



COLORADO

**Department of Health Care
Policy & Financing**

2021 Colorado Patient-Centered Medical Home Survey Child Report

August 2021

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



Table of Contents

1. Introduction	1-1
Survey Administration and Response Rates	1-2
Survey Administration	1-2
Response Rates	1-3
2. Results	2-1
Key Drivers of Low Member Experience	2-1
Child and Respondent Demographics	2-3
Child Demographics	2-4
Respondent Demographics	2-10
Respondent Analysis	2-14
Statewide Comparisons	2-19
RAE and Practice Comparisons	2-19
Trend Analysis	2-20
Global Ratings	2-21
Composite Measures	2-30
Individual Item Measures	2-51
Summary of RAE Comparisons Results	2-63
Summary of Practice Comparisons Results	2-64
Summary of Trend Analysis	2-68
Stratification of Results	2-70
Rating of Provider	2-70
Rating of Specialist Seen Most Often	2-73
Rating of All Health Care	2-73
Other Survey Question	2-74
3. Conclusions and Recommendations	3-1
Conclusions	3-1
Access to Care	3-1
Timeliness of Care	3-1
Quality of Care	3-2
Recommendations	3-3
4. Reader's Guide	4-1
Survey Administration	4-1
Survey Overview	4-1
Sampling Procedures	4-5
Survey Protocol	4-5
Methodology	4-7
Response Rates	4-7
Key Drivers of Low Member Experience	4-7
Demographic Analysis	4-10
Respondent Analysis	4-10
Top-Box Results	4-10

Statewide Comparisons4-11

Limitations and Cautions.....4-13

 Lack of National Data for Comparisons4-13

 Case-Mix Adjustment.....4-13

 Causal Inferences.....4-14

 Coronavirus Disease 2019 (COVID-19) Impact.....4-14

 Non-Response Bias.....4-14

 PCMH Survey Instrument4-14

 Prior Years’ Results4-15

 RAE/Practice Attribution.....4-15

5. Survey Instrument5-1

A. Appendix A. Child Medicaid MCO CAHPS ResultsA-1

 Denver Health Medical Plan.....A-2

 Rocky Mountain Health Plans Medicaid—Prime.....A-3

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 Child Patient-Centered Medical Home (PCMH) Survey administered to parents/caretakers of child members receiving services through Health First Colorado (Colorado’s Medicaid Program).¹⁻¹ Health First Colorado’s primary health care delivery system utilizes an Accountable Care Collaborative (ACC) model that integrates physical and behavioral health care with a primary focus on member outcomes. Seven Regional Accountable Entities (RAEs) were contracted to implement Phase II of Colorado’s ACC. Key functions of the RAEs are to coordinate care, ensure members are attributed to a primary medical care provider, and administer the capitated behavioral health benefit.

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.¹⁻² The administered survey is referred to as the PCMH Survey in this report. Parents/caretakers of child Medicaid members completed the surveys from December 2020 to April 2021.

¹⁻¹ For the Child PCMH Survey, the survey questionnaire was addressed to the parent/caretaker of the child member (identified as having visited a participating practice clinician) and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member.

¹⁻² 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 child RAE-contracted practices that were selected by the Department for inclusion in the 2021 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	Child Group Practice 1 ¹⁻³	Child Group 1 (RAE 1)
			Mountain Family Health Centers	Mountain Family (RAE 1)
Northeast Health Partners	NHP	2	Child Group Practice 2 ¹⁻⁴	Child Group 2 (RAE 2)
Colorado Access	Colorado Access	3	Brighton Pediatrics, PC	Brighton Peds (RAE 3)
			Guardian Angels Health Center	Guardian Angels (RAE 3)
			Mountainland Pediatrics	Mountainland Peds (RAE 3)
			Rocky Mountain Youth Clinic	RMYC (RAE 3)
Health Colorado, Inc.	HCI	4	Southern Colorado Clinic	Southern Colorado (RAE 4)
			Valley-Wide Health Systems, Inc.	Valley-Wide (RAE 4)
Colorado Access	Colorado Access	5	Children’s Medical Center	Children’s Medical (RAE 5)
			Lowry Pediatrics, PC	Lowry Peds (RAE 5)
			Rocky Mountain Youth Clinic	RMYC (RAE 5)
Colorado Community Health Alliance	CCHA	6	Child Group Practice 3 ¹⁻⁵	Child Group 3 (RAE 6)
			Rocky Mountain Pediatrics, PC	Rocky Mountain (RAE 6)
Colorado Community Health Alliance	CCHA	7	Iron Horse Pediatrics, LLC	Iron Horse Peds (RAE 7)
			Matthews-Vu Medical Group	Matthews-Vu (RAE 7)

Survey Administration and Response Rates

Survey Administration

HSAG selected up to 1,200 members for each child RAE practice. Additional information on the sampling procedures is included in the Reader’s Guide Section beginning on page 4-5. The survey process employed allowed parents/caretakers of child members three methods by which they could

¹⁻³ Child Group Practice 1 is a combined population of the following practices: Associates in Family Medicine and Poudre Valley Health Care, Inc.
¹⁻⁴ Child Group Practice 2 is a combined population of the following practices: Banner Health Physicians and North Colorado Family Medicine.
¹⁻⁵ Child Group Practice 3 is a combined population of the following practices: Catholic Health Initiatives and Pediatrics West, PC.

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 1.¹⁻⁶ 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 4-7.

A total of 2,161 parents/caretakers returned a completed survey on behalf of their child. The 2021 Colorado PCMH Survey response rate was 15.41 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.

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

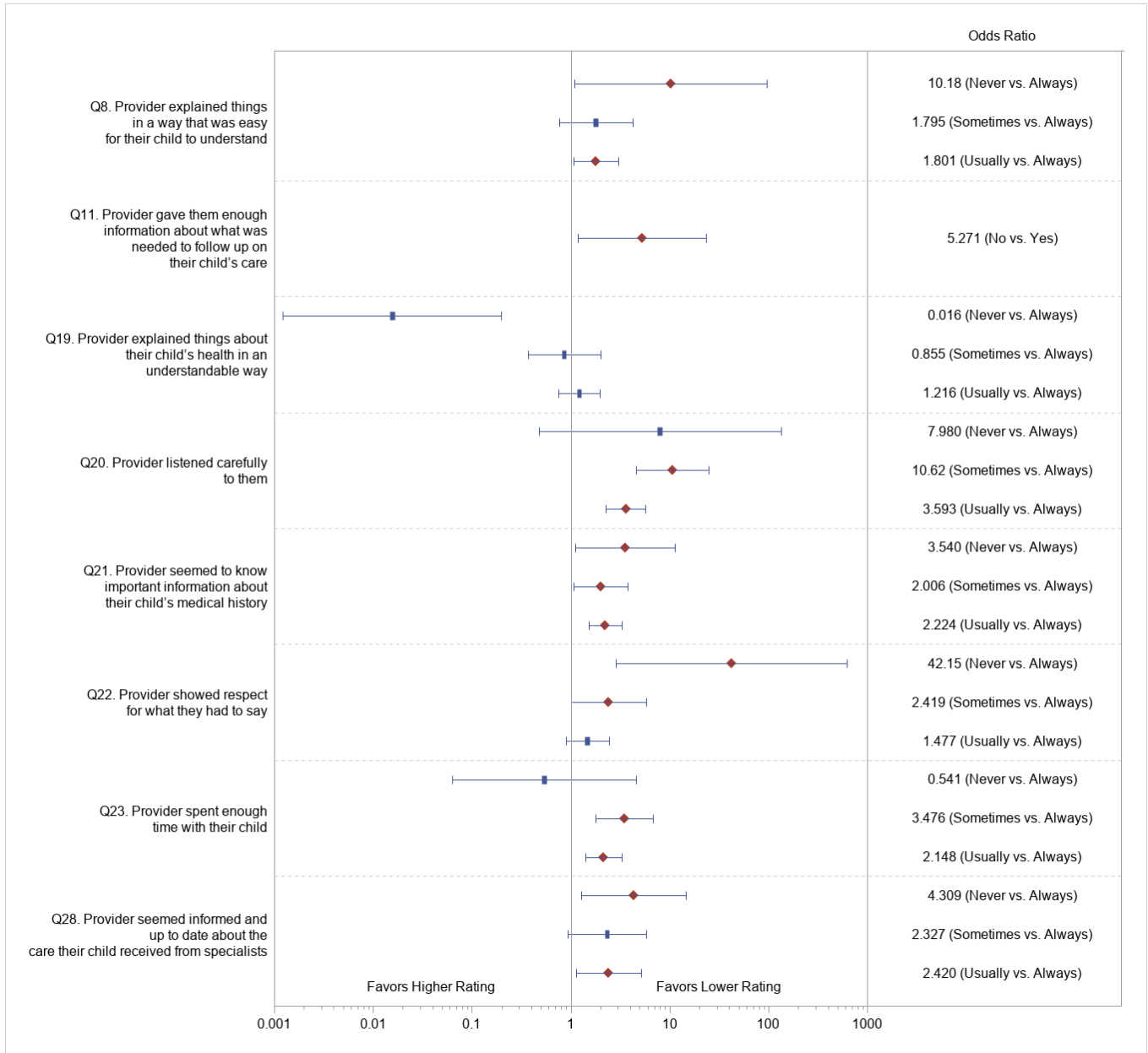
Table 1-2 — Sample Dispositions and Response Rates

RAE-Contracted Practices	Total Sample	Ineligible Records	Eligible Sample	Total Respondents	Response Rate
Colorado RAE Aggregate	14,266	240	14,026	2,161	15.41%
Brighton Peds (RAE 3)	944	24	920	135	14.67%
Child Group 1 (RAE 1)	740	18	722	99	13.71%
Child Group 2 (RAE 2)	635	10	625	77	12.32%
Child Group 3 (RAE 6)	869	13	856	149	17.41%
Children’s Medical (RAE 5)	501	4	497	95	19.11%
Guardian Angels (RAE 3)	900	30	870	177	20.34%
Iron Horse Peds (RAE 7)	1,200	16	1,184	197	16.64%
Lowry Peds (RAE 5)	593	19	574	102	17.77%
Matthews-Vu (RAE 7)	1,200	8	1,192	186	15.60%
Mountain Family (RAE 1)	824	19	805	121	15.03%
Mountainland Peds (RAE 3)	988	16	972	107	11.01%
RMYC (RAE 3)	1,200	22	1,178	201	17.06%
RMYC (RAE 5)	585	11	574	101	17.60%
Rocky Mountain (RAE 6)	687	3	684	119	17.40%
Southern Colorado (RAE 4)	1,200	12	1,188	153	12.88%
Valley-Wide (RAE 4)	1,200	15	1,185	142	11.98%

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers for two global ratings: *Rating of Provider* and *Rating of All Health Care*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the key drivers of low member experience analysis, please refer to the Reader's Guide section on 4-7. Figure 2-1 through Figure 2-2 depict the results of the analysis for the Colorado RAE Aggregate.

Figure 2-1—Key Drivers of Low Member Experience: Rating of Provider





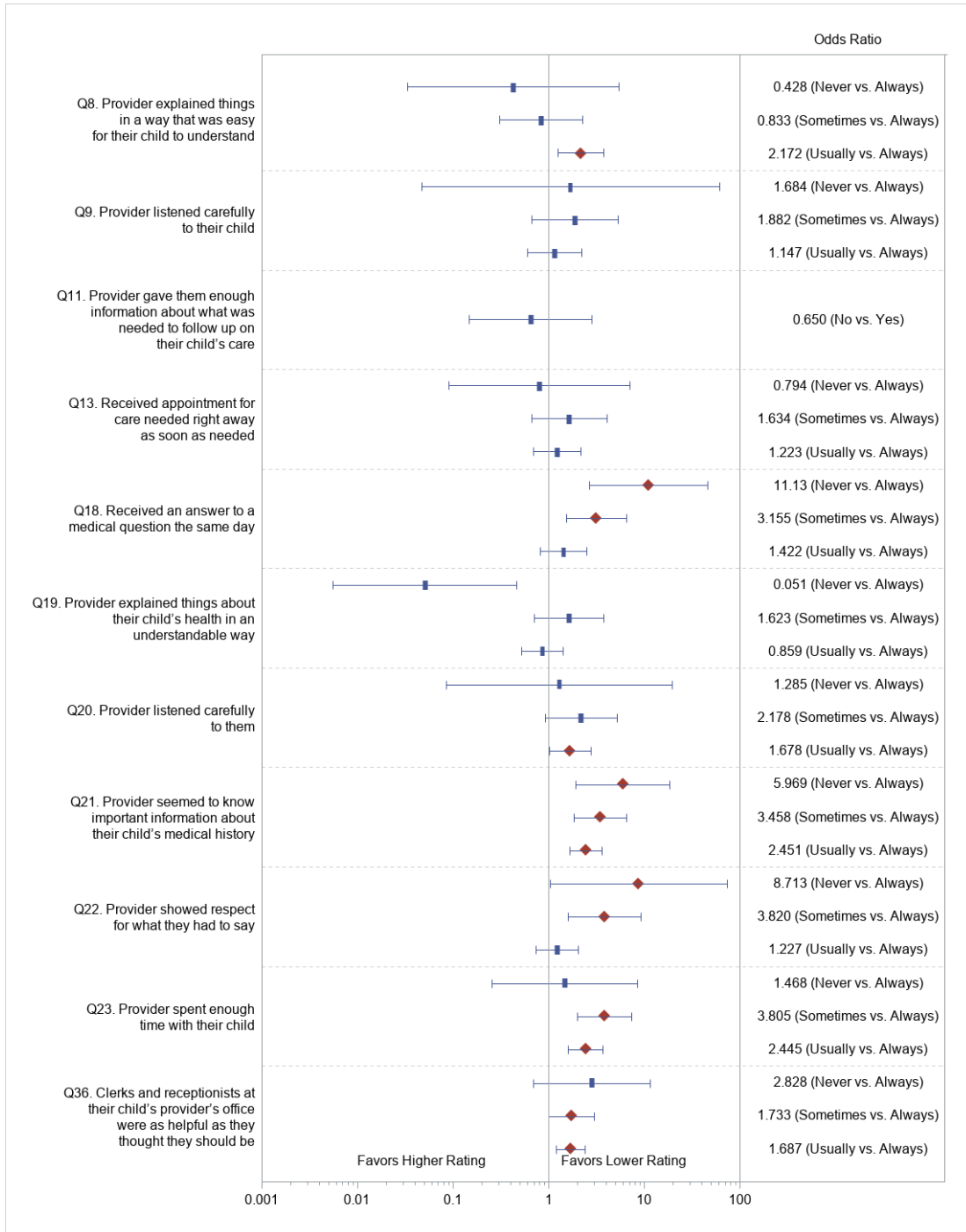


 Indicates the item is a key driver.
 Indicates the item is not a key driver.

Figure 2-2—Key Drivers of Low Member Experience: Rating of All Health Care



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

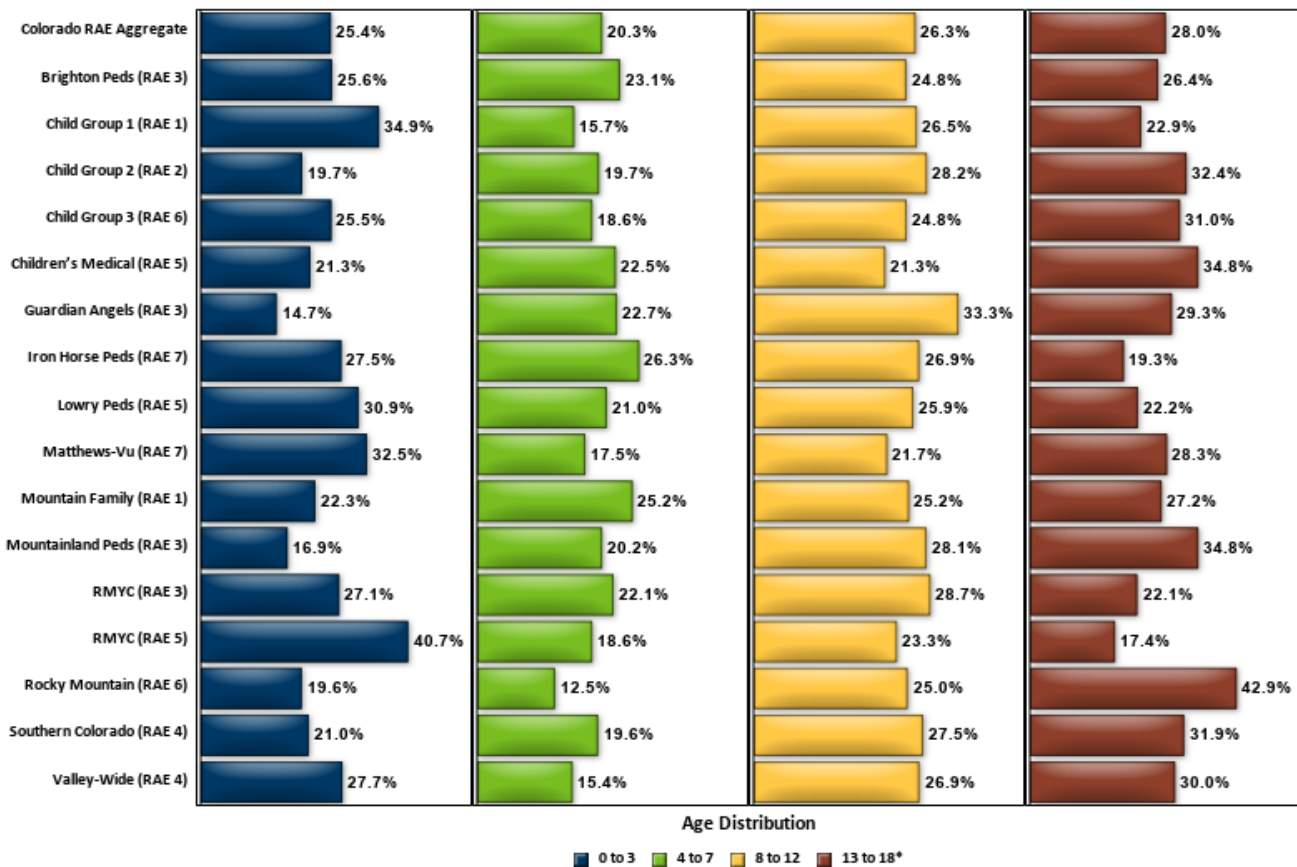
Child and Respondent Demographics

In general, the demographics of a response group influence overall member experience scores. For example, parents/caretakers with a higher education level tend to report higher levels of experience for their child; therefore, caution should be exercised when comparing populations that have significantly different demographic properties.²⁻¹

Child Demographics

Figure 2-3 through Figure 2-8 show the age, gender, race, ethnicity, overall general health status, and mental health status of children for whom a parent/caretaker completed a PCMH Survey.

Figure 2-3—Child Demographics: Age



*Children were eligible for inclusion in PCMH CAHPS if they were age 17 or younger as of October 31, 2020. Some children eligible for the PCMH CAHPS Survey turned age 18 between November 1, 2020, and the time of survey administration.

²⁻¹ 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.

Figure 2-4—Child Demographics: Gender

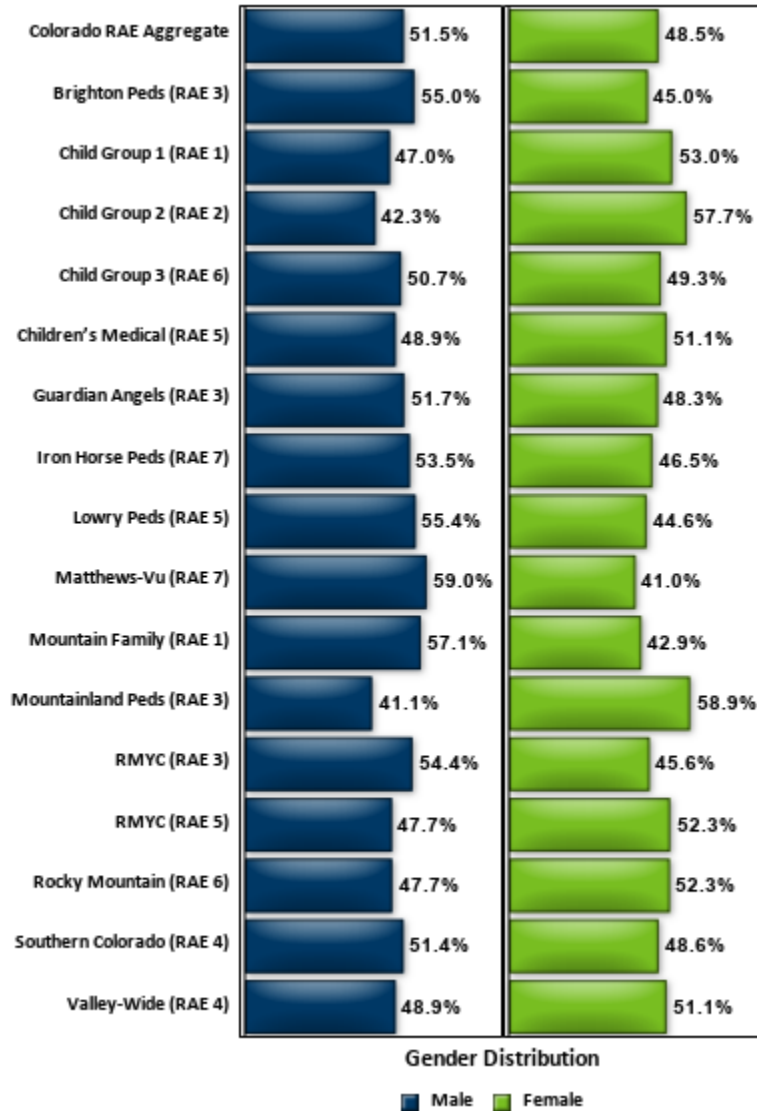
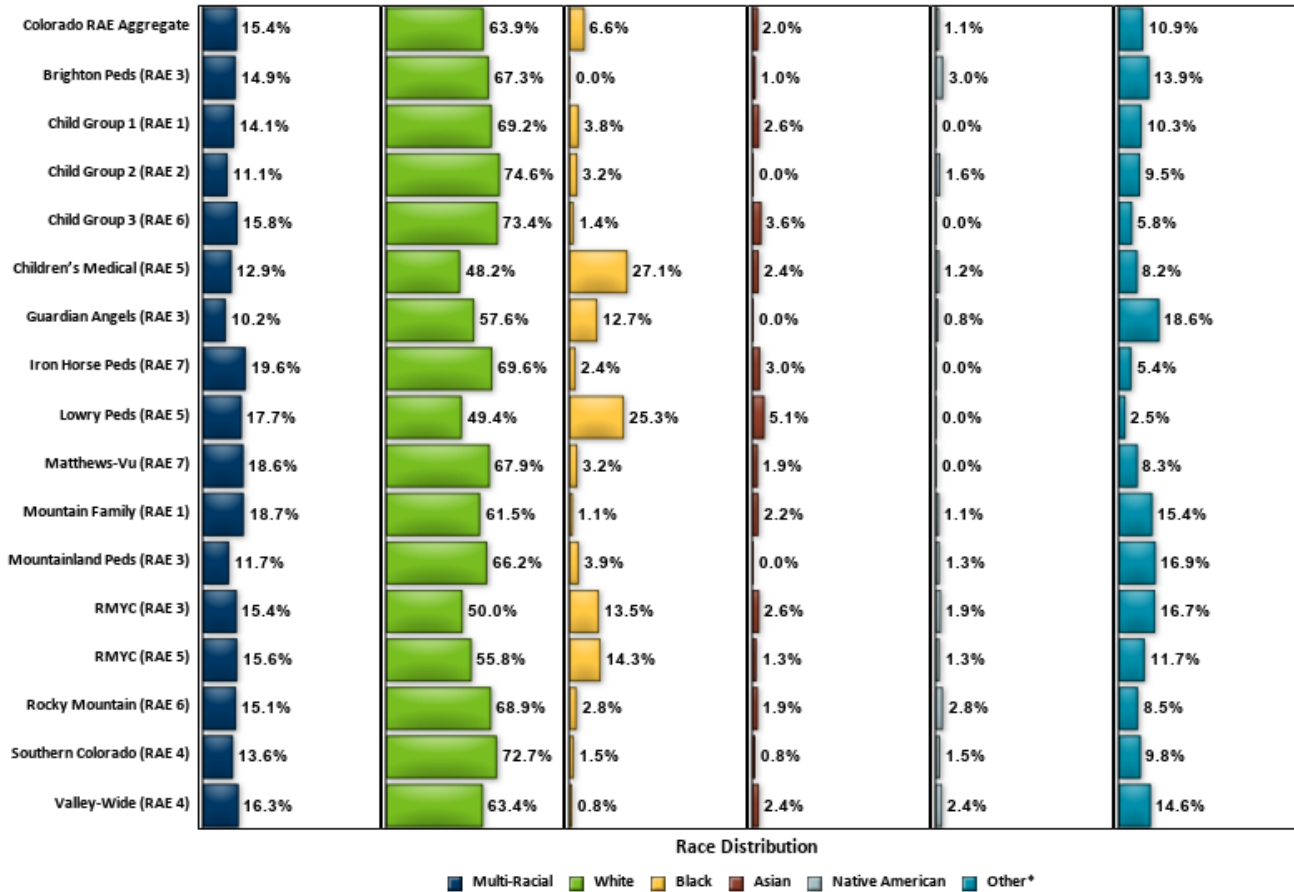


