please refer to page 3-10 of the Reader's Guide section.

Table 4-1—Respondent Analysis—General Child Population

Demographic Category		Colorado RAE Aggregate	RMHP	NHP	COA Region 3	HCI	COA Region 5	CCHA Region 6	CCHA Region 7
Age									
Less than 1	R	**4.85%**	5.76%	3.49%	4.96%	5.03%	6.72%	4.67%	2.38%
	SF	**3.94%**	4.21%	3.74%	3.87%	2.79%	5.87%	3.29%	3.67%
1 to 3	R	**16.67%**	14.14%	13.95%	21.49%	15.09%	21.85%	12.00%	13.69%
	SF	**16.64%**	15.68%	16.25%	16.47%	15.44%	21.33%	15.81%	15.94%
4 to 7	R	**22.35%**	20.94%	25.00%	21.49%	22.01%	21.43%	19.33%	26.79%
	SF	**22.67%**	22.74%	22.81%	22.82%	22.39%	22.19%	22.29%	23.15%
8 to 12	R	**27.20%**	29.84%	26.74%	25.62%	25.16%	25.21%	33.33%	26.19%
	SF	**28.51%**	29.16%	29.25%	28.48%	29.48%	24.99%	29.39%	28.95%
13 to 17	R	**28.94%**	29.32%	30.81%	26.45%	32.70%	24.79%	30.67%	30.95%
	SF	**28.23%**	28.21%	27.95%	28.37%	29.91%	25.62%	29.22%	28.29%
Gender									
Male	R	**50.83%**	51.31%	52.91%	49.59%	47.80%	50.84%	51.33%	52.38%
	SF	**51.38%**	51.33%	51.29%	51.57%	51.15%	51.52%	50.91%	51.55%
Female	R	**49.17%**	48.69%	47.09%	50.41%	52.20%	49.16%	48.67%	47.62%
	SF	**48.62%**	48.67%	48.71%	48.43%	48.85%	48.48%	49.09%	48.45%

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

[33] "Hispanic/Latino" was included as a race in the sample frame data HSAG received from NHP, COA Region 3, HCI, and COA Region 5; therefore, "Hispanic" is included as both a race and ethnicity in the respondent analysis.

Demographic Category		Colorado RAE Aggregate	RMHP	NHP	COA Region 3	HCI	COA Region 5	CCHA Region 6	CCHA Region 7
Race									
White	R SF	**31.74%↓** **36.66%**	83.80% 83.04%	25.31% 28.66%	20.36% 23.97%	32.39% 34.48%	11.26% 13.39%	25.34%↓ 35.14%	29.52% 34.96%
Black	R SF	**5.17%↓** **7.52%**	2.23% 1.97%	1.85% 2.58%	9.50% 11.84%	0.70% 1.40%	12.61%↓ 18.81%	1.37% 2.42%	3.01%↓ 7.46%
Asian	R SF	**1.78%** **2.19%**	0.56% 0.97%	1.23% 2.11%	3.62% 3.95%	0.70% 0.29%	2.70% 2.91%	2.05% 2.33%	0.60% 1.09%
Other	R SF	**19.63%↑** **17.09%**	13.41% 14.02%	9.88% 9.40%	0.45% 1.15%	9.86% 10.96%	0.90% 1.11%	62.33%↑ 51.67%	57.23%↑ 40.57%
Multiracial	R SF	**NR**	NA	NA	61.99%↑ 54.56%	NA	59.91% 57.22%	8.90% 8.44%	9.64%↓ 15.91%
Hispanic/Latino	R SF	**NR**	NA	61.73% 57.25%	4.07% 4.52%	56.34% 52.86%	12.61%↑ 6.56%	NA	NA
Ethnicity									
Hispanic	R SF	**NR**	46.60%↑ 36.06%	62.21% 55.93%	62.73%↑ 55.03%	54.09% 53.28%	69.68%↑ 60.08%	—	—
Non-Hispanic	R SF	**NR**	53.40%↓ 63.94%	37.79% 44.07%	37.27%↓ 44.97%	45.91% 46.72%	30.32%↓ 39.92%	NA	NA

An "R" indicates respondent percentage, and an "SF" indicates sample frame percentage.
↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.
↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.
Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.
NA Indicates the sample frame data are not available or a large percentage of data are missing.
NR Indicates the data are not reportable at the aggregate level due to low response rates and/or insufficient data across the individual RAEs.
— Indicates the results could not be presented due to a low response rate.

Comparative Analyses

HSAG calculated top-box scores for each measure.[34] The Colorado RAE Aggregate results were weighted based on the eligible population for each RAE. For the trend analysis, program comparisons, and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. The top-box scores and number of respondents (N) are presented in the figures for the 2024 CAHPS Health Plan Survey Database (CAHPS Database) general child benchmarks, Colorado RAE Aggregate, each RAE, and DHMP only since the data for the 2024 NCQA general child Medicaid national averages are proprietary and not reportable.[35,36] For additional information on the calculation of the measures, please refer to page 3-11 of the Reader's Guide section. For additional information on the survey language and response options for the measures, please refer to page 3-3 of the Reader's Guide section.

National Percentile Comparisons

To assess the overall performance of the general child population, HSAG compared scores for each measure to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data.[37,38] Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 4-2 and Table 4-3 show the scores and star ratings for each measure for the Colorado RAE Aggregate/RAEs and DHMP, respectively. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 3-12 of the Reader's Guide section.

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34 HSAG followed *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures* for calculating top-box results.

35 Agency for Healthcare Research and Quality. CAHPS Data Tools. Available at: https://datatools.ahrq.gov/cahps. Accessed on: August 11, 2025. The CAHPS Database is a data repository of selected CAHPS surveys, which is collected through participating organizations. Data collected through the CAHPS Database are based on responses to the 5.1/5.1H CAHPS Health Plan Surveys. The CAHPS Database calculates top-box scores for the composite and individual item measures using responses of "Always"; therefore, HSAG re-calculated the CAHPS Database top-box scores using responses of "Usually" and "Always" for comparison.

36 CAHPS Database benchmarks and NCQA national averages were not available for 2025 at the time this report was prepared; therefore, 2024 benchmarks and national data are presented in this section.

37 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

38 The source for the national data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 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.

Table 4-2—National Percentile Comparisons: Colorado RAE Aggregate and RAEs—General Child Population

	Colorado RAE Aggregate	RMHP	NHP	COA Region 3	HCI	COA Region 5	CCHA Region 6	CCHA Region 7
Global Ratings								
Rating of Health Plan	★★ 69.83%	★ 67.20%	★★ 71.60%	★★★ 74.06%	★ 67.11%	★★★★ 75.85%	★★ 69.44%	★ 61.49%
Rating of All Health Care	★★ 69.29%	★★ 68.22%	★★★★ 75.79%+	★★★★ 73.49%	★ 61.74%	★★★ 71.97%	★★★★ 74.00%	★ 59.05%
Rating of Personal Doctor	★★ 76.00%	★★★ 78.26%	★★★★ 80.34%	★★★ 77.20%	★ 72.92%	★★★ 79.56%	★★★ 76.42%	★ 68.31%
Rating of Specialist Seen Most Often	★★★★ 77.87%	★★★ 75.76%+	★★★★ 78.79%+	★★★★★ 83.33%+	★★★★★ 81.08%+	★★★★ 78.43%+	★★★★ 78.57%+	★ 66.67%+
Composite Measures								
Getting Needed Care	★★ 83.28%	★★★★ 87.30%+	★★ 81.60%+	★★★ 84.98%	★★★★ 87.45%+	★ 78.49%	★★★★ 87.50%+	★ 74.71%+
Getting Care Quickly	★★★ 88.44%	★★★ 88.30%+	★★ 85.85%+	★★★ 89.77%	★★★ 89.23%+	★★ 83.53%	★★★★★ 93.68%+	★★ 86.84%+
How Well Doctors Communicate	★★★ 94.64%	★★★ 94.44%	★★★★ 95.49%+	★★ 93.61%	★★★★ 95.68%	★★★ 94.92%	★★★★ 96.00%+	★★★ 94.31%
Customer Service	★★ 86.29%	★ 82.35%+	★★ 86.76%+	★ 85.85%+	★★★★ 90.79%+	★ 81.58%+	★★★★ 91.47%+	★★ 87.69%+
Individual Item Measure								
Coordination of Care	★ 80.05%	★★★ 86.27%+	★ 78.38%+	★ 73.61%+	★ 77.36%+	★★★★★ 93.44%+	★★ 82.69%+	★ 75.44%+

Star Ratings based on percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
Red percentages and + *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 4-3—National Percentile Comparisons: DHMP—General Child Population

	Score	Star Rating
Global Ratings		
Rating of Health Plan	71.32%	★★
Rating of All Health Care	73.61%+	★★★★
Rating of Personal Doctor	71.79%+	★
Rating of Specialist Seen Most Often	72.73%+	★★
Composite Measures		
Getting Needed Care	76.44%+	★
Getting Care Quickly	78.28%+	★
How Well Doctors Communicate	91.85%+	★
Customer Service	86.59%+	★★
Individual Item Measure		
Coordination of Care	92.00%+	★★★★★

Star Ratings based on percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
Red percentages and + *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Trend Analysis

HSAG compared the 2025 RAE and Colorado RAE Aggregate scores to the 2024 and 2023 scores to determine whether there were statistically significant differences.[39] Statistically significant results are denoted with directional triangles and black/white squares (▲,▼ or ■, □). For additional information on the trend analysis, please refer to page 3-13 of the Reader's Guide section.

Program Comparisons

HSAG compared the RAE scores to the Colorado RAE Aggregate's scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓). For purposes of this comparison, results were case-mix adjusted; therefore, these results may differ from those presented in the trend analysis figures. For additional information on the program comparisons, please refer to page 3-13 of the Reader's Guide section.

[39] HSAG recalculated the 2023 top-box scores to report scores out to two decimal places. Therefore, the 2023 results in this report will not match the 2023 report.

National Average Comparisons

HSAG compared the RAEs and Colorado RAE Aggregate scores to the 2024 NCQA general child Medicaid national averages, where applicable, to determine whether there were statistically significant differences. Statistically significant results are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 3-12 of the Reader's Guide section.

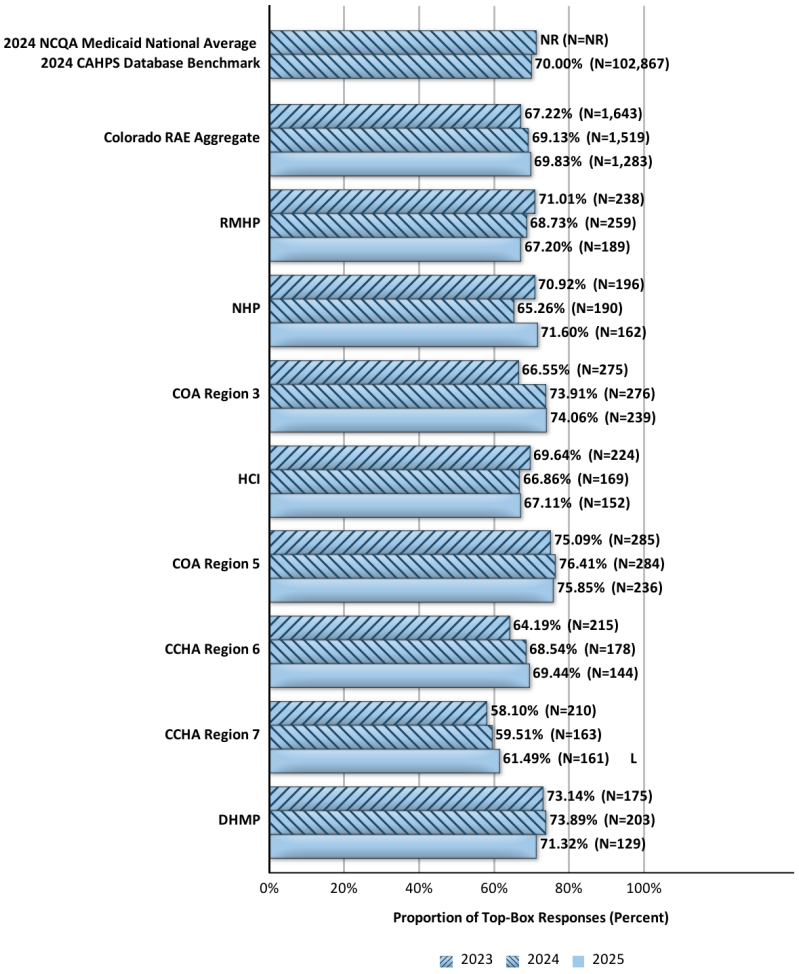
Figure 4-11 through Figure 4-28 show the results of the trend analysis, program comparisons, and national average comparisons.

Global Ratings

Rating of Health Plan

Figure 4-11 shows the general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Rating of Health Plan* global rating.

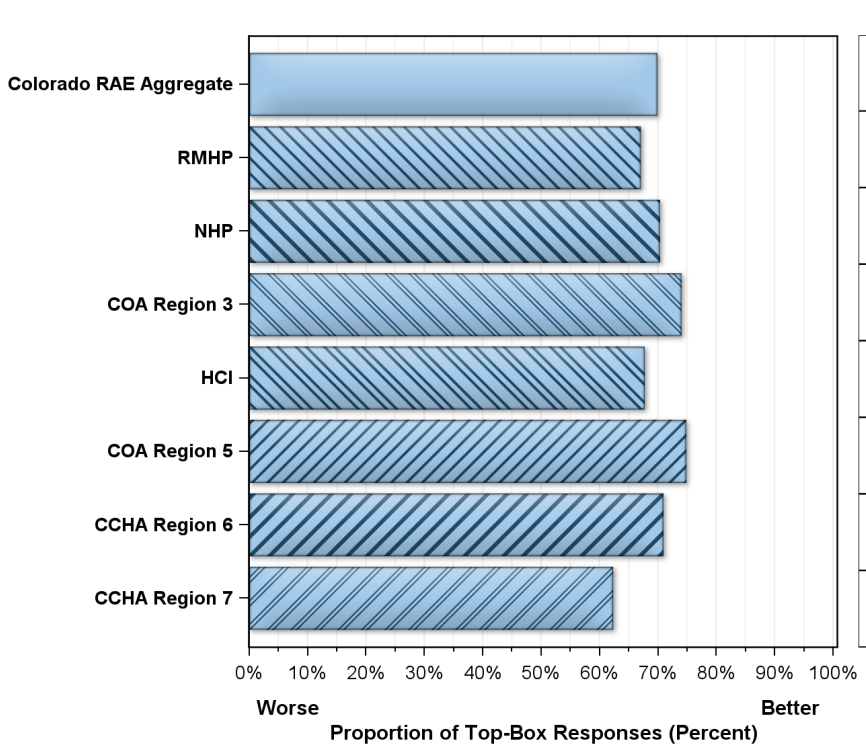
Figure 4-11—Trend Analysis and National Average Comparisons: Rating of Health Plan (9 or 10)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■, □ or H, L) appear on the figure.
NR Indicates the number of respondents (N) and scores are not reportable since the data are proprietary.

Figure 4-12 shows the general child scores, including the program comparisons, for the *Rating of Health Plan* global rating.

