

Performance Measurement & Member Engagement (PMME) Subcommittee Meeting

April Meeting
4.24.2025



Colorado Department of Health Care Policy & Financing (HCPF) Mission

Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

PMME Conversation Guidelines

Reminder:

Non-voting members, please
use the chat only.

- Assume best intent.
- Be tough on issues, soft on people.
- Step forward/step backward so everyone participates.
- Avoid acronyms.
- Acknowledge what hat you're wearing.
- The answer to "but" is "yes"
- Be thoughtful and respectful.
- Mute yourself when you're not speaking and please use the chat feature when appropriate.

Agenda

3:00-3:10 Welcome, Introductions, and Housekeeping

3:10-3:50 ACC CAHPS Survey Results

3:50-4:20 Discussion of Doula & Lactation Benefit

4:20-4:30 Public Comment, Next Steps and Wrap Up

Committee Introductions





March Meeting Minutes



PIAC Update



ACC CAHPS Survey Results

Russ Kennedy, HCPF





2024 Adult and General Child RAE CAHPS Surveys: Key Drivers of Low Member Experience

Health Services Advisory Group, Inc.
(HSAG)



COLORADO
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Policy & Financing

Agenda

Methodology and How the Results Drive
Respondents' Level of Experience

How to Read the Results

Adult RAE Aggregate Results

General Child RAE Aggregate Results

Summary of Results and Discussion



Methodology and How the Results Drive Respondents' Level of Experience

Methodology

Global Ratings

- *Rating of Health Plan*
- *Rating of All Health Care*
- *Rating of Personal Doctor*

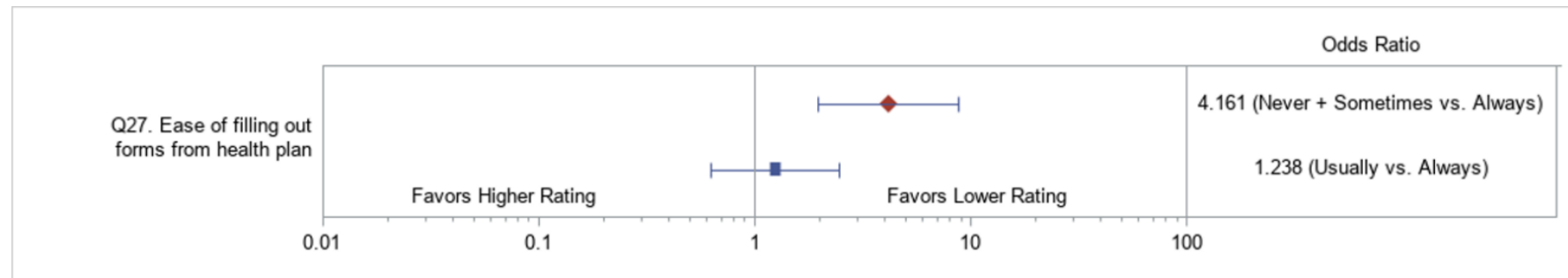
Scale of 0 to 10

1. **Performed a correlation analysis to identify if certain CAHPS items (i.e., questions) are strongly correlated to the global rating**
 - a. Each evaluated item's response was assigned as follows:
 - i. Never/Sometimes or No = 1 (Dissatisfied)
 - ii. Usually = 2 (Neutral)
 - iii. Always or Yes (Baseline) = 3 (Satisfied)
 - b. Each global rating's performance was measured by assigning the responses into a three-point scale as follows:
 - i. 0 to 6 = 1 (Dissatisfied)
 - ii. 7 to 8 = 2 (Neutral)
 - iii. 9 to 10 = 3 (Satisfied)
2. **Prioritized the items based on their correlation to each measure**
3. **Estimated the odds ratio**
 - Odds ratio is statistically significantly greater than 1 = key driver