Figure 2-5—Child Demographics: Race



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

Figure 2-6—Child Demographics: Ethnicity

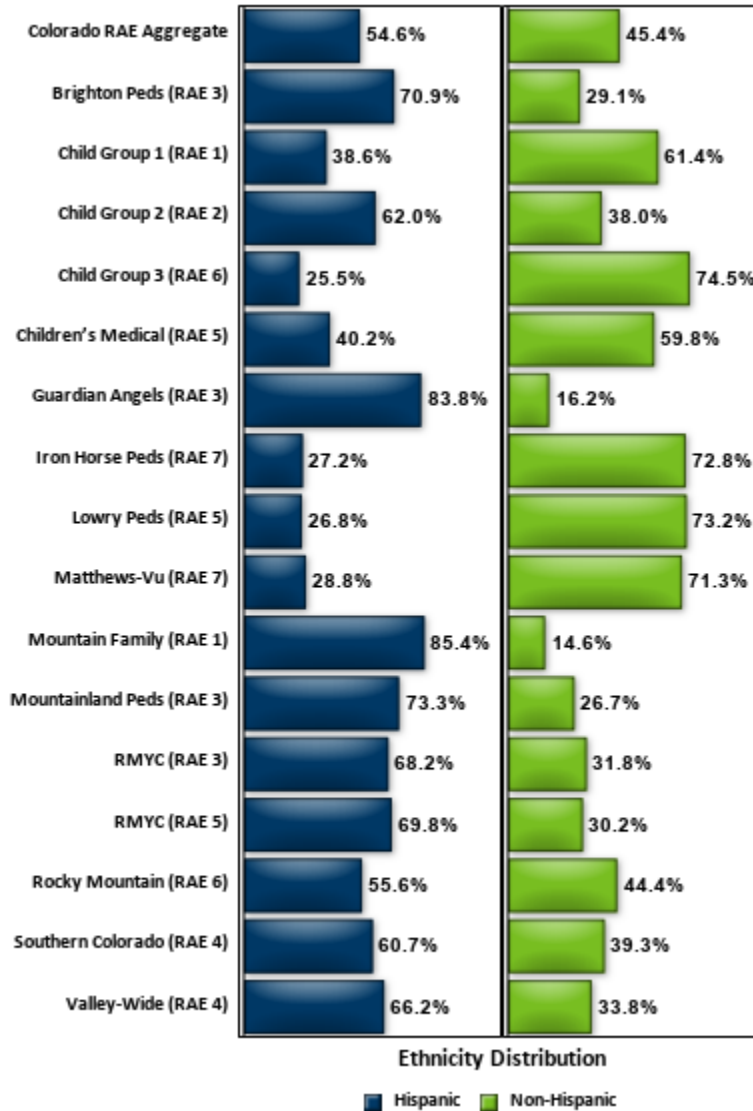


Figure 2-7—Child Demographics: Overall General Health Status

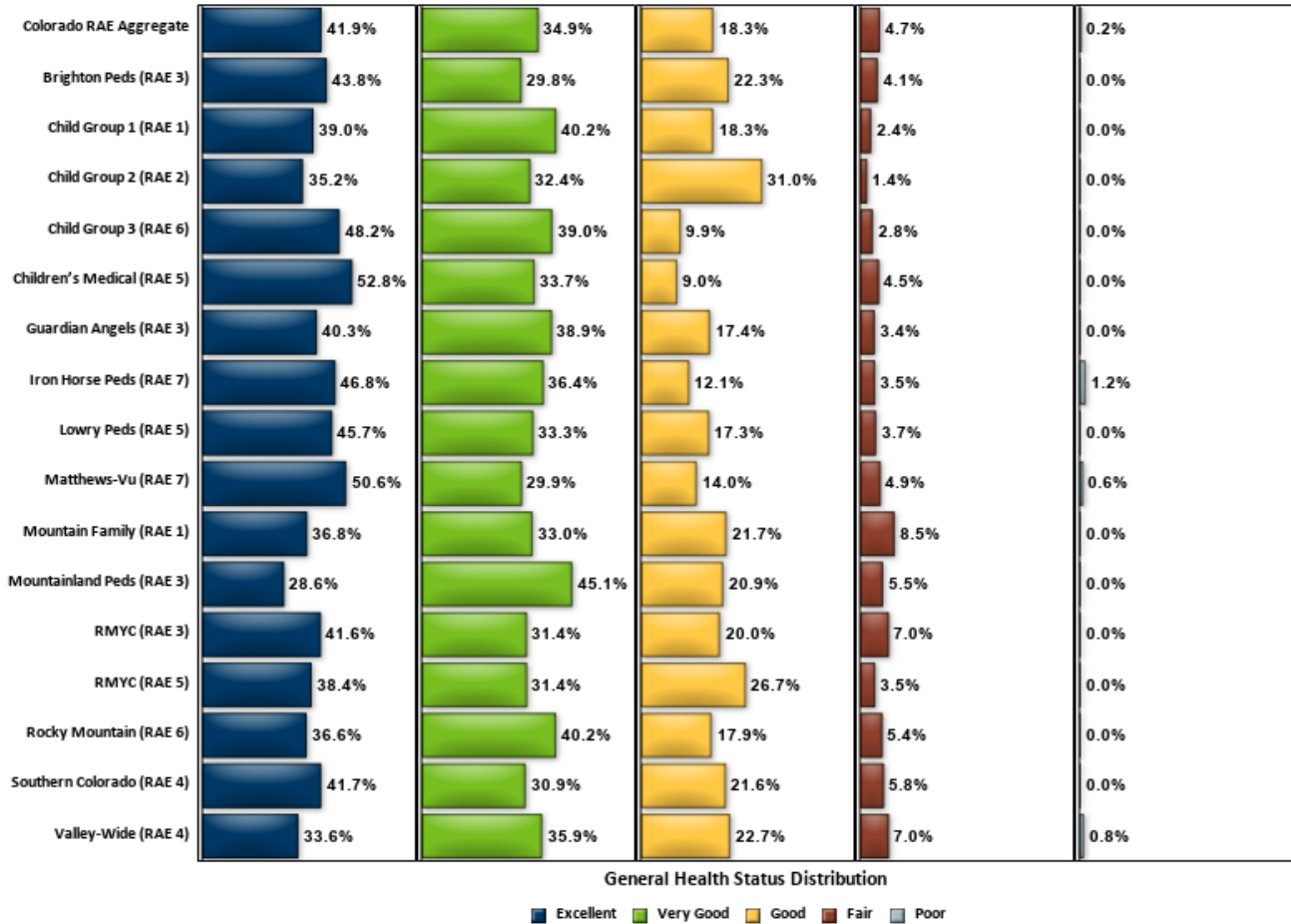
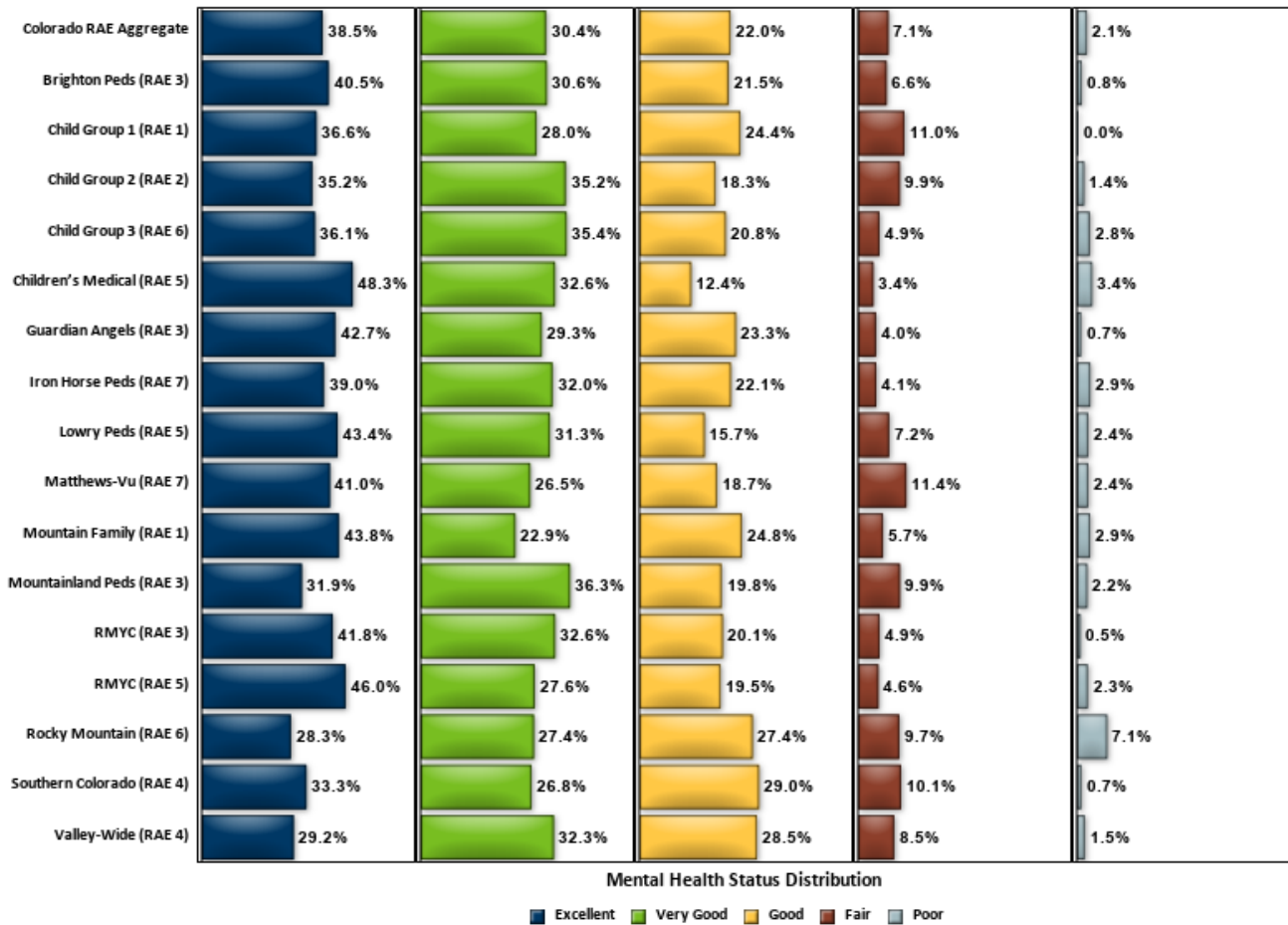


Figure 2-8—Child Demographics: Mental Health Status



Respondent Demographics

Figure 2-9 through Figure 2-12 show the self-reported age, gender, education level, and relationship to the child for respondents who completed the PCMH Survey on behalf of the child member.

Figure 2-9—Respondent Demographics: Age

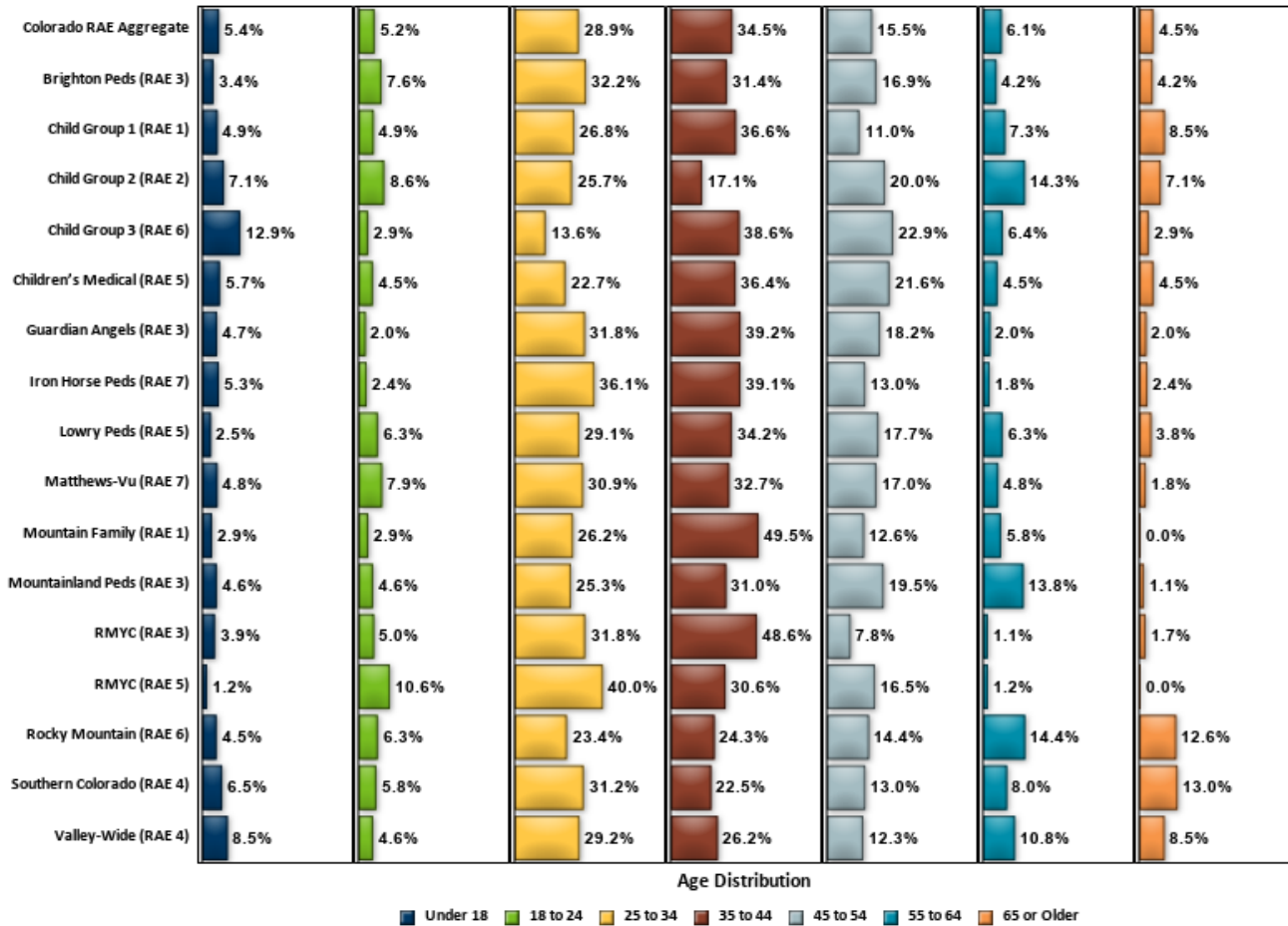


Figure 2-10—Respondent Demographics: Gender

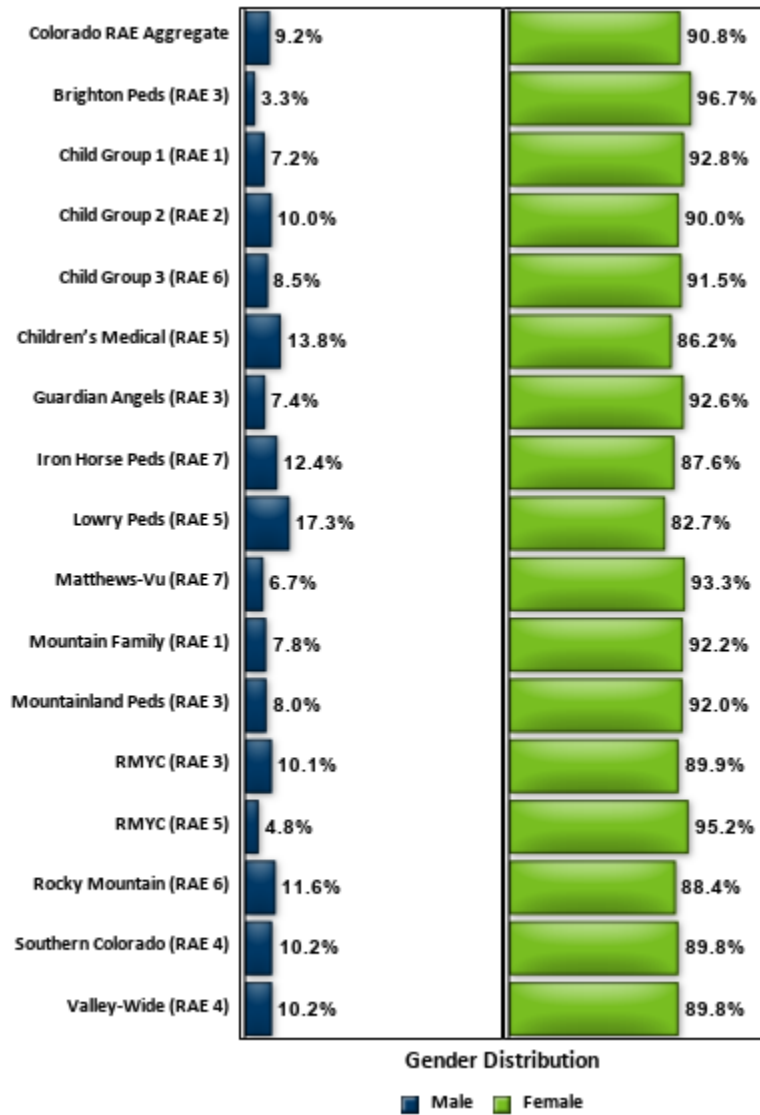


Figure 2-11— Respondent Demographics: Education Level

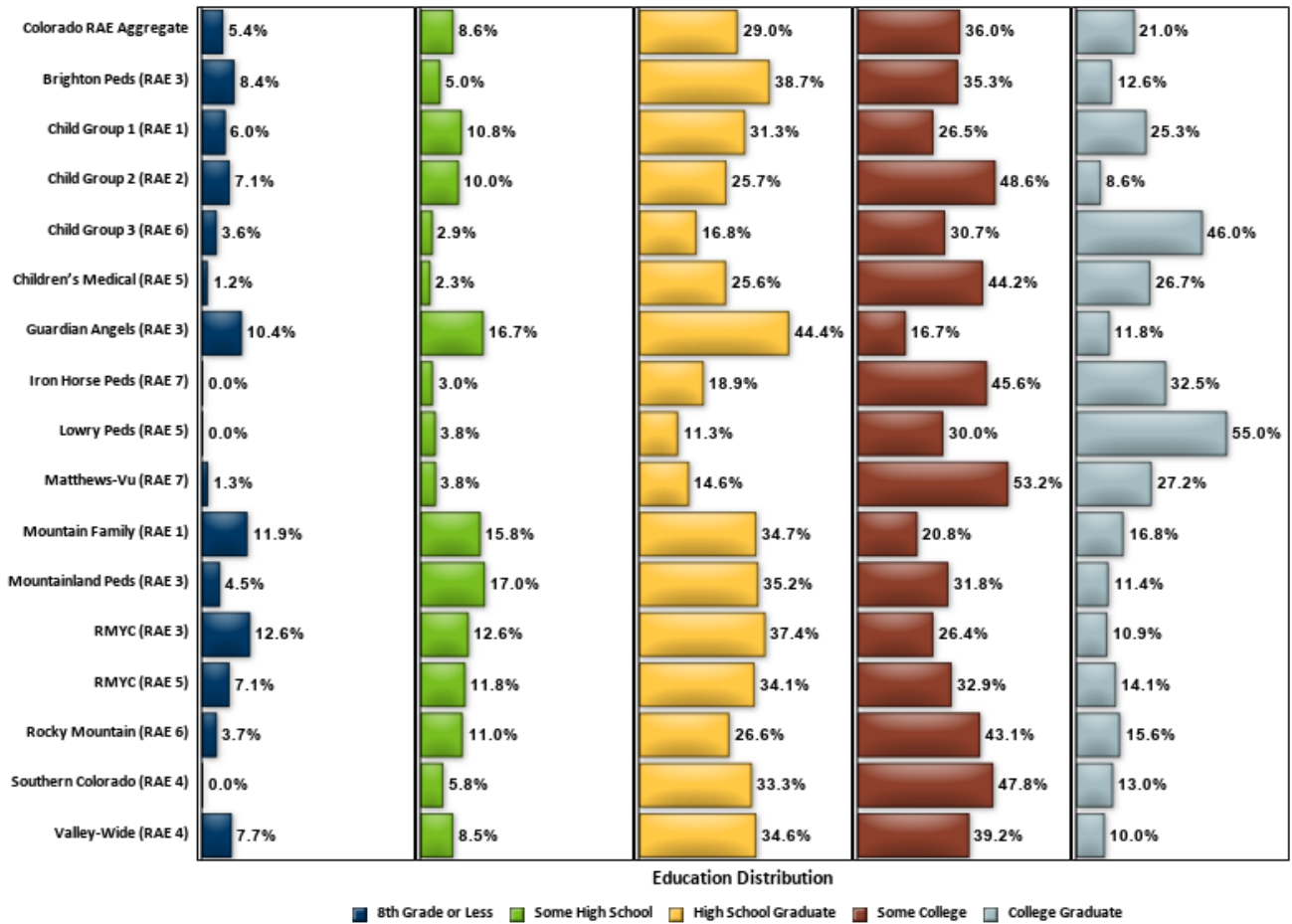
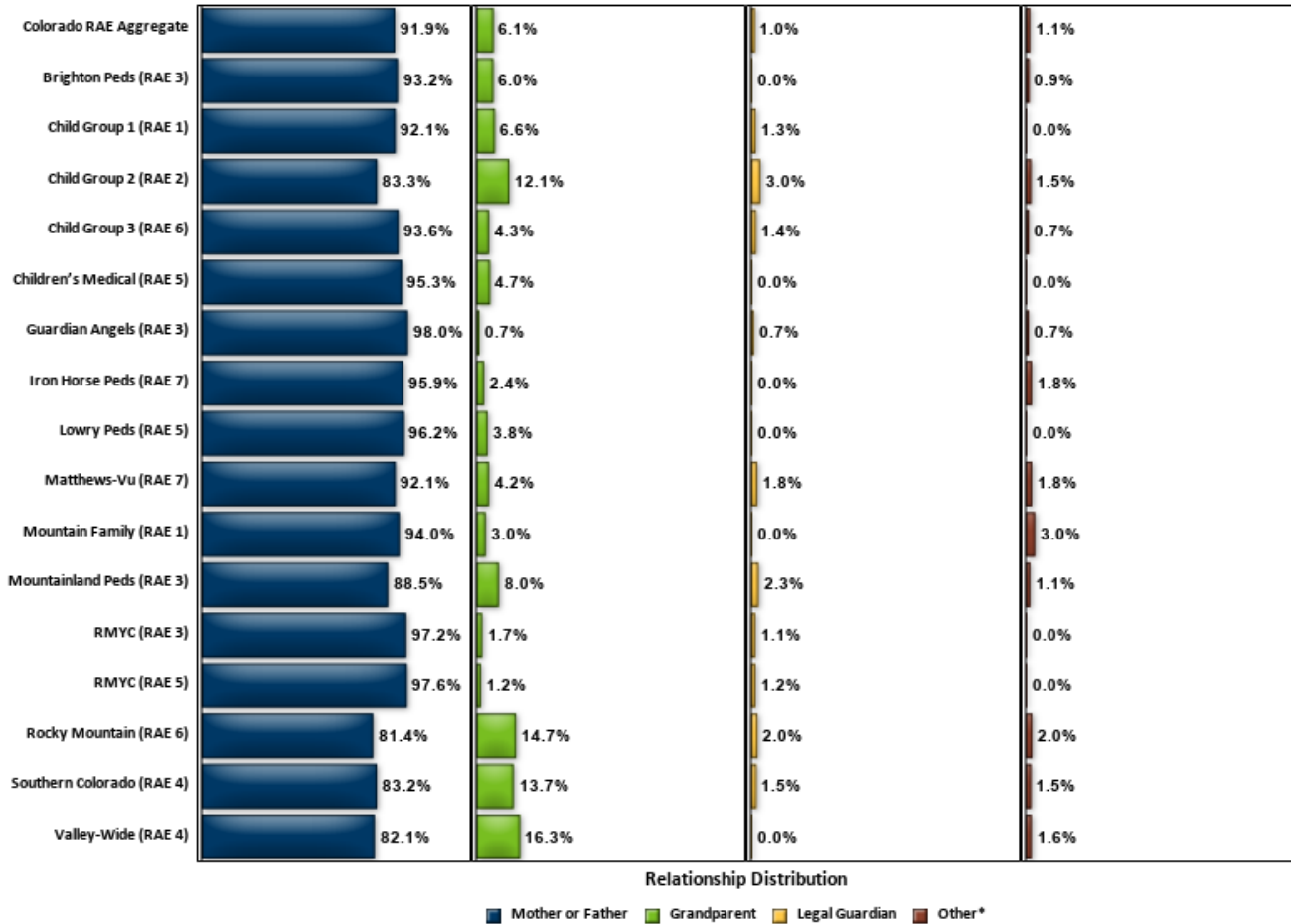


Figure 2-12—Respondent Demographics: Relationship to Child



*The "Other" relationship to child category includes responses of "Aunt or uncle," "Older brother or sister," "Other relative," and "Someone else."

Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey to the demographic characteristics of all child members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 2-1 through Table 2-4 present the results of the respondent analysis. Please note that variables from the sample frame were used for this analysis; therefore, results should not be compared to the demographic results in the previous section.

Table 2-1—Respondent Analysis:Age

RAE-Contracted Practices		0 to 3	4 to 7	8 to 12	13 to 17
Colorado RAE Aggregate	R	28.0%↓	20.1%↓	26.7%	25.2%↑
	SF	30.4%	22.9%	25.4%	21.3%
Brighton Peds (RAE 3)	R	28.9%	20.7%	24.4%	25.9%↑
	SF	33.0%	26.2%	23.1%	17.7%
Child Group 1 (RAE 1)	R	37.4%	15.2%↓	23.2%	24.2%
	SF	37.5%	22.5%	22.5%	17.5%
Child Group 2 (RAE 2)	R	23.4%	16.9%	33.8%	26.0%
	SF	28.2%	22.0%	24.9%	24.9%
Child Group 3 (RAE 6)	R	24.8%	19.5%	26.2%	29.5%
	SF	27.5%	24.2%	23.8%	24.5%
Children’s Medical (RAE 5)	R	25.3%	21.1%	21.1%	32.6%↑
	SF	25.8%	23.1%	27.3%	23.8%
Guardian Angels (RAE 3)	R	19.8%	20.9%	32.2%	27.1%
	SF	21.2%	19.7%	31.4%	27.7%
Iron Horse Peds (RAE 7)	R	29.4%	27.9%	25.4%	17.3%
	SF	32.8%	27.6%	24.5%	15.1%
Lowry Peds (RAE 5)	R	39.2%	19.6%	24.5%	16.7%
	SF	33.8%	25.0%	25.0%	16.3%
Matthews-Vu (RAE 7)	R	36.0%	16.7%	23.7%	23.7%
	SF	34.2%	22.0%	22.8%	20.9%
Mountain Family (RAE 1)	R	25.6%	22.3%	27.3%	24.8%
	SF	32.1%	21.5%	23.5%	22.9%
Mountainland Peds (RAE 3)	R	22.4%	19.6%	29.0%	29.0%
	SF	22.4%	22.0%	31.6%	24.0%
RMYC (RAE 3)	R	27.9%↓	23.4%	26.9%	21.9%
	SF	36.2%	22.7%	23.9%	17.2%
RMYC (RAE 5)	R	44.6%	20.8%	19.8%	14.9%
	SF	39.2%	21.6%	24.3%	14.9%

RAE-Contracted Practices		0 to 3	4 to 7	8 to 12	13 to 17
Rocky Mountain (RAE 6)	R	20.2%	12.6%↓	26.9%	40.3%↑
	SF	17.4%	21.5%	30.5%	30.7%
Southern Colorado (RAE 4)	R	20.3%↓	19.0%	33.3%↑	27.5%
	SF	27.2%	23.0%	25.8%	24.0%
Valley-Wide (RAE 4)	R	28.2%	18.3%	26.8%	26.8%
	SF	24.4%	22.1%	26.9%	26.6%

An “R” indicates respondent percentage and an “SF” indicates sample frame percentage.

↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.

Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-2— Respondent Analysis: Gender

RAE-Contracted Practices		Male	Female
Colorado RAE Aggregate	R	51.2%	48.8%
	SF	49.9%	50.1%
Brighton Peds (RAE 3)	R	51.1%	48.9%
	SF	48.5%	51.5%
Child Group 1 (RAE 1)	R	45.5%	54.5%
	SF	48.0%	52.0%
Child Group 2 (RAE 2)	R	41.6%	58.4%
	SF	47.4%	52.6%
Child Group 3 (RAE 6)	R	49.0%	51.0%
	SF	49.7%	50.3%
Children’s Medical (RAE 5)	R	49.5%	50.5%
	SF	53.3%	46.7%
Guardian Angels (RAE 3)	R	50.3%	49.7%
	SF	49.2%	50.8%
Iron Horse Peds (RAE 7)	R	52.8%	47.2%
	SF	50.5%	49.5%
Lowry Peds (RAE 5)	R	53.9%	46.1%
	SF	49.9%	50.1%
Matthews-Vu (RAE 7)	R	59.1%↑	40.9%↓
	SF	50.6%	49.4%
Mountain Family (RAE 1)	R	53.7%	46.3%
	SF	48.2%	51.8%
Mountainland Peds (RAE 3)	R	45.8%	54.2%
	SF	50.4%	49.6%
RMYC (RAE 3)	R	56.7%	43.3%
	SF	52.1%	47.9%

RAE-Contracted Practices		Male	Female
RMYC (RAE 5)	R	46.5%	53.5%
	SF	51.2%	48.8%
Rocky Mountain (RAE 6)	R	45.4%	54.6%
	SF	49.8%	50.2%
Southern Colorado (RAE 4)	R	54.2%	45.8%
	SF	48.5%	51.5%
Valley-Wide (RAE 4)	R	49.3%	50.7%
	SF	47.7%	52.3%

An “R” indicates respondent percentage and an “SF” indicates sample frame percentage.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-3—Respondent Analysis: Race

RAE-Contracted Practices		White	Black	Asian	Other
Colorado RAE Aggregate	R	28.9%↑	5.0%	1.0%	65.0%↓
	SF	25.4%	4.9%	1.0%	68.7%
Brighton Peds (RAE 3)	R	21.2%	0.8%	0.8%	77.1%
	SF	20.1%	1.0%	0.5%	78.4%
Child Group 1 (RAE 1)	R	39.1%	1.1%	1.1%	58.7%
	SF	41.8%	1.6%	1.1%	55.5%
Child Group 2 (RAE 2)	R	30.1%	1.4%	0.0%↓	68.5%
	SF	25.9%	0.5%	1.0%	72.6%
Child Group 3 (RAE 6)	R	56.9%↑	1.5%	1.5%	40.1%↓
	SF	47.6%	1.7%	0.8%	49.9%
Children’s Medical (RAE 5)	R	22.8%	23.9%	0.0%↓	53.3%
	SF	15.7%	24.0%	1.2%	59.2%
Guardian Angels (RAE 3)	R	9.0%	5.4%	0.6%	85.0%
	SF	5.8%	4.9%	1.6%	87.7%
Iron Horse Peds (RAE 7)	R	50.6%	1.1%↓	1.1%	47.2%
	SF	44.4%	4.4%	0.5%	50.8%
Lowry Peds (RAE 5)	R	34.0%	17.5%	1.0%	47.4%
	SF	24.8%	17.2%	1.6%	56.4%
Matthews-Vu (RAE 7)	R	51.7%↑	6.7%	1.1%	40.4%↓
	SF	43.1%	5.7%	1.0%	50.1%
Mountain Family (RAE 1)	R	10.4%	0.0%	0.9%	88.7%
	SF	12.6%	0.2%	0.2%	87.1%
Mountainland Peds (RAE 3)	R	15.7%↓	0.0%↓	1.0%	83.3%↑
	SF	23.0%	0.9%	1.3%	74.7%

RAE-Contracted Practices		White	Black	Asian	Other
RMYC (RAE 3)	R	9.0%↓	9.5%	2.6%	78.8%
	SF	13.4%	8.2%	2.1%	76.4%
RMYC (RAE 5)	R	9.4%	14.6%	0.0%↓	76.0%
	SF	7.1%	12.5%	0.8%	79.6%
Rocky Mountain (RAE 6)	R	32.1%	1.8%	2.7%	63.4%
	SF	30.4%	2.3%	0.7%	66.6%
Southern Colorado (RAE 4)	R	32.4%	0.7%	0.0%↓	66.9%
	SF	30.0%	1.0%	0.1%	68.9%
Valley-Wide (RAE 4)	R	26.0%	0.0%	0.8%	73.2%
	SF	22.6%	0.2%	0.1%	77.1%

An “R” indicates respondent percentage and an “SF” indicates sample frame percentage.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Table 2-4—Respondent Analysis: Ethnicity

RAE-Contracted Practices		Hispanic	Non-Hispanic
Colorado RAE Aggregate	R	42.9%↓	57.1%↑
	SF	46.3%	53.7%
Brighton Peds (RAE 3)	R	46.7%	53.3%
	SF	54.4%	45.6%
Child Group 1 (RAE 1)	R	32.3%	67.7%
	SF	31.9%	68.1%
Child Group 2 (RAE 2)	R	49.4%	50.6%
	SF	52.5%	47.5%
Child Group 3 (RAE 6)	R	20.1%↓	79.9%↑
	SF	27.3%	72.7%
Children’s Medical (RAE 5)	R	33.7%	66.3%
	SF	35.9%	64.1%
Guardian Angels (RAE 3)	R	70.6%	29.4%
	SF	69.0%	31.0%
Iron Horse Peds (RAE 7)	R	20.8%	79.2%
	SF	23.5%	76.5%
Lowry Peds (RAE 5)	R	19.6%↓	80.4%↑
	SF	27.5%	72.5%
Matthews-Vu (RAE 7)	R	20.4%	79.6%
	SF	24.0%	76.0%
Mountain Family (RAE 1)	R	71.1%	28.9%
	SF	71.4%	28.6%

RAE-Contracted Practices		Hispanic	Non-Hispanic
Mountainland Peds (RAE 3)	R	59.8%	40.2%
	SF	54.4%	45.6%
RMYC (RAE 3)	R	57.2%	42.8%
	SF	55.0%	45.0%
RMYC (RAE 5)	R	55.4%	44.6%
	SF	60.8%	39.2%
Rocky Mountain (RAE 6)	R	34.5%↓	65.5%↑
	SF	44.2%	55.8%
Southern Colorado (RAE 4)	R	45.8%	54.2%
	SF	47.7%	52.3%
Valley-Wide (RAE 4)	R	53.5%	46.5%
	SF	54.3%	45.7%

An "R" indicates respondent percentage and an "SF" indicates sample frame percentage.
 ↑ Indicates the respondent percentage is significantly higher than the sample frame percentage.
 ↓ Indicates the respondent percentage is significantly lower than the sample frame percentage.
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

Statewide Comparisons

For purposes of the RAE and practice comparisons and trend analyses, HSAG calculated top-box scores for each measure.²⁻² 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 survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 4-3. For additional information on the top-box calculations, please refer to the Reader's Guide section beginning on page 4-10.