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



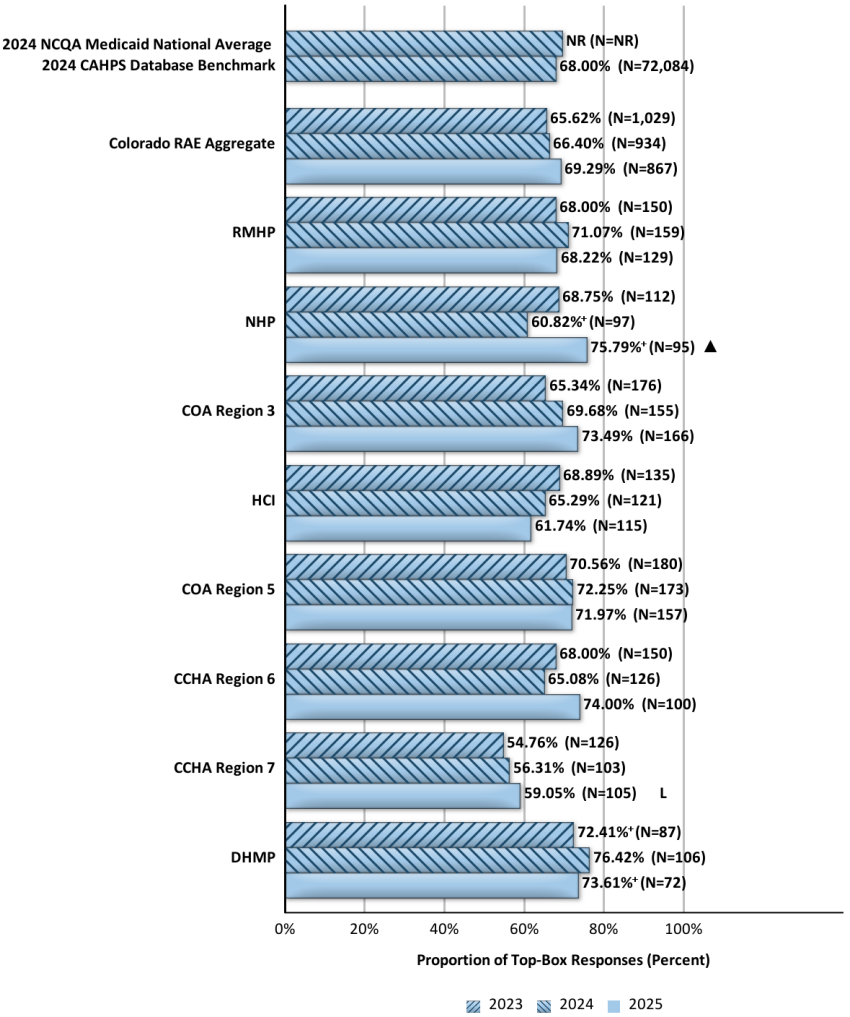
	Top-Box Score	N
Colorado RAE Aggregate	69.83%	1,283
RMHP	67.00%	189
NHP	70.24%	162
COA Region 3	73.95%	239
HCI	67.66%	152
COA Region 5	74.76%	236
CCHA Region 6	70.87%	144
CCHA Region 7	62.26%	161

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

Rating of All Health Care

Figure 4-13 shows the general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Rating of All Health Care* global rating.

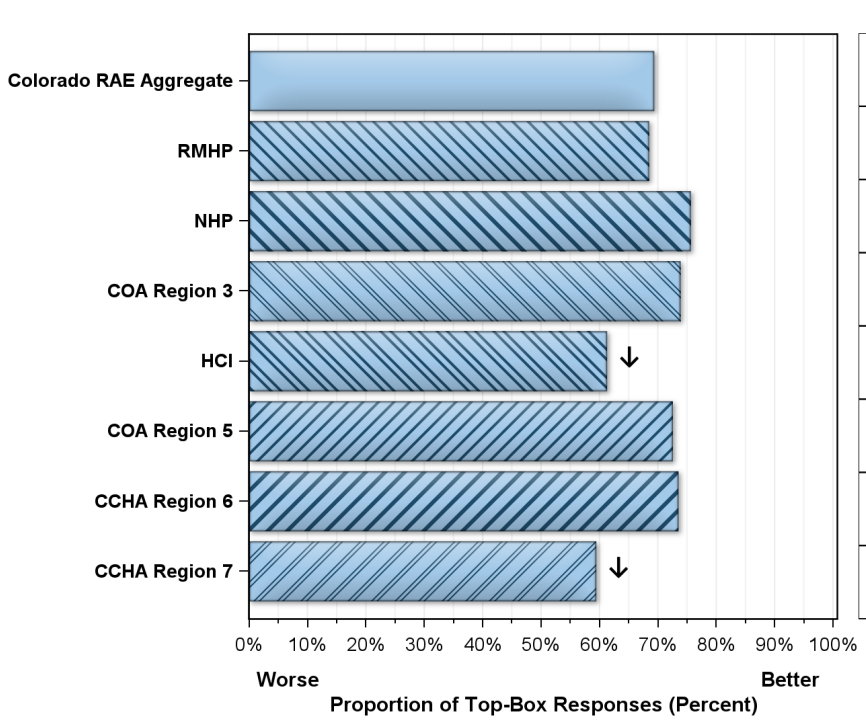
Figure 4-13—Trend Analysis and National Average Comparisons: Rating of All Health Care (9 or 10)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■, □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-14 shows the general child scores, including the program comparisons, for the *Rating of All Health Care* global rating.

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



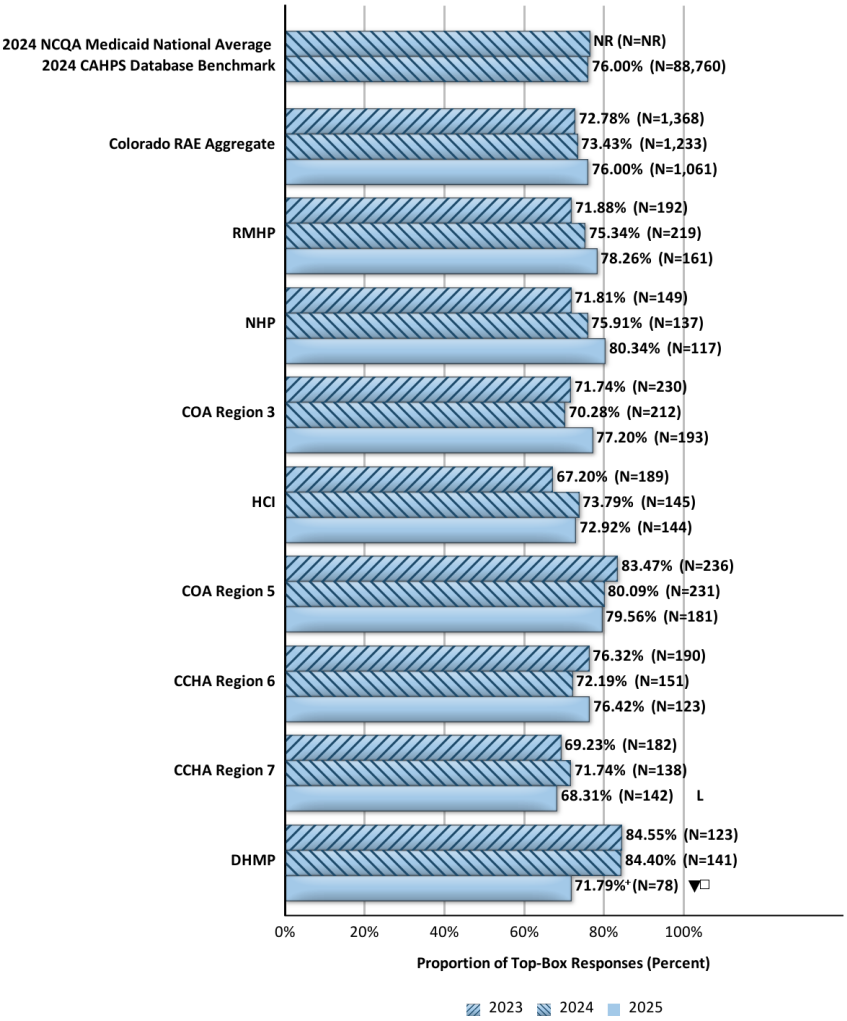
	Top-Box Score	N
Colorado RAE Aggregate	69.29%	867
RMHP	68.41%	129
NHP	75.55% +	95
COA Region 3	73.80%	166
HCI	61.22%	115
COA Region 5	72.47%	157
CCHA Region 6	73.45%	100
CCHA Region 7	59.36%	105

↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
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 general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Rating of Personal Doctor* global rating.

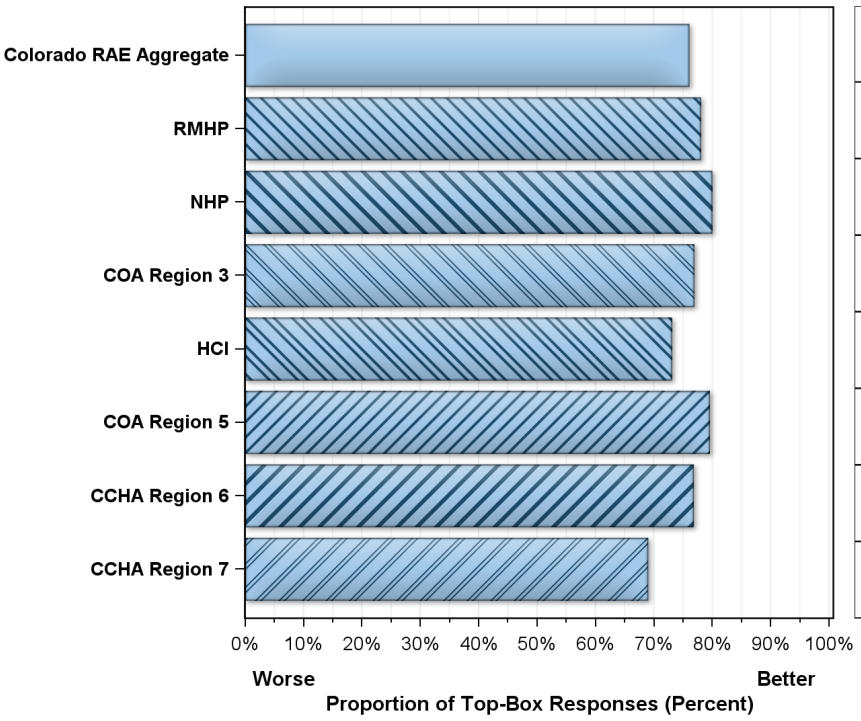
Figure 4-15—Trend Analysis and National Average Comparisons: Rating of Personal Doctor (9 or 10)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■ , □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-16 shows the general child scores, including the program comparisons, for the *Rating of Personal Doctor* global rating.

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



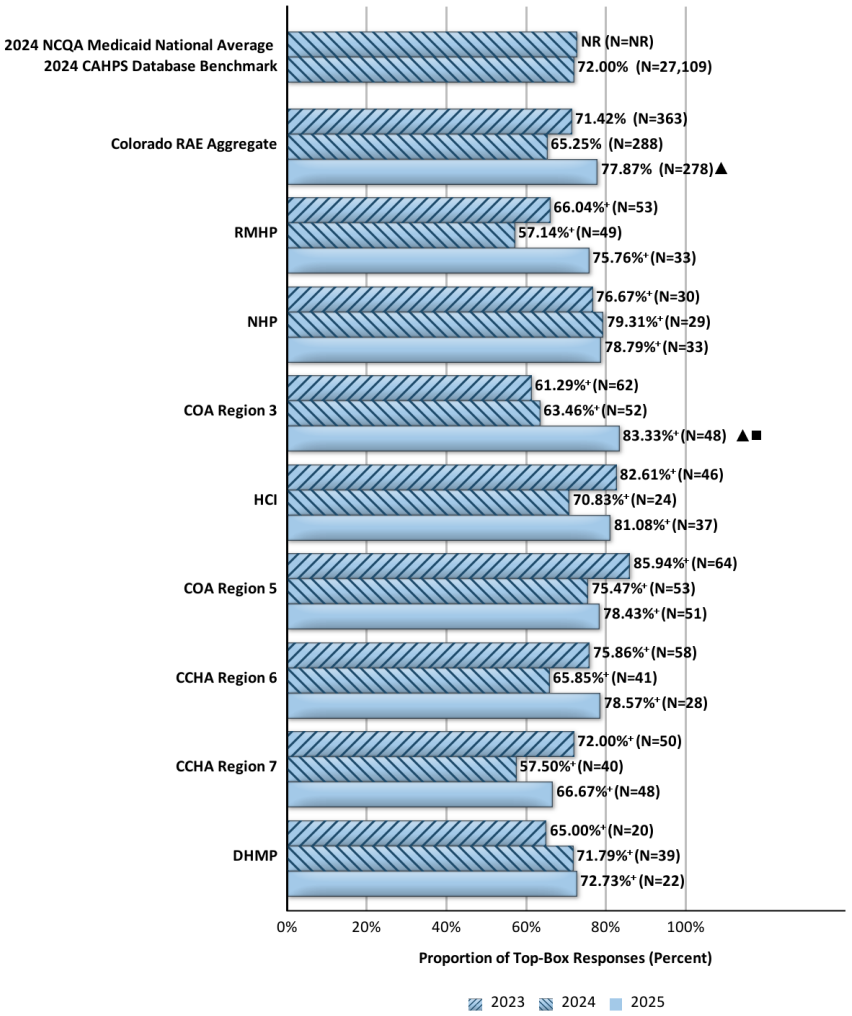
	Top-Box Score	N
Colorado RAE Aggregate	76.00%	1,061
RMHP	77.99%	161
NHP	79.93%	117
COA Region 3	76.85%	193
HCI	73.03%	144
COA Region 5	79.51%	181
CCHA Region 6	76.75%	123
CCHA Region 7	68.95%	142

↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
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 general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

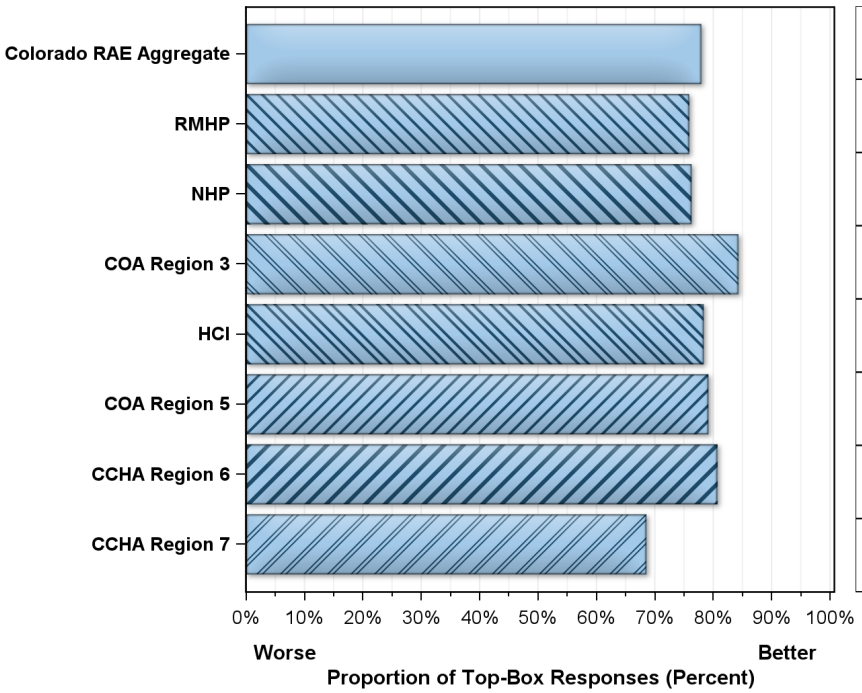
Figure 4-17—Trend Analysis and National Average Comparisons: Rating of Specialist Seen Most Often (9 or 10)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■ , □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-18 shows the general child scores, including the program comparisons, for the *Rating of Specialist Seen Most Often* global rating.

