2023 Adult Statewide CAHPS®
Summary Report

Arizona Health Care Cost Containment System

March 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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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 CAHPS (Statewide) survey, consisted of members enrolled within the following AHCCCS programs:[1]

- AHCCCS Complete Care (ACC)[2]
- AHCCCS Complete Care - Regional Behavioral Health Agreement (ACC-RBHA) SMI-Designated
- AHCCCS Complete Care (ACC) KidsCare
- AHCCCS Fee-for-Service (FFS)
- 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)
- Department of Child Safety Comprehensive Health Plan (DCS CHP) KidsCare

AHCCCS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Statewide Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the adult Statewide population, as well as the results for adult members enrolled in the ACC and FFS programs.[3] 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 instruments 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.[4] Adult members completed the surveys from May to August 2023. Results presented in this report include four global ratings, four composite measures, one individual item measure, and three medical assistance with smoking and tobacco use cessation Items. The results for the ACC Program represent the results of the ACC health plans from the Statewide sample and the ACC oversample. The results for FFS represent the results of members in FFS from the Statewide sample and the FFS oversample. Table 1-1 provides a list of the programs for which CAHPS results are presented.

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1 Adult ACC KidsCare members, DCS CHP members, and DCS CHP KidsCare members were selected as part of the Statewide sample.

2 Program served by ACC and ACC-RBHA Contractors.

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

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

Table 1-1—Arizona Medicaid Programs

Program Name	Program Abbreviation
Statewide Population	Statewide Population
AHCCCS Complete Care (ACC) Program	ACC Program
Fee-For-Service	FFS

Performance Highlights

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

NCQA Comparisons

For each population, HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2022 Quality Compass® Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).[5,6] 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). The detailed results of these analyses are found in the Results section beginning on page 10. Table 1-2 provides highlights of the NCQA comparisons findings for each population. The percentages presented in the table represent the top-box scores, while the stars represent the overall member experience ratings when the top-box scores were compared to NCQA Quality Compass data.

[5] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

[6] The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2022 data and is used with the permission of NCQA. Quality Compass 2022 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.

Table 1-2 provides highlights of the NCQA Comparisons findings for the Statewide population, ACC Program, and FFS.

Table 1-2—NCQA Comparisons

Measure	Statewide Population	ACC Program	FFS
Global Ratings			
Rating of Health Plan	★★★★ 68.3%	★★★★ 68.0%	★ 35.7%
Rating of All Health Care	★★★ 58.2%	★★★ 56.9%	★ 36.1%
Rating of Personal Doctor	★★★ 71.4%	★★★ 70.1%	★ 55.0%
Rating of Specialist Seen Most Often	★★★★ 75.4%	★★ 67.3%	★ 59.7%+
Composite Measures			
Getting Needed Care	★★ 82.3%	★★ 81.3%	★ 67.0%+
Getting Care Quickly	★★ 77.5%	★ 76.1%+	★ 76.8%+
How Well Doctors Communicate	★★★ 94.1%	★★ 92.0%	★ 90.4%+
Customer Service	★ 86.6%	★ 84.1%	★ 75.5%+
Individual Item Measure			
Coordination of Care	★★ 81.7%+	★ 81.0%+	★ 69.0%+
Medical Assistance With Smoking and Tobacco Use Cessation Items			
Advising Smokers and Tobacco Users to Quit	★ 58.3%+	★ 61.4%+	★ 46.9%+
Discussing Cessation Medications	★ 41.7%+	★★ 47.7%+	★ 28.1%+
Discussing Cessation Strategies	★ 37.5%+	★ 38.6%+	★ 25.8%+

+ *Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.*
Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

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. The detailed results of this analysis are described in the Key Drivers of Member Experience Analysis section beginning on page 20.

Table 1-3 provides a summary of the survey items identified as statistically significant key drivers of at least one of the three measures of member experience (indicated by a ✓) for the adult Statewide population.

Table 1-3—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	*Rating of Health Plan*	*Rating of All Health Care*	*Rating of Personal Doctor*
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	NS	NS	✓

NS *Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.*

Recommendations

HSAG recommends AHCCCS leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities, in collaboration with its Contractors as applicable. HSAG observed that the scores for the adult population was below the 2022 NCQA Medicaid national 25th percentiles across all measure domains for FFS and below the 2022 NCQA Medicaid national 50th percentiles across majority of the measure domains for the Statewide population and ACC Program, which may reflect potential issues with the quality and timeliness of, and access to care for members. AHCCCS 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 quality improvement 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 satisfaction, 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 strategies of quality improvement 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.

2. Results

The following section presents the results for the adult population. For the adult population, a total of 508 surveys were completed.[7] These completed surveys were used to calculate the 2023 adult CAHPS results presented in this section.

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, 2022). In addition, adult members had to be 18 years of age or older as of December 31, 2022, to be included in the survey.

For the adult population, a sample of 2,025 adult members was selected for the Statewide population, an oversample of 311 adult members was selected for the ACC Program, and an oversample of 1,888 adult members was selected for FFS for a total selected sample of 4,224 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 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. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 28.

Table 2-1 shows the total number of members sampled, the number of surveys completed and the response rate for the adult samples. The survey response rate is the total number of completed surveys divided by all eligible members of the sample. 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).

[7] The 508 completed surveys for the adult population were comprised of completed surveys from the statewide population, ACC oversample, and FFS oversample, which is aligned with the final disposition report.

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

Program/Population Name	Sample Size	Completed	Response Rate
Statewide Population	**2,025**	**255**	**12.66%**
ACC Program	**2,068**	**233**	**11.32%**
ACC Oversample	311	30	9.71%
ACC from Statewide Sample	1,757	203	11.61%
FFS	**2,026**	**242**	**11.98%**
FFS Oversample	1,888	223	11.84%
FFS from Statewide Sample	138	19	13.87%

Demographics

Table 2-2 depicts the self-reported demographic characteristics of adult members who completed a survey for age, gender, race, ethnicity, education level, general health status, and mental or emotional health status. For additional details and information regarding child and respondent demographics, please refer to the Reader's Guide beginning on 30.

Table 2-2—Adult Member Demographics

	Statewide Population	ACC Program	FFS
Age			
18 to 24	10.0%	8.8%	S
25 to 34	8.4%	6.6%	S
35 to 44	11.2%	11.8%	12.2%
45 to 54	14.9%	14.5%	19.7%
55 to 64	23.3%	24.6%	32.8%
65 and older	32.1%	33.8%	25.2%
Gender			
Male	36.9%	32.2%	44.8%
Female	63.1%	67.8%	55.2%
Race			
Multi-Racial	S	S	S
White	58.9%	64.8%	S
Black	7.6%	7.0%	0.0%
Asian	S	S	0.0%
Native Hawaiian or Other Pacific Islander	S	S	S
American Indian or Alaska Native	9.7%	S	S
Other	17.8%	19.2%	S
Ethnicity			
Hispanic	37.9%	43.7%	S
Non-Hispanic	62.1%	56.3%	S

	Statewide Population	ACC Program	FFS
Education Level			
8th Grade or Less	9.8%	9.0%	8.9%
Some High School	13.4%	15.2%	24.9%
High School Graduate	38.2%	31.8%	43.9%
Some College	26.8%	30.0%	16.5%
College Graduate	11.8%	13.9%	5.9%
General Health Status			
Excellent	7.9%	7.3%	S
Very Good	20.2%	21.1%	20.8%
Good	40.5%	42.7%	41.3%
Fair	22.2%	20.7%	21.7%
Poor	9.1%	8.2%	S
Mental or Emotional Health Status			
Excellent	14.7%	16.1%	S
Very Good	23.4%	23.9%	23.5%
Good	29.4%	31.3%	42.4%
Fair	23.8%	21.7%	21.0%
Poor	8.7%	7.0%	S

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

Respondent Analysis

HSAG used the sample frame file data to compare the demographic characteristics of survey respondents to 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 30. 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 through Table 2-6 present the results of the respondent analysis for the Statewide population, ACC Program, and FFS.

Table 2-3—Survey Respondent to Eligible Population Demographic Comparisons: Age

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
18 to 24	9.8% ↓	20.0%	8.6% ↓	20.5%	5.4% ↓	18.3%
25 to 34	9.4% ↓	23.9%	7.7% ↓	24.4%	5.0% ↓	24.8%
35 to 44	11.4% ↓	18.7%	12.0% ↓	18.8%	12.8% ↓	20.4%
45 to 54	14.9%	13.5%	13.7%	13.4%	21.5% ↑	14.4%
55 to 64	24.3% ↑	13.4%	27.0% ↑	13.2%	32.6% ↑	13.7%
65 or Older	30.2% ↑	10.5%	30.9% ↑	9.7%	22.7% ↑	8.5%

↑ *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—Survey Respondent to Eligible Population Demographic Comparisons: Gender

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Male	39.2%	43.9%	34.3% ↓	43.3%	45.9%	46.7%
Female	60.8%	56.1%	65.7% ↑	56.7%	54.1%	53.3%

↑ *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—Survey Respondent to Eligible Population Demographic Comparisons: Race

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
White	71.3%	70.6%	78.3%	77.6%	S	0.8%
Black	6.7% ↓	11.6%	S	12.8%	0.0%	0.2%
American Indian or Alaska Native	12.9%	12.9%	S	4.2%	S	98.8%
Other*	9.0%	4.9%	11.5% ↑	5.4%	S	0.2%

S *Indicates results have been suppressed as results have fewer than 11 respondents.*
↑ *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 Multi-Racial.*

Table 2-6—Survey Respondent to Eligible Population Demographic Comparisons: Ethnicity

	Statewide Population		ACC Program		FFS	
	Respondents	Sample Frame	Respondents	Sample Frame	Respondents	Sample Frame
Hispanic	66.4%	61.7%	68.7%	63.3%	35.4%	26.3%
Non-Hispanic	33.6%	38.3%	31.3%	36.7%	64.6%	73.7%

↑ *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.

NCQA Comparisons

In order to assess the overall performance of the adult population, HSAG compared the measures' scores to NCQA's Quality Compass Benchmark and Compare Quality Data.[8] Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). For additional details and information regarding these comparisons, please refer to the Reader's Guide beginning on 31. The percentages presented in Table 2-7 through Table 2-9 represent the scores, while the stars represent overall member experience ratings for each measure when the scores were compared to NCQA's Quality Compass data.

