

2024 Adult Statewide CAHPS®
Summary Report
Arizona Health Care Cost Containment System

December 2024



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1. Executive Summary

The State of Arizona required the administration of member experience surveys to Medicaid members enrolled in the Arizona Health Care Cost Containment System (AHCCCS). This survey, referred to as the Statewide Consumer Assessment of Healthcare Providers and System (CAHPS®) CAHPS (Statewide) survey, consisted of members enrolled within the following AHCCCS programs: ^{1,2,3}

- AHCCCS Complete Care (ACC)⁴
- ACC-Regional Behavioral Health Agreement (ACC-RBHA) SMI-Designated
- ACC KidsCare
- AHCCCS Fee-for-Service (FFS) (i.e., American Indian Health Program [AIHP])
- Arizona Long Term Care System, Developmental Disabilities (ALTCS-DD)
- Arizona Long Term Care System, Elderly and/or Physical Disabilities (ALTCS-EPD)
- Department of Child Safety Comprehensive Health Plan (DCS CHP)
- DCS CHP KidsCare

Table 1-1 provides a list of the programs for which CAHPS results are presented.

Table 1-1— CAHPS Arizona Medicaid Programs

Program Name	Program Abbreviation
Statewide Population	Statewide Population
ACC Program	ACC Non-SMI-Designated
ACC-RBHA SMI-Designated Population Program	ACC-RBHA SMI-Designated

- The Statewide population includes members enrolled within DCS CHP, ALTCS-DD, ALTCS-EPD, AIHP, and the seven ACC/ACC-RBHA health plans (see Table 1-2).
 - The DCS CHP program provides physical health, dental, and behavioral health services for children and youth in foster care throughout the State of Arizona.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
² Adult ACC KidsCare members, DCS CHP members, and DCS CHP KidsCare members were selected as part of the Statewide sample.
³ HSAG conducted a simple random sample from the statewide population of adult members; therefore, not all programs that were included in the sample frame file (e.g., AIHP KidsCare), were selected for sampling and are not included in the results of this report.
⁴ The ACC Program (i.e., non-serious Mental Illness (SMI) Designated) is served by ACC and ACC-RBHA Contractors.

- The ALTCS-DD program provides LTSS as well as integrated physical and behavioral health services to eligible members who have an intellectual/developmental disability (IDD) as outlined under Arizona State law.
- The ALTCS-EPD program provides long-term services and supports (LTSS) as well as integrated physical and behavioral health services to eligible members who are elderly and/or have a physical disability.
- The AIHP program is referred to as the AHCCCS Acute FFS Program for American Indians, administered by the State through the Division of FFS Management at AHCCCS. AIHP provides medically necessary services for enrolled American Indians and Alaska Natives members, including preventative and behavioral health care services.
- The ACC Program (i.e., ACC non-SMI-designated) provides integrated care addressing the physical and behavioral health needs for the majority of Medicaid (Title XIX) eligible children and adults as well as addressing the physical and behavioral health needs for the majority of Children’s Health Insurance Program (CHIP) KidsCare (Title XXI) eligible children (under age 19).⁵
- The ACC-RBHA SMI-designated population program (i.e., ACC-RBHA SMI-designated) provides integrated physical and behavioral health services to eligible Medicaid (Title XIX) and CHIP KidsCare (Title XXI) covered members determined to have an SMI designation. ACC-RBHA Contractors are also responsible for providing crisis services to all individuals, including but not limited to crisis telephone services, community-based mobile crisis teams, and facility-based crisis stabilization services. Additionally, ACC-RBHA Contractors are responsible for providing services to the ACC (non-SMI-designated) population.⁶

Table 1-2 provides a list of the seven ACC/ACC-RBHA health plans.

Table 1-2—ACC/ACC-RBHA Health Plans

Contractor Name	Abbreviation
Arizona Complete Health – Complete Care Plan	AzCH-CCP ACC-RBHA
Banner-University Family Care	BUFC ACC
Care 1 st Health Plan	Care 1 st ACC-RBHA
Health Choice Arizona	HCA ACC
Mercy Care	Mercy Care ACC-RBHA
Molina Healthcare	Molina ACC
UnitedHealthcare Community Plan	UHCCP ACC

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Statewide CAHPS Health Plan Survey for the adult Statewide population, as well as the

⁵ Seven ACC/ACC-RBHA Contractors are responsible for providing services under the ACC Program (see Table 1-2).

⁶ Three ACC-RBHA Contractors are responsible for providing services for the SMI-designated population (i.e., Arizona Complete Health – Complete Care Plan, Care 1st Health Plan, and Mercy Care).

results for the adult members enrolled in the ACC non-SMI-designated and ACC-RBHA SMI-designated programs.

The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience. The standardized survey instrument selected for the adult population was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS[®]) supplemental item set.⁷ Adult members completed the surveys from May to August 2024. Results presented in this report include four global ratings, four composite measures, one individual item measure, and three measure items related to medical assistance with smoking and tobacco use cessation. The results for ACC non-SMI-designated include respondents from the ACC/ACC-RBHA health plans from the Statewide sample and the ACC non-SMI-designated oversample. The results for ACC-RBHA SMI-designated include respondents from the ACC-RBHA health plans from the Statewide sample and the ACC-RBHA SMI-designated oversample.

Performance Highlights

The following performance highlights summarize the results from the adult CAHPS surveys.

National Comparisons and Trend Analysis

HSAG calculated scores (i.e., rates of experience) for the measures. HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2023 Quality Compass[®] Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).^{8,9,10,11} Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent).

⁷ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁸ National Committee for Quality Assurance. *Quality Compass[®]: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

⁹ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass[®] 2023 data and is used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA. CAHPS[®] is a registered trademark of AHRQ.

¹⁰ NCQA Quality Compass benchmarks for the adult Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the SMI population; therefore, caution should be exercised when interpreting the ACC-RBHA SMI-designated and Statewide population results of the NCQA Comparisons analysis (i.e., overall member experience ratings).

¹¹ Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

The percentages presented below the stars in Table 1-3 represents the scores, while the stars represent the star ratings when the scores were compared to NCQA Quality Compass Benchmark and Compare Quality Data. For the detailed results of the national comparisons, please refer to the National Comparisons section of the Results beginning on page 13.

In addition, HSAG performed a trend analysis that compared the 2024 results to their corresponding 2023 results. Since this is the first year the CAHPS Survey was administered to adult members enrolled in the ACC-RBHA SMI-designated program, trend results are unavailable for this population. For the detailed results of the trend analysis, please refer to the Results section beginning on page 15.

Table 1-3 provides highlights of the national comparisons and trend analysis findings for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated.

Table 1-3—National Comparisons

Measure	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated
	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison
Global Ratings					
<i>Rating of Health Plan</i>	★★★★ 63.6%	—	★★★★ 63.6%	—	★ 55.7%
<i>Rating of All Health Care</i>	★★ 53.3%	—	★★ 52.4%	—	★ 52.2%
<i>Rating of Personal Doctor</i>	★★★★★ 73.6%	—	★★★★ 71.6%	—	★★ 64.6%
<i>Rating of Specialist Seen Most Often</i>	★★ 66.4%	—	★★ 65.2%	—	★ 60.0%
Composite Measures					
<i>Getting Needed Care</i>	★★ 79.2%	—	★ 76.6%	—	★★ 78.2%
<i>Getting Care Quickly</i>	★★ 76.8%	—	★★ 77.0%	—	★★ 76.3%
<i>How Well Doctors Communicate</i>	★★★★ 93.9%	—	★★★★ 93.9%	—	★ 90.9%
<i>Customer Service</i>	★ 86.8%	—	★ 85.9%	—	★ 83.6%
Individual Item Measure					
<i>Coordination of Care</i>	★★★★ 87.0%	—	★★★★ 86.1%	—	★★ 84.5%

Measure	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated
	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison	Trend Results (2024 Compared to 2023)	National Comparison
Medical Assistance with Smoking and Tobacco Use Cessation Items					
<i>Advising Smokers and Tobacco Users to Quit</i>	★ 62.5% ⁺	—	★ 67.1% ⁺	—	★★★ 75.8%
<i>Discussing Cessation Medications</i>	★ 43.7% ⁺	—	★ 45.7% ⁺	—	★★★★ 61.3%
<i>Discussing Cessation Strategies</i>	★ 36.8% ⁺	—	★ 37.0% ⁺	—	★★★ 49.2%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ 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 not statistically significantly higher or lower than the 2023 score. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.					

Key Drivers of Member Experience Analysis

In order to determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the Statewide population. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis provides information on:

- How **well** the program is performing on the survey item.
- How **important** that item is to the respondents’ overall experience.

HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as “key drivers” since these items are driving members’ levels of experience with each of the three measures. For the detailed results of the key drivers of member experience analysis, please refer to the Key Drivers of Member Experience Analysis section on page 30.

Table 1-4 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the adult Statewide population.

Table 1-4—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	✓	NS	✓
Q24. Health plan’s customer service gave the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

Recommendations

HSAG recommends AHCCCS leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, QI strategies and interventions, and performance monitoring and evaluation activities, in collaboration with its Contractors as applicable. HSAG observed that over half of the scores for the adult population were below the 2023 NCQA Medicaid national 25th and 50th percentiles for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated, which may reflect potential issues with the quality and timeliness of, and access to care for members. AHCCCS and its Contractors may consider the following methods to best target interventions that may improve member experience:

- Conduct focus groups and interviews with members to determine what specific issues are causing them to rate their member experiences so low.
- Evaluate the process of care delivery and identify any operational issues contributing to access to care barriers for members.
- Analyze CAHPS data to identify potential health disparities among key demographics. This type of information could inform initiatives aimed at identifying and addressing access to care barriers.
- Utilize the results from the key drivers of member experience analysis to prioritize areas for targeting QI efforts in order to improve CAHPS ratings for the health plan, all health care, and personal doctor.
- Explore ways to direct members to useful and reliable sources of information by expanding websites to include easily accessible health information and relevant tools for obtaining timely care, as well as links to related information.
- Enhance provider inclusion in addressing CAHPS survey results by:
 - Including information about the ratings from the CAHPS survey in provider communications during the year.
 - Including reminders about the importance of handling challenging patient encounters and emphasizing patient-centered communication. Patient-centered communication could have a

positive impact on patient experience, adherence to treatments, and self-management of conditions.

- Provide guidelines to doctors and other clinicians for how they can ensure they explain things in a way that is easy to understand and that they spend enough time with the member. This information could also furnish advice concerning the importance of listening carefully to members and how clinicians can show respect for what the members have to say.
- Encourage providers to obtain feedback from patients on their recent office visit, such as a follow-up call or email, to gather more specific information concerning areas for improvement and implement QI strategies to address these concerns.

In these and other ways, CAHPS data are valuable resources for patient-centered approaches to population health management and improving health outcomes.

The following presents the results for the adult population. For the adult population, a total of 603 surveys were completed.¹² These completed surveys were used to calculate the 2024 adult CAHPS results presented in this section.

HSAG calculated scores for each measure for the national comparisons and trend analysis.¹³ The 2023 NCQA adult Medicaid national averages are provided for comparative purposes.^{14,15,16} For more detailed information on the calculation of scores for the measures, please refer to page 40 of the Reader's Guide section. For more detailed information on the survey language and response options for the measures, please refer to page 32 of the Reader's Guide section.

For purposes of this report, results are reported for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. Scores with fewer than 100 respondents are denoted with a cross (+).

Survey Administration

Sample Selection

Adult members eligible for surveying included those who were enrolled in a health plan/program at the time the sample was drawn and who were continuously enrolled for at least five of the six months of the measurement period (July 1 through December 31, 2023). In addition, adult members had to be 18 years of age or older as of December 31, 2023, to be included in the survey.

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- ¹² The 603 completed surveys for the adult population were comprised of completed surveys from the Statewide population, ACC non-SMI-designated oversample, and ACC-RBHA SMI-designated oversample, which is aligned with the final disposition report.
- ¹³ HSAG followed *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures* for calculating top-box responses.
- ¹⁴ For the NCQA adult Medicaid national averages, the source for data contained in this publication is Quality Compass® 2023 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.
- ¹⁵ NCQA national averages for 2024 were not available at the time this report was prepared; therefore, 2023 NCQA national averages are presented in this section.
- ¹⁶ Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

A sample of 2,025 adult members was selected for the Statewide population. An oversample of 393 adult members was selected for ACC non-SMI-designated, and an oversample of 1,951 adult members was selected for ACC-RBHA SMI-designated for a total selected sample of 4,369 adult members. No more than one member per household was selected as part of the adult survey samples.

Survey Responses

The survey process allowed adult members two methods by which they could complete the surveys: mail or Internet. All sampled adult members were mailed an English or Spanish survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard, and third survey mailing. For more detailed information on the survey protocol, please refer to page 38 of the Reader’s Guide section.

Table 2-1 shows the total number of members sampled, the number of surveys completed, and the response rate for the adult samples. HSAG did not include the number of ineligible members since majority of results required suppression (i.e., results with fewer than 11 responses were suppressed).

Table 2-1—Total Number of Respondents and Response Rates¹⁷

Program/Population Name	Sample Size	Completed	Response Rate
Statewide Population	2,025	252	12.5%
ACC Non-SMI-Designated	2,116	254	12.1%
ACC Non-SMI-Designated Population Oversample	393	40	10.2%
ACC Non-SMI-Designated Population from Statewide Sample	1,723	214	12.5%
ACC-RBHA SMI-Designated	2,025	321	15.9%
ACC-RBHA SMI-Designated Population Oversample	1,951	S	S
ACC-RBHA SMI-Designated Population from Statewide Sample	74	S	S
<i>S Indicates results have been suppressed as results have fewer than 11 respondents.</i>			

¹⁷ Table 2-1 is reflective of respondents from each population who answered at least three of the following five questions within the survey: questions 3, 10, 19,23, and 28. These surveys were assigned a disposition code of “completed.”

