

FY 14-15 ADULT MEDICAID CLIENT SATISFACTION REPORT

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1. Executive Summary

The State of Colorado requires annual administration of client satisfaction surveys to Medicaid clients enrolled in Fee-for-Service (FFS), Denver Health Medicaid Choice (DHMC), and Rocky Mountain Health Plans (RMHP). For FFS, surveyed clients included FFS clients not enrolled in the Accountable Care Collaborative (ACC) and FFS clients enrolled in the seven participating Regional Care Collaborative Organizations (RCCOs).¹⁻¹ The Colorado Department of Health Care Policy & Financing (the Department) contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys.^{1-2,1-3,1-4} The goal of the CAHPS Health Plan Surveys is to provide performance feedback that is actionable and will aid in improving overall client satisfaction.

In state fiscal year (SFY) 2014-2015, the survey instrument selected for administration to adult Medicaid non-ACC FFS and RCCO clients was a modified version of the CAHPS 5.0 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and survey questions from the Adult Clinician and Group CAHPS surveys with Patient-Centered Medical Home™ (PCMH™) items (“Adult CAHPS PCMH Survey”).^{1-5,1-6,1-7} For DHMC and RMHP, the standardized survey instrument selected was the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. Adult Medicaid clients completed the surveys from February to May 2015.

It is important to note that in SFY 2014-2015, the sampling approach utilized for the Colorado FFS adult population was modified from previous years. In SFY 2014-2015, the sampling approach was modified to: 1) select a FFS population not enrolled in a RCCO (i.e., non-ACC clients), 2) only sample RCCO clients that were attributed to a primary care provider (PCP), and 3) select separate samples for each RCCO. Given the modifications to the sampling approach for the FFS population, the 2015 Colorado Non-ACC FFS CAHPS results presented in this report represent a **baseline** assessment of clients’ satisfaction with Colorado Non-ACC FFS and caution should be exercised when interpreting these results.¹⁻⁸ Additionally, given the modifications to the sampling approach for the RCCO population, caution should be exercised when interpreting the 2015 CAHPS results

¹⁻¹ RCCOs are regional entities of the Accountable Care Collaborative (ACC).

¹⁻² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻³ The DHMC CAHPS Adult Medicaid Survey administration was performed by Morpace. The RMHP CAHPS Adult Medicaid Survey administration was performed by the Centers for the Study of Services (CSS).

¹⁻⁴ DHMC and RMHP are managed care plans that serve approximately 8 percent of Colorado’s Medicaid population.

¹⁻⁵ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁶ Patient-Centered Medical Home™ (PCMH™) is a trademark of the National Committee for Quality Assurance (NCQA).

¹⁻⁷ It is important to note that for the Colorado Non-ACC FFS and RCCO CAHPS survey administration, the Department elected to modify the CAHPS 5.0 Adult Medicaid Health Plan Survey and remove the Rating of Health Plan global rating question and Customer Service composite measure survey questions; therefore, CAHPS survey results for Colorado Non-ACC FFS and FFS ACC Program are limited to the three global ratings (Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Shared Decision Making), and two individual item measures (Coordination of Care and Health Promotion and Education).

¹⁻⁸ The Colorado Non-ACC FFS results presented throughout this report represent the survey results for FFS adult clients not enrolled in a RCCO (i.e., non-ACC clients).

for each participating RCCO and comparisons to previous years' CAHPS results.^{1-9,1-10} Table 1-1 lists the RCCOs for each region.

Table 1-1 Participating Colorado RCCOs
Region 1: Rocky Mountain Health Plans
Region 2: Colorado Access
Region 3: Colorado Access
Region 4: Integrated Community Health Partners
Region 5: Colorado Access
Region 6: Colorado Community Health Alliance
Region 7: Community Care of Central Colorado

Non-ACC FFS and RCCO Performance Highlights

The Non-ACC FFS and RCCO Results Section of this report details the CAHPS results for Colorado Non-ACC FFS clients, clients enrolled in one of the seven participating RCCOs, and the Colorado FFS ACC Program in aggregate (i.e., seven RCCOs combined).