How to Read the Results

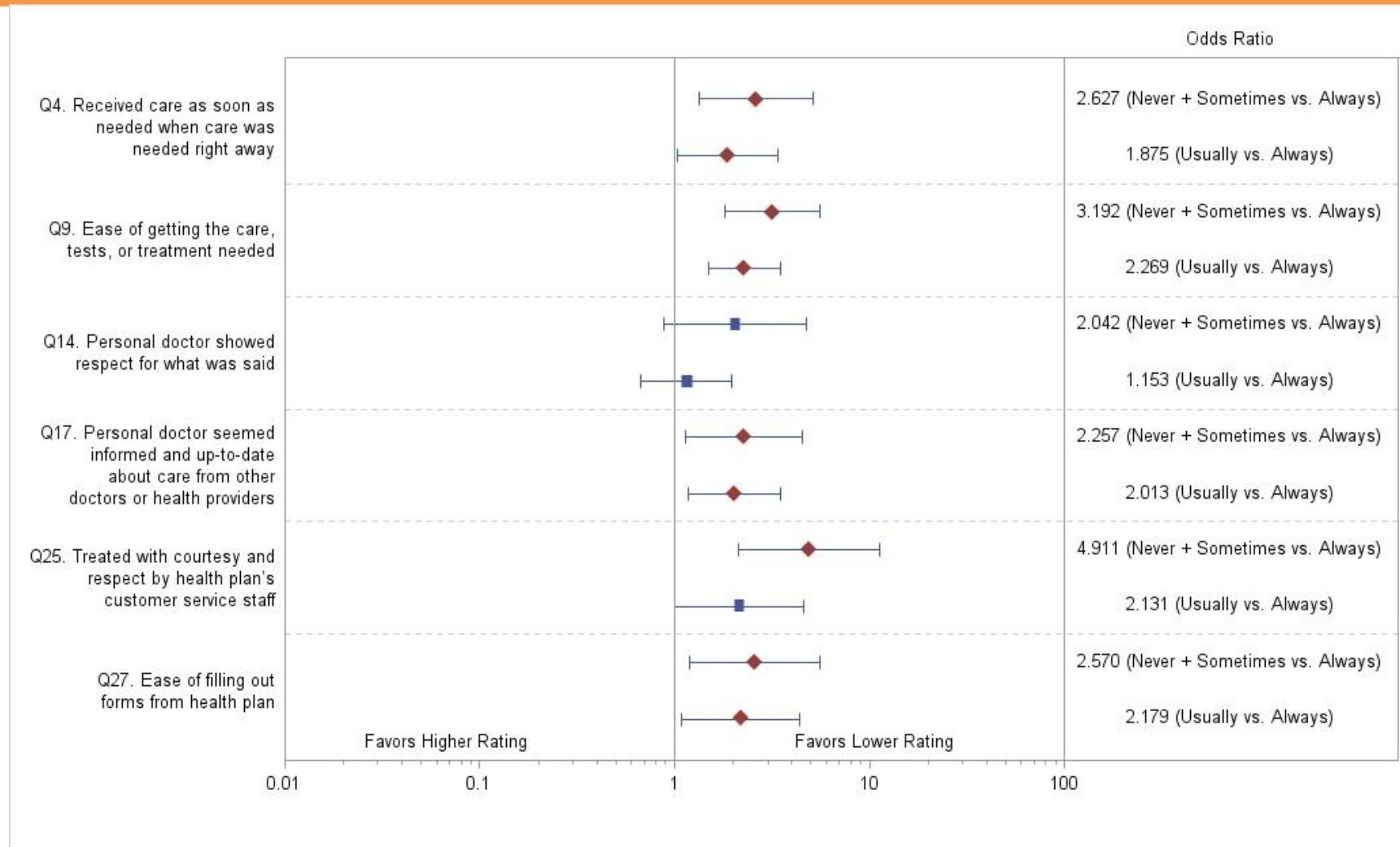
How to Read the Results: Example

