



COLORADO

**Department of Health Care
Policy & Financing**

2020 Colorado Patient-Centered Medical Home Survey Adult Report

July 2020

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



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1. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Adult Patient-Centered Medical Home (PCMH) Survey administered to members receiving services through Health First Colorado (Colorado's Medicaid Program). 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.

The survey instrument administered was a modified Consumer Assessment of Healthcare Providers and Systems Clinician & Group (CG-CAHPS®) 3.0 Survey, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey.¹⁻¹ The administered survey is referred to as the PCMH Survey in this report. Adult Medicaid members completed the surveys from December 2019 to March 2020.

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

Table 1-1 lists the seven Colorado RAEs along with the RAE-contracted practices that were selected by the Department for inclusion in the 2020 PCMH Survey administration.

Table 1-1—RAE Practices

RAE Name	RAE Abbreviation	RAE Region	RAE-Contracted Practices	Practice Abbreviation
Rocky Mountain Health Plans	RMHP	1	Poudre Valley Health Care Inc.	Poudre Valley (RAE 1)
			Rocky Mountain Planned Parenthood	Planned Parenthood (RAE 1)
			Sunrise Community Health	Sunrise (RAE 1)
Northeast Health Partners	NHP	2	Banner Health Physicians Colorado LLC	Banner (RAE 2)
			Sunrise Community Health	Sunrise (RAE 2)
Colorado Access	Colorado Access	3	Metro Community Provider Network, Inc.	MCPN (RAE 3)
			Potomac Square Family Medicine, LLC	PSFM (RAE 3)
Health Colorado, Inc.	HCI	4	Parkview Ancillary Services, LLC	Parkview (RAE 4)
			Southern Colorado Clinic, P.C.	SCC (RAE 4)
			Valley-Wide Health Systems, Inc.	Valley-Wide (RAE 4)
Colorado Access	Colorado Access	5	St. Joseph Hospital, Inc.	St. Joseph (RAE 5)
			South Federal Family Practice, P.C.	South Federal (RAE 5)
Colorado Community Health Alliance	CCHA	6	Clinica Campesina Family Health Services	Clinica (RAE 6)
			Inner City Health Center	ICHC (RAE 6)
			Metro Community Provider Network, Inc.	MCPN (RAE 6)
Colorado Community Health Alliance	CCHA	7	Comfort Care Family Practice, PC	Comfort Care (RAE 7)
			NP to Your Door, LLC - Leslie Dawdy	NP to Your Door (RAE 7)
			Peak Vista Community Health Centers	Peak Vista (RAE 7)

Survey Administration and Response Rates

Survey Administration

HSAG selected a sample of 511 to 1,200 members for each adult RAE practice. Additional information on the sampling procedures is included in the Reader's Guide Section beginning on page 4-4.

The survey process employed allowed members three methods by which they could complete the surveys: 1) mail, 2) Internet, or 3) telephone. A cover letter that provided the option to complete a paper-based or web-based survey was mailed to sampled members. The first mailing was followed by a second mailing that was sent to all non-respondents. The telephone phase consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not completed a survey via mail or the web. Additional information on the survey protocol is included in the Reader's Guide Section beginning on page 4-5.

Response Rates

The PCMH Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "complete" if at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.¹⁻² Eligible members included the entire random sample minus ineligible members. For additional information on the calculation of response rates, please refer to the Reader's Guide Section on page 4-6.

A total of 3,311 adult members returned a completed survey. The 2020 Colorado PCMH Survey response rate was 18.44 percent. Table 1-2, on the following page, shows the sample dispositions and response rates for each of the participating Colorado RAE practices and the Colorado RAE Aggregate.

¹⁻² Question 1 asked if the member got care from the provider/practice listed in the last 6 months.

Table 1-2—Sample Dispositions and Response Rates

Practice Name	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	18,517	562	17,955	3,311	18.44%
Banner (RAE 2)	892	12	880	183	20.80%
Clinica (RAE 6)	1,200	20	1,180	272	23.05%
Comfort Care (RAE 7)	878	21	857	136	15.87%
ICHC (RAE 6)	745	3	742	162	21.83%
MCPN (RAE 3)	1,200	70	1,130	238	21.06%
MCPN (RAE 6)	1,200	17	1,183	273	23.08%
NP to Your Door (RAE 7)	591	3	588	145	24.66%
Parkview (RAE 4)	1,200	25	1,175	197	16.77%
Peak Vista (RAE 7)	1,200	17	1,183	259	21.89%
Planned Parenthood (RAE 1)	535	9	526	60	11.41%
Poudre Valley (RAE 1)	1,200	38	1,162	147	12.65%
PSFM (RAE 3)	1,200	41	1,159	250	21.57%
SCC (RAE 4)	1,200	26	1,174	226	19.25%
South Federal (RAE 5)	511	10	501	98	19.56%
St. Joseph (RAE 5)	1,165	27	1,138	190	16.70%
Sunrise (RAE 1)	1,200	109	1,091	122	11.18%
Sunrise (RAE 2)	1,200	106	1,094	130	11.88%
Valley-Wide (RAE 4)	1,200	8	1,192	223	18.71%

2. Results

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for three global ratings: *Rating of Provider*, *Rating of All Health Care*, and *Rating of Health Plan*. The analysis provides information on: (1) how well the Colorado RAE Aggregate is performing on the survey item (i.e., question), and (2) how important the item is to overall member experience.

Key drivers of low member experience are defined as those items that (1) have a problem score that is greater than or equal to the program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program's median correlation for all items examined.²⁻¹ For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on page 4-6. Table 2-1 depicts those items identified for each of the three global ratings as being key drivers of low member experience for the Colorado RAE Aggregate (as indicated by a ✓).

Table 2-1—Colorado RAE Aggregate Key Drivers of Low Member Experience

Key Drivers	Rating of Provider	Rating of All Health Care	Rating of Health Plan
Respondents reported that when they needed care right away, they did not obtain an appointment with their provider as soon as they thought they needed.		✓	
Respondents reported that when they contacted their provider's office during regular office hours, they did not receive an answer to their medical question within the same day.		✓	✓
Respondents reported that when their provider ordered a blood test, x-ray, or other test, no one from their provider's office followed up to give them the results.	✓		N/A
Respondents reported that they had not spoken with anyone from their provider's office about prescription medicines they were taking.	N/A	✓	N/A
Respondents reported that information in written materials or on the Internet about how Medicaid/Health First Colorado works did not provide them with the information they needed.	N/A	N/A	✓
N/A indicates that this question was not evaluated for this measure.			

²⁻¹ A problem score is the score associated with a response in which the member identified a negative experience and was assigned a "1." A positive experience with care (i.e., non-negative) was assigned a "0."

Demographics

In general, the demographics of a response group influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of experience; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻²

Table 2-2 through Table 2-8 show PCMH Survey respondents' self-reported age, gender, race, ethnicity, education, overall general health status, and mental health status.

Table 2-2—Age

Practice Name	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
Colorado RAE Aggregate	7.4%	15.7%	16.6%	20.6%	36.8%	3.0%
Banner (RAE 2)	10.1%	15.5%	20.8%	18.5%	32.1%	3.0%
Clinica (RAE 6)	7.1%	13.4%	16.1%	26.8%	32.7%	3.9%
Comfort Care (RAE 7)	7.1%	15.9%	27.8%	15.1%	32.5%	1.6%
ICHC (RAE 6)	6.0%	19.9%	14.6%	13.9%	42.4%	3.3%
MCPN (RAE 3)	6.0%	15.2%	15.7%	23.5%	34.1%	5.5%
MCPN (RAE 6)	5.9%	9.8%	12.5%	21.1%	47.7%	3.1%
NP to Your Door (RAE 7)	6.8%	18.8%	23.3%	18.0%	31.6%	1.5%
Parkview (RAE 4)	11.1%	20.0%	16.1%	17.2%	32.8%	2.8%
Peak Vista (RAE 7)	6.6%	17.6%	14.3%	19.7%	40.2%	1.6%
Planned Parenthood (RAE 1)	29.1%	41.8%	23.6%	3.6%	0.0%	1.8%
Poudre Valley (RAE 1)	3.8%	23.3%	19.5%	17.3%	32.3%	3.8%
PSFM (RAE 3)	2.6%	9.8%	18.3%	23.0%	43.0%	3.4%
SCC (RAE 4)	9.0%	13.8%	15.2%	22.9%	38.1%	1.0%
South Federal (RAE 5)	11.1%	11.1%	15.6%	28.9%	32.2%	1.1%
St. Joseph (RAE 5)	6.2%	19.9%	17.4%	21.7%	31.1%	3.7%
Sunrise (RAE 1)	6.0%	12.0%	12.8%	26.5%	40.2%	2.6%
Sunrise (RAE 2)	11.0%	13.6%	14.4%	19.5%	36.4%	5.1%
Valley-Wide (RAE 4)	6.6%	13.7%	12.3%	19.4%	45.0%	2.8%

Please note: Percentages may not total 100.0% due to rounding.

²⁻² Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

Table 2-3—Gender

Practice Name	Male	Female
Colorado RAE Aggregate	34.5%	65.5%
Banner (RAE 2)	32.5%	67.5%
Clinica (RAE 6)	45.5%	54.5%
Comfort Care (RAE 7)	31.0%	69.0%
ICHC (RAE 6)	44.1%	55.9%
MCPN (RAE 3)	33.2%	66.8%
MCPN (RAE 6)	39.8%	60.2%
NP to Your Door (RAE 7)	24.8%	75.2%
Parkview (RAE 4)	24.9%	75.1%
Peak Vista (RAE 7)	39.9%	60.1%
Planned Parenthood (RAE 1)	12.7%	87.3%
Poudre Valley (RAE 1)	30.6%	69.4%
PSFM (RAE 3)	38.7%	61.3%
SCC (RAE 4)	31.1%	68.9%
South Federal (RAE 5)	27.8%	72.2%
St. Joseph (RAE 5)	23.9%	76.1%
Sunrise (RAE 1)	33.9%	66.1%
Sunrise (RAE 2)	32.2%	67.8%
Valley-Wide (RAE 4)	40.3%	59.7%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

Table 2-4—Race

Practice Name	Multi-Racial	White	Black	Asian	Native American	Other*
Colorado RAE Aggregate	8.5%	70.1%	5.7%	2.8%	2.6%	10.3%
Banner (RAE 2)	4.3%	81.4%	0.6%	1.2%	3.7%	8.7%
Clinica (RAE 6)	11.6%	68.3%	2.8%	4.8%	1.2%	11.2%
Comfort Care (RAE 7)	10.5%	74.2%	5.6%	1.6%	2.4%	5.6%
ICHC (RAE 6)	8.3%	82.1%	1.4%	0.7%	1.4%	6.2%
MCPN (RAE 3)	10.7%	49.3%	19.5%	5.9%	2.4%	12.2%
MCPN (RAE 6)	9.1%	77.4%	1.6%	2.8%	0.8%	8.3%
NP to Your Door (RAE 7)	8.6%	71.1%	9.4%	0.0%	3.1%	7.8%
Parkview (RAE 4)	6.6%	74.3%	0.6%	1.2%	4.8%	12.6%
Peak Vista (RAE 7)	10.7%	63.5%	12.4%	2.6%	1.7%	9.0%
Planned Parenthood (RAE 1)	12.0%	74.0%	0.0%	2.0%	4.0%	8.0%
Poudre Valley (RAE 1)	6.2%	82.2%	0.8%	3.1%	1.6%	6.2%
PSFM (RAE 3)	5.3%	68.0%	9.2%	9.2%	1.8%	6.6%
SCC (RAE 4)	9.0%	70.9%	1.5%	0.5%	3.5%	14.6%
South Federal (RAE 5)	6.3%	69.6%	1.3%	3.8%	3.8%	15.2%
St. Joseph (RAE 5)	11.3%	52.1%	18.3%	3.5%	5.6%	9.2%
Sunrise (RAE 1)	5.3%	83.2%	2.7%	0.0%	3.5%	5.3%
Sunrise (RAE 2)	4.7%	70.8%	1.9%	1.9%	3.8%	17.0%
Valley-Wide (RAE 4)	8.9%	66.5%	2.5%	0.0%	3.0%	19.2%
Please note: Percentages may not total 100.0% due to rounding. *The “Other” race category includes responses of Native Hawaiian or Other Pacific Islander and Other.						

Table 2-5—Ethnicity

Practice Name	Hispanic	Non-Hispanic
Colorado RAE Aggregate	29.6%	70.4%
Banner (RAE 2)	24.0%	76.0%
Clinica (RAE 6)	21.1%	78.9%
Comfort Care (RAE 7)	14.3%	85.7%
ICHC (RAE 6)	19.3%	80.7%
MCPN (RAE 3)	30.2%	69.8%
MCPN (RAE 6)	25.7%	74.3%
NP to Your Door (RAE 7)	20.9%	79.1%
Parkview (RAE 4)	40.2%	59.8%
Peak Vista (RAE 7)	27.5%	72.5%
Planned Parenthood (RAE 1)	21.8%	78.2%
Poudre Valley (RAE 1)	11.5%	88.5%
PSFM (RAE 3)	14.5%	85.5%
SCC (RAE 4)	44.4%	55.6%
South Federal (RAE 5)	62.9%	37.1%
St. Joseph (RAE 5)	48.1%	51.9%
Sunrise (RAE 1)	19.7%	80.3%
Sunrise (RAE 2)	49.1%	50.9%
Valley-Wide (RAE 4)	45.9%	54.1%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>		

Table 2-6—Education

Practice Name	8th Grade or Less	Some High School	High School Graduate	Some College	College Graduate
Colorado RAE Aggregate	4.4%	11.1%	31.5%	35.2%	17.8%
Banner (RAE 2)	4.8%	8.4%	39.2%	30.1%	17.5%
Clinica (RAE 6)	4.0%	7.2%	19.9%	36.7%	32.3%
Comfort Care (RAE 7)	0.8%	5.6%	27.8%	51.6%	14.3%
ICHC (RAE 6)	0.7%	8.6%	38.8%	33.6%	18.4%
MCPN (RAE 3)	10.7%	17.2%	30.7%	24.7%	16.7%
MCPN (RAE 6)	2.7%	16.4%	31.6%	32.8%	16.4%
NP to Your Door (RAE 7)	0.0%	9.1%	25.8%	49.2%	15.9%
Parkview (RAE 4)	1.7%	6.1%	31.3%	44.7%	16.2%
Peak Vista (RAE 7)	2.9%	10.4%	34.9%	41.5%	10.4%
Planned Parenthood (RAE 1)	0.0%	10.9%	25.5%	25.5%	38.2%
Poudre Valley (RAE 1)	2.3%	8.3%	27.1%	30.1%	32.3%
PSFM (RAE 3)	2.6%	6.8%	30.2%	35.3%	25.1%
SCC (RAE 4)	2.9%	8.1%	34.8%	41.4%	12.9%
South Federal (RAE 5)	8.9%	22.2%	31.1%	24.4%	13.3%
St. Joseph (RAE 5)	10.6%	16.1%	31.7%	28.0%	13.7%
Sunrise (RAE 1)	6.0%	11.1%	34.2%	35.0%	13.7%
Sunrise (RAE 2)	14.4%	20.3%	33.9%	24.6%	6.8%
Valley-Wide (RAE 4)	4.8%	12.4%	36.8%	34.4%	11.5%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>					

Table 2-7—Overall General Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	7.6%	22.3%	34.1%	27.4%	8.7%
Banner (RAE 2)	4.8%	29.7%	43.0%	18.8%	3.6%
Clinica (RAE 6)	10.8%	23.2%	32.8%	25.6%	7.6%
Comfort Care (RAE 7)	6.4%	33.6%	32.0%	21.6%	6.4%
ICHC (RAE 6)	6.0%	24.8%	32.2%	29.5%	7.4%
MCPN (RAE 3)	9.1%	18.3%	32.0%	29.2%	11.4%
MCPN (RAE 6)	6.6%	18.9%	38.2%	27.8%	8.5%
NP to Your Door (RAE 7)	7.6%	30.5%	27.5%	26.7%	7.6%
Parkview (RAE 4)	6.1%	25.4%	36.5%	22.7%	9.4%
Peak Vista (RAE 7)	7.5%	18.0%	33.1%	30.5%	10.9%
Planned Parenthood (RAE 1)	20.0%	30.9%	32.7%	12.7%	3.6%
Poudre Valley (RAE 1)	12.0%	24.8%	33.8%	19.5%	9.8%
PSFM (RAE 3)	7.3%	21.4%	32.5%	30.8%	8.1%
SCC (RAE 4)	6.2%	17.7%	35.4%	29.7%	11.0%
South Federal (RAE 5)	9.0%	25.8%	32.6%	21.3%	11.2%
St. Joseph (RAE 5)	5.6%	23.0%	30.4%	33.5%	7.5%
Sunrise (RAE 1)	8.6%	15.5%	36.2%	31.9%	7.8%
Sunrise (RAE 2)	6.7%	14.3%	32.8%	31.9%	14.3%
Valley-Wide (RAE 4)	4.8%	20.0%	36.2%	31.9%	7.1%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>					

Table 2-8—Mental Health Status

Practice Name	Excellent	Very Good	Good	Fair	Poor
Colorado RAE Aggregate	12.9%	23.4%	33.4%	23.3%	6.9%
Banner (RAE 2)	12.0%	30.1%	32.5%	19.9%	5.4%
Clinica (RAE 6)	12.0%	27.7%	31.3%	25.7%	3.2%
Comfort Care (RAE 7)	15.2%	33.6%	28.8%	19.2%	3.2%
ICHC (RAE 6)	9.2%	20.9%	41.2%	22.2%	6.5%
MCPN (RAE 3)	15.6%	20.6%	33.0%	20.2%	10.6%
MCPN (RAE 6)	12.5%	18.8%	33.6%	26.6%	8.6%
NP to Your Door (RAE 7)	15.2%	25.0%	28.0%	25.0%	6.8%
Parkview (RAE 4)	12.1%	24.7%	31.9%	25.3%	6.0%
Peak Vista (RAE 7)	14.0%	17.7%	40.3%	21.4%	6.6%
Planned Parenthood (RAE 1)	20.0%	23.6%	32.7%	18.2%	5.5%
Poudre Valley (RAE 1)	7.5%	33.6%	32.8%	17.9%	8.2%
PSFM (RAE 3)	16.1%	21.2%	33.1%	23.3%	6.4%
SCC (RAE 4)	10.7%	21.4%	30.6%	28.2%	9.2%
South Federal (RAE 5)	21.1%	20.0%	38.9%	13.3%	6.7%
St. Joseph (RAE 5)	16.7%	22.8%	32.1%	24.1%	4.3%
Sunrise (RAE 1)	8.5%	24.8%	34.2%	23.1%	9.4%
Sunrise (RAE 2)	12.4%	19.8%	27.3%	30.6%	9.9%
Valley-Wide (RAE 4)	8.5%	23.2%	36.0%	24.6%	7.6%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>					

Statewide Comparisons

For purposes of the RAE and practice comparisons and trend analyses, HSAG calculated top-box scores for each measure.²⁻³ Results with fewer than 100 respondents are denoted with a cross (+). Caution should be used when evaluating scores derived from fewer than 100 respondents. For additional information on the RAE and Practice Comparisons and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 4-2.

RAE and Practice Comparisons

HSAG compared the case-mix adjusted RAE-level and practice-level results to the Colorado RAE Aggregate to determine if the results were statistically significantly different than the Colorado RAE Aggregate. In some instances, the top-box scores presented for two RAEs or practices were similar, but one was statistically significantly different from the Colorado RAE Aggregate and the other was not. In these instances, it was the difference in the number of respondents between the two RAEs or practices that explains the different statistical results. It is more likely that a statistically significant result will be found in a RAE or practice with a larger number of respondents. **NOTE: These results may differ from those presented in the trend analysis tables because they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).**

CAHPS Health Plan Survey Database benchmarks are presented in the figures for comparative purposes, where available.^{2-4,2-5,2-6} Due to differences in selected practices, the 2019 Colorado RAE Aggregate

²⁻³ HSAG followed *HEDIS® 2020, Volume 3: Specifications for Survey Measures* for calculating top-box responses.

²⁻⁴ Agency for Healthcare Research and Quality. Aggregated Data: Clinician & Group. Available at: <https://cahpsdatabase.ahrq.gov/CAHPSIDB/CG/about.aspx>. Accessed on: July 1, 2019.

²⁻⁵ The CAHPS Clinician & Group Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0, CG-CAHPS Survey 2.0, and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2020 Colorado PCMH Survey.

²⁻⁶ The CAHPS Database is the repository for data from selected CAHPS surveys, which is collected through participating organizations. 2018 CAHPS Clinician & Group Survey Database benchmarks were the only available data for the adult population at the time this report was prepared.

and 2018 Colorado State Innovation Model (SIM) Aggregate are presented in the figures for reference purposes only and are not comparable to the 2020 Colorado RAE Aggregate results.^{2-7,2-8}

Trend Analysis

In order to evaluate trends in member experience, HSAG compared the 2020 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine if the results were statistically significantly different.²⁻⁹ Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are noted with a dash (—).

-
- ²⁻⁷ The 2019 Colorado RAE practices selected by the Department for inclusion in the 2019 Adult PCMH Survey included: Adult Group 1 (RAE 1); AFM (RAE 1); Poudre Valley (RAE 1); Banner (RAE 2); North Colorado (RAE 2); CHI (RAE 3); Clinica (RAE 3); MCPN (RAE 3); Portercare (RAE 3); Parkview (RAE 4); Valley-Wide (RAE 4); Adult Group 2 (RAE 5); Adult Group 3 (RAE 5); Adult Group 4 (RAE 5); Planned Parenthood (RAE 5); CHI (RAE 6); Clinica (RAE 6); MCPN (RAE 6); Adult Group 5 (RAE 7); and CHI (RAE 7). Eligible members in the Adult Group 1 (RAE 1) is a combined population of the following practices: Southwest Health System, Inc. and Total Healthcare. Eligible members in the Adult Group 2 (RAE 5) is a combined population of the following practices: Green Valley Ranch Medical Clinic and South Federal Family Practice. Eligible members in the Adult Group 3 (RAE 5) is a combined population of the following practices: Federal Health Care Corp.; Hue N. Vo, M.D.; Inner City Health Center; and Regents of University of Colorado. Eligible members in the Adult Group 4 (RAE 5) is a combined population of the following practices: Denver Osteopathic Clinic, Inc.; Denver Indian Health and Family Services (DIHFS); Family Medicine Clinic; Jesse O. Sutherland Jr., MD; and Rocky Mountain Medical. Eligible members in the Adult Group 5 (RAE 7) is a combined population of the following practices: Center Pointe Family Medicine and Matthews-Vu Medical Group.
- ²⁻⁸ The 2018 Colorado SIM practices selected by the Department for inclusion in the 2018 Adult PCMH Survey included: Adult Group Practice; Bender Medical Group, Inc.; Denver Health – Eastside Family Health Adult Clinic; Denver Health – Level One Physicians Clinic; Salud Family Health Centers – Fort Collins; Salud Family Health Centers – Longmont; Salud Family Health Centers – Commerce City; and Pueblo Community Health Center, Inc. Eligible members in the Adult Group Practice is a combined population of the following practices: Denver Health – Westside Pediatrics Clinic, Rocky Mountain Primary Care Clinic – Pueblo, and Summit Medical Clinic PC.
- ²⁻⁹ Only the following practices that were selected for both the 2019 and 2020 survey administrations are presented in the tables for trending purposes: Poudre (RAE 1), Banner (RAE 2), MCPN (RAE 3), Parkview (RAE 4), Valley-Wide (RAE 4), and MCPN (RAE 6).

Global Ratings

Rating of Provider

Figure 2-1 shows the *Rating of Provider* top-box scores for the seven RAEs.