Demographics

Table 2-2 shows the self-reported demographic characteristics of adult members who completed a survey. The demographic characteristics included age, gender, race, ethnicity, education level, general health status, and mental or emotional health status. For more detailed information on the adult demographics, please refer to page 39 of the Reader’s Guide section.

Table 2-2—Adult Member Demographics

	Statewide Population	ACC Non-SMI-Designated	ACC-RBHA SMI-Designated
Age			
18 to 24	7.6%	7.2%	S
25 to 34	10.8%	11.2%	S
35 to 44	10.4%	10.0%	16.7%
45 to 54	11.6%	13.1%	24.9%
55 to 64	27.7%	25.5%	32.8%
65 and older	31.7%	33.1%	15.8%
Gender			
Male	46.8%	45.6%	45.6%
Female	53.2%	54.4%	54.4%
Race			
Multiracial	S	S	S
White	62.5%	66.5%	73.3%
Black	S	5.4%	6.8%
Asian	5.0%	4.6%	S
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	S
American Indian or Alaska Native	7.9%	S	S
Other	15.8%	17.2%	11.3%
Ethnicity			
Hispanic	42.0%	46.8%	24.3%
Non-Hispanic	58.0%	53.2%	75.7%
Education Level			
8th Grade or Less	10.6%	12.0%	4.4%
Some High School	17.5%	17.3%	14.2%
High School Graduate	34.6%	32.9%	40.4%
Some College	25.6%	24.9%	31.9%
College Graduate	11.8%	12.9%	9.1%

	Statewide Population	ACC Non-SMI-Designated	ACC-RBHA SMI-Designated
General Health Status			
Excellent	8.0%	7.9%	4.1%
Very Good	22.0%	23.8%	13.2%
Good	40.0%	36.5%	32.5%
Fair	25.2%	26.2%	37.9%
Poor	4.8%	5.6%	12.3%
Mental or Emotional Health Status			
Excellent	20.2%	20.2%	6.3%
Very Good	21.0%	23.0%	7.6%
Good	34.7%	32.1%	26.7%
Fair	19.4%	18.7%	40.3%
Poor	4.8%	6.0%	19.0%
<i>S Indicates results have been suppressed as results have fewer than 11 respondents. Some percentages may not total 100% due to rounding.</i>			

Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all adult 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. For additional details and information regarding this analysis, please refer to the Readers Guide beginning on page 40. Table 2-3 through Table 2-6 present the results of the respondent analysis for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 2-3—Respondent Analysis: Age

	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
18 to 24	8.3% ↓	19.2%	7.9% ↓	19.8%	S	5.7%
25 to 34	11.1% ↓	23.5%	11.8% ↓	24.1%	S	17.8%
35 to 44	10.7% ↓	19.0%	9.8% ↓	19.1%	15.6% ↓	23.1%
45 to 54	11.1%	13.6%	11.8%	13.5%	26.2%	21.9%
55 to 64	28.6% ↑	13.5%	27.2% ↑	13.3%	32.7% ↑	21.6%
65 or Older	30.2% ↑	11.1%	31.5% ↑	10.2%	14.0% ↑	9.8%

S Indicates results have been suppressed as results have fewer than 11 respondents.
 Some percentages may not total 100% due to rounding.
 ↑ 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: Gender

	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Male	46.8%	44.2%	45.7%	43.5%	45.8%	47.1%
Female	53.2%	55.8%	54.3%	56.5%	54.2%	52.9%

Some percentages may not total 100% due to rounding.
 ↑ 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 2-5—Respondent Analysis: Race

	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
White	72.7%	70.2%	82.4%	77.4%	80.9%	77.5%
Black	7.3%	11.5%	8.1% ↓	12.8%	7.7% ↓	12.0%
American Indian or Alaska Native	11.3%	13.3%	S	4.2%	S	3.4%
Other*	8.7%	5.0%	S	5.6%	S	7.1%

S Indicates results have been suppressed as results have fewer than 11 respondents.
 Some percentages may not total 100% due to rounding.
 ↑ 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.
 *The “Other” Race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, Other, and Multiracial.

Table 2-6—Respondent Analysis: Ethnicity

	Statewide Population		ACC Non-SMI Designated		ACC-RBHA SMI-Designated	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Hispanic	68.1%	60.6%	70.3% ↑	62.6%	63.9%	62.2%
Non-Hispanic	31.9%	39.4%	29.7% ↓	37.4%	36.1%	37.8%

Some percentages may not total 100% due to rounding.

↑ 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.

National Comparisons

In order to assess the overall performance of the adult population, HSAG compared scores for each measure to NCQA’s 2023 Quality Compass Benchmark and Compare Quality Data.^{18,19,20} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 2-7 through Table 2-9 show the adult populations’ scores and star ratings for each measure. For additional details and information regarding these comparisons, please refer to page 40 of the Reader’s Guide section.

¹⁸ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

¹⁹ Quality Compass® 2023 data are used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

²⁰ Quality Compass 2024 data were not available at the time this report was prepared; therefore, 2023 data were used for comparison.

Table 2-7—National Comparisons: Global Ratings

	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Rating of Specialist Seen Most Often
Statewide Population	★★★★ 63.6%	★★ 53.3%	★★★★★ 73.6%	★★ 66.4%
ACC Non-SMI-Designated	★★★★ 63.6%	★★ 52.4%	★★★★ 71.6%	★★ 65.2%
ACC-RBHA SMI-Designated	★ 55.7%	★ 52.2%	★★ 64.6%	★ 60.0%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

Table 2-8—National Comparisons: Composite Measures

	Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service
Statewide Population	★★ 79.2%	★★ 76.8%	★★★★ 93.9%	★ 86.8%
ACC Non-SMI-Designated	★ 76.6%	★★ 77.0%	★★★★ 93.9%	★ 85.9%
ACC-RBHA SMI-Designated	★★ 78.2%	★★ 76.3%	★ 90.9%	★ 83.6%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th				

Table 2-9—National Comparisons: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Items

	Coordination of Care	Advising Smokers and Tobacco Users to Quit	Discussing Cessation Medications	Discussing Cessation Strategies
Statewide Population	★★★★ 87.0%	★ 62.5% ⁺	★ 43.7% ⁺	★ 36.8% ⁺
ACC Non-SMI-Designated	★★★★ 86.1%	★ 67.1% ⁺	★ 45.7% ⁺	★ 37.0% ⁺
ACC-RBHA SMI-Designated	★★ 84.5%	★★★★ 75.8%	★★★★★ 61.3%	★★★★ 49.2%
Star Assignments Based on Percentiles: ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★★ 50th-74th ★★ 25th-49th ★ Below 25th ⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.				

Trend Analysis and Proportion of Responses

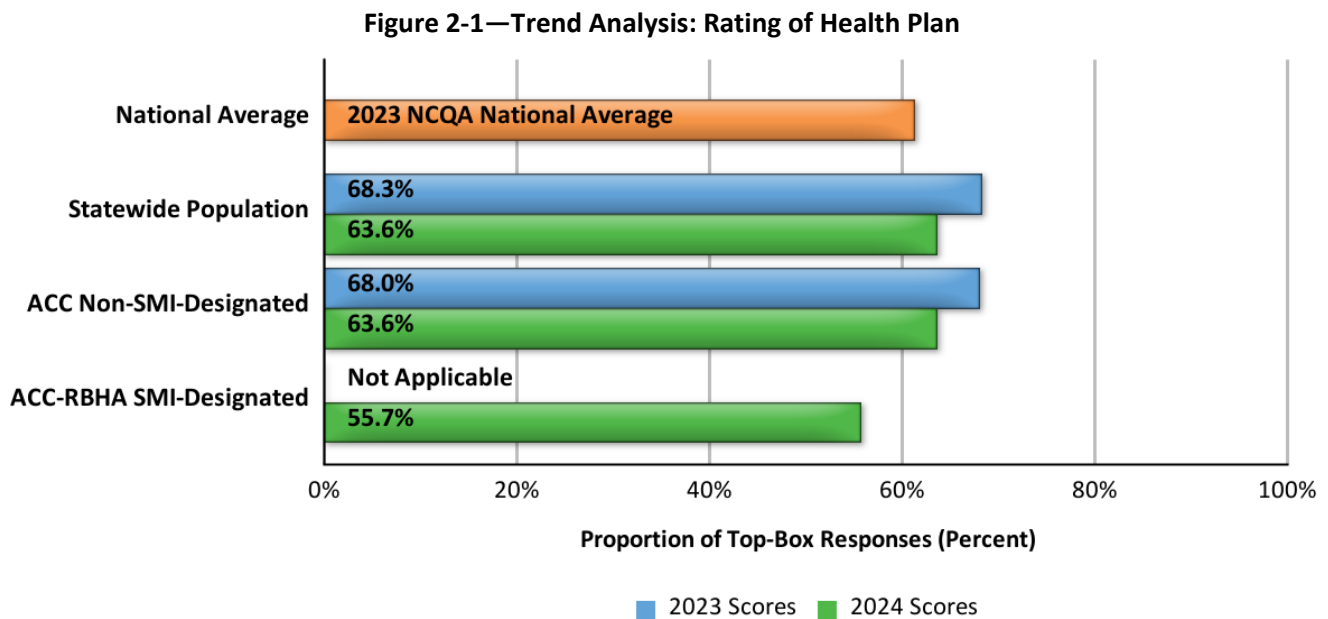
Trend Analysis

In order to evaluate trends in member experience, the 2024 scores were compared to the corresponding 2023 scores. Statistically significant differences are noted with directional triangles (▲ or ▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles. For more detailed information on the trend analysis, please refer to page 42 of the Reader’s Guide section.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Rating of Health Plan* global rating.



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

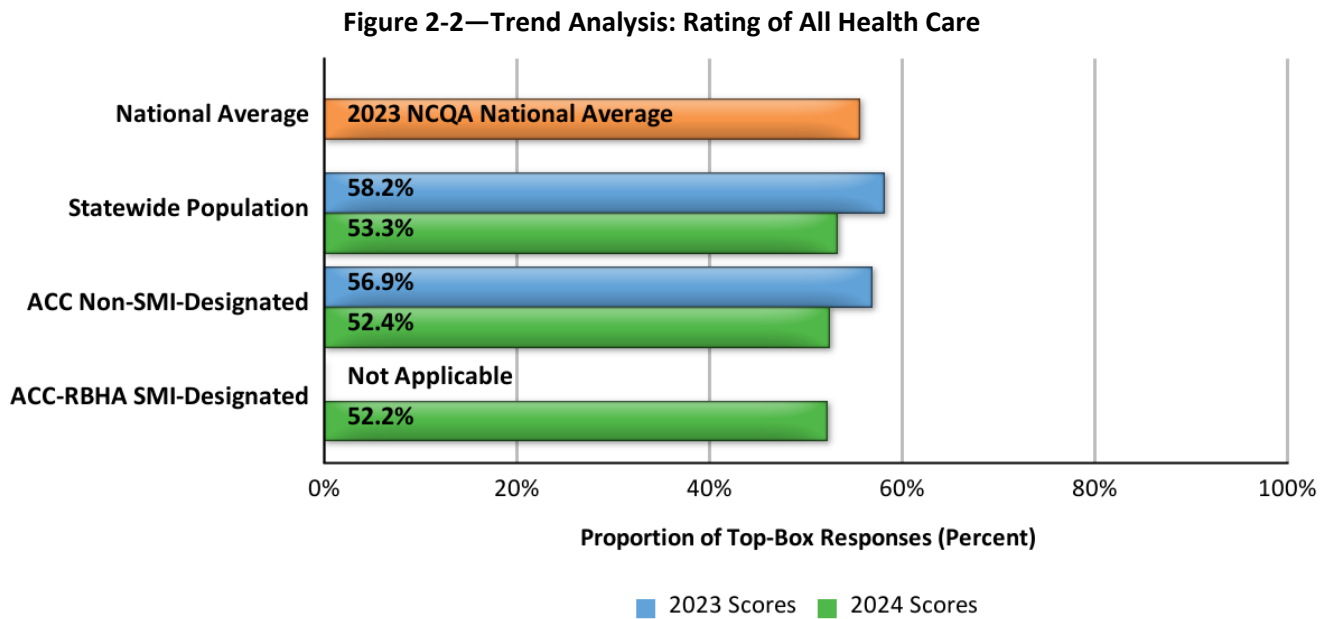
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Rating of All Health Care

Figure 2-2 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Rating of All Health Care* global rating.



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.