Rating of Health Plan

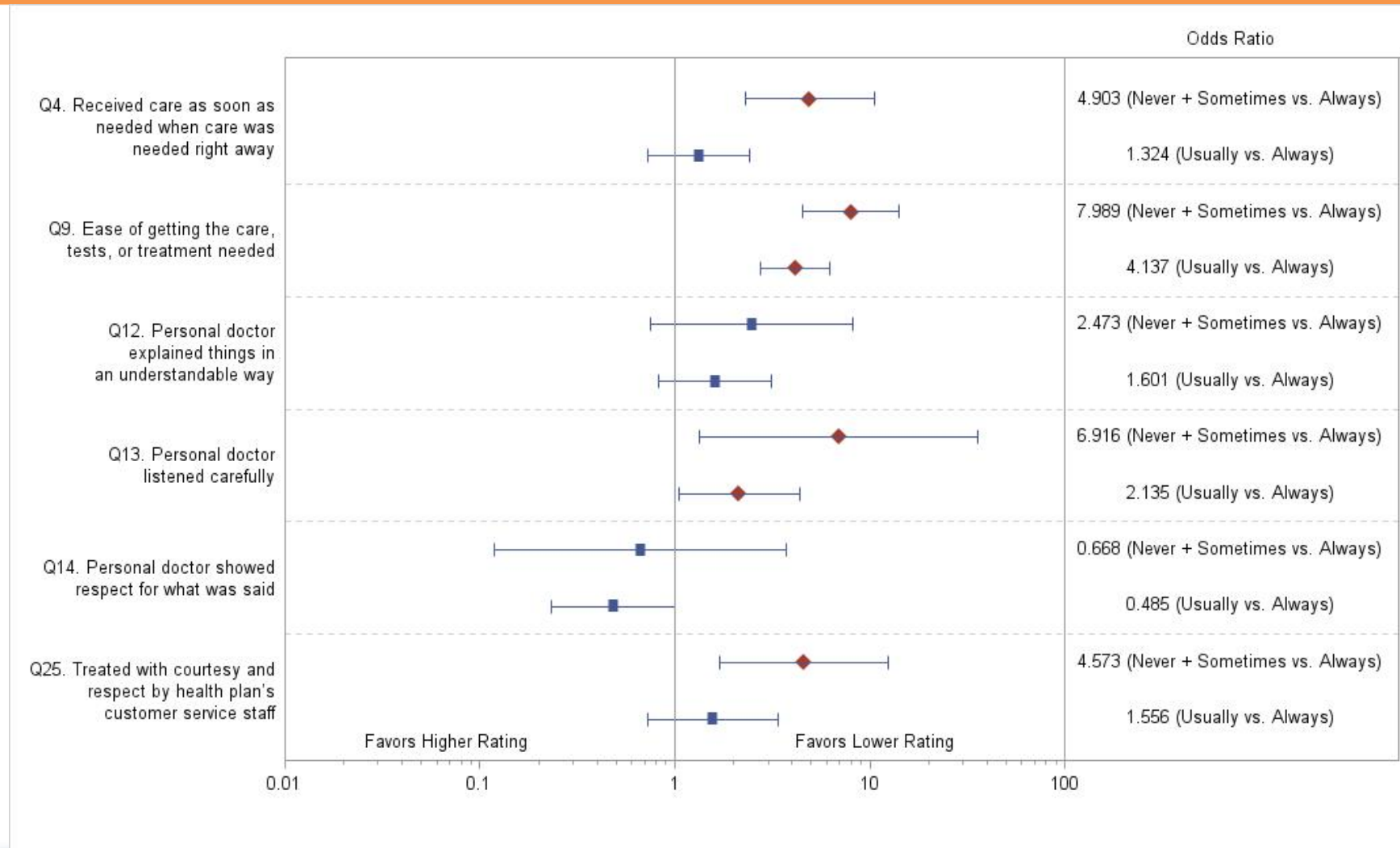


Adult RAE Aggregate Results