The following is a summary of the Adult Medicaid CAHPS performance highlights for Colorado Non-ACC FFS, Colorado FFS ACC Program, and the seven participating RCCOs. The performance highlights are categorized into three major types of analyses performed on the CAHPS data:¹⁻¹¹

- ◆ Trend Analysis
- ◆ Non-ACC and RCCO Comparisons
- ◆ Priority Assignments

¹⁻⁹ The 2015 CAHPS results for each participating RCCO and the FFS ACC Program in aggregate were compared to the survey results collected from the 2013 Colorado RCCO CAHPS survey administration. Given the modifications to the SFY 2014-2015 sampling approach utilized for the RCCOs (i.e., sampling was limited to RCCO clients attributed to a PCP), caution should be exercised when interpreting the trending results for each RCCO and the Colorado FFS ACC Program (i.e., comparisons of 2015 to 2013 CAHPS results).

¹⁻¹⁰ The RCCO-level and Colorado FFS ACC Program aggregate-level CAHPS results presented throughout this report represent the survey results for FFS adult clients enrolled in one of the seven participating RCCOs who are also attributed to a PCP.

¹⁻¹¹ As previously noted, the 2015 Colorado Non-ACC FFS CAHPS results are baseline results; therefore, a trend analysis could not be performed for the Non-ACC FFS population. Thus, the trend analysis is limited to the RCCO CAHPS data (i.e., CAHPS data collected through the administration of CAHPS surveys to RCCO clients).

Trend Analysis

In order to evaluate trends in the Colorado RCCO’s client satisfaction for the adult population, HSAG performed a trend analysis, where applicable.¹⁻¹² The 2015 CAHPS results were compared to the corresponding 2013 CAHPS results. The detailed results of the trend analysis are described in the Non-ACC FFS and RCCO Results Section beginning on page 2-17. Table 1-2 presents the statistically significant results from this analysis.

Table 1-2 Trend Analysis Highlights	
	Colorado FFS ACC Program
Global Rating	
Rating of All Health Care	▲
Rating of Specialist Seen Most Often	▲
Composite Measure	
Getting Needed Care	▲
How Well Doctors Communicate	▲
Individual Measure	
Health Promotion and Education	▲
▲ Indicates the 2015 score is significantly higher than the 2013 score ▼ Indicates the 2015 score is significantly lower than the 2013 score <i>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</i>	

¹⁻¹² As a result of the changes to the Shared Decision Making composite, trending could not be performed for this CAHPS measure.

Non-ACC and RCCO Comparisons

In order to identify performance differences in client satisfaction between the non-ACC and ACC adult populations, case-mix adjusted results for Colorado Non-ACC FFS and the Colorado FFS ACC Program were compared to one another using standard statistical tests. In order to identify performance differences in RCCO client satisfaction, case-mix adjusted results for each RCCO were compared to the Colorado FFS ACC Program average using standard statistical tests.¹⁻¹³ These comparisons were performed on the three global ratings, three composite measures, and two individual item measures. The detailed results of the non-ACC and RCCO comparative analysis are described in the Non-ACC FFS and RCCO Results Section beginning on page 2-26.¹⁻¹⁴

The comparative analysis of the non-ACC and ACC populations revealed that there were no statistically significant differences between the populations' CAHPS results.

Table 1-3 presents the statistically significant results from the RCCO comparisons.