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. The 2019, 2020, and 2021 Colorado RAE Aggregate results were weighted based on each practice's total eligible population for the corresponding year. Due to differences in the population of selected practices, the 2019 and 2020 Colorado RAE Aggregates are presented in the figures for reference purposes only and are not comparable to the 2021 Colorado RAE Aggregate results.^{2-3,2-4,2-5} **NOTE: These results may differ from those presented in the trend analysis tables since they have been adjusted for differences in case mix (i.e., the percentages presented have been case-mix adjusted).**

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

²⁻³ The Colorado RAE practices selected by the Department for inclusion in the 2019 Child PCMH Survey included: AFM (RAE 1); Mountain Family (RAE 1); Poudre Valley (RAE 1); Banner (RAE 2); North Colorado (RAE 2); Brighton Peds (RAE 3); Guardian Angels (RAE 3); Mountainland Peds (RAE 3); RMYC (RAE 3); Southern Colorado (RAE 4); Valley Wide (RAE 4); Child Group 1 (RAE 5); Children's Medical (RAE 5); Lowry Peds (RAE 5); RMYC (RAE 5); Child Group 2 (RAE 6); Rocky Mountain (RAE 6); Iron Horse Peds (RAE 7); Matthews-Vu (RAE 7); and Mountain View (RAE 7). Eligible members in the Child Group 1 (RAE 5) were a combined population of the following practices: Inner City Health Center and South Federal Family Practice. Eligible members in the Child Group 2 (RAE 6) were a combined population of the following practices: Catholic Health Initiatives and Pediatrics West, PC.

²⁻⁴ The Colorado RAE practices selected by the Department for inclusion in the 2020 Child PCMH Survey included: Mountain Family (RAE 1); Pediatric Associates (RAE 1); Primary Care Partners (RAE 1); Banner (RAE 2); Sunrise (RAE 2); Clinica (RAE 3); MCPN (RAE 3); Rocky Mountain Youth (RAE 3); Lutheran Hospital (RAE 4); Southern Colorado (RAE 4); Valley-Wide (RAE 4); Lowry Peds (RAE 5); Rocky Mountain Youth (RAE 5); Clinica (RAE 6); MCPN (RAE 6); Peak Pediatrics (RAE 6); Iron Horse Peds (RAE 7); Matthews-Vu (RAE 7); and Peak Vista (RAE 7).

²⁻⁵ Due to differences in the population of selected practices, the 2019 Colorado RAE Aggregate results are not comparable to the 2021 Colorado RAE Aggregate results (i.e., Inner City Health Center [Child Group 1 (RAE 5)], South Federal Family Practice [Child Group 1 (RAE 5)], and Mountain View Medical Group [RAE 7] were not available to be surveyed in 2021 and therefore were not included in the 2021 Colorado RAE Aggregate).

For additional information on the calculations for the RAE and Practice Comparisons, please refer to the Reader's Guide section beginning on page 4-11.

Trend Analysis

In order to evaluate trends in parent or caretaker experiences of child members, HSAG compared the 2021 practice-level scores to the corresponding 2019 practice-level scores to determine if the results were statistically significantly different.²⁻⁶ Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2021 and 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2021 than in 2019 are noted with black downward (▼) triangles. Scores in 2021 that were not statistically significantly different from scores in 2019 are noted with a dash (—). For additional information on the calculations for the Trend Analysis, please refer to the Reader's Guide section beginning on page 4-13.

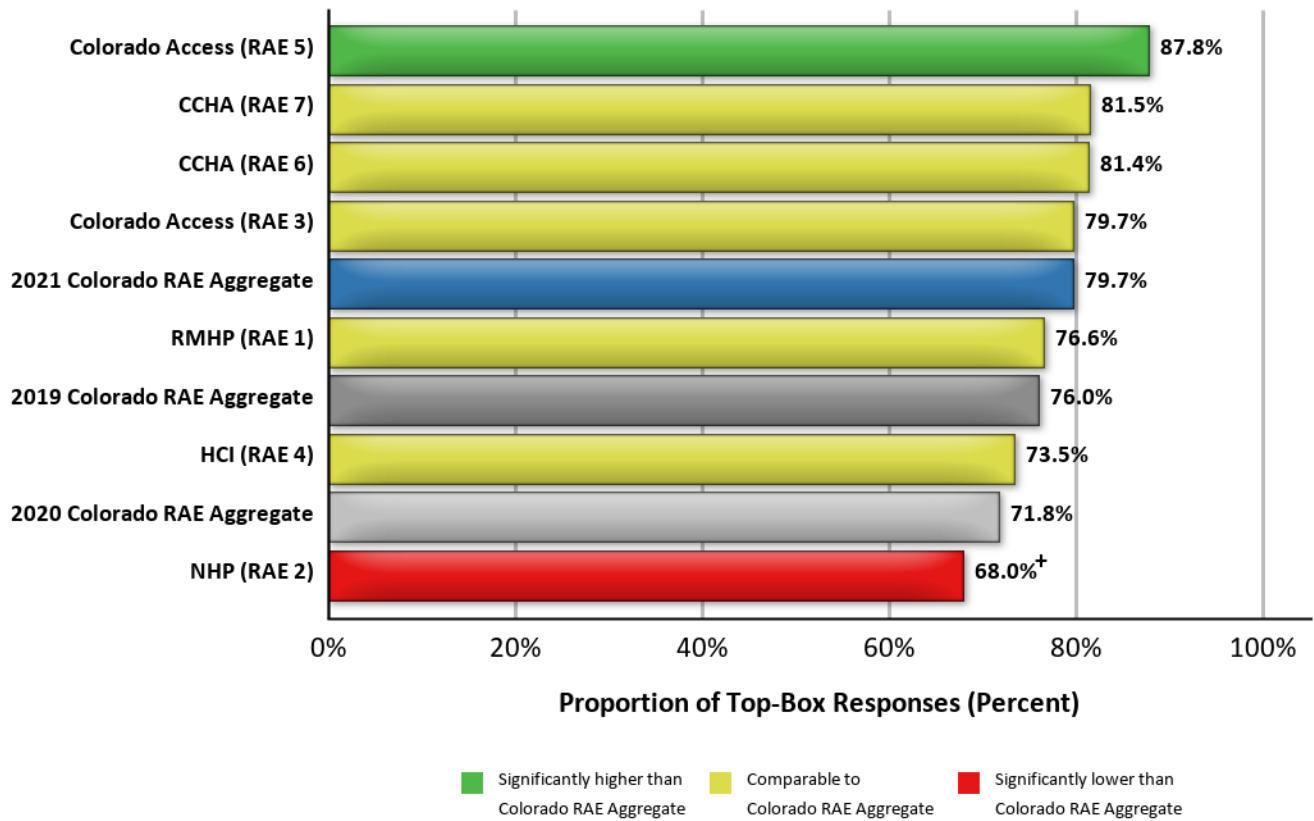
²⁻⁶ For comparability to the 2021 group practice results, the 2019 scores for Associates in Family Medicine (RAE 1) and Poudre Valley Health Care, Inc. (RAE 1) were combined within Child Group 1 (RAE 1) and Banner Health Physicians (RAE 2) and North Colorado Family Medicine (RAE 2) were combined within Child Group 2 (RAE 2).

Global Ratings

Rating of Provider

Figure 2-13 shows the *Rating of Provider* top-box scores for the seven RAEs.

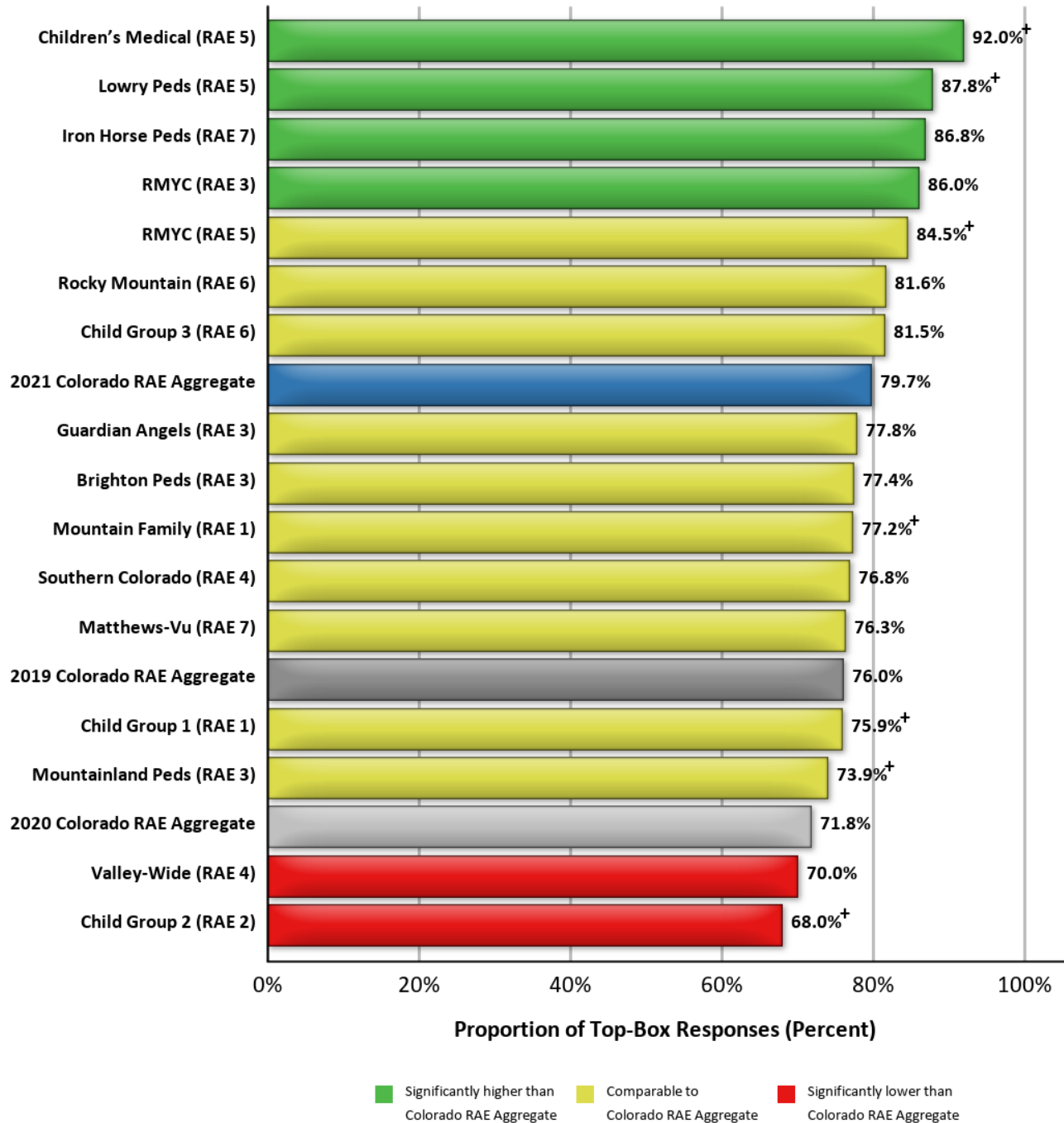
**Figure 2-13— Rating of Provider
RAE-Level Top-Box Scores**



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

Figure 2-14 shows the *Rating of Provider* top-box scores for the RAE-contracted practices.

Figure 2-14—Rating of Provider Practice-Level Top-Box Scores



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

Table 2-5 shows the 2019 and 2021 *Rating of Provider* top-box scores and the trend results for the applicable RAE-contracted practices.

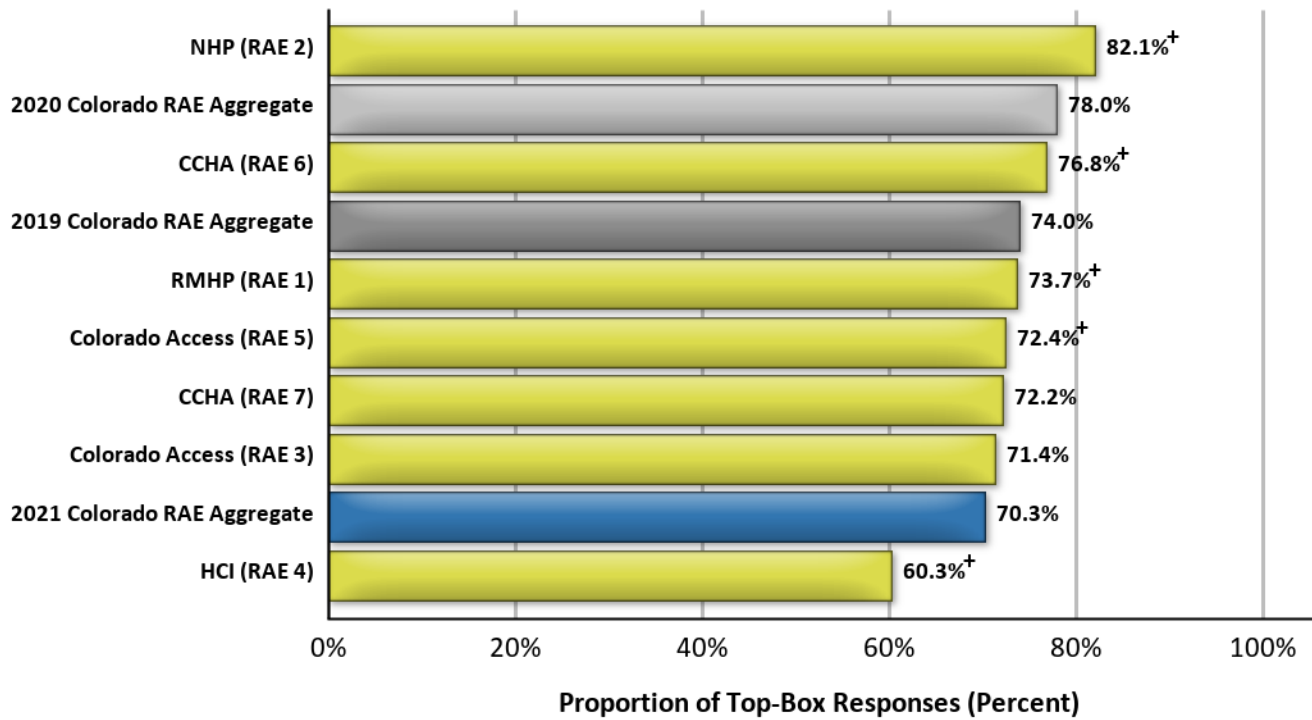
Table 2-5—Rating of Provider Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	72.4%	77.4%	—
Child Group 1 (RAE 1)	78.2%	76.0% ⁺	—
Child Group 2 (RAE 2)	83.7%	67.7% ⁺	▼
Child Group 3 (RAE 6)	85.5%	81.7%	—
Children’s Medical (RAE 5)	89.6% ⁺	93.0% ⁺	—
Guardian Angels (RAE 3)	71.6%	79.2%	—
Iron Horse Peds (RAE 7)	83.4%	86.6%	—
Lowry Peds (RAE 5)	84.3% ⁺	86.8% ⁺	—
Matthews-Vu (RAE 7)	64.5%	75.8%	—
Mountain Family (RAE 1)	72.0% ⁺	77.4% ⁺	—
Mountainland Peds (RAE 3)	75.2%	74.0% ⁺	—
RMYC (RAE 3)	80.2%	86.4%	—
RMYC (RAE 5)	78.7% ⁺	84.6% ⁺	—
Rocky Mountain (RAE 6)	74.4% ⁺	81.4%	—
Southern Colorado (RAE 4)	71.1%	76.3%	—
Valley-Wide (RAE 4)	59.7%	69.1%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Rating of Specialist Seen Most Often

Figure 2-15 shows the *Rating of Specialist Seen Most Often* top-box scores for the seven RAEs.

**Figure 2-15—Rating of Specialist Seen Most Often
RAE-Level Top-Box Scores**

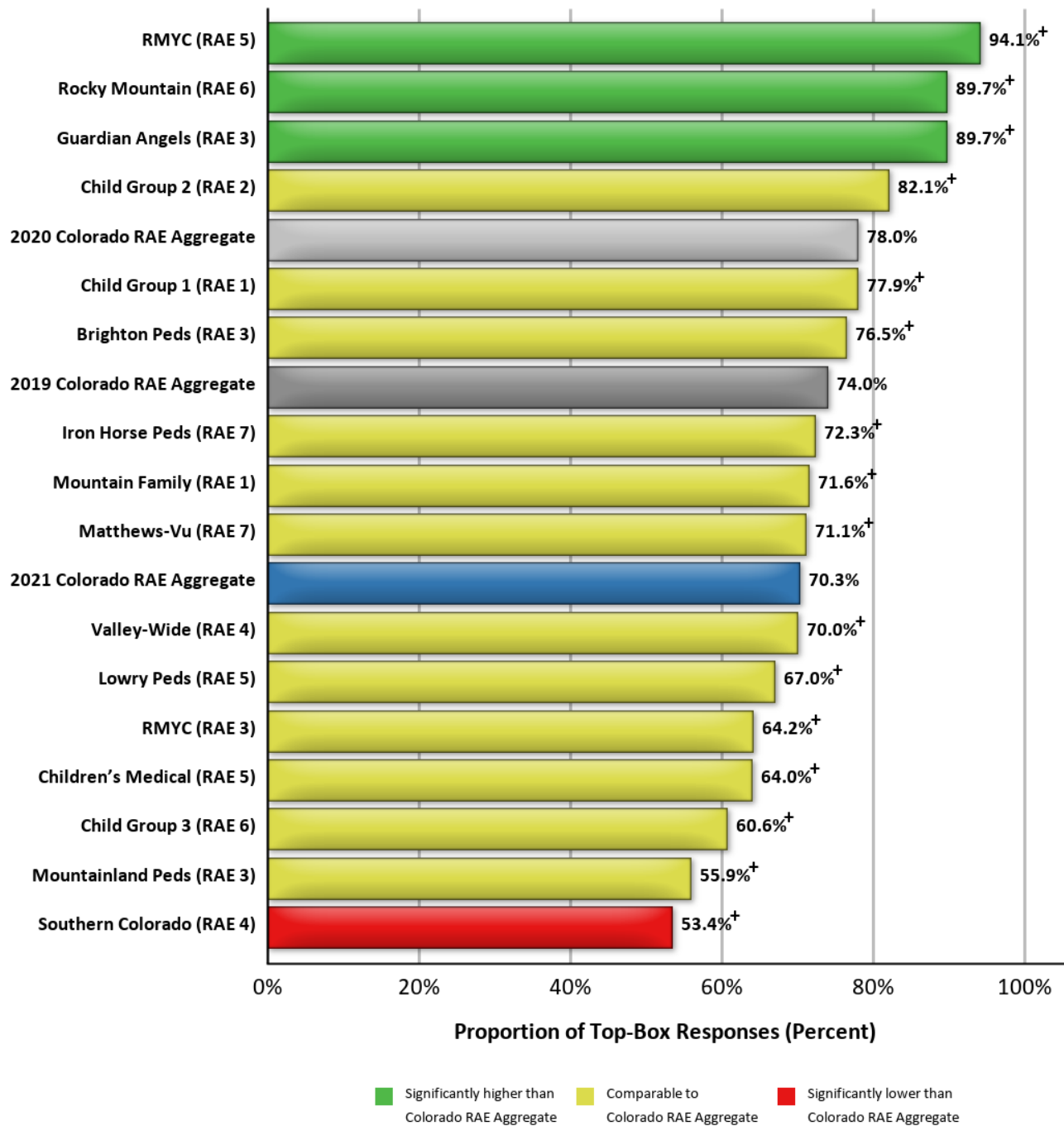


■ Significantly higher than Colorado RAE Aggregate
 ■ Comparable to Colorado RAE Aggregate
 ■ Significantly lower than Colorado RAE Aggregate

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

Figure 2-16 shows the *Rating of Specialist Seen Most Often* top-box scores for the RAE-contracted practices.

Figure 2-16—Rating of Specialist Seen Most Often Practice-Level Top-Box Scores



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

Table 2-6 shows the 2019 and 2021 *Rating of Specialist Seen Most Often* top-box scores and the trend results for the applicable RAE-contracted practices.

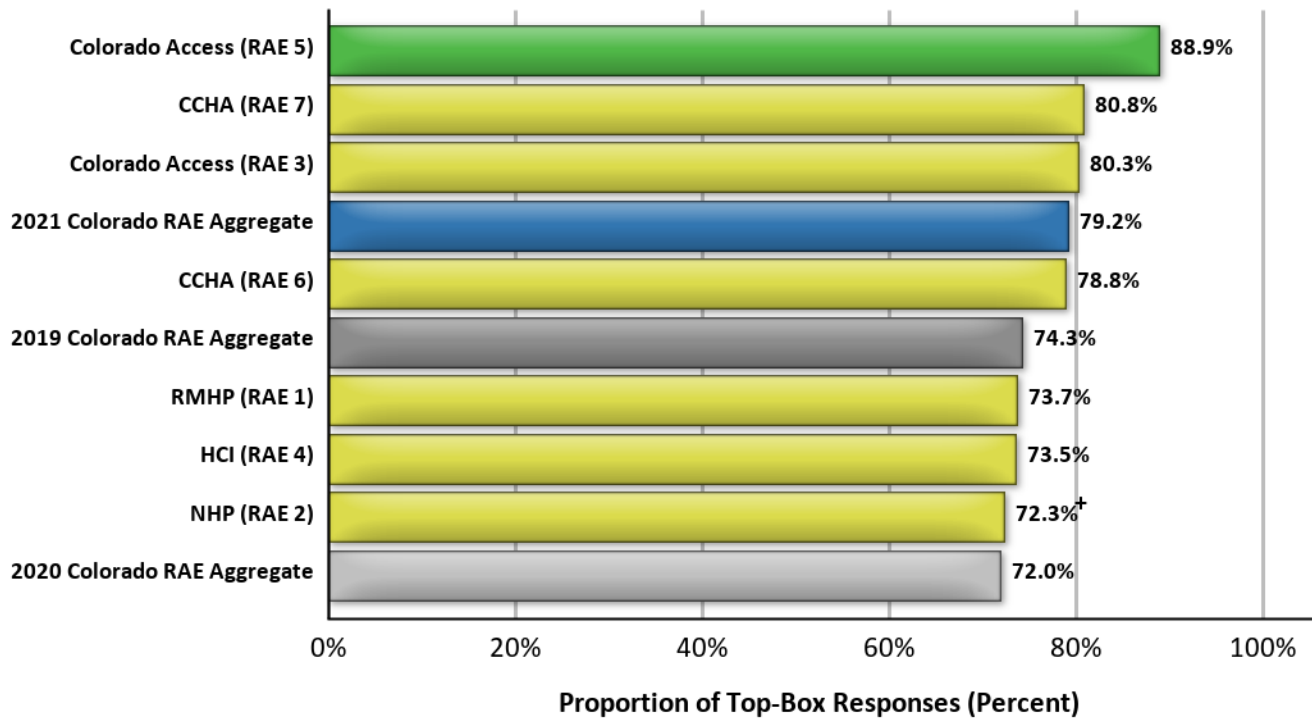
Table 2-6—Rating of Specialist Seen Most Often Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	78.6% ⁺	75.0% ⁺	—
Child Group 1 (RAE 1)	66.7% ⁺	84.6% ⁺	—
Child Group 2 (RAE 2)	78.6% ⁺	85.0% ⁺	—
Child Group 3 (RAE 6)	60.5% ⁺	60.9% ⁺	—
Children’s Medical (RAE 5)	68.4% ⁺	65.2% ⁺	—
Guardian Angels (RAE 3)	66.7% ⁺	92.0% ⁺	▲
Iron Horse Peds (RAE 7)	64.4% ⁺	68.3% ⁺	—
Lowry Peds (RAE 5)	71.4% ⁺	63.6% ⁺	—
Matthews-Vu (RAE 7)	76.9% ⁺	68.3% ⁺	—
Mountain Family (RAE 1)	66.7% ⁺	70.6% ⁺	—
Mountainland Peds (RAE 3)	77.6% ⁺	57.1% ⁺	—
RMYC (RAE 3)	82.9% ⁺	64.3% ⁺	—
RMYC (RAE 5)	84.6% ⁺	92.3% ⁺	—
Rocky Mountain (RAE 6)	73.1% ⁺	88.9% ⁺	—
Southern Colorado (RAE 4)	67.9% ⁺	51.9% ⁺	—
Valley-Wide (RAE 4)	73.7% ⁺	72.2% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Rating of All Health Care

Figure 2-17 shows the *Rating of All Health Care* top-box scores for the seven RAEs.