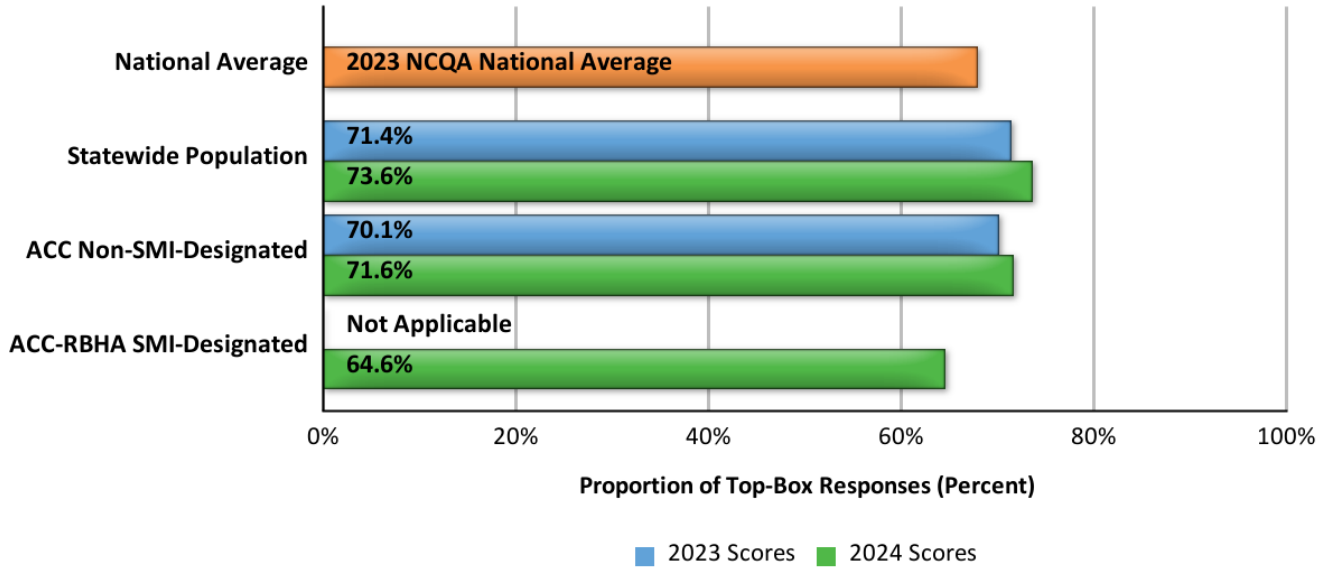
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Rating of Personal Doctor

Figure 2-3 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Rating of Personal Doctor* global rating.

Figure 2-3—Trend Analysis: Rating of Personal Doctor



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.

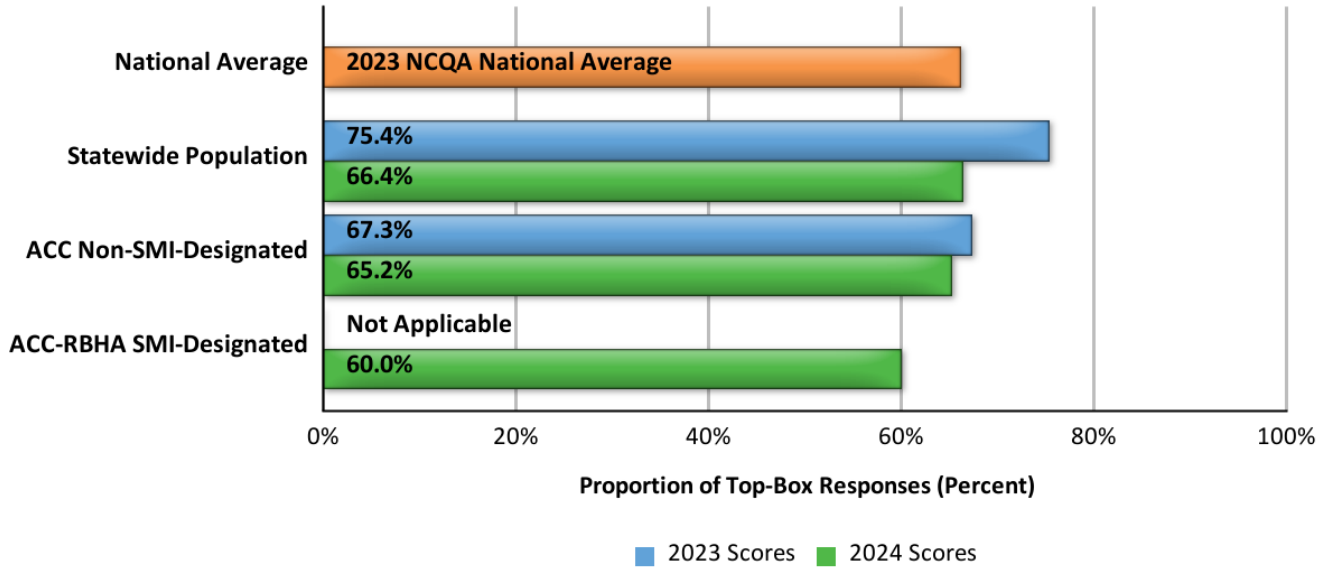
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Rating of Specialist Seen Most Often

Figure 2-4 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-4—Trend Analysis: Rating of Specialist Seen Most Often



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.

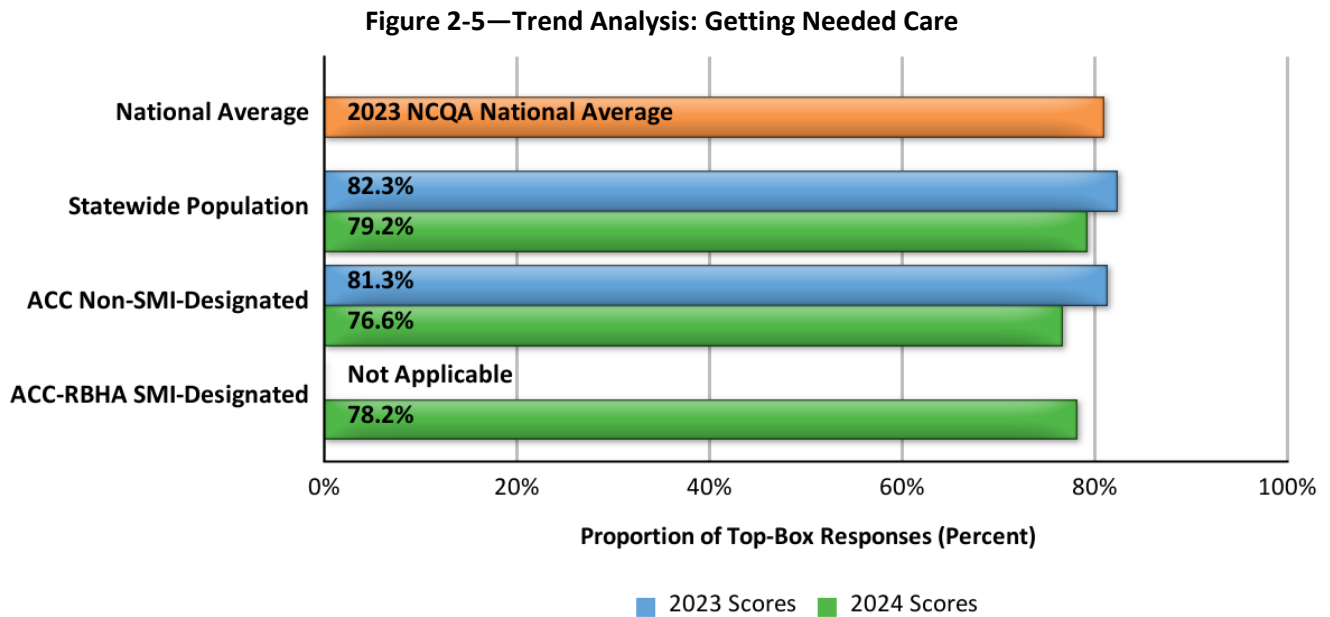
If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Composite and Individual Item Measures

Getting Needed Care

Figure 2-5 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Getting Needed Care* composite measure.



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

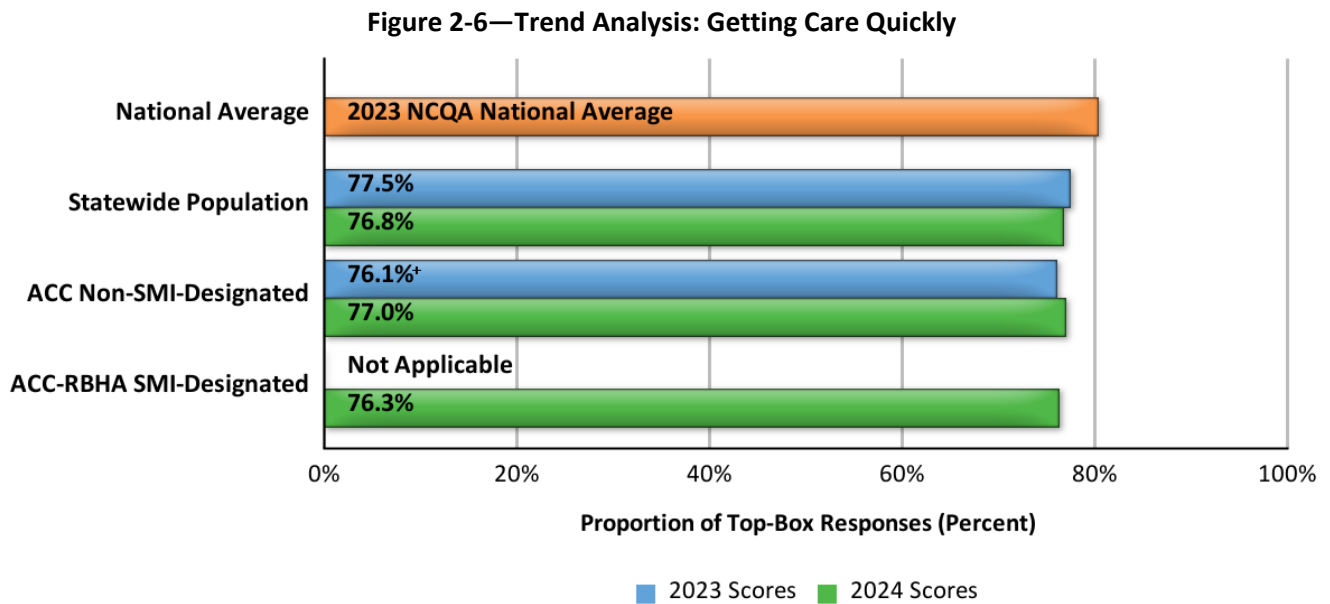
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Getting Care Quickly

Figure 2-6 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Getting Care Quickly* composite measure.



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.

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

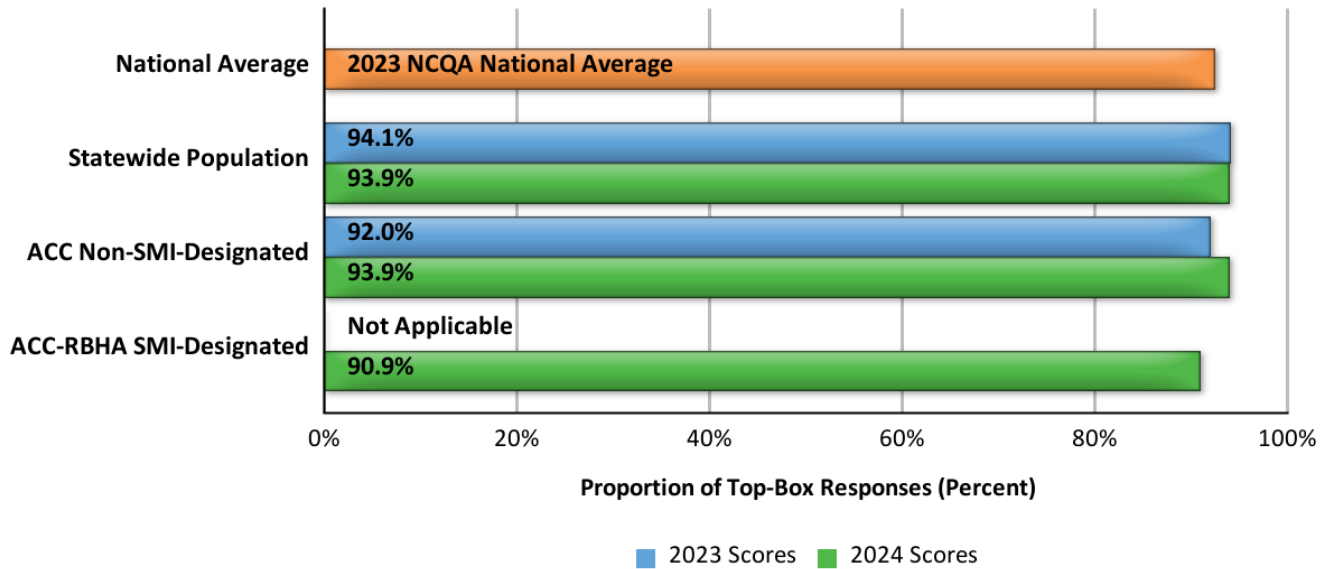
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

How Well Doctors Communicate

Figure 2-7 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *How Well Doctors Communicate* composite measure.

