2025 Adult Statewide CAHPS®
Summary Report

Arizona Health Care Cost Containment System

November 2025

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary 1
Performance Highlights 3
Comparative Analyses 3
Key Drivers of Member Experience Analysis 6
Recommendations 7

2. Adult Statewide Results 9
Survey Administration 9
Survey Responses 9
Respondent Demographics 10
Respondent Analysis 11
Comparative Analyses 13
National Percentile Comparisons 13
Trend Analysis 15
National Average Comparisons 15
Global Ratings 16
Composite and Individual Item Measures 20
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items 25
Supplemental Items 28
Days Waited for Check-Up or Routine Care 28
Appointment Wait Time 29
After Hours Visit to Doctor's Office or Clinic 30
Received Care During After Hours Visit to Doctor's Office or Clinic 30
Key Drivers of Member Experience Analysis 31
Statewide Population 31
ACC/ACC-RBHA Non-SMI-Designated 32
ACC-RBHA SMI-Designated 32
FFS 33

3. Reader's Guide 34
Survey Administration 34
Survey Overview 34
CAHPS Performance Measures 34
How CAHPS Results Were Collected 39
Sampling Procedures 39
Survey Protocol 40
Methodology 41
Response Rates 41
Respondent Demographics 42
Respondent Analysis 42
Scoring Calculations 43
National Percentile and Average Comparisons 44

Trend Analysis 45
Key Drivers of Member Experience Analysis 45
Limitations and Cautions 47
Population Considerations 47
Trend Results 47
Causal Inferences 47
National Data for Comparisons 48
Non-Response Bias 48

Appendix A. Key Drivers of Member Experience Analysis 49
Key Drivers of Member Experience Analysis 49
Statewide Population 49
ACC/ACC-RBHA Non-SMI-Designated 51
ACC-RBHA SMI-Designated 54
FFS 56

Appendix B. Survey Instrument 58

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). AHCCCS contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey for the following AHCCCS programs:[1,2]

- AHCCCS Complete Care (ACC)[3]
- ACC-Regional Behavioral Health Authority (ACC-RBHA) serious mental illness (SMI)-Designated
- 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)
- Tribal Program Contractors[4]

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

Table 1-1—CAHPS Arizona Medicaid Programs

Program/Plan Name	Program/Plan Abbreviation
Statewide Populations	
Statewide Population	Statewide Population
ACC Program	ACC/ACC-RBHA Non-SMI-Designated
ACC-RBHA SMI-Designated Population	ACC-RBHA SMI-Designated
FFS Population	FFS

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

2 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 (i.e., DCS CHP, Native American Community Health, White Mountain Apache, Gila River Tribe, Tohono O'odham, Pasqua Yaqui Tribe, and Hopi Tribe), were selected for sampling and are not included in the results of this report.

3 The ACC Program (i.e., non-SMI-Designated) is served by ACC and ACC-RBHA Contractors.

4 Tribal Program Contractors include: Hopi Tribe, Gila River Tribe, Native American Community Health, Navajo Nation, Pasqua Yaqui Tribe, San Carlos Apache, Tohono O'odham, and White Mountain Apache.

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

Table 1-2—ACC/ACC-RBHA Health Plans

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

- The Statewide population includes members enrolled within AIHP, ALTCS-DD, ALTCS-EPD, Tribal Program Contractors, and the six ACC/ACC-RBHA managed care organizations (MCOs) (see Table 1-1 and Table 1-1).
  - **AIHP:** The AIHP program is referred to as the AHCCCS Acute FFS Program for American Indians and is administered by the State through the Division of FFS Management at AHCCCS. AIHP provides medically necessary services for enrolled American Indian and Alaska Native members, including preventative and behavioral health care services.
  - **ALTCS-DD:** The ALTCS-DD program provides long-term services and supports (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.
  - **ALTCS-EPD:** The ALTCS-EPD program provides LTSS as well as integrated physical and behavioral health services to eligible members who are elderly and/or have a physical disability.
  - **Tribal Program Contractors:** Tribal Program Contractors provide integrated capitated or FFS LTSS services to elderly and/or physically disabled American Indians who are eligible for ALTCS. Members are eligible to receive integrated care through a Tribal Program Contractor if they live on a reservation.
- The ACC Program (i.e., ACC/ACC-RBHA 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 (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

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

stabilization services. Additionally, ACC-RBHA Contractors are responsible for providing services to the ACC (non-SMI-designated) population.[6]

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 March to June 2025. Results presented in this report include four global ratings, four composite measures, one individual item measure, three measure items related to medical assistance with smoking and tobacco use cessation, and five supplemental questions.

Performance Highlights

Comparative Analyses

HSAG calculated scores, which represent the percentage of respondents with positive survey responses (i.e., rate the experience of their care higher) for each measure. The scores include respondents who:

- Provided a rating of 9 or 10 on the global ratings.
- Usually or always received and/or had access to the care and services they needed.
- Reported their doctor/provider knew them and coordinated their care.

National Percentile Comparisons and Trend Analysis

HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2024 Quality Compass® Benchmark and Compare Quality Data.[8,9,10,11] Based on this

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6 Two ACC-RBHA Contractors are responsible for providing services for the SMI-designated population (i.e., AzCH-CCP ACC-RBHA and Mercy Care ACC-RBHA).