Table 2-7—NCQA Comparisons: Global Ratings

	Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*	*Rating of Specialist Seen Most Often*
Statewide Population	★★★★ 68.3%	★★★ 58.2%	★★★ 71.4%	★★★★ 75.4%
ACC Program	★★★★ 68.0%	★★★ 56.9%	★★★ 70.1%	★★ 67.3%
FFS	★ 35.7%	★ 36.1%	★ 55.0%	★ 59.7%+

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

[8] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

Table 2-8—NCQA Comparisons: Composite Measures

	Getting Needed Care	*Getting Care Quickly*	*How Well Doctors Communicate*	*Customer Service*
Statewide Population	★★ 82.3%	★★ 77.5%	★★★ 94.1%	★ 86.6%
ACC Program	★★ 81.3%	★ 76.1%+	★★ 92.0%	★ 84.1%
FFS	★ 67.0%+	★ 76.8%+	★ 90.4%+	★ 75.5%+

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

Table 2-9—NCQA 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	★★ 81.7%+	★ 58.3%+	★ 41.7%+	★ 37.5%+
ACC Program	★ 81.0%+	★ 61.4%+	★★ 47.7%+	★ 38.6%+
FFS	★ 69.0%+	★ 46.9%+	★ 28.1%+	★ 25.8%+

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Star Assignments Based on Percentiles:
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

National Average Comparisons

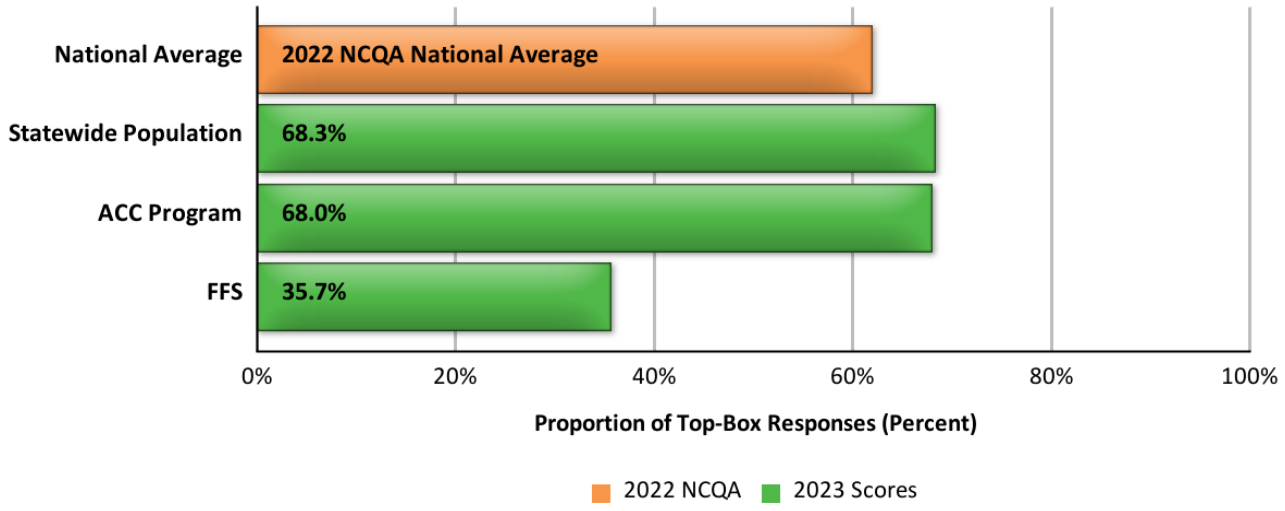
For purposes of the National Average Comparisons analysis, HSAG calculated scores for each population and included the 2022 NCQA adult Medicaid national averages for comparative purposes.[9,10] For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 30. For additional details and information on the survey language and response options for the measures, please refer to the Reader's Guide section beginning on page 24. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the *Rating of Health Plan* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-1—Rating of Health Plan: Top-Box Scores



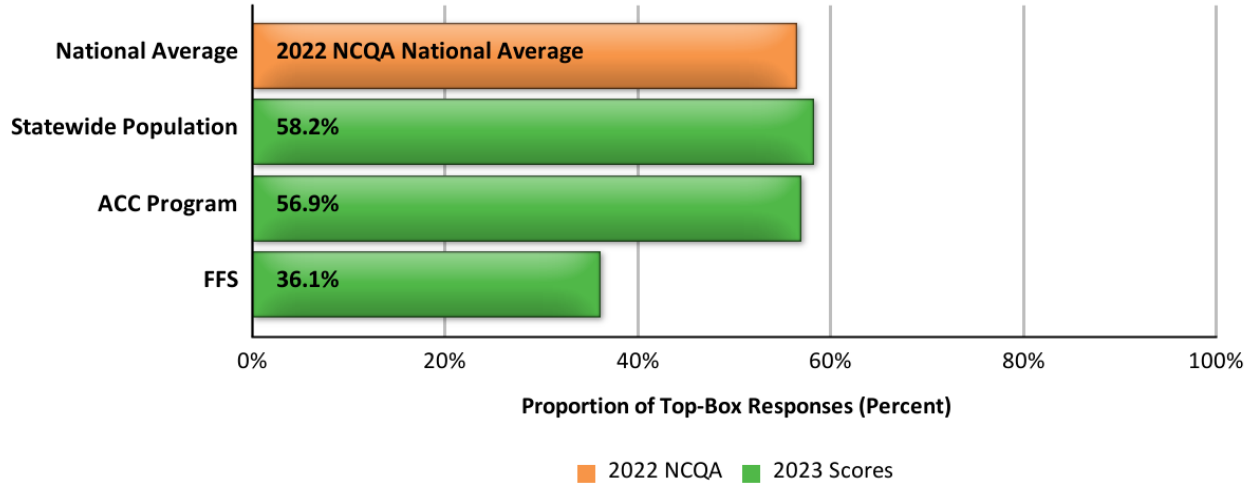
[9] For the NCQA adult Medicaid national averages, the data source contained in this publication is Quality Compass® 2022 data.

[10] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022*. Washington, DC: NCQA, September 2022.

Rating of All Health Care

Figure 2-2 shows the *Rating of All Health Care* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

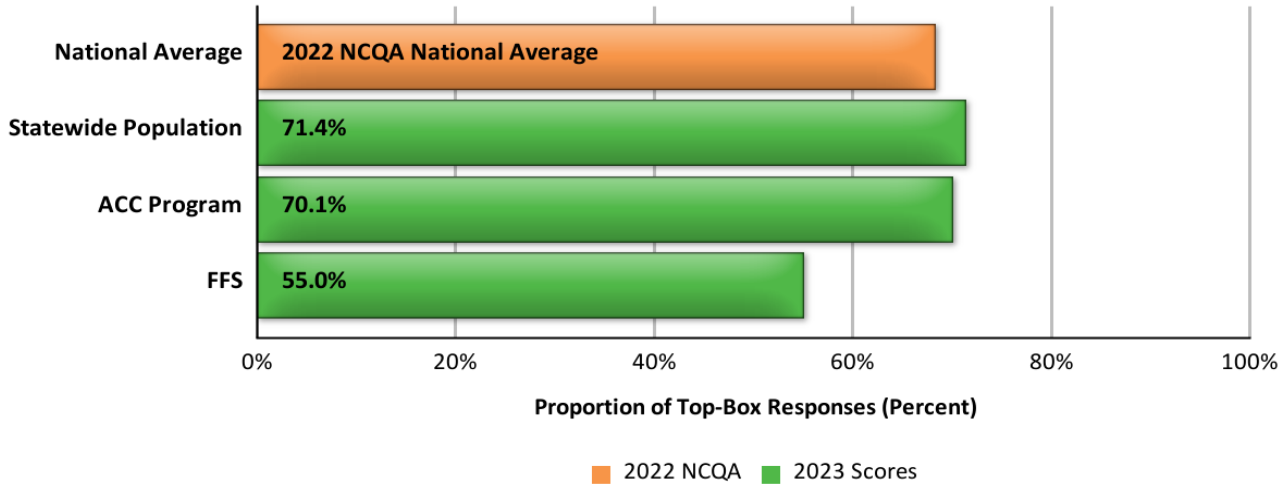
Figure 2-2—Rating of All Health Care: Top-Box Scores



Rating of Personal Doctor

Figure 2-3 shows the *Rating of Personal Doctor* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

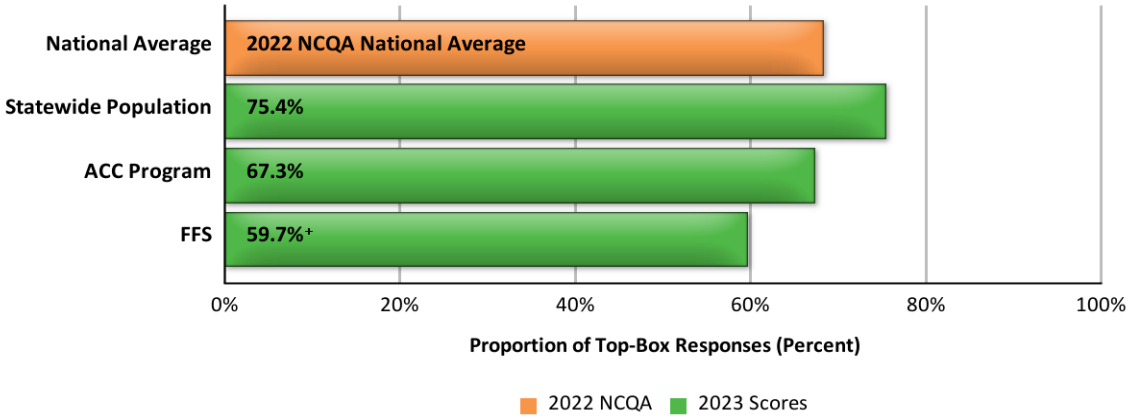
Figure 2-3—Rating of Personal Doctor: Top-Box Scores



Rating of Specialist Seen Most Often

Figure 2-4 shows the *Rating of Specialist Seen Most Often* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-4—Rating of Specialist Seen Most Often: Top-Box Scores