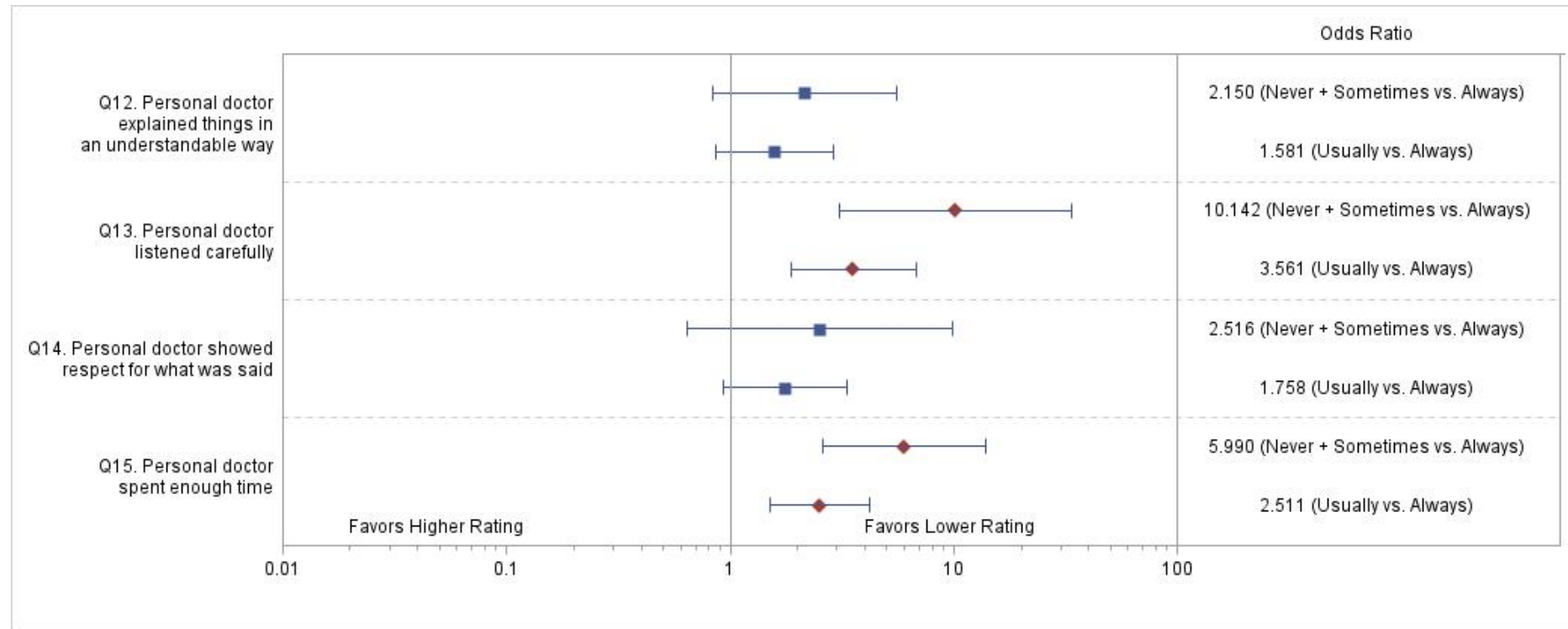
Key Drivers: Adult RAEs – Rating of Health Plan