Figure 2-7—Trend Analysis: How Well Doctors Communicate



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

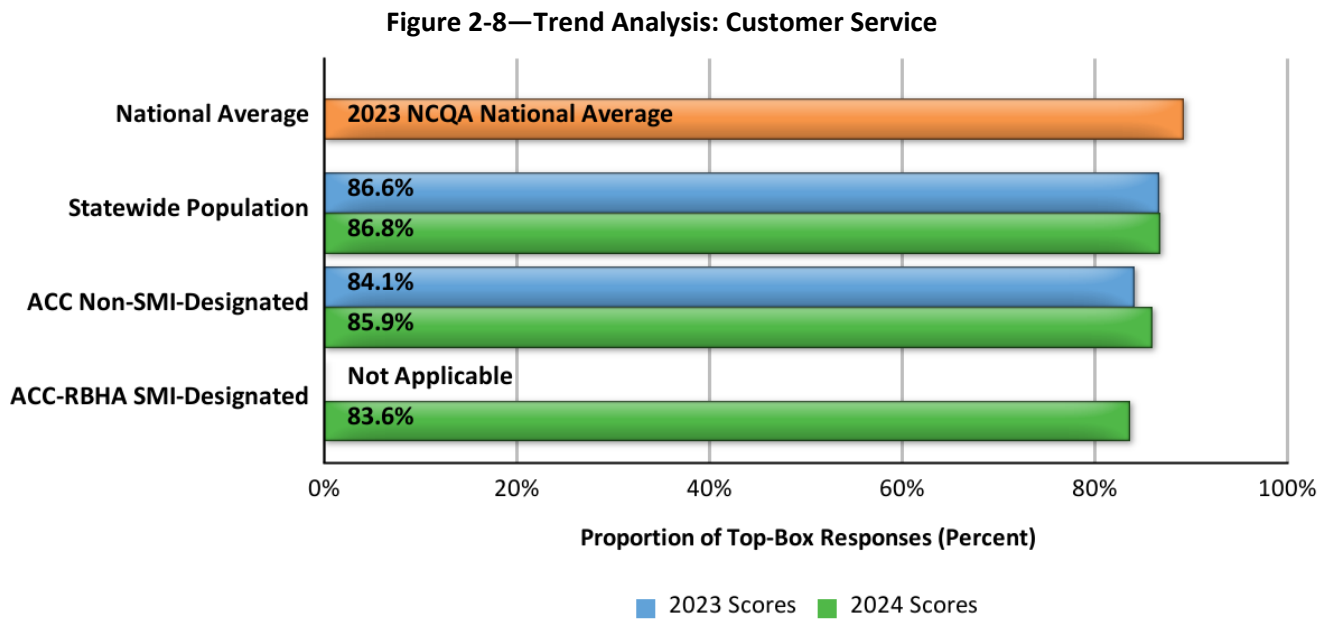
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Customer Service

Figure 2-8 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Customer Service* composite measure.



Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.

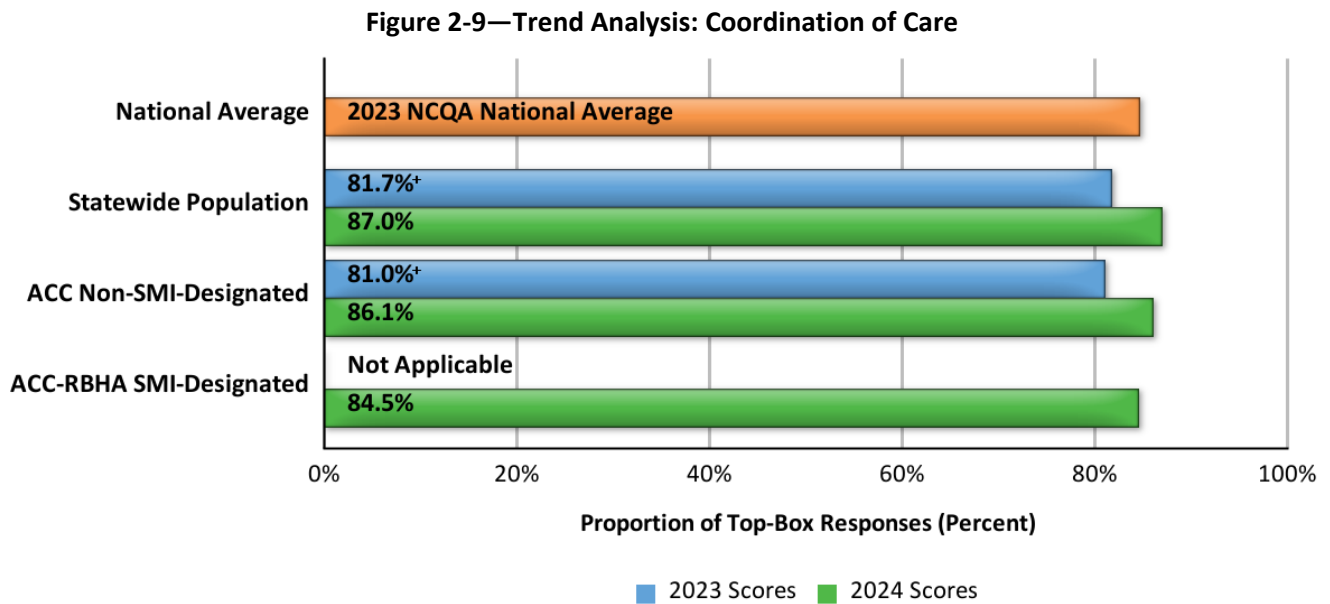
▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.

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

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Coordination of Care

Figure 2-9 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Coordination of Care* individual item measure.



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.

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.

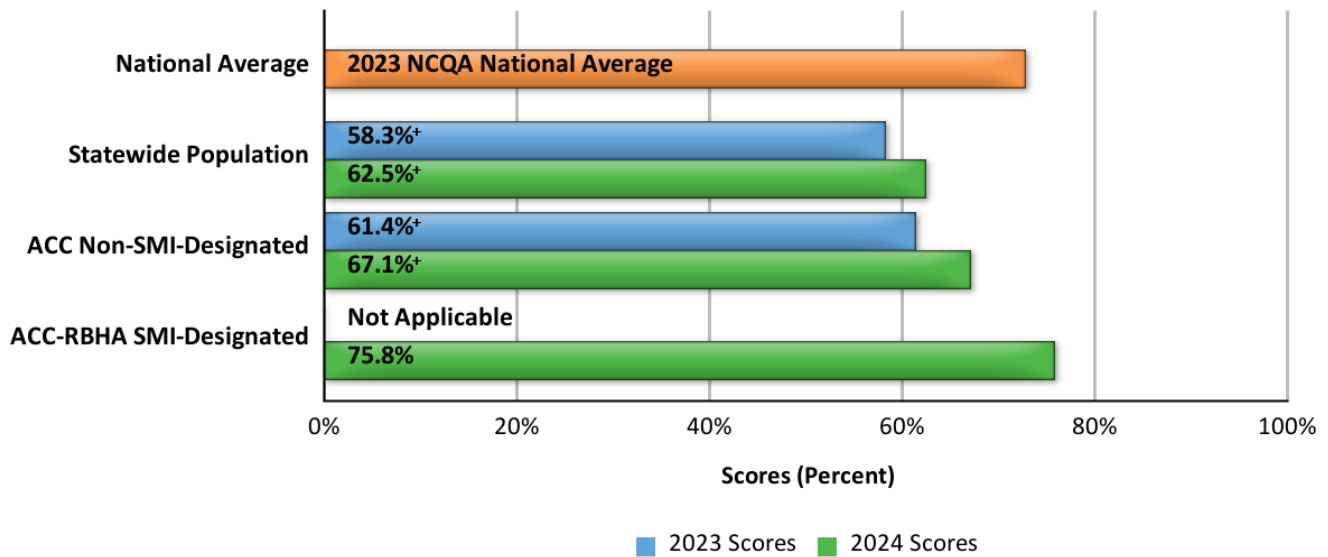
“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Advising Smokers and Tobacco Users to Quit

Figure 2-10 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Advising Smokers and Tobacco Users to Quit* measure.

Figure 2-10—Trend Analysis: Advising Smokers and Tobacco Users to Quit



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.

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

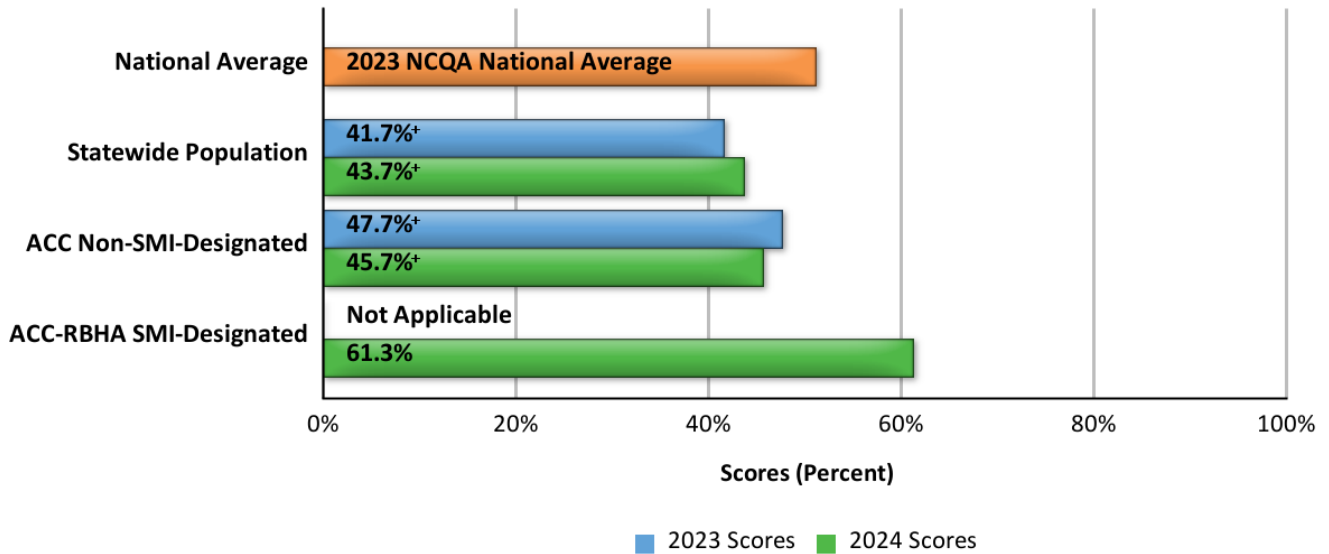
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

“Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Discussing Cessation Medications

Figure 2-11 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Discussing Cessation Medications* measure.

Figure 2-11—Trend Analysis: Discussing Cessation Medications

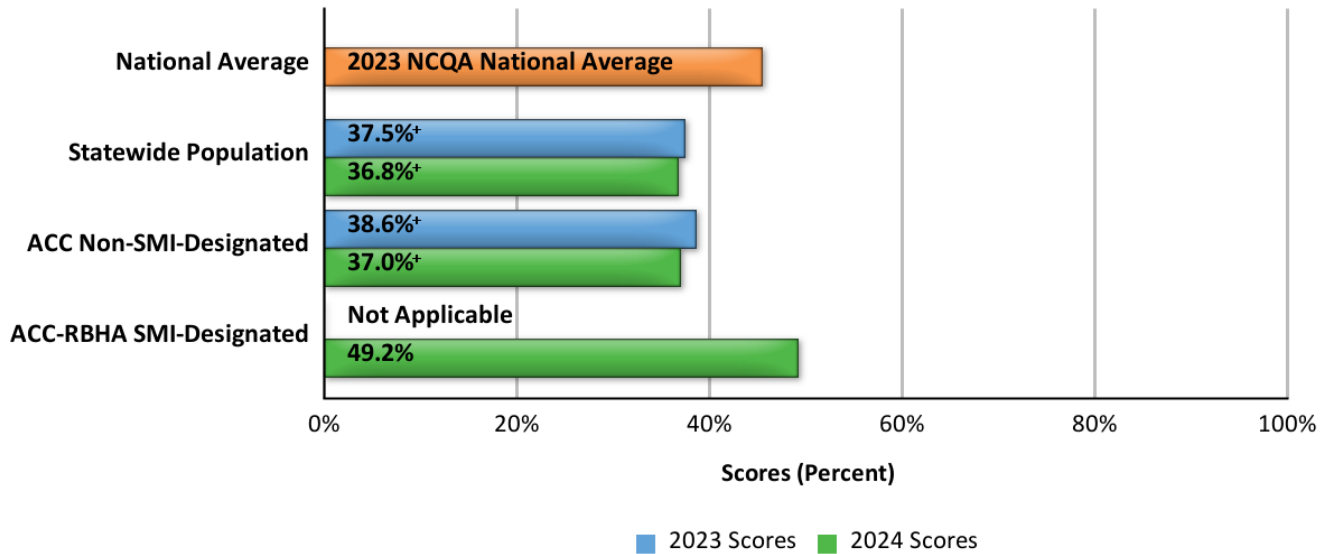


Statistical Significance Note: ▲ Indicates the 2024 score is statistically significantly higher than the 2023 score.
 ▼ Indicates the 2024 score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicators (▲ or ▼) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
 “Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Discussing Cessation Strategies

Figure 2-12 shows the trend analysis results, including the 2023 NCQA adult Medicaid national average, for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated for the *Discussing Cessation Strategies* measure.

Figure 2-12—Trend Analysis: Discussing Cessation Strategies



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.
 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.
 “Not Applicable” indicates the 2023 score is not available since this is the first year the CAHPS survey was administered to this population.

Supplemental Items

AHCCCS elected to add five supplemental questions to the adult survey. Table 2-10 details the survey language and response options for each of the supplemental items. Table 2-11 through Table 2-14 show the number and percentage of responses for each supplemental item for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated. The number and percentage of responses were not included for question 43 due to the low number of responses. A brief summary describing the results is presented for this supplemental question.