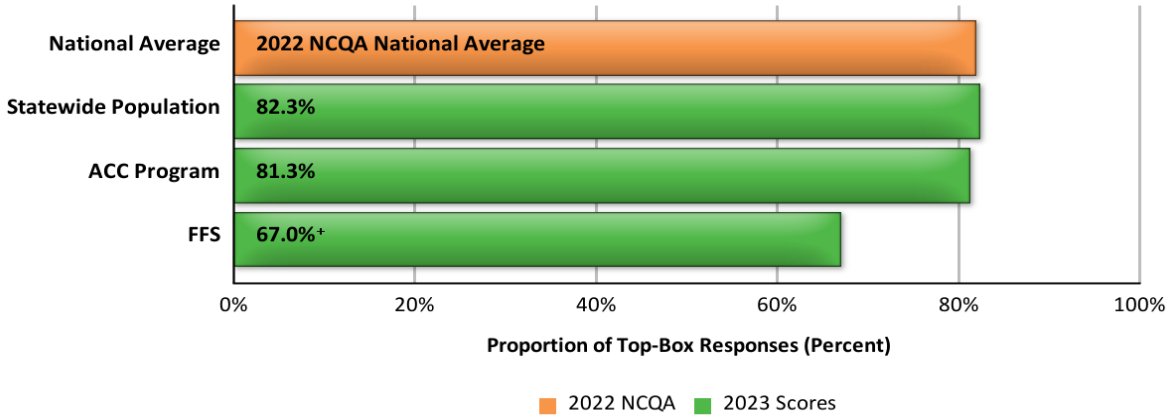
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures and Individual Item Measure

Getting Needed Care

Figure 2-5 shows the *Getting Needed Care* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-5—Getting Needed Care: Top-Box Scores

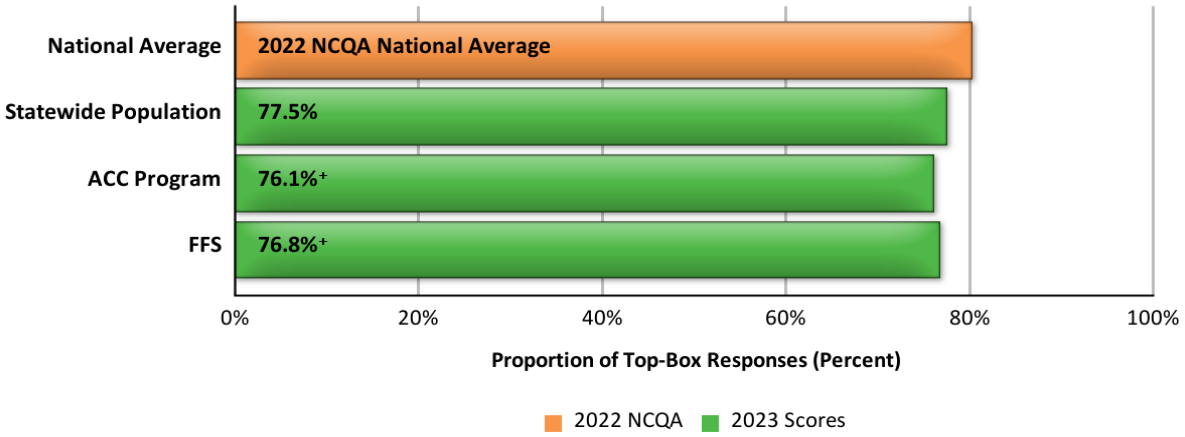


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Figure 2-6 shows the *Getting Care Quickly* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-6—Getting Care Quickly: Top-Box Scores

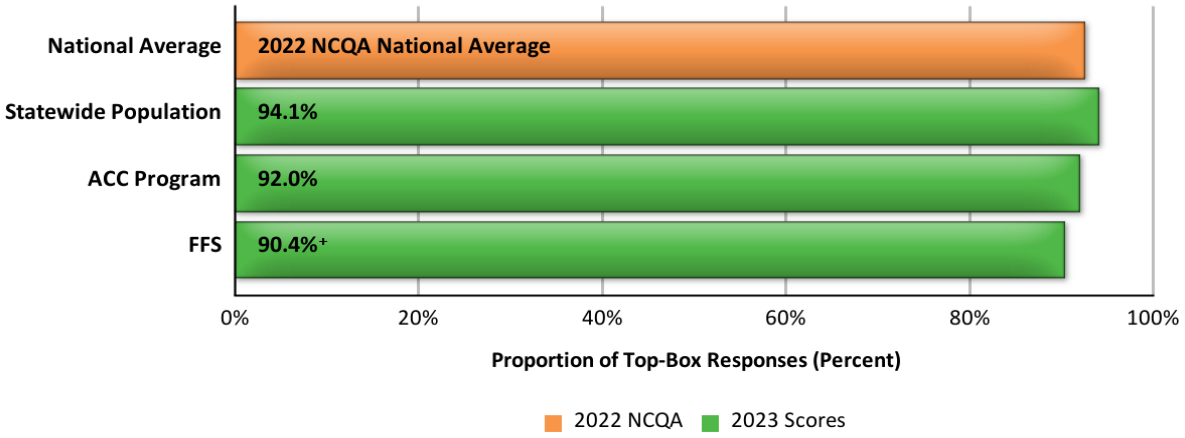


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

How Well Doctors Communicate

Figure 2-7 shows the *How Well Doctors Communicate* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-7—How Well Doctors Communicate: Top-Box Scores

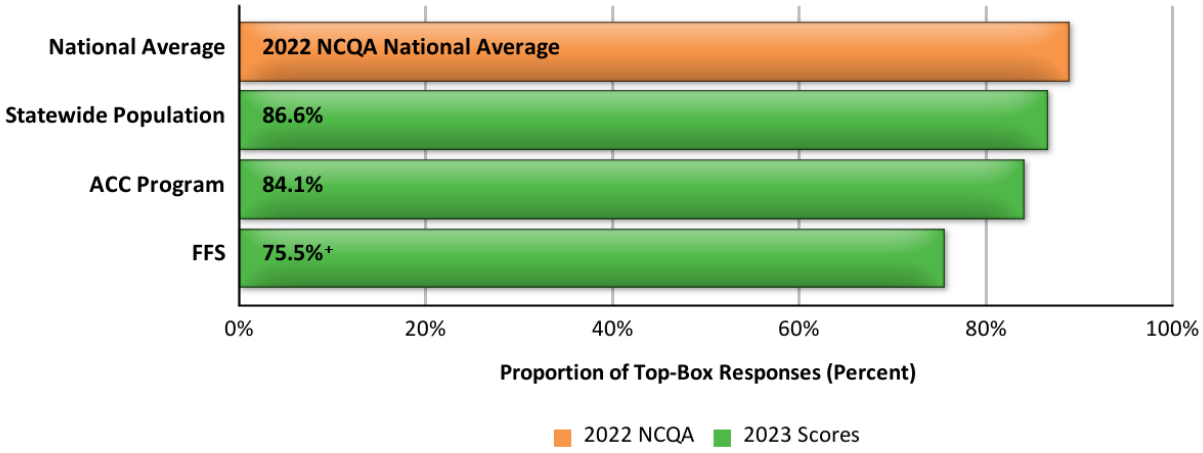


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Figure 2-8 shows the *Customer Service* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-8—Customer Service: Top-Box Scores

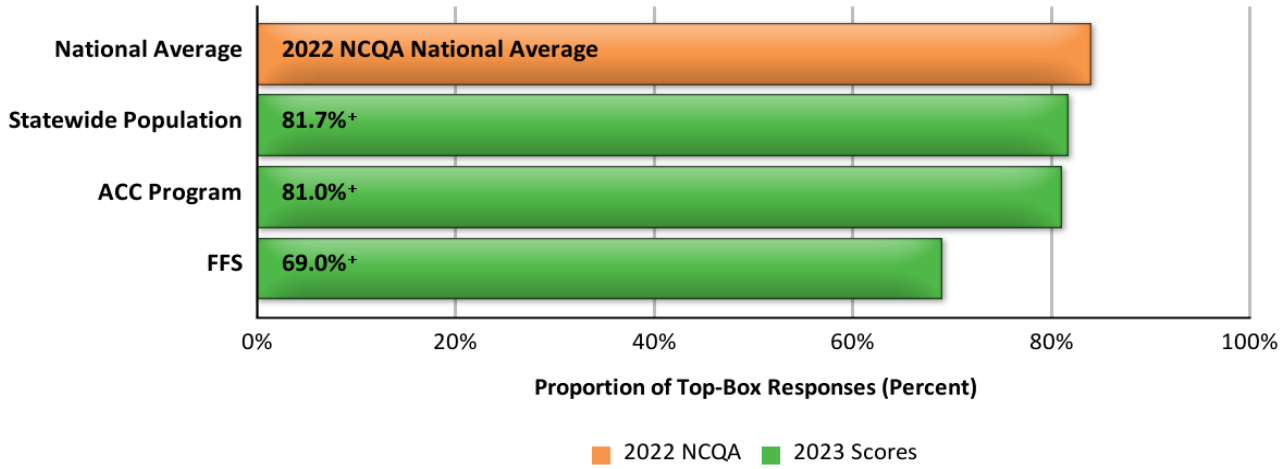


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Coordination of Care

Figure 2-9 shows the *Coordination of Care* top-box scores and 2022 NCQA adult Medicaid national averages for the Statewide population, ACC Program, and FFS.