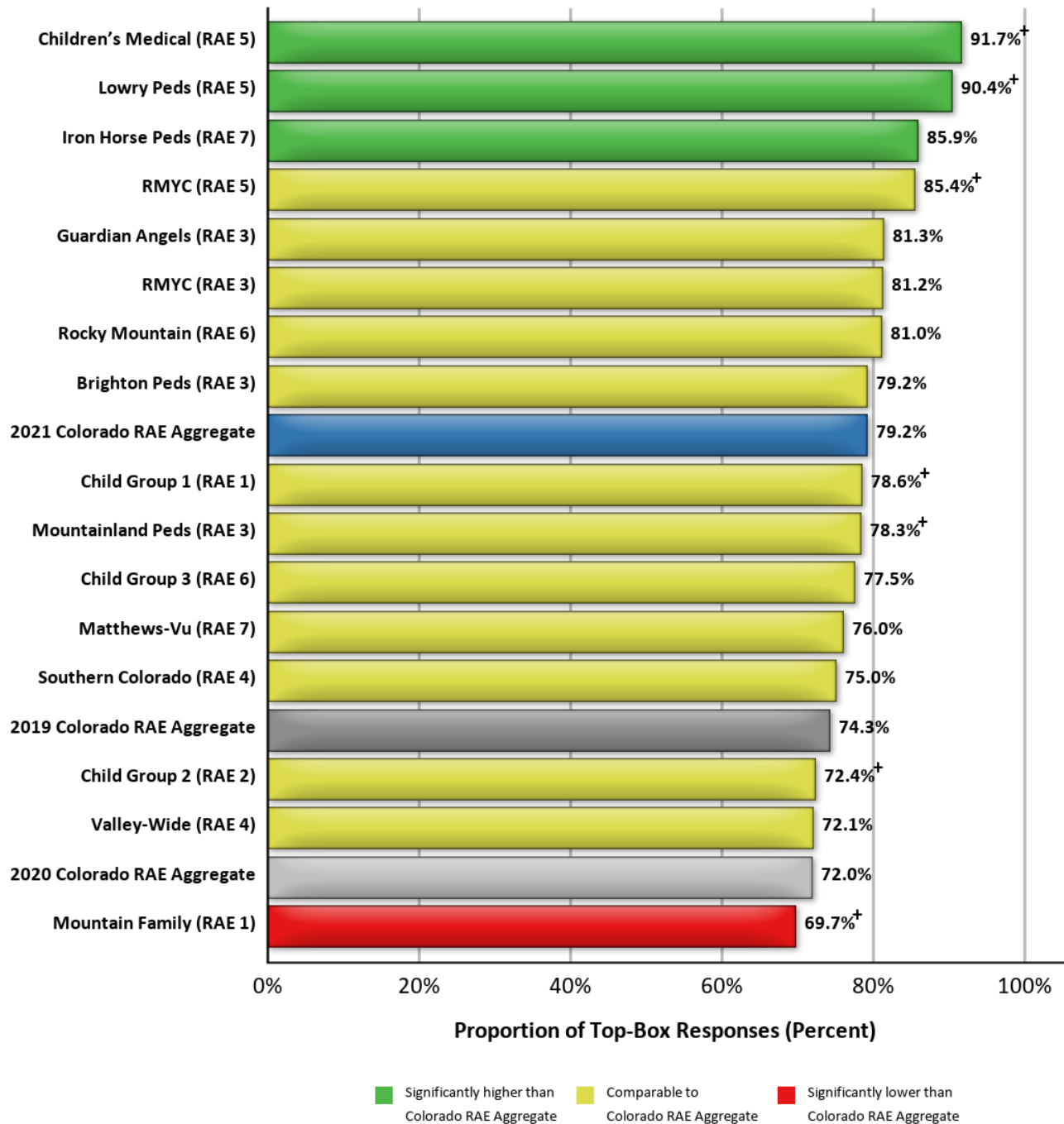
**Figure 2-17—Rating of All Health Care
RAE-Level Top-Box Scores**



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

Figure 2-18 shows the *Rating of All Health Care* top-box scores for the RAE-contracted practices.

Figure 2-18—Rating of All Health Care Practice-Level Top-Box Scores



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

Table 2-7 shows the 2019 and 2021 *Rating of All Health Care* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-7—Rating of All Health Care Trend Analysis

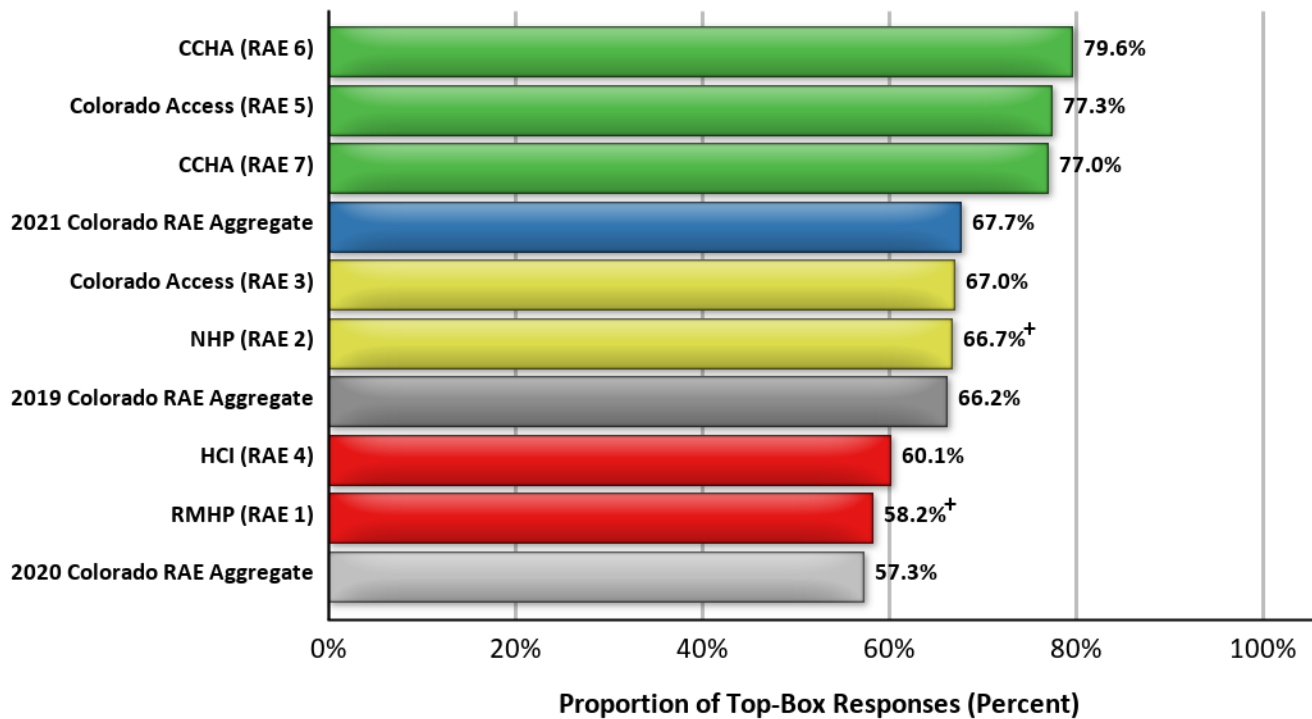
RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	75.2%	79.4%	—
Child Group 1 (RAE 1)	71.9% ⁺	78.4% ⁺	—
Child Group 2 (RAE 2)	76.4%	72.1% ⁺	—
Child Group 3 (RAE 6)	80.1%	77.8%	—
Children’s Medical (RAE 5)	89.9% ⁺	93.4% ⁺	—
Guardian Angels (RAE 3)	68.8%	83.7%	▲
Iron Horse Peds (RAE 7)	81.6%	85.7%	—
Lowry Peds (RAE 5)	82.7% ⁺	89.0% ⁺	—
Matthews-Vu (RAE 7)	65.7%	75.3%	—
Mountain Family (RAE 1)	63.6% ⁺	69.8% ⁺	—
Mountainland Peds (RAE 3)	75.2%	78.4% ⁺	—
RMYC (RAE 3)	76.2%	81.9%	—
RMYC (RAE 5)	86.7% ⁺	85.9% ⁺	—
Rocky Mountain (RAE 6)	71.6% ⁺	80.0%	—
Southern Colorado (RAE 4)	76.7%	74.2%	—
Valley-Wide (RAE 4)	62.9%	70.6%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Composite Measures

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

Figure 2-19 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the seven RAEs.

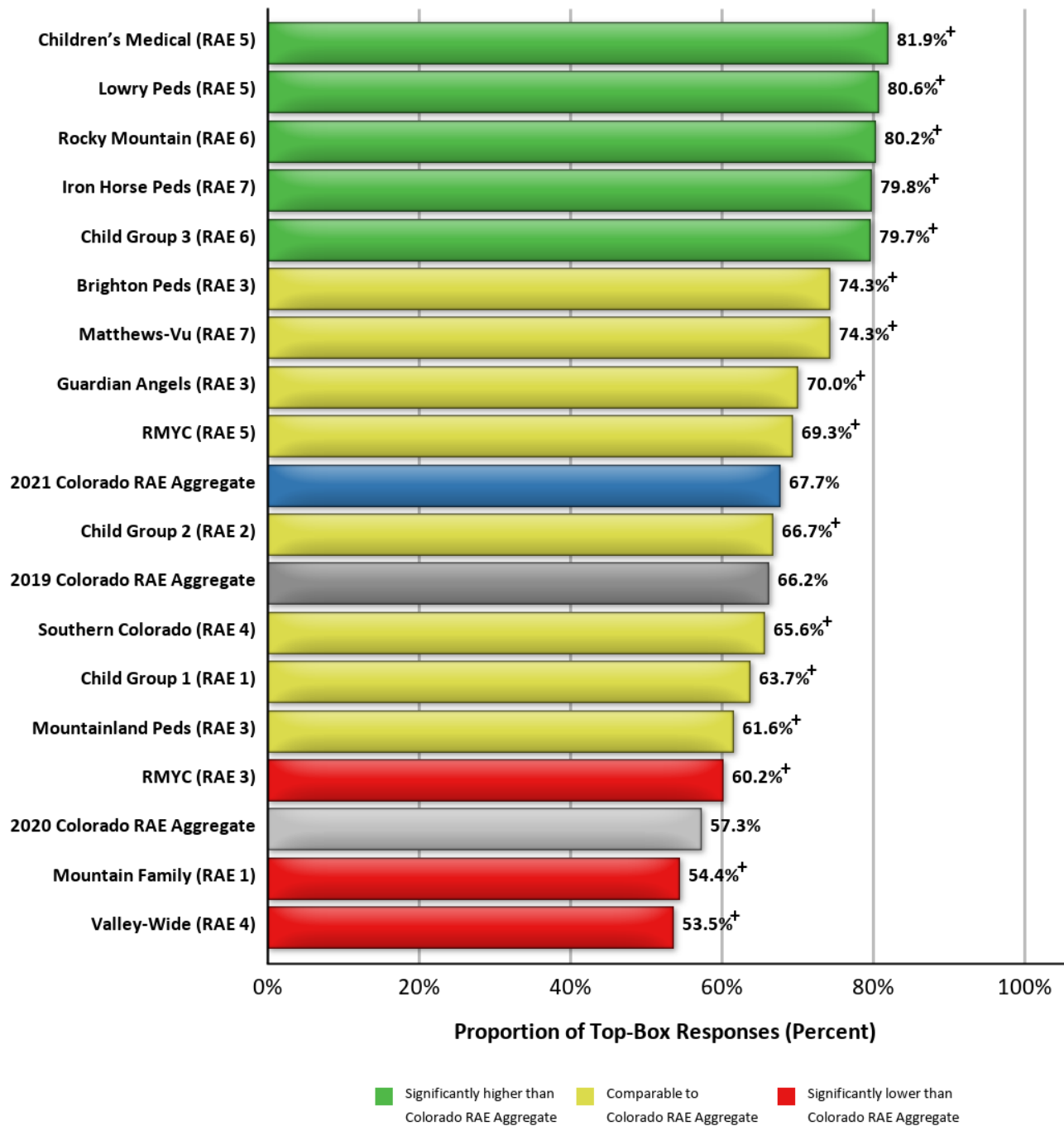
Figure 2-19—Getting Timely Appointments, Care, and Information RAE-Level Top-Box Scores



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

Figure 2-20 shows the *Getting Timely Appointments, Care, and Information* top-box scores for the RAE-contracted practices.

Figure 2-20—Getting Timely Appointments, Care, and Information Practice-Level Top-Box Scores



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

Table 2-8 shows the 2019 and 2021 *Getting Timely Appointments, Care, and Information* top-box scores and the trend results for the applicable RAE-contracted practices.

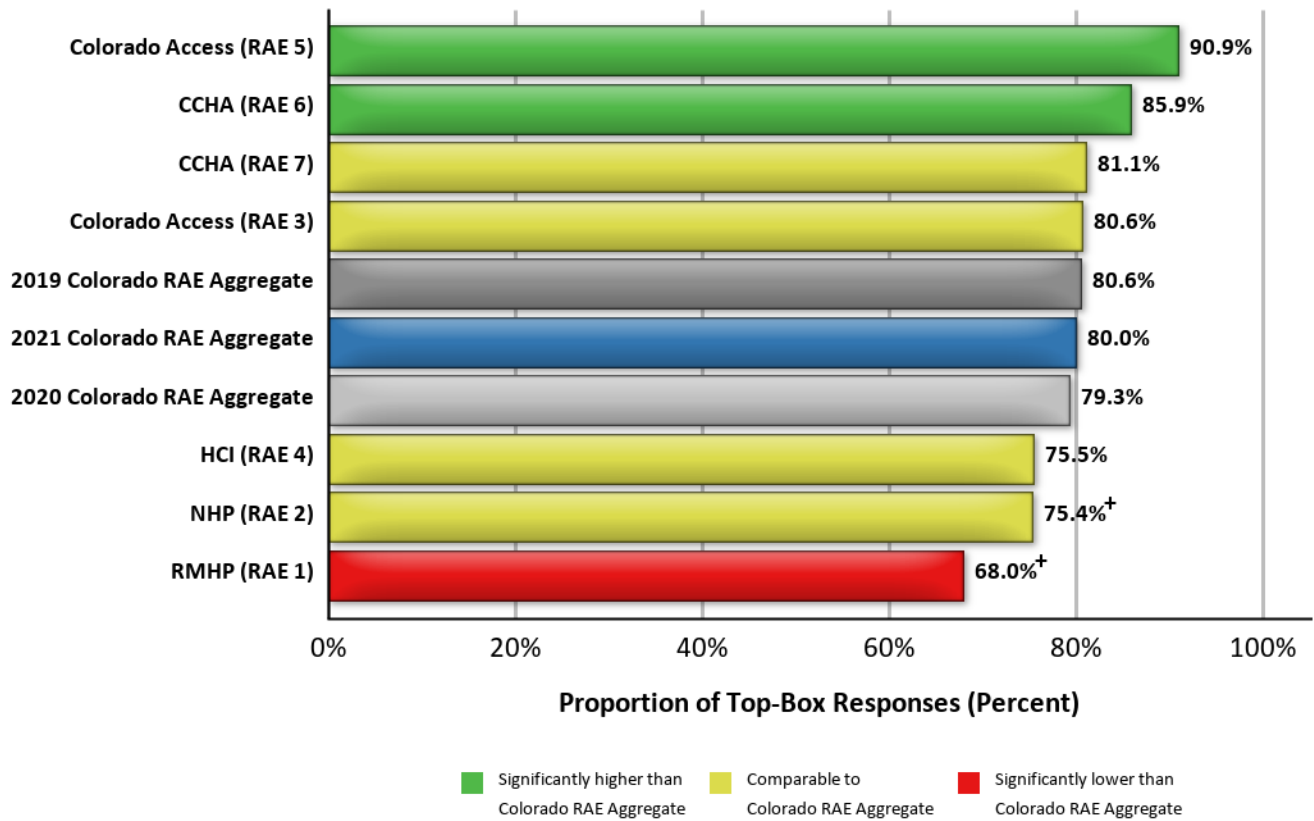
Table 2-8—Getting Timely Appointments, Care, and Information Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	75.6% ⁺	73.9% ⁺	—
Child Group 1 (RAE 1)	65.5% ⁺	62.8% ⁺	—
Child Group 2 (RAE 2)	74.8% ⁺	65.4% ⁺	—
Child Group 3 (RAE 6)	77.1% ⁺	80.2% ⁺	—
Children’s Medical (RAE 5)	78.6% ⁺	85.8% ⁺	—
Guardian Angels (RAE 3)	68.7% ⁺	72.1% ⁺	—
Iron Horse Peds (RAE 7)	75.7% ⁺	80.2% ⁺	—
Lowry Peds (RAE 5)	81.8% ⁺	80.9% ⁺	—
Matthews-Vu (RAE 7)	66.4% ⁺	74.7% ⁺	—
Mountain Family (RAE 1)	59.1% ⁺	53.9% ⁺	—
Mountainland Peds (RAE 3)	71.4% ⁺	60.5% ⁺	—
RMYC (RAE 3)	54.0% ⁺	61.6% ⁺	—
RMYC (RAE 5)	70.0% ⁺	68.9% ⁺	—
Rocky Mountain (RAE 6)	65.3% ⁺	78.8% ⁺	▲
Southern Colorado (RAE 4)	70.5% ⁺	65.3% ⁺	—
Valley-Wide (RAE 4)	48.5% ⁺	50.9% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Patient-Centered Communication: How Well Providers Communicate with Child

Figure 2-21 shows the *How Well Providers Communicate with Child* top-box scores for the seven RAEs.

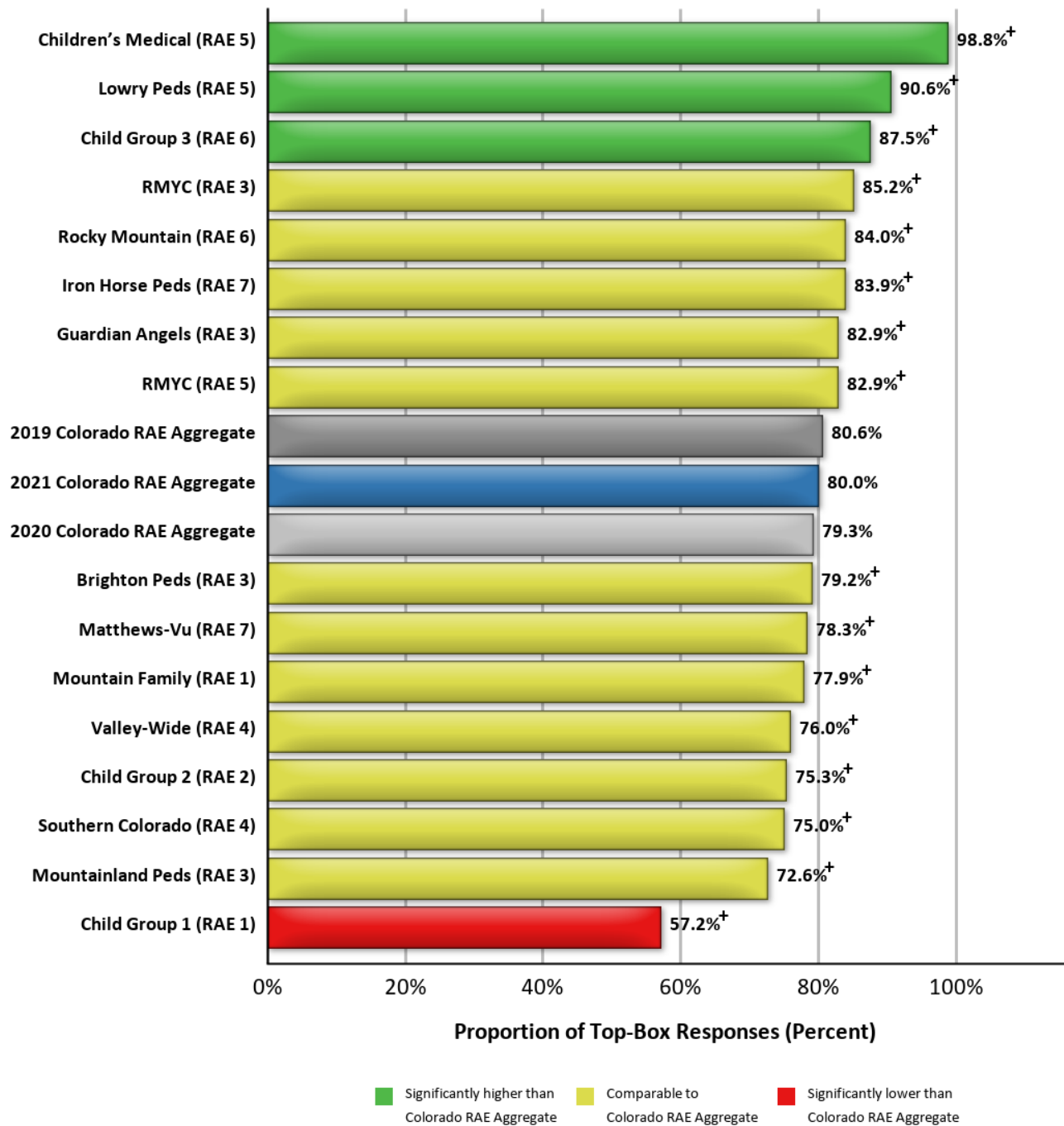
**Figure 2-21—How Well Providers Communicate with Child
RAE-Level Top-Box Scores**



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

Figure 2-22 shows the *How Well Providers Communicate with Child* top-box scores for the RAE-contracted practices.

Figure 2-22—How Well Providers Communicate with Child Practice-Level Top-Box Scores



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

Table 2-9 shows the 2019 and 2021 *How Well Providers Communicate with Child* top-box scores and the trend results for the applicable RAE-contracted practices.

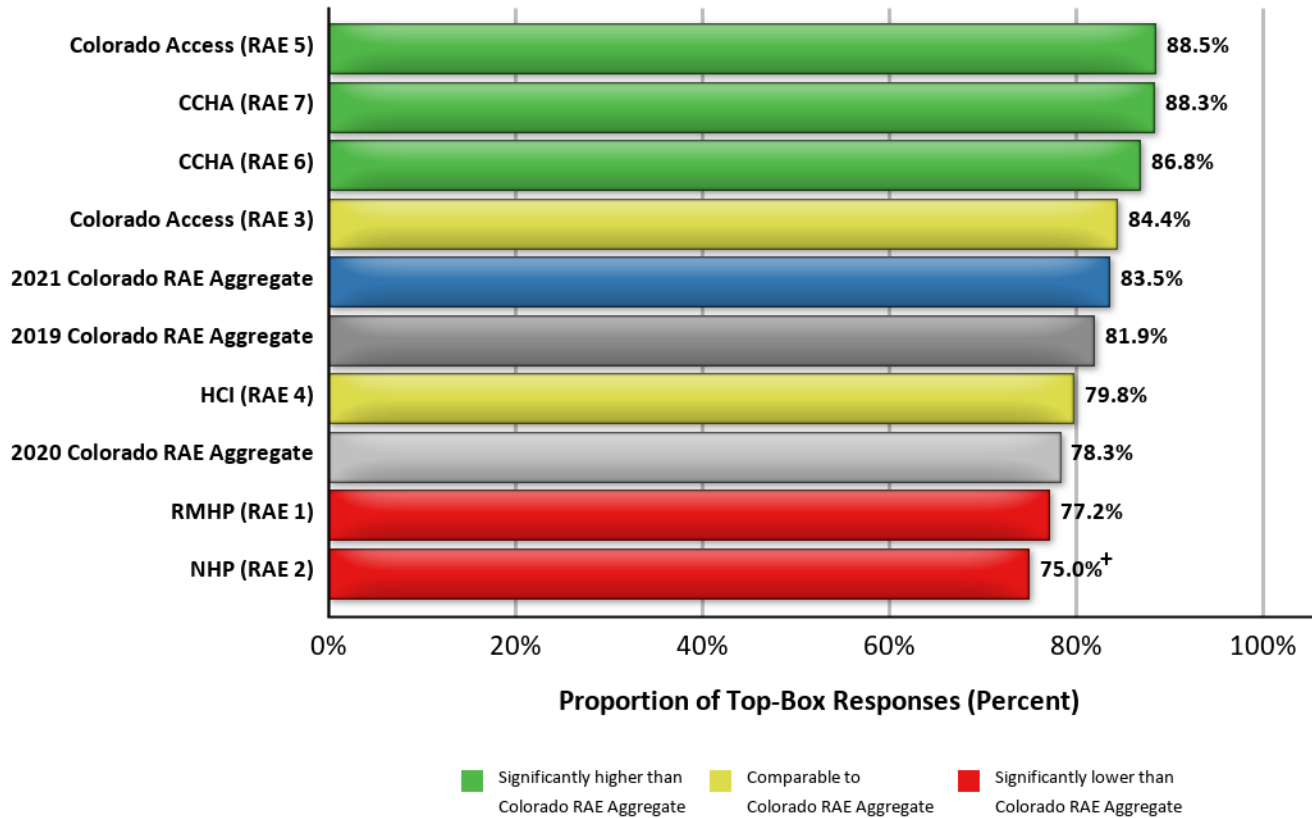
Table 2-9—How Well Providers Communicate with Child Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	75.8% ⁺	79.2% ⁺	—
Child Group 1 (RAE 1)	89.4% ⁺	57.1% ⁺	▼
Child Group 2 (RAE 2)	78.8% ⁺	75.0% ⁺	—
Child Group 3 (RAE 6)	84.0% ⁺	87.8% ⁺	—
Children’s Medical (RAE 5)	92.7% ⁺	100.0% ⁺	—
Guardian Angels (RAE 3)	76.4% ⁺	83.5% ⁺	—
Iron Horse Peds (RAE 7)	88.7% ⁺	84.5% ⁺	—
Lowry Peds (RAE 5)	86.2% ⁺	91.0% ⁺	—
Matthews-Vu (RAE 7)	72.8% ⁺	77.6% ⁺	—
Mountain Family (RAE 1)	67.5% ⁺	78.6% ⁺	—
Mountainland Peds (RAE 3)	78.5% ⁺	72.5% ⁺	—
RMYC (RAE 3)	84.1% ⁺	84.4% ⁺	—
RMYC (RAE 5)	85.0% ⁺	81.9% ⁺	—
Rocky Mountain (RAE 6)	75.6% ⁺	85.0% ⁺	—
Southern Colorado (RAE 4)	89.1% ⁺	75.1% ⁺	▼
Valley-Wide (RAE 4)	68.0% ⁺	73.9% ⁺	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Patient-Centered Communication: How Well Providers Communicate with Parents or Caretakers

Figure 2-23 shows the *How Well Providers Communicate with Parents or Caretakers* top-box scores for the seven RAEs.

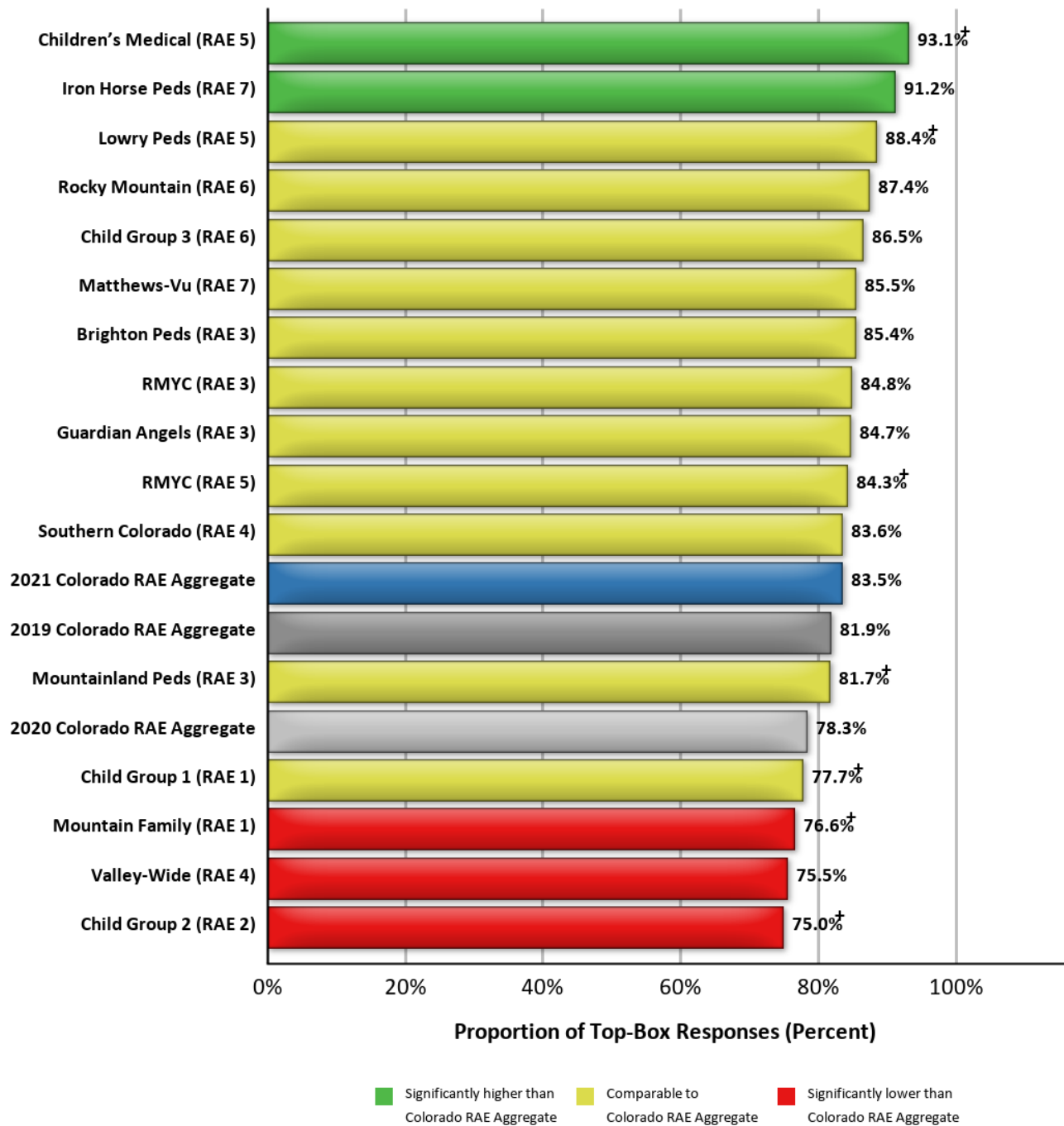
**Figure 2-23—How Well Providers Communicate with Parents or Caretakers
RAE-Level Top-Box Scores**



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

Figure 2-24 shows the *How Well Providers Communicate with Parents or Caretakers* top-box scores for the RAE-contracted practices.