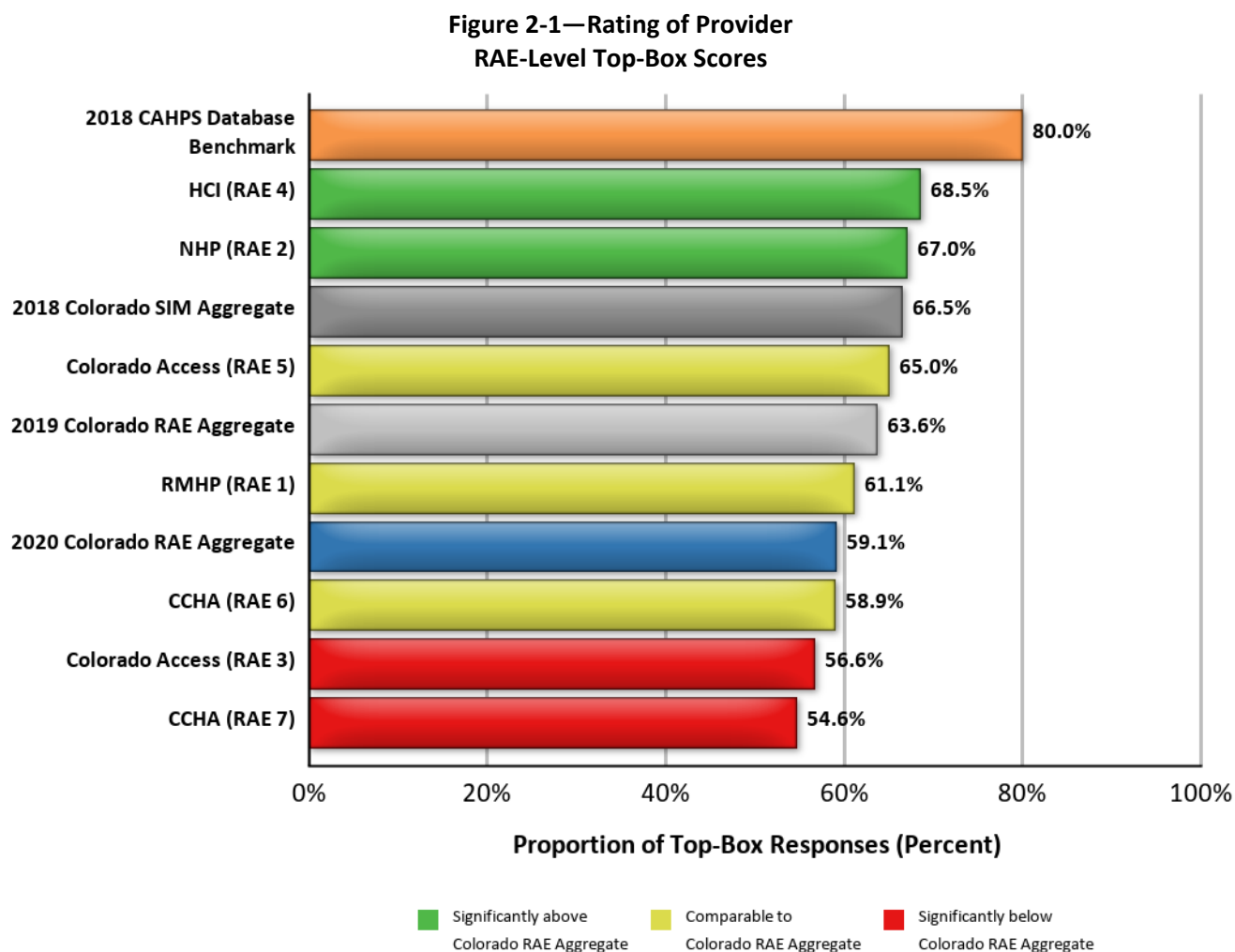
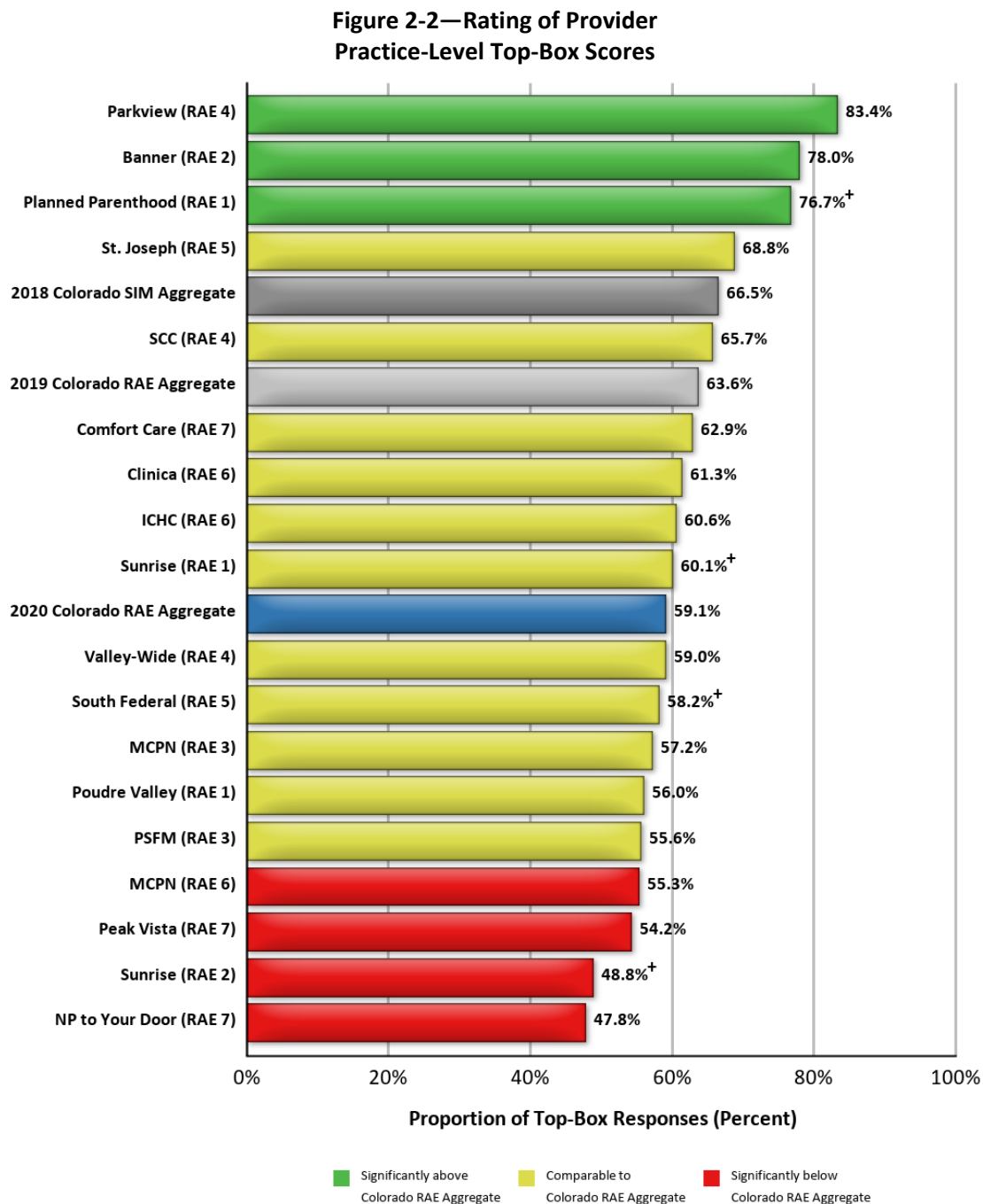


Figure 2-2 shows the *Rating of Provider* top-box scores for the RAE-contracted practices.



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

Table 2-9 shows the 2019 and 2020 *Rating of Provider* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-9—Rating of Provider Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	69.1%	78.8%	▲
MCPN (RAE 3)	48.8%	58.1%	—
MCPN (RAE 6)	56.6%	56.5%	—
Parkview (RAE 4)	79.4%	82.4%	—
Poudre Valley (RAE 1)	53.8% ⁺	55.0%	—
Valley-Wide (RAE 4)	54.4%	60.2%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of Specialist Seen Most Often

Figure 2-3 shows the *Rating of Specialist Seen Most Often* top-box scores for the seven RAEs.

**Figure 2-3—Rating of Specialist Seen Most Often
RAE-Level Top-Box Scores**

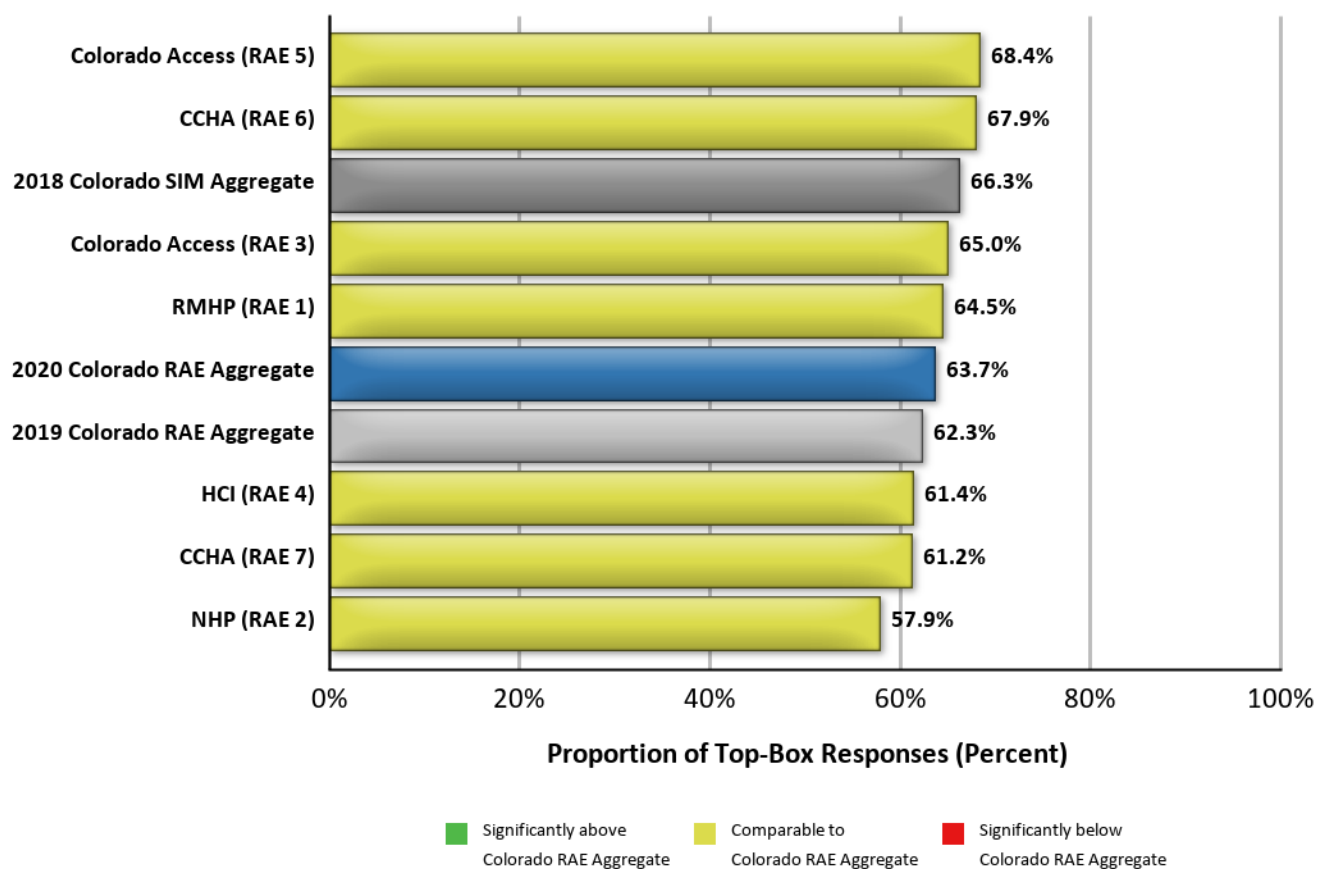
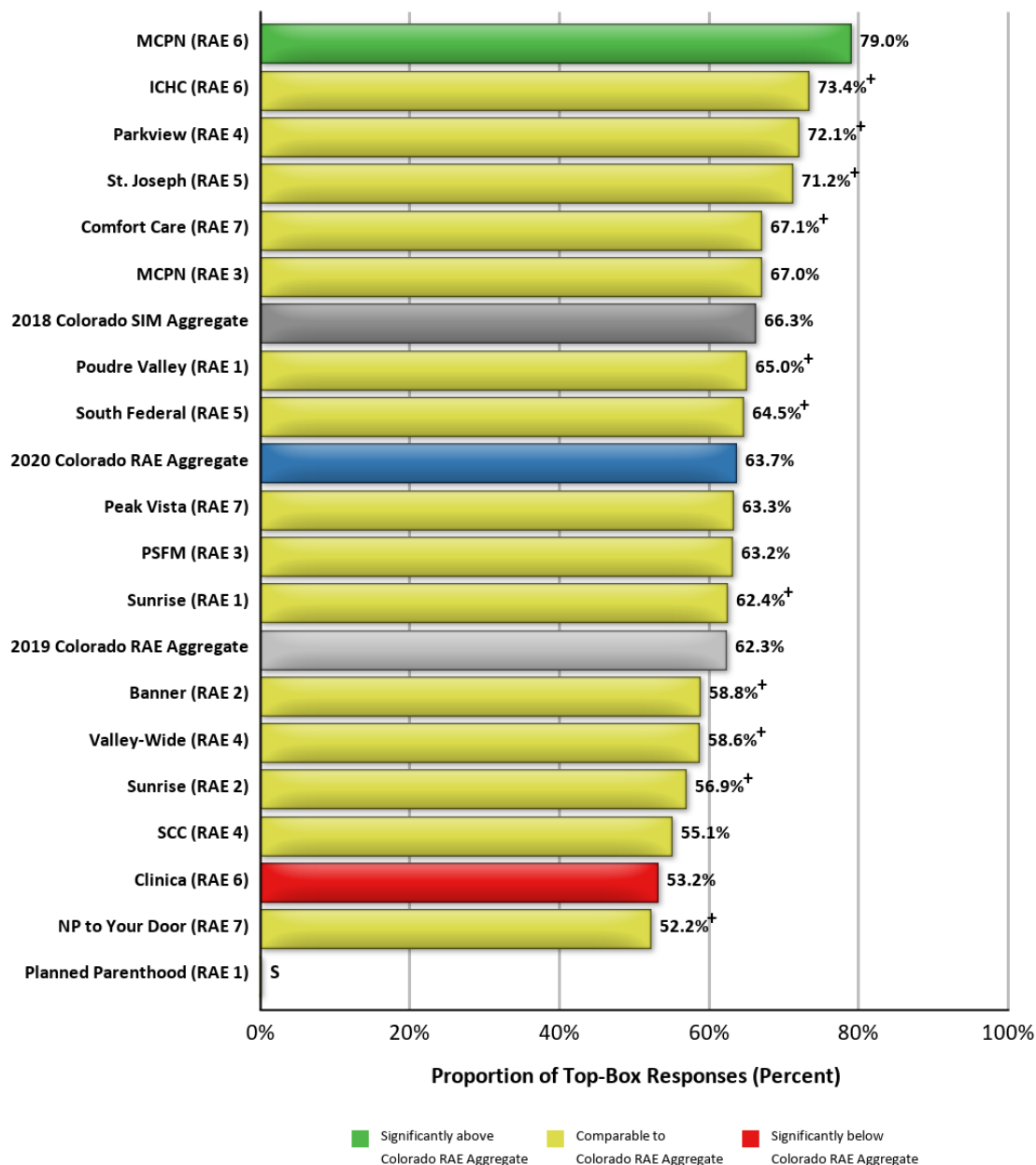


Figure 2-4 shows the *Rating of Specialist Seen Most Often* top-box scores for the RAE-contracted practices.

**Figure 2-4—Rating of Specialist Seen Most Often
Practice-Level Top-Box Scores**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
An "S" data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Table 2-10 shows the 2019 and 2020 *Rating of Specialist Seen Most Often* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-10—Rating of Specialist Seen Most Often Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	67.3% ⁺	59.4% ⁺	—
MCPN (RAE 3)	66.3% ⁺	67.3%	—
MCPN (RAE 6)	58.0%	79.6%	▲
Parkview (RAE 4)	76.7% ⁺	71.3% ⁺	—
Poudre Valley (RAE 1)	70.5% ⁺	64.1% ⁺	—
Valley-Wide (RAE 4)	54.9%	59.5% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of All Health Care

Figure 2-5 shows the *Rating of All Health Care* top-box scores for the seven RAEs.

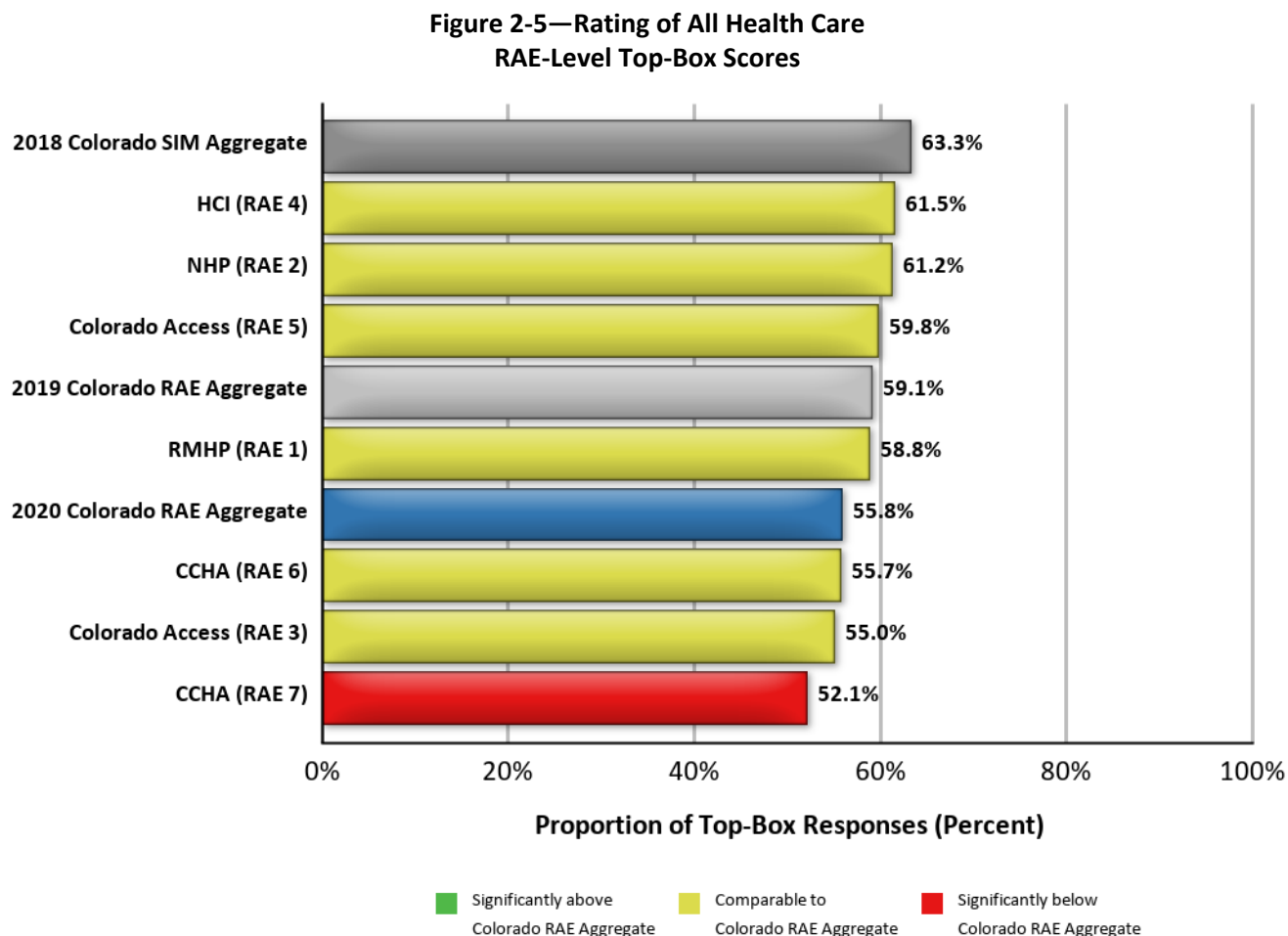
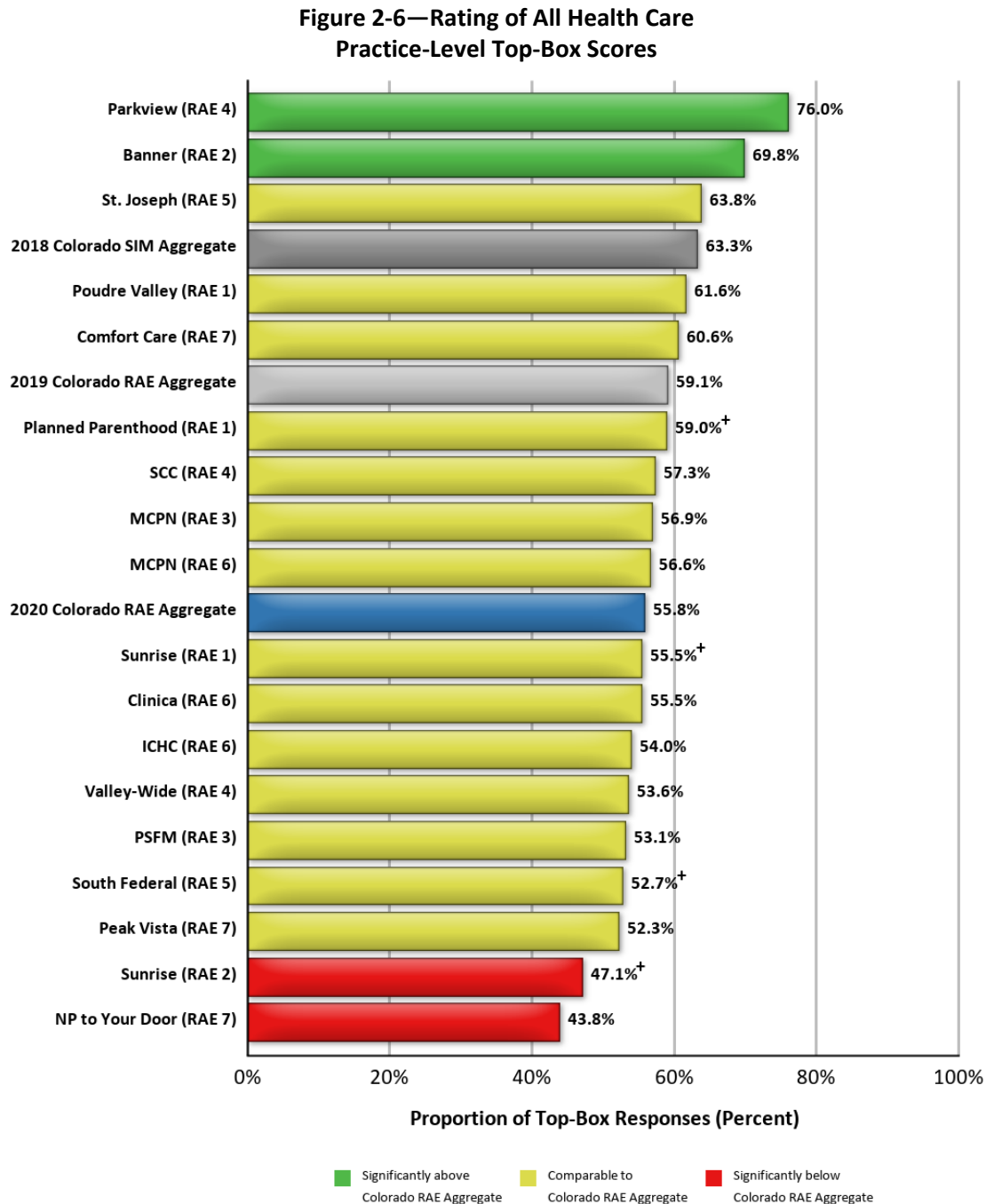


Figure 2-6 shows the *Rating of All Health Care* top-box scores for the RAE-contracted practices.