Figure 2-9—Coordination of Care: Top-Box Scores



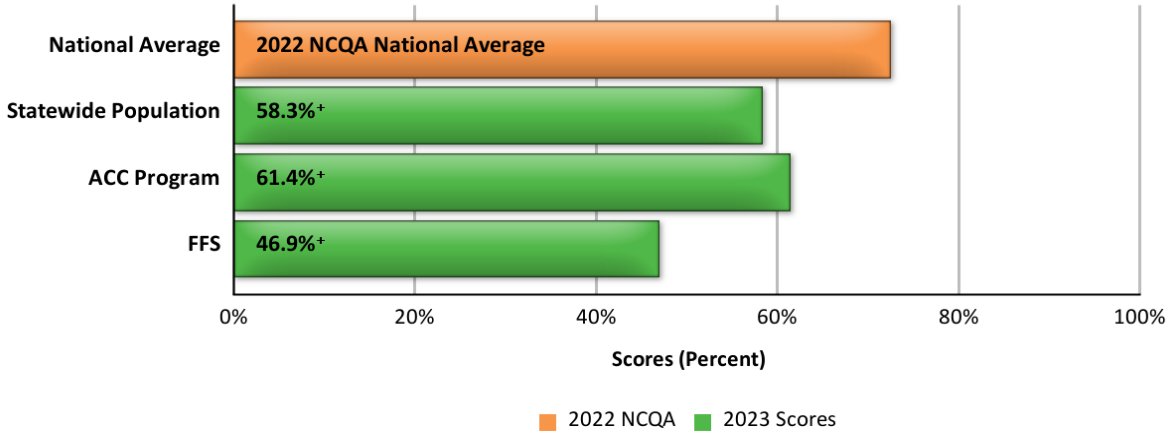
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Medical Assistance With Smoking and Tobacco Use Cessation Items

Advising Smokers and Tobacco Users to Quit

Figure 2-10 shows the overall scores and 2022 NCQA adult Medicaid national average for the *Advising Smokers and Tobacco Users to Quit* measure for the Statewide population, ACC Program, and FFS.

Figure 2-10—Advising Smokers and Tobacco Users to Quit: Overall Scores

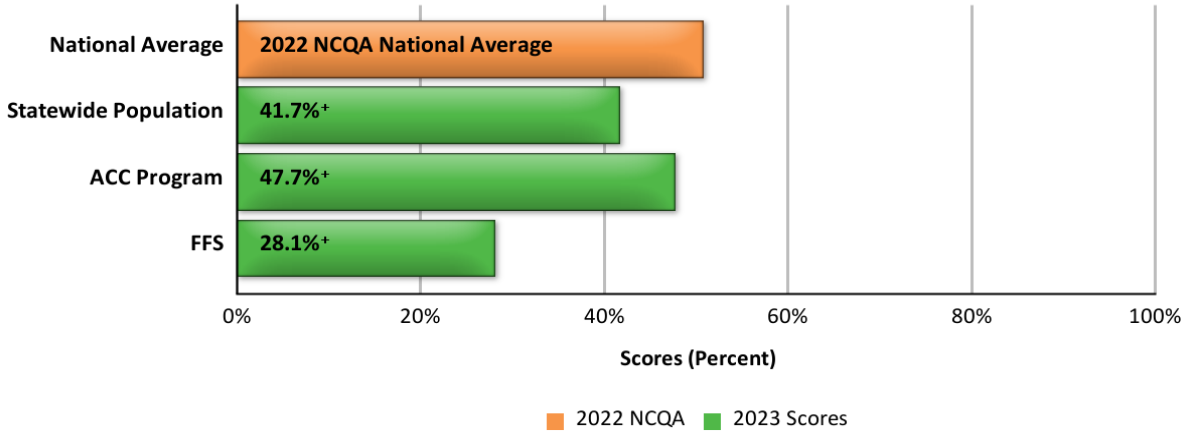


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Discussing Cessation Medications

Figure 2-11 shows the overall scores and 2022 NCQA adult Medicaid national average for the *Discussing Cessation Medications* measure for the Statewide population, ACC Program, and FFS.

Figure 2-11—Discussing Cessation Medications: Overall Scores

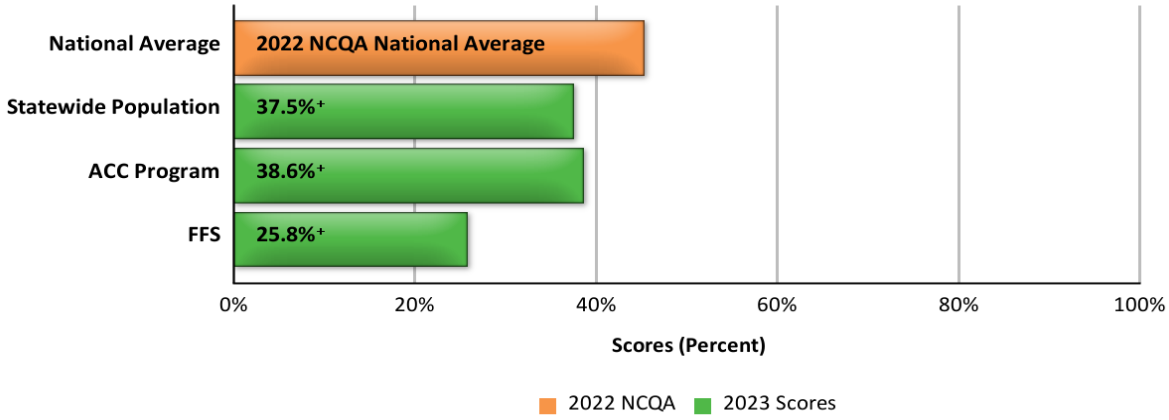


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Discussing Cessation Strategies

Figure 2-12 shows the overall scores and 2022 NCQA adult Medicaid national average for the *Discussing Cessation Strategies* measure for the Statewide population, ACC Program, and FFS.

Figure 2-12—Discussing Cessation Strategies: Overall Scores



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

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. The number and percentage of responses were not included for the supplemental questions due to the low response rates. A brief summary describing the results is presented for each supplemental question.

Table 2-10—Supplemental Items

Question		Response Options
Q7a.	In the last 6 months, did you have a health care visit by phone or video?	Yes No
Q7b.	What type of device was used for a health care visit by phone or video? (Mark one or more.)	Personal computer with video Smartphone or tablet with video Telephone without video Telehealth Kiosk Other
Q7c.	How easy or difficult has it been to use technology during a health care visit by phone or video?	Very easy Easy Difficult Very difficult
Q7d.	In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?	Much worse Slightly worse About the same Slightly better Much better
Q7e.	In the last 6 months, what were the reasons you have not had a phone or video health care visit? (Mark one or more.)	I did not seek medical care I was not aware that phone or video visits were available I preferred to see my provider in person My provider did not offer phone or video visits I did not have the technology to access a phone or video visit I had privacy concerns about having a phone or video visit I needed an interpreter and was not able to get one Other reason

Had Telehealth Visit

The majority of members reported not having a health care visit by phone or video. [Statewide population, ACC Program, and FFS]

Devices Used for Telehealth Visit

The majority of members reported using a smartphone or tablet with video for their health care visit by phone or video. [Statewide population and ACC Program] Many members reported using a telephone without video for their health care visit by phone or video. [FFS]

Ease of Using Technology During Telehealth Visit

The majority of members reported it was easy to use technology during their health care visit by phone or video. [Statewide population, ACC Program, and FFS]

Quality of Care Received During Telehealth Visit

The majority of members reported the quality of care they received during phone or video visits was about the same as the care they received during in-person visits. [Statewide population, ACC Program, and FFS]

Reasons Why Member Had Not Had A Telehealth Visit

The majority of members reported they had not had a phone or video health care visit due to their preference of seeing their provider in person. [Statewide population, ACC Program, and FFS]

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 the Reader's Guide section on page 32. Table 2-11 through Table 2-13 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 Program, and FFS. Please refer to Appendix A. Additional Data for graphical displays of the key drivers of member experience results.

Statewide Population

Table 2-11—Key Drivers of Member Experience: Statewide Population

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	NS	NS	✓

NS *Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents' answers for those responses do not significantly affect their rating.*

ACC Program

Table 2-12—Key Drivers of Member Experience: ACC Program

Key Drivers	Response Options	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q20. Received appointment with a specialist as soon as needed	Never/Sometimes/Usually vs. Always	✓	NS	NA

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, respondents' answers for those responses do not significantly affect their rating.*

FFS

Table 2-13—Key Drivers of Member Experience: FFS

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
Q15. Personal doctor spent enough time	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q24. Health plan's customer service gave the information or help needed	Never/Sometimes/Usually vs. Always	✓	NS	NA

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, respondents' answers for those responses do not significantly affect their rating.*

3. Reader's Guide

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). The recent versions of the surveys (i.e., CAHPS 5.1 Health Plan Surveys) were released by AHRQ in October 2020. 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.[11]

The sampling and data collection procedures for the CAHPS 5.1 Health Plan 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 results.

CAHPS Performance Measures

The CAHPS 5.1 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set includes 40 core questions that yield 12 measures.[12] These measures include four global rating questions, four composite measures, one individual item measure, and three medical assistance with smoking and tobacco use cessation 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 use cessation items assess the

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

[12] AHCCCS elected to add five supplemental questions to the adult survey.

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

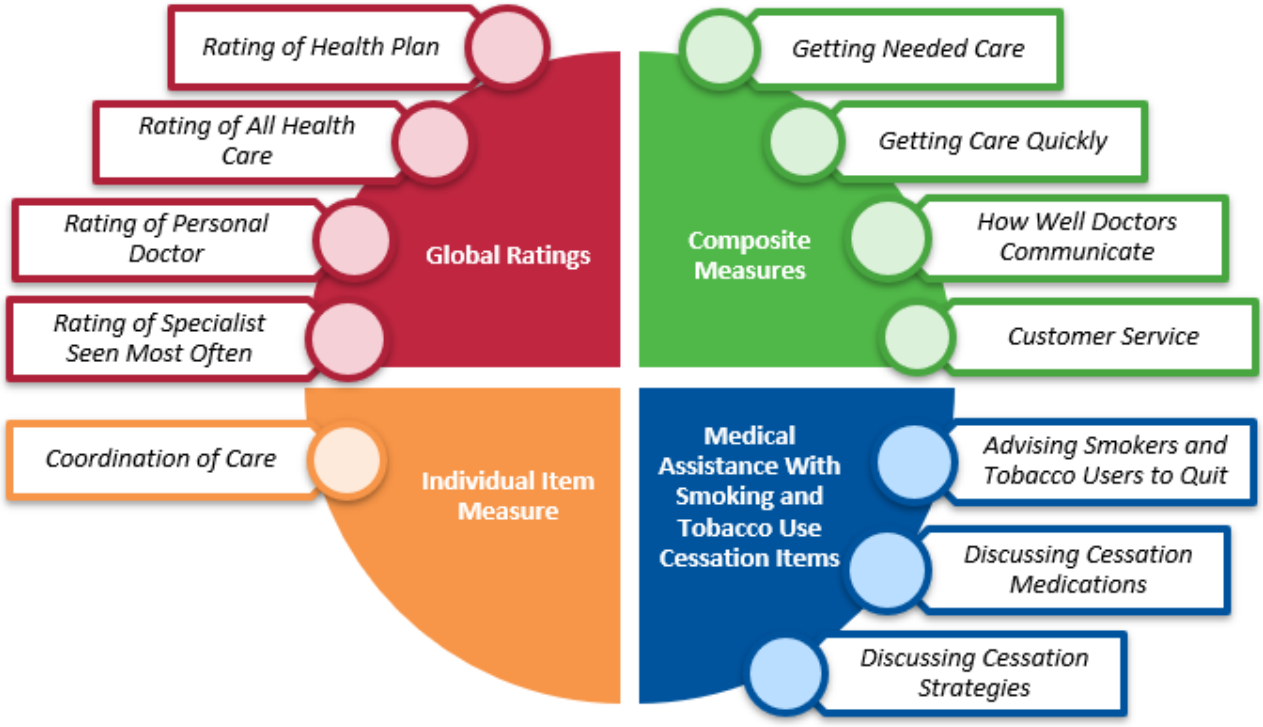


Table 3-1 presents the question language and response options for each measure from the adult survey. Please note that the CAHPS survey has questions that are gate items that include skip-pattern instructions that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted below.