Table 2-10—Supplemental Items

Question		Response Options
Q40.	In the last 6 months, how many days did you usually have to wait for an appointment for a <u>check-up or routine care</u> ?	Same day 1 day 2 to 3 days 4 to 7 days 8 to 14 days 15 to 30 days More than 30 days I did not receive any health care in the last 6 months ²¹
Q41.	Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see your personal doctor <u>within 15 minutes</u> of your appointment time?	Never Sometimes Usually Always I did not receive any health care in the last 6 months ²²
Q42.	In the last 6 months, did you need to visit a doctor’s office or clinic <u>after</u> regular office hours?	Yes No
Q43.	In the last 6 months, how often were you able to get the care you needed from a doctor’s office or clinic <u>after</u> regular office hours?	Never Sometimes Usually Always
Q44.	In the last 6 months, how many days did you usually have to wait for an appointment when you <u>needed care right away</u> ?	Same day 1 day 2 to 3 days 4 to 7 days More than 7 days I did not receive any health care in the last 6 months ²³

²¹ Respondents who answered, “I did not receive any health care in the last 6 months” were excluded from the analysis.

²² Ibid

²³ Ibid

Days Waited for Check-Up or Routine Care

Members were asked how many days they usually had to wait for an appointment for a check-up or routine care (Question 40). Table 2-11 shows the results for this question.

Table 2-11—Days Waited for Check-Up or Routine Care Appointment

Response Options	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	N	%	N	%	N	%
Same Day	26	12.5%	S	S	33	11.7%
1 day	S	S	S	S	18	6.4%
2 to 3 days	48	23.1%	51	24.3%	44	15.7%
4 to 7 days	34	16.3%	30	14.3%	67	23.8%
8 to 14 days	S	S	24	11.4%	41	14.6%
15 to 30 days	35	16.8%	36	17.1%	43	15.3%
More than 30 days	33	15.9%	37	17.6%	35	12.5%

*S Indicates results have been suppressed as results have fewer than 11 respondents.
Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.*

Appointment Wait Time

Members were asked how often they saw their personal doctor within 15 minutes of their appointment time (Question 41). Table 2-12 shows the results for this question.

Table 2-12—Appointment Wait Time

Response Options	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	N	%	N	%	N	%
Never	32	14.8%	37	17.1%	34	11.8%
Sometimes	57	26.4%	60	27.8%	65	22.6%
Usually	66	30.6%	62	28.7%	109	38.0%
Always	61	28.2%	57	26.4%	79	27.5%

*Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.*

After Hours Visit to Doctor’s Office or Clinic

Members were asked if they needed to visit a doctor’s office or clinic after regular office hours (Question 42). Table 2-13 shows the results for this question.

Table 2-13—After Hours Visit to Doctor’s Office or Clinic

Response Options	Statewide Population		ACC Non-SMI-Designated		ACC-RBHA SMI-Designated	
	N	%	N	%	N	%
Yes	21	8.4%	18	7.2%	50	15.9%
No	229	91.6%	233	92.8%	265	84.1%

*Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.*

Received Care During After Hours Visit to Doctor’s Office or Clinic

An equal distribution of members reported they were never/always able to get the care they needed from a doctor’s office or clinic after regular office hours. [ACC-RBHA SMI-Designated]

Days Waited for Appointment When Care Was Needed Right Away

Members were asked how many days they usually had to wait for an appointment when they needed care right away (Question 44). Table 2-14 shows the results for this question.

Table 2-14—Days Waited for Appointment When Care Was Needed Right Away

Response Options	Statewide Population		ACC Non-SMI Designated		ACC-RBHA SMI-Designated	
	N	%	N	%	N	%
Same Day	70	37.4%	69	35.9%	72	26.8%
1 day	29	15.5%	29	15.1%	42	15.6%
2 to 3 days	39	20.9%	37	19.3%	61	22.7%
4 to 7 days	23	12.3%	23	12.0%	35	13.0%
More than 7 days	26	13.9%	34	17.7%	59	21.9%

*Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.*

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. 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 statistical calculation, please refer to page 42 of the Reader’s Guide section. Table 2-15 through Table 2-17 provide a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the adult Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated. Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

Statewide Population

Table 2-15—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	✓	NS	✓
Q24. Health plan’s customer service gave the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

ACC Non-SMI-Designated

Table 2-16—Key Drivers of Member Experience: ACC Non-SMI-Designated

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q12. Personal doctor explained things in an understandable way	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	✓	✓
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	✓	NS	NS

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q24. Health plan’s customer service gave the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA
<p>NA Indicates that this question was not evaluated for this measure. NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

ACC-RBHA SMI-Designated

Table 2-17—Key Drivers of Member Experience: ACC-RBHA SMI-Designated

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q9. Ease of getting the care, tests, or treatment needed	Never/Sometimes/Usually vs. Always	✓	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q15. Personal doctor spent enough time	Never/Sometimes/Usually vs. Always	NS	NS	✓
<p>NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, improvements of those responses may not significantly affect the rating.</p>				

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

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item. The CAHPS 5.1 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). Based on the CAHPS 5.1 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys, which are referred to as the CAHPS 5.1H Health Plan Surveys.²⁴

The sampling and data collection procedures for the surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 39 core questions that yield 12 measures of member experience.²⁵ These measures include four global rating questions, four composite measures, one individual item measure, and three medical assistance with smoking and tobacco use cessation measure items. The global measures (also referred to as global ratings) reflect respondents' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at coordination of care. The medical assistance with smoking and tobacco

²⁴ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

²⁵ AHCCCS elected to add five supplemental questions to the adult survey.

use cessation measure items assess the various aspects of providing medical assistance with smoking and tobacco use cessation. Figure 3-1 lists the measures included in the adult survey.

Figure 3-1—CAHPS Measures: Adult Survey

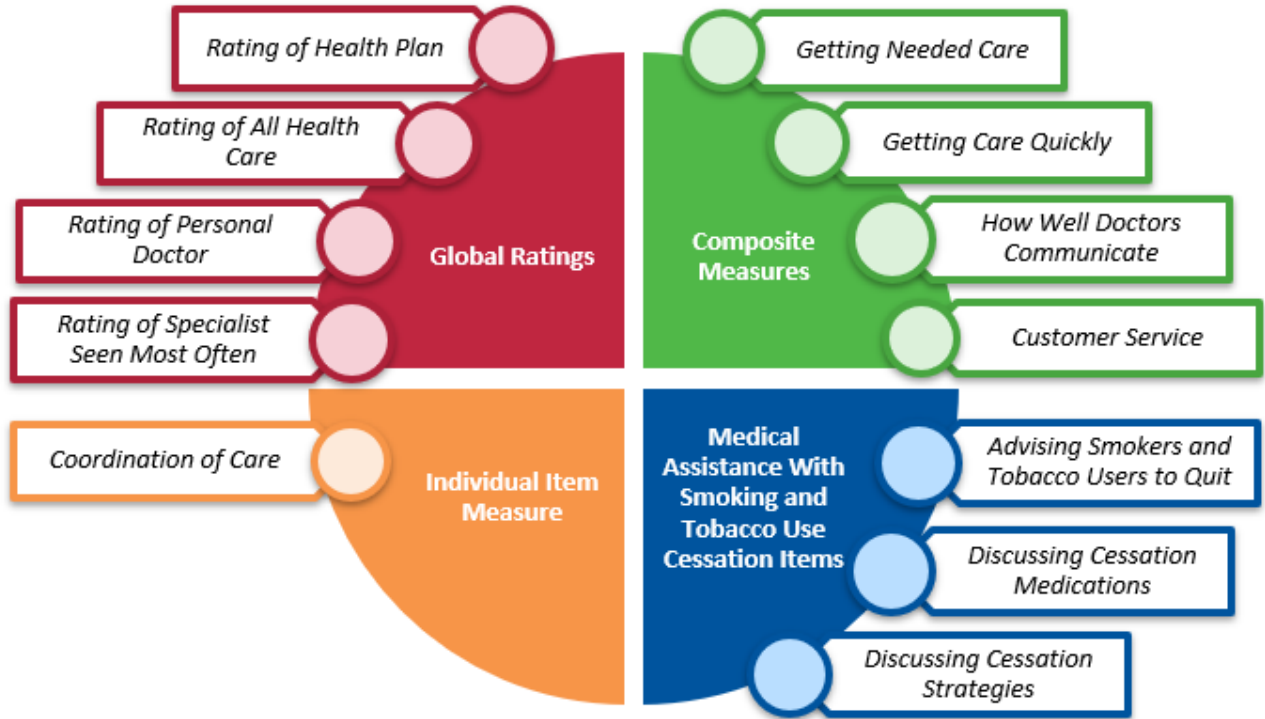


Table 3-1 presents the survey language and response options for each measure. The CAHPS survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are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

Table 3-1—Question Language and Response Options: Adult Survey

Question Language	Response Options
Global Ratings	
Rating of Health Plan	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
Rating of All Health Care²⁶	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
Rating of Personal Doctor²⁷	
18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	0–10 Scale
Rating of Specialist Seen Most Often²⁸	
22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale

²⁶ For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

²⁷ For *Rating of Personal Doctor*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

²⁸ For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

Question Language	Response Options
Composite Measures	
Getting Needed Care²⁹	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
Getting Care Quickly³⁰	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
How Well Doctors Communicate³¹	
12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
Customer Service³²	
24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always

-
- ²⁹ For *Getting Need Care*, the gate questions ask respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months and did they make any appointments with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.
- ³⁰ For *Getting Care Quickly*, the gate questions ask respondents if they had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.
- ³¹ For *How Well Doctors Communicate*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.
- ³² For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their health plan in the last six months. If respondents answer “No” to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

Question Language	Response Options
Individual Item Measure	
Coordination of Care³³	
17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	Never, Sometimes, Usually, Always
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items³⁴	
Advising Smokers and Tobacco Users to Quit	
33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never, Sometimes, Usually, Always
Discussing Cessation Medications	
34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never, Sometimes, Usually, Always
Discussing Cessation Strategies	
35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	Never, Sometimes, Usually, Always

How CAHPS Results Were Collected

The sampling procedures and survey protocol that HSAG adhered to are described below.

Sampling Procedures

AHCCCS provided HSAG with a list of eligible members in the sampling frame. HSAG reviewed the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled members who met the following criteria:

- Were 18 years of age or older as of December 31, 2023.

³³ For *Coordination of Care*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the questions that comprises the *Coordination of Care* measure.

³⁴ For medical assistance with smoking and tobacco use cessation measure items, the gate question asks respondents if they smoke cigarettes or use tobacco every day, some days, or not at all. If respondents answer “Not at all” or “Don’t Know” to this question, they are directed to skip the questions that collectively comprise the medical assistance with smoking and tobacco use cessation measure items.

- Were currently enrolled in a health plan/program (for any given business line).
- Were continuously enrolled in the health plan/program during the measurement period (July 1 to December 31, 2023) with no more than one gap in enrollment of up to 45 days.³⁵

The standard sample size for the CAHPS 5.1 Adult Medicaid Health Plan Survey is 1,350 members.³⁶ HSAG applied a 50 percent oversample; therefore, a total of 2,025 adult members was selected for the Statewide sample. After selecting the Statewide sample, an oversample of 393 adult members was selected for the ACC non-SMI-designated population, and an oversample of 1,951 adult members was selected for the ACC-RBHA SMI-designated population, for a total selected sample of 4,369 adult members. For analysis purposes, a total of 1,723 adult ACC members from the Statewide sample were combined with the 393 adult members from the ACC non-SMI-designated oversample to generate the ACC non-SMI-designated results. In addition, a total of 74 adult ACC-RBHA members from the Statewide sample were combined with the 1,951 adult members from the ACC-RBHA SMI-designated oversample to generate the ACC-RBHA SMI-designated results.

Table 3-2 shows the total number of adult members included in each program (i.e., Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated) as well as the total number of adult members by sample (i.e., Statewide sample, ACC non-SMI-designated Oversample, ACC non-SMI-designated from Statewide Sample, ACC-RBHA SMI-designated Oversample, and ACC-RBHA SMI-designated from Statewide sample).

³⁵ To determine continuous enrollment, no more than one gap in the enrollment period of up to 45 days, or for a member for whom enrollment is verified monthly, up to a one-month gap in the enrollment period was allowed.

³⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

Table 3-2—Sample Sizes

Program	Total Sample Size	Sample	Total Count by Sample
Statewide Population ³⁷	2,025	Statewide Sample	2,025
ACC Non-SMI-Designated ³⁸	2,116	ACC Non-SMI-Designated Oversample	393
		ACC Non-SMI-Designated from Statewide Sample	1,723
ACC-RBHA SMI-Designated ³⁹	2,025	ACC-RBHA SMI-Designated Oversample	1,951
		ACC-RBHA SMI-Designated from Statewide Sample	74

Survey Protocol

The survey process allowed two methods by which a survey could be completed 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, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents. Table 3-3 shows the timeline used in the survey administration.

³⁷ The Statewide results presented in this report are derived from the combined results of the DCS CHP, ALTCS-EPD, ALTCS-DD, AIHP, and the seven ACC/ACC-RBHA health plans.

³⁸ The ACC non-SMI-designated results presented in this report are derived from the combined results of seven ACC/ACC-RBHA health plans: AzCH-CCP ACC-RBHA, BUFC ACC, Care 1st ACC-RBHA, HCA ACC, Molina ACC, Mercy Care ACC-RBHA, and UHCCP ACC. Members in an ACC could have been sampled as part of the Statewide sample or the ACC non-SMI-designated oversample.

³⁹ The ACC-RBHA SMI-designated results presented in this report are derived from the combined results of three ACC-RBHA health plans: AzCH-CCP ACC-RBHA, Mercy Care ACC-RBHA, and Care 1st ACC-RBHA. Members in an ACC-RBHA could have been sampled as part of the Statewide sample or the ACC-RBHA SMI-designated oversample.