Figure 2-24—How Well Providers Communicate with Parents or Caretakers Practice-Level Top-Box Scores



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

Table 2-10 shows the 2019 and 2021 *How Well Providers Communicate with Parents or Caretakers* top-box scores and the trend results for the applicable RAE-contracted practices.

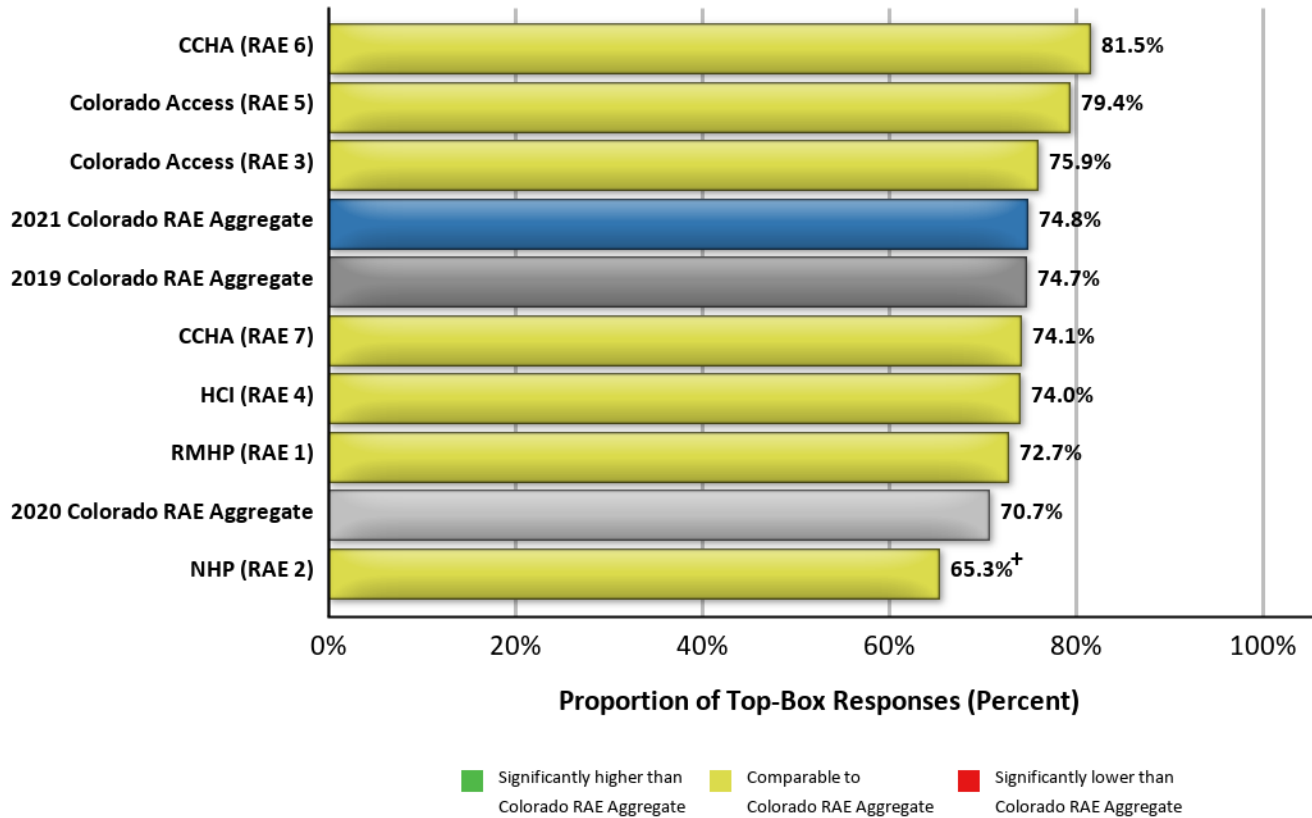
Table 2-10—How Well Providers Communicate with Parents or Caretakers Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	81.9%	85.0%	—
Child Group 1 (RAE 1)	83.5%	77.8% ⁺	—
Child Group 2 (RAE 2)	84.2%	74.5% ⁺	—
Child Group 3 (RAE 6)	87.0%	87.8%	—
Children’s Medical (RAE 5)	91.9% ⁺	94.7% ⁺	—
Guardian Angels (RAE 3)	76.6%	85.2%	▲
Iron Horse Peds (RAE 7)	86.8%	91.7%	—
Lowry Peds (RAE 5)	90.0% ⁺	89.1% ⁺	—
Matthews-Vu (RAE 7)	80.7%	85.6%	—
Mountain Family (RAE 1)	78.6% ⁺	76.2% ⁺	—
Mountainland Peds (RAE 3)	82.0%	81.1% ⁺	—
RMYC (RAE 3)	83.0%	84.2%	—
RMYC (RAE 5)	81.4% ⁺	83.5% ⁺	—
Rocky Mountain (RAE 6)	81.1% ⁺	87.4%	—
Southern Colorado (RAE 4)	86.8%	83.2%	—
Valley-Wide (RAE 4)	68.6%	74.3%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

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

Figure 2-25 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the seven RAEs.

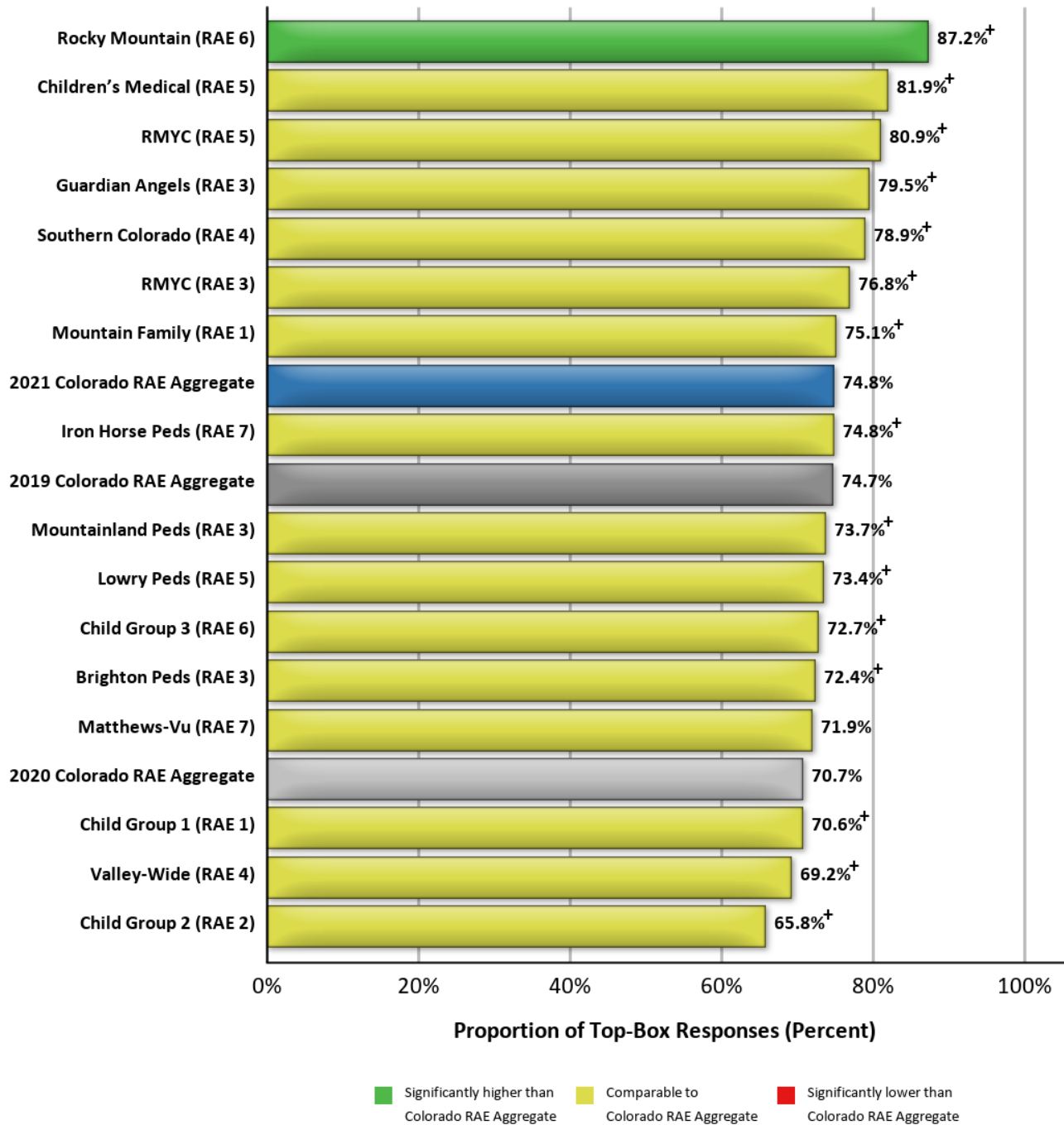
**Figure 2-25—Providers' Use of Information to Coordinate Patient Care
RAE-Level Top-Box Scores**



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

Figure 2-26 shows the *Providers' Use of Information to Coordinate Patient Care* top-box scores for the RAE-contracted practices.

Figure 2-26—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 2-11 shows the 2019 and 2021 *Providers' Use of Information to Coordinate Patient Care* top-box scores and the trend results for the applicable RAE-contracted practices.

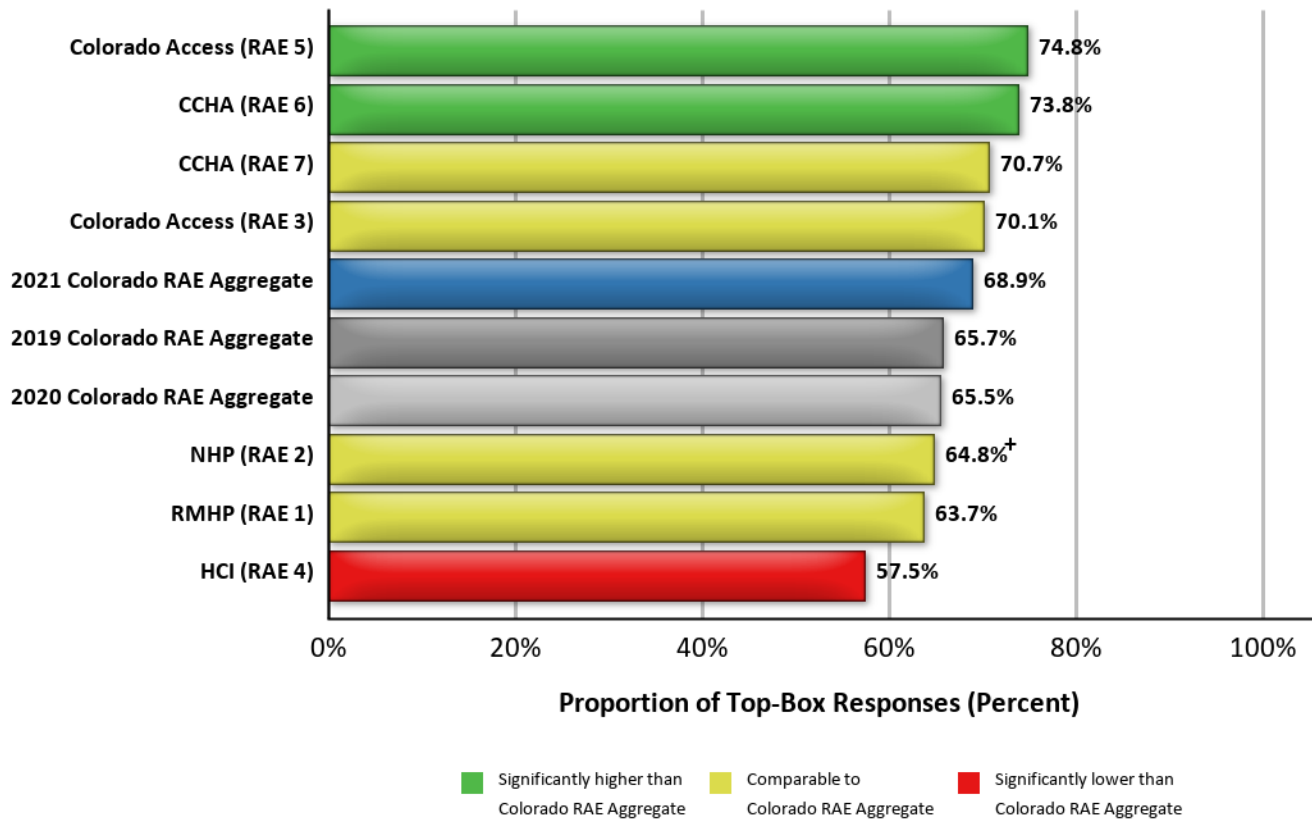
Table 2-11—Providers' Use of Information to Coordinate Patient Care Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	72.5% ⁺	72.7% ⁺	—
Child Group 1 (RAE 1)	75.6% ⁺	71.4% ⁺	—
Child Group 2 (RAE 2)	79.7% ⁺	63.8% ⁺	▼
Child Group 3 (RAE 6)	84.4% ⁺	74.9% ⁺	—
Children's Medical (RAE 5)	76.3% ⁺	83.7% ⁺	—
Guardian Angels (RAE 3)	62.7% ⁺	80.5% ⁺	▲
Iron Horse Peds (RAE 7)	77.4% ⁺	75.3% ⁺	—
Lowry Peds (RAE 5)	75.6% ⁺	74.1% ⁺	—
Matthews-Vu (RAE 7)	64.6% ⁺	72.5% ⁺	—
Mountain Family (RAE 1)	68.7% ⁺	75.3% ⁺	—
Mountainland Peds (RAE 3)	77.1% ⁺	72.5% ⁺	—
RMYC (RAE 3)	78.6% ⁺	76.6% ⁺	—
RMYC (RAE 5)	78.7% ⁺	79.7% ⁺	—
Rocky Mountain (RAE 6)	72.3% ⁺	86.9% ⁺	▲
Southern Colorado (RAE 4)	78.8% ⁺	78.6% ⁺	—
Valley-Wide (RAE 4)	66.2% ⁺	66.3% ⁺	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Medical Home: Comprehensiveness—Child Development

Figure 2-27 shows the *Comprehensiveness—Child Development* top-box scores for the seven RAEs.

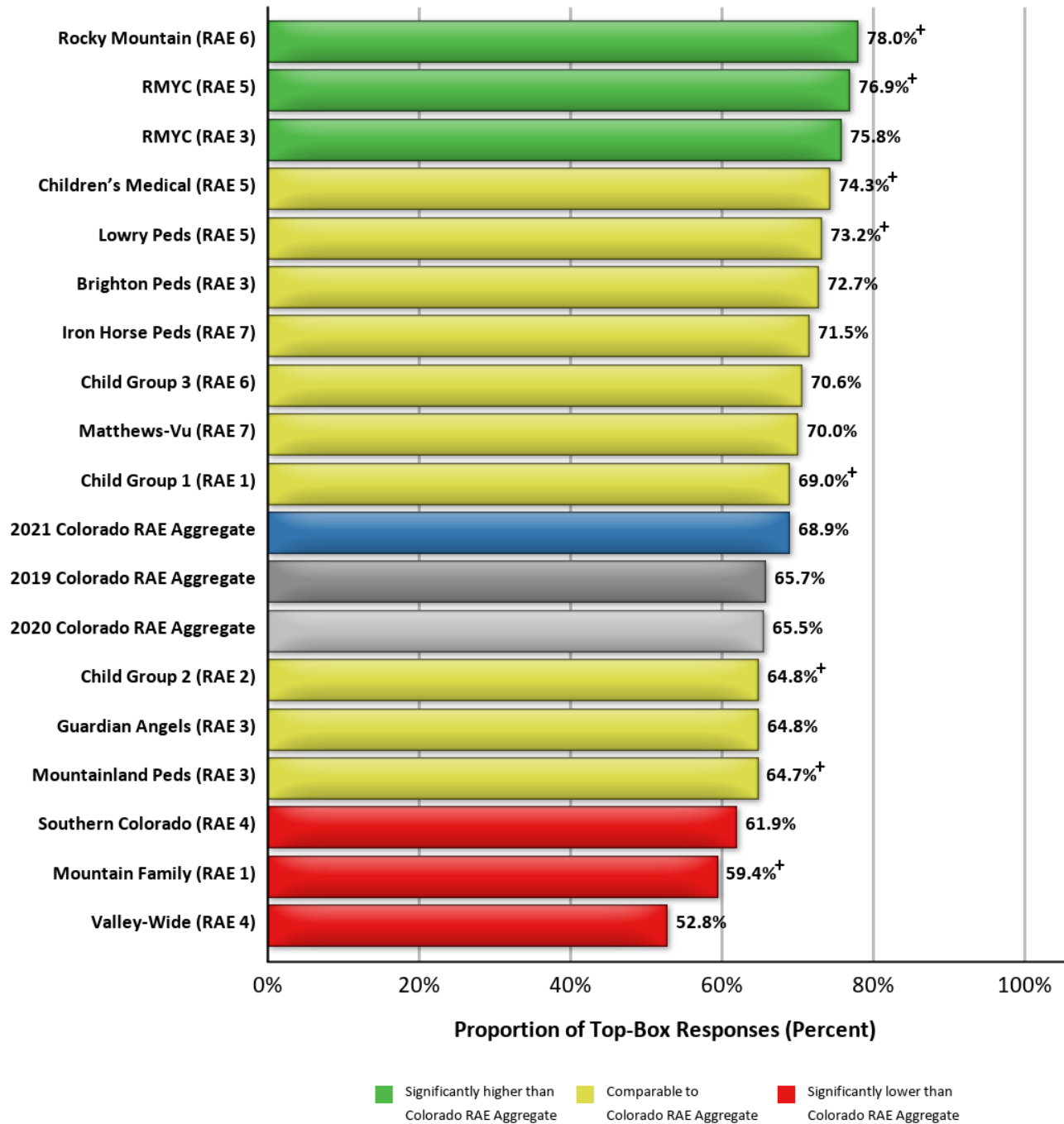
**Figure 2-27—Comprehensiveness—Child Development
RAE-Level Top-Box Scores**



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

Figure 2-28 shows the *Comprehensiveness—Child Development* top-box scores for the RAE-contracted practices.

**Figure 2-28—Comprehensiveness—Child Development
Practice-Level Top-Box Scores**



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

Table 2-12 shows the 2019 and 2021 *Comprehensiveness—Child Development* top-box scores and the trend results for the applicable RAE-contracted practices.

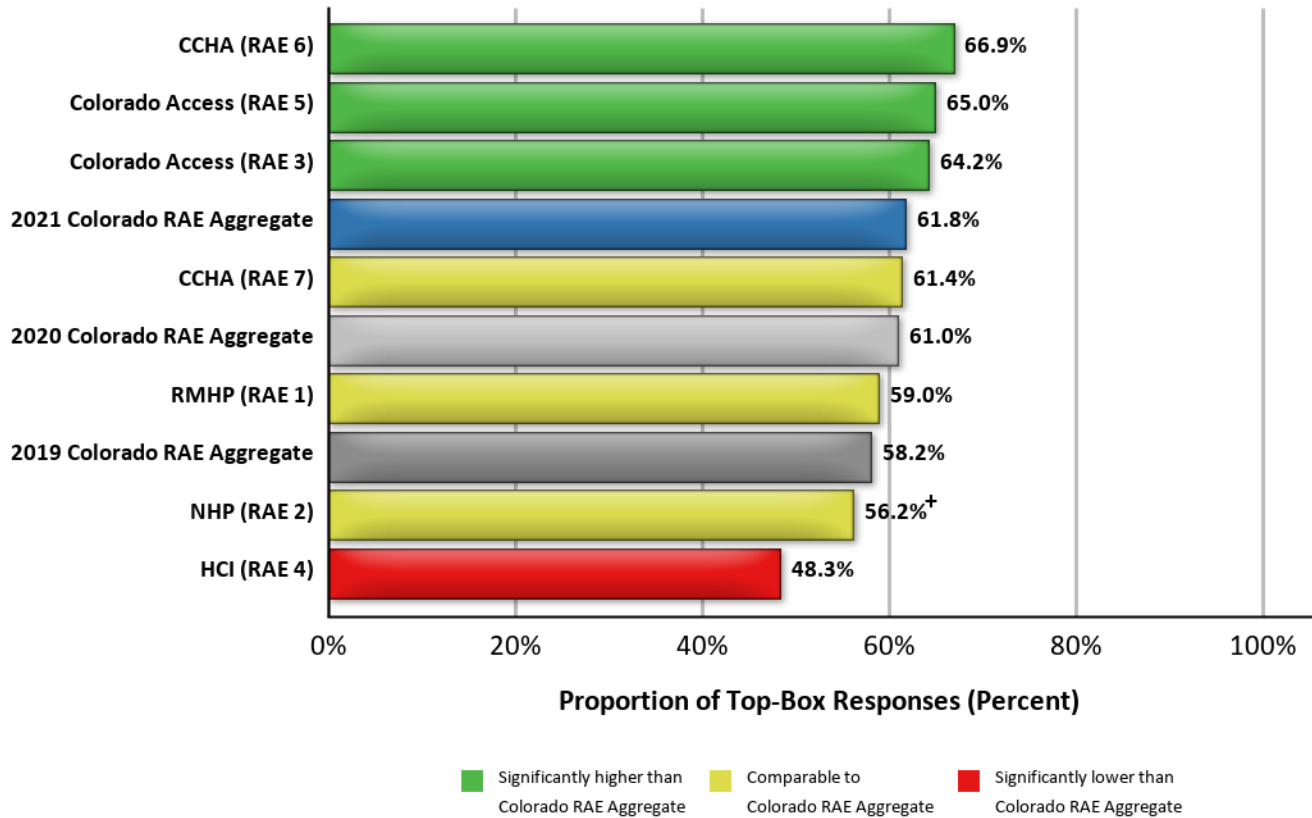
Table 2-12—Comprehensiveness—Child Development Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	63.4%	72.6%	—
Child Group 1 (RAE 1)	67.1% ⁺	68.5% ⁺	—
Child Group 2 (RAE 2)	68.2%	63.5% ⁺	—
Child Group 3 (RAE 6)	68.1%	72.0%	—
Children’s Medical (RAE 5)	65.7% ⁺	75.3% ⁺	—
Guardian Angels (RAE 3)	60.8%	64.7%	—
Iron Horse Peds (RAE 7)	67.3%	73.2%	—
Lowry Peds (RAE 5)	77.4% ⁺	74.2% ⁺	—
Matthews-Vu (RAE 7)	64.3%	71.3%	—
Mountain Family (RAE 1)	55.4% ⁺	58.9% ⁺	—
Mountainland Peds (RAE 3)	67.2%	63.5% ⁺	—
RMYC (RAE 3)	72.9%	76.0%	—
RMYC (RAE 5)	81.3% ⁺	77.6% ⁺	—
Rocky Mountain (RAE 6)	66.3% ⁺	75.9% ⁺	—
Southern Colorado (RAE 4)	60.7%	61.3%	—
Valley-Wide (RAE 4)	53.1%	51.9%	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. [▲] Statistically significantly higher in 2021 than in 2019. [▼] Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Medical Home: Comprehensiveness—Child Safety and Healthy Lifestyles

Figure 2-29 shows the *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores for the seven RAEs.

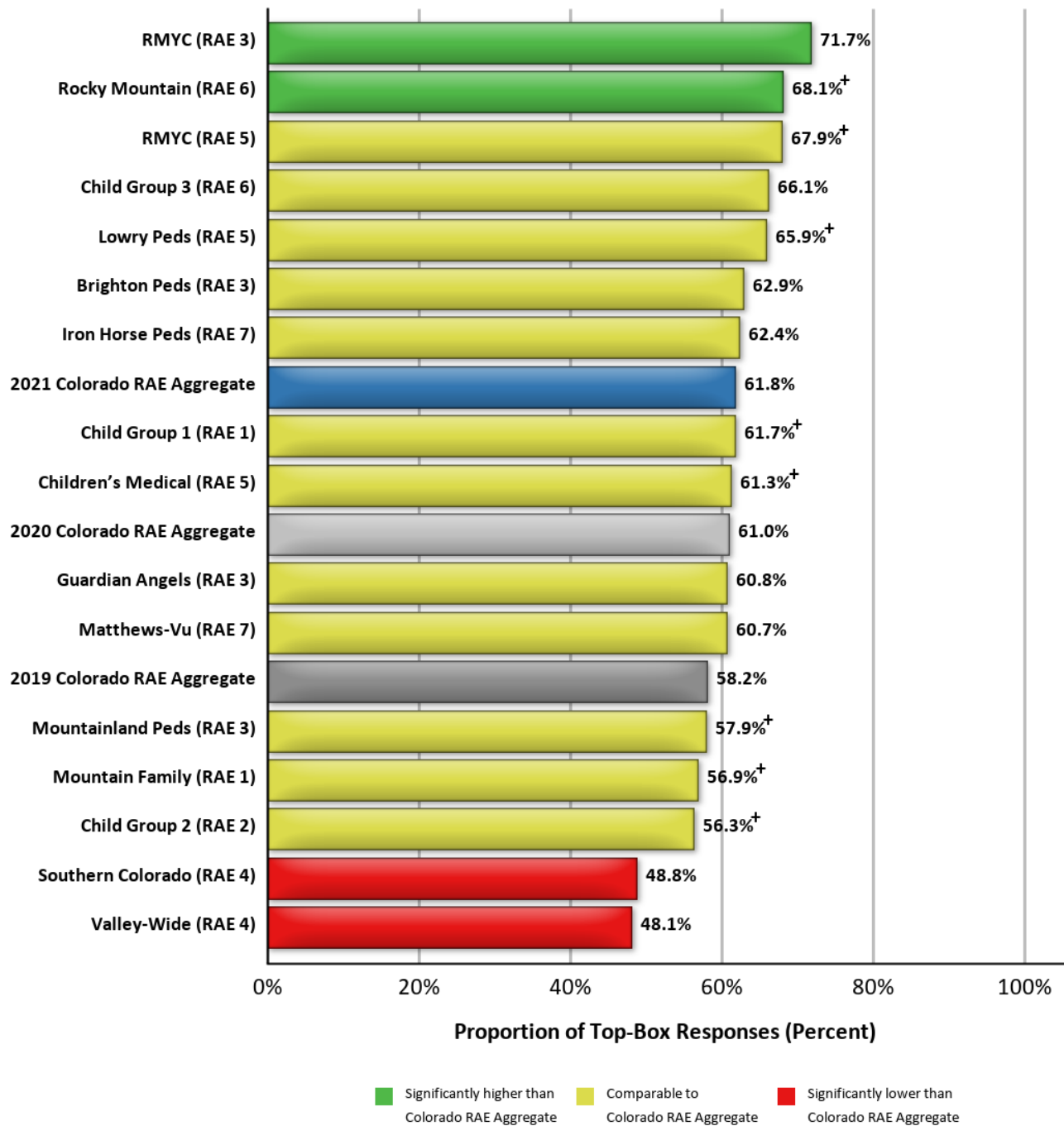
**Figure 2-29—Comprehensiveness—Child Safety and Healthy Lifestyles
RAE-Level Top-Box Scores**



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

Figure 2-30 shows the *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores for the RAE-contracted practices.