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

Table 2-11 shows the 2019 and 2020 *Rating of All Health Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-11—Rating of All Health Care Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	61.9%	70.9%	—
MCPN (RAE 3)	48.6%	57.5%	—
MCPN (RAE 6)	51.1%	57.5%	—
Parkview (RAE 4)	73.8%	74.8%	—
Poudre Valley (RAE 1)	51.1% ⁺	60.7%	—
Valley-Wide (RAE 4)	53.8%	54.5%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Rating of Health Plan

Figure 2-7 shows the *Rating of Health Plan* top-box scores for the seven RAEs.

**Figure 2-7—Rating of Health Plan
RAE-Level Top-Box Scores**

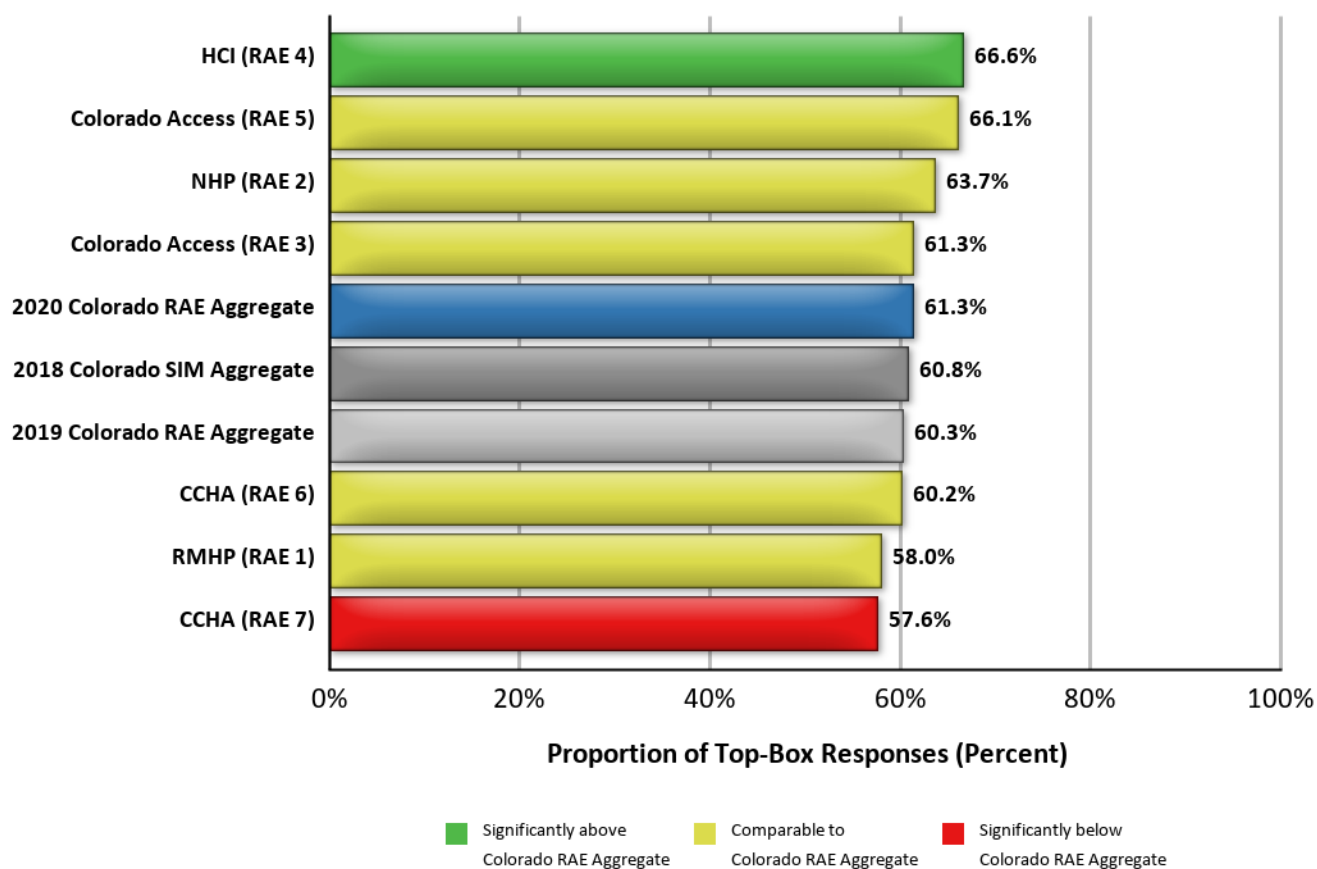
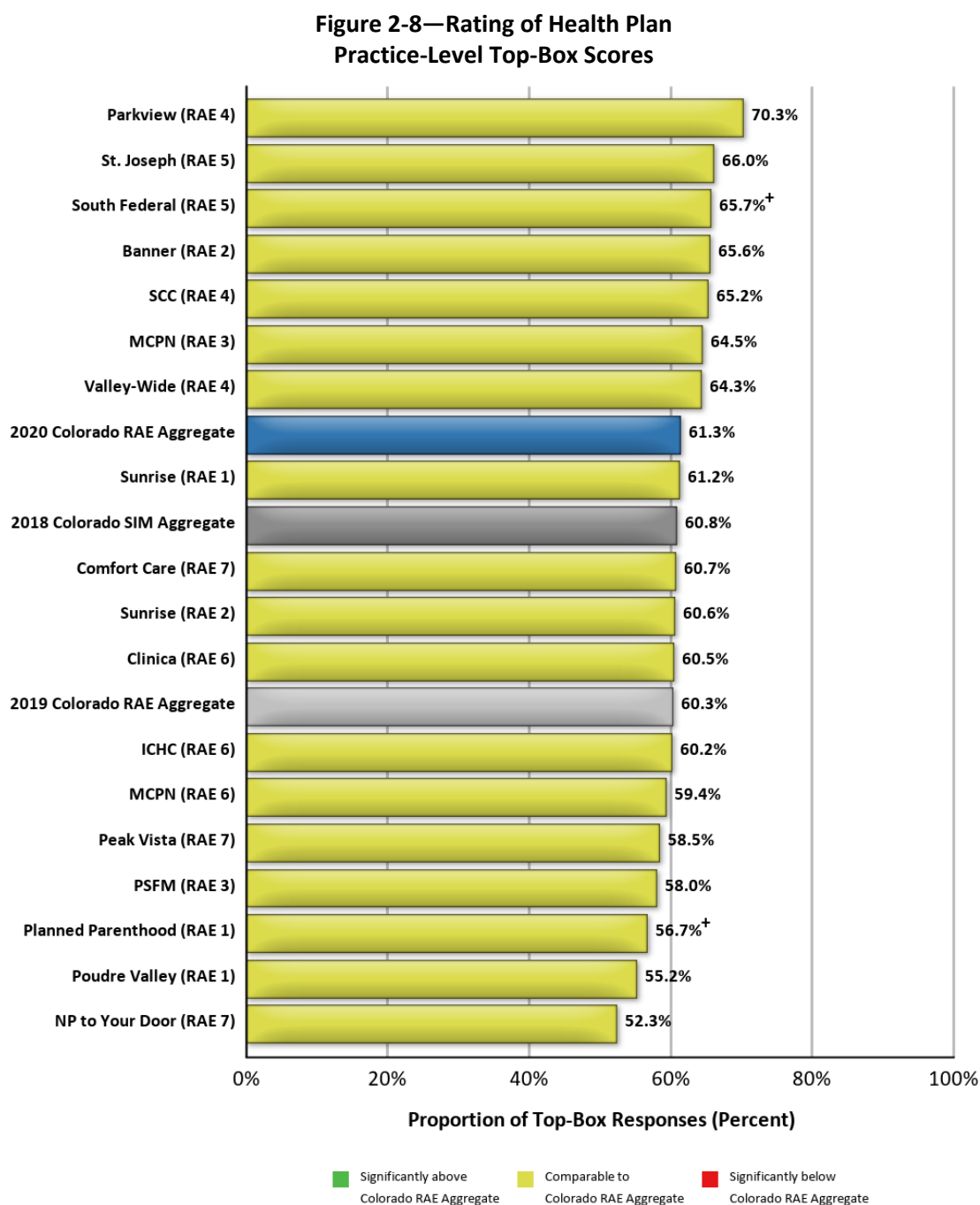


Figure 2-8 shows the *Rating of Health Plan* top-box scores for the RAE-contracted practices.



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

Table 2-12 shows the 2019 and 2020 *Rating of Health Plan* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-12—Rating of Health Plan Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	63.8%	66.5%	—
MCPN (RAE 3)	60.7%	65.9%	—
MCPN (RAE 6)	56.3%	60.7%	—
Parkview (RAE 4)	61.5%	69.1%	—
Poudre Valley (RAE 1)	53.0%	54.1%	—
Valley-Wide (RAE 4)	61.5%	65.4%	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Composite Measures

Access to Care: Getting Timely Appointments, Care, and Information

Figure 2-9 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the seven RAEs.

**Figure 2-9—Getting Timely Appointments, Care, and Information
RAE-Level Top-Box Scores**

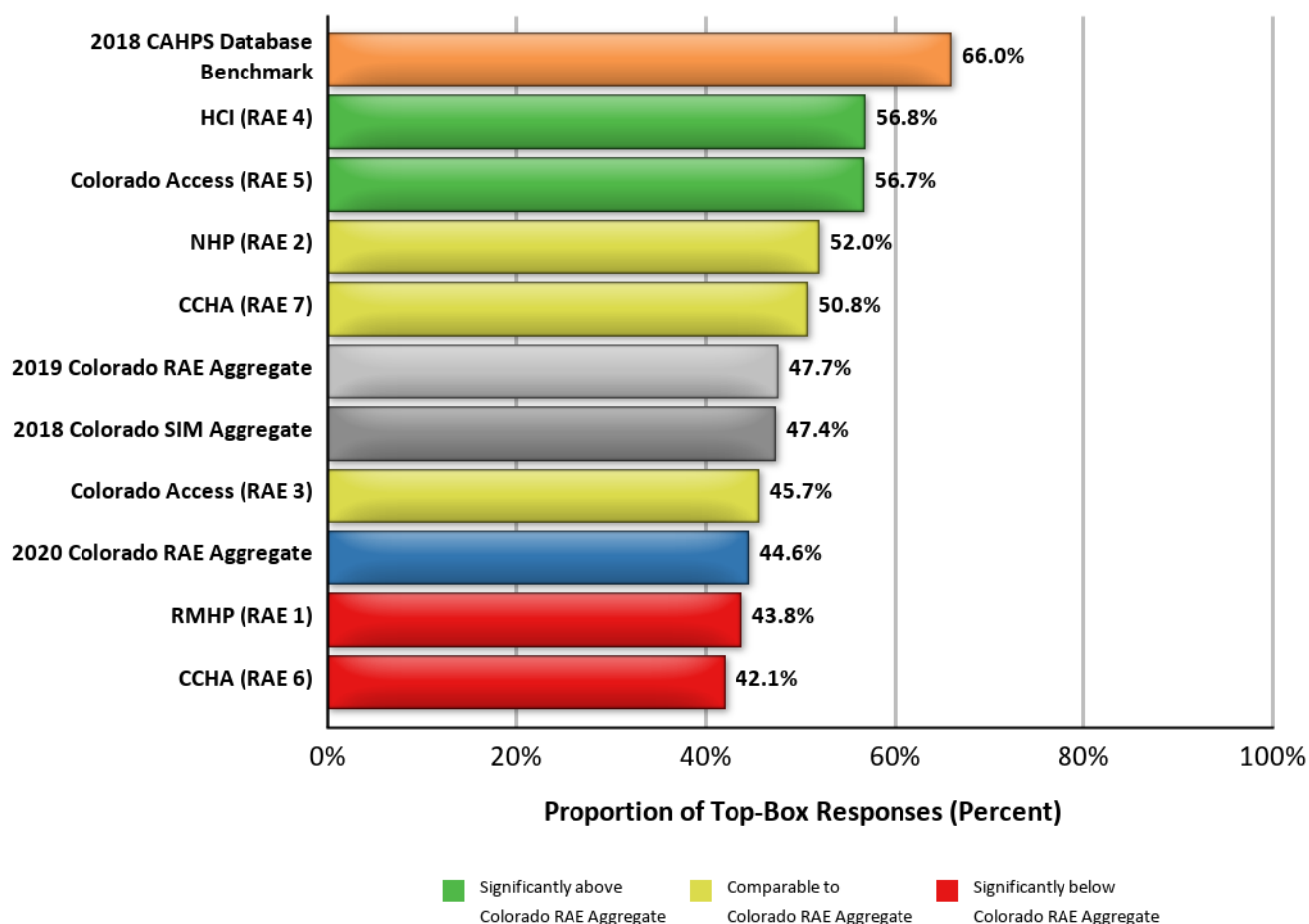
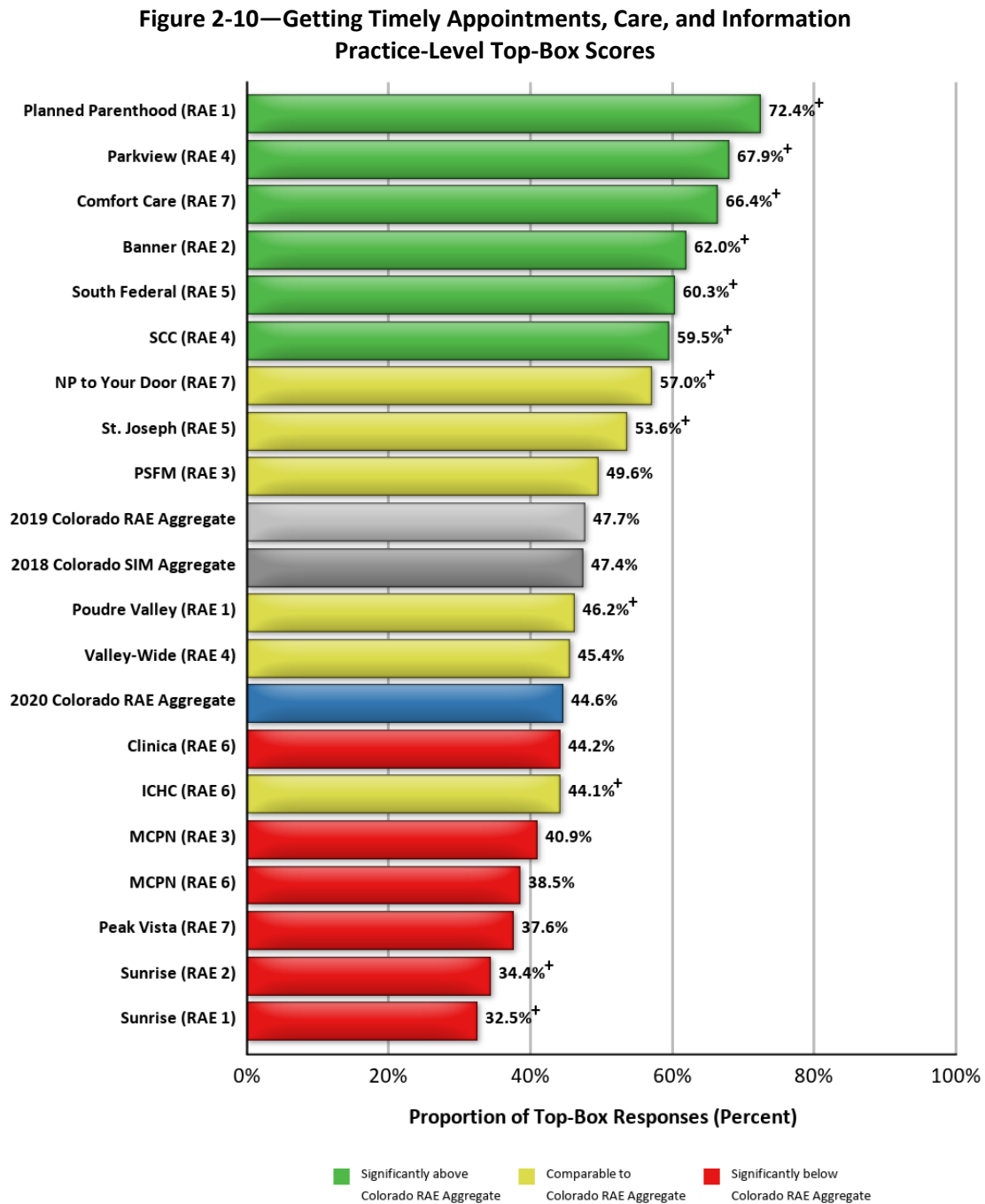


Figure 2-10 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the RAE-contracted practices.



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

Table 2-13 shows the 2019 and 2020 *Getting Timely Appointments, Care, and Information* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-13—Getting Timely Appointments, Care, and Information Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	56.8%	63.2% ⁺	—
MCPN (RAE 3)	34.1%	41.9%	—
MCPN (RAE 6)	31.5%	39.0%	—
Parkview (RAE 4)	62.8% ⁺	66.5% ⁺	—
Poudre Valley (RAE 1)	38.5% ⁺	45.3% ⁺	—
Valley-Wide (RAE 4)	45.8%	45.8%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Patient-Centered Communication: How Well Providers Communicate with Patients

Figure 2-11 shows the *How Well Providers Communicate with Patients* top-box scores for the seven RAEs.

**Figure 2-11—How Well Providers Communicate with Patients
RAE-Level Top-Box Scores**

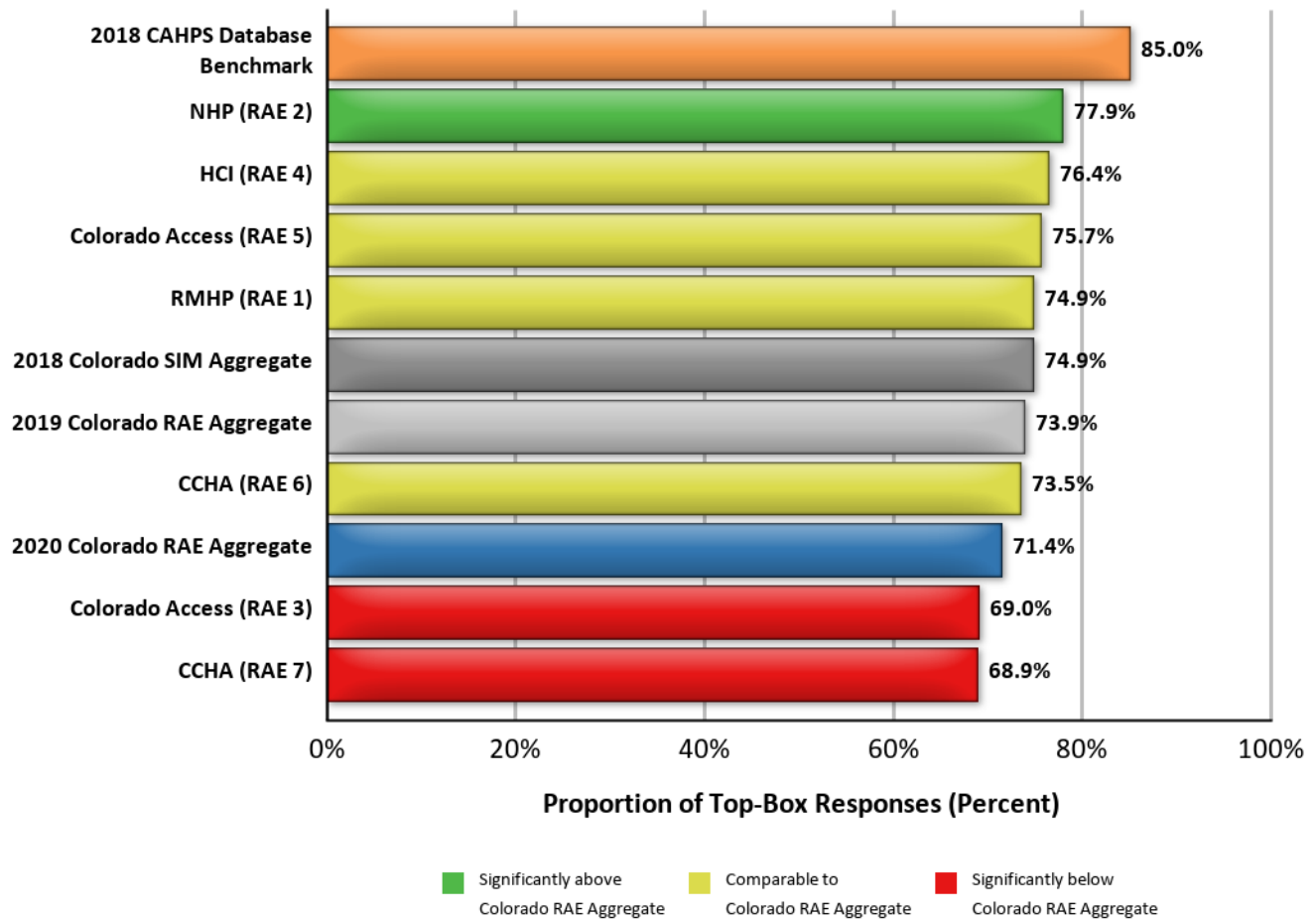
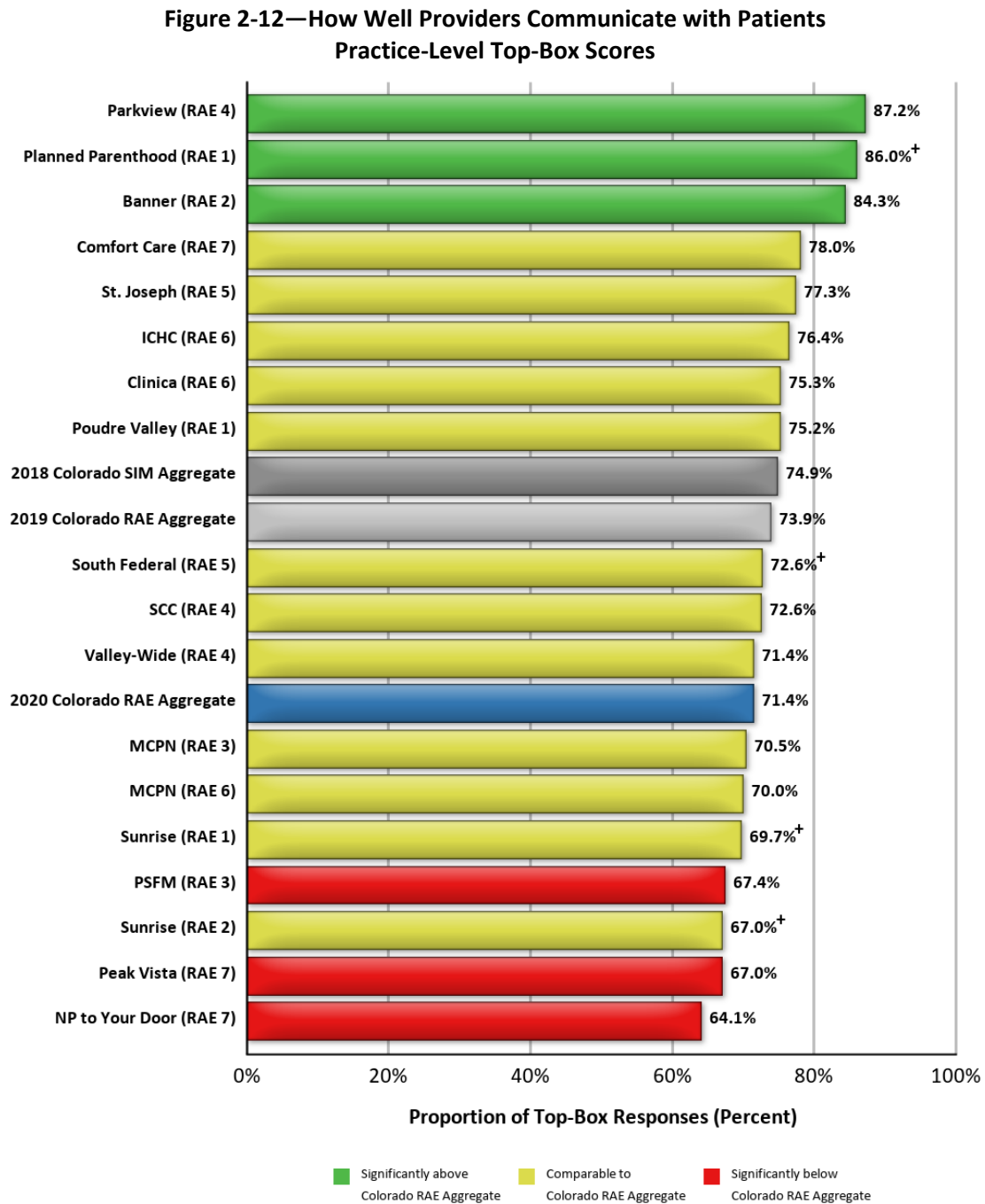


Figure 2-12 shows the *How Well Providers Communicate with Patients* top-box scores for the RAE-contracted practices.