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



	Top-Box Score	N
Colorado RAE Aggregate	77.87%	278
RMHP	75.79% +	33
NHP	76.20% +	33
COA Region 3	84.21% +	48
HCI	78.28% +	37
COA Region 5	79.08% +	51
CCHA Region 6	80.61% +	28
CCHA Region 7	68.46% +	48

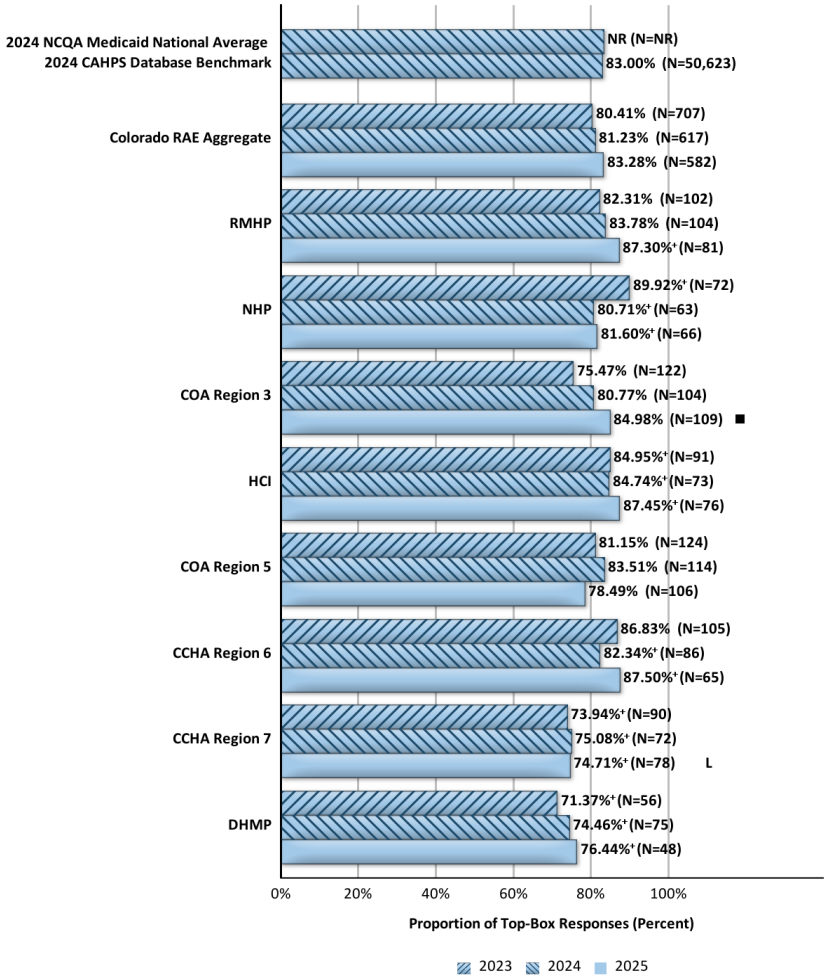
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates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

Composite Measures

Getting Needed Care

Figure 4-19 shows the general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Getting Needed Care* composite measure.

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

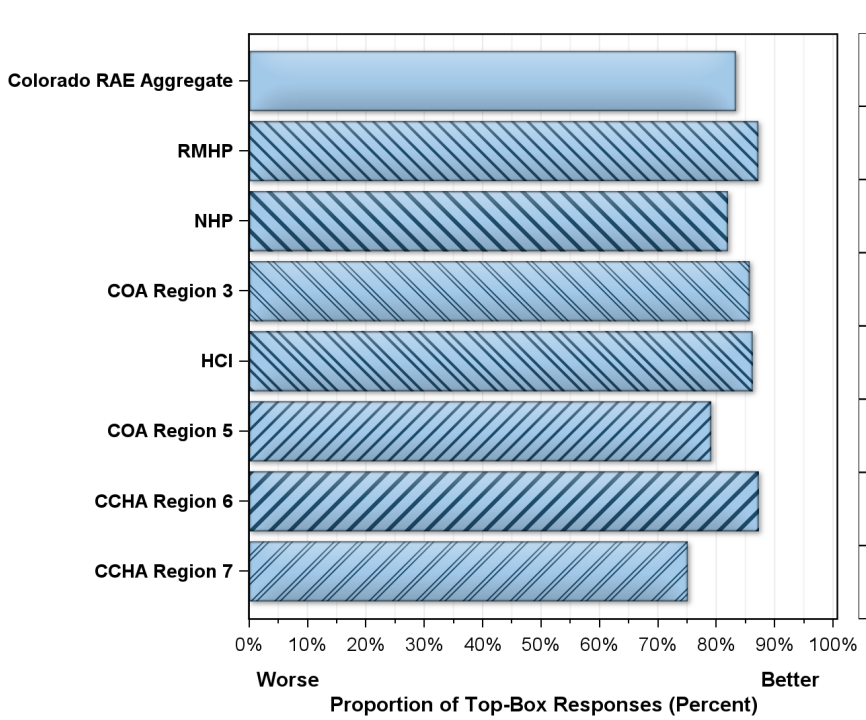


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.

If no statistically significant differences were found, no indicators (▲, ▼, ■ , □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-20 shows the general child scores, including the program comparisons, for the *Getting Needed Care* composite measure.

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



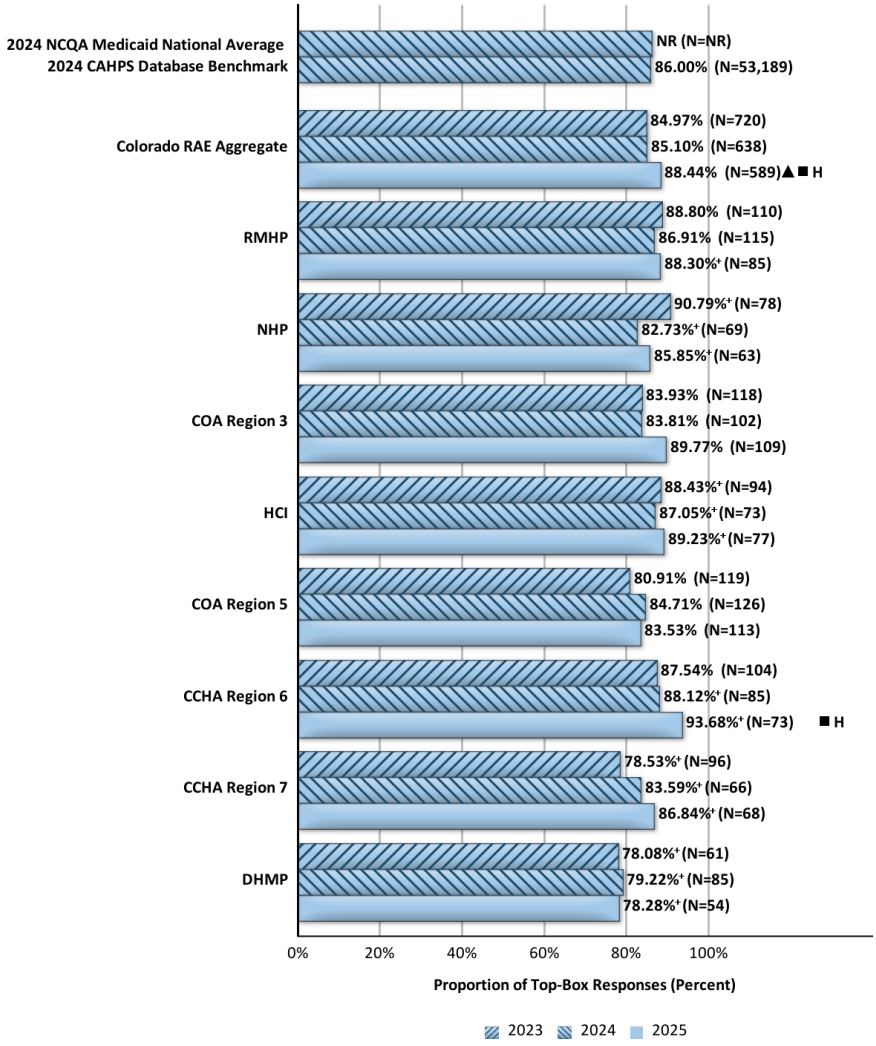
	Top-Box Score	N
Colorado RAE Aggregate	83.28%	582
RMHP	87.11% +	81
NHP	81.91% +	66
COA Region 3	85.64%	109
HCI	86.14% +	76
COA Region 5	79.04%	106
CCHA Region 6	87.17% +	65
CCHA Region 7	75.02% +	78

↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
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 general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Getting Care Quickly* composite measure.

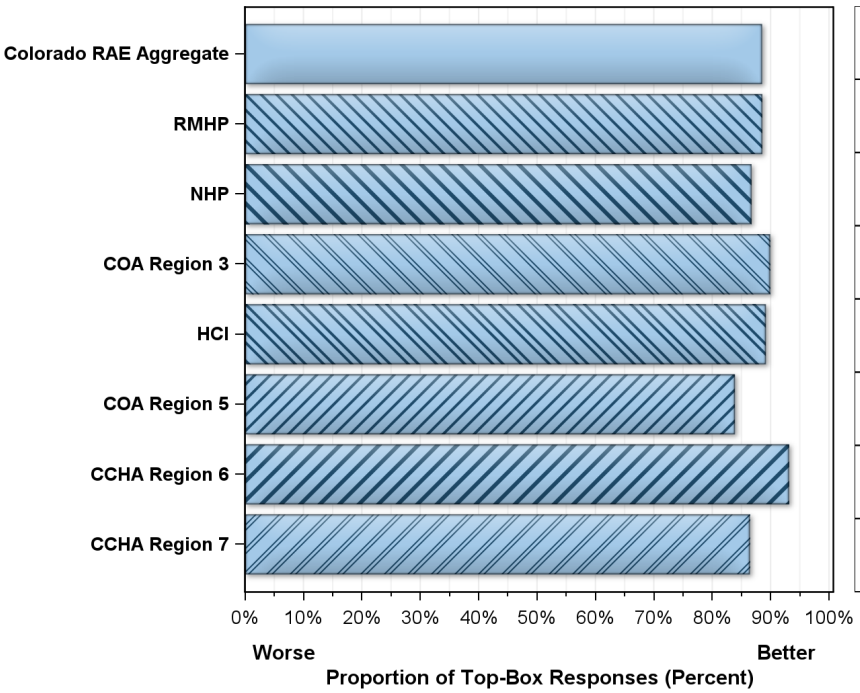
Figure 4-21—Trend Analysis and National Average Comparisons: Getting Care Quickly (Usually or Always)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■ , □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-22 shows the general child scores, including the program comparisons, for the *Getting Care Quickly* composite measure.

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



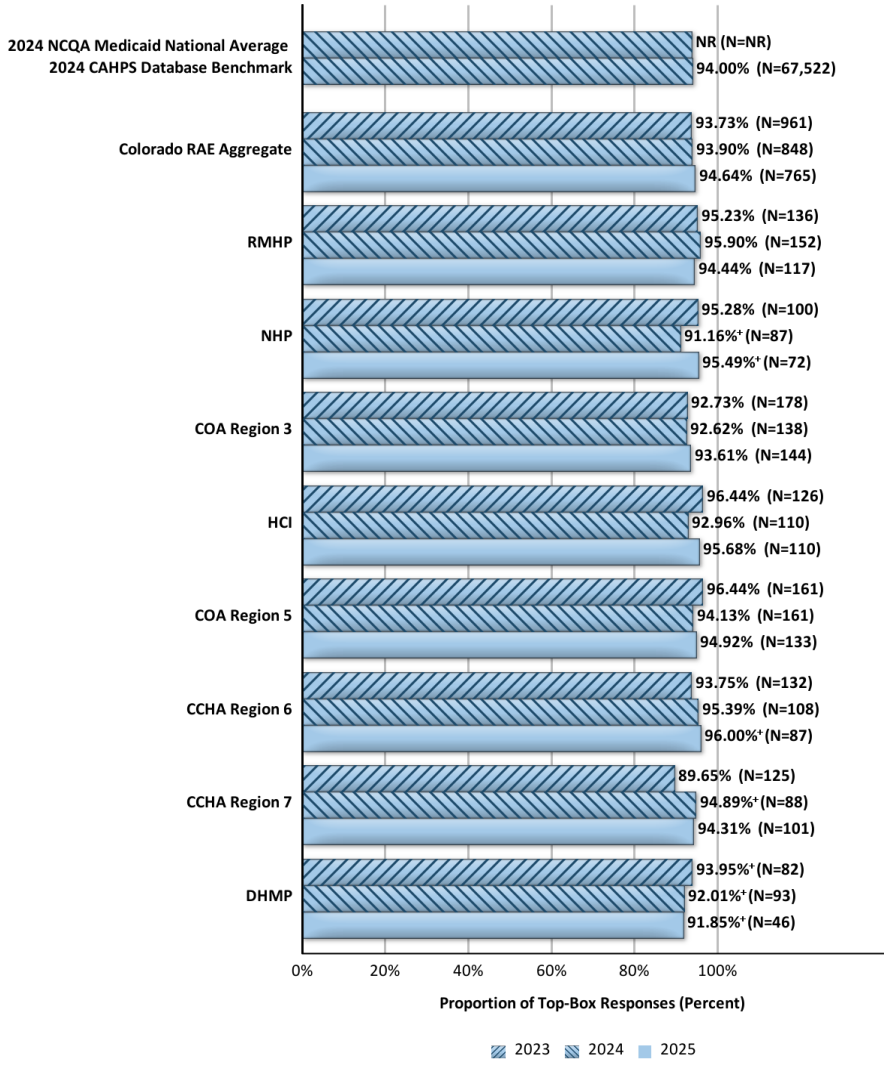
	Top-Box Score	N
Colorado RAE Aggregate	88.44%	589
RMHP	88.48% +	85
NHP	86.63% +	63
COA Region 3	89.82%	109
HCI	89.09% +	77
COA Region 5	83.79%	113
CCHA Region 6	93.05% +	73
CCHA Region 7	86.35% +	68

↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
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 general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *How Well Doctors Communicate* composite measure.

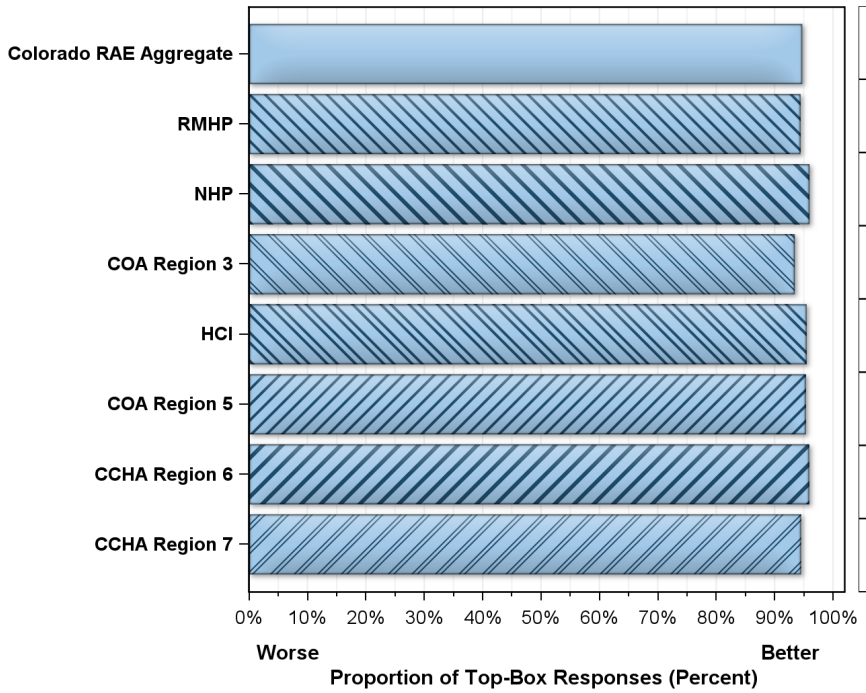
Figure 4-23—Trend Analysis and National Average Comparisons: How Well Doctors Communicate (Usually or Always)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■ , □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-24 shows the general child scores, including the program comparisons, for the *How Well Doctors Communicate* composite measure.