Figure 2-30—Comprehensiveness—Child Safety and Healthy Lifestyles Practice-Level Top-Box Scores



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

Table 2-13 shows the 2019 and 2021 *Comprehensiveness—Child Safety and Healthy Lifestyles* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-13—Comprehensiveness—Child Safety and Healthy Lifestyles Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	53.1%	63.1%	▲
Child Group 1 (RAE 1)	55.8% ⁺	61.2% ⁺	—
Child Group 2 (RAE 2)	59.3%	55.5% ⁺	—
Child Group 3 (RAE 6)	58.3%	66.4%	▲
Children’s Medical (RAE 5)	54.0% ⁺	61.9% ⁺	—
Guardian Angels (RAE 3)	58.5%	61.4%	—
Iron Horse Peds (RAE 7)	57.6%	63.1%	—
Lowry Peds (RAE 5)	63.5% ⁺	66.0% ⁺	—
Matthews-Vu (RAE 7)	55.2%	61.2%	—
Mountain Family (RAE 1)	52.5% ⁺	56.9% ⁺	—
Mountainland Peds (RAE 3)	58.4%	57.4% ⁺	—
RMYC (RAE 3)	67.8%	72.5%	—
RMYC (RAE 5)	78.3% ⁺	69.1% ⁺	—
Rocky Mountain (RAE 6)	55.8% ⁺	66.1% ⁺	▲
Southern Colorado (RAE 4)	50.1%	48.1%	—
Valley-Wide (RAE 4)	48.3%	47.5%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

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

Figure 2-31 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the seven RAEs.

**Figure 2-31—Helpful, Courteous, and Respectful Office Staff
RAE-Level Top-Box Scores**

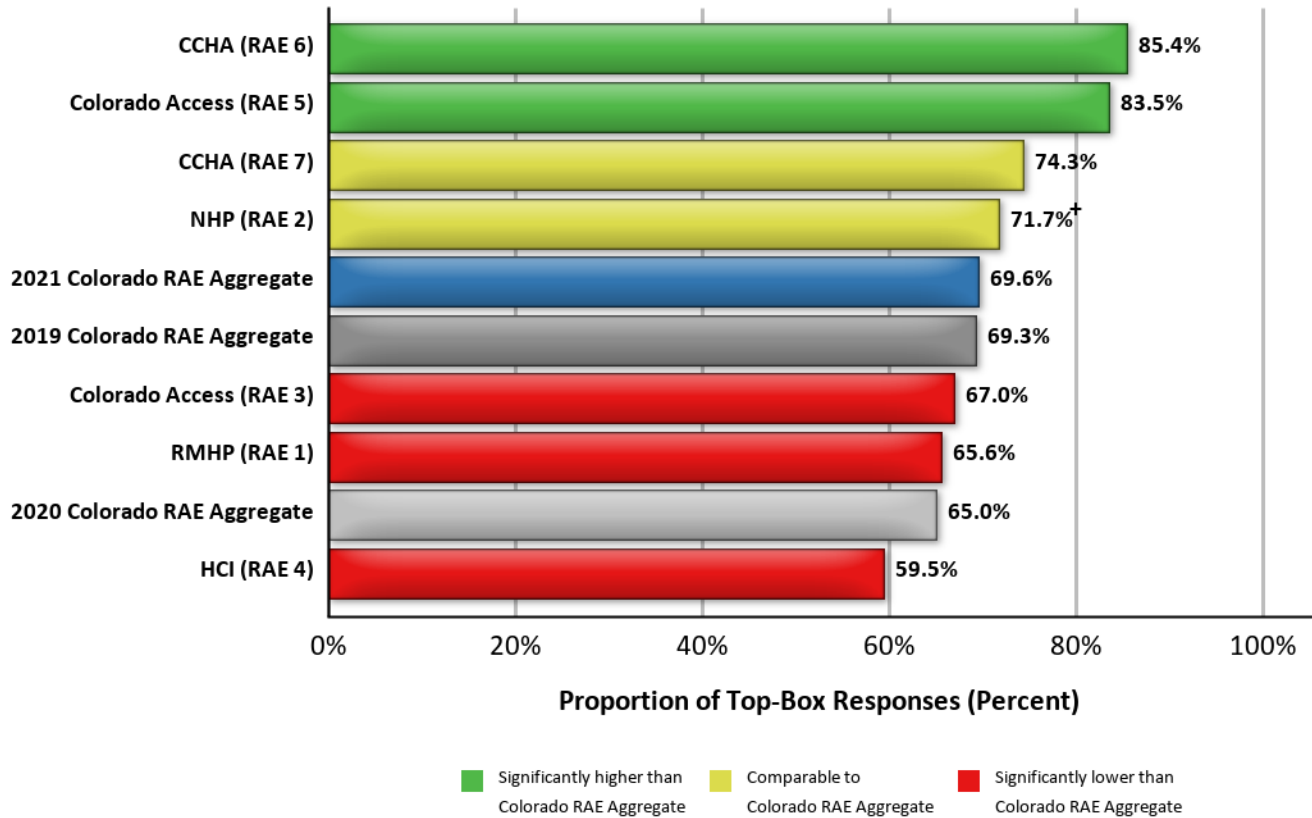
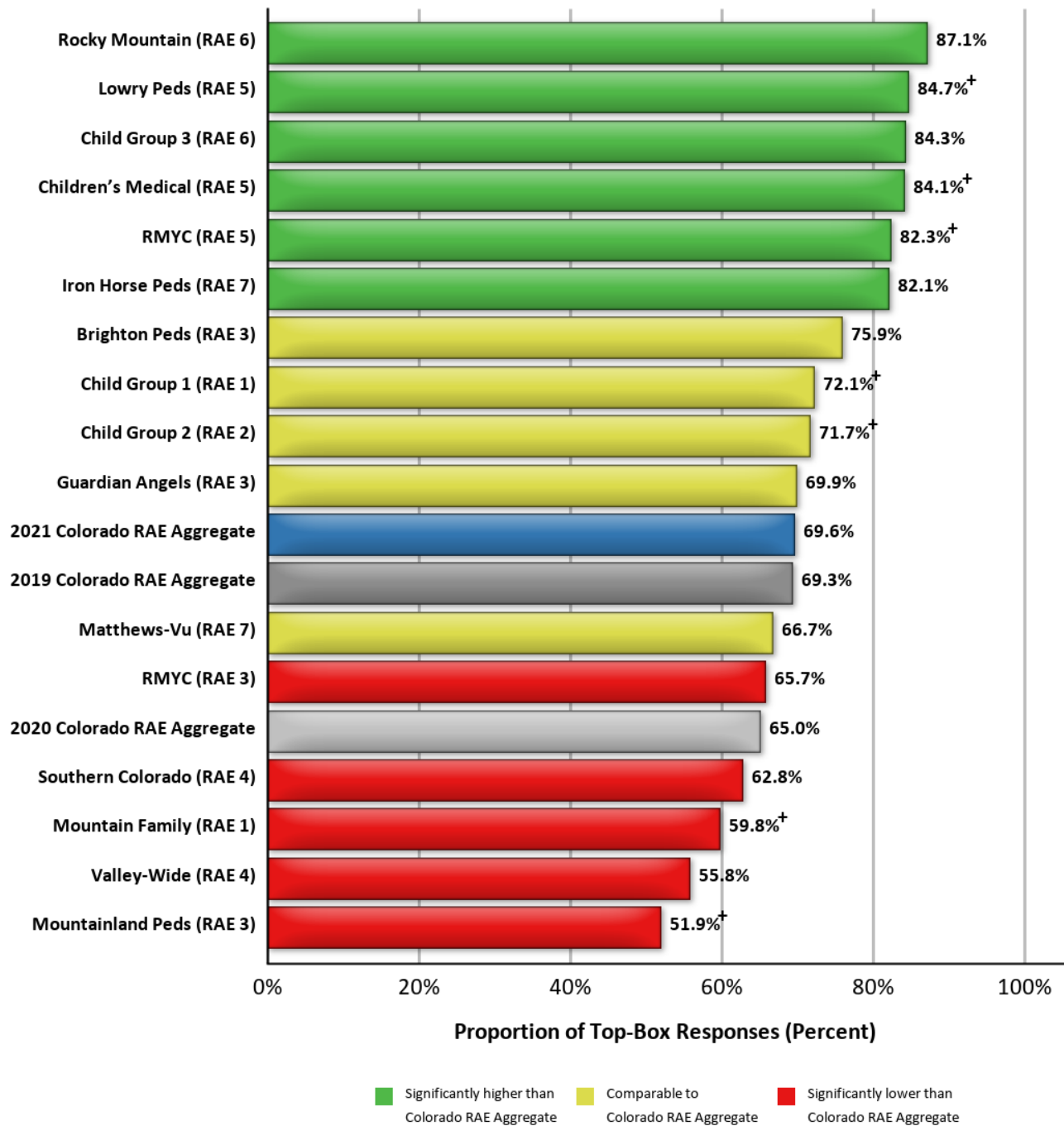


Figure 2-32 shows the *Helpful, Courteous, and Respectful Office Staff* top-box scores for the RAE-contracted practices.

Figure 2-32—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 2-14 shows the 2019 and 2021 *Helpful, Courteous, and Respectful Office Staff* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-14—Helpful, Courteous, and Respectful Office Staff Trend Analysis

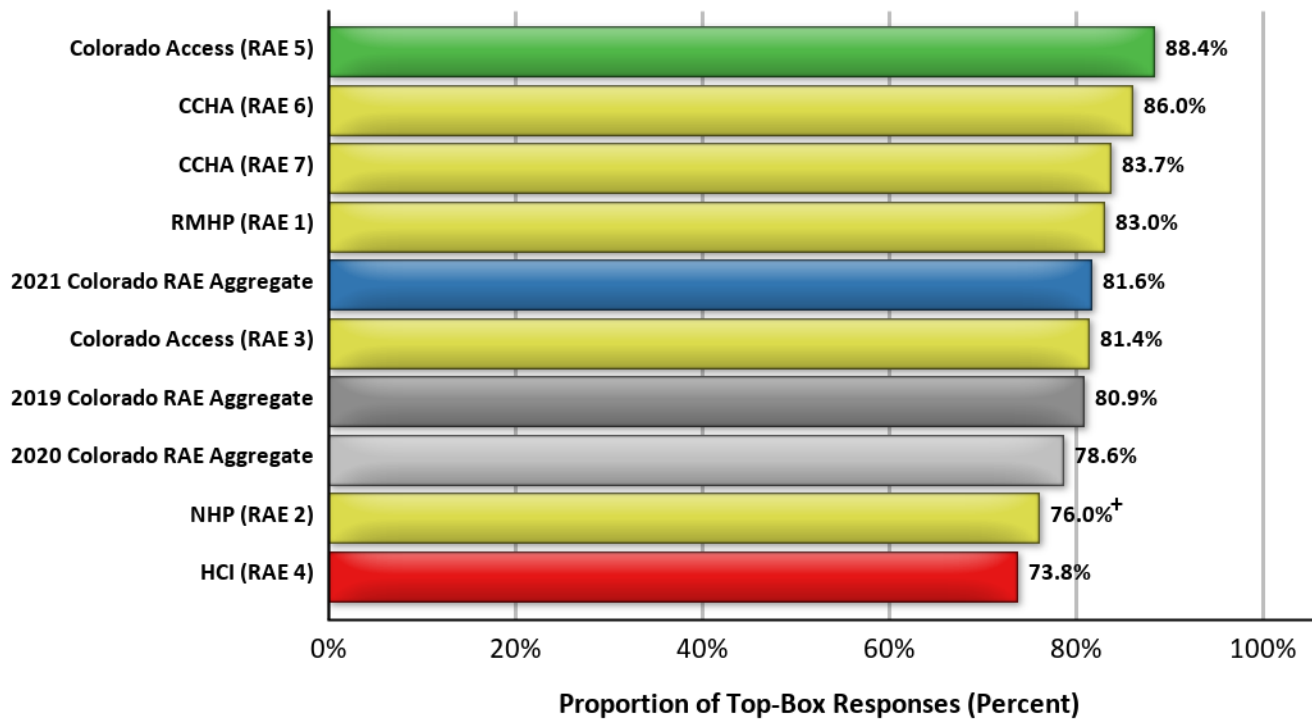
RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	75.2%	75.3%	—
Child Group 1 (RAE 1)	74.2% ⁺	72.3% ⁺	—
Child Group 2 (RAE 2)	70.8%	71.0% ⁺	—
Child Group 3 (RAE 6)	83.8%	86.1%	—
Children’s Medical (RAE 5)	81.9% ⁺	86.2% ⁺	—
Guardian Angels (RAE 3)	64.7%	70.5%	—
Iron Horse Peds (RAE 7)	72.5%	82.9%	▲
Lowry Peds (RAE 5)	83.7% ⁺	85.7% ⁺	—
Matthews-Vu (RAE 7)	63.0%	66.8%	—
Mountain Family (RAE 1)	59.9% ⁺	59.1% ⁺	—
Mountainland Peds (RAE 3)	62.3%	51.1% ⁺	—
RMYC (RAE 3)	63.7%	64.8%	—
RMYC (RAE 5)	80.0% ⁺	81.1% ⁺	—
Rocky Mountain (RAE 6)	77.4% ⁺	87.1%	—
Southern Colorado (RAE 4)	62.3%	62.3%	—
Valley-Wide (RAE 4)	64.7%	54.3%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Individual Item Measures

Received Information on Evening, Weekend, or Holiday Care

Figure 2-33 shows the *Received Information on Evening, Weekend, or Holiday Care* top-box scores for the seven RAEs.

Figure 2-33—Received Information on Evening, Weekend, or Holiday Care RAE-Level Top-Box Scores

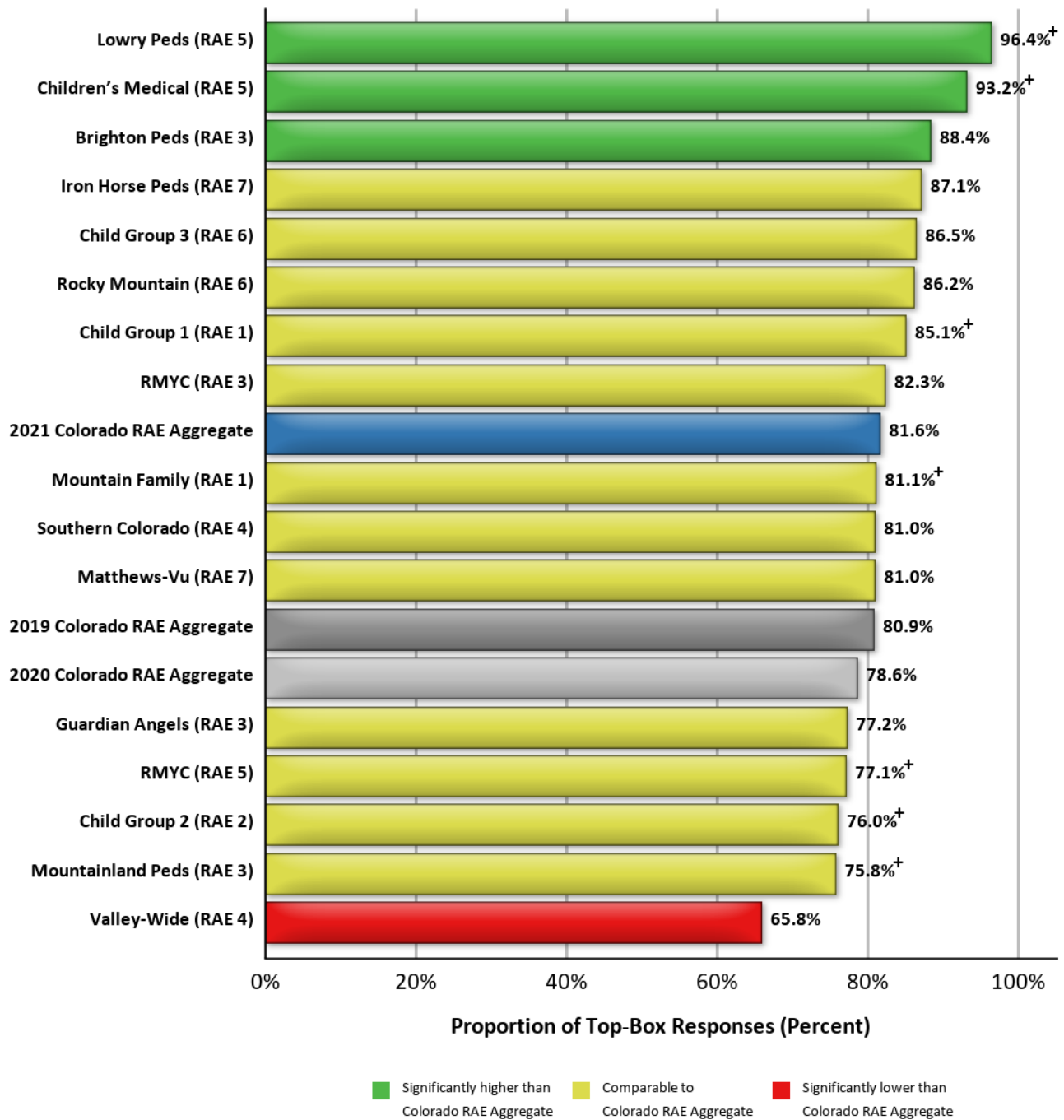


■ Significantly higher than Colorado RAE Aggregate
 ■ Comparable to Colorado RAE Aggregate
 ■ Significantly lower than Colorado RAE Aggregate

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

Figure 2-34 shows the *Received Information on Evening, Weekend, or Holiday Care* top-box scores for the RAE-contracted practices.

Figure 2-34—Received Information on Evening, Weekend, or Holiday 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 2021 *Received Information on Evening, Weekend, or Holiday Care* top-box scores and the trend results for the applicable RAE-contracted practices.

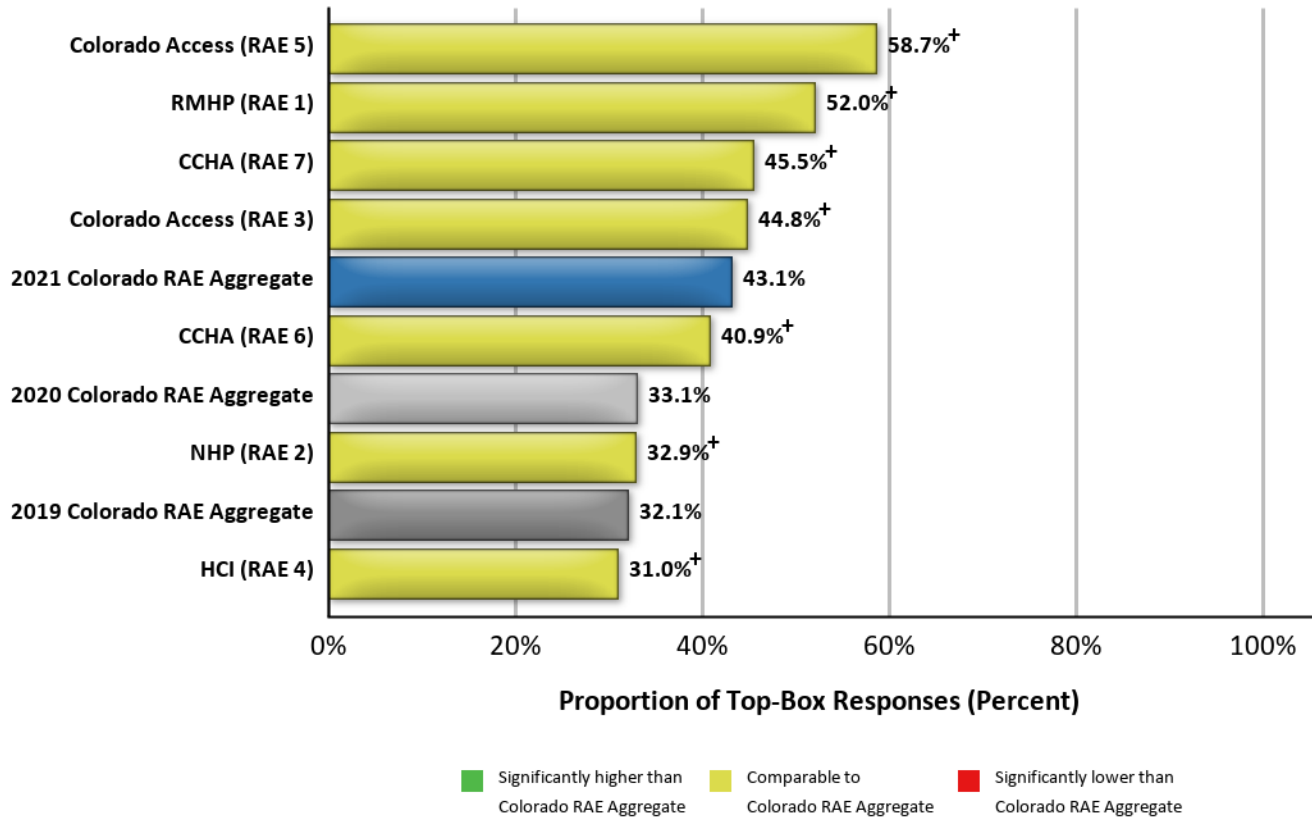
Table 2-15—Received Information on Evening, Weekend, or Holiday Care Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	84.6%	88.9%	—
Child Group 1 (RAE 1)	84.7% ⁺	84.9% ⁺	—
Child Group 2 (RAE 2)	70.1%	75.8% ⁺	—
Child Group 3 (RAE 6)	89.1%	85.5%	—
Children’s Medical (RAE 5)	84.3% ⁺	93.3% ⁺	—
Guardian Angels (RAE 3)	76.8%	78.9%	—
Iron Horse Peds (RAE 7)	86.0%	86.6%	—
Lowry Peds (RAE 5)	87.5% ⁺	94.7% ⁺	—
Matthews-Vu (RAE 7)	75.9%	80.4%	—
Mountain Family (RAE 1)	75.5% ⁺	81.8% ⁺	—
Mountainland Peds (RAE 3)	80.3%	76.3% ⁺	—
RMYC (RAE 3)	81.5%	83.7%	—
RMYC (RAE 5)	82.0% ⁺	78.5% ⁺	—
Rocky Mountain (RAE 6)	81.0% ⁺	85.0%	—
Southern Colorado (RAE 4)	79.8%	80.3%	—
Valley-Wide (RAE 4)	79.5%	65.5%	▼
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

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

Figure 2-35 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the seven RAEs.

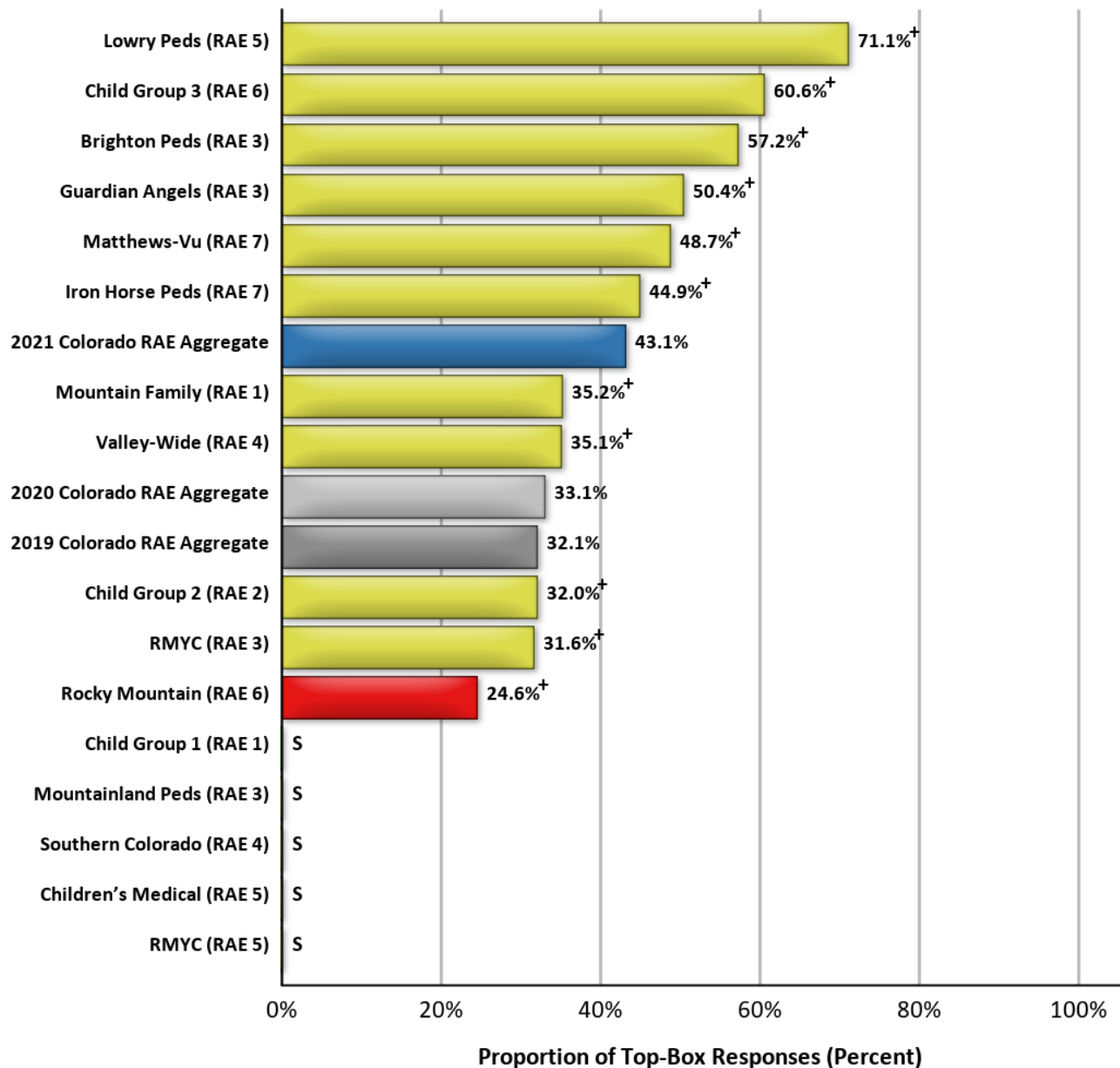
**Figure 2-35—Received Care from Provider Office During Evenings, Weekends, or Holidays
RAE-Level Top-Box Scores**



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

Figure 2-36 shows the *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores for the RAE-contracted practices.

Figure 2-36—Received Care from Provider Office During Evenings, Weekends, or Holidays Practice-Level Top-Box Scores



■ Significantly higher than Colorado RAE Aggregate
 ■ Comparable to Colorado RAE Aggregate
 ■ Significantly lower than Colorado RAE Aggregate

+ 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 2-16 shows the 2019 and 2021 *Received Care from Provider Office During Evenings, Weekends, or Holidays* top-box scores and the trend results for the applicable RAE-contracted practices.