Table 3-3—Survey Timeline

Task	Timeline
Send first questionnaires with cover letter to members.	0 days
Make website available to complete the survey online.	0 days
Send first postcard reminders to non-respondents.	7 days
Send second questionnaires with cover letters to non-respondents.	35 days
Send second postcard reminders to non-respondents.	42 days
Send third questionnaires with cover letters to non-respondents.	63 days
Close survey field.	91 days

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. This section provides an overview of the analyses.

Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.⁴⁰ A survey is assigned a disposition code of “completed” if members answered at least three of the following questions: 3, 10, 19, 23, and 28.⁴¹ Eligible members include the entire sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, did not meet criteria described on page 36, were mentally or physically incapacitated, or had a language barrier (the survey was made available in English and Spanish).

$$Response\ Rate = \frac{Number\ of\ Completed\ Surveys}{Sample\ Size - Number\ of\ Ineligible\ Members}$$

Demographics

The demographics analysis evaluated demographic information of adult members based on responses to the survey. The demographic characteristics included age, gender, race, ethnicity, education level,

⁴⁰ National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

⁴¹ Please refer to Appendix B of this report (“Survey Instrument”) for a copy of the survey instrument to see the survey question language.

general health status, and mental or emotional health status. Table 3-4 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

Table 3-4—Respondent Demographic Items Analyzed

Demographic Category	Survey Question Number
Age	35
Gender	36
Race	39
Ethnicity	38
Education Level	37
General Health Status	29
Mental or Emotional Health Status	30

Respondent Analysis

HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows (↑ or ↓) in the table. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual population of members.

Scoring Calculations

Global Ratings, Composite Measures, and Individual Item Measures

HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.⁴² For purposes of calculating the top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A “top-box” response was defined as follows:

⁴² National Committee for Quality Assurance. *HEDIS® Measurement Year 2023, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2023.

- “9” or “10” for the global ratings.
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; and the *Coordination of Care* individual item measure.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and the individual item, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores). For additional details, please refer to the *NCQA HEDIS Measurement Year 2023 Specifications for Survey Measures, Volume 3*.

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

HSAG calculated three overall scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit*
- *Discussing Cessation Medications*
- *Discussing Cessation Strategies*

Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The 2024 and 2023 scores presented follow NCQA’s methodology of calculating a rolling average using the current and prior years’ results. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measure items, as the 2024 results contain members who responded to the survey and indicated they were current smokers or tobacco users in 2023 or 2024, and the 2023 results contain members who responded to the survey and indicated they were current smokers or tobacco users in 2023.^{43,44}

Although NCQA requires a minimum of at least 100 respondents on each item in order to obtain a reportable survey result, HSAG presented results with fewer than 100 respondents. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. Scores with fewer than 100 respondents are denoted with a cross (+).

⁴³ Since 2023 was the first year the CAHPS survey was administered to the Statewide population and ACC non-SMI-Designated, the 2023 results do not contain members who responded to the survey and indicated they were current smokers or tobacco users in 2022.

⁴⁴ Since this is the first year the CAHPS survey was administered to the ACC-RBHA SMI-Designated population, 2023 scores are not available.

National Comparisons

HSAG compared the resulting scores to NCQA's 2023 Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.⁴⁵ Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-5.

Table 3-5—Star Rating Percentile Distributions

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★ Fair	At or between the 25th and 49th percentiles
★ Poor	Below the 25th percentile

Trend Analysis

A trend analysis was performed that compared the 2024 scores to their corresponding 2023 scores to determine whether there were statistically significant differences.⁴⁶ A *t* test was performed to determine whether results in 2024 were statistically significantly different from results in 2023. 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. Scores that were statistically significantly higher in 2024 than in 2023 are noted with black upward triangles (▲). Scores that were statistically significantly lower in 2024 than in 2023 are noted with black downward triangles (▼). Scores in 2024 that were not statistically significantly different from scores in 2023 are not noted with triangles.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose

⁴⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023*. Washington, DC: NCQA, September 2023.

⁴⁶ Since this is the first year the CAHPS Survey was administered to adult members enrolled in the ACC-RBHA health plans with an SMI designation, trend results are unavailable for this population.

of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. Table 3-6 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 for the Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated.

Table 3-6—Potential Key Drivers

Question Number	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
Q4. Received care as soon as needed when care was needed right away	✓	✓	✓	Always
Q6. Received appointment for a checkup or routine care as soon as needed	✓	✓	✓	Always
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	✓	Always
Q12. Personal doctor explained things in an understandable way	✓	✓	✓	Always
Q13. Personal doctor listened carefully	✓	✓	✓	Always
Q14. Personal doctor showed respect for what was said	✓	✓	✓	Always
Q15. Personal doctor spent enough time	✓	✓	✓	Always
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	✓	✓	Always
Q20. Received appointment with a specialist as soon as needed	✓	✓		Always
Q24. Health plan's customer service gave the information or help needed	✓	✓		Always
Q25. Treated with courtesy and respect by health plan's customer service staff	✓	✓		Always
Q27. Ease of filling out forms from health plan	✓	✓		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)

For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the

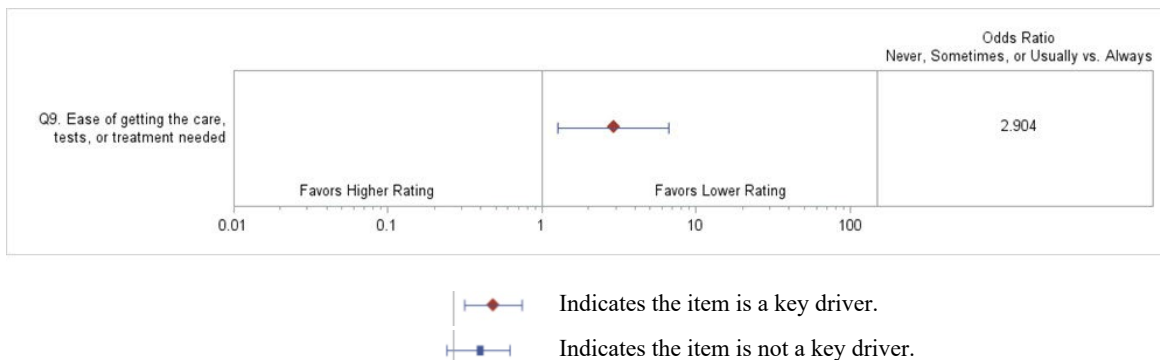
correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

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

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

In Figure 3-2, the results indicate that respondents who answered "Never," "Sometimes," or "Usually" to question 9 are 2.904 times more likely to provide a lower rating for their health plan than respondents who answered "Always." The items identified as key drivers are indicated with a red diamond. Please refer to Appendix A. Additional Data showing the detailed results of the key drivers of member experience analysis.

Figure 3-2—Key Drivers of Member Experience: Rating of Health Plan



Limitations and Cautions

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

Population Considerations

It is important to note that the Statewide population is primarily made up of adult ACC members. Therefore, caution should be exercised when interpreting the Statewide population results compared to ACC non-SMI-designated and ACC-RBHA SMI-designated, given the Statewide population is derived from AHCCCS' ACC population as opposed to an equal distribution of ACC and ACC-RBHA SMI members.

Baseline Results

It is important to note that in 2024, the sampling approach selected by AHCCCS in differs from how sampling was performed in 2023. Therefore, 2024 results presented in this report represent a baseline assessment for ACC-RBHA SMI-designated.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to health care services. 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. Similarly, respondents who submitted a survey by web could potentially be non-respondents if the survey mode was mail only. 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. Table 3-7 presents the results of the non-response bias analysis. AHCCCS should consider that potential non-response bias may exist when interpreting CAHPS results.

Table 3-7—Non-Response Bias Analysis

Measure	2023			2024		
	Statewide Population	ACC Non-SMI-Designated	ACC-RBHA SMI-Designated	Statewide Population	ACC Non-SMI-Designated	ACC-RBHA SMI-Designated
<i>Coordination of Care</i>	—	—	NA	—	—	↑
<i>Customer Service</i>	—	—	NA	↑	↑	—
<i>Discussing Cessation Medications</i>	—	—	NA	—	↑	—
↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias). ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias). — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure. NA Indicates that results are not available for the fiscal year.						

Causal Inferences

Although this report examines whether respondents report different experiences with various aspects of health care, these differences may not be completely attributable to the AHCCCS plans and programs. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

National Benchmarks

Since NCQA does not publish separate benchmarking data for the SMI population, data for the adult Medicaid populations from NCQA’s Quality Compass benchmarks are used for the percentiles and national averages for comparison in this report. Therefore, caution should be exercised when interpreting the ACC-RBHA SMI-designated and Statewide population results.

4. Appendix A. Additional Data

Key Drivers of Member Experience Analysis

Figure A-1 through Figure A-9 depict the results of the key drivers of member experience analysis for the adult Statewide population, ACC non-SMI-designated, and ACC-RBHA SMI-designated. The items identified as key drivers are indicated with a red diamond.

Statewide Population

Figure A-1—Statewide Population—Key Drivers of Member Experience: Rating of Health Plan

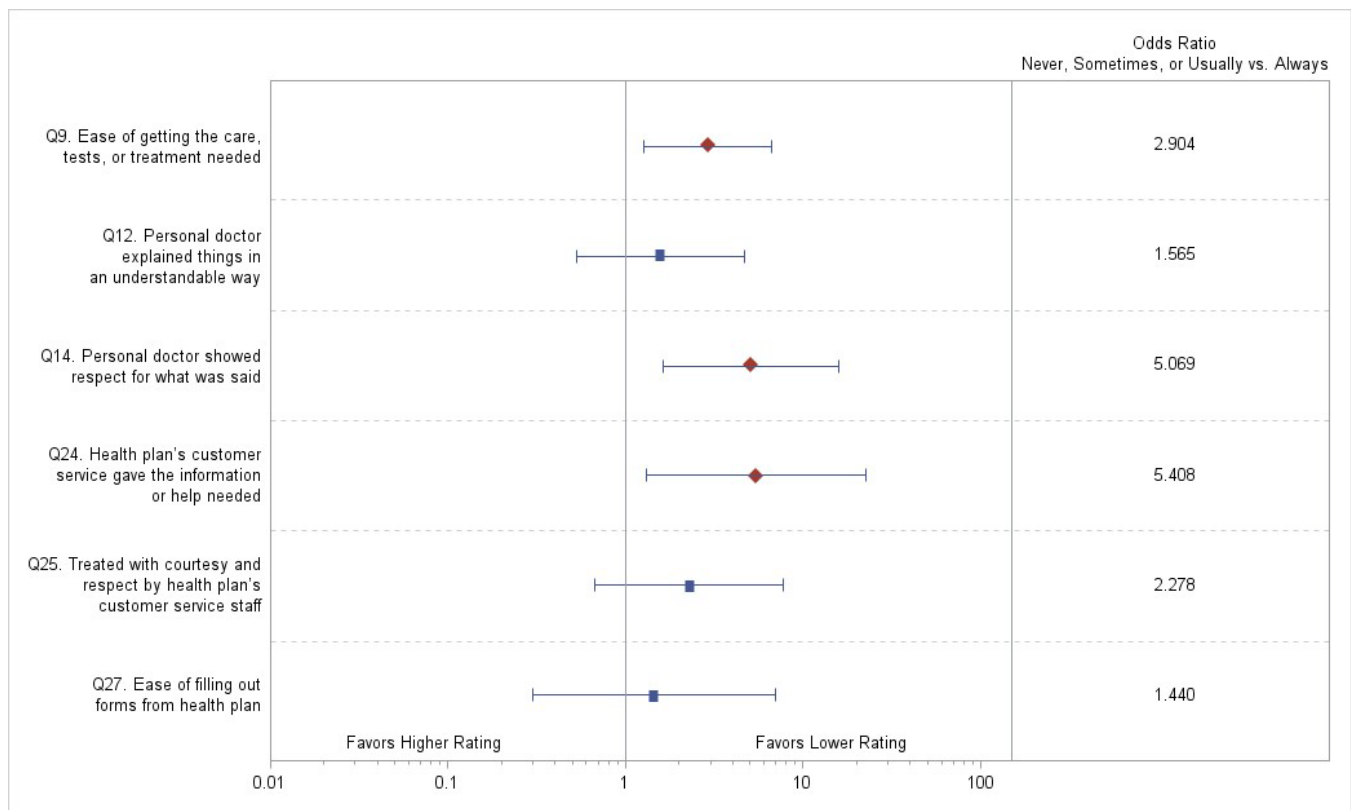


Figure A-2—Statewide Population—Key Drivers of Member Experience: Rating of All Health Care