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

Table 2-14 shows the 2019 and 2020 *How Well Providers Communicate with Patients* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-14—How Well Providers Communicate with Patients Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	77.7%	85.0%	▲
MCPN (RAE 3)	64.1%	70.5%	—
MCPN (RAE 6)	64.2%	70.6%	—
Parkview (RAE 4)	81.8%	86.7%	—
Poudre Valley (RAE 1)	69.9% ⁺	75.2%	—
Valley-Wide (RAE 4)	70.2%	71.8%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Coordinating Medical Care: Providers' Use of Information to Coordinate Patient Care

Figure 2-13 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the seven RAEs.

**Figure 2-13—Providers' Use of Information to Coordinate Patient Care
RAE-Level Top-Box Scores**

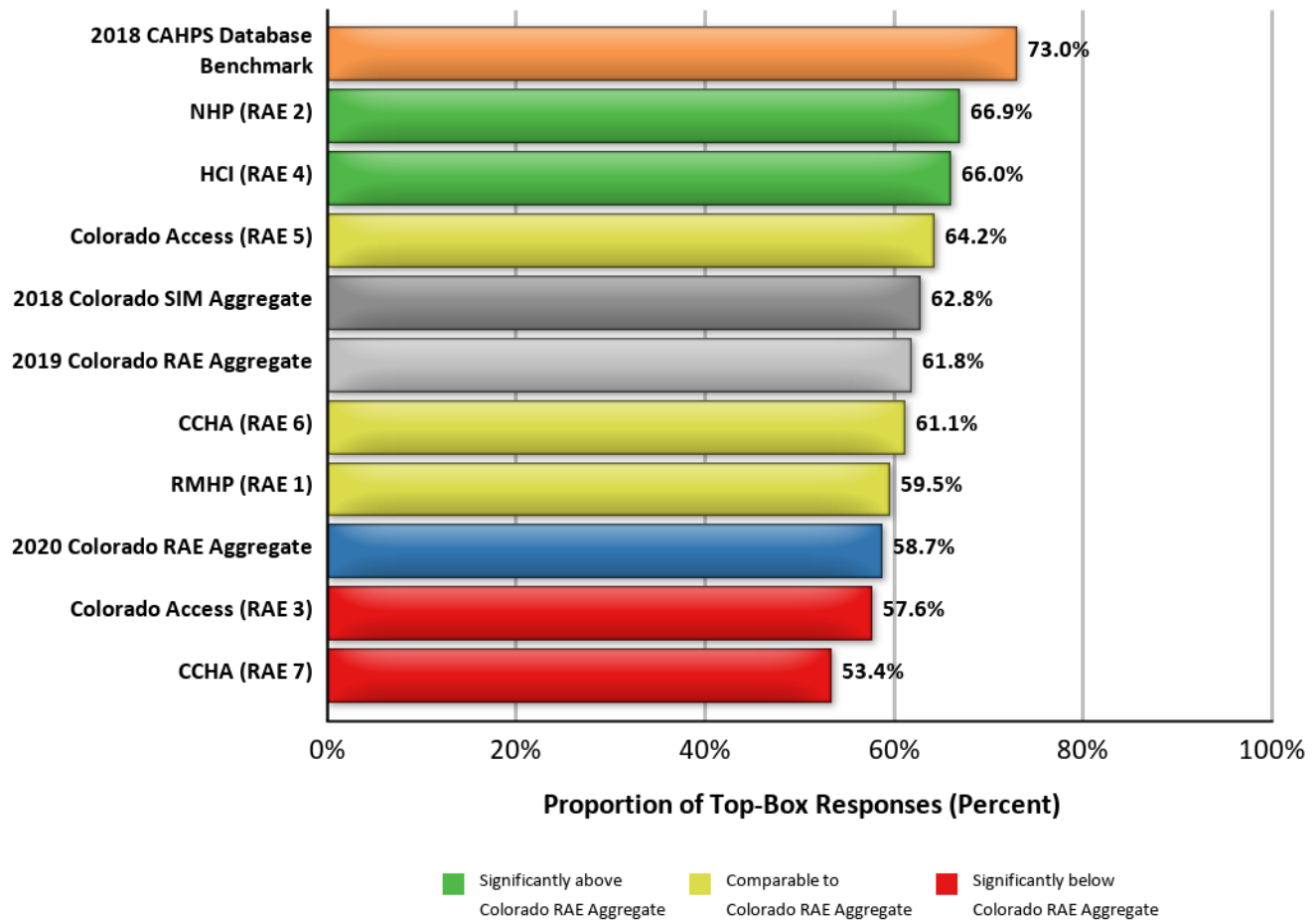
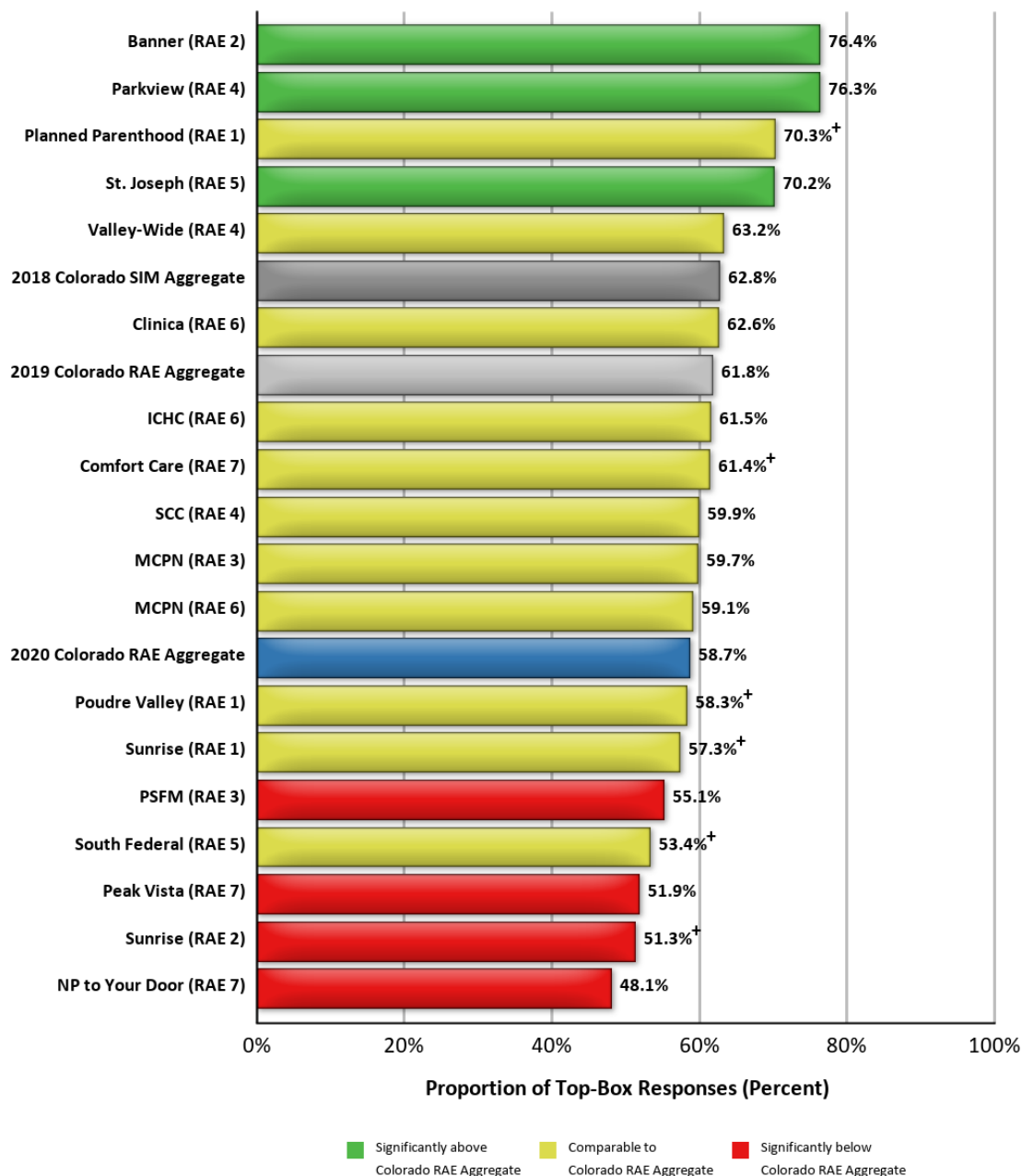


Figure 2-14 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the RAE-contracted practices.

**Figure 2-14—Providers' Use of Information to Coordinate Patient Care
Practice-Level Top-Box Scores**



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

Table 2-15 shows the 2019 and 2020 *Providers' Use of Information to Coordinate Patient Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-15—Providers' Use of Information to Coordinate Patient Care Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	67.8%	76.7%	▲
MCPN (RAE 3)	56.2%	60.5%	—
MCPN (RAE 6)	53.0%	59.8%	—
Parkview (RAE 4)	70.6%	75.8%	—
Poudre Valley (RAE 1)	62.9% ⁺	57.6% ⁺	—
Valley-Wide (RAE 4)	55.7%	64.1%	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Member Empowerment: Talking with You About Taking Care of Your Own Health

Figure 2-15 shows the *Talking with You About Taking Care of Your Own Health* top-box scores for the seven RAEs.

**Figure 2-15—Talking with You About Taking Care of Your Own Health
RAE-Level Top-Box Scores**

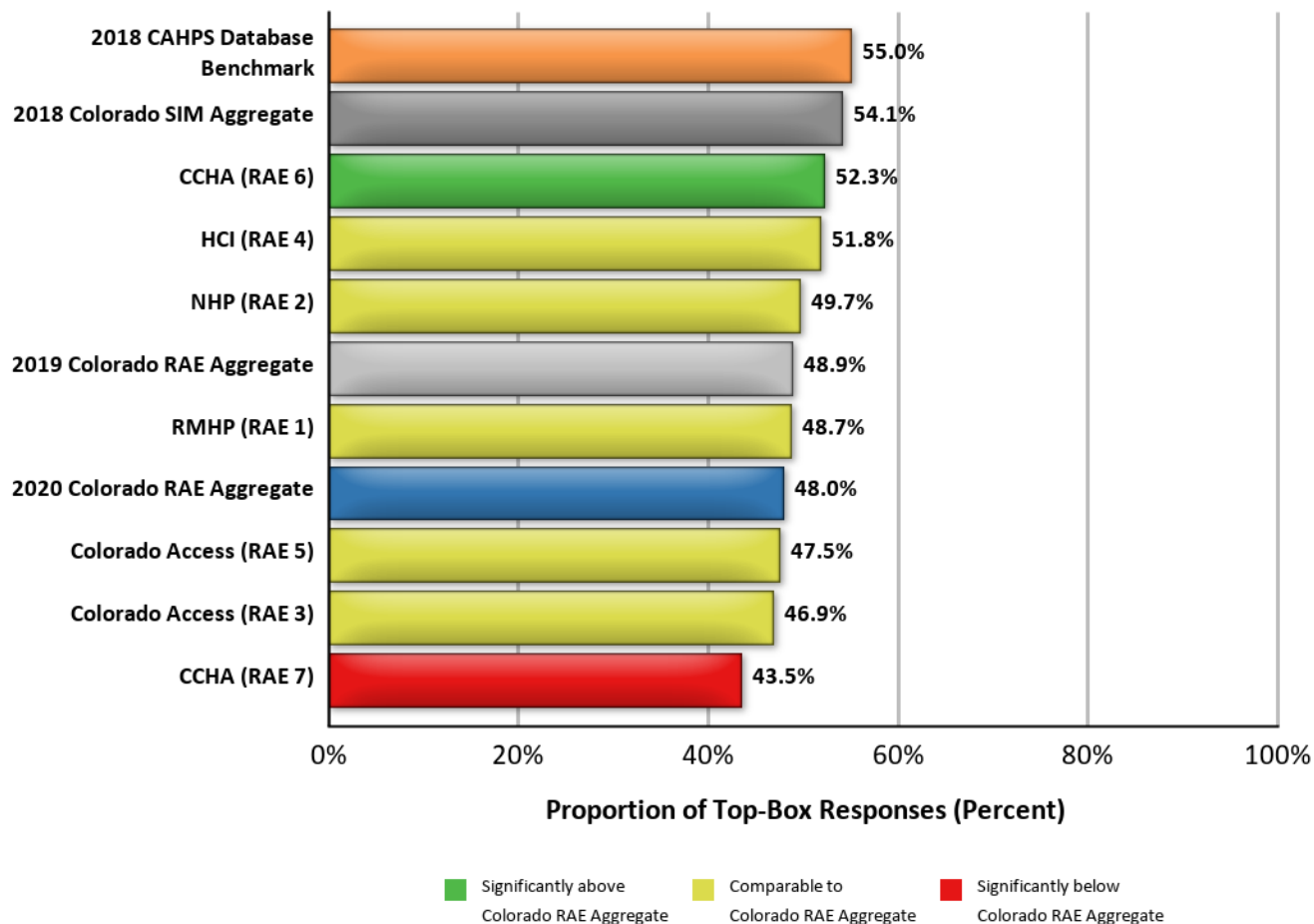
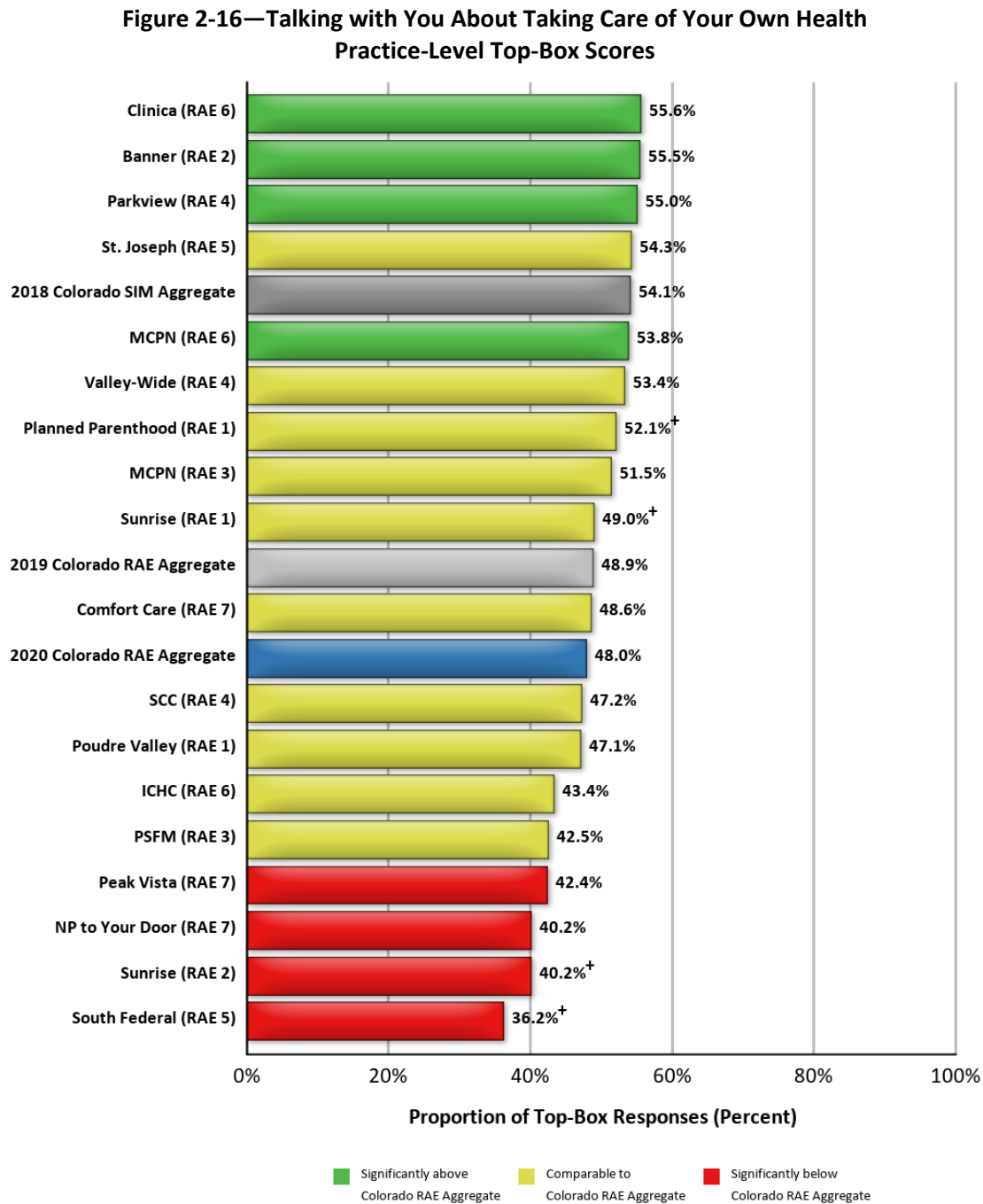


Figure 2-16 shows the *Talking with You About Taking Care of Your Own Health* top-box scores for the RAE-contracted practices.



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

Table 2-16 shows the 2019 and 2020 *Talking with You About Taking Care of Your Own Health* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-16—Talking with You About Taking Care of Your Own Health Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	41.2%	55.1%	▲
MCPN (RAE 3)	44.2%	52.2%	—
MCPN (RAE 6)	49.7%	54.5%	—
Parkview (RAE 4)	48.4%	54.8%	—
Poudre Valley (RAE 1)	45.6% ⁺	46.6%	—
Valley-Wide (RAE 4)	44.9%	54.1%	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Medical Home: Comprehensiveness

Figure 2-17 shows the *Comprehensiveness* top-box scores for the seven RAEs.

**Figure 2-17—Comprehensiveness
RAE-Level Top-Box Scores**

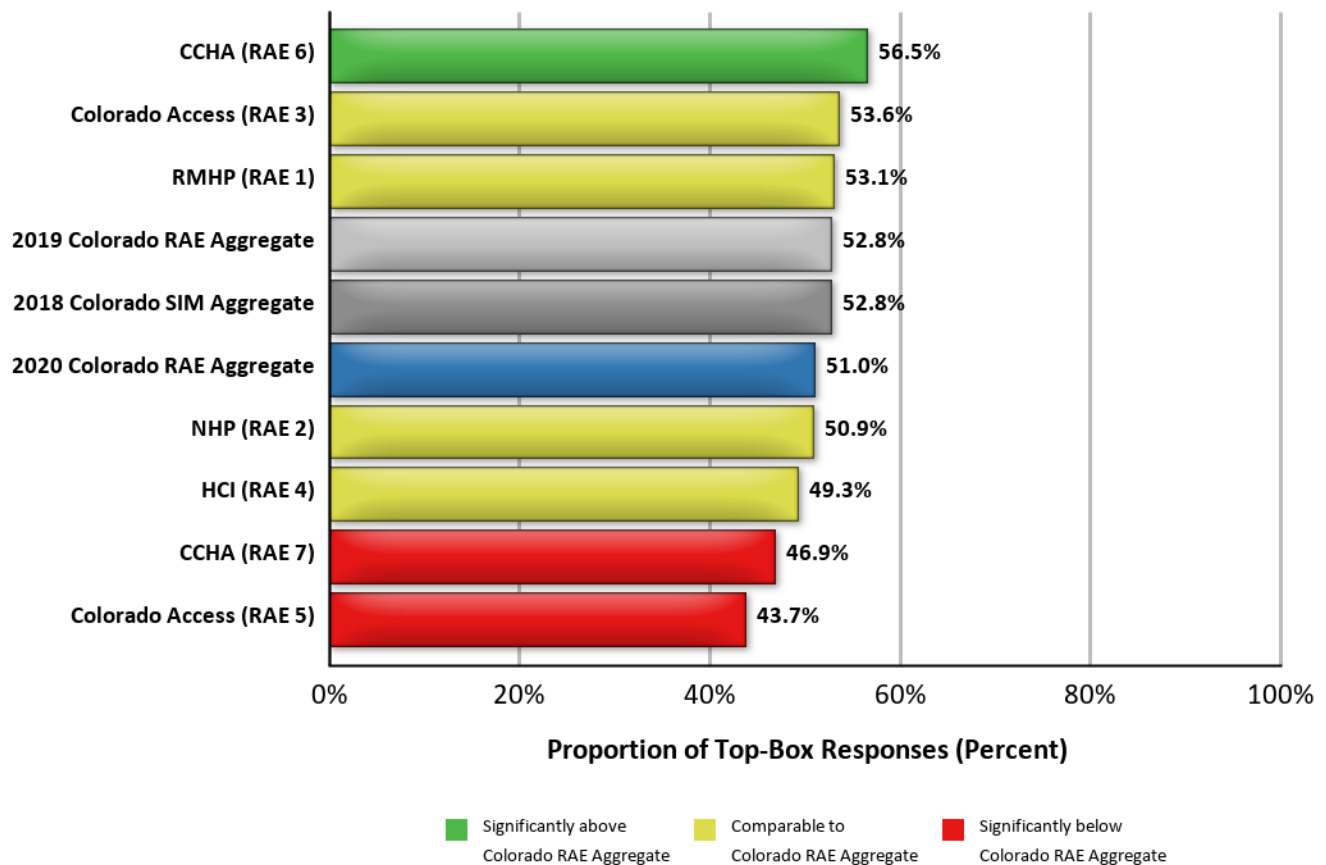
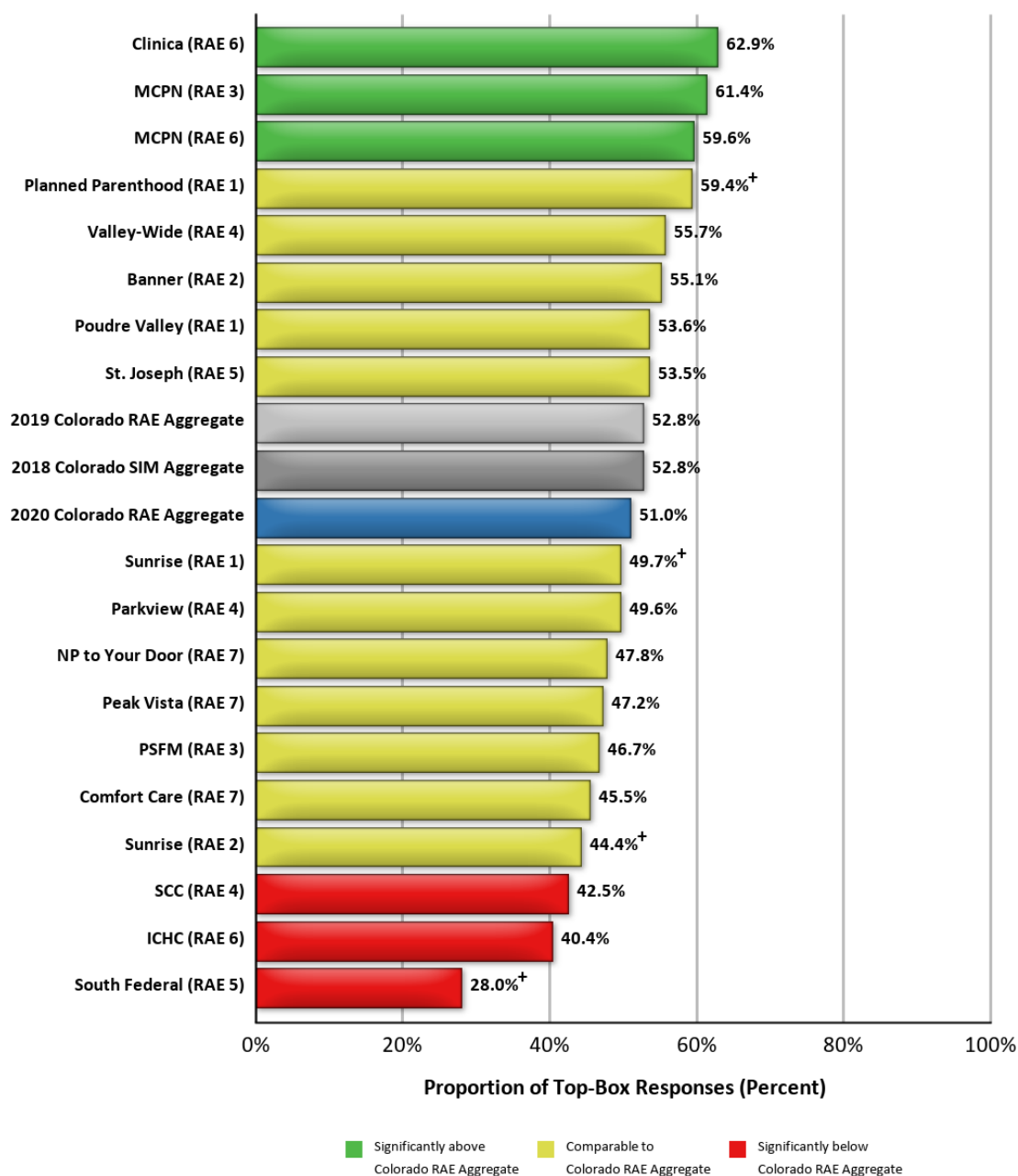


Figure 2-18 shows the *Comprehensiveness* top-box scores for the RAE-contracted practices.