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



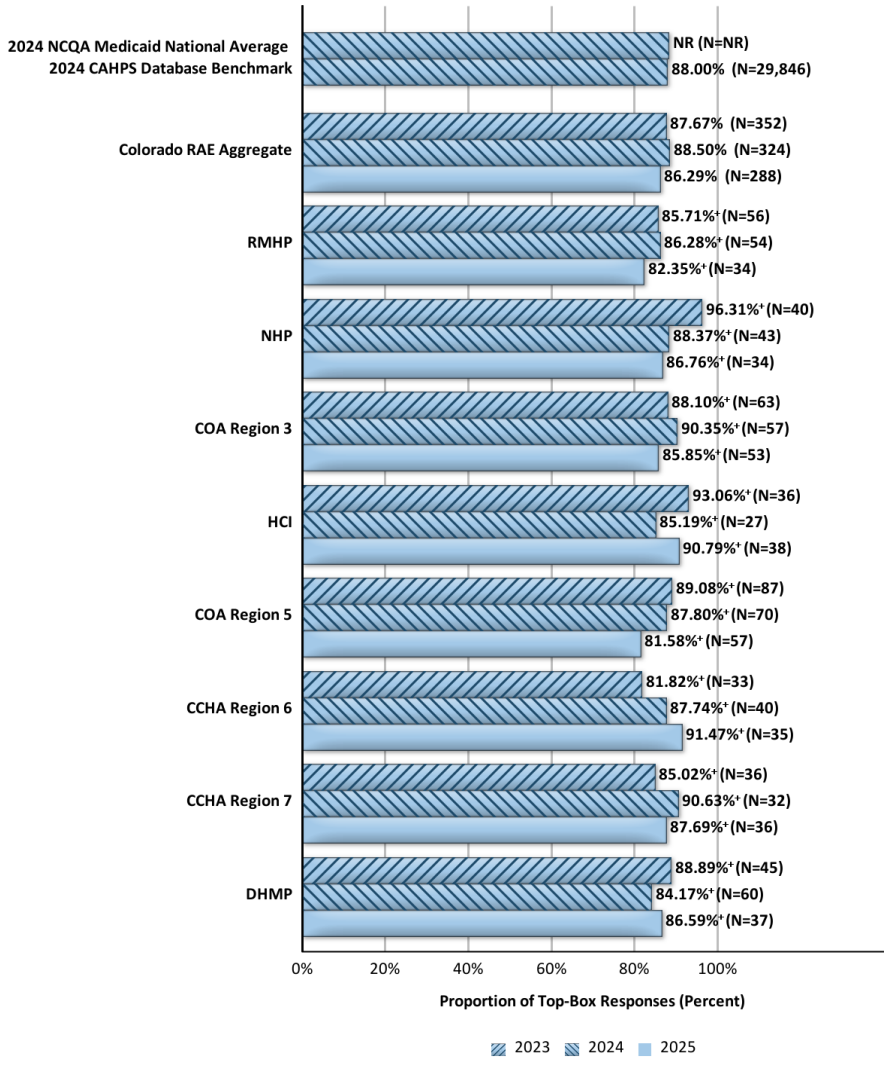
	Top-Box Score	N
Colorado RAE Aggregate	94.64%	765
RMHP	94.34%	117
NHP	95.88% +	72
COA Region 3	93.35%	144
HCI	95.38%	110
COA Region 5	95.25%	133
CCHA Region 6	95.82% +	87
CCHA Region 7	94.43%	101

↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
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 general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Customer Service* composite measure.

Figure 4-25—Trend Analysis and National Average Comparisons: Customer Service (Usually or Always)—General Child Population

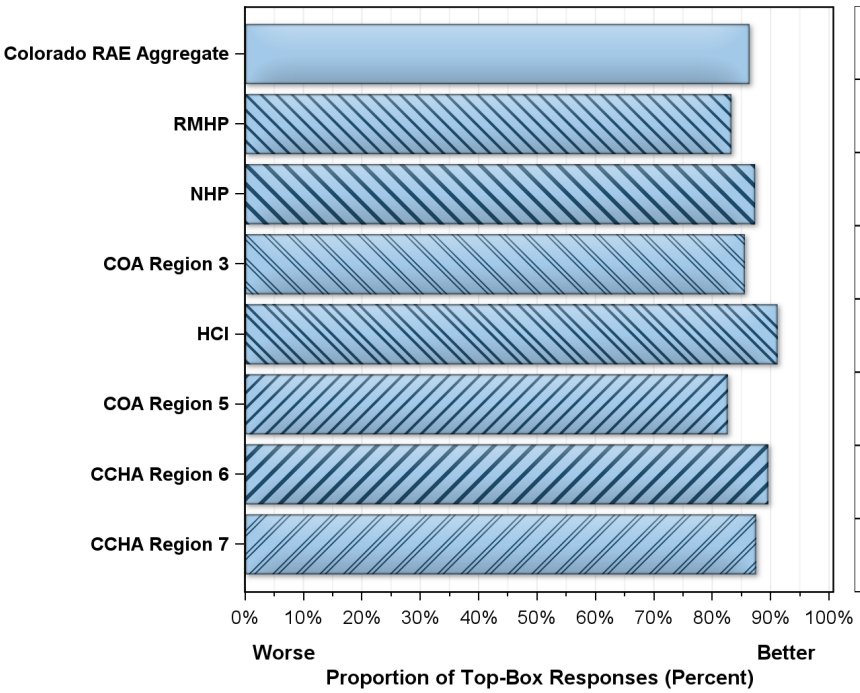


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.

If no statistically significant differences were found, no indicators (▲, ▼, ■, □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-26 shows the general child scores, including the program comparisons, for the *Customer Service* composite measure.

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



	Top-Box Score	N
Colorado RAE Aggregate	86.29%	288
RMHP	83.19% +	34
NHP	87.26% +	34
COA Region 3	85.49% +	53
HCI	91.09% +	38
COA Region 5	82.56% +	57
CCHA Region 6	89.49% +	35
CCHA Region 7	87.41% +	36

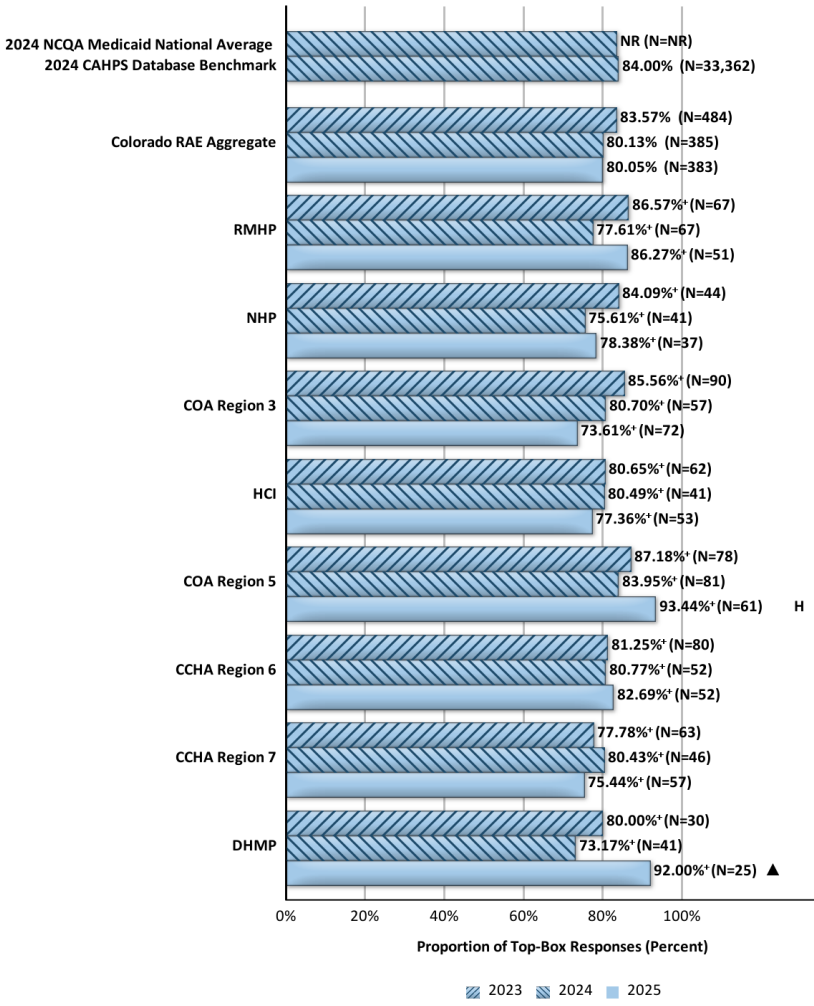
↑ Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.
↓ Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.
If no statistically significant differences were found, no indicators (↑ or ↓) appear on the figure.
+ Indicates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

Individual Item Measure

Coordination of Care

Figure 4-27 shows the general child scores and the 2024 NCQA general child Medicaid national average and 2024 CAHPS Database general child benchmark, including the trend analysis and national average comparisons, for the *Coordination of Care* individual item measure.

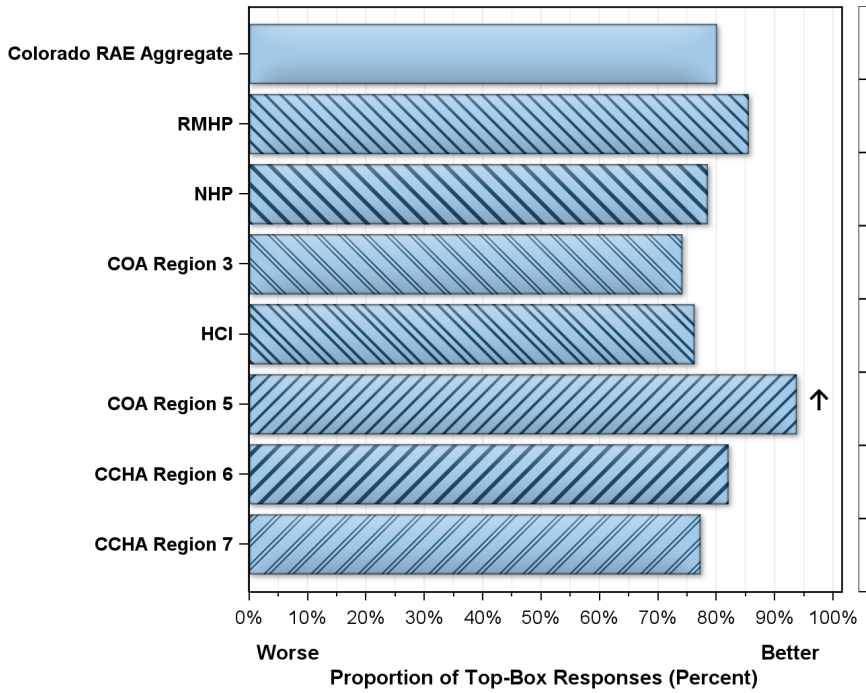
Figure 4-27—Trend Analysis and National Average Comparisons: Coordination of Care (Usually or Always)—General Child Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
■ Indicates the 2025 score is statistically significantly higher than the 2023 score.
□ Indicates the 2025 score is statistically significantly lower than the 2023 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼, ■, □ or H, L) 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 scores are not reportable since the data are proprietary.

Figure 4-28 shows the general child scores, including the program comparisons, for the *Coordination of Care* individual item measure.

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



	Top-Box Score	N
Colorado RAE Aggregate	80.05%	383
RMHP	85.47% +	51
NHP	78.46% +	37
COA Region 3	74.11% +	72
HCI	76.21% +	53
COA Region 5	93.71% +	61
CCHA Region 6	82.00% +	52
CCHA Region 7	77.23% +	57

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

Summary of Results

Table 4-4 summarizes the statistically significant differences identified from the trend analysis, plan comparisons, and national average comparisons. There were no statistically significant differences identified for the *How Well Doctors Communicate* and *Customer Service* composite measures.

Table 4-4—Trend Analysis, Program Comparisons, and National Average Comparisons Summary—General Child Population

Measure	Colorado RAE Aggregate	RMHP	NHP	COA Region 3	HCI	COA Region 5	CCHA Region 6	CCHA Region 7	DHMP
Global Ratings									
Rating of Health Plan	—	—	—	—	—	—	—	L	—
Rating of All Health Care	—	—	▲+	—	↓	—	—	↓ L	—
Rating of Personal Doctor	—	—	—	—	—	—	—	L	▼ □+
Rating of Specialist Seen Most Often	▲	—	—	▲ ■+	—	—	—	—	—
Composite Measures									
Getting Needed Care	—	—	—	■	—	—	—	L+	—
Getting Care Quickly	▲ ■ H	—	—	—	—	—	■ H+	—	—
Individual Item Measure									
Coordination of Care	—	—	—	—	—	↑ H+	—	—	▲+

▲ *Indicates the 2025 score is statistically significantly higher than the 2024 score.*
▼ *Indicates the 2025 score is statistically significantly lower than the 2024 score.*
■ *Indicates the 2025 score is statistically significantly higher than the 2023 score.*
□ *Indicates the 2025 score is statistically significantly lower than the 2023 score.*
↑ *Indicates the RAE's score is statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Indicates the RAE's score is statistically significantly lower than the Colorado RAE Aggregate.*
H *Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.*
L *Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.*
— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid* national *average.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating* these *results.*

Supplemental Items

HCPF elected to add six supplemental items to the standard CAHPS Survey.[40] Table 4-5 through Table 4-11 present the number and percentage of responses for each supplemental item.

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 4-5 displays the responses for this question.

Table 4-5—Talked About Child's Behavior—General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**644**	**62.95%**	**379**	**37.05%**
RMHP	102	65.81%	53	34.19%
NHP	63	51.64%	59	48.36%
COA Region 3	122	64.21%	68	35.79%
HCI	76	61.79%	47	38.21%
COA Region 5	121	63.02%	71	36.98%
CCHA Region 6	80	68.38%	37	31.62%
CCHA Region 7	80	64.52%	44	35.48%
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 4-6 displays the responses for this question.

Table 4-6—Talked About Household Problems That Might Affect Child—General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**317**	**31.20%**	**699**	**68.80%**
RMHP	44	28.57%	110	71.43%
NHP	33	27.05%	89	72.95%
COA Region 3	58	30.69%	131	69.31%
HCI	41	33.61%	81	66.39%
COA Region 5	54	28.42%	136	71.58%

[40] The data submitted by DHMP did not include supplemental items DHMP may have included in its own CAHPS survey; therefore, HSAG could not include results for supplemental items for DHMP.

	Yes		No	
	N	%	N	%
CCHA Region 6	40	34.78%	75	65.22%
CCHA Region 7	47	37.90%	77	62.10%
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 4-7 displays the responses for this question.

Table 4-7—Received Information About After-Hours Care—General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**428**	**42.08%**	**589**	**57.92%**
RMHP	63	40.65%	92	59.35%
NHP	49	40.16%	73	59.84%
COA Region 3	77	40.96%	111	59.04%
HCI	50	40.98%	72	59.02%
COA Region 5	86	44.79%	106	55.21%
CCHA Region 6	54	47.37%	60	52.63%
CCHA Region 7	49	39.52%	75	60.48%
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 4-8 displays the responses for this question.

Table 4-8—Needed After-Hours Care—General Child Population

	Yes		No	
	N	%	N	%
Colorado RAE Aggregate	**135**	**13.30%**	**880**	**86.70%**
RMHP	25	16.13%	130	83.87%
NHP	16	13.11%	106	86.89%
COA Region 3	23	12.23%	165	87.77%
HCI	22	18.33%	98	81.67%
COA Region 5	13	6.77%	179	93.23%
CCHA Region 6	19	16.52%	96	83.48%

	Yes		No	
	N	%	N	%
CCHA Region 7	17	13.82%	106	86.18%
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 4-9 displays the responses for this question.

Table 4-9—Access to After-Hours Care—General Child Population

	Never		Sometimes		Usually		Always	
	N	%	N	%	N	%	N	%
Colorado RAE Aggregate	**33**	**24.63%**	**24**	**17.91%**	**25**	**18.66%**	**52**	**38.81%**
RMHP	3	12.00%	7	28.00%	5	20.00%	10	40.00%
NHP	5	31.25%	2	12.50%	2	12.50%	7	43.75%
COA Region 3	5	21.74%	6	26.09%	4	17.39%	8	34.78%
HCI	7	31.82%	1	4.55%	4	18.18%	10	45.45%
COA Region 5	3	23.08%	4	30.77%	4	30.77%	2	15.38%
CCHA Region 6	7	36.84%	2	10.53%	2	10.53%	8	42.11%
CCHA Region 7	3	18.75%	2	12.50%	4	25.00%	7	43.75%
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 4-10 and Table 4-11 display the responses for this question.