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 Care[13]	
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 Doctor[14]	
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 Often[15]	
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

[13] 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 a respondent answers "None" to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

[14] For *Rating of Personal Doctor*, the gate question asks respondents if they have a personal doctor. If a respondent answers "No" to this question, they are directed to skip the questions that collectively comprise the *Rating of Personal Doctor* measure.

[15] 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 a respondent answers "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 Care[16]	
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 Quickly[17]	
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
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
How Well Doctors Communicate[18]	
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 Service[19]	
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

[16] 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 a respondent answers "None" or "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

[17] 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 a respondent answers "No" to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

[18] For *How Well Doctors Communicate*, the gate question asks respondents if they have a personal doctor. If a respondent answers "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

[19] For *Customer Service*, the gate question asks respondents if the received information or help from customer service at their health plan in the last six months. If a respondent answers "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 Care[20]	
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 Items[21]	
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

[20] For *Coordination of Care*, the gate question asks respondents if they have a personal doctor. If a respondent answers "No" to this question, they are directed to skip the questions that collectively comprise the *Coordination of Care* measure.

[21] For *Medical Assistance and Tobacco Users Cessation Items,* the gate questions ask respondents if they smoke cigarettes or use tobacco every day, some days, or not at all, if they smoke cigarettes or use tobacco every day, some days, or not at all, and if they smoke cigarettes or use tobacco every day, some days, or not at all. If a respondent answers "Not at all" or "Don't Know" to this question, they are directed to skip the questions that collectively comprise the *Medical Assistance and Tobacco Users Cessation Items*.

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, 2022.
- Were currently enrolled in a health plan/program (for any given business line).
- Had been continuously enrolled in the health plan/program during the measurement period (July 1 to December 31, 2022) with no more than one gap in enrollment of up to 45 days.[22]

The standard sample size for the CAHPS 5.1 Adult Medicaid Health Plan Survey is 1,350 members.[23] 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 311 adult members was selected for the ACC Program, and an oversample of 1,888 adult members was selected for the FFS, for a total selected sample of 4,224 adult members. For analysis purposes, a total of 1,757 adult ACC members from the Statewide sample were combined with the 311 adult members from the ACC oversample to generate the ACC Program results. In addition, a total of 138 adult FFS members from the Statewide sample were combined with the 1,888 adult members from the FFS oversample to generate the FFS results.

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

[22] 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.

[23] National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

Table 3-2—Sample Sizes

Program	Total Sample Size	Sample	Total Count by Sample
Statewide Population[24]	**2,025**	Statewide Sample	2,025
ACC Program[25]	**2,068**	ACC Oversample	311
		ACC from Statewide Sample	1,757
FFS[26]	**2,026**	FFS Oversample	1,888
		FFS from Statewide Sample	138

Survey Protocol

A cover letter was mailed to sampled adult members that provided them two methods by which they could complete the survey in English or Spanish: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope, or (2) complete the web-based survey through the survey website with a designated login. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The English and Spanish versions of the survey included a toll-free number that adult 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.

[24] The Statewide results presented in this report are derived from the combined results of the Department of Child Safety Comprehensive Health Plan, Department of Economic Security/Division of Developmental Disabilities, American Indian Health Program, and the seven ACC health plans.

[25] The ACC Program results presented in this report are derived from the combined results of seven ACC health plans: Arizona Complete Health—Complete Care Plan, Banner—University Family Care, Care1st Health Plan, Health Choice Arizona, Molina Complete Care, Mercy Care, and UnitedHealthcare Community Plan. Members in an ACC could have been sampled as part of the Statewide sample or the ACC oversample.

[26] The FFS results presented in this report are derived from the results of the American Indian Health Program. Members in FFS could have been sampled as part of the Statewide sample or the FFS 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.	43 days
Send third questionnaires with cover letters to non-respondents.	65 days
Close survey field.	100 days

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess respondents' experience. This section provides an overview of the analyses.

Response Rates

The response rate is defined as the total number of completed surveys divided by all eligible members of the sample.[27] A survey is assigned a disposition code of "completed" if at least three of the following questions were answered within the survey: questions 3, 10, 19, 23, and 28.[28] Eligible members include the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: were deceased, were invalid (did not meet criteria described on page 27), were mentally or physically incapacitated, or had a language barrier.

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

[27] National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2022.

[28] Please refer to Appendix B of this report ("Survey Instrument") for a copy of the survey instrument to see the survey question language.

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, general health status, and mental or emotional health status.

Respondent Analysis

HSAG evaluated the demographic characteristics of members (i.e., age, gender, race, and ethnicity) as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of adult members who responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all adult members in the sample frame (i.e., sample frame percentages). A difference was considered statistically significant if the two-sided *p* value of the *t* test is less than 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with arrows in the tables. Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the results to the entire population.

Results

For purposes of this report, HSAG presented results 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, which are denoted with a cross (+).

Global Ratings, Composite Measures, and Individual Item Measure

HSAG assigned top-box responses a score of 1, with all other responses receiving a score of 0. A "top-box" response was defined as follows:

- "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; *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 individual items, 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 top-box 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 2022 Specifications for Survey Measures, Volume 3*.

Medical Assistance With Smoking and Tobacco Use Cessation Items

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

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

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. The scores presented deviate from NCQA's methodology of calculating a rolling average using the current and prior years' results, since only the current year's results were available.

NCQA Comparisons

In order to perform the NCQA Comparisons, HSAG compared the resulting overall scores for the medical assistance with smoking and tobacco use cessation items and top-box scores for the other measures to NCQA's Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings.[29] Ratings of one (★) to five (★★★★★) stars were determined for each measure using the percentile distributions shown in Table 3-4.

Table 3-4—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

[29] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2022.* Washington, DC: NCQA, September 2022.

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 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 3-5 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 Program, and FFS.

Table 3-5—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)

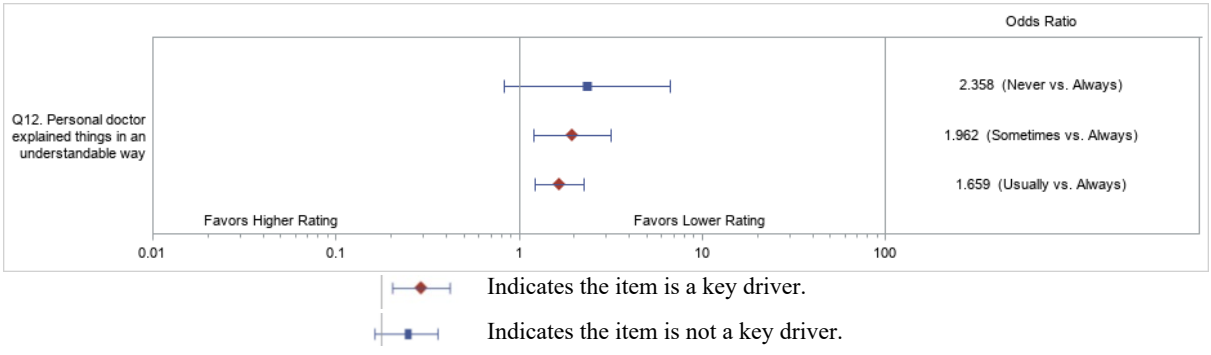
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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 12 are 2.358, 1.962, and 1.659 times, respectively, 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 the ACC Program, given the Statewide population is derived from AHCCCS' ACC population as opposed to an equal distribution of ACC and FFS members. Also, FFS (also known as American Indian Health Program [AIHP]) has more members who report being of the American Indian and Alaskan Native race compared to the other populations. Therefore, caution should be exercised when interpreting the FFS race results compared to the Statewide population and ACC Program, given that FFS primarily serves individuals in the American Indian Health Program.

Baseline Results

It is important to note that in 2023, the sampling approach selected by AHCCCS in differs from how sampling was performed in 2021. Therefore, 2023 results presented in this report represent a baseline assessment for this sampling approach for the Statewide population, ACC Program, and FFS.

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.[30] 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. The 2023 results indicate that early FFS respondents are statistically significantly more likely to provide a higher top-box response for the *Rating of Specialist Seen Most Often* measure. These results indicate that the top-box rating for the *Rating of Specialist Seen Most Often* measure is dependent on early respondents of the survey, which could potentially not be representative of the entire population. AHCCCS should consider that potential non-response bias may

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

exist when interpreting CAHPS results as well as when selecting the survey protocol and survey administration timeframe.

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 Statewide population, ACC Program, and FFS. 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 Data for Comparisons

Caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., overall member experience ratings). NCQA Quality Compass benchmarks for the adult Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for FFS.