**Figure 2-18—Comprehensiveness
Practice-Level Top-Box Scores**



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

Table 2-17 shows the 2019 and 2020 *Comprehensiveness* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-17—Comprehensiveness Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	53.3%	54.7%	—
MCPN (RAE 3)	51.5%	61.0%	▲
MCPN (RAE 6)	53.0%	59.3%	—
Parkview (RAE 4)	41.0%	50.1%	—
Poudre Valley (RAE 1)	52.1% ⁺	54.1%	—
Valley-Wide (RAE 4)	44.5%	55.3%	▲
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Provider Customer Service: Helpful, Courteous, and Respectful Office Staff

Figure 2-19 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the seven RAEs.

**Figure 2-19—Helpful, Courteous, and Respectful Office Staff
RAE-Level Top-Box Scores**

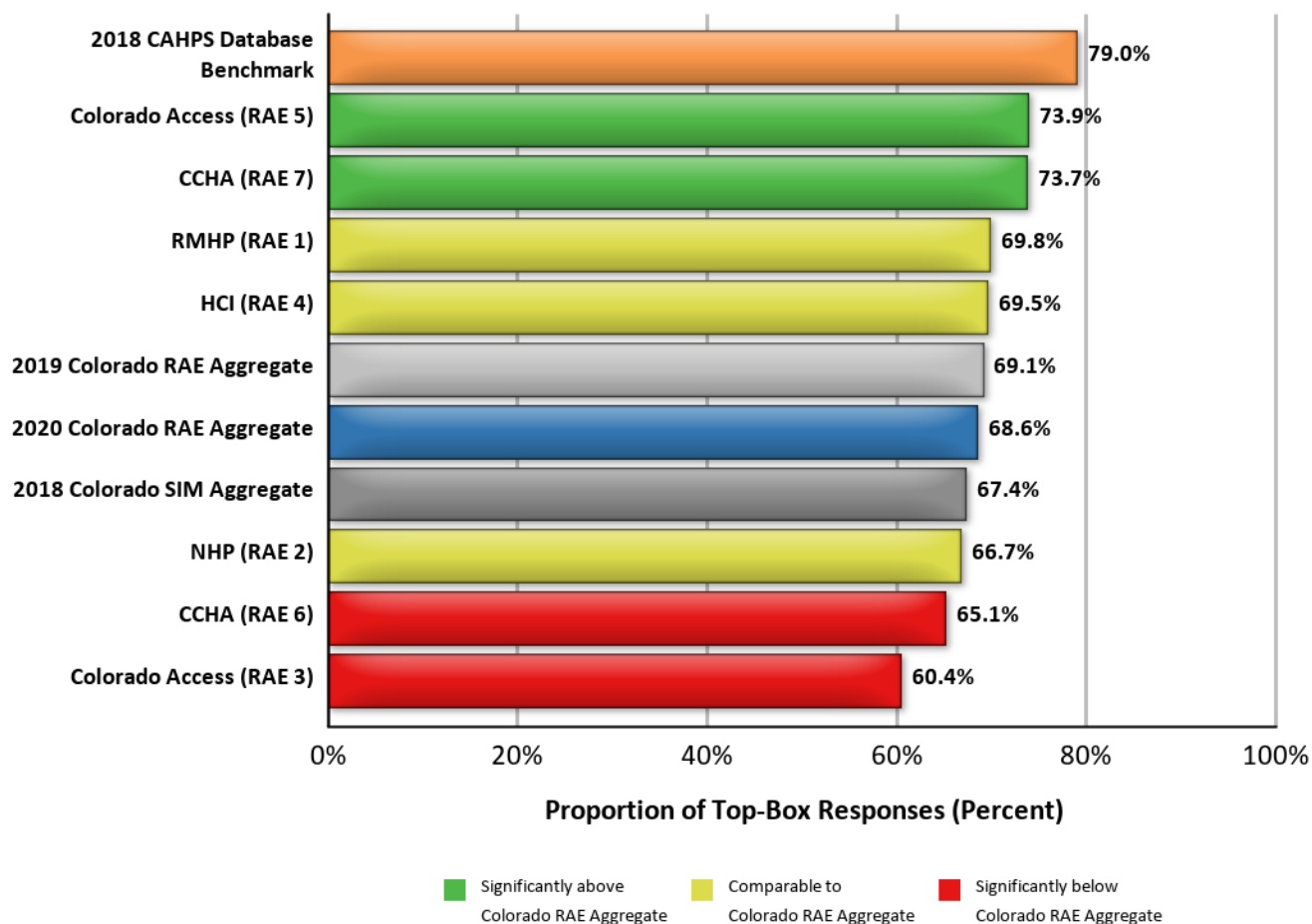
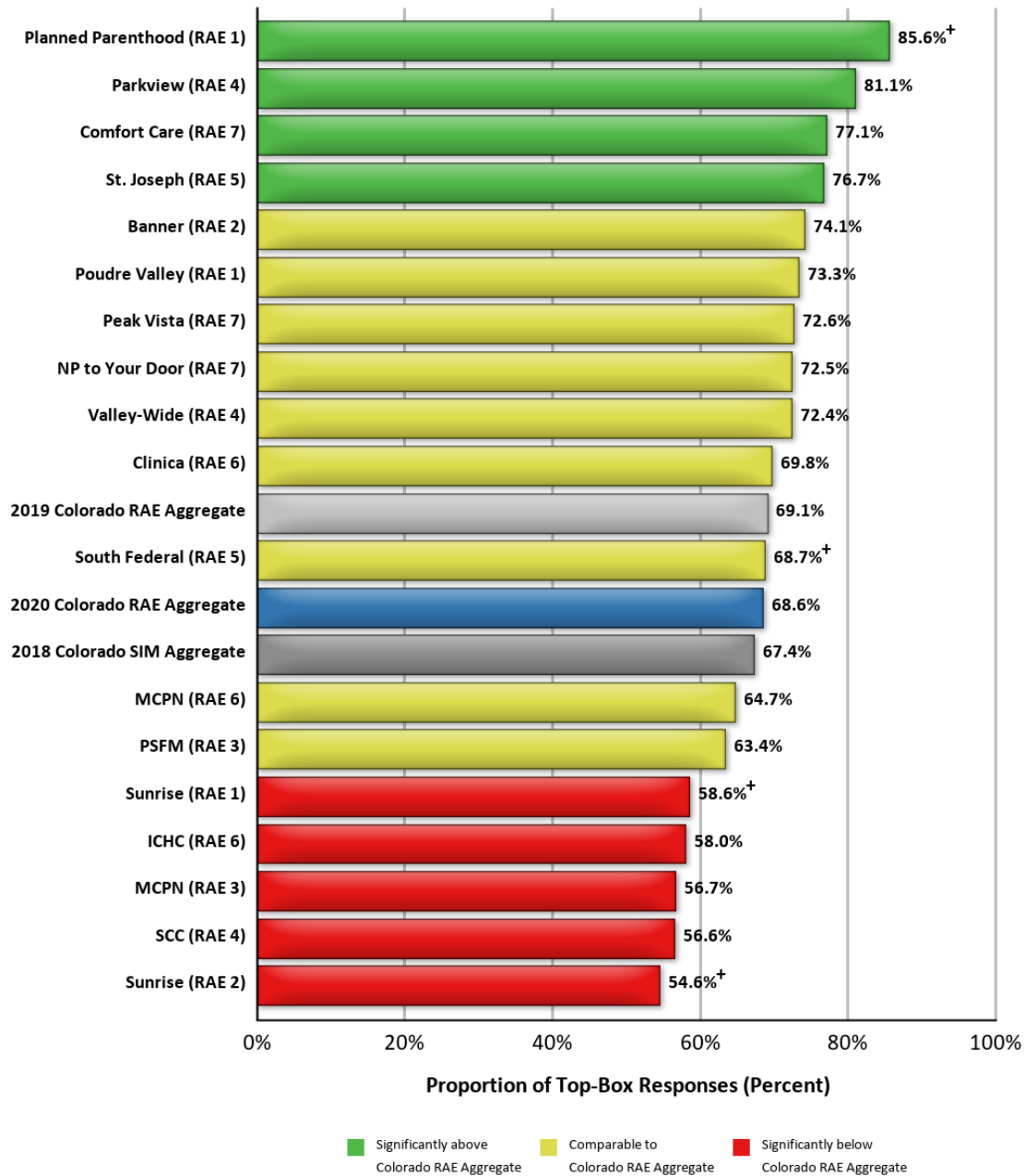


Figure 2-20 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the RAE-contracted practices.

**Figure 2-20—Helpful, Courteous, and Respectful Office Staff
Practice-Level Top-Box Scores**



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

Table 2-18 shows the 2019 and 2020 *Helpful, Courteous, and Respectful Office Staff* top-box scores and the trend results for the applicable RAE-contracted practices.

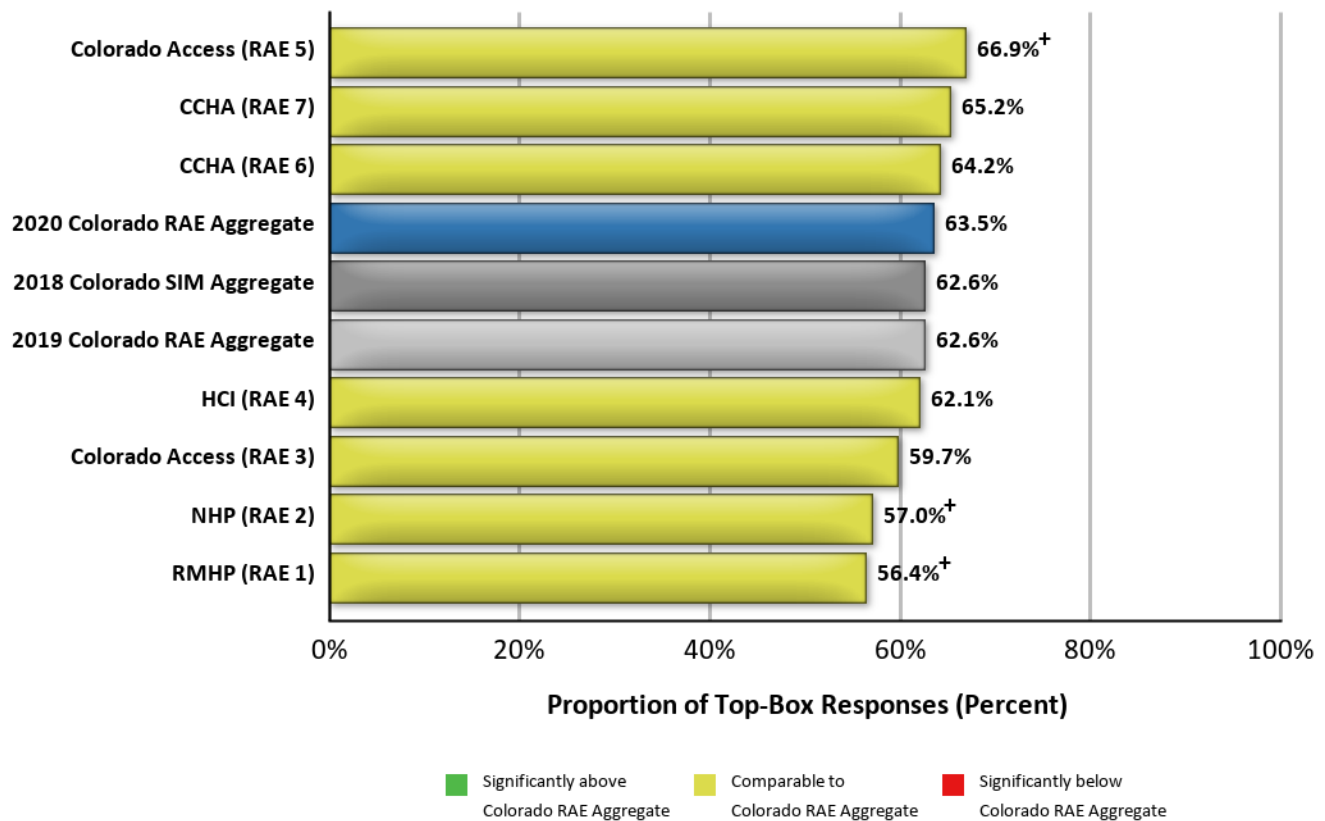
Table 2-18—Helpful, Courteous, and Respectful Office Staff Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	72.8%	74.7%	—
MCPN (RAE 3)	62.8%	57.4%	—
MCPN (RAE 6)	66.6%	65.4%	—
Parkview (RAE 4)	75.9%	80.4%	—
Poudre Valley (RAE 1)	73.2% ⁺	72.6%	—
Valley-Wide (RAE 4)	70.6%	73.1%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Health First Colorado Customer Service

Figure 2-21 shows the *Health First Colorado Customer Service* top-box scores for the seven RAEs.

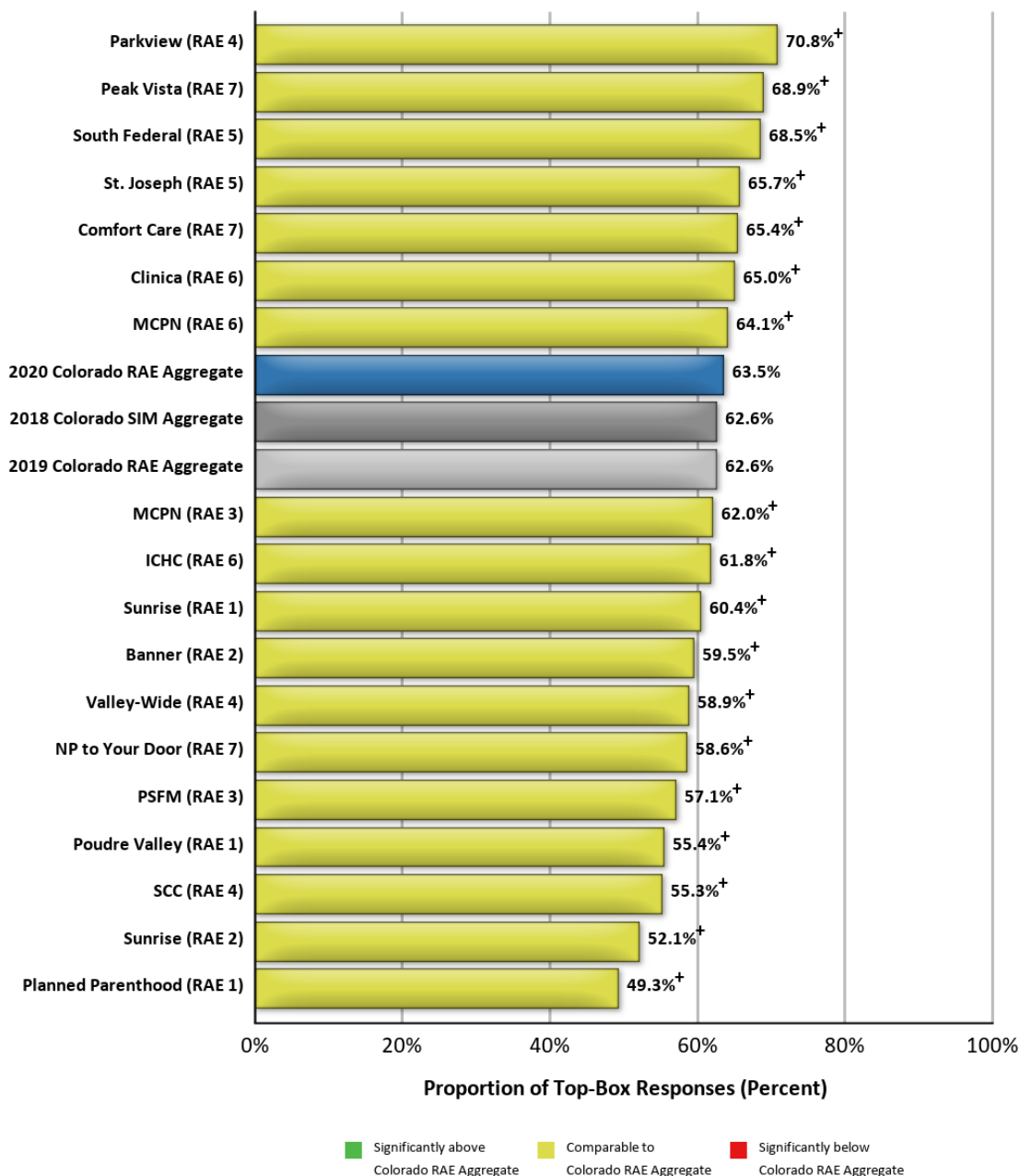
**Figure 2-21—Health First Colorado Customer Service
RAE-Level Top-Box Scores**



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

Figure 2-22 shows the *Health First Colorado Customer Service* top-box scores for the RAE-contracted practices.

**Figure 2-22—Health First Colorado Customer Service
Practice-Level Top-Box Scores**



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

Table 2-19 shows the 2019 and 2020 *Health First Colorado Customer Service* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-19—Health First Colorado Customer Service Trend Analysis

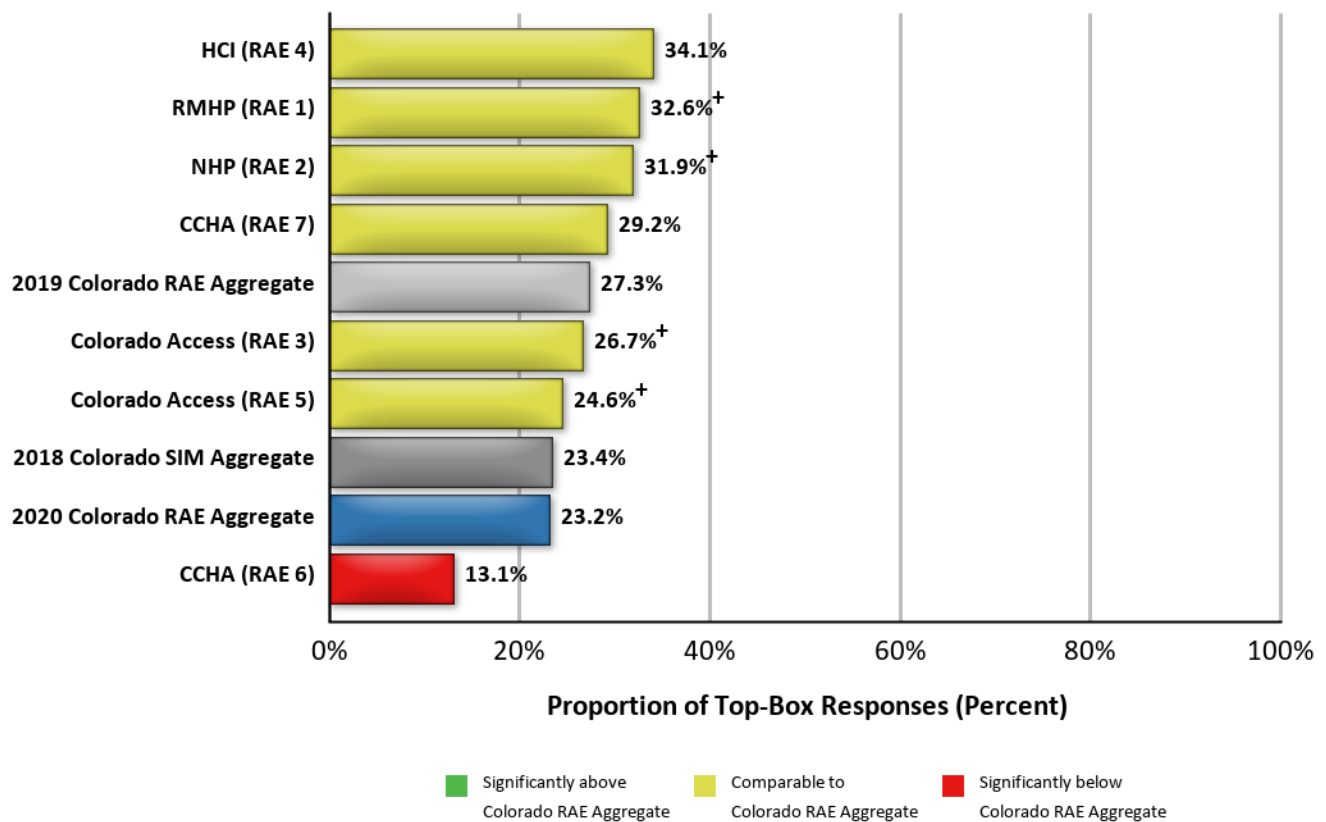
RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	57.8% ⁺	60.4% ⁺	—
MCPN (RAE 3)	61.1% ⁺	64.5% ⁺	—
MCPN (RAE 6)	58.1% ⁺	65.1% ⁺	—
Parkview (RAE 4)	58.4% ⁺	68.7% ⁺	—
Poudre Valley (RAE 1)	77.9% ⁺	55.3% ⁺	▼
Valley-Wide (RAE 4)	74.2% ⁺	58.8% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Individual Item Measures

Received Care from Provider Office During Evenings, Weekends, or Holidays

Figure 2-23 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the seven RAEs.