Table 4-10—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	**193**	**20.10%**	**173**	**18.02%**	**174**	**18.13%**	**157**	**16.35%**	**102**	**10.63%**
RMHP	35	23.81%	30	20.41%	29	19.73%	17	11.56%	11	7.48%
NHP	32	28.83%	21	18.92%	22	19.82%	15	13.51%	8	7.21%
COA Region 3	35	19.66%	28	15.73%	34	19.10%	32	17.98%	23	12.92%
HCI	22	18.64%	25	21.19%	27	22.88%	20	16.95%	13	11.02%
COA Region 5	37	20.79%	22	12.36%	26	14.61%	29	16.29%	18	10.11%
CCHA Region 6	17	15.60%	29	26.61%	24	22.02%	16	14.68%	11	10.09%
CCHA Region 7	15	12.61%	18	15.13%	12	10.08%	28	23.53%	18	15.13%
Some percentages may not total 100% due to rounding.										

Table 4-11—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	**89**	**9.27%**	**41**	**4.27%**	**15**	**1.56%**	**16**	**1.67%**
RMHP	14	9.52%	7	4.76%	0	0.00%	4	2.72%
NHP	9	8.11%	2	1.80%	1	0.90%	1	0.90%
COA Region 3	17	9.55%	6	3.37%	3	1.69%	0	0.00%
HCI	3	2.54%	3	2.54%	3	2.54%	2	1.69%
COA Region 5	25	14.04%	14	7.87%	4	2.25%	3	1.69%
CCHA Region 6	5	4.59%	3	2.75%	1	0.92%	3	2.75%
CCHA Region 7	16	13.45%	6	5.04%	3	2.52%	3	2.52%
Some percentages may not total 100% due to rounding.								

CCC Results

Due to a low number of respondents for the CCC population, the following presents the results for the CCC population for the Colorado RAE Aggregate and DHMP only (i.e., results for the RAEs are not reportable).

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.[41]

[41] 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.

Comparative Analyses

National Percentile Comparisons

Table 4-12 shows the CCC population scores and star ratings for each measure. For additional information on the national percentile comparisons, please refer to page 3-12 of the Reader's Guide section.

Table 4-12—National Percentile Comparisons: Colorado RAE Aggregate and DHMP—CCC Population

	Colorado RAE Aggregate	DHMP
Global Ratings		
Rating of Health Plan	★ 62.03%	★ 57.89%+
Rating of All Health Care	★★ 64.92%	★ 59.02%+
Rating of Personal Doctor	★★ 73.00%	★ 64.52%+
Rating of Specialist Seen Most Often	★★★ 76.27%	★★ 71.79%+
Composite Measures		
Getting Needed Care	★★ 82.04%	★ 71.66%+
Getting Care Quickly	★★★ 90.33%	★ 78.10%+
How Well Doctors Communicate	★★ 94.13%	★ 91.67%+
Customer Service	★★ 86.72%	★ 85.48%+
Individual Item Measure		
Coordination of Care	★ 80.20%	★★★★★ 91.43%+
CCC Composite and Item Measures		
Access to Specialized Services	★★★ 73.13%	★★ 66.49%+
FCC: Personal Doctor Who Knows Child	★ 88.43%	★★★★★ 94.90%+
Coordination of Care for Children with Chronic Conditions	★★★ 76.11%	★★★★★ 89.71%+
Access to Prescription Medicines	★ 87.69%	★★★★ 91.53%+

	Colorado RAE Aggregate	DHMP
FCC: Getting Needed Information	★★★ 91.69%	★★★ 91.94%+

Star Ratings based on percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
Red percentages and + *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Trend Analysis and National Average Comparisons

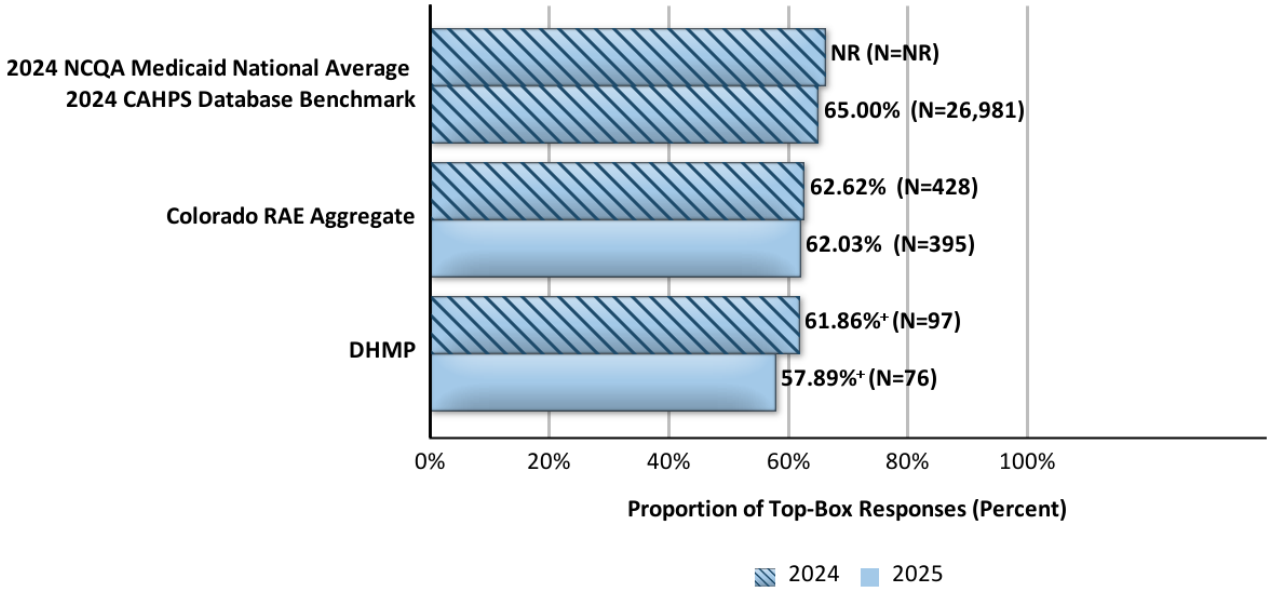
Figure 4-29 through Figure 4-42 show the results of the trend analysis and national average comparisons. For additional information on the trend analysis, please refer to the Reader's Guide section beginning on page 3-13. For additional information on the national average comparisons, please refer to the Reader's Guide section beginning on page 3-12.

Global Ratings

Rating of Health Plan

Figure 4-29 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 4-29—Trend Analysis and National Average Comparisons: Rating of Health Plan (9 or 10)—CCC Population

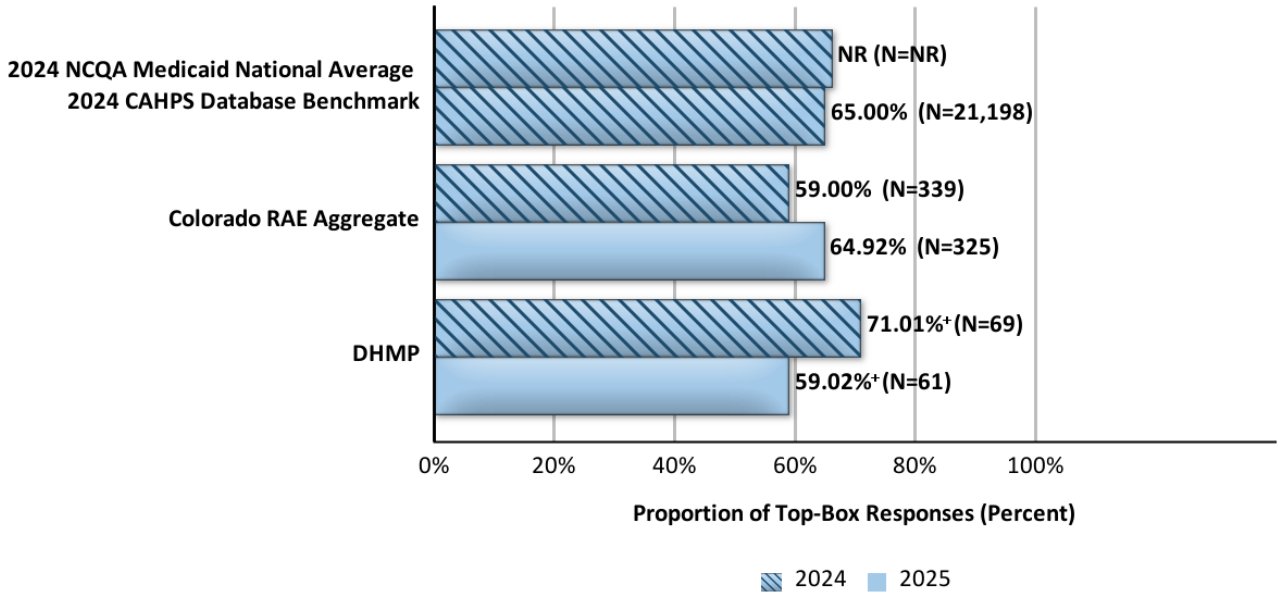


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

Rating of All Health Care

Figure 4-30 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 4-30—Trend Analysis and National Average Comparisons: Rating of All Health Care (9 or 10)—CCC Population

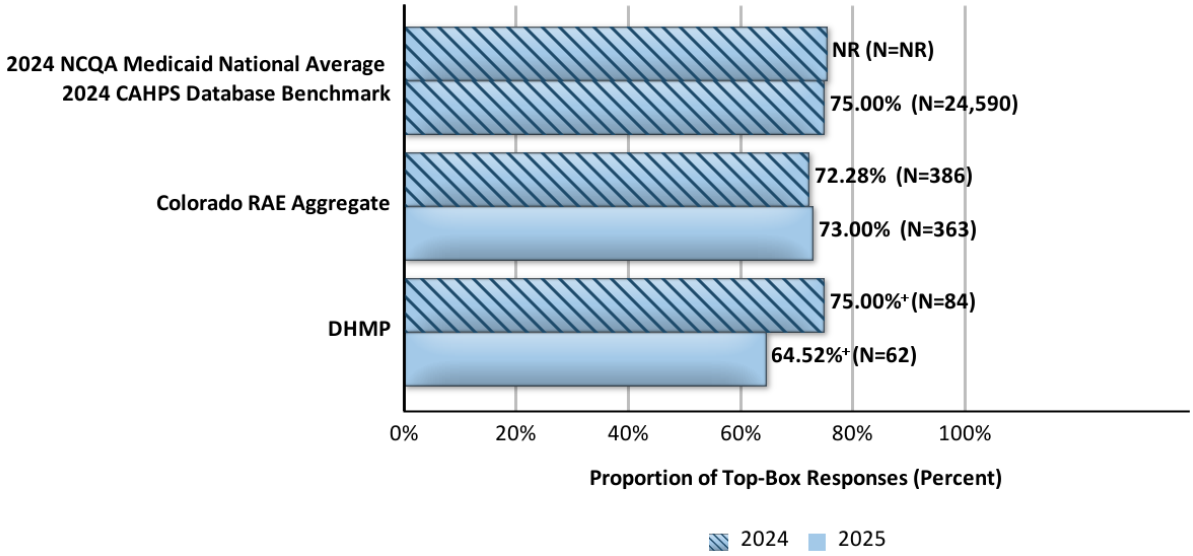


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

Rating of Personal Doctor

Figure 4-31 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 4-31—Trend Analysis and National Average Comparisons: Rating of Personal Doctor (9 or 10)—CCC Population

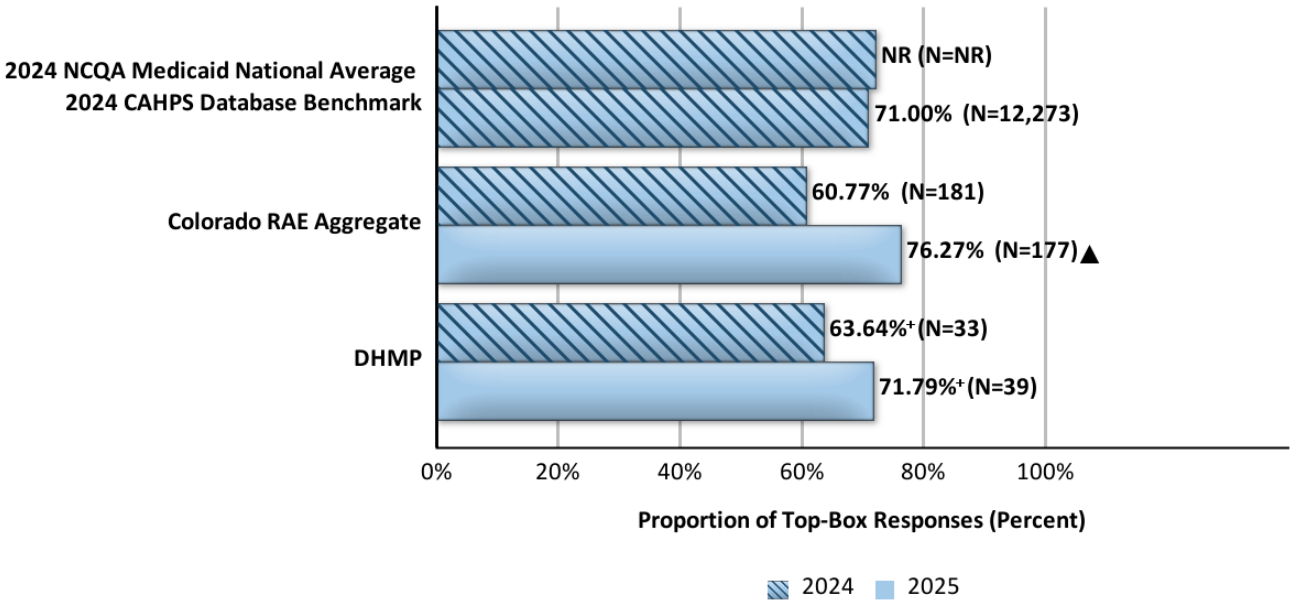


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

Rating of Specialist Seen Most Often

Figure 4-32 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 4-32—Trend Analysis and National Average Comparisons: Rating of Specialist Seen Most Often (9 or 10)—CCC Population



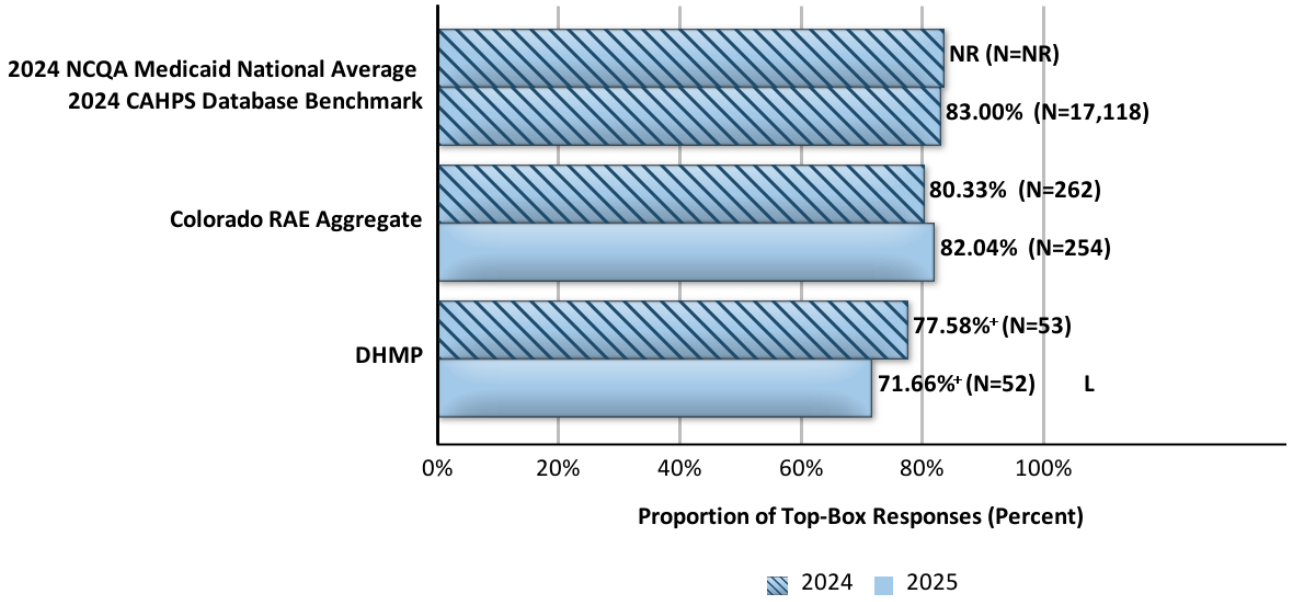
Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