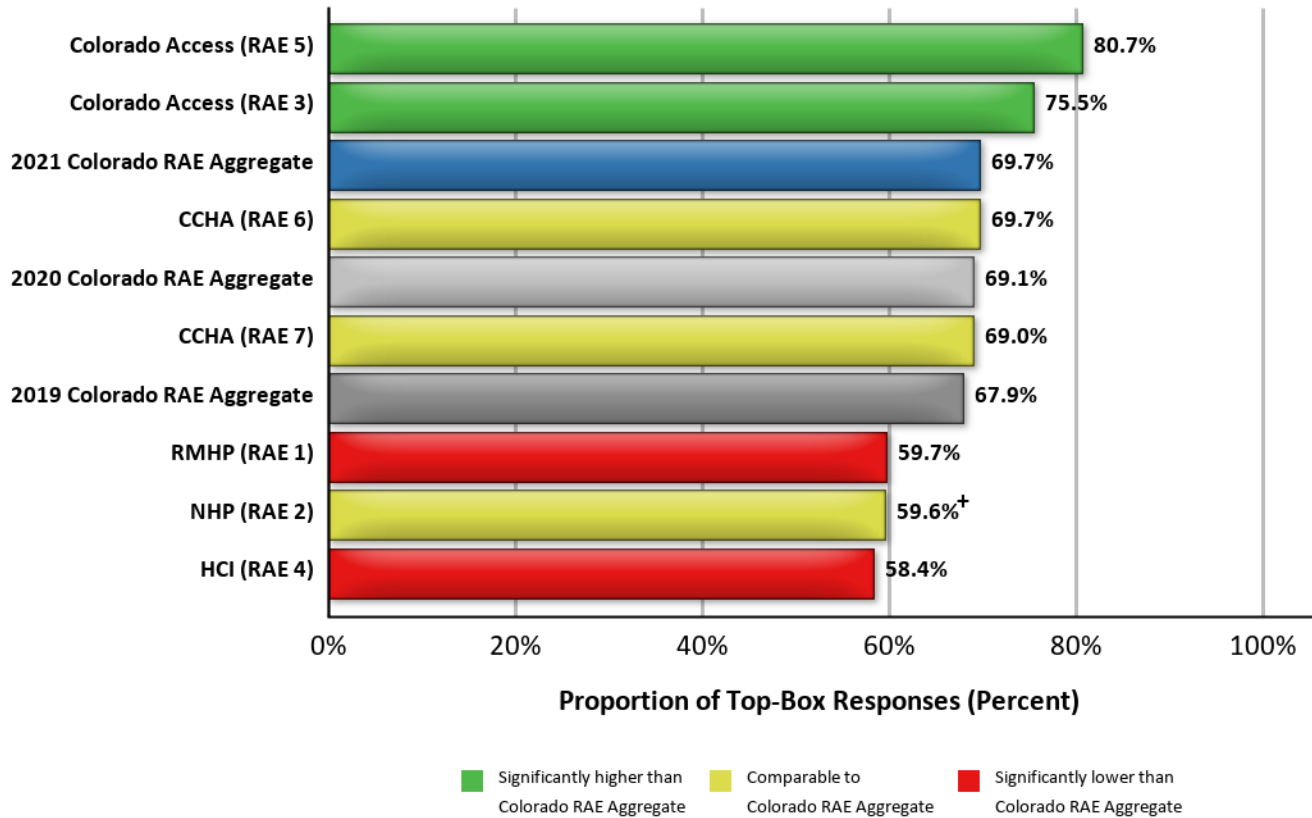
Table 2-16—Received Care from Provider Office During Evenings, Weekends, or Holidays Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	26.1% ⁺	57.9% ⁺	▲
Child Group 1 (RAE 1)	57.7% ⁺	S	S
Child Group 2 (RAE 2)	21.4% ⁺	27.3% ⁺	—
Child Group 3 (RAE 6)	39.1% ⁺	63.6% ⁺	—
Children’s Medical (RAE 5)	73.3% ⁺	S	S
Guardian Angels (RAE 3)	44.4% ⁺	50.0% ⁺	—
Iron Horse Peds (RAE 7)	44.4% ⁺	47.6% ⁺	—
Lowry Peds (RAE 5)	30.8% ⁺	72.7% ⁺	▲
Matthews-Vu (RAE 7)	44.8% ⁺	47.6% ⁺	—
Mountain Family (RAE 1)	22.7% ⁺	35.3% ⁺	—
Mountainland Peds (RAE 3)	13.0% ⁺	S	S
RMYC (RAE 3)	21.4% ⁺	32.0% ⁺	—
RMYC (RAE 5)	S	S	S
Rocky Mountain (RAE 6)	22.7% ⁺	30.8% ⁺	—
Southern Colorado (RAE 4)	17.4% ⁺	S	S
Valley-Wide (RAE 4)	22.9% ⁺	35.3% ⁺	—
<p>⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.</p>			

Reminders About Child’s Care from Provider Office

Figure 2-37 shows the *Reminders About Child’s Care from Provider Office* top-box scores for the seven RAEs.

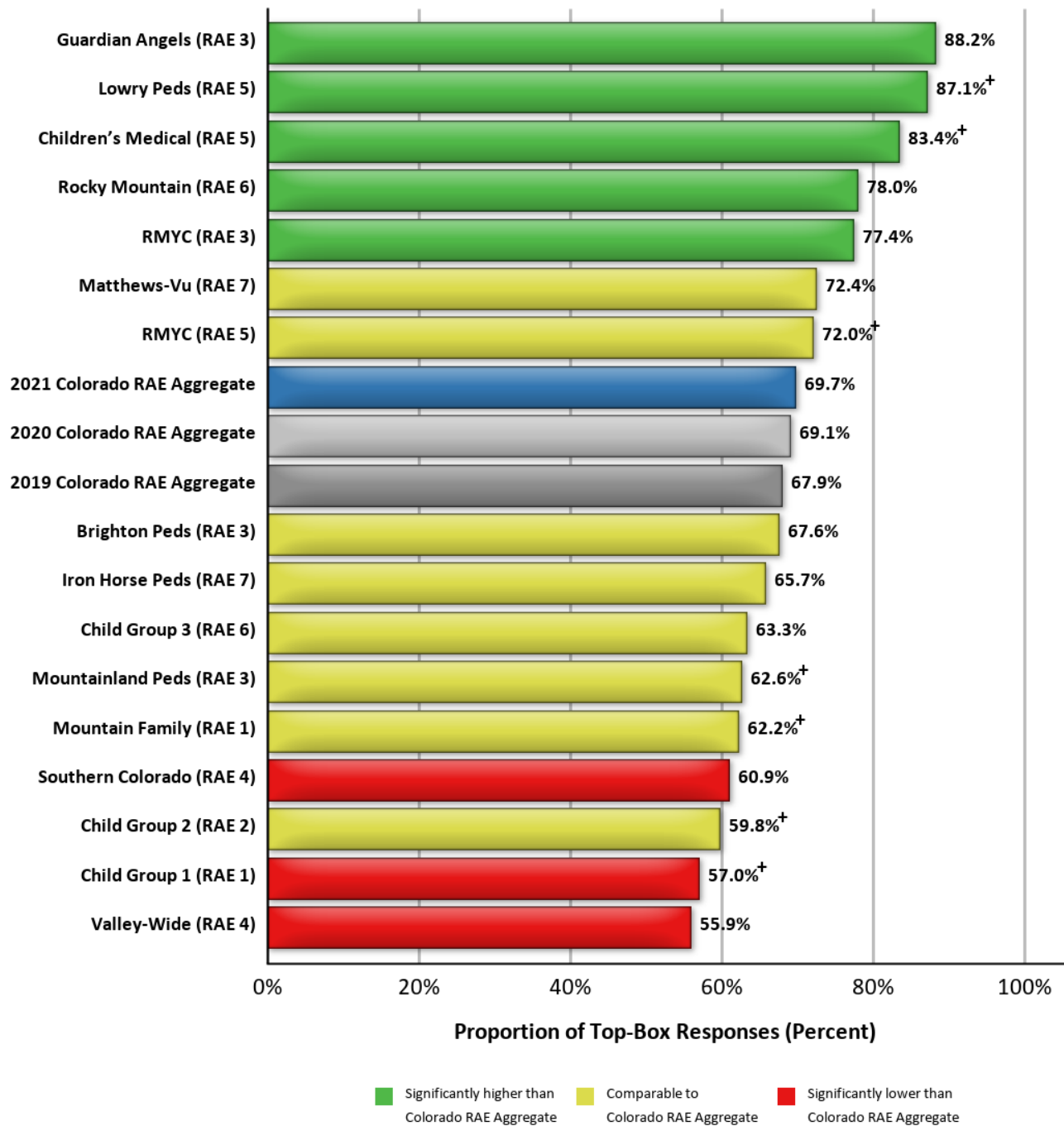
**Figure 2-37—Reminders About Child’s Care from Provider Office
RAE-Level Top-Box Scores**



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

Figure 2-38 shows the *Reminders About Child’s Care from Provider Office* top-box scores for the RAE-contracted practices.

Figure 2-38—Reminders About Child’s Care from Provider Office 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 2021 *Reminders About Child’s Care from Provider Office* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-17—Reminders About Child’s Care from Provider Office Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	61.7%	68.2%	—
Child Group 1 (RAE 1)	51.0%	56.8% ⁺	—
Child Group 2 (RAE 2)	55.0%	60.0% ⁺	—
Child Group 3 (RAE 6)	66.0%	61.7%	—
Children’s Medical (RAE 5)	79.7% ⁺	82.9% ⁺	—
Guardian Angels (RAE 3)	76.6%	89.5%	▲
Iron Horse Peds (RAE 7)	79.9%	65.0%	▼
Lowry Peds (RAE 5)	86.5% ⁺	85.3% ⁺	—
Matthews-Vu (RAE 7)	61.5%	71.8%	—
Mountain Family (RAE 1)	66.0% ⁺	62.9% ⁺	—
Mountainland Peds (RAE 3)	61.9%	63.3% ⁺	—
RMYC (RAE 3)	81.1%	78.9%	—
RMYC (RAE 5)	73.5% ⁺	73.8% ⁺	—
Rocky Mountain (RAE 6)	79.5% ⁺	76.7%	—
Southern Colorado (RAE 4)	60.0%	60.5%	—
Valley-Wide (RAE 4)	60.7%	56.3%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Saw Provider Within 15 Minutes of Appointment

Figure 2-39 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the seven RAEs.

**Figure 2-39—Saw Provider Within 15 Minutes of Appointment
RAE-Level Top-Box Scores**

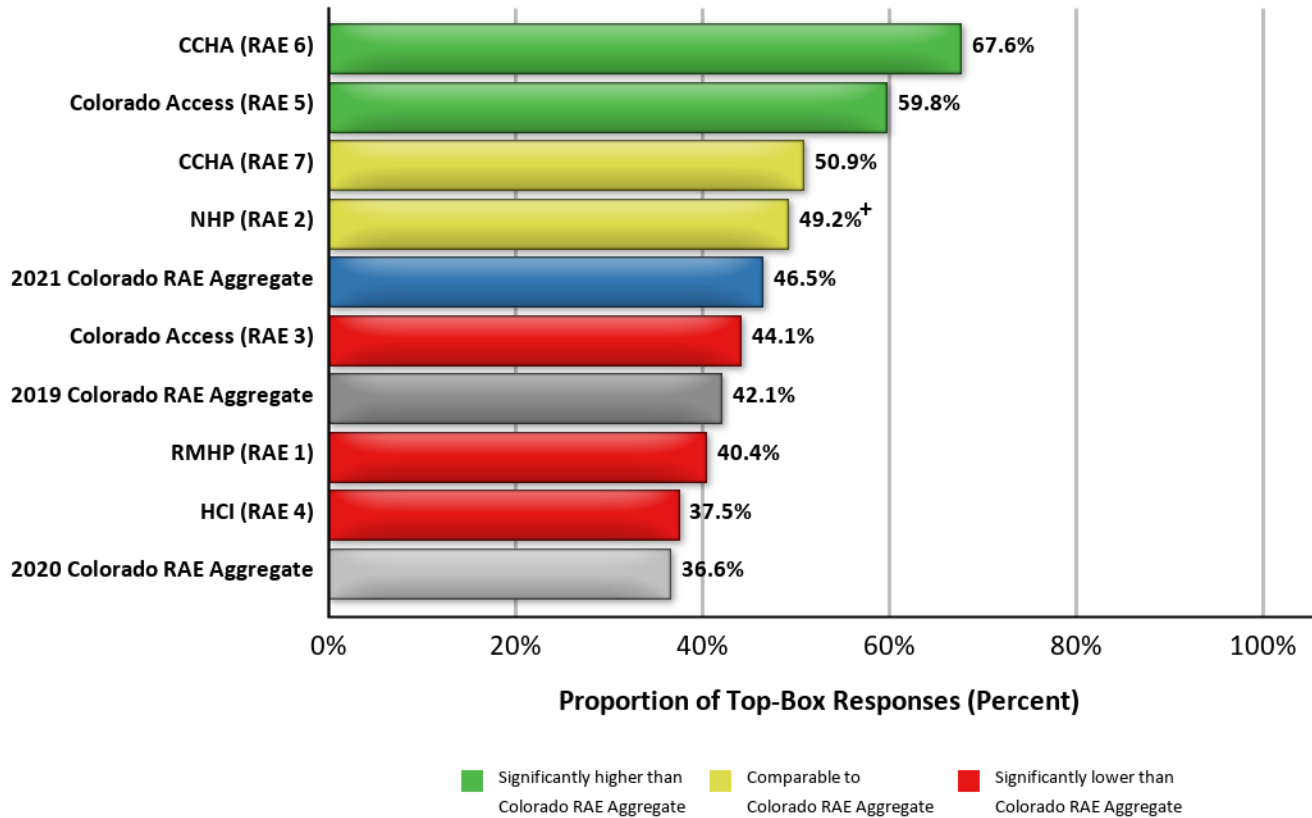


Figure 2-40 shows the *Saw Provider Within 15 Minutes of Appointment* top-box scores for the RAE-contracted practices.

Figure 2-40—Saw Provider Within 15 Minutes of Appointment Practice-Level Top-Box Scores

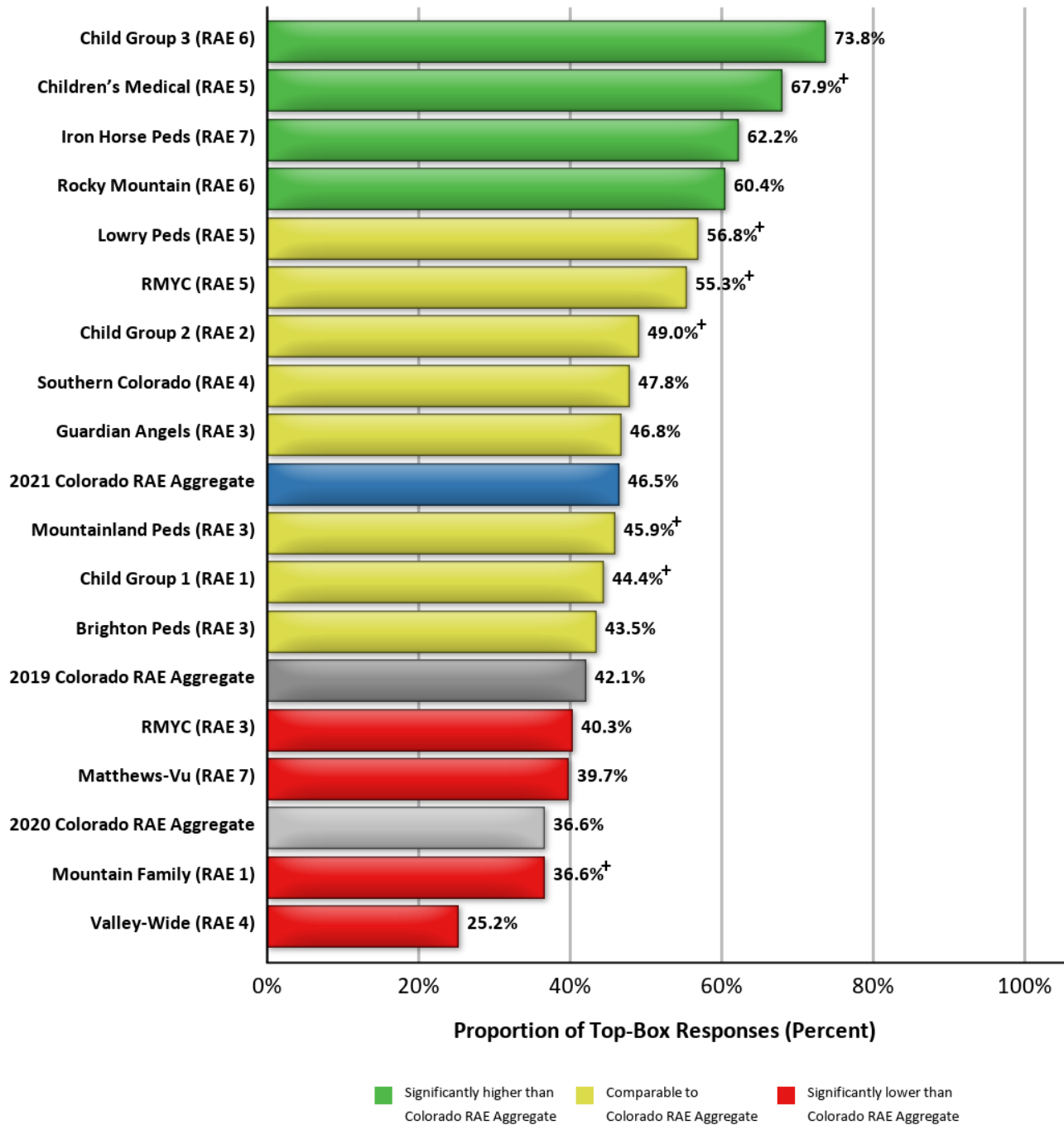


Table 2-18 shows the 2019 and 2021 *Saw Provider Within 15 Minutes of Appointment* top-box scores and the trend results for the applicable RAE-contracted practices.

Table 2-18—Saw Provider Within 15 Minutes of Appointment Trend Analysis

RAE-Contracted Practices	2019	2021	Trend Results
Brighton Peds (RAE 3)	41.9%	43.0%	—
Child Group 1 (RAE 1)	43.7%	44.7% ⁺	—
Child Group 2 (RAE 2)	48.1%	48.4% ⁺	—
Child Group 3 (RAE 6)	58.6%	75.8%	▲
Children’s Medical (RAE 5)	58.6% ⁺	69.7% ⁺	—
Guardian Angels (RAE 3)	31.0%	46.6%	▲
Iron Horse Peds (RAE 7)	57.7%	63.2%	—
Lowry Peds (RAE 5)	52.8% ⁺	58.7% ⁺	—
Matthews-Vu (RAE 7)	28.7%	40.1%	—
Mountain Family (RAE 1)	35.4% ⁺	35.6% ⁺	—
Mountainland Peds (RAE 3)	51.2%	44.9% ⁺	—
RMYC (RAE 3)	37.5%	39.0%	—
RMYC (RAE 5)	46.0% ⁺	53.8% ⁺	—
Rocky Mountain (RAE 6)	50.0% ⁺	60.6%	—
Southern Colorado (RAE 4)	34.1%	47.6%	▲
Valley-Wide (RAE 4)	24.6%	23.9%	—
<p>+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.</p>			

Summary of RAE Comparisons Results

Table 2-19 provides a summary of the RAE comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate.

Table 2-19—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>	—	—	—	—	↑	—	—
Composite Measures							
<i>Getting Timely Appointments, Care, and Information</i>	↓	—	—	↓	↑	↑	↑
<i>How Well Providers Communicate with Child</i>	↓	—	—	—	↑	↑	—
<i>How Well Providers Communicate with Parents or Caretakers</i>	↓	↓	—	—	↑	↑	↑
<i>Comprehensiveness—Child Development</i>	—	—	—	↓	↑	↑	—
<i>Comprehensiveness—Child Safety and Healthy Lifestyles</i>	—	—	↑	↓	↑	↑	—
<i>Helpful, Courteous, and Respectful Office Staff</i>	↓	—	↓	↓	↑	↑	—
Individual Items							
<i>Received Information on Evening, Weekend, or Holiday Care</i>	—	—	—	↓	↑	—	—
<i>Reminders About Child’s Care from Provider Office</i>	↓	—	↑	↓	↑	—	—
<i>Saw Provider Within 15 Minutes of Appointment</i>	↓	—	↓	↓	↑	↑	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.							

Summary of Practice Comparisons Results

Table 2-20 provides a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the global ratings.

Table 2-20—Practice Comparisons: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care
Child Group 2 (RAE 2)	↓	—	—
Children’s Medical (RAE 5)	↑	—	↑
Guardian Angels (RAE 3)	—	↑	—
Iron Horse Peds (RAE 7)	↑	—	↑
Lowry Peds (RAE 5)	↑	—	↑
Mountain Family (RAE 1)	—	—	↓
RMYC (RAE 3)	↑	—	—
RMYC (RAE 5)	—	↑	—
Rocky Mountain (RAE 6)	—	↑	—
Southern Colorado (RAE 4)	—	↓	—
Valley-Wide (RAE 4)	↓	—	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.			

Table 2-21 and Table 2-22 provide a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the composite measures.

Table 2-21—Practice Comparisons: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Child	How Well Providers Communicate with Parents or Caretakers	Providers' Use of Information to Coordinate Patient Care
Child Group 1 (RAE 1)	—	↓	—	—
Child Group 2 (RAE 2)	—	—	↓	—
Child Group 3 (RAE 6)	↑	↑	—	—
Children's Medical (RAE 5)	↑	↑	↑	—
Iron Horse Peds (RAE 7)	↑	—	↑	—
Lowry Peds (RAE 5)	↑	↑	—	—
Mountain Family (RAE 1)	↓	—	↓	—
RMYC (RAE 3)	↓	—	—	—
Rocky Mountain (RAE 6)	↑	—	—	↑
Valley-Wide (RAE 4)	↓	—	↓	—
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.				

Table 2-22—Practice Comparisons: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness— Child Development	Comprehensiveness— Child Safety and Healthy Lifestyles	Helpful, Courteous, and Respectful Office Staff
Child Group 3 (RAE 6)	—	—	↑
Children’s Medical (RAE 5)	—	—	↑
Iron Horse Peds (RAE 7)	—	—	↑
Lowry Peds (RAE 5)	—	—	↑
Mountain Family (RAE 1)	↓	—	↓
Mountainland Peds (RAE 3)	—	—	↓
RMYC (RAE 3)	↑	↑	↓
RMYC (RAE 5)	↑	—	↑
Rocky Mountain (RAE 6)	↑	↑	↑
Southern Colorado (RAE 4)	↓	↓	↓
Valley-Wide (RAE 4)	↓	↓	↓
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 score is not statistically significantly different than the Colorado RAE Aggregate.			

Table 2-23 provides a summary of the practice comparisons results that scored statistically significantly higher or lower than the Colorado RAE Aggregate for the individual item measures.

Table 2-23—Practice Comparisons: Individual Item Measures

RAE-Contracted Practices	Received Information on Evening, Weekend, or Holiday Care	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Child’s Care from Provider Office	Saw Provider Within 15 Minutes of Appointment
Brighton Peds (RAE 3)	↑	—	—	—
Child Group 1 (RAE 1)	—	S	↓	—
Child Group 3 (RAE 6)	—	—	—	↑
Children’s Medical (RAE 5)	↑	S	↑	↑
Guardian Angels (RAE 3)	—	—	↑	—
Iron Horse Peds (RAE 7)	—	—	—	↑
Lowry Peds (RAE 5)	↑	—	↑	—
Matthews-Vu (RAE 7)	—	—	—	↓
Mountain Family (RAE 1)	—	—	—	↓
RMYC (RAE 3)	—	—	↑	↓
Rocky Mountain (RAE 6)	—	↓	↑	↑
Southern Colorado (RAE 4)	—	S	↓	—
Valley-Wide (RAE 4)	↓	—	↓	↓
↑ Statistically significantly higher than the Colorado RAE Aggregate. ↓ Statistically significantly lower than the Colorado RAE Aggregate. — Indicates the 2021 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 2-24 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the global ratings.

Table 2-24—Trend Analysis: Global Ratings

RAE-Contracted Practices	Rating of Provider	Rating of Specialist Seen Most Often	Rating of All Health Care
Child Group 2 (RAE 2)	▼	—	—
Guardian Angels (RAE 3)	—	▲	▲
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Table 2-25 and Table 2-26 provide a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the composite measures.

Table 2-25—Trend Analysis: Composite Measures

RAE-Contracted Practices	Getting Timely Appointments, Care, and Information	How Well Providers Communicate with Child	How Well Providers Communicate with Parents or Caretakers	Providers' Use of Information to Coordinate Patient Care
Child Group 1 (RAE 1)	—	▼	—	—
Child Group 2 (RAE 2)	—	—	—	▼
Guardian Angels (RAE 3)	—	—	▲	▲
Rocky Mountain (RAE 6)	▲	—	—	▲
Southern Colorado (RAE 4)	—	▼	—	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.				

Table 2-26—Trend Analysis: Composite Measures (Continued)

RAE-Contracted Practices	Comprehensiveness— Child Development	Comprehensiveness— Child Safety and Healthy Lifestyles	Helpful, Courteous, and Respectful Office Staff
Brighton Peds (RAE 3)	—	▲	—
Child Group 3 (RAE 6)	—	▲	—
Iron Horse Peds (RAE 7)	—	—	▲
Rocky Mountain (RAE 6)	—	▲	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019.			

Table 2-27 provides a summary of the trend analysis results that scored statistically significantly higher or lower in 2021 than in 2019 for the individual item measures.

Table 2-27—Trend Analysis: Individual Item Measures

RAE-Contracted Practices	Received Information on Evening, Weekend, or Holiday Care	Received Care from Provider Office During Evenings, Weekends, or Holidays	Reminders About Child’s Care from Provider Office	Saw Provider Within 15 Minutes of Appointment
Brighton Peds (RAE 3)	—	▲	—	—
Child Group 3 (RAE 6)	—	—	—	▲
Guardian Angels (RAE 3)	—	—	▲	▲
Iron Horse Peds (RAE 7)	—	—	▼	—
Lowry Peds (RAE 5)	—	▲	—	—
Southern Colorado (RAE 4)	—	S	—	▲
Valley-Wide (RAE 4)	▼	—	—	—
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results. ▲ Statistically significantly higher in 2021 than in 2019. ▼ Statistically significantly lower in 2021 than in 2019. — Not statistically significantly different in 2021 than in 2019. S Indicates that there were fewer than 11 responses; therefore, the results were suppressed.				

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 (0–6), Neutral (7–8), and Satisfied (9–10). Results were calculated at the statewide level (i.e., Colorado RAE Aggregate).

Rating of Provider

Table 2-28 through Table 2-32 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 child had been going to the provider.

Table 2-28—Length of Time Going to Child’s Provider

Length of Time Going to Child’s Provider (Q3) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Less Than 6 Months	11	8.9%	28	22.6%	85	68.5%
At Least 6 Months but Less Than 1 Year	7	4.1%	38	22.1%	127	73.8%
At least 1 Year but Less Than 3 Years	23	4.9%	72	15.3%	375	79.8%
At Least 3 Years but Less Than 5 Years	7	2.6%	39	14.5%	223	82.9%
5 Years or More	9	1.5%	100	16.3%	504	82.2%

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

Question 13a asked how many days the parents or caretakers had to wait for an appointment when their child needed care right away.

Table 2-29—Number of Days Waited for Appointment

Number of Days Waited for Appointment (Q13a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Same Day	5	1.5%	32	9.3%	306	89.2%
1 Day	5	3.5%	26	18.2%	112	78.3%
2 to 3 Days	7	7.9%	18	20.2%	64	71.9%
4 to 7 Days	1	5.3%	5	26.3%	13	68.4%
More Than 7 Days	2	11.8%	9	52.9%	6	35.3%

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

Question 18a asked parents or caretakers if they received reminders about their child’s care from the provider’s office between visits.

Table 2-30—Reminders About Child’s Care from Provider Office

Reminders About Child’s Care from Provider Office (Q18a) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	25	2.1%	161	13.8%	978	84.0%
No	33	6.7%	115	23.3%	345	70.0%

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

Question 18b asked parents or caretakers how often their child saw their provider within 15 minutes of the appointment time.

Table 2-31—Saw Provider Within 15 Minutes of Appointment

Saw Provider Within 15 Minutes of Appointment (Q18b) Responses	Rating of Provider (Q26)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Never	16	12.9%	26	21.0%	82	66.1%
Sometimes	19	7.4%	70	27.2%	168	65.4%
Usually	14	3.1%	97	21.3%	345	75.7%
Always	8	1.0%	84	10.3%	724	88.7%

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

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-32—Physical and Mental Health Status

Questions	Responses	Rating of Provider (Q26)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	32	2.6%	192	15.4%	1,020	82.0%
	Good	16	5.8%	63	22.7%	199	71.6%
	Fair/Poor	9	11.1%	13	16.0%	59	72.8%
Mental Health Status (Q39)	Excellent/Very Good	31	2.8%	166	14.9%	914	82.3%
	Good	13	3.7%	72	20.6%	264	75.6%
	Fair/Poor	13	9.0%	30	20.7%	102	70.3%

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

Rating of Specialist Seen Most Often

Table 2-33 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 parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-33—Physical and Mental Health Status

Questions	Responses	Rating of Specialist Seen Most Often (Q27a)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	13	4.9%	46	17.5%	204	77.6%
	Good	10	11.4%	26	29.5%	52	59.1%
	Fair/Poor	7	17.1%	10	24.4%	24	58.5%
Mental Health Status (Q39)	Excellent/Very Good	12	5.0%	41	17.1%	187	77.9%
	Good	12	12.0%	27	27.0%	61	61.0%
	Fair/Poor	7	13.2%	13	24.5%	33	62.3%

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

Rating of All Health Care

Table 2-34 and Table 2-35 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 38a asked parents or caretakers to determine if their child had a physical or medical condition that interferes with his or her day-to-day activities.

Table 2-34—Condition that Interferes with Child’s Day-to-Day Activities

Condition that Interferes with Child’s Day-to-Day Activities (Q38a) Responses	Rating of All Health Care (Q35c)					
	Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
	N	%	N	%	N	%
Yes	19	9.5%	37	18.6%	143	71.9%
No	46	3.2%	229	16.0%	1,154	80.8%

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

Two questions asked parents or caretakers to assess their child’s health. Question 38 asked parents or caretakers to rate their child’s overall health. Question 39 asked parents or caretakers to rate their child’s overall mental or emotional health.