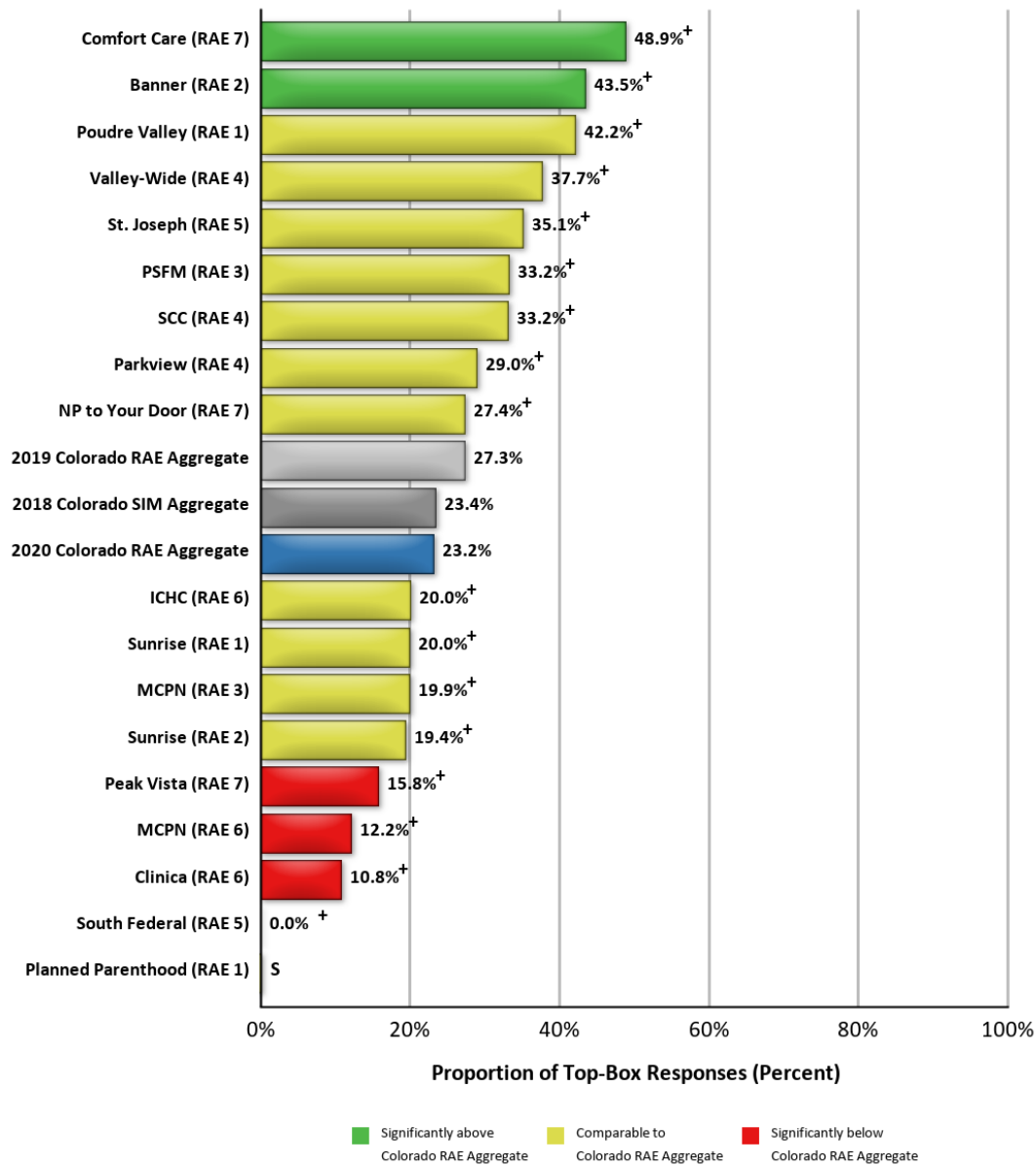
**Figure 2-23—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



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

Figure 2-24 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the RAE-contracted practices.

**Figure 2-24—Received Care from Provider Office During Evenings, Weekends, or Holidays
Practice-Level Top-Box Scores²⁻¹⁰**



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
An "S" data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

²⁻¹⁰ South Federal (RAE 5) scored statistically significantly below the Colorado RAE Aggregate; however, the statistically significant result cannot be seen in the figure (i.e., red bar) because the score is 0 percent.

Table 2-20 shows the 2019 and 2020 *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-20—Received Care from Provider Office During Evenings, Weekends, or Holidays Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	22.2% ⁺	43.8% ⁺	—
MCPN (RAE 3)	26.5% ⁺	20.4% ⁺	—
MCPN (RAE 6)	14.3% ⁺	12.8% ⁺	—
Parkview (RAE 4)	35.0% ⁺	28.0% ⁺	—
Poudre Valley (RAE 1)	38.1% ⁺	42.3% ⁺	—
Valley-Wide (RAE 4)	40.4% ⁺	37.5% ⁺	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Reminders About Care from Provider Office

Figure 2-25 shows the *Reminders About Care from Provider Office* top-box scores for the seven RAEs.

**Figure 2-25—Reminders About Care from Provider Office
RAE-Level Top-Box Scores**

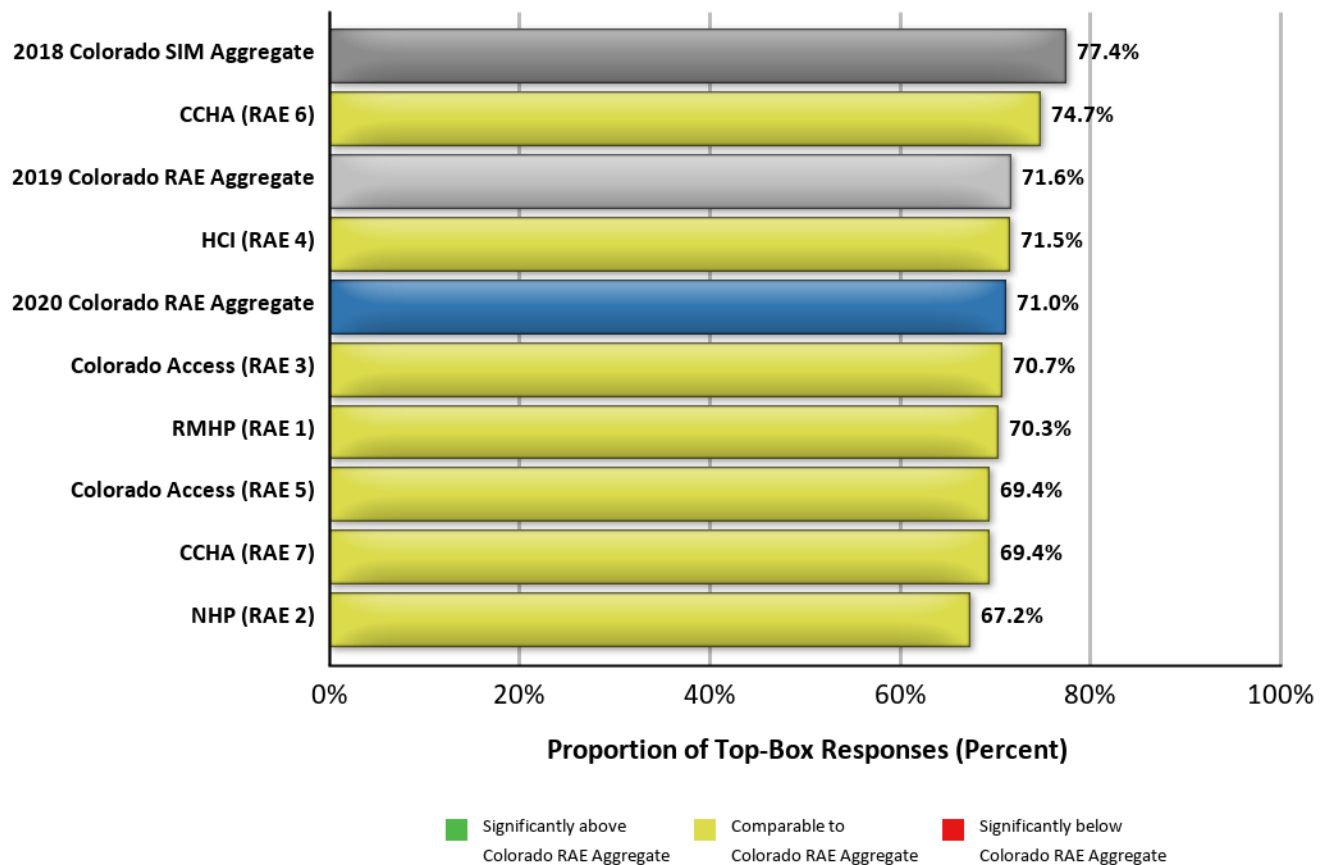
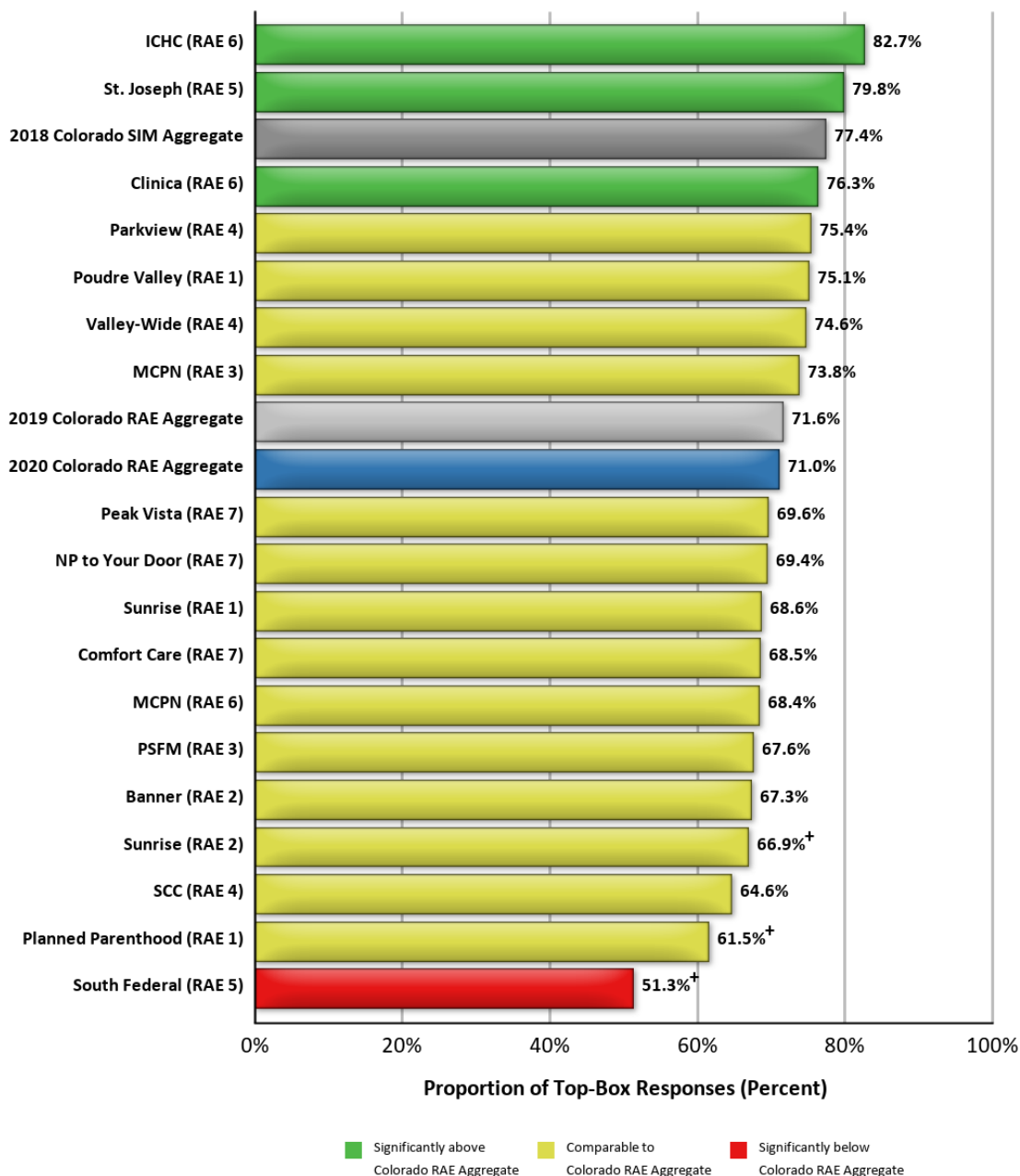


Figure 2-26 shows the *Reminders About Care from Provider Office* top-box scores for the RAE-contracted practices.

**Figure 2-26—Reminders About Care from Provider Office
Practice-Level Top-Box Scores**



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

Table 2-21 shows the 2019 and 2020 *Reminders About Care from Provider Office* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-21—Reminders About Care from Provider Office Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	59.3%	67.5%	—
MCPN (RAE 3)	70.2%	74.9%	—
MCPN (RAE 6)	70.2%	68.5%	—
Parkview (RAE 4)	76.9%	74.8%	—
Poudre Valley (RAE 1)	69.8% ⁺	73.9%	—
Valley-Wide (RAE 4)	72.8%	75.1%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Saw Provider Within 15 Minutes of Appointment

Figure 2-27 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the seven RAEs.

**Figure 2-27—Saw Provider Within 15 Minutes of Appointment
RAE-Level Top-Box Scores**

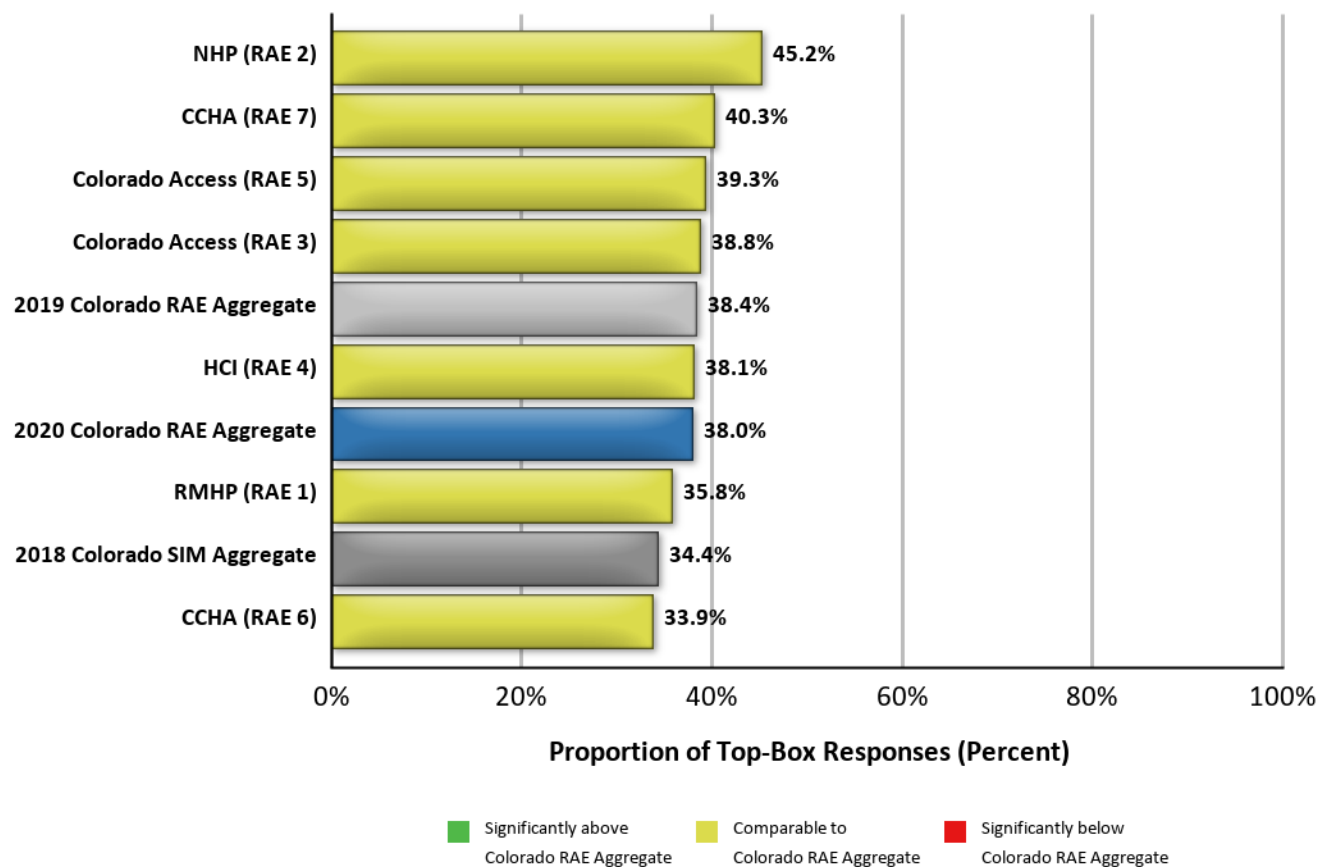
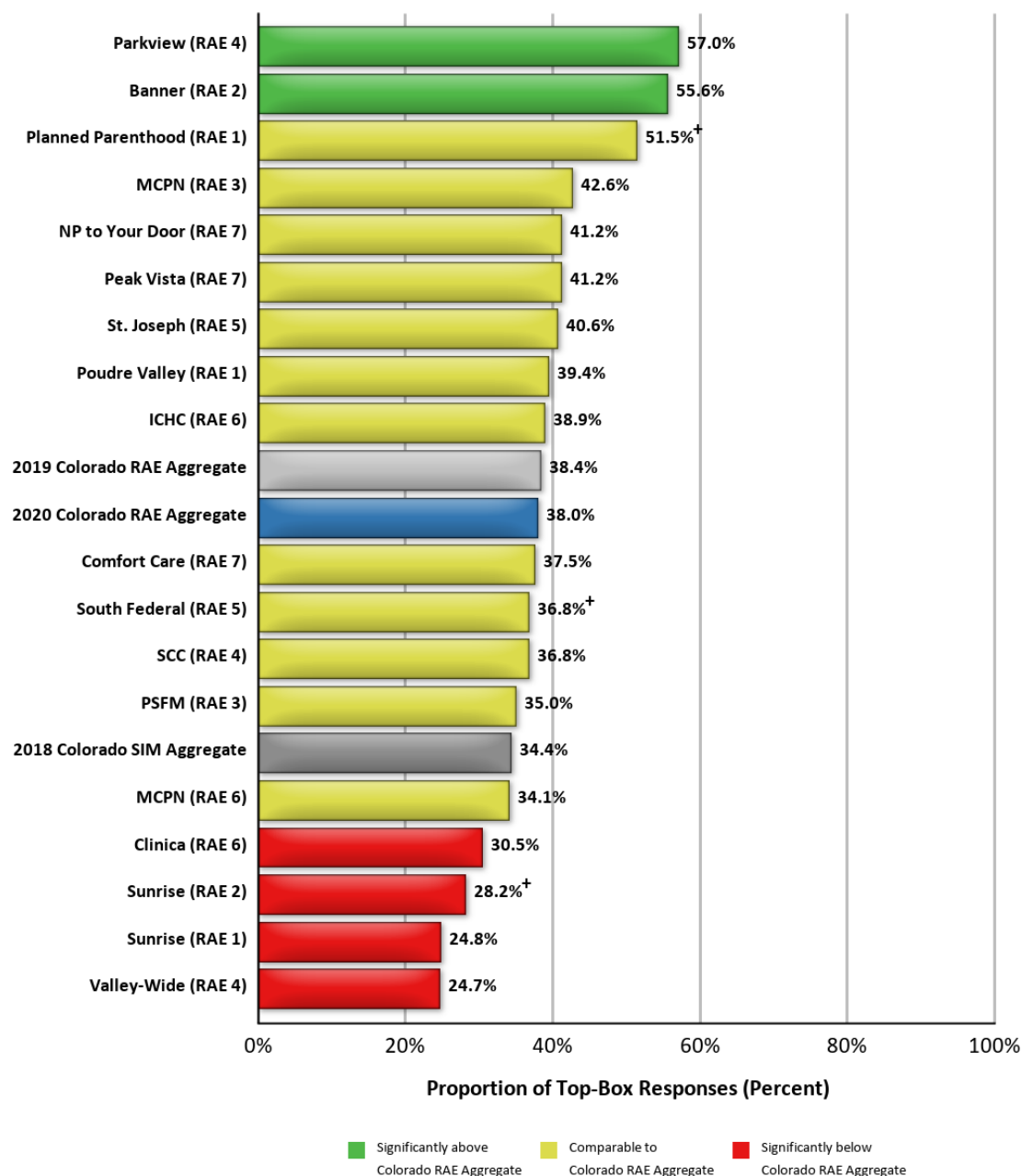


Figure 2-28 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the RAE-contracted practices.

**Figure 2-28—Saw Provider Within 15 Minutes of Appointment
Practice-Level Top-Box Scores**



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

Table 2-22 shows the 2019 and 2020 *Saw Provider Within 15 Minutes of Appointment* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-22—Saw Provider Within 15 Minutes of Appointment Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	48.6%	55.9%	—
MCPN (RAE 3)	34.6%	42.3%	—
MCPN (RAE 6)	28.4%	34.8%	—
Parkview (RAE 4)	47.8%	56.9%	—
Poudre Valley (RAE 1)	44.3% ⁺	40.0%	—
Valley-Wide (RAE 4)	27.8%	24.9%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2020 than in 2019. [▼] Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Receive Health Care and Mental Health Care at Same Place

Figure 2-29 shows the *Receive Health Care and Mental Health Care at Same Place* top-box scores for the seven RAEs.