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 Program, and FFS. 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

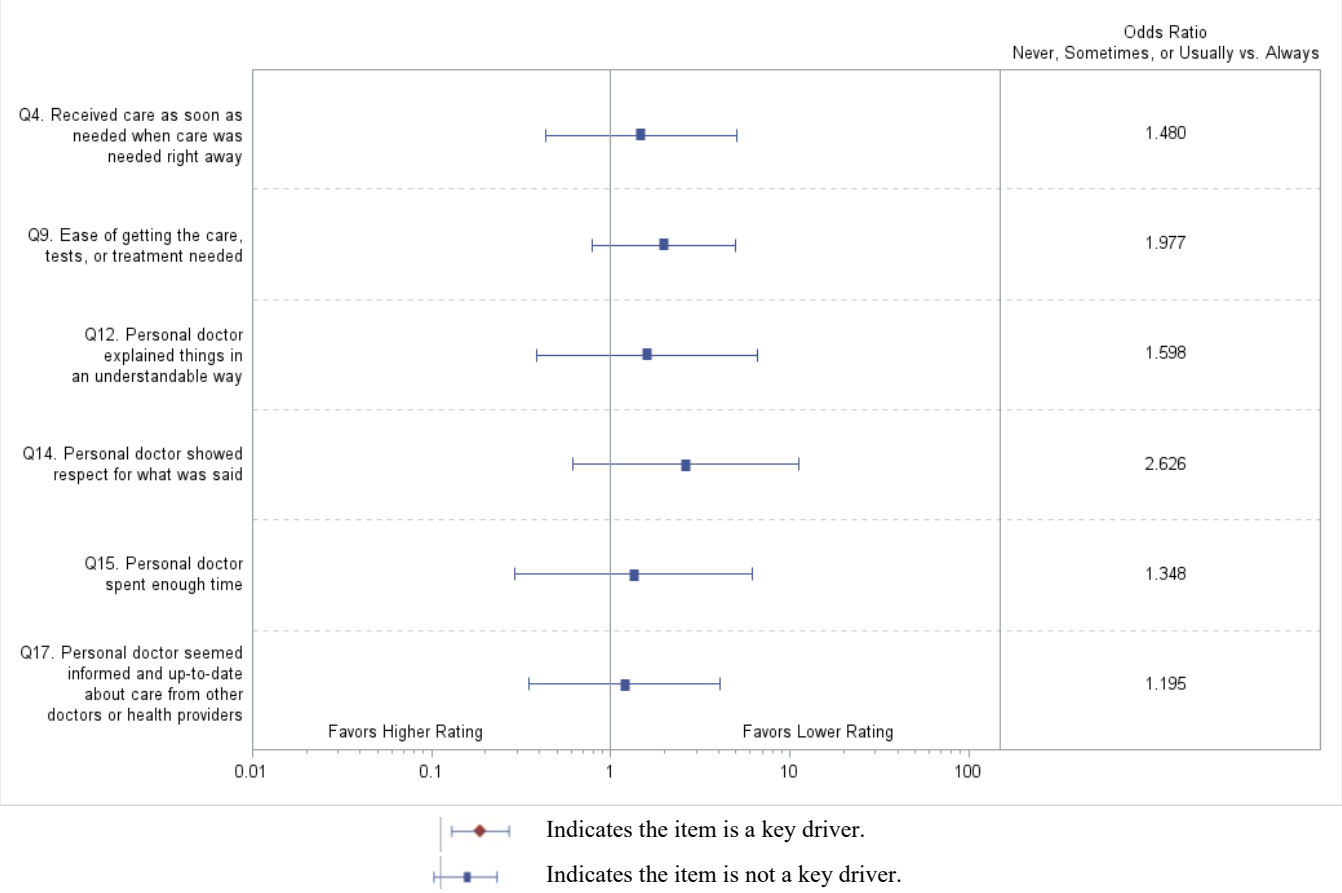
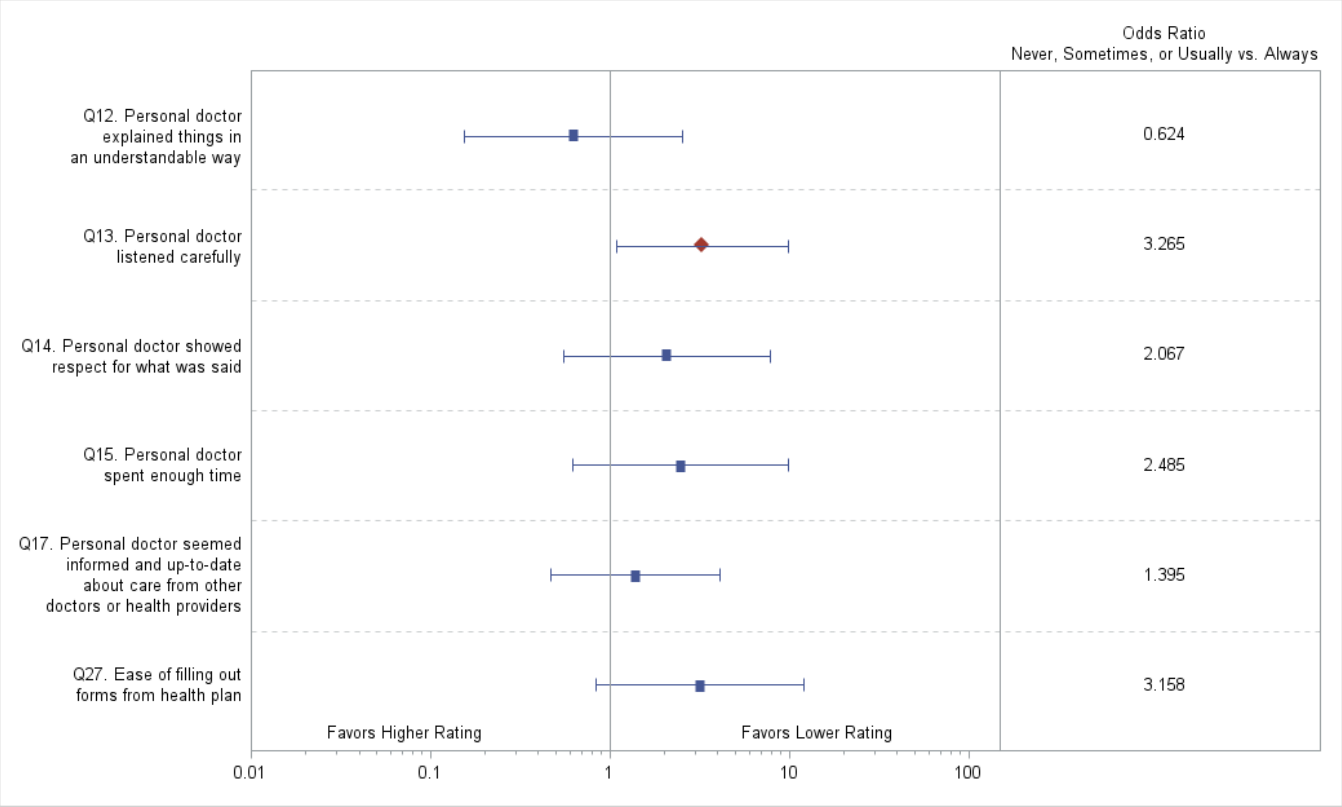


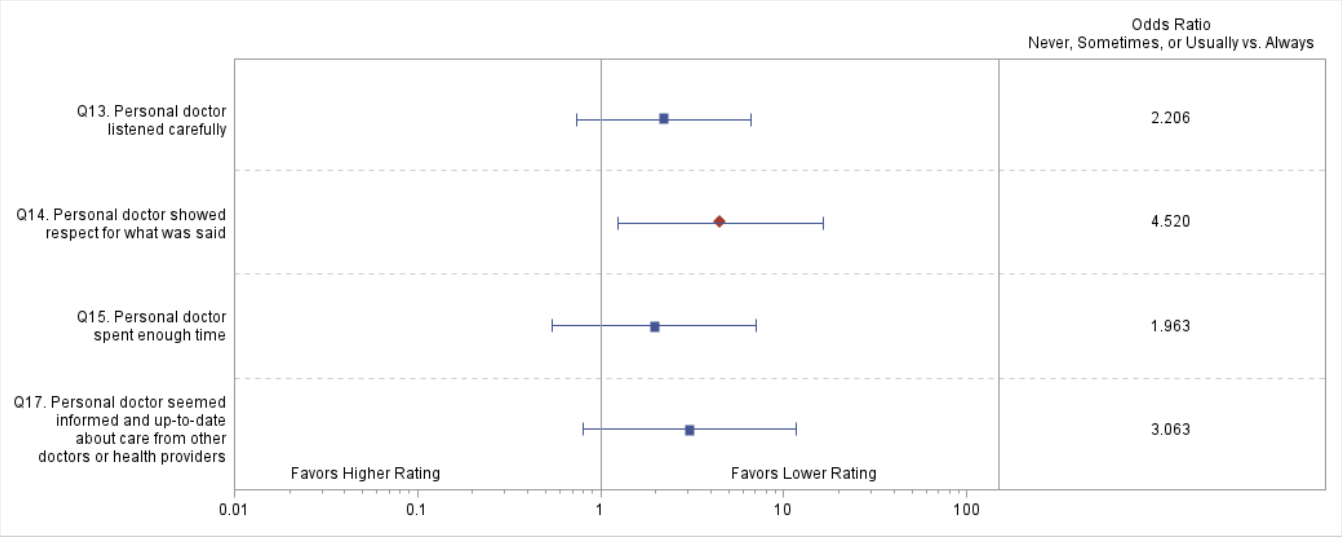
Figure A-2—Statewide Population—Key Drivers of Member Experience: Rating of All Health Care



Indicates the item is a key driver.

Indicates the item is not a key driver.