Table 2-35—Physical and Mental Health Status

Questions	Responses	Rating of All Health Care (Q35c)					
		Dissatisfied (0–6)		Neutral (7–8)		Satisfied (9–10)	
		N	%	N	%	N	%
Physical Health Status (Q38)	Excellent/Very Good	28	2.2%	180	14.1%	1,066	83.7%
	Good	25	8.9%	69	24.6%	187	66.5%
	Fair/Poor	13	16.3%	19	23.8%	48	60.0%
Mental Health Status (Q39)	Excellent/Very Good	24	2.1%	147	13.0%	961	84.9%
	Good	23	6.4%	83	23.2%	251	70.3%
	Fair/Poor	19	13.0%	36	24.7%	91	62.3%

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

Other Survey Question

Question 26a asked parents or caretakers about the three most important things that they look for in their child’s healthcare provider. Table 2-36 displays the responses for the Most Important Things in Child’s Healthcare Provider survey question for the Colorado RAE Aggregate.

Table 2-36—Most Important Things in Child’s Healthcare Provider

Responses	N	%
Provider listens to and acts quickly to address my concerns	1,387	81.5%
Provider is able to explain things about my child’s health in a way I can understand	1,343	78.9%
Provider spends enough time with my child during appointments	1,228	72.2%
Provider is knowledgeable about my child’s history when I come to appointments	1,192	70.0%
The ability to get timely appointments with my child’s provider	928	54.5%
Friendly staff in provider’s office	844	49.6%
Provider does not judge my child	661	38.8%
Provider is close to my home	618	36.3%
Other	236	13.9%

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 and Recommendations

Conclusions

Overall, HSAG observed that reminders from a provider's office between visits and timely access to appointments were associated with higher ratings of the child's provider. Moreover, parents or caretakers who perceived that their child's physical and mental health was healthier (i.e., reported a health status of "Excellent" or "Very Good") rated their child's provider, specialist, and health care higher.

Additionally, HSAG summarized results of the key drivers of low member experience analysis, RAE comparisons, stratification of results, and crosstabulations to provide an overall assessment of access to, timeliness of, and quality of care that each RAE provides. The RAEs can utilize these findings to identify areas in need of quality improvement.

Access to Care

HSAG observed the following finding in the crosstabulations:

- Approximately 55 percent of parents or caretakers of child members reported that they were not always able to get the care their child needed from their provider's office during evenings, weekends, or holidays.³⁻¹

Timeliness of Care

HSAG observed the following findings in the key drivers' analysis, RAE comparisons, and stratification of results:

- Parents or caretakers who never or sometimes received an answer to their medical question the same day were 1.13 and 3.155 times more likely to provide a lower rating for their child's overall health care than parents or caretakers who always received an answer to their medical question the same day.
- Two of the seven RAEs (RMHP [RAE 1] and HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Getting Timely Appointments, Care, and Information* composite measure. Also, approximately 55 percent of parents or caretakers reported that the ability to get timely appointments with their child's provider is one of the most important things they look for in their child's healthcare provider.

³⁻¹ Please see Question 16b in the 2021 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- Three of the seven RAEs (RMHP [RAE 1], Colorado Access [RAE 3], and HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Saw Provider Within 15 Minutes of Appointment* individual item measure.

Quality of Care

Communication

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

- Parents or caretakers whose child's provider never or usually explained things in an understandable way for their child were 10.18 and 1.801 times more likely to provide a lower rating for their child's provider than parents or caretakers whose child's provider always explained things in an understandable way for their child.
- Parents or caretakers whose child's provider did not give them enough information about what was needed to follow up on their child's care were 5.271 times more likely to provide a lower rating for their child's provider than parents or caretakers whose child's provider did give them enough information about what was needed to follow up on their child's care.
- Approximately 31 percent and 38 percent of parents or caretakers reported that the provider did not speak with them about their child's development (*Comprehensiveness—Child Development*) or safety and healthy lifestyles (*Comprehensiveness—Child Safety and Healthy Lifestyles*), respectively.
- Approximately 41 percent of parents or caretakers reported that the provider did not speak with them about things they can do to keep their child from getting injured.³⁻² Approximately 64 percent of parents or caretakers reported that their child's provider did not ask them if there are things that make it hard for them to take care of their child's health.³⁻³
- RMHP (RAE 1) scored statistically significantly lower than the Colorado RAE Aggregate for the *How Well Providers Communicate with Child* composite measure.
- Two of the seven RAEs (RMHP [RAE 1] and NHP [RAE 2]) scored statistically significantly lower than the Colorado RAE Aggregate for the *How Well Providers Communicate with Parents or Caretakers* composite measure.
- Two of the seven RAEs (RMHP [RAE 1] and HCI [RAE 4]) scored statistically significantly lower than the Colorado RAE Aggregate for the *Reminders About Child's Care from Provider Office* individual item measure.

³⁻² Please see Question 32 in the 2021 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

³⁻³ Please see Question 35b in the 2021 Child Colorado RAE Aggregate State-Specific crosstabulations for detailed results.

- In addition, HCI (RAE 4) scored statistically significantly lower than the Colorado RAE Aggregate for the following three measures: *Comprehensiveness—Child Development*; *Comprehensiveness—Child Safety and Healthy Lifestyles*; and *Received Information on Evening, Weekend, or Holiday Care*.

Care Coordination

HSAG observed the following findings in the key drivers' analysis:

- Parents or caretakers whose child's provider never, sometimes, or usually seemed to know important information about their child's medical history were 3.54, 2.006, and 2.224 times, respectively, more likely to provide a lower rating for their child's provider and 5.969, 3.458, and 2.451 times, respectively, more likely to provide a lower rating for their child's overall health care than parents or caretakers whose child's provider always seemed to know important information about their child's medical history.
- Parents or caretakers whose child's provider never or usually seemed informed and up-to-date about care their child received from specialists were 4.309 and 2.42 times, respectively, more likely to provide a lower rating for their child's provider than parents or caretakers whose child's provider always seemed informed and up-to-date about care their child received from specialists.

Recommendations

RAEs are responsible for developing a network of primary care medical providers (PCMPs) and behavioral health specialists. The limited number of practices selected and studied through the PCMH Survey results in a limitation of the applicability of results to the RAEs' greater geographical regions and the additional populations each RAE serves. At the Department's request, beginning in fiscal year 2021–2022, HSAG will begin to analyze the overall healthcare experiences of a random selection of the entire RAEs' child Medicaid population through the administration of the CAHPS 5.1H Child Medicaid Health Plan Survey rather than the experiences of a random selection of members who only received provider-specific care from a targeted list of practices through the administration of the Child PCMH Survey. By utilizing the CAHPS Health Plan Survey, HSAG will be able to conduct comparisons to national benchmarks and RAE results will be more comparable to other health plans and statewide averages. Therefore, HSAG recommends that each RAE consider the following strategies to improve the quality, timeliness, or access to services in its respective region:

- Enter into arrangements with facilities or provider sites solely for the purpose of after-hours care in a region where the RAEs' PCMP network is unable or unwilling to provide after-hours care.
- Collaborate with hospitals and emergency providers to develop emergency diversion and urgent care facilities not dependent on the PCMP network.
- Encourage PCMPs to provide complete regional after-hours facility lists in member materials and on the RAEs' website, regardless of contract status with the RAE, as RAEs are required to provide out-of-network care unavailable within the network.

HSAG also recommends that the Department consider:

- Conducting provider surveys to determine barriers of timely access to care and test results for members.
- Performing member or provider focus groups to further explore circumstances driving CAHPS experiences.

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. In 2021, AHRQ began developing the Clinician & Group Visit Survey 4.0 (beta) in response to the increased use of telehealth as a result of the coronavirus disease 2019 (COVID-19) pandemic. The beta survey asks patients about their experiences with care that was delivered, whether in person, by phone, or by video. The CAHPS Consortium has not field tested the instrument, nor has the instrument been approved as a CAHPS survey.

The Department selected a modified version of the Child 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 ratings, 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, and health care. 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 Child*). 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 (Q26)</i>	<i>Getting Timely Appointments, Care, and Information (Q13, Q15, and Q18)</i>	<i>Received Information on Evening, Weekend, or Holiday Care (Q16)</i>	<i>Length of Time Going to Child's Provider (Q3)</i>
<i>Rating of Specialist Seen Most Often (Q27a)</i>	<i>How Well Providers Communicate with Child (Q8 and Q9)</i>	<i>Received Care from Provider Office During Evenings, Weekends, or Holidays (Q16b)</i>	<i>Number of Days Waited for Appointment (Q13a)</i>
<i>Rating of All Health Care (Q35c)</i>	<i>How Well Providers Communicate with Parents or Caretakers (Q19, Q20, Q22, and Q23)</i>	<i>Reminders about Child's Care from Provider Office (Q18a)</i>	<i>Most Important Things in Child's Healthcare Provider (Q26a)</i>
	<i>Providers' Use of Information to Coordinate Patient Care (Q21 and Q25)</i>	<i>Saw Provider Within 15 Minutes of Appointment (Q18b)</i>	<i>Physical Health Status (Q38)</i>
	<i>Comprehensiveness—Child Development (Q29, Q30, Q31, Q35, and Q35a)</i>		<i>Condition that Interferes with Child's Day-to-Day Activities (Q38a)</i>
	<i>Comprehensiveness—Child Safety and Healthy Lifestyles (Q32, Q33, Q34, and Q35b)</i>		<i>Mental Health Status (Q39)</i>
	<i>Helpful, Courteous, and Respectful Office Staff (Q36 and Q37)</i>		

Table 4-2 presents the survey language and response options for the measures.

Table 4-2—Question Language and Response Categories

Question Language	Response Categories
Global Ratings	
<i>Rating of Provider</i>	
26. 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>	
27a. We want to know your rating of the specialist your child 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
<i>Rating of All Health Care</i>	
35c. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0–10 Scale
Composite Measures	
<i>Getting Timely Appointments, Care, and Information</i>	
13. In the last 6 months, when you contacted this provider's office to get an appointment for <u>care your child needed right away</u> , how often did you get an appointment as soon as your child needed?	Never, Sometimes, Usually, Always
15. In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child with this provider, how often did you get an appointment as soon as your child needed?	
18. 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?	
<i>How Well Providers Communicate with Child</i>	
8. In the last 6 months, how often did this provider explain things in a way that was easy for <u>your child</u> to understand?	Never, Sometimes, Usually, Always
9. In the last 6 months, how often did this provider listen carefully to <u>your child</u> ?	
<i>How Well Providers Communicate with Parents or Caretakers</i>	
19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did this provider listen carefully to you?	
22. In the last 6 months, how often did this provider show respect for what you had to say?	
23. In the last 6 months, how often did this provider spend enough time with your child?	

Question Language	Response Categories
<i>Providers' Use of Information to Coordinate Patient Care</i>	
21. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?	Never, Sometimes, Usually, Always
25. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?	
<i>Comprehensiveness—Child Development</i>	
29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?	Yes, No
30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?	
31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?	
35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?	
35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?	
<i>Comprehensiveness—Child Safety and Healthy Lifestyles</i>	
32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?	Yes, No
33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?	
34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?	
35b. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?	
<i>Helpful, Courteous, and Respectful Office Staff</i>	
36. 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
37. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	
Individual Item Measures	
<i>Received Information on Evening, Weekend, or Holiday Care</i>	
16. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?	Yes, No
<i>Received Care from Provider Office During Evenings, Weekends, or Holidays</i>	
16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?	Never, Sometimes, Usually, Always

Question Language	Response Categories
Reminders about Child's Care from Provider Office	
18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?	Yes, No
Saw Provider Within 15 Minutes of Appointment	
18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider <u>within 15 minutes</u> of his or her appointment time?	Never, Sometimes, Usually, Always

Sampling Procedures

Members eligible for sampling included those who were identified as having at least one visit with one of the RAE-contracted practices and who were continuously enrolled from May 1, 2020 to October 31, 2020, with no more than one gap in enrollment up to 45 days.⁴⁻¹ The Department identified the practices and eligible practice clinicians to be included in the 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.⁴⁻² Child members eligible for sampling included those who were 17 years of age or younger as of October 31, 2020. HSAG selected a sample of 501 to 1,200 members from each child RAE practice.

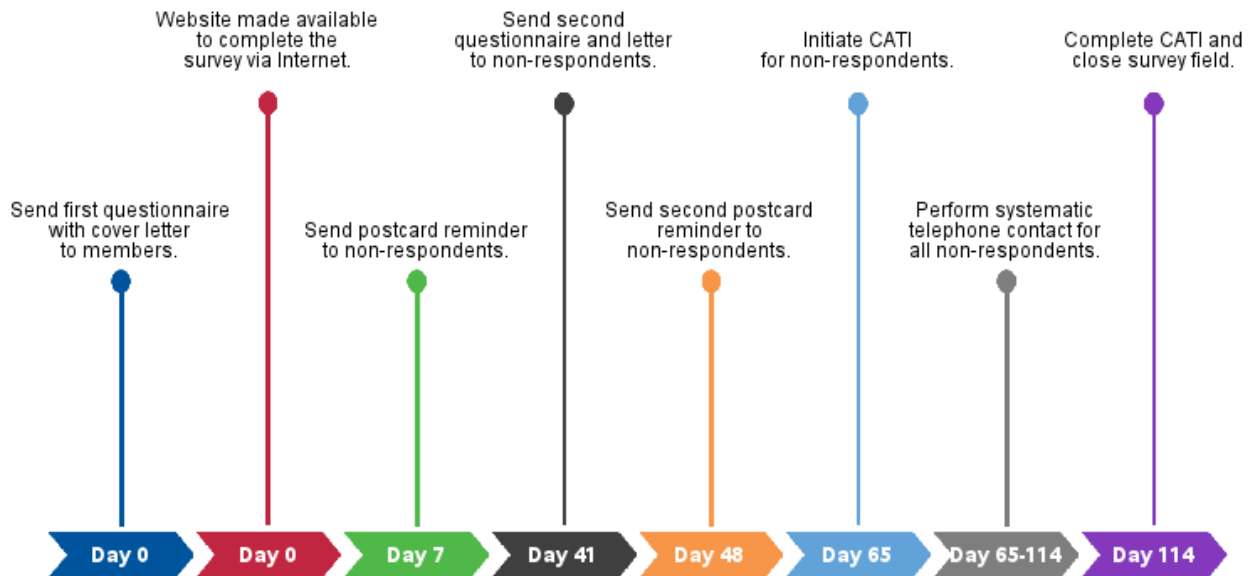
Survey Protocol

Figure 4-1 shows the mixed mode (i.e., mail and website followed by telephone follow-up) timeline used in the administration of the survey.

⁴⁻¹ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a child member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

⁴⁻² Clinicians were not necessarily the member's regular clinician or primary care provider.

Figure 4-1—Mixed-Mode Methodology Survey Timeline



The first phase consisted of a cover letter being mailed to the parents/caretakers of 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 who 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 parents/caretakers of child 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 parents/caretakers of sampled child members who had not completed a survey. A maximum of six CATI calls was made to each non-respondent at different times of the day, on different days of the week, and in different weeks.

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.^{4-3,4-4} A number of analyses were performed to comprehensively assess member experience. This section provides an overview of each analysis.

Response Rates

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 parent/caretaker did not answer "No" to Question 1.⁴⁻⁵ 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 4-5), or had a language barrier.

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

Key Drivers of Low Member Experience

HSAG performed an analysis of key drivers of low member experience for the following measures: *Rating of Provider* and *Rating of All Health Care*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that may most benefit from quality improvement activities. Table 4-3 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

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

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

⁴⁻⁵ Question 1 asked if the child member got care from the provider/practice listed in the last 6 months.

Table 4-3—Potential Key Drivers

Question Number	Rating of Provider	Rating of All Health Care	Baseline Response
Q8. Provider explained things in a way that was easy for their child to understand	✓	✓	Always
Q9. Provider listened carefully to their child	✓	✓	Always
Q11. Provider gave them enough information about what was needed to follow up on their child's care	✓	✓	Yes
Q13. Received appointment for care needed right away as soon as needed	✓	✓	Always
Q13a. Days had to wait for an appointment when care was needed right away	✓	✓	Same day
Q15. Received appointment for check-up or routine care as soon as their child needed	✓	✓	Always
Q16b. Received needed care during evenings, weekends, or holidays	✓	✓	Always
Q18. Received an answer to a medical question the same day	✓	✓	Always
Q18a. Received reminders about tests, treatment, or appointments between visits	✓	✓	Yes
Q18b. Child saw provider within 15 minutes of appointment time	✓	✓	Always
Q19. Provider explained things about their child's health in an understandable way	✓	✓	Always
Q20. Provider listened carefully to them	✓	✓	Always
Q21. Provider seemed to know important information about their child's medical history	✓	✓	Always
Q22. Provider showed respect for what they had to say	✓	✓	Always
Q23. Provider spent enough time with their child	✓	✓	Always
Q25. Provider's office followed up to give test results	✓	✓	Always
Q28. Provider seemed informed and up to date about the care their child received from specialists	✓		Always
Q29. Provider's office spoke with them about specific kinds of behaviors that are normal for their child at their age	✓	✓	Yes
Q30. Provider's office spoke with them about how their child's body was growing	✓	✓	Yes
Q31. Provider's office spoke with them about their child's moods and emotions	✓	✓	Yes
Q36. Clerks and receptionists at their child's provider's office were as helpful as they thought they should be		✓	Always
Q37. Clerks and receptionists at their child's provider's office treated them with courtesy and respect		✓	Always

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

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

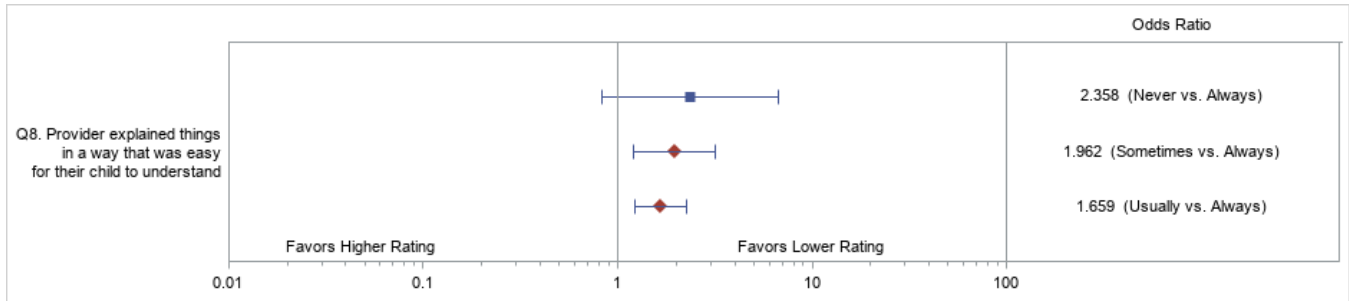
HSAG calculated the relationship between the item's response and performance on each of the two measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.



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

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

In the example figure below, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to Question 8 are 2.358, 1.962, or 1.659 times, respectively, more likely to provide a lower rating for their child's health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond.

Key Drivers of Low Member Experience: Rating of Health Plan



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

Demographic Analysis

The demographic analysis evaluated self-reported demographic information from survey respondents and child members. 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.

Respondent Analysis

HSAG evaluated the demographic characteristics of child members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentages) were statistically significantly different from demographic characteristics of all child members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables. 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. 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 Child; How Well Providers Communicate with Parents or Caretakers; Providers’ Use of Information to Coordinate Patient Care; and Helpful, Courteous, and*

Respectful Office Staff composites, and the *Child Received Care from Provider Office During Evenings, Weekends, or Holidays* and *Saw Provider Within 15 Minutes of Appointment* individual item measures.

- “Yes” for the *Comprehensiveness—Child Development* and *Comprehensiveness—Child Safety and Healthy Lifestyles* composites; and the *Received Information on Evening, Weekend, or Holiday Care* and *Reminders about Child’s Care from Provider Office* individual item measures.

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).

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* - (*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 results 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 the population of selected practices, the 2019 and 2020 Colorado RAE Aggregates 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, member mental health status, respondent education level, and respondent age. Case-mix adjusted scores were calculated using the following formula:

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

Where net adjustment was calculated using the following equation:

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

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

Weighting

HSAG calculated a weighted score for the 2019, 2020, and 2021 Colorado RAE Aggregates based on each practice's total eligible population for the corresponding year.

The weighted score was:

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

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

Trend Analysis

A trend analysis was performed for each measure that compared the 2021 practice-level scores to the corresponding 2019 practice-level scores to determine whether there were statistically significant differences. A t test was performed to determine whether results in 2021 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.

Lack of National Data for Comparisons

Due to a low number of data submissions over the past few years, AHRQ did not compile survey results for the child population within the CG-CAHPS Survey Database. In addition, due to declines in participation, AHRQ suspended all data submissions to the CG-CAHPS Survey Database beginning in 2021; therefore, national benchmark data produced from the Child CG-CAHPS Survey 3.0 with PCMH items were not available for inclusion with the 2021 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, member mental health status, respondent age, and respondent education level, it was not possible to adjust for differences in characteristics that were not measured. These characteristics could include respondent income, employment, or any other characteristics that may not be under the practices' control.

Causal Inferences

The questions in the PCMH survey ask parents/caretakers about the care their child received by a listed provider at a specific practice. Although the analyses in this report examine whether parents/caretakers of child members report different experiences with various aspects of their child's care and services, 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.

Coronavirus Disease 2019 (COVID-19) Impact

Due to the coronavirus disease 2019 (COVID-19) pandemic, the number of completed surveys may have been impacted as well as parents'/caretakers' 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 child's health care services and may vary by RAE or practice. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.⁴⁻⁶ To identify potential non-response bias, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the *Comprehensiveness—Child Safety and Healthy Lifestyles* measure and a lower top-box response for the *Saw Provider Within 15 Minutes of Appointment* measure. While the first-year findings of the non-response bias analysis can only serve as a potential baseline for evaluating if there are similar trends over the years, the Department should consider that potential non-response bias does exist when interpreting CAHPS results for these measures.

PCMH Survey Instrument

For purposes of the 2021 Colorado PCMH Survey administration, the standardized Child 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 2021 Colorado PCMH Survey results presented in this report.

⁴⁻⁶ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European journal of epidemiology* 17.11 (2001): 991-999.

Prior Years' Results

Due to a lack of claims submissions or being closed, some practices selected for the 2019 survey administration could not be selected for the 2021 survey administration. Due to differences in the population of selected practices, the 2019 Colorado RAE Aggregate scores are presented in the figures for reference purposes only and are not comparable to the 2021 Colorado RAE Aggregate results (i.e., Inner City Health Center [Child Group 1 (RAE 5)], South Federal Family Practice [Child Group 1 (RAE 5)], and Mountain View Medical Group [RAE 7] were not available to be surveyed in 2021 and therefore were not included in the 2021 Colorado RAE Aggregate). In addition, due to differences in selected practices, the 2020 Colorado RAE Aggregate scores are presented in the figures for reference purposes only and are not comparable to the 2021 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 2021 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 Child 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 Child's Provider

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

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

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 38*



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 your child needs a check-up, has a health problem, or gets sick or hurt?

- Yes
- No

3. How long has your child 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 Child's Care From This Provider in the Last 6 Months

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 6 months, how many times did your child visit this provider for care?

- None → *Go to Question 38*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

- Yes → *Go to Question 7*
- No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

- Yes → *Go to Question 10*
- No → *Go to Question 10*

7. Is your child able to talk with providers about his or her health care?

- Yes
- No → *Go to Question 10*

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

- Never
- Sometimes
- Usually
- Always

9. In the last 6 months, how often did this provider listen carefully to your child?

- Never
- Sometimes
- Usually
- Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

- Yes
- No → *Go to Question 12*

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- Yes
- No

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

- Yes
- No → *Go to Question 14*

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

- Never
- Sometimes
- Usually
- Always

13a. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

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

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

- Yes
- No → *Go to Question 16*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

16a. In the last 6 months, did your child need care during evenings, weekends, or holidays?

- Yes
- No → *Go to Question 17*

16b. In the last 6 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 18a*

18. 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

18a. Some offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care from this provider's office between visits?

- Yes
- No

18b. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this provider within 15 minutes of his or her appointment time?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, how often did this provider spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 26*

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

- Never
- Sometimes
- Usually
- Always

26. 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 1 2 3 4 5 6 7 8 9 10
Worst Provider Possible Best Provider Possible

26a. What are the three most important things that you look for in your child's healthcare provider? Select up to three (3) responses.

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

27. 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 your child see a specialist for a particular health problem?

- Yes
- No → **Go to Question 28a**

27a. We want to know your rating of the specialist your child 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 1 2 3 4 5 6 7 8 9 10
Worst Specialist Possible Best Specialist Possible

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

- Never
- Sometimes
- Usually
- Always

28a. In the last 6 months, was your child 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.

29. In the last 6 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?

- Yes
- No

30. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?

- Yes
- No

31. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?

- Yes
- No

32. In the last 6 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?

- Yes
- No

33. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- Yes
- No

34. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- Yes
- No

35. In the last 6 months, did you and someone from this provider's office talk about how your child gets along with others?

- Yes
- No

35a. In the last 6 months, did you and anyone in this provider's office talk about your child's learning ability?

- Yes
- No

35b. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- Yes
- No

35c. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

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

36. 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

37. 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



About Your Child and You

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

- Excellent
- Very Good
- Good
- Fair
- Poor

38a. Does your child have a physical or medical condition that seriously interferes with their ability to attend school or manage day-to-day activities?

- Yes
- No

39. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

39a. Has your child had either a flu shot or flu spray in the nose since July 1, 2020?

- Yes
- No
- Don't know

40. What is your child's age?

- Less than 1 year old

YEARS OLD (Write in.)

41. Is your child male or female?

- Male
- Female

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

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

43. What is your child's race? Please mark one or more.

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

44. What is your age?

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

45. Are you male or female?

- Male
- Female

46. 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



◆ **47. How are you related to the child?**

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

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. Child Medicaid MCO CAHPS Results

The results presented in this section are from the CAHPS surveys administered by each of Colorado’s Medicaid managed care organizations (MCOs) rather than from the Child 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 child Medicaid members enrolled in each of the MCOs. The survey instrument selected for administration was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set.

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 2020 and 2021 child Medicaid CAHPS top-box scores for DHMP and RMHP Prime in the tables on the following pages.^{A-1,A-2} HSAG calculated the top-box results in this section following NCQA’s HEDIS Volume 3 Specifications for Survey Measures.^{A-3}

-
- ^{A-1} RMHP Prime was not required to submit child Medicaid CAHPS data for reporting purposes in fiscal year 2019–2020; therefore, 2020 CAHPS top-box scores are not available for RMHP Prime.
- ^{A-2} The 2021 data HSAG received for RMHP Prime included combined results for the Medicaid and Child Health Plan Plus (CHP+) populations; therefore, the top-box scores for RMHP Prime include the Medicaid and CHP+ populations.
- ^{A-3} National Committee for Quality Assurance. *HEDIS[®] Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

Denver Health Medical Plan

Table A-1 shows the 2020 and 2021 top-box scores for DHMP.

Table A-1—Top-Box Scores for DHMP

Measure	2020	2021
Global Ratings		
<i>Rating of Health Plan</i>	67.4%	68.4%
<i>Rating of All Health Care</i>	66.0% ⁺	76.5% ⁺
<i>Rating of Personal Doctor</i>	78.8%	80.6%
<i>Rating of Specialist Seen Most Often</i>	60.9% ⁺	80.8% ⁺
Composite Measures		
<i>Getting Needed Care</i>	75.1% ⁺	84.8% ⁺
<i>Getting Care Quickly</i>	80.5% ⁺	89.0% ⁺
<i>How Well Doctors Communicate</i>	94.9% ⁺	96.3% ⁺
<i>Customer Service</i>	89.0% ⁺	91.3% ⁺
+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.		

Rocky Mountain Health Plans Medicaid—Prime

Table A-2 shows the 2021 top-box scores for RMHP Prime.

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

Measure	2021
Global Ratings	
<i>Rating of Health Plan</i>	69.9%
<i>Rating of All Health Care</i>	74.7%
<i>Rating of Personal Doctor</i>	75.0%
<i>Rating of Specialist Seen Most Often</i>	73.0% ⁺
Composite Measures	
<i>Getting Needed Care</i>	86.3%
<i>Getting Care Quickly</i>	91.1%
<i>How Well Doctors Communicate</i>	97.4%
<i>Customer Service</i>	89.3% ⁺
⁺ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.	