Composite and Individual Item Measures

Getting Needed Care

Figure 4-33 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 4-33—Trend Analysis and National Average Comparisons: Getting Needed Care (Usually or Always)—CCC Population

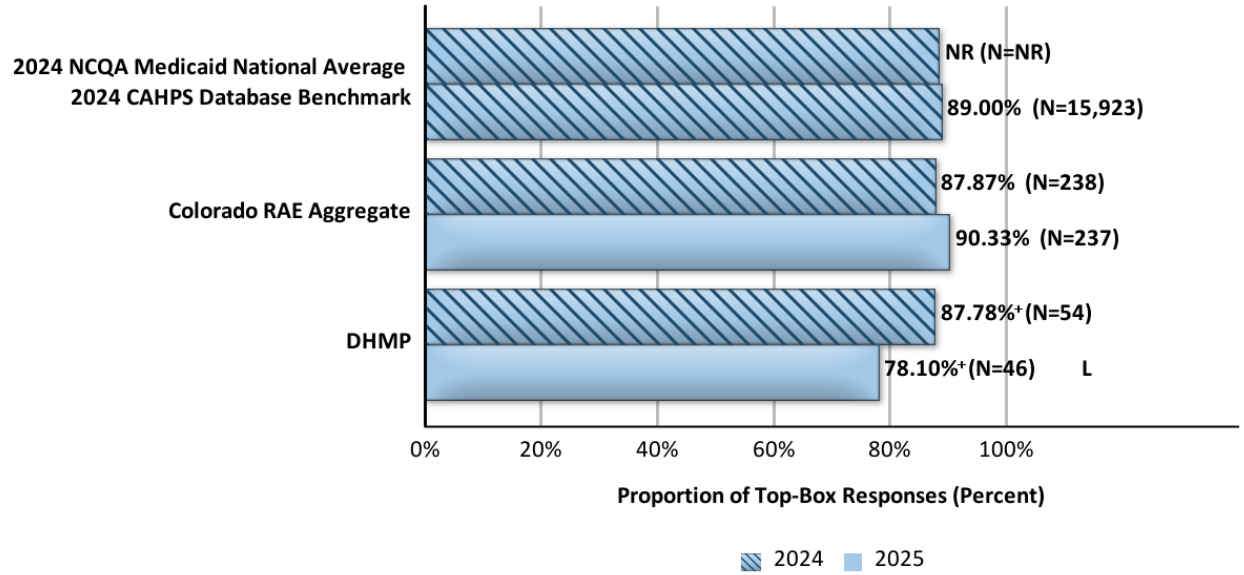


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

Getting Care Quickly

Figure 4-34 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 4-34—Trend Analysis and National Average Comparisons: Getting Care Quickly (Usually or Always)—CCC Population

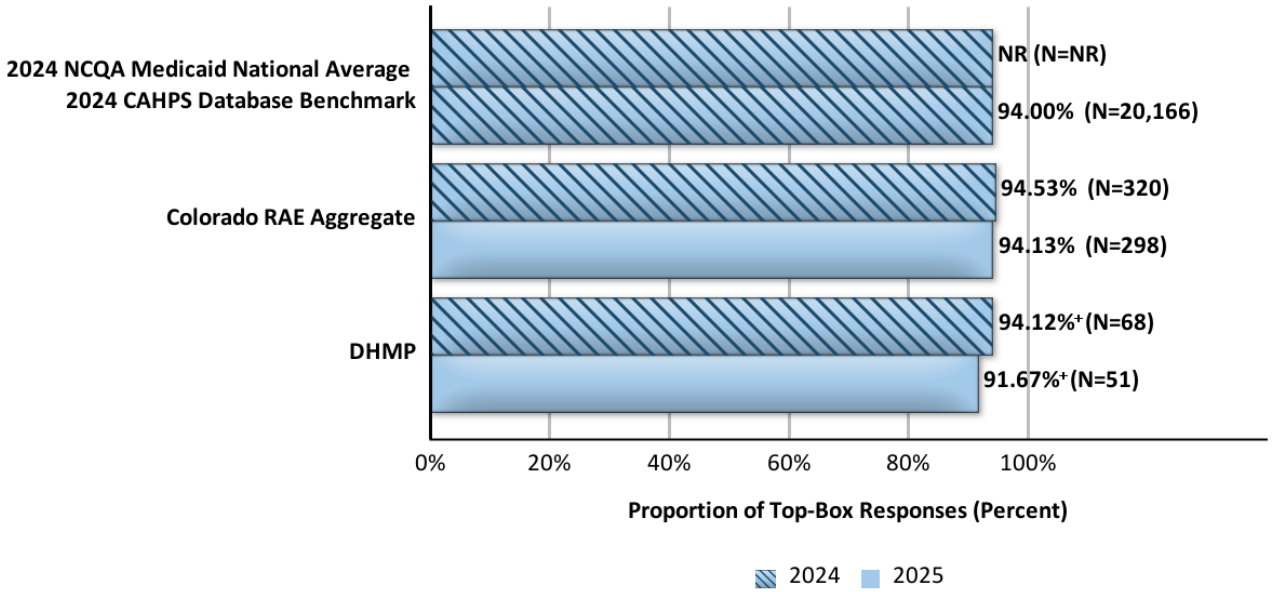


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

How Well Doctors Communicate

Figure 4-35 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 4-35—Trend Analysis and National Average Comparisons: How Well Doctors Communicate (Usually or Always)—CCC Population

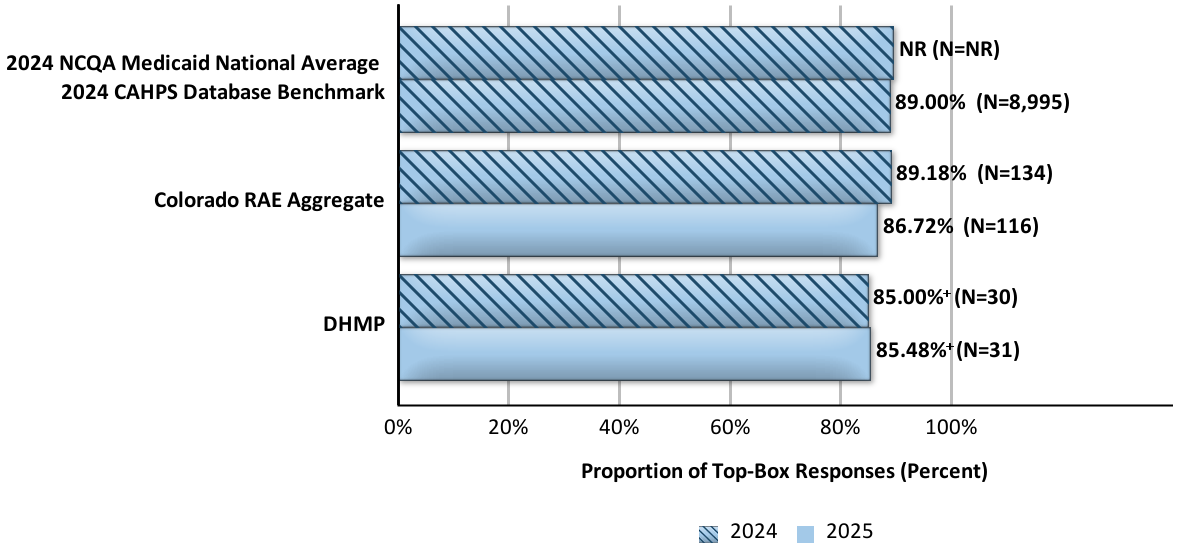


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

Customer Service

Figure 4-36 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Customer Service* composite measure.

Figure 4-36—Trend Analysis and National Average Comparisons: Customer Service (Usually or Always)—CCC Population



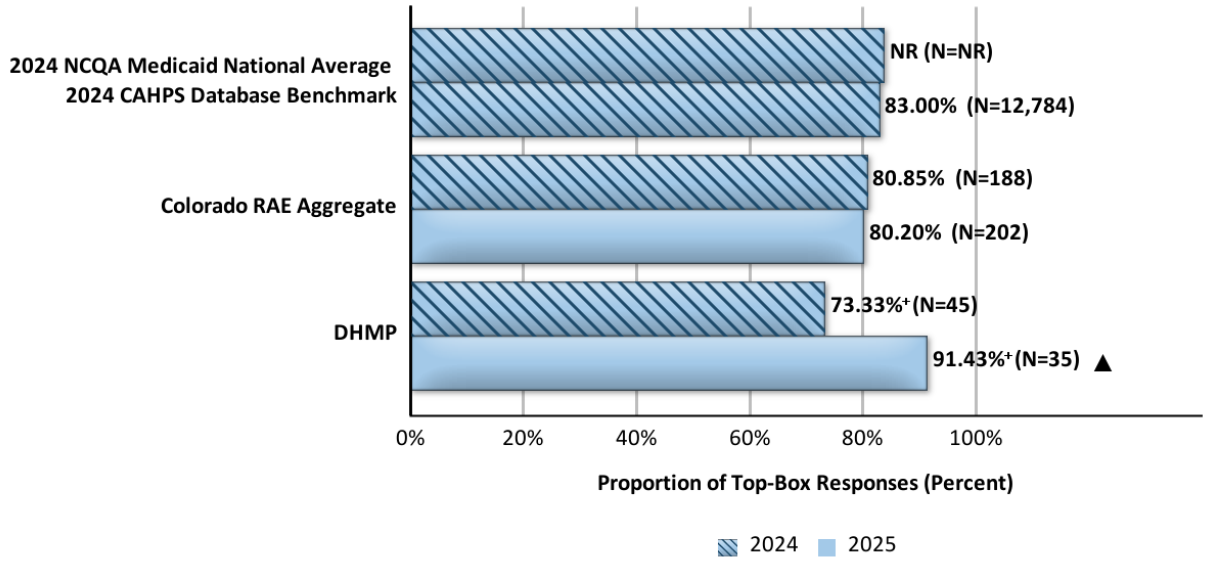
Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

Individual Item Measure

Coordination of Care

Figure 4-37 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 4-37—Trend Analysis and National Average Comparisons: Coordination of Care (Usually or Always)—CCC Population



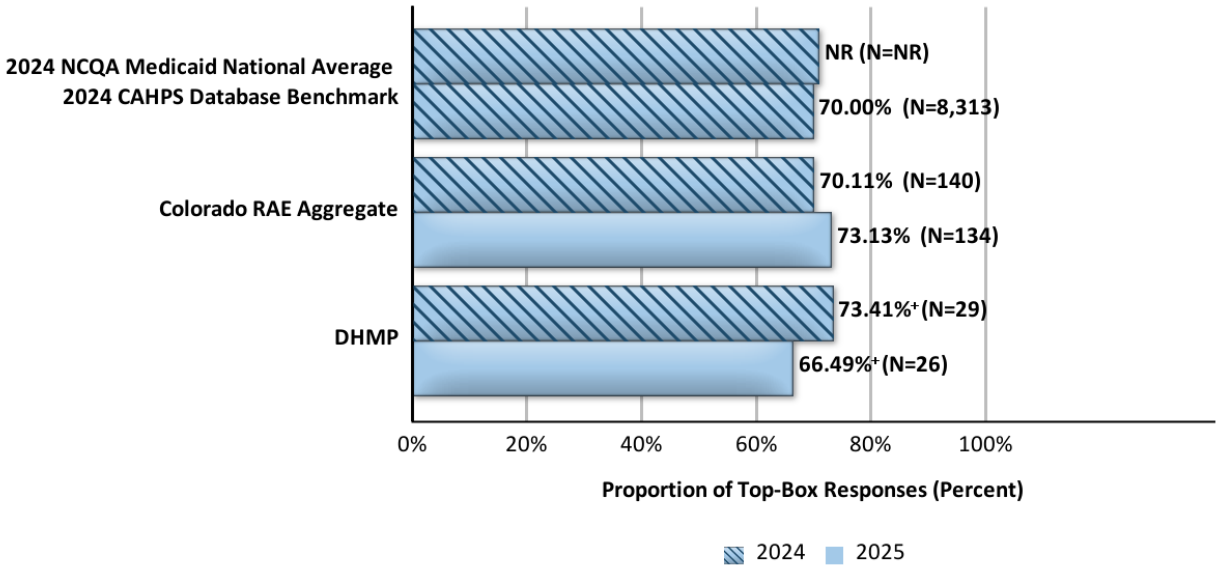
Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

CCC Composite and Item Measures

Access to Specialized Services

Figure 4-38 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Access to Specialized Services* CCC composite measure.

Figure 4-38—Trend Analysis and National Average Comparisons: Access to Specialized Services (Usually or Always)—CCC Population

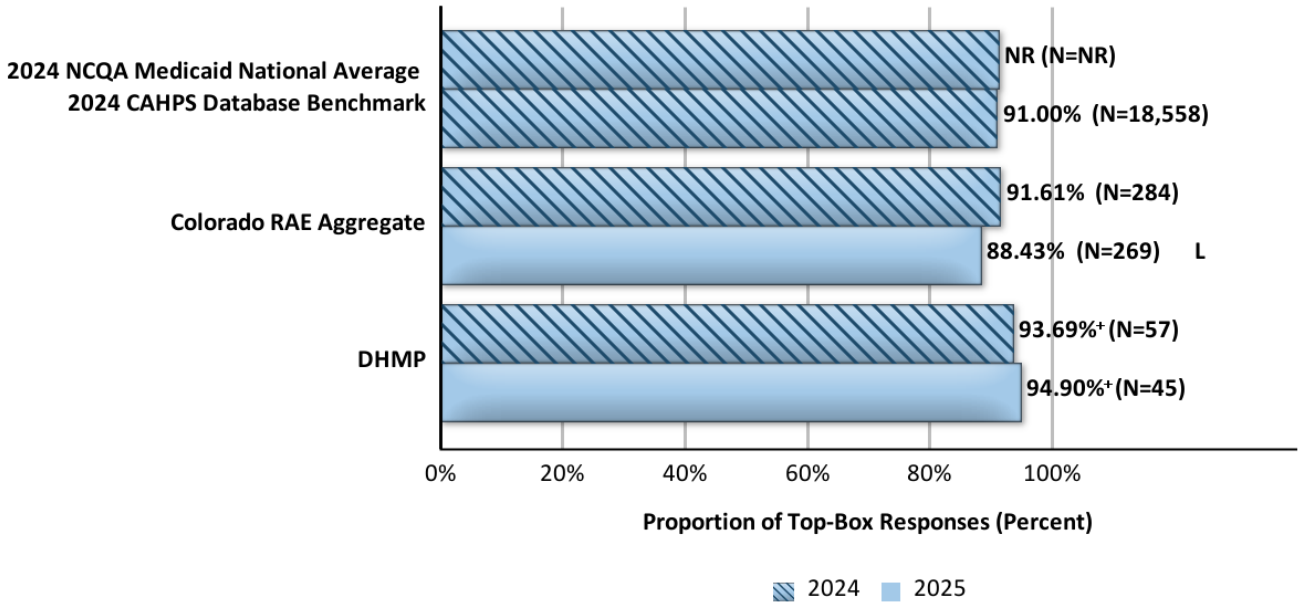


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

FCC: Personal Doctor Who Knows Child

Figure 4-39 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *FCC: Personal Doctor Who Knows Child* CCC composite measure.