Key Drivers: Adult RAEs – Rating of All Health Care

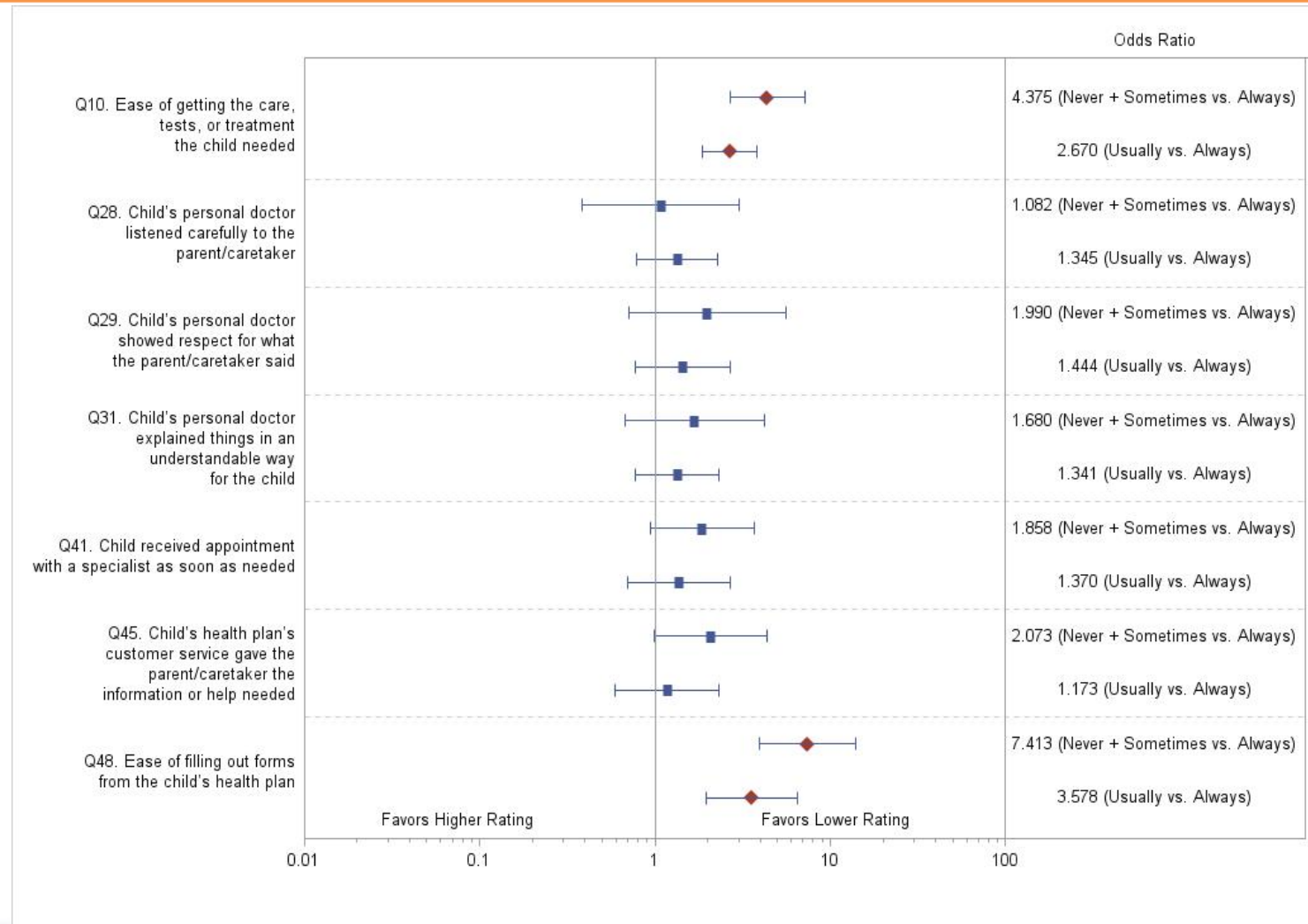


Key Drivers: Adult RAEs – Rating of Personal Doctor

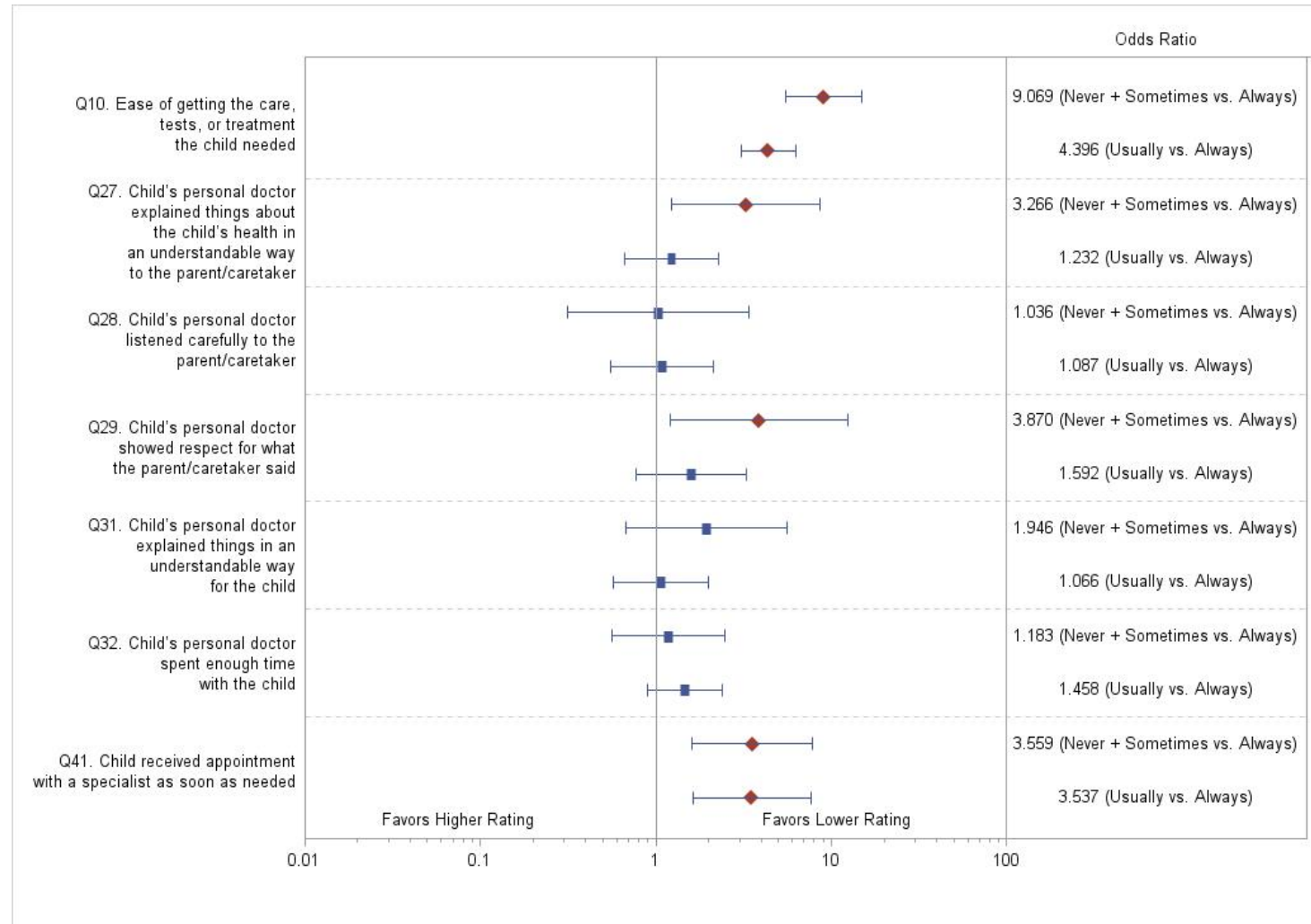


General Child RAE Aggregate Results

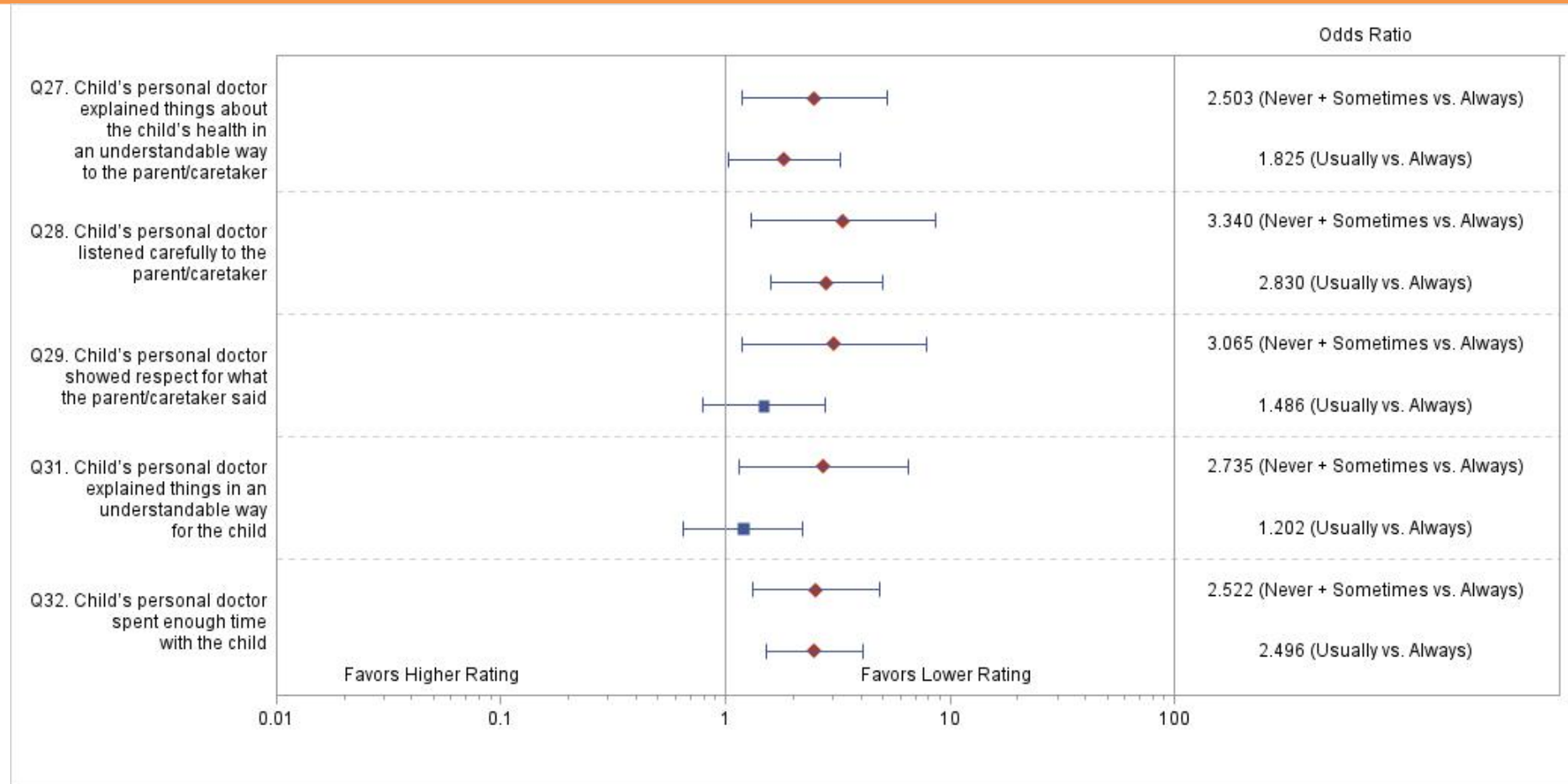
Key Drivers: Child RAEs – Rating of Health Plan



Key Drivers: Child RAEs – Rating of All Health Care



Key Drivers: Child RAEs – Rating of Personal Doctor



Summary of Results and Discussion

Summary of Results (Highest Key Drivers with Odds Ratio Greater than 4.000)

Question	Measure
Adult	
Q4. Received care as soon as possible when care was needed right away	<i>Rating of All Health Care</i>
Q9. Ease of getting the care, tests, or treatment needed	<i>Rating of All Health Care</i>
Q13. Personal doctor listened carefully	<i>Rating of All Health Care, Rating of Personal Doctor</i>
Q15. Personal doctor spent enough time	<i>Rating of Personal Doctor</i>
Q25. Treated with courtesy and respect by health plan's customer service	<i>Rating of Health Plan, Rating of All Health Care</i>
Child	
Q10. Ease of getting the care, tests, or treatment the child needed	<i>Rating of Health Plan, Rating of All Health Care</i>
Q48. Ease of filling out forms from the child's health plan	<i>Rating of Health Plan</i>