Table 1-3 RCCO Comparisons Highlights						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
↑ How Well Doctors Communicate	None	↑ Rating of All Health Care	None	↓ Rating of All Health Care	↑ Shared Decision Making	↓ Rating of All Health Care
		↑ Rating of Personal Doctor		↓ Rating of Personal Doctor		↓ Shared Decision Making
				↓ Rating of Specialist Seen Most Often		
				↓ How Well Doctors Communicate		
				↓ Rating of All Health Care		
↑ Statistically better than the Colorado FFS ACC Program Average ↓ Statistically worse than the Colorado FFS ACC Program Average						

¹⁻¹³ CAHPS results are known to vary due to differences in respondent age, respondent education level, and member health status. Therefore, the results for the non-ACC and ACC population comparisons and RCCO comparisons were case-mix adjusted for differences in these demographic variables.

¹⁻¹⁴ Caution should be exercised when evaluating the non-ACC and ACC comparisons and RCCO comparisons, given that population differences may impact results.

Priority Assignments

For Non-ACC FFS, priority assignments were derived for each measure based on the results of the National Committee for Quality Assurance (NCQA) comparisons. For each participating RCCO, priority assignments were derived based on the results of the NCQA comparisons and trend analysis.¹⁻¹⁵ Measures were assigned into one of four main categories for quality improvement (QI): top, high, moderate, and low priority. Table 1-4 presents the top and high priorities for Colorado Non-ACC FFS and each RCCO.

Table 1-4 Top and High Priorities							
Non-ACC FFS	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7
<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Getting Needed Care ◆ Getting Care Quickly 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Getting Needed Care 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Rating of Specialist Seen Most Often⁺ ◆ Getting Needed Care ◆ Getting Care Quickly 	<ul style="list-style-type: none"> ◆ Getting Care Quickly 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Rating of Specialist Seen Most Often ◆ Getting Needed Care ◆ Getting Care Quickly 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Rating of Specialist Seen Most Often ◆ Getting Needed Care ◆ Getting Care Quickly ◆ How Well Doctors Communicate 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Rating of Specialist Seen Most Often ◆ Getting Needed Care ◆ Getting Care Quickly 	<ul style="list-style-type: none"> ◆ Rating of All Health Care ◆ Rating of Personal Doctor ◆ Getting Needed Care ◆ Getting Care Quickly ◆ How Well Doctors Communicate
<p><i>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</i></p>							

¹⁻¹⁵ As previously noted, NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, priority assignments could not be derived for these CAHPS measures.

DHMC and RMHP Performance Highlights

The DHMC and RMHP Results Section of this report details the CAHPS results for DHMC, RMHP, and the Colorado Medicaid managed care plans in aggregate (i.e., DHMC and RMHP combined). The following is a summary of the Adult Medicaid CAHPS performance highlights for the Colorado Medicaid Managed Care Program, DHMC, and RMHP. The performance highlights are categorized into four major types of analyses performed on the CAHPS data:

- ◆ Trend Analysis
- ◆ Plan Comparisons
- ◆ NCQA Comparisons
- ◆ Priority Assignments

Trend Analysis

In order to evaluate trends in the Colorado Medicaid managed care plans' client satisfaction, HSAG performed a stepwise trend analysis, where applicable.¹⁻¹⁶ The first step compared the 2015 CAHPS results to the 2014 CAHPS results. If the initial 2015 and 2014 trend analysis did not yield any significant differences, then an additional trend analysis was performed between the 2015 and 2012 results.¹⁻¹⁷ The detailed results of the trend analysis are described in the DHMC and RMHP Results Section beginning on page 3-5. Table 1-5 presents the statistically significant results from this analysis.

Table 1-5 Trend Analysis Highlights			
	Colorado Medicaid Managed Care Program	DHMC	RMHP
Global Rating			
Rating of Health Plan			▼
Composite Measure			
Getting Needed Care	▲	▲	▼
Getting Care Quickly			▼
Customer Service	▲	▲ ⁺	
Individual Item Measure			
Coordination of Care	▲		▲
<p>▲ Indicates the 2015 score is significantly higher than the 2014 score ▼ Indicates the 2015 score is significantly lower than the 2014 score ▲ Indicates the 2015 score is significantly higher than the 2012 score ▼ Indicates the 2015 score is significantly lower than the 2012 score</p> <p>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p>			

¹⁻¹⁶ As a result of the changes to the Shared Decision Making composite, trending could not be performed for this CAHPS measure.