**Figure 2-29—Receive Health Care and Mental Health Care at Same Place
RAE-Level Top-Box Scores**

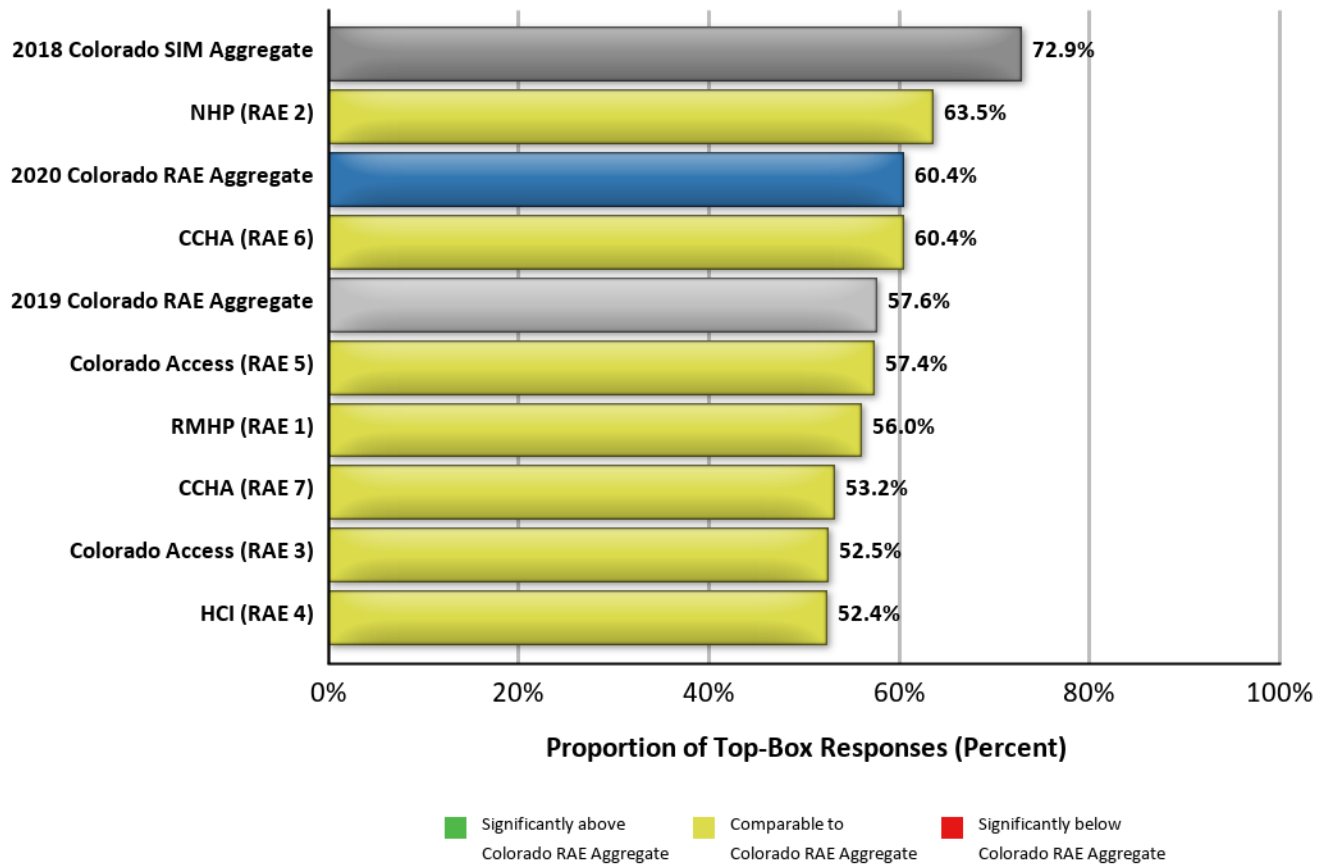
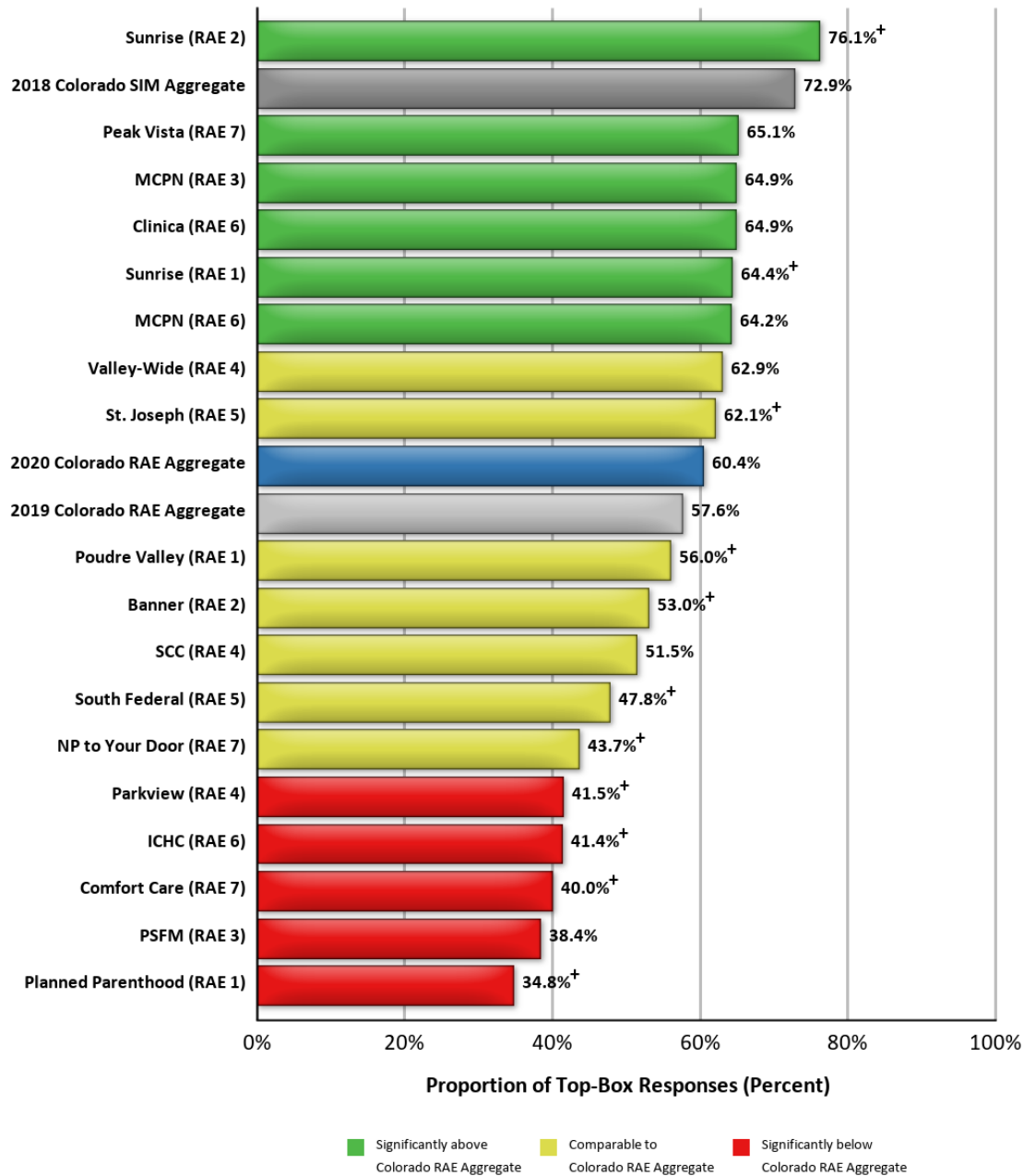


Figure 2-30 shows the *Receive Health Care and Mental Health Care at Same Place* top-box scores for the RAE-contracted practices.

**Figure 2-30—Receive Health Care and Mental Health Care at Same Place
Practice-Level Top-Box Scores**



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

Table 2-23 shows the 2019 and 2020 *Receive Health Care and Mental Health Care at Same Place* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-23—Receive Health Care and Mental Health Care at Same Place Trend Analysis

RAE-Contracted Practices	2019	2020	Trend Results
Banner (RAE 2)	45.4% ⁺	53.5% ⁺	—
MCPN (RAE 3)	61.0%	66.7%	—
MCPN (RAE 6)	58.6%	64.4%	—
Parkview (RAE 4)	58.6% ⁺	39.6% ⁺	▼
Poudre Valley (RAE 1)	51.4% ⁺	54.5% ⁺	—
Valley-Wide (RAE 4)	60.6%	63.5%	—
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.			

Summary of RAE Comparisons Results

Table 2-24 provides a summary of the RAE comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate.

Table 2-24—RAE Comparisons

Measure	RMHP (RAE 1)	NHP (RAE 2)	Colorado Access (RAE 3)	HCI (RAE 4)	Colorado Access (RAE 5)	CCHA (RAE 6)	CCHA (RAE 7)
Global Ratings							
<i>Rating of Provider</i>	—	↑	↓	↑	—	—	↓
<i>Rating of All Health Care</i>	—	—	—	—	—	—	↓
<i>Rating of Health Plan</i>	—	—	—	↑	—	—	↓
Composite Measures							
<i>Getting Timely Appointments, Care, and Information</i>	↓	—	—	↑	↑	↓	—
<i>How Well Providers Communicate with Patients</i>	—	↑	↓	—	—	—	↓
<i>Providers' Use of Information to Coordinate Patient Care</i>	—	↑	↓	↑	—	—	↓
<i>Talking with You About Taking Care of Your Own Health</i>	—	—	—	—	—	↑	↓
<i>Comprehensiveness</i>	—	—	—	—	↓	↑	↓
<i>Helpful, Courteous, and Respectful Office Staff</i>	—	—	↓	—	↑	↓	↑
Individual Item Measures							
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	—	—	—	—	—	↓	—
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.							

Summary of Practice Comparisons Results

Table 2-25 provides a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the global ratings.

Table 2-25—Practice Comparisons: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care	Rating of Health Plan
Banner (RAE 2)	↑	—	↑	—
Clinica (RAE 6)	—	↓	—	—
MCPN (RAE 6)	↓	↑	—	—
NP to Your Door (RAE 7)	↓	—	↓	—
Parkview (RAE 4)	↑	—	↑	—
Peak Vista (RAE 7)	↓	—	—	—
Planned Parenthood (RAE 1)	↑	S	—	—
Sunrise (RAE 2)	↓	—	↓	—
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.				

Table 2-26 and Table 2-27 provide a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the composite measures.

Table 2-26—Practice Comparisons: Composite Measures

RAE-Contracted Practices	<i>Getting Timely Appointments, Care, and Information</i>	<i>How Well Providers Communicate with Patients</i>	<i>Providers' Use of Information to Coordinate Patient Care</i>	<i>Talking with You About Taking Care of Your Own Health</i>
Banner (RAE 2)	↑	↑	↑	↑
Clinica (RAE 6)	↓	—	—	↑
Comfort Care (RAE 7)	↑	—	—	—
MCPN (RAE 3)	↓	—	—	—
MCPN (RAE 6)	↓	—	—	↑
NP to Your Door (RAE 7)	—	↓	↓	↓
PSFM (RAE 3)	—	↓	↓	—
Parkview (RAE 4)	↑	↑	↑	↑
Peak Vista (RAE 7)	↓	↓	↓	↓
Planned Parenthood (RAE 1)	↑	↑	—	—
SCC (RAE 4)	↑	—	—	—
South Federal (RAE 5)	↑	—	—	↓
St. Joseph (RAE 5)	—	—	↑	—
Sunrise (RAE 1)	↓	—	—	—
Sunrise (RAE 2)	↓	—	↓	↓
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.				

Table 2-27—Practice Comparisons: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness	Helpful, Courteous, and Respectful Office Staff	Customer Service
Clinica (RAE 6)	↑	—	—
Comfort Care (RAE 7)	—	↑	—
ICHC (RAE 6)	↓	↓	—
MCPN (RAE 3)	↑	↓	—
MCPN (RAE 6)	↑	—	—
Parkview (RAE 4)	—	↑	—
Planned Parenthood (RAE 1)	—	↑	—
SCC (RAE 4)	↓	↓	—
South Federal (RAE 5)	↓	—	—
St. Joseph (RAE 5)	—	↑	—
Sunrise (RAE 1)	—	↓	—
Sunrise (RAE 2)	—	↓	—
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate.			

Table 2-28 provides a summary of the practice comparisons results that scored statistically significantly above or below the Colorado RAE Aggregate for the individual item measures.

Table 2-28—Practice Comparisons: Individual Item Measures

RAE-Contracted Practices	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	<i>Reminders About Care from Provider Office</i>	<i>Saw Provider Within 15 Minutes of Appointment</i>	<i>Receive Health Care and Mental Health Care at Same Place</i>
Banner (RAE 2)	↑	—	↑	—
Clinica (RAE 6)	↓	↑	↓	↑
Comfort Care (RAE 7)	↑	—	—	↓
ICHC (RAE 6)	—	↑	—	↓
MCPN (RAE 3)	—	—	—	↑
MCPN (RAE 6)	↓	—	—	↑
PSFM (RAE 3)	—	—	—	↓
Parkview (RAE 4)	—	—	↑	↓
Peak Vista (RAE 7)	↓	—	—	↑
Planned Parenthood (RAE 1)	S	—	—	↓
South Federal (RAE 5)	↓	↓	—	—
St. Joseph (RAE 5)	—	↑	—	—
Sunrise (RAE 1)	—	—	↓	↑
Sunrise (RAE 2)	—	—	↓	↑
Valley-Wide (RAE 4)	—	—	↓	—
↑ Statistically significantly above the Colorado RAE Aggregate. ↓ Statistically significantly below the Colorado RAE Aggregate. — Indicates the 2020 score is not statistically significantly different than the Colorado RAE Aggregate. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.				

Summary of Trend Analysis

Table 2-29 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2020 than in 2019.

Table 2-29—Trend Analysis Results

Measure	Poudre Valley (RAE 1)	Banner (RAE 2)	MCPN (RAE 3)	Parkview (RAE 4)	Valley-Wide (RAE 4)	MCPN (RAE 6)
Global Ratings						
<i>Rating of Provider</i>	—	▲	—	—	—	—
<i>Rating of Specialist Seen Most Often</i>	—	—	—	—	—	▲
Composite Measures						
<i>How Well Providers Communicate with Patients</i>	—	▲	—	—	—	—
<i>Providers' Use of Information to Coordinate Patient Care</i>	—	▲	—	—	▲	—
<i>Talking with You About Taking Care of Your Own Health</i>	—	▲	—	—	▲	—
<i>Comprehensiveness</i>	—	—	▲	—	▲	—
<i>Customer Service</i>	▼	—	—	—	—	—
Individual Item Measures						
<i>Receive Health Care and Mental Health Care at Same Place</i>	—	—	—	▼	—	—
▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019.						

Stratification of Results

HSAG stratified results for select questions by the global ratings, as appropriate. The global rating responses were stratified into the following response categories: Dissatisfied (0 to 6), Neutral (7 to 8), and Satisfied (9 to 10). Results were calculated at the statewide level (i.e., Colorado RAE Aggregate).

Rating of Provider

Table 2-30 through Table 2-34 display the responses for select survey questions stratified by the *Rating of Provider* global rating response categories for the Colorado RAE Aggregate. Question 3 asked how long the member had been going to the provider.

Table 2-30—Length of Time Going to Provider

Length of Time Going to Provider (Q3) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	83	23.1%	96	26.7%	180	50.1%
At Least 6 Months but Less Than 1 Year	60	13.4%	132	29.4%	257	57.2%
At least 1 Year but Less Than 3 Years	87	11.4%	209	27.3%	469	61.3%
At Least 3 Years but Less Than 5 Years	32	7.3%	104	23.6%	304	69.1%
5 Years or More	55	8.9%	159	25.8%	403	65.3%
<i>Please note: Percentages may not total 100.0% due to rounding.</i>						

Question 6a asked how many days the member had to wait for an appointment when they needed care right away.

Table 2-31—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q6a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	15	4.5%	51	15.3%	267	80.2%
1 Day	20	7.2%	66	23.9%	190	68.8%
2 to 3 Days	49	13.9%	96	27.3%	207	58.8%
4 to 7 Days	41	22.8%	59	32.8%	80	44.4%
More Than 7 Days	50	30.5%	50	30.5%	64	39.0%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11a asked members if they received reminders about their care from their provider’s office between visits.

Table 2-32—Reminders About Care from Provider Office

Reminders about Care from Provider Office (Q11a) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	141	7.5%	479	25.5%	1258	67.0%
No	179	23.3%	230	30.0%	358	46.7%
Please note: Percentages may not total 100.0% due to rounding.						

Question 11b asked members how often they saw their provider within 15 minutes of the appointment time.

Table 2-33—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q11b) Responses	Rating of Provider (Q19)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	102	36.3%	91	32.4%	88	31.3%
Sometimes	97	19.7%	168	34.1%	227	46.1%
Usually	79	9.1%	259	29.9%	528	61.0%
Always	42	4.2%	186	18.5%	778	77.3%
Please note: Percentages may not total 100.0% due to rounding.						

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-34—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q19)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	53	6.9%	189	24.5%	531	68.7%
	Good	105	12.0%	245	28.0%	526	60.0%
	Fair/Poor	151	16.3%	254	27.4%	522	56.3%
Mental Health Status (Q30)	Excellent/Very Good	99	10.4%	229	24.1%	622	65.5%
	Good	99	11.5%	253	29.5%	506	59.0%
	Fair/Poor	110	14.0%	210	26.8%	463	59.1%
Please note: Percentages may not total 100.0% due to rounding.							

Rating of Specialist Seen Most Often

Table 2-35 displays the responses for select survey questions stratified by the *Rating of Specialist Seen Most Often* global rating response categories for the Colorado RAE Aggregate. Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-35—Physical and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q20a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	26	8.8%	66	22.4%	203	68.8%
	Good	48	10.9%	101	23.0%	290	66.1%
	Fair/Poor	93	15.8%	145	24.6%	352	59.7%
Mental Health Status (Q30)	Excellent/Very Good	40	9.4%	95	22.3%	291	68.3%
	Good	56	12.3%	112	24.6%	288	63.2%
	Fair/Poor	75	16.7%	104	23.1%	271	60.2%

Please note: Percentages may not total 100.0% due to rounding.

Rating of All Health Care

Table 2-36 and Table 2-37 display the responses for select survey questions stratified by the *Rating of All Health Care* global rating response categories for the Colorado RAE Aggregate. Question 29a asked if members had a physical or medical condition that interferes with their day-to-day activities.

Table 2-36—Condition that Interferes with Day-to-Day Activities

Condition that Interferes with Day-to-Day Activities (Q29a) Responses	Rating of All Health Care (Q26a)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	227	17.1%	377	28.3%	727	54.6%
No	140	11.0%	362	28.5%	767	60.4%

Please note: Percentages may not total 100.0% due to rounding.

Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-37—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q26a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	60	7.7%	201	25.9%	515	66.4%
	Good	123	13.8%	265	29.7%	503	56.5%
	Fair/Poor	182	19.5%	281	30.2%	469	50.3%
Mental Health Status (Q30)	Excellent/Very Good	88	9.2%	247	25.8%	621	65.0%
	Good	131	15.0%	271	31.1%	470	53.9%
	Fair/Poor	147	18.8%	231	29.5%	406	51.8%

Please note: Percentages may not total 100.0% due to rounding.

Rating of Health Plan

Table 2-38 displays the responses for select survey questions stratified by the *Rating of Health Plan* global rating response categories for the Colorado RAE Aggregate. Two questions asked members to assess their health. Question 29 asked members to rate their overall health. Question 30 asked members to rate their overall mental or emotional health.

Table 2-38—Physical and Mental Health Status

Questions	Responses	Rating of Health Plan (Q28f)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q29)	Excellent/Very Good	67	7.5%	231	25.8%	598	66.7%
	Good	123	12.0%	272	26.6%	628	61.4%
	Fair/Poor	153	14.2%	303	28.2%	619	57.6%

Questions	Responses	Rating of Health Plan (Q28f)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Mental Health Status (Q30)	Excellent/Very Good	86	7.8%	270	24.6%	741	67.5%
	Good	111	11.1%	289	28.9%	600	60.0%
	Fair/Poor	147	16.2%	252	27.7%	510	56.1%

Please note: Percentages may not total 100.0% due to rounding.

Other Survey Question

Question 19a asked members about the three most important things that they look for in their healthcare provider. Table 2-39 displays the responses for the Most Important Things in a Healthcare Provider survey question for the Colorado RAE Aggregate.

Table 2-39—Most Important Things in a Healthcare Provider

Responses	N	%
Provider is able to explain things about my health in a way I can understand	2,000	74.0%
Provider listens to and acts quickly to address my concerns	1,975	73.1%
Provider spends enough time with me during my appointments	1,648	61.0%
Provider is knowledgeable about my history when I come to appointments	1,527	56.5%
The ability to get timely appointments with my provider	1,177	43.5%
Friendly staff in provider's office	1,078	39.9%
Provider does not judge me	915	33.9%
Provider is close to my home	819	30.3%
Other	272	10.1%

Please note: Respondents may choose more than one response; therefore, percentages will not total 100.0%. Additionally, respondents may have chosen more than three responses.

3. Conclusions, Recommendations, and Opportunities for Improvement

General Conclusions

HSAG observed that reminders from a provider's office between visits and timely access to appointments correlated to higher ratings of the provider. Moreover, the better members perceived their physical and mental health (i.e., self-reported health status of "Excellent" or "Very Good"), the higher members rated their provider, specialist, health care, and health plan.

Conclusions and Recommendations Based on Results

Each RAE should evaluate the following recommendations of best practices and other proven strategies in the context of its own operational and quality improvement activities.

Access to Care

HSAG observed the following findings in the crosstabulations:

- Approximately 40 percent of respondents reported never being able to get the care they needed from their provider's office during evenings, weekends, or holidays.³⁻¹
- Approximately 25 percent of respondents reported that they could not get both their health care and mental health care at the same place.³⁻²

HSAG recommends that providers consider working with other practices in the area to collaborate on providing and covering extended hours of operation if the individual provider is solely unable to do so. RAE practices should also ensure their members have information about the provider's recommended urgent care centers in the area, including hours of operation, as well as telephone numbers for nurse advice lines.

³⁻¹ Please see Question 9b in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻² Please see Question 30a in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

Timeliness of Care

HSAG observed the following findings in the key drivers' analysis, RAE comparisons, and crosstabulations:

- Respondents not obtaining an appointment with their provider as soon as they thought they needed when they needed care right away was identified as a key driver for the *Rating of All Health Care* global rating. Approximately 13 percent of respondents reported they waited more than seven days for an appointment when they needed care right away.³⁻³
- Respondents not receiving an answer to their medical question within the same day when they contacted their provider's office during regular office hours was identified as a key driver for the *Rating of All Health Care* and *Rating of Health Plan* global ratings. Approximately 12 percent of respondents reported never receiving an answer to their medical question that same day.³⁻⁴
- Approximately 55 percent of respondents reported that it was not always easy to get timely appointments, care, and information. In addition, two of the seven RAEs (RMHP [RAE 1] and CCHA [RAE 6]) scored statistically significantly below the Colorado RAE Aggregate for the *Getting Timely Appointments, Care, and Information* composite measure. Also, 44 percent of respondents reported that the ability to get timely appointments with their provider is one of the most important things they look for in a healthcare provider.³⁻⁵
- Approximately 11 percent of respondents reported never seeing their provider within 15 minutes of their appointment time.³⁻⁶

Not being able to gain timely access to a provider may be an indication of overall scheduling system problems or provider caseload concerns. HSAG recommends that RAE practices review scheduling procedures and provider to patient ratios to analyze reasons for delays in serving members relative to their appointment time, evaluate time frames associated with members obtaining appointments, determine factors that may contribute to members' perceptions of needing an appointment sooner than they received one, and revise internal scheduling mechanisms, caseload, or procedures accordingly.

Communication

HSAG observed the following findings in the key drivers' analysis and RAE comparisons:

- Respondents not being provided the information they needed about how Medicaid/Health First Colorado works in written materials or on the Internet was identified as a key driver for the *Rating of Health Plan* global rating.

³⁻³ Please see Question 6a in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁴ Please see Question 11 in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁵ Please see Question 19a in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁶ Please see Question 11b in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- Approximately 49 percent of respondents reported that someone from their provider's office did not speak with them about what worries them or causes them stress; ask them if there were periods when they have felt sad, empty, or depressed; or talk with them about personal, family, alcohol/drug use, mental, or emotional problems. Two of the seven RAEs (Colorado Access [RAE 5] and CCHA [RAE 7]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Comprehensiveness* composite measure.
- Approximately 42 percent of respondents reported that someone from their provider's office did not speak with them about specific goals for their health.³⁻⁷ Approximately 60 percent of respondents reported that someone from their provider's office did not ask if there are things that make it hard for them to take care of their own health.³⁻⁸ CCHA (RAE 7) scored statistically significantly lower than the Colorado RAE Aggregate for the *Talking with You About Taking Care of Your Own Health* composite measure.
- Two of the seven RAEs (Colorado Access [RAE 3] and CCHA [RAE 7]) scored statistically significantly lower than the Colorado RAE Aggregate for the *How Well Providers Communicate with Patients* composite measure.

HSAG acknowledges that there may be many factors that determine the need or appropriateness of discussing emotional, wellness, or developmental issues with a member, such as the frequency of appointments with the member or the type of appointment/circumstances of a provider visit. HSAG recommends that each practice assess and establish its own internal best practice expectations/benchmarks of practice performance in discussing these issues with members. Additionally, HSAG recommends that RAE practices develop an internal communication plan or procedure to address mechanisms and responsibilities for timely staff follow-up with members regarding results of tests and medical questions.

Care Coordination

HSAG observed the following findings in the key drivers' analysis, RAE comparisons, and crosstabulations:

- Respondents not receiving follow-up from their provider on the results of an ordered blood test, x-ray, or other test was identified as a key driver for the *Rating of Provider* global rating.
- Respondents not speaking with anyone from their provider's office about prescription medicines they were taking was identified as a key driver for the *Rating of All Health Care* global rating.
- Approximately 11 percent of respondents reported their provider was never informed and up-to-date about the care they received from specialists.³⁻⁹

³⁻⁷ Please see Question 22 in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁸ Please see Question 23 in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻⁹ Please see Question 21 in the 2020 Adult Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- Two of the seven RAEs (Colorado Access [RAE 3] and CCHA [RAE 7]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Providers' Use of Information to Coordinate Patient Care* composite measure.

HSAG recommends the RAE practices begin each well-visit or treatment visit with a review of the members' history, previous visits, and prescription medications with the utilization of electronic health records to be as informed as possible about a member's medical history. Also, HSAG recommends the RAE practices review current procedures, including the application of telephone follow-up if needed, to provide members with needed test results.

Challenges and Potential Opportunities for Improvement

The results indicate actionable opportunities for improvement in select provider practices and in the continued administration of the PCMH Surveys.