Discussion

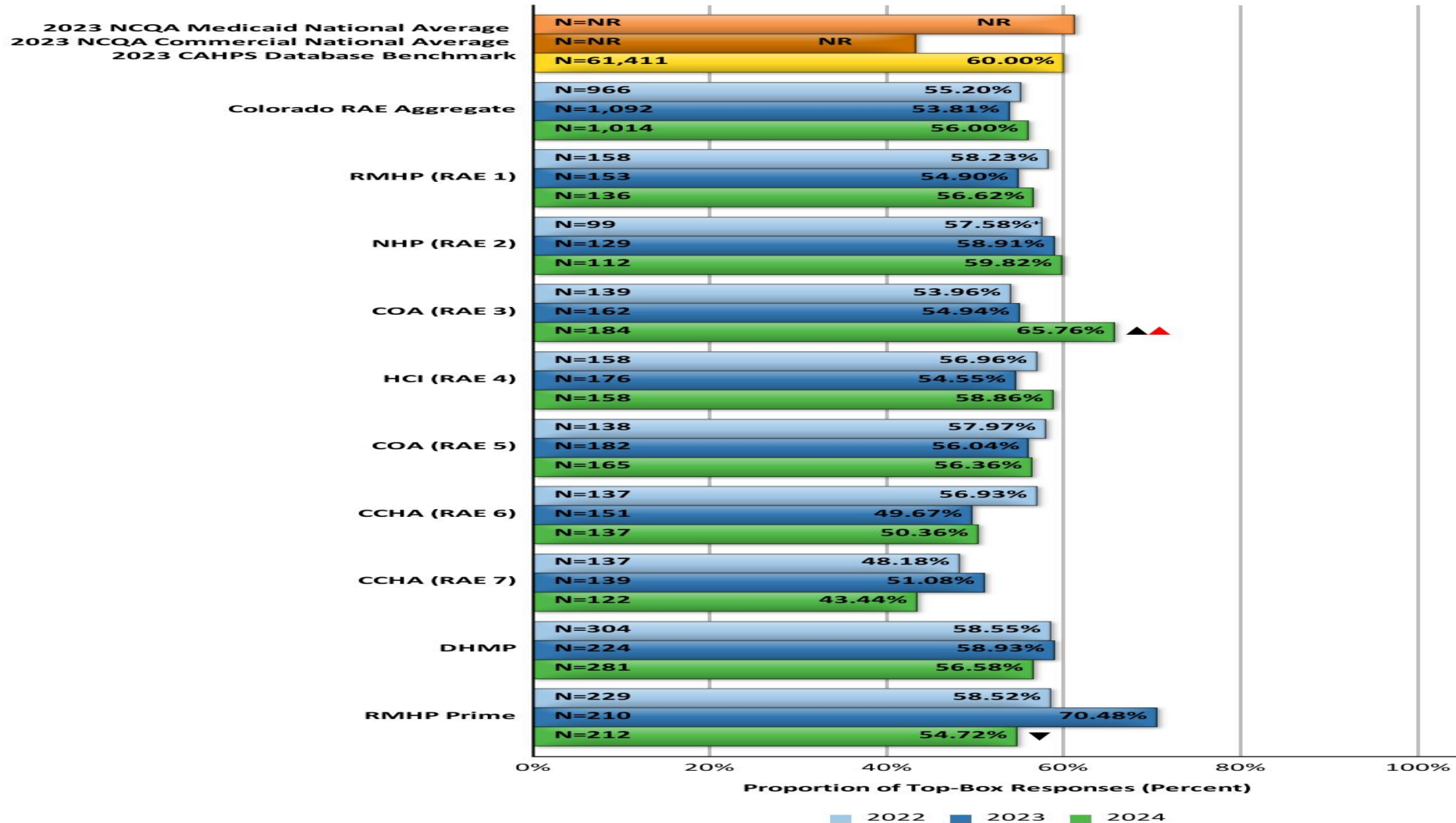
1. Have any of the RAEs done their own research into factors that are driving member experience and, if yes, identified any barriers to care based on this research?
2. Based on any identified barriers, have the RAEs implemented any successful interventions that have helped increase member experience?



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Rating of Health Plan



Statistical Significance Note:

- ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
- ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
- ▲ Indicates the 2024 score is statistically significantly higher than the 2022 score.
- ▼ Indicates the 2024 score is statistically significantly lower than the 2022 score.

26 If no statistically significant differences were found, no indicators (▲, ▼ or ▲, ▼) appear on the figure.

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

NR Indicates the number of respondents (N) and top-box score are not reportable since the data are proprietary.

Thank you!

Doula & Lactation Benefit

Sarah Martinez, HCPF



Open Comment



Next Steps and Wrap Up

Next Steps:

- External Quality Review Organization (EQRO) Process and Overview
- ACC Phase III Monitoring/Evaluation

Upcoming PMME Meeting:

- May 22, 2025