¹⁻¹⁷ DHMC's and RMHP's adult Medicaid populations were not surveyed in 2013.

Plan Comparisons

In order to identify performance differences in client satisfaction between DHMC and RMHP, case-mix adjusted results for each were compared to one another using standard statistical tests.¹⁻¹⁸ These comparisons were performed on the four global ratings, five composite measures, and two individual item measures. The detailed results of this comparative analysis are described in the DHMC and RMHP Results Section beginning on page 3-18. Table 1-6 presents the statistically significant results from this comparison.¹⁻¹⁹

Table 1-6 Plan Comparisons Highlights	
DHMC	RMHP
↑ Rating of Personal Doctor	↓ Rating of Personal Doctor
↑ Statistically better than the comparative plan ↓ Statistically worse than the comparative plan	

¹⁻¹⁸ CAHPS results are known to vary due to differences in respondent age, respondent education level, and member health status. Therefore, the results were case-mix adjusted for differences in these demographic variables.

¹⁻¹⁹ Caution should be exercised when evaluating health plan comparisons, given that population and health plan differences may impact results.

NCQA Comparisons

Overall client satisfaction ratings for the four CAHPS global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service) were compared to NCQA’s 2015 HEDIS Benchmarks and Thresholds for Accreditation.^{1-20,1-21} This comparison resulted in ratings of one (★) to five (★★★★★) stars on these CAHPS measures, where one was the lowest possible rating and five was the highest possible rating. The detailed results of this analysis are described in the DHMC and RMHP Results Section beginning on page 3-20. Table 1-7 presents the highlights from this comparison.

Table 1-7 NCQA Comparisons Highlights		
Colorado Medicaid Managed Care Program	DHMC	RMHP
★★ Rating of Health Plan	★★ Rating of Health Plan	★★★ Rating of Health Plan
★ Rating of All Health Care	★ Rating of All Health Care	★★ Rating of All Health Care
★★★★★ Rating of Personal Doctor	★★★★★ Rating of Personal Doctor	★★ Rating of Personal Doctor
★ Rating of Specialist Seen Most Often	★ Rating of Specialist Seen Most Often	★★ Rating of Specialist Seen Most Often
★ Getting Needed Care	★ Getting Needed Care	★ Getting Needed Care
★ Getting Care Quickly	★ Getting Care Quickly	★ Getting Care Quickly
★★★★★ How Well Doctors Communicate	★★★★★ How Well Doctors Communicate	★★★★ How Well Doctors Communicate
★ Customer Service	★+ Customer Service	★+ Customer Service

Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.

¹⁻²⁰ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA, August 4, 2015.

¹⁻²¹ NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, overall client satisfaction ratings could not be derived for these CAHPS measures.

Priority Assignments

Based on the results of the trend analysis NCQA comparisons, priority assignments were derived for each measure. Measures were assigned into one of four main categories for QI: top, high, moderate, and low priority. Table 1-8 presents the top and high priorities for DHMC and RMHP.

Table 1-8 Top and High Priorities	
DHMC	RMHP
<ul style="list-style-type: none"> ◆ Rating of Health Plan ◆ Rating of All Health Care ◆ Rating of Specialist Seen Most Often ◆ Getting Needed Care ◆ Getting Care Quickly ◆ Customer Service⁺ 	<ul style="list-style-type: none"> ◆ Rating of Health Plan ◆ Rating of All Health Care ◆ Rating of Specialist Seen Most Often ◆ Rating of Personal Doctor ◆ Getting Needed Care ◆ Getting Care Quickly ◆ Customer Service⁺
<p><i>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</i></p>	