Figure 4-39—Trend Analysis and National Average Comparisons: FCC: Personal Doctor Who Knows Child (Yes)—CCC Population



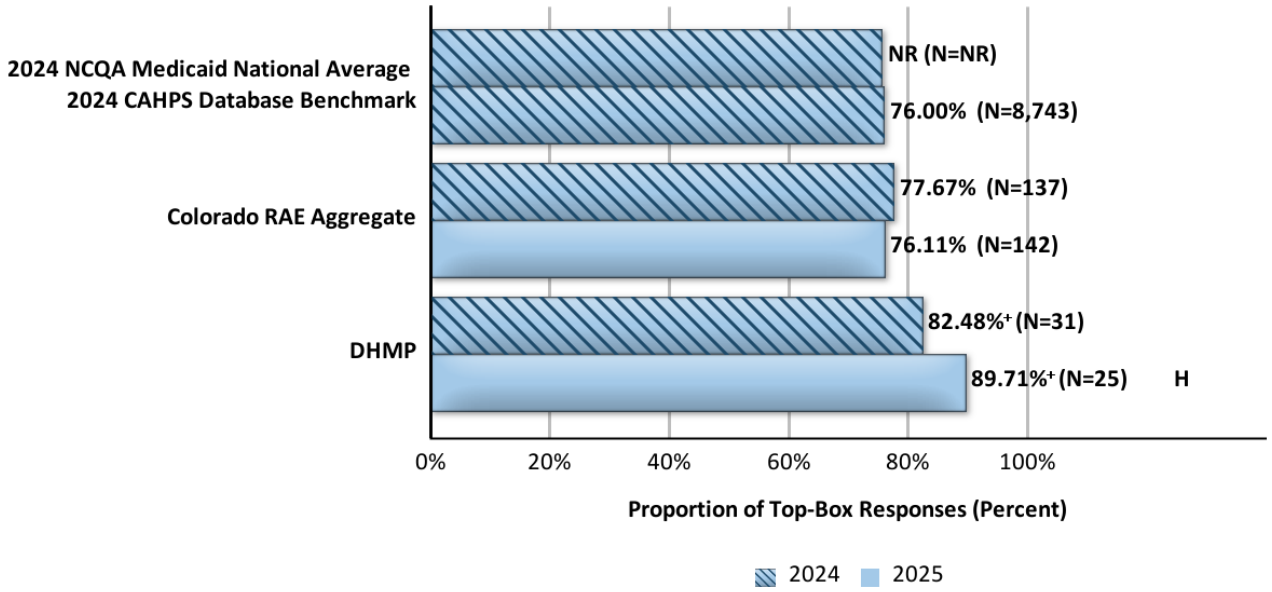
Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

Coordination of Care for Children with Chronic Conditions

Figure 4-40 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Coordination of Care for Children with Chronic Conditions* CCC composite measure.

Figure 4-40—Trend Analysis and National Average Comparisons: Coordination of Care for Children with Chronic Conditions (Yes)—CCC Population

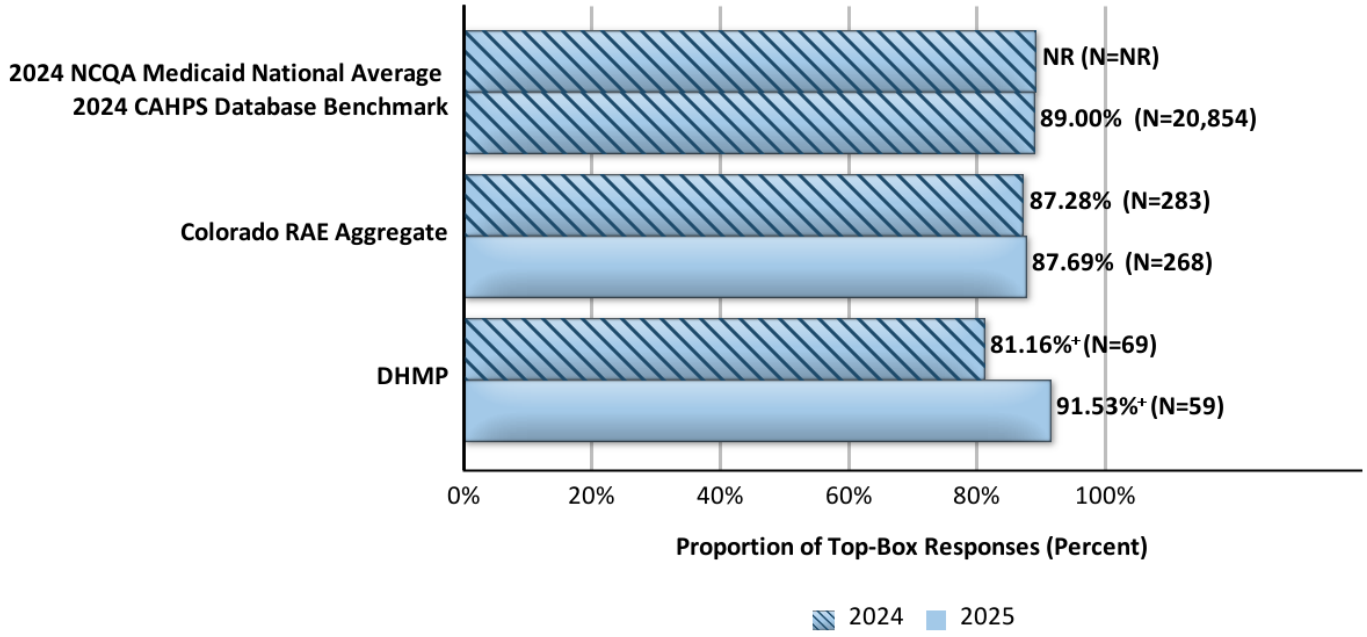


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

Access to Prescription Medicines

Figure 4-41 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *Access to Prescription Medicines* CCC item measure.

Figure 4-41—Trend Analysis and National Average Comparisons: Access to Prescription Medicines (Usually or Always)—CCC Population

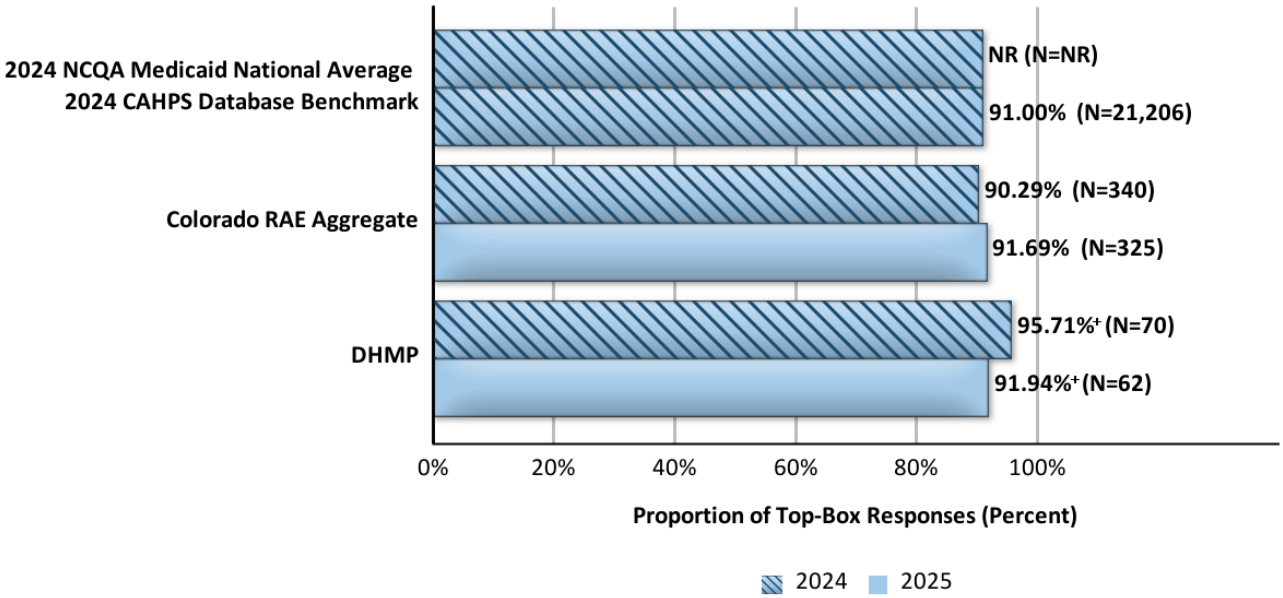


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) 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 scores are not reportable since the data are proprietary.

FCC: Getting Needed Information

Figure 4-42 shows the CCC scores and the 2024 NCQA CCC Medicaid national average and the 2024 CAHPS Database CCC benchmark, including the trend analysis and national average comparisons, for the *FCC: Getting Needed Information* CCC item measure.

Figure 4-42—Trend Analysis and National Average Comparisons: FCC: Getting Needed Information (Usually or Always)—CCC Population



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
H Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.

If no statistically significant differences were found, no indicators (▲, ▼ or H, L) 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 scores are not reportable since the data are proprietary.

Summary of Results

Table 4-13 summarizes the statistically significant differences identified from the trend analysis and national average comparisons. There were no statistically significant differences identified for the *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor* global ratings; *How Well Doctors Communicate* and *Customer Service* composite measures; *Access to Specialized Services*, *Access to Prescription Medicines*, and *FCC: Getting Needed Information* CCC composite and item measures.

Table 4-13—Trend Analysis and National Average Comparisons Summary—CCC Population

Measure	Colorado RAE Aggregate	DHMP
Global Rating		
Rating of Specialist Seen Most Often	▲	—
Composite Measures		
Getting Needed Care	—	L+
Getting Care Quickly	—	L+
Individual Item Measure		
Coordination of Care	—	▲+
CCC Composite and Item Measures		
FCC: Personal Doctor Who Knows Child	L	—
Coordination of Care for Children with Chronic Conditions	—	H+

▲ *Indicates the 2025 score is statistically significantly higher than the 2024 score.*
▼ *Indicates the 2025 score is statistically significantly lower than the 2024 score.*
H *Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.*
L *Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.*
— *Indicates the 2025 score is not statistically significantly different than the 2024 score or the NCQA Medicaid national average.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

5. Key Drivers of Low Member Experience Analysis

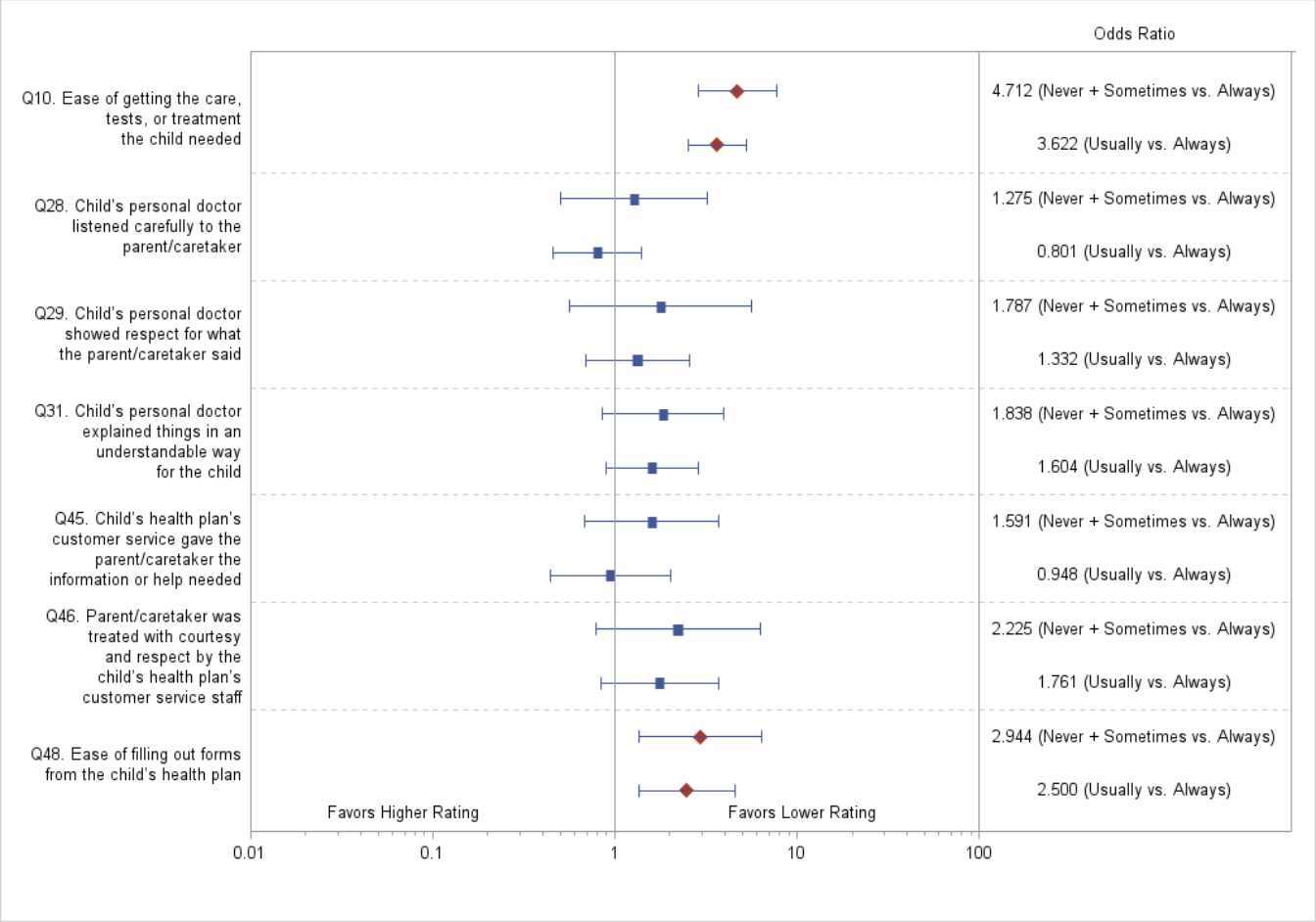
HSAG performed an analysis of key drivers of low member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of low member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of low member experience analysis, please refer to page 3-15 of the Reader's Guide section.

Figure 5-1 through Figure 5-3 depict the results of the analysis for the Colorado RAE Aggregate.[42] The items identified as key drivers are indicated with a red diamond.

[42] Due to a low number of respondents, HSAG is unable to perform a key drivers analysis for DMHP (i.e., the results are not reportable).