- RAE practices could consider establishing performance goals for indicators with notably lower scores, with particular attention to the key drivers of low member experience.
- RAE practices with statistically significantly higher ratings could consider sharing "best practices" among those practices with statistically significantly lower ratings of the same measures.
- The Department could provide standardized information about the survey administration to the RAE practices prior to survey administration so the practices are informed and knowledgeable about the survey protocol and when it will take place. The Department can provide directions to the RAE practices about how their customer service department should answer complaints and inquiries during the survey administration field.
- If the Department administered the same survey to the same set of provider practices in future years (i.e., the 2021 RAE Practices), a trend evaluation of the data could continue to be performed.

4. Reader's Guide

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

Survey Administration

Survey Overview

The CG-CAHPS Surveys began to be developed in 1999 through a collaboration between the CAHPS Consortium and the Pacific Business Group on Health, whose Consumer Assessment Survey known as the CAHPS Group Practices Survey established a model for surveys that would assess members' experiences with medical groups and clinicians. In 2004, the Agency for Healthcare Research and Quality (AHRQ) issued a notice in the Federal Register inviting organizations to test a CG survey. Several organizations participated in the testing of the CG survey from 2004 to 2006, and the AHRQ CAHPS team analyzed these survey data. In 2007, AHRQ released the first CG-CAHPS Survey. Since that time, the survey has been revised to meet the diverse needs of users. In 2009, the CAHPS team began the development of the PCMH Item Set to improve the usefulness of the CG-CAHPS Survey. The process of developing and testing the PCMH Item Set featured multiple steps including: literature reviews, technical expert panels, stakeholder inputs, focus groups, cognitive testing, field testing, and psychometric analyses. The PCMH Item Set was publicly released in 2011. In an effort to maximize the reliability of reporting measures, AHRQ issued a call for public comment on proposed changes to the CG-CAHPS Survey in 2015. Based on the feedback received and subsequent analyses of multiple data sets, the CAHPS Consortium recommended changes into Version 3.0 of the survey.

The Department selected a modified version of the Adult CG-CAHPS Survey, Version 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. Table 4-1 lists the global rating, composite measures, individual item measures, and additional survey questions included in the modified PCMH Survey that was administered to Colorado RAE practice members. The global measures (also referred to as global ratings) reflect overall member experience with providers, specialists, health care, and the health plan. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *"Getting Timely Appointments, Care, and Information"* and *"How Well Providers Communicate with Patients"*). The individual item measures are individual questions that look at a specific area of care (e.g., *"Received Care from Provider Office During Evenings, Weekends, or Holidays"* and *"Saw Provider Within 15 Minutes of Appointment"*). The additional questions were selected by the Department for inclusion in the PCMH survey or are part of the CAHPS PCMH survey to evaluate members' access to care and overall health (e.g., *"Number of Days Waited for Appointment"* and *"Physical Health Status"*).

Table 4-1—PCMH Survey Measures and Additional Survey Questions

Global Ratings	Composite Measures	Individual Item Measures	Additional Survey Questions
<i>Rating of Provider (Q19)</i>	<i>Getting Timely Appointments, Care, and Information (Q6, Q8, and Q11)</i>	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays (Q9b)</i>	<i>Length of Time Going to Provider (Q3)</i>
<i>Rating of Specialist Seen Most Often (Q20a)</i>	<i>How Well Providers Communicate with Patients (Q12, Q13, Q15, and Q16)</i>	<i>Reminder About Care from Provider Office (Q11a)</i>	<i>Number of Days Waited for Appointment (Q6a)</i>
<i>Rating of All Health Care (Q26a)</i>	<i>Providers' Use of Information to Coordinate Patient Care (Q14, Q18, and Q26)</i>	<i>Saw Provider Within 15 Minutes of Appointment (Q11b)</i>	<i>Most Important Things in a Healthcare Provider (Q19a)</i>
<i>Rating of Health Plan (Q28f)</i>	<i>Talking with You About Taking Care of Your Own Health (Q22 and Q23)</i>	<i>Receive Health Care and Mental Health Care at Same Place (Q30a)</i>	<i>Physical Health Status (Q29)</i>
	<i>Comprehensiveness (Q24, Q24a, and Q24b)</i>		<i>Condition that Interferes with Day-to-Day Activities (Q29a)</i>
	<i>Helpful, Courteous, and Respectful Office Staff (Q27 and Q28)</i>		<i>Mental Health Status (Q30)</i>
	<i>Health First Colorado Customer Service (Q28d and Q28e)</i>		

Table 4-2 presents the survey language and response options for the global ratings, composite measures, and individual item measures.

Table 4-2—Question Language and Response Categories

Question Language	Response Categories
Global Ratings	
<i>Rating of Provider</i>	
19. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?	0–10 Scale
<i>Rating of Specialist Seen Most Often</i>	
20a. We want to know your rating of the specialist you saw 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

Rating of All Health Care	
26a. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
Rating of Health Plan	
28f. 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 Medicaid/Health First Colorado?	0–10 Scale
Composite Measures	
Getting Timely Appointments, Care, and Information	
6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Never, Sometimes, Usually, Always
8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	
11. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	
How Well Providers Communicate with Patients	
12. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did this provider listen carefully to you?	
15. In the last 6 months, how often did this provider show respect for what you had to say?	
16. In the last 6 months, how often did this provider spend enough time with you?	
Providers' Use of Information to Coordinate Patient Care	
14. In the last 6 months, how often did this provider seem to know the important information about your medical history?	Never, Sometimes, Usually, Always
18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	
26. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	
Talking with You About Taking Care of Your Own Health	
22. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?	Yes, No
23. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?	
Comprehensiveness	
24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?	Yes, No

24a. In the last 6 months, did anyone in this provider’s office ask you if there was a period of time when you felt sad, empty, or depressed?	
24b. In the last 6 months, did you and anyone in this provider’s office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?	
Helpful, Courteous, and Respectful Office Staff	
27. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	
Health First Colorado Customer Service	
28d. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
28e. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?	
Individual Item Measures	
Received Care from Provider Office During Evenings, Weekends, or Holidays	
9b. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?	Never, Sometimes, Usually, Always
Reminders About Care from Provider Office	
11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?	Yes, No
Saw Provider Within 15 Minutes of Appointment	
11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?	Never, Sometimes, Usually, Always
Receive Health Care and Mental Health Care at Same Place	
30a. Can you get both your health care and your mental health care at the same place?	Yes, No, I do not use mental health care, Don’t know

Sampling Procedures

Members eligible for sampling included those who were identified as having at least one visit with one of the RAE practices and who were continuously enrolled for at least five of the last six months of the measurement year (May 1, 2019 to October 31, 2019). The Department identified the practices and eligible practice clinicians to be included in the 2020 PCMH Survey administration. Eligible clinicians included physicians (both doctor of medicine and doctor of osteopathy), nurse practitioners, and physician assistants who serve within a clinic or federally qualified health center.⁴⁻¹ Adult members

⁴⁻¹ Clinicians were not necessarily the member's regular clinician or primary care provider.

eligible for sampling included those who were 18 years of age or older as of October 31, 2019. HSAG selected a sample of 511 to 1,200 members from each adult RAE practice.

Survey Protocol

Table 4-3 shows the mixed mode (i.e., mail and website followed by telephone follow-up) timeline used in the administration of the Colorado PCMH Survey.

Table 4-3—Mixed-Mode Methodology Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to members.	0 days
Website made available for members to complete the survey via Internet.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first questionnaire.	7 days
Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire.	35 days
Initiate CATI interviews for non-respondents 25 days after mailing the second questionnaire.	53 days
Initiate systematic contact for all non-respondents such that a maximum of six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	53 – 90 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 37 days after initiation.	90 days

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The first phase consisted of a cover letter being mailed to all sampled members that provided two options by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members that were not identified as Spanish-speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. The telephone phase consisted of CATI for sampled members who had not completed a survey. A maximum of six CATI calls was made to each non-respondent.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. The sample of records from each practice 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 Telematch telephone number verification service to locate and/or update telephone

numbers for all non-respondents. The survey samples were selected so that no more than one member was selected per household.

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of Healthcare Effectiveness Data and Information Set (HEDIS[®]) Specifications for Survey Measures as a guideline for conducting the Colorado PCMH Survey data analysis.^{4-2,4-3} A number of analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

The administration of the survey is comprehensive and is designed to achieve the highest possible response rate. The response rate is defined as the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "complete" if at least one survey question was appropriately answered, and the member did not answer "No" to Question 1.^{4-4,4-5} Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the criteria described on page 4-4), had a language barrier, or were mentally or physically incapacitated.

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

Key Drivers of Low Member Experience

In order to determine factors that are contributing to low experience ratings, HSAG performed an analysis of key drivers of low member experience for the following measures: *Rating of Provider*, *Rating of All Health Care*, and *Rating of Health Plan*. The purpose of the key drivers of low member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities. The analysis provides information on: 1) how well the Colorado RAE Aggregate is performing on the survey item and 2) how important that item is to overall member experience.

HSAG measured the performance on a survey item by calculating a problem score. A problem score is the score associated with a response in which the member identified a negative experience and was

⁴⁻² National Committee for Quality Assurance. *HEDIS[®] 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

⁴⁻³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁴⁻⁴ Question 1 asked if the member got care from the provider/practice listed in the last 6 months.

⁴⁻⁵ The completeness criteria deviates from NCQA HEDIS Specifications for Survey Measures.

assigned a “1.” A positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member’s experience with the aspect of service measured by that question. The problem score could range from 0 to 1.

Table 4-4 depicts the problem score assignments for the different response categories.

Table 4-4—Problem Score Assignment

Response Category	Classification	Code
Never/Sometimes/Usually/Always Format		
Usually	Not a Problem	0
Always	Not a Problem	0
Never	Problem	1
Sometimes	Problem	1
No Answer	Not classified	Missing
No/Yes Format		
Yes	Not a Problem	0
No	Problem	1
No Answer	Not classified	Missing
Days Format		
Same day	Not a Problem	0
1 day	Not a Problem	0
2 to 3 days	Problem	1
4 to 7 days	Problem	1
More than 7 days	Problem	1
No Answer	Not classified	Missing

For each item evaluated, HSAG calculated the relationship between the item’s problem score 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 overall problem score and their correlation to each measure. Key drivers of low member experience were defined as those items that:

- Had a problem score that was greater than or equal to the median problem score for all items examined.
- Had a correlation that was greater than or equal to the median correlation for all items examined.

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents. Given that the demographics of a response group can influence overall member experience scores, it is important to evaluate all survey results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the practice, then caution must be exercised when extrapolating the survey results to the entire population.

Top-Box Results

HSAG calculated top-box scores for each measure. HSAG followed the NCQA HEDIS Specifications for Survey Measures to calculate the top-box scores.⁴⁻⁶ A “top-box” response was defined as follows:

- “9” or “10” for the global ratings;
- “Always” for the *Getting Timely Appointments, Care, and Information; How Well Providers Communicate with Patients; Providers’ Use of Information to Coordinate Patient Care; Helpful, Courteous, and Respectful Office Staff; and Health First Colorado Customer Service* composites, and the *Received Care from Provider Office During Evenings, Weekends, or Holidays and Saw Provider Within 15 Minutes of Appointment* individual item measures.
- “Yes” for the *Talking with You About Taking Care of Your Own Health and Comprehensiveness* composites, and the *Reminders About Care from Provider Office and Receive Health Care and Mental Health Care at Same Place* individual item measures.⁴⁻⁷

Top-box responses (as defined above) were assigned a score value of one, and all other responses were assigned a score value of zero. For the global rating and individual item measures, top-box scores were defined as the proportion (i.e., percentage) of responses with a score value of one 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 Specifications for Survey Measures.

⁴⁻⁶ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

⁴⁻⁷ Respondents that answered “I do not use mental health care” and “Don’t know” were removed from the top-box score calculation for *Receive Health Care and Mental Health Care at Same Place* individual item measure.

Statewide Comparisons

RAE and Practice Comparisons

RAE-level comparisons were performed to identify statistically significant differences in member experience between the RAEs, and practice-level comparisons were performed to identify statistically significant differences in member experience between practices. Two types of hypothesis tests were applied to the comparative results. First, a global F test was calculated, which determined whether the difference between the RAEs'/practices' scores were significantly different than the aggregate.

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/practices):

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

The F statistic had an F distribution with $(P - 1, q)$ degrees of freedom, where q was equal to $n - P - (\text{number of case-mix adjusters})$. Due to these qualities, this F test produced p values that were slightly larger than they should have been; therefore, finding significant differences was less likely. An alpha-level of 0.05 was used. If the F test demonstrated differences (i.e., $p < 0.05$), then a t test was performed.

The t test determined whether a RAE's or practice's score was significantly different from the average result of all RAEs/practices. The equation for the differences was as follows:

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

In this equation, \sum^* was the sum of all RAEs/practices except RAE/practice 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 $n - P - (\text{number of case-mix adjusters})$ degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences was less likely.

Due to differences in selected practices, the 2019 Colorado RAE Aggregate and 2018 Colorado SIM Aggregate are presented in the figures for reference purposes only.

Case-Mix Adjustment

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

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

Where net adjustment was calculated using the following equation:

$$\text{Net Adjustment} = (\text{RAE/Practice Adjuster's Mean} - \text{Program Adjuster's Mean}) \times \text{Coefficient}$$

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

Trend Analysis

A trend analysis was performed for each measure that compared the 2020 practice-level scores to the corresponding 2019 practice-level scores, where applicable, to determine whether there were statistically significant differences. Only practices that were selected in both the 2020 and 2019 survey administrations are presented. A t test was performed to determine whether results in 2020 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided p value of the t test was 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.

Limitations and Cautions

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

CAHPS Database Benchmarks

The CG-CAHPS Survey Database only produces benchmarks on the core measures of patient experience from the CG-CAHPS Survey 3.0 and PCMH Item Set 3.0; therefore, benchmarks are not presented for supplemental items selected by the Department for inclusion in the 2020 Colorado PCMH Survey. Additionally, 2020 CAHPS Database benchmarks produced from the Adult CG-CAHPS Survey 3.0 with PCMH items were not available at the time this report was prepared. Due to differences in practices that were included in the benchmarks, caution should be exercised when comparing the 2018 CAHPS Database benchmarks to the 2020 Colorado PCMH Survey results.

Case-Mix Adjustment

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

Causal Inferences

The questions in the PCMH survey ask members about the care received by a listed provider at a specific practice. Although the analyses in this report examine whether members report differences with various aspects of their care and service experiences, these differences may not be completely attributable to the practice or the overall performance of the RAE. The survey by itself does not necessarily reveal the exact cause of these differences.

COVID-19 Impact

Due to the coronavirus (COVID-19) pandemic in the United States beginning in March 2020, the number of completed surveys may have been impacted as well as members' perceptions of and experiences with the health care system; therefore, caution should be exercised when evaluating the results.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their care and service and may vary by practice. Therefore, the potential for non-response bias should be considered when interpreting survey results.

PCMH Survey Instrument

For purposes of the 2020 Colorado PCMH Survey administration, the standardized Adult CG-CAHPS 3.0 Survey was modified, such that additional items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey were added. Given the modifications to the CG-CAHPS Survey instrument, caution should be exercised when interpreting the 2020 Colorado PCMH Survey results presented in this report.

Prior Years' Results

Due to differences in the practices selected for the 2020 Colorado PCMH Survey, the 2019 Colorado RAE Aggregate and 2018 Colorado SIM Aggregate are presented in the figures for reference purposes only and are not comparable to the 2020 Colorado RAE Aggregate results.

RAE/Practice Attribution

A random sample of members was selected from a targeted list of RAE-contracted practices to be included in the 2020 PCMH Survey administration and is not a random sample of the entire RAE population. Additionally, the survey questions ask about members' experiences with their provider at a specific practice. Therefore, caution should be exercised when interpreting these results as the results may not directly assess the overall performance of the RAE.

5. Survey Instrument

The survey instrument selected was a modified version of the Adult CG-CAHPS Survey 3.0, featuring selected items from the PCMH Item Set 3.0 and CG-CAHPS 2.0 Survey. This section provides a copy of the survey instrument.



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

You may notice a barcode number on the front 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 survey, please call 1-800-839-0564.

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



Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 28a*



The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

☐ Yes
☐ No

3. How long have you been going to this provider?

☐ Less than 6 months
☐ At least 6 months but less than 1 year
☐ At least 1 year but less than 3 years
☐ At least 3 years but less than 5 years
☐ 5 years or more

Your Care From This Provider in the Last 6 months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 6 months, how many times did you visit this provider to get care for yourself?

☐ None → *Go to Question 28a*
☐ 1 time
☐ 2
☐ 3
☐ 4
☐ 5 to 9
☐ 10 or more times

5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away?

☐ Yes
☐ No → *Go to Question 7*

6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

☐ Never
☐ Sometimes
☐ Usually
☐ Always

- 6a. In the last 6 months, how many days did you usually have to wait for an appointment when you needed care right away?

☐ Same day
☐ 1 day
☐ 2 to 3 days
☐ 4 to 7 days
☐ More than 7 days

7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?

☐ Yes
☐ No → *Go to Question 9*

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

☐ Never
☐ Sometimes
☐ Usually
☐ Always

9. Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No

9a. In the last 6 months, did you need care for yourself during evenings, weekends, or holidays?

- ☐ Yes
- ☐ No ➔ *Go to Question 10*

9b. In the last 6 months, how often were you able to get the care you needed from this provider's office during evenings, weekends, or holidays?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?

- ☐ Yes
- ☐ No ➔ *Go to Question 11a*

11. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

11a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders from this provider's office between visits?

- ☐ Yes
- ☐ No

11b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see this provider within 15 minutes of your appointment time?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

13. In the last 6 months, how often did this provider listen carefully to you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

14. In the last 6 months, how often did this provider seem to know the important information about your medical history?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

15. In the last 6 months, how often did this provider show respect for what you had to say?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

16. In the last 6 months, how often did this provider spend enough time with you?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

17. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?

- ☐ Yes
- ☐ No → **Go to Question 19**

18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

19. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Provider | | | | | Provider | | | | | |
| Possible | | | | | Possible | | | | | |

19a. What are the three most important things that you look for in a healthcare provider? Select up to three (3) responses.

- ☐ Provider is able to explain things about my health in a way I can understand
 - ☐ Provider spends enough time with me during my appointments
 - ☐ Provider listens to and acts quickly to address my concerns
 - ☐ Provider is knowledgeable about my history when I come to appointments
 - ☐ Provider does not judge me
 - ☐ The ability to get timely appointments with my provider
 - ☐ Provider is close to my home
 - ☐ Friendly staff in provider's office
 - ☐ Other (Please list below)
-

20. 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 see a specialist for a particular health problem?

- ☐ Yes
- ☐ No → **Go to Question 21a**

20a. We want to know your rating of the specialist you saw 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?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Specialist | | | | | Best Specialist | | | | | |
| Possible | | | | | Possible | | | | | |

21. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21a. In the last 6 months, were you ever not able to get medical care, tests, or treatments you or a (any) doctor believed necessary?

- ☐ Yes
- ☐ No

Please answer these questions about the provider named in Question 1 of the survey.

22. In the last 6 months, did someone from this provider's office talk with you about specific goals for your health?

- ☐ Yes
- ☐ No

23. In the last 6 months, did someone from this provider's office ask you if there are things that make it hard for you to take care of your health?

- ☐ Yes
- ☐ No

24. In the last 6 months, did you and someone from this provider's office talk about things in your life that worry you or cause you stress?

- ☐ Yes
- ☐ No

24a. In the last 6 months, did anyone in this provider's office ask you if there was a period of time when you felt sad, empty, or depressed?

- ☐ Yes
- ☐ No

24b. In the last 6 months, did you and anyone in this provider's office talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- ☐ Yes
- ☐ No

25. In the last 6 months, did you take any prescription medicine?

- ☐ Yes
- ☐ No → **Go to Question 26a**

26. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

26a. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst | | | | | Best | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

**Clerks and Receptionists
at This Provider's Office**

27. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

YOUR HEALTH PLAN

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

28a. In the last 6 months, did you look for any information in written materials or on the Internet about how Medicaid/Health First Colorado works?

- ☐ Yes
- ☐ No → **Go to Question 28c**

28b. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how Medicaid/Health First Colorado works?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28c. In the last 6 months, did you get information or help from Medicaid/Health First Colorado customer service?

- ☐ Yes
- ☐ No → **Go to Question 28f**

28d. In the last 6 months, how often did Medicaid/Health First Colorado customer service give you the information or help you needed?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28e. In the last 6 months, how often did Medicaid/Health First Colorado customer service staff treat you with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28f. 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 Medicaid/Health First Colorado?

- | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| Worst | | | | | | Best | | | | | |
| Health Plan | | | | | | Health Plan | | | | | |
| Possible | | | | | | Possible | | | | | |

About You

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

29a. Do you have a physical or medical condition that seriously interferes with your ability to work, attend school, or manage your day-to-day activities?

- ☐ Yes
- ☐ No

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

30a. Can you get both your health care and your mental health care at the same place?

- ☐ Yes
- ☐ No
- ☐ I do not use mental health care
- ☐ Don't know

30b. Have you had either a flu shot or flu spray in the nose since July 1, 2019?

- ☐ Yes
- ☐ No
- ☐ Don't know

31. What is your age?

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

32. Are you male or female?

- ☐ Male
- ☐ Female

33. 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

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

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

35. What is your race? Please mark one or more.

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

36. Did someone help you complete this survey?

- ☐ Yes → **Go to Question 37**
- ☐ No → **Thank you. Please return the completed survey in the postage-paid envelope.**

◆

37. How did that person help you? Please mark one or more.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

THANK YOU

Thank you 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

Appendix A. Adult Medicaid MCO CAHPS Results

The results presented in this section are from the CAHPS survey administered by each of Colorado's Medicaid managed care organizations (MCOs) rather than from the Adult PCMH survey administered by HSAG. The State of Colorado requires Denver Health Medical Plan (DHMP) and Rocky Mountain Health Plans Medicaid—Prime (RMHP Prime) to annually administer surveys to adult Medicaid members enrolled in each of the MCOs. The survey instrument selected for administration was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.^{A-1}

Each MCO used an NCQA-certified HEDIS CAHPS survey vendor to administer the CAHPS surveys and submitted the data to HSAG for inclusion in this report. HSAG presents the 2019 and 2020 adult Medicaid CAHPS top-box scores for DHMP and RMHP Prime in the tables on the following pages. HSAG calculated the top-box results in this section following NCQA's HEDIS Volume 3 Specifications for Survey Measures.^{A-2}

^{A-1} HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

^{A-2} National Committee for Quality Assurance. *HEDIS[®] 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

Denver Health Medical Plan

Table A-1 shows the 2019 and 2020 top-box scores for DHMP.

Table A-1—Top-Box Scores for DHMP

Measure	2019	2020
Global Ratings		
<i>Rating of Health Plan</i>	56.4%	60.3%
<i>Rating of All Health Care</i>	50.3%	55.5%
<i>Rating of Personal Doctor</i>	66.0%	69.6%
<i>Rating of Specialist Seen Most Often</i>	70.7% ⁺	74.1% ⁺
Composite Measures		
<i>Getting Needed Care</i>	71.8%	74.5%
<i>Getting Care Quickly</i>	74.7%	73.5%
<i>How Well Doctors Communicate</i>	92.0%	94.2%
<i>Customer Service</i>	90.0% ⁺	89.1% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid—Prime

Table A-2 shows the 2019 and 2020 top-box scores for RMHP Prime.

Table A-2—Top-Box Scores for RMHP Prime

Measure	2019	2020
Global Ratings		
<i>Rating of Health Plan</i>	69.1%	68.3%
<i>Rating of All Health Care</i>	64.3%	58.6%
<i>Rating of Personal Doctor</i>	74.4%	75.1%
<i>Rating of Specialist Seen Most Often</i>	69.6%	66.7% ⁺
Composite Measures		
<i>Getting Needed Care</i>	84.2%	84.5%
<i>Getting Care Quickly</i>	82.6%	83.1%
<i>How Well Doctors Communicate</i>	95.1%	93.4%
<i>Customer Service</i>	93.8% ⁺	94.7% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		