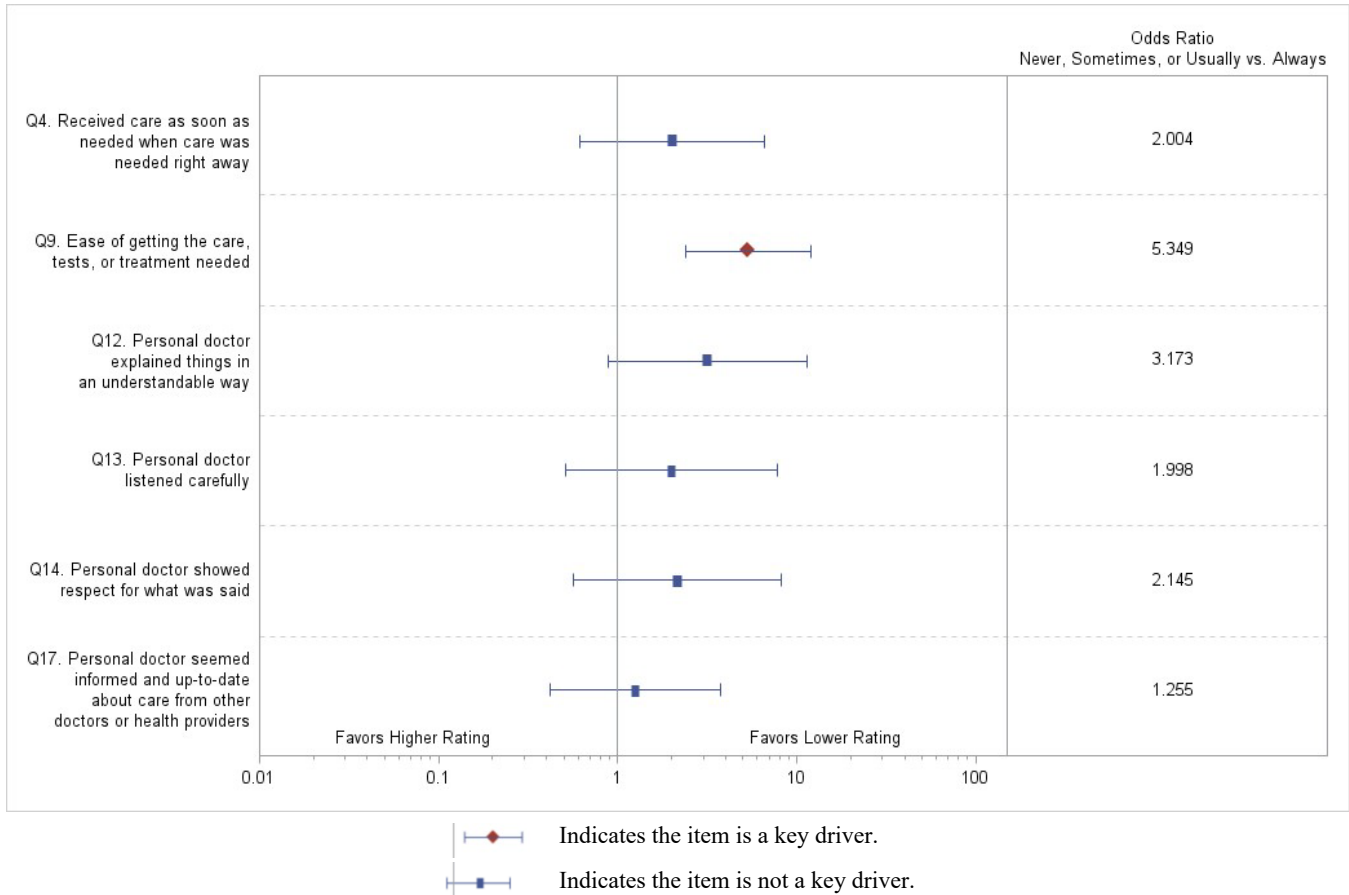
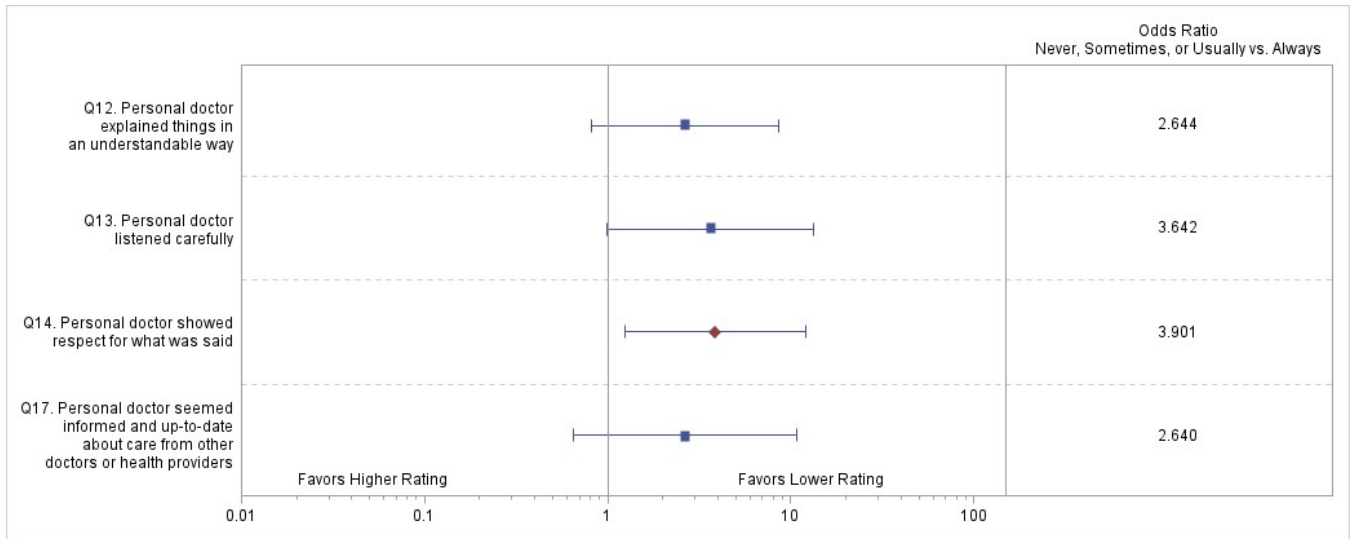




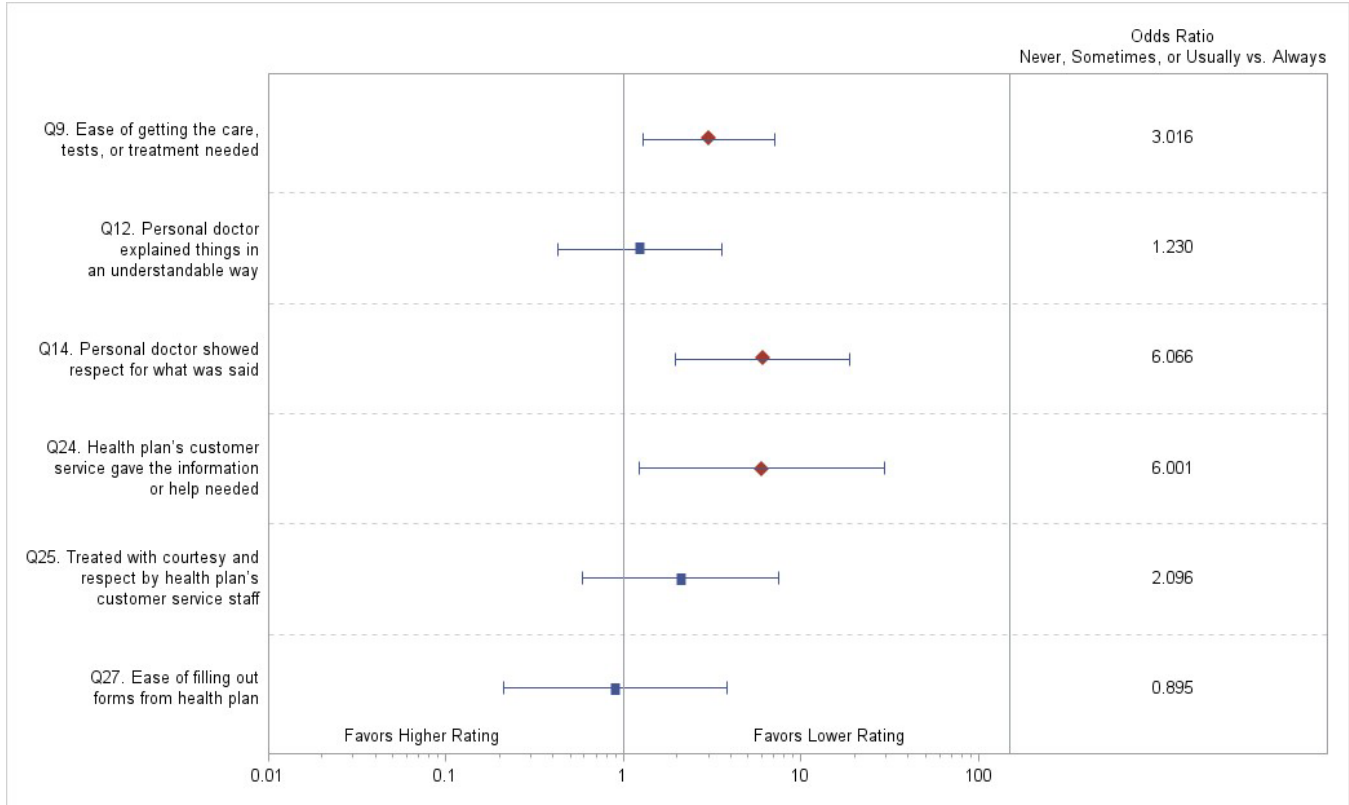
Figure A-3—Statewide Population—Key Drivers of Member Experience: Rating of Personal Doctor



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

ACC Non-SMI-Designated

Figure A-4—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of Health Plan



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

Figure A-5—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of All Health Care

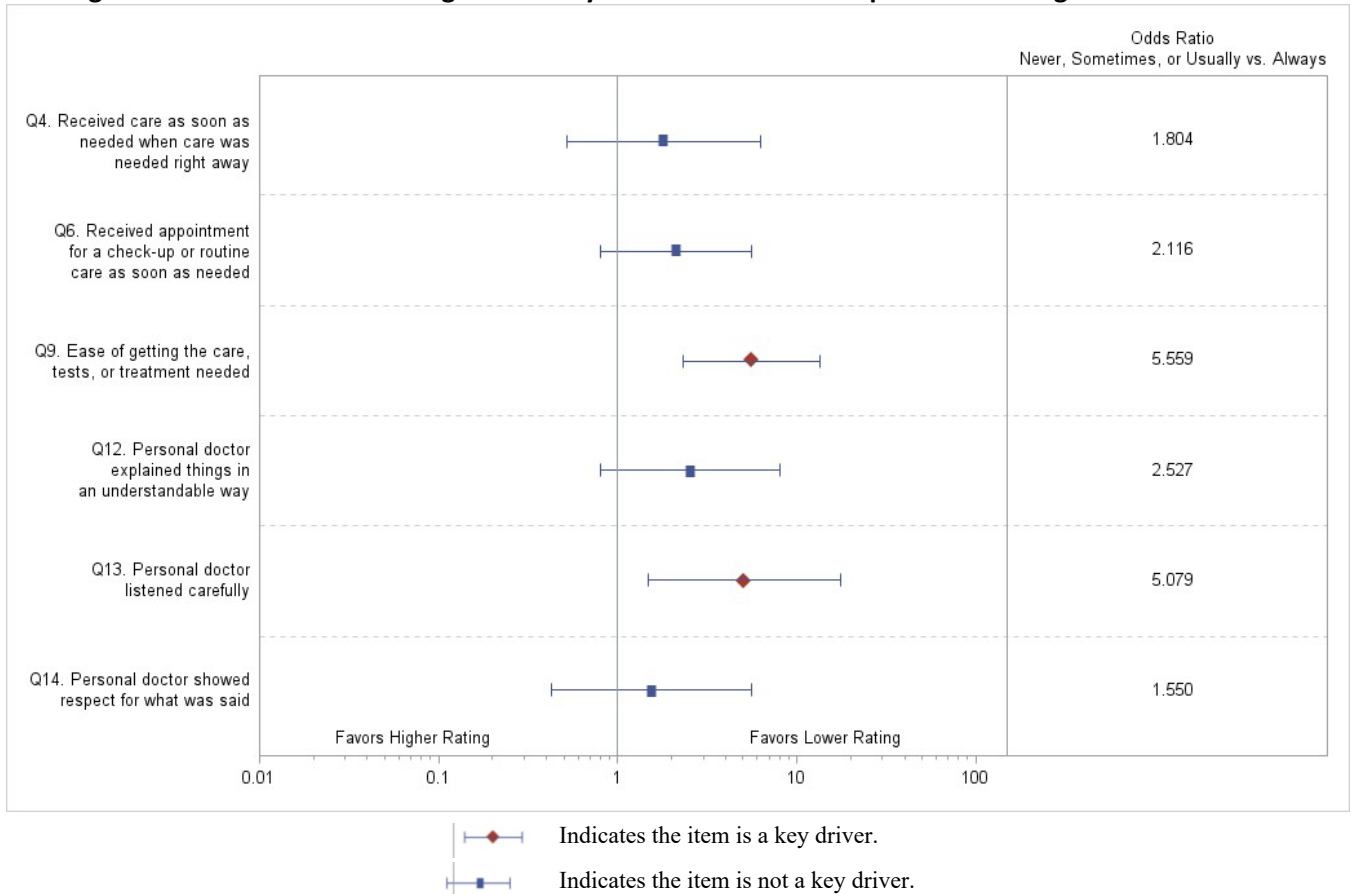
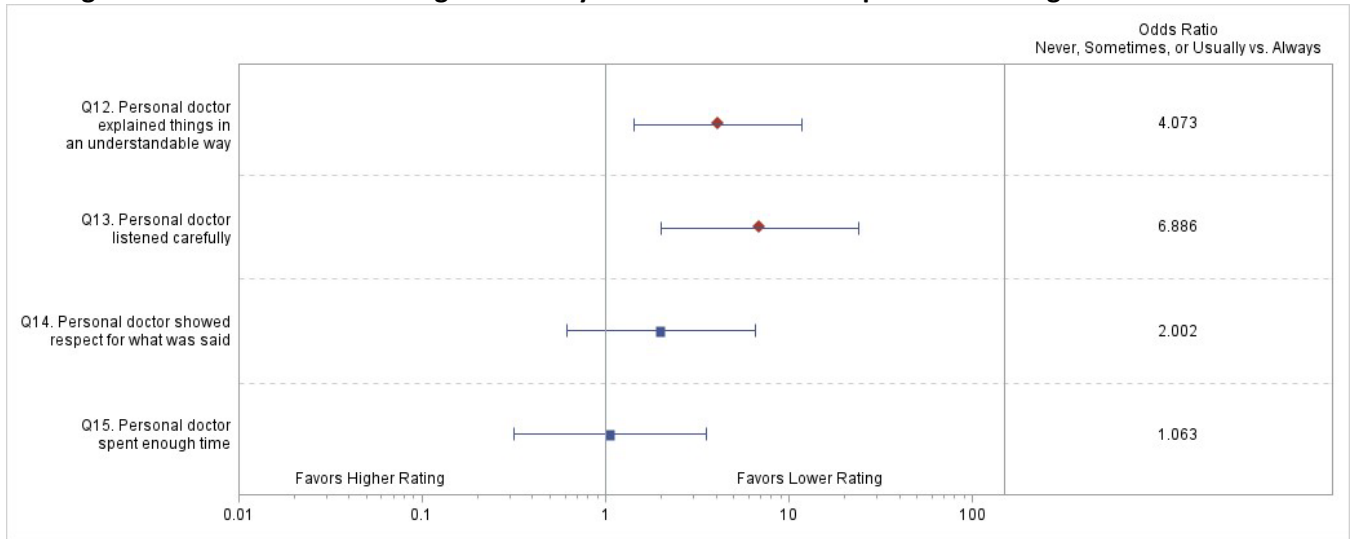