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

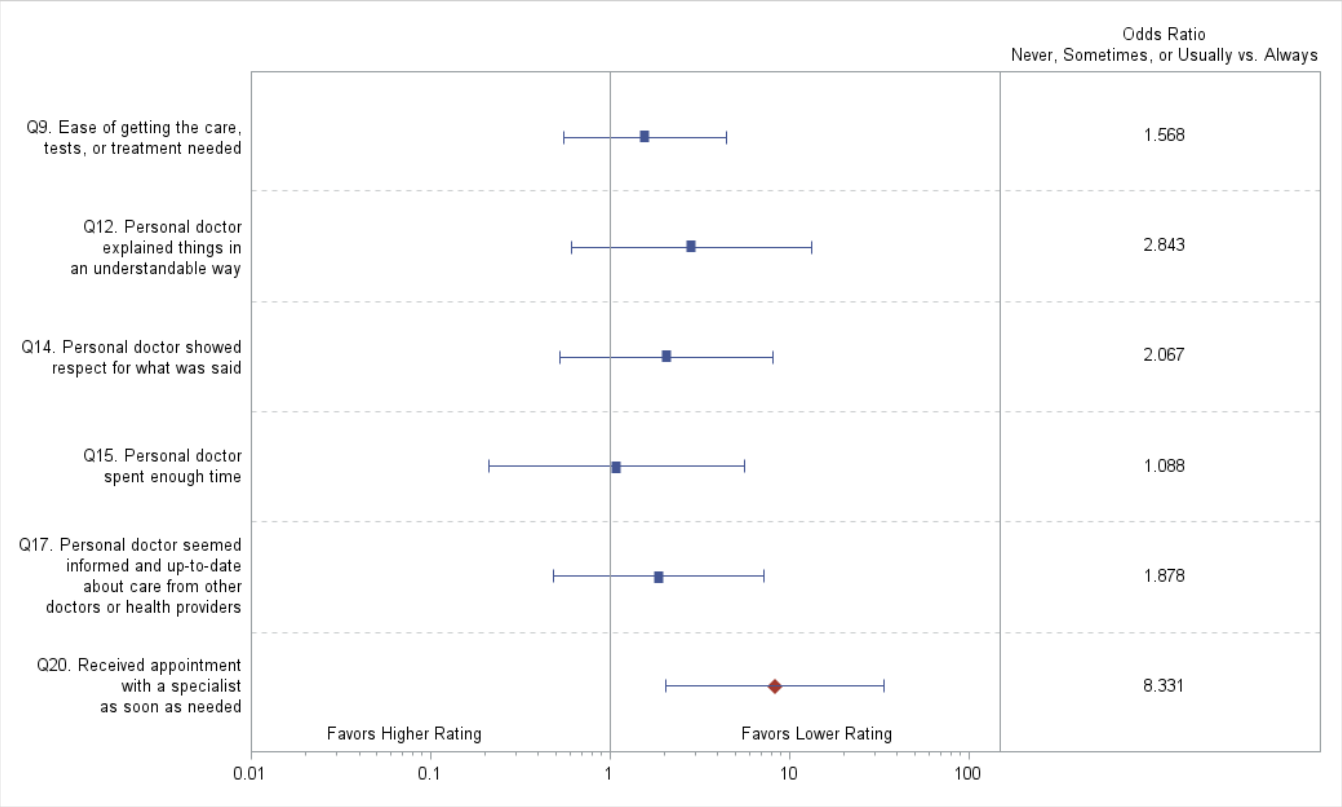


Indicates the item is a key driver.

Indicates the item is not a key driver.

ACC Program

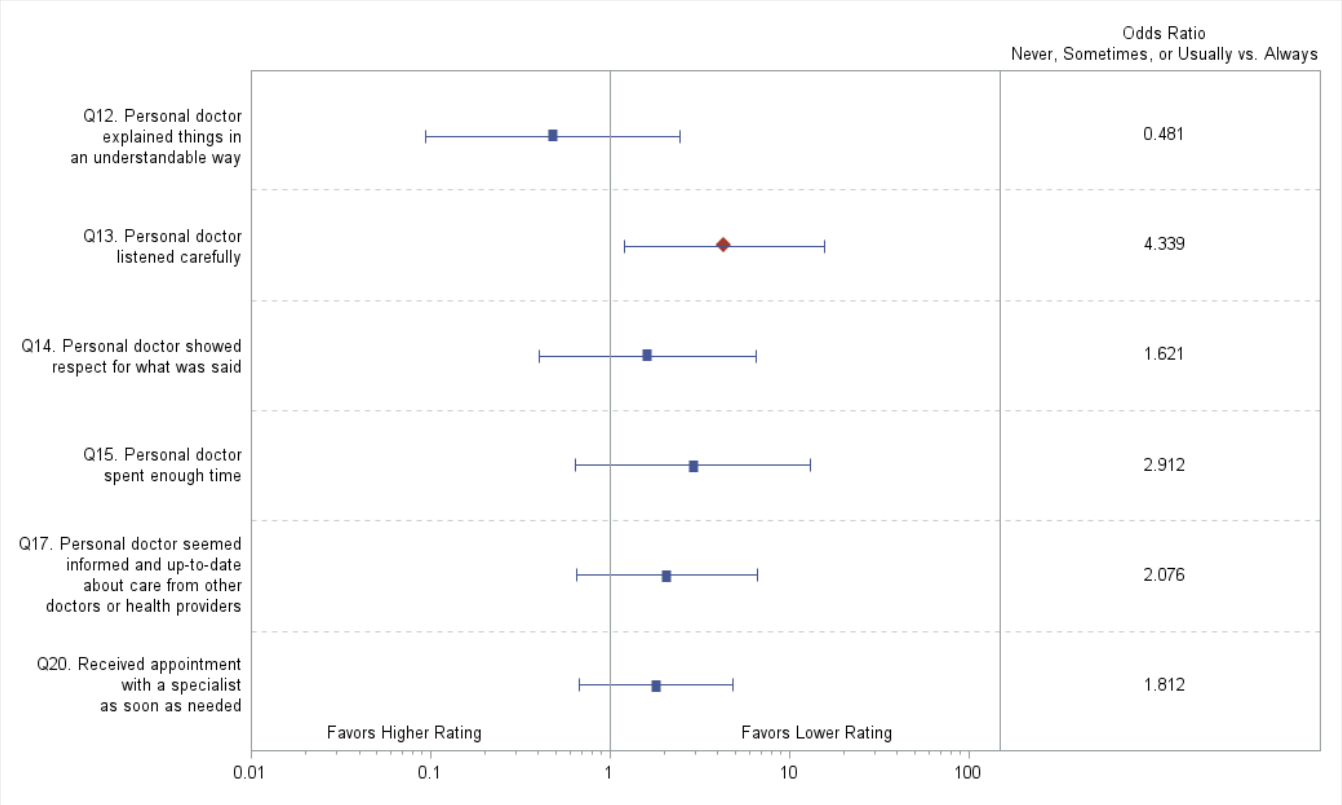
Figure A-4—ACC Program—Key Drivers of Member Experience: Rating of Health Plan



Indicates the item is a key driver.

Indicates the item is not a key driver.

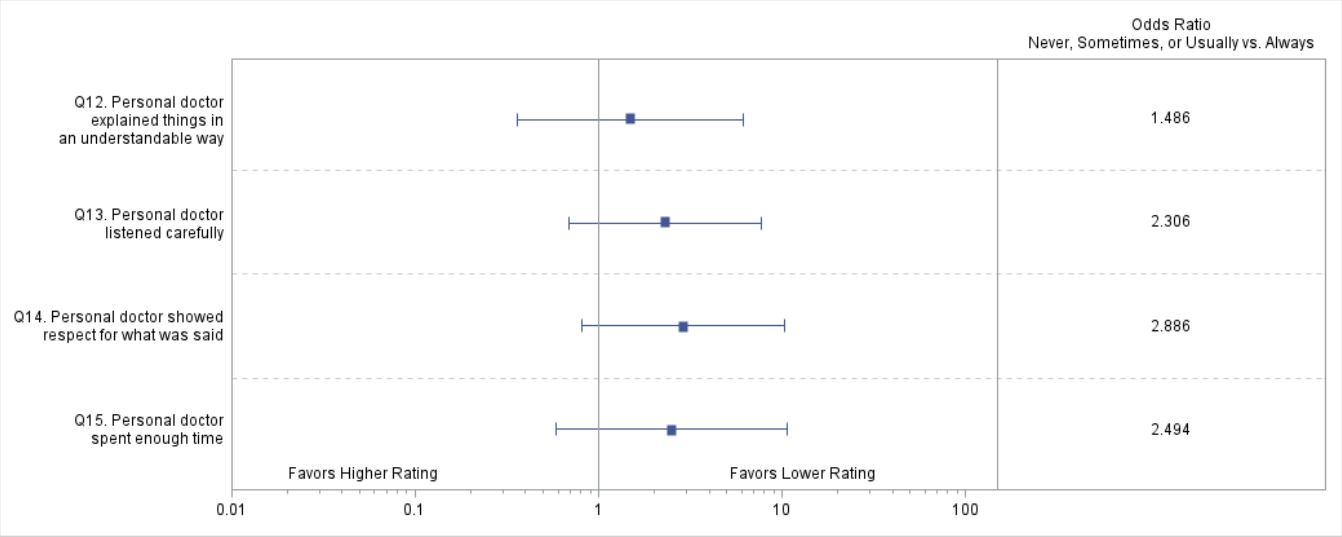
Figure A-5—ACC Program—Key Drivers of Member Experience: Rating of All Health Care



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure A-6—ACC Program—Key Drivers of Member Experience: Rating of Personal Doctor