Colorado RAE Aggregate

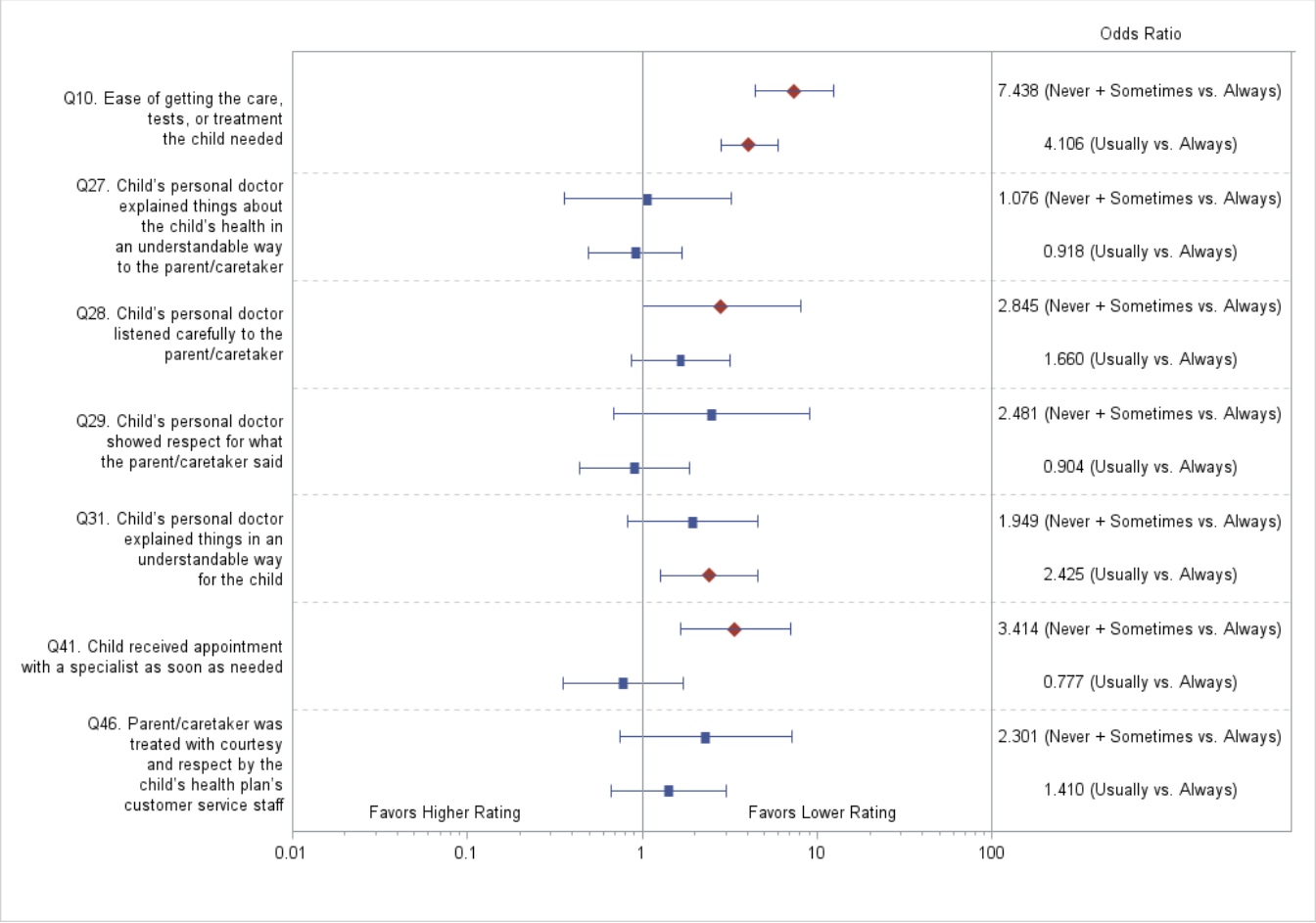
Figure 5-1—Key Drivers of Low Member Experience: Rating of Health Plan–Colorado RAE Aggregate—General Child Population



Indicates the item is a key driver.

Indicates the item is not a key driver.

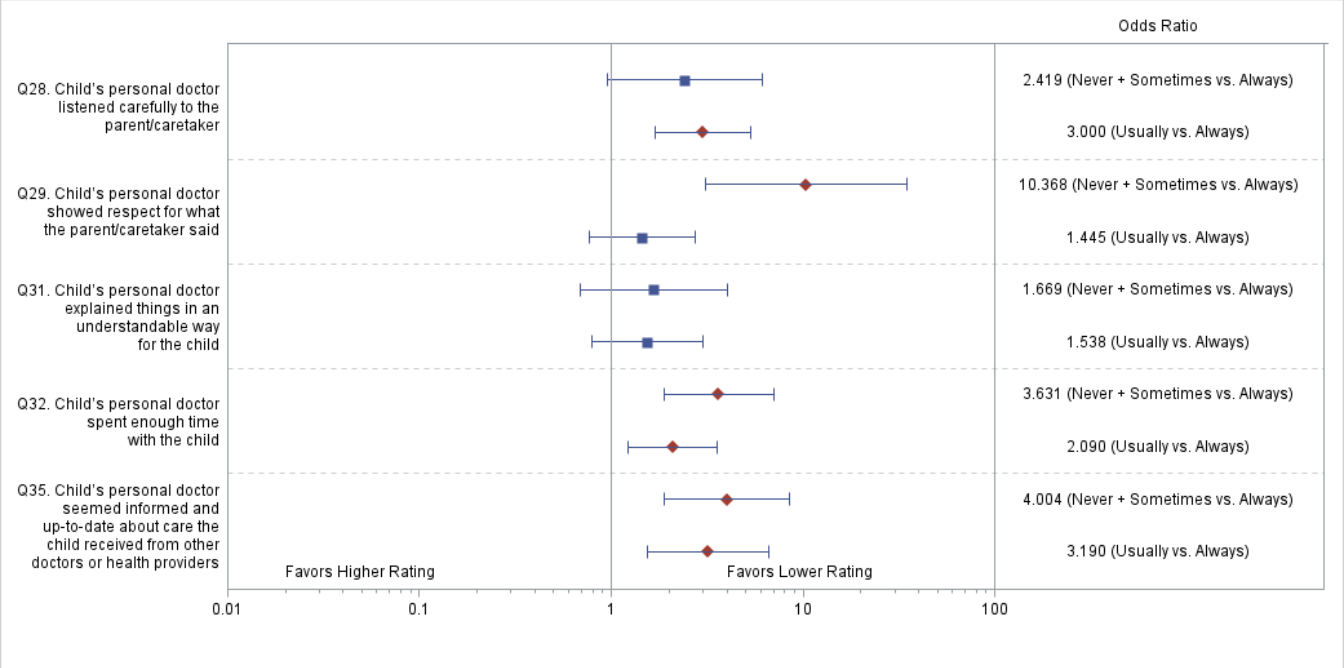
Figure 5-2—Key Drivers of Low Member Experience: Rating of All Health Care–Colorado RAE Aggregate—General Child Population



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure 5-3—Key Drivers of Low Member Experience: Rating of Personal Doctor–Colorado RAE Aggregate—General Child Population



Indicates the item is a key driver.

Indicates the item is not a key driver.

6. Conclusions and Recommendations

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

Conclusions

Access to Care

Getting Needed Care

Table 6-1 provides a summary of findings for the national percentile comparisons, trend analysis, program comparisons, and national average comparisons, and Table 6-2 provides a summary of findings for the key drivers of low member experience analysis for the *Getting Needed Care* composite measure.

Table 6-1—Access to Care: Getting Needed Care Summary

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
Colorado RAE Aggregate	★★	★★	—	—	**NA**	—	**L⁺**
RMHP	★★★★⁺	NA	—	—	—	—	—
NHP	★★⁺	NA	—	—	—	—	—
COA Region 3	★★★	NA	■	—	—	—	—
HCI	★★★★⁺	NA	—	—	—	—	—
COA Region 5	★	NA	—	—	—	—	—
CCHA Region 6	★★★★⁺	NA	—	—	—	—	—

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
CCHA Region 7	★+	NA	—	—	—	L+	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th.
■ *Indicates the 2025 score is statistically significantly higher than the 2023 score.*
□ *Indicates the 2025 score is statistically significantly lower than the 2023 score.*
H *Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national* average.
L *Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid* national average.
— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid national average.*
NA *Indicates the analysis does not apply to the* Colorado *RAE Aggregate or CCC population.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when* evaluating *these results.*

Table 6-2—Access to Care: Getting Needed Care Summary–Key Drivers of Low Member Experience

		Key Drivers		
Survey Item	Response Options	*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	4.712	7.438	NS
	Usually vs. Always	3.622	4.106	NS
Q41. Child received appointment with a specialist as soon as needed	Never + Sometimes vs. Always	NS	3.414	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 4.712 and 7.438 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 3.622 and 4.106 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 3.414 times more likely to provide a lower rating for their child's overall health care.

Timeliness of Care

Getting Care Quickly

Table 6-3 provides a summary of findings for the national percentile comparisons, trend analysis, program comparisons, and national average comparisons for the *Getting Care Quickly* composite measure. There were no findings for the key drivers of low member experience analysis.

Table 6-3—Timeliness of Care: Getting Care Quickly Summary

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
Colorado RAE Aggregate	★★★	★★★	▲ ■	—	—	**H**	**L**+
RMHP	★★★+	NA	—	—	—	—	—
NHP	★★+	NA	—	—	—	—	—
COA Region 3	★★★	NA	—	—	—	—	—
HCI	★★★+	NA	—	—	—	—	—
COA Region 5	★★	NA	—	—	—	—	—
CCHA Region 6	★★★★★+	NA	■+	—	—	H+	—
CCHA Region 7	★★+	NA	—	—	—	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
▲ *Indicates the 2025 score is statistically significantly higher than the 2024 score.*
▼ *Indicates the 2025 score is statistically significantly lower than the 2024 score.*
■ *Indicates the 2025 score is statistically significantly higher than the 2023 score.*
□ *Indicates the 2025 score is statistically significantly lower than the 2023 score.*
H *Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.*
L *Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.*
— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid national average.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or CCC population.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Quality of Care

Customer Service

Table 6-4 provides a summary of findings for the national percentile comparisons, trend analysis, program comparisons, and national average comparisons for the *Customer Service* composite measure. There were no findings for the key drivers of low member experience analysis.

Table 6-4—Quality of Care: Customer Service Summary

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
Colorado RAE Aggregate	★★	★★	—	—	**NA**	—	—
RMHP	★+	NA	—	—	—	—	—
NHP	★★+	NA	—	—	—	—	—
COA Region 3	★+	NA	—	—	—	—	—
HCI	★★★★+	NA	—	—	—	—	—
COA Region 5	★+	NA	—	—	—	—	—
CCHA Region 6	★★★★+	NA	—	—	—	—	—
CCHA Region 7	★★+	NA	—	—	—	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid national average.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or CCC population.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Communication

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

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

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
Colorado RAE Aggregate	★★★	★★	—	—	**NA**	—	—
RMHP	★★★	NA	—	—	—	—	—
NHP	★★★★+	NA	—	—	—	—	—
COA Region 3	★★	NA	—	—	—	—	—
HCI	★★★★	NA	—	—	—	—	—

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
COA Region 5	★★★	NA	—	—	—	—	—
CCHA Region 6	★★★★+	NA	—	—	—	—	—
CCHA Region 7	★★★	NA	—	—	—	—	—

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

— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid national average.*

NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or CCC population.*

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

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

		Key Drivers		
Survey Item	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q28. Child's personal doctor listened carefully to the parent/caretaker	Never + Sometimes vs. Always	NS	2.845	NS
	Usually vs. Always	NS	NS	3.000
Q29. Child's personal doctor showed respect for what the parent/caretaker said	Never + Sometimes vs. Always	NS	NS	10.368
Q32. Child's personal doctor spent enough time with the child	Never + Sometimes vs. Always	NS	NS	3.631
	Usually vs. Always	NS	NS	2.090

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 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 2.845 more likely to provide a lower rating for their child's overall health care.
  - Parents/caretakers of child members who perceived their child's personal doctor usually listened carefully to them were 3.000 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 10.368 times more likely to provide a lower rating for their child's personal doctor than parents/caretakers who perceived their child's personal doctor always showed respect for what they said.
- 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 3.631 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 2.090 times more likely to provide a lower rating for their child's personal doctor.

Coordination of Care

Table 6-7 provides a summary of findings for the national percentile comparisons, trend analysis, program comparisons, and national average comparisons, and Table 6-8 provides a summary of findings for the key drivers of low member experience analysis for the *Coordination of Care* individual item measure.

Table 6-7—Quality of Care: Coordination of Care Summary

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
Colorado RAE Aggregate	★	★	—	—	**NA**	—	—
RMHP	★★★$^{+}$	NA	—	—	—	—	—
NHP	★$^{+}$	NA	—	—	—	—	—
COA Region 3	★$^{+}$	NA	—	—	—	—	—
HCI	★$^{+}$	NA	—	—	—	—	—
COA Region 5	★★★★★$^{+}$	NA	—	—	↑$^{+}$	H^{+}	—
CCHA Region 6	★★$^{+}$	NA	—	—	—	—	—

	National Percentile Comparisons		Trend Analysis		Program Comparisons	National Average Comparisons	
	General Child	CCC	General Child	CCC	General Child	General Child	CCC
CCHA Region 7	★+	NA	—	—	—	—	—

Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th
↑ *Indicates the 2025 score is statistically significantly higher than the Colorado RAE Aggregate.*
↓ *Indicates the 2025 score is statistically significantly lower than the Colorado RAE Aggregate.*
H *Indicates the 2025 score is statistically significantly higher than the NCQA Medicaid national average.*
L *Indicates the 2025 score is statistically significantly lower than the NCQA Medicaid national average.*
— *Indicates the 2025 score is not statistically significantly different than a prior year's score, the Colorado RAE Aggregate, or the NCQA Medicaid national average.*
NA *Indicates the analysis does not apply to the Colorado RAE Aggregate or CCC population.*
\+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*

Table 6-8—Quality of Care: Coordination of Care Summary–Key Drivers of Low Member Experience

		Key Drivers		
Survey Item	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	Never + Sometimes vs. Always	NS	NS	4.004
	Usually vs. Always	NS	NS	3.190

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 their child's personal doctor always seemed informed and up-to-date about the care the child received from other doctors or health providers:
  - Parents/caretakers of child members who perceived their child's personal doctor never or sometimes seemed informed and up-to-date about the care the child received from other doctors or health providers were 4.004 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 seemed informed and up-to-date about the care the child received from other doctors or health providers were 3.190 times more likely to provide a lower rating for their child's personal doctor.

Recommendations

The RAEs could benefit from continuing to:

- Use administrative data to identify the Spanish-speaking population in the sample frame file. Table 6-9 shows the number of completed surveys in Spanish, as well as the percentage of the total number of responses for the FY 2024–2025 survey administration.

Table 6-9—Spanish Survey Completions

	Number of Completed Surveys in Spanish	Percentage of Total Respondents
RMHP	57	29.84%
NHP	83	48.26%
COA Region 3	94	38.84%
HCI	7	4.40%
COA Region 5	113	47.48%
CCHA Region 6	36	24.00%
CCHA Region 7	48	28.57%
Total Spanish Respondents	**438**	**33.18%**

In addition, HCPF 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.
- Work with the RAEs to develop internal trainings, provider trainings, and member outreach programs that target consistently low scoring survey items.

Accountability and Improvement of Care

Although the administration of the CAHPS survey takes place at the MCE levels, the accountability for the performance lies at both the plan and provider network level. Table 6-10 provides a summary of the responsible parties for various aspects of care.[43]

Table 6-10—Accountability for Areas of Care

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

The MCEs 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 MCEs can still play a major role in influencing the performance of provider groups through intervention and incentive programs. HSAG recommends that each MCE consider the following strategies to improve the quality of, timeliness of, or access to services in its respective region:

- RAEs with lower access to care (i.e., *Getting Needed Care*) survey scores than the NCQA child Medicaid national average should continue to recruit and increase the provider network and expand after-hours appointment availability.
- The MCEs that did not meet the minimum network requirements according to the FY 2024-2025 Network Adequacy Validation results would benefit from maintaining areas of current compliance and continuing to conduct an in-depth review of provider categories for which the MCE did not meet the time and distance contract standards, with the goal of determining whether the failure to meet the

[43] 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 11, 2025.

contract standards was the result of a lack of providers or an inability to contract providers in the geographic area.[44]

- 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 HCPF consider:

- Exploring CAHPS data (see Tab and Banner Book, which is separate from this report) against HCPF's Health Equity dashboard and HCPF's and the MCEs' 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 access to care evaluations that incorporate the MCEs' claims and encounter data to assess child members' utilization of services and potential gaps in access to care associated with inactive practitioners in the network as well as network adequacy based on population need.[45]
- 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.

[44] Health Services Advisory Group, Inc. *FY 2024–2025 Network Adequacy Validation*. Available at: https://hcpf.colorado.gov/sites/hcpf/files/FY%2024-25%20Network%20Adequacy%20Validation%20Report.pdf. Accessed on: August 20, 2025.

[45] Ibid.

Appendix A. Survey Instrument

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.

COLORADO
Department of Health Care Policy & Financing

DataStat

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

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits 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 Health Care Possible										Best Health Care 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 <u>your child</u> 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 <u>your child</u> 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 <u>3 months</u>?

- ○ 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 Specialist Possible										Best Specialist 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 Health Plan Possible										Best Health Plan 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