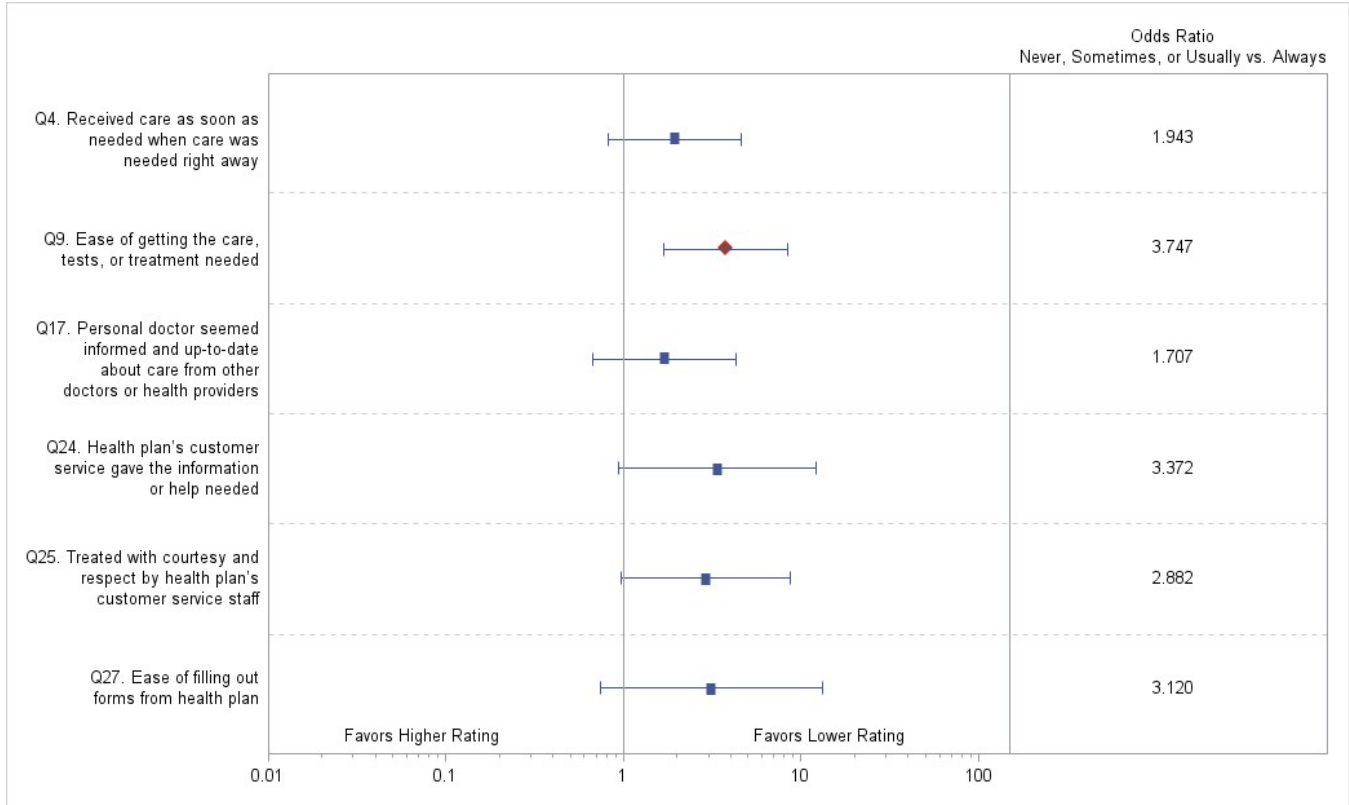
Figure A-6—ACC Non-SMI-Designated—Key Drivers of Member Experience: Rating of Personal Doctor



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

ACC-RBHA SMI-Designated

Figure A-7—ACC-RBHA SMI-Designated—Key Drivers of Member Experience: Rating of Health Plan



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

Figure A-8—ACC-RBHA SMI-Designated—Key Drivers of Member Experience: Rating of All Health Care

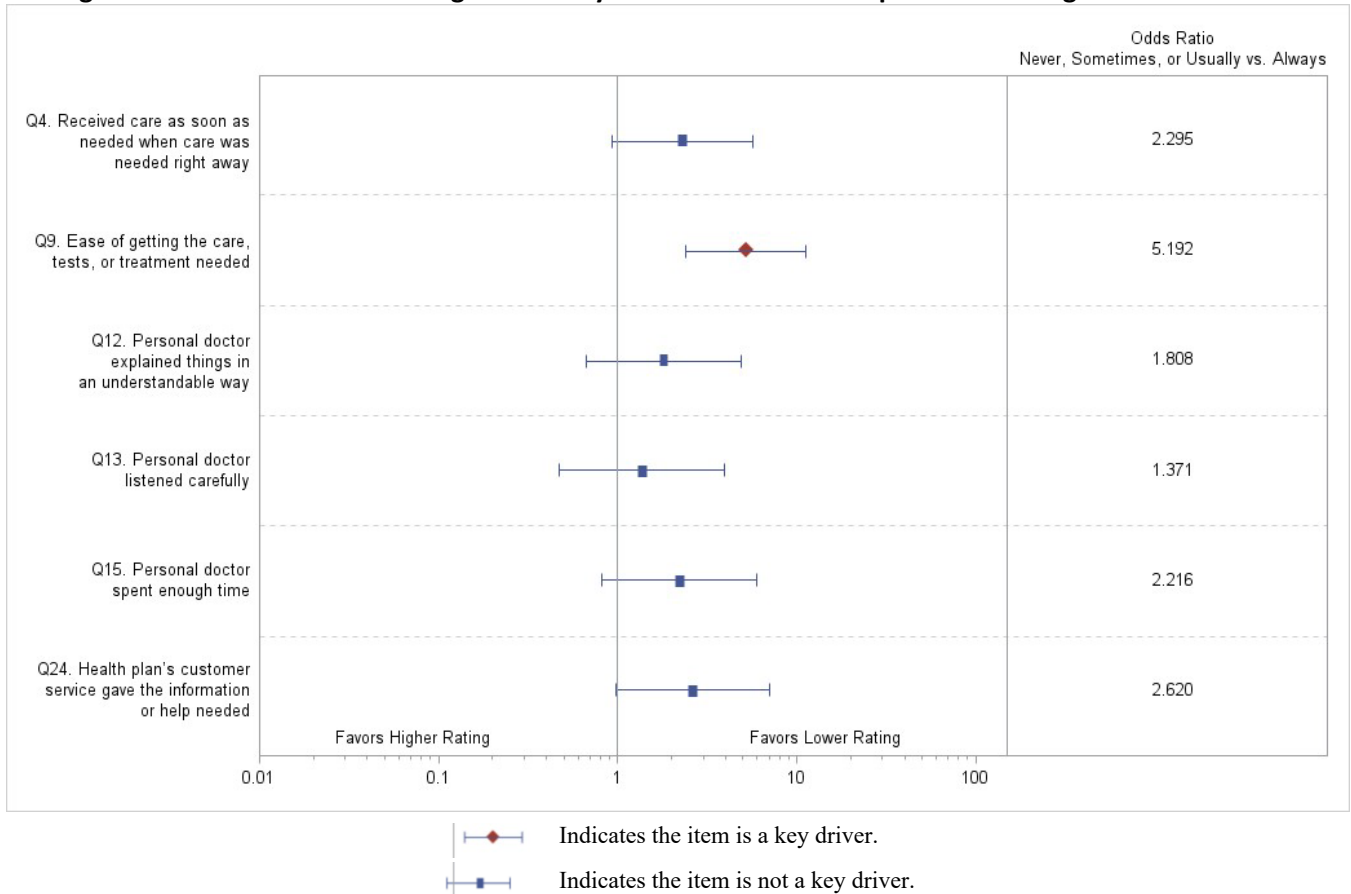
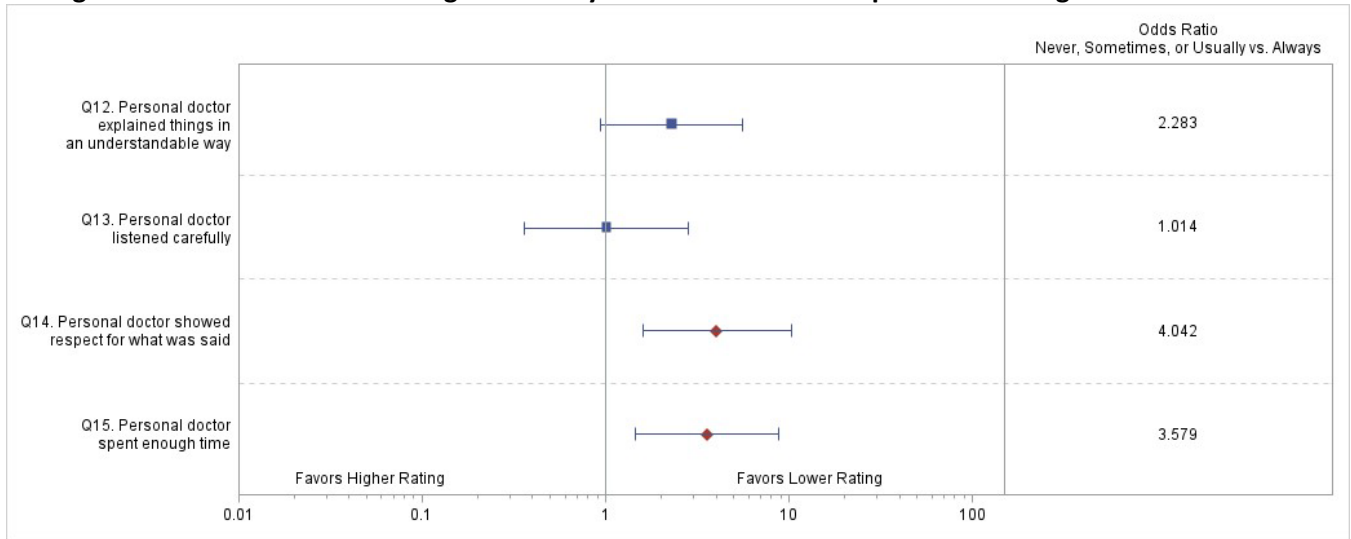




Figure A-9—ACC-RBHA SMI-Designated—Key Drivers of Member Experience: Rating of Personal Doctor



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

5. Appendix B. Survey Instrument

The survey instrument selected for the adult population was the CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set. This section provides a copy of the survey instrument.

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

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-3344.

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** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

Yes ➔ *Go to Question 3*
 No

2. What is the name of your health plan? (Please print)



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

- Yes
- No → *Go to Question 7*

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

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

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

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

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

9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *Go to Question 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None → Go to Question 18
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

14. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → Go to Question 18

17. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
Personal Doctor Personal Doctor
Possible Possible



GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments with a specialist?

- Yes
- No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

21. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 23*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

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

YOUR HEALTH PLAN

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

23. In the last 6 months, did you get information or help from your health plan's customer service?

- Yes
- No → *Go to Question 26*

24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 28**

27. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor

31. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 35**
- Don't know → **Go to Question 35**

32. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always



35. What is your age?

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

36. Are you male or female?

- Male
- Female

37. 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

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

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

39. What is your race? Mark one or more.

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

ADDITIONAL QUESTIONS

40. In the last 6 months, how many days did you usually have to wait for an appointment for a check-up or routine care?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- More than 30 days
- I did not receive any health care in the last 6 months

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

- Never
- Sometimes
- Usually
- Always
- I did not receive any health care in the last 6 months

42. In the last 6 months, did you need to visit a doctor's office or clinic after regular office hours?

- Yes
- No → **Go to Question 44**

43. In the last 6 months, how often were you able to get the care you needed from a doctor's office or clinic after regular office hours?

- Never
- Sometimes
- Usually
- Always



◆

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

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days
- I did not receive any health care in the last 6 months

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat
3975 Research Park Drive
Ann Arbor, MI 48108**