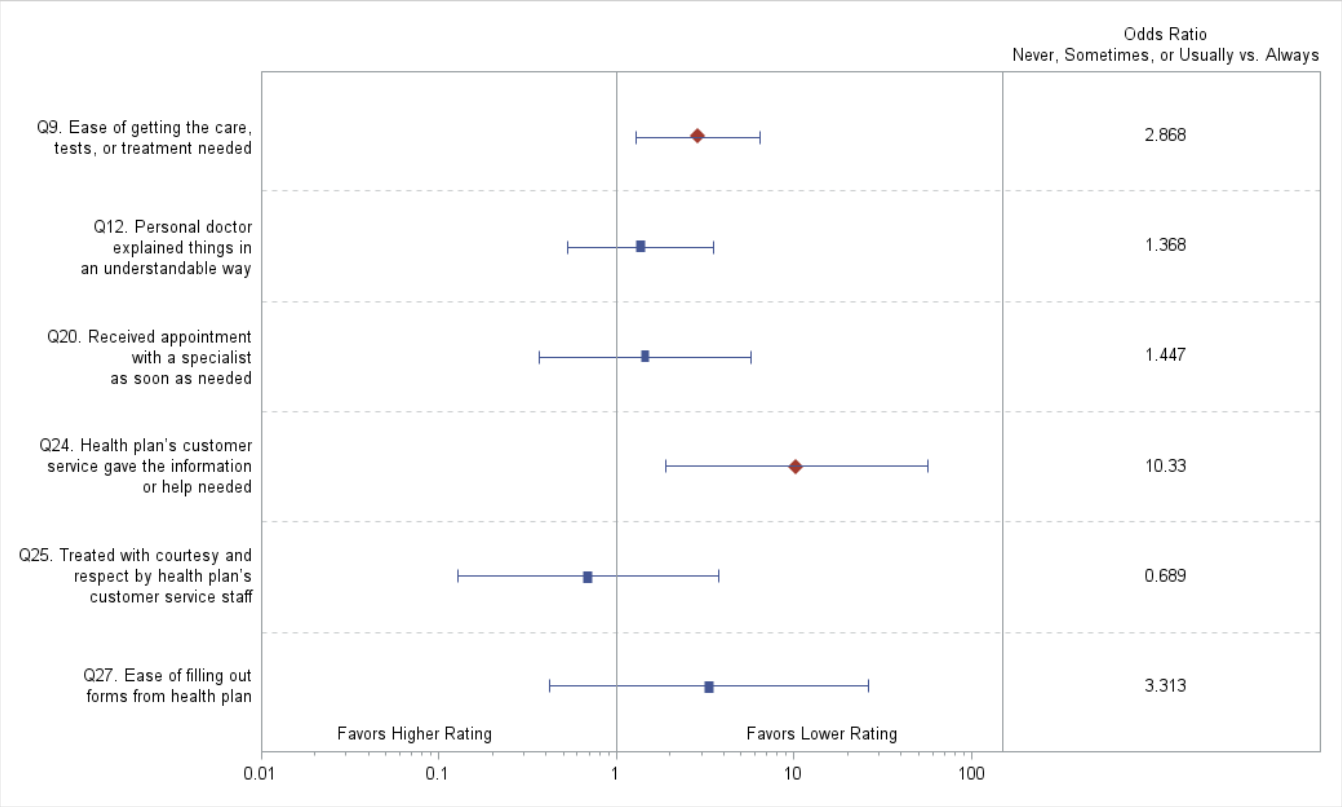


Indicates the item is a key driver.

Indicates the item is not a key driver.

FFS

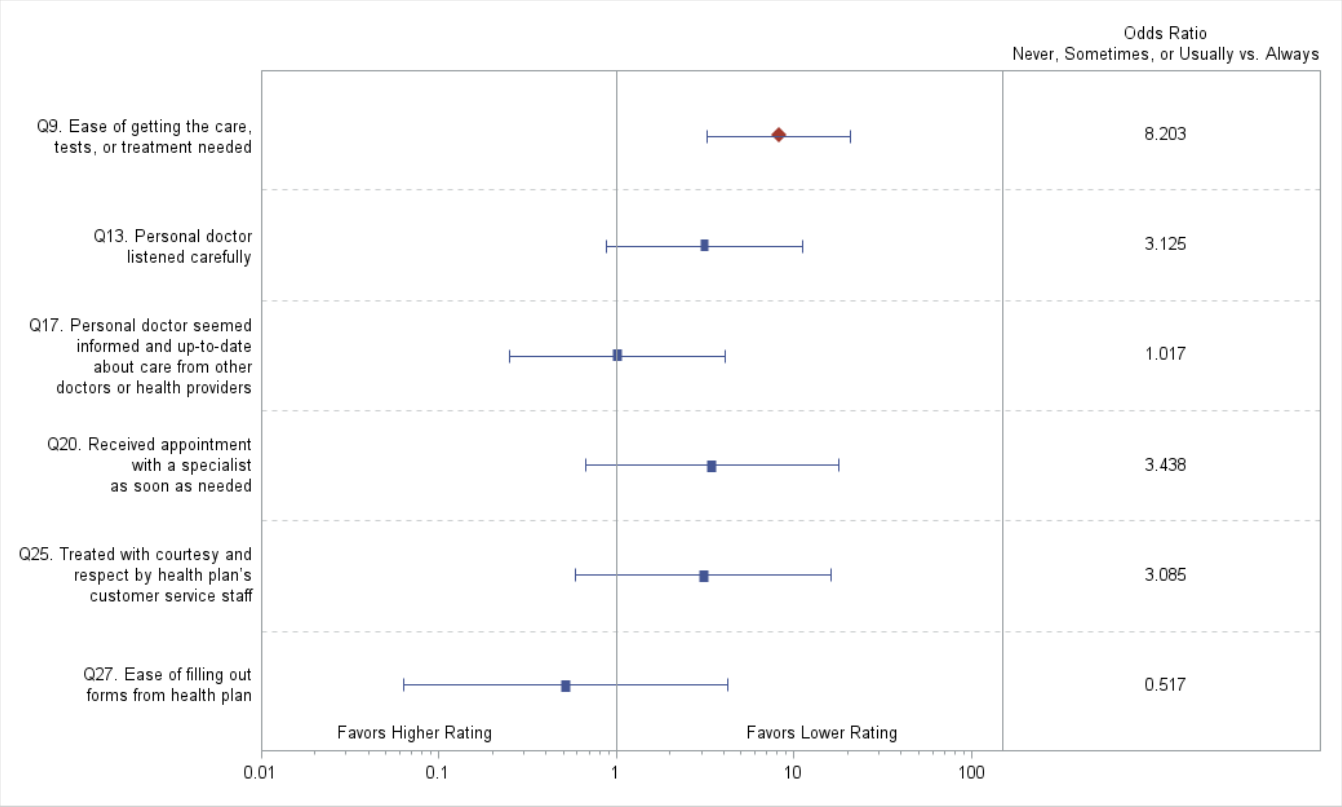
Figure A-7—FFS—Key Drivers of Member Experience: Rating of Health Plan



Indicates the item is a key driver.

Indicates the item is not a key driver.

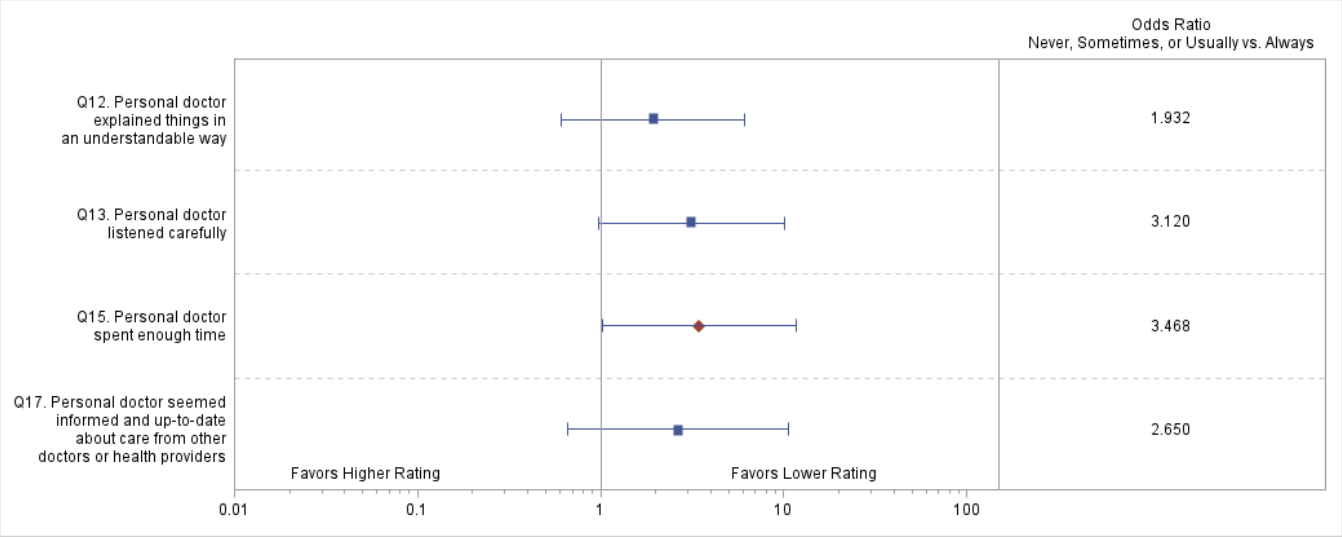
Figure A-8—FFS—Key Drivers of Member Experience: Rating of All Health Care



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure A-9—FFS—Key Drivers of Member Experience: Rating of Personal Doctor



Indicates the item is a key driver.

Indicates the item is not a key driver.

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.

AHCCCS
Arizona Health Care Cost Containment System

DataStat

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 <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> 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

7a. In the last 6 months, did you have a health care visit by phone or video?

- ○ Yes
- ○ No ➔ ***Go to Question 7e***

7b. What type of device did you use for a health care visit by phone or video? (Mark one or more.)

- ○ Personal computer with video
- ○ Smartphone or tablet with video
- ○ Telephone without video
- ○ Telehealth Kiosk
- ○ Other *(Please print)*

_____

7c. How easy or difficult has it been to use technology during a health care visit by phone or video?

- ○ Very easy
- ○ Easy
- ○ Difficult
- ○ Very difficult

7d. In the last 6 months, was the quality of care you received during phone or video visits better or worse than the care you received during in-person visits?

- ○ Much worse ➔ ***Go to Question 8***
- ○ Slightly worse ➔ ***Go to Question 8***
- ○ About the same ➔ ***Go to Question 8***
- ○ Slightly better ➔ ***Go to Question 8***
- ○ Much better ➔ ***Go to Question 8***

7e. In the last 6 months, what were the reasons you have <u>not</u> had a phone or video health care visit? (Mark one or more.)

- ○ I did not seek medical care
- ○ I was not aware that phone or video visits were available
- ○ I preferred to see my provider in person
- ○ My provider did not offer phone or video visits
- ○ I did not have the technology to access a phone or video visit
- ○ I had privacy concerns about having a phone or video visit
- ○ I needed an interpreter and was not able to get one
- ○ Other reason *(Please print)*

_____

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 Health Care Possible — Best Health Care 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 Personal Doctor Possible — Best Personal Doctor 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 <u>not</u> 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?

○	○	○	○	○	○	○	○	○	○	○
0	1	2	3	4	5	6	7	8	9	10

Worst Health Plan Possible — Best Health Plan 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 <u>mental or emotional</u> health?

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2022?

- ○ Yes
- ○ No
- ○ Don't know

32. 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 36***
- ○ Don't know ➔ ***Go to Question 36***

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

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

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

36. 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

37. Are you male or female?

- ○ Male
- ○ Female

38. 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

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

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

40. 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

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