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 2024*. Washington, DC: NCQA, September 2024.

9 The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2024 data and is used with the permission of NCQA. Quality Compass 2024 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, NCQA does not publish separate benchmarking data for the SMI or FFS populations; therefore, caution should be exercised when interpreting these results.

11 Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

comparison, HSAG determined overall member experience ratings (i.e., 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).

In addition, HSAG performed a trend analysis that compared the 2025 scores to their corresponding 2024 scores. Since the CAHPS Survey was not administered to a separate sample of adult members enrolled in FFS in 2024, the 2025 scores were compared to the corresponding 2023 scores.

Table 1-3 provides the summary of the national percentile comparisons and trend analysis findings for the Statewide population, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For the detailed results of the national percentile comparisons and trend analyses, please refer to the Results section beginning on page 16.

Table 1-3—National Percentile Comparisons and Trend Analysis Summary

	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
Measure	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023)[1]
Global Ratings								
Rating of Health Plan	★★★ 63.4%	—	★★★ 63.5%	—	★ 56.2%	—	★ 43.7%	—
Rating of All Health Care	★★★★★ 63.8%	—	★★★ 60.0%	—	★ 47.7%	—	★ 42.2%	—
Rating of Personal Doctor	★★★★★ 77.8%	—	★★★★★ 77.1%	—	★★ 66.9%	—	★ 60.3%	—
Rating of Specialist Seen Most Often	★★★★★ 75.0%	—	★★★★★ 74.4%	—	★ 61.0%	—	★ 62.7%+	—
Composite Measures								
Getting Needed Care	★★★★★ 86.2%	—	★★★★ 85.0%	▲	★★ 79.1%	—	★ 74.0%	—
Getting Care Quickly	★★★ 83.5%	—	★★★ 81.9%	—	★★ 80.9%	—	★★ 78.3%+	—
How Well Doctors Communicate	★★ 92.6%	—	★★★ 93.2%	—	★ 91.4%	—	★ 90.9%+	—
Customer Service	★★★★★ 92.4%+	—	★★★★★ 92.2%+	—	★ 86.1%+	—	★ 84.2%+	—

Measure	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2024)	National Percentile Comparisons	Trend Results (2025 Compared to 2023)[1]
Individual Item Measure								
Coordination of Care	★ 81.8%+	—	★★ 83.5%+	—	★ 82.0%	—	★ 71.6%+	—
Medical Assistance with Smoking and Tobacco Use Cessation Items								
Advising Smokers and Tobacco Users to Quit	★ 67.5%+	—	★ 67.1%+	—	★★★★ 78.8%	—	★ 54.8%+	—
Discussing Cessation Medications	★★ 48.8%+	—	★ 45.7%+	—	★★★★ 58.8%	—	★ 12.9%+	—
Discussing Cessation Strategies	★★ 42.7%+	—	★ 39.5%+	—	★★★★ 50.5%	—	★ 16.1%+	—

[1] *The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023 results.*

Star Assignments Based on Percentiles:

★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th

▲ *Indicates the 2025 score is statistically significantly higher than the trend year.*

▼ *Indicates the 2025 score is statistically significantly lower than the trend year.*

— *Indicates the 2025 score is not statistically significantly higher or lower than the trend year.*

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

National Average Comparisons

HSAG compared the Statewide population, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-Designated, and FFS scores to the 2024 NCQA adult Medicaid national averages to determine if the program scores were statistically significantly different.[12] Table 1-4 shows the summary of the program and national average comparisons. For the detailed results of the national average comparisons, please refer to the Results section beginning on page 16.

[12] Since NCQA does not publish separate benchmarking data for adults with an SMI or in FFS, NCQA's Quality Compass benchmarks for the adult Medicaid population were used for comparative purposes; therefore, caution should be exercised when interpreting these results.

Table 1-4—National Average Comparisons Summary: Statistically Significant Results

Measure	Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	ACC-RBHA SMI-Designated	FFS
Global Ratings				
Rating of Health Plan	—	—	—	↓
Rating of All Health Care	—	—	↓	↓
Rating of Personal Doctor	↑	↑	—	↓
Rating of Specialist Seen Most Often	—	—	—	—
Composite Measures				
Getting Needed Care	↑	—	—	↓
Getting Care Quickly	—	—	—	—
How Well Doctors Communicate	—	—	—	—
Customer Service	—	—	—	—
Individual Item Measure				
Coordination of Care	—	—	—	↓
Medical Assistance with Smoking and Tobacco Use Cessation Items				
Advising Smokers and Tobacco Users to Quit	—	—	—	↓
Discussing Cessation Medications	—	—	—	↓
Discussing Cessation Strategies	—	—	—	↓

↑ *Indicates the 2025 score is statistically significantly higher than the NCQA national average.*
↓ *Indicates the 2025 score is statistically significantly lower than the NCQA national average.*
— *Indicates the 2025 score is not statistically significantly different than the NCQA national average.*

Key Drivers of Member Experience Analysis

To determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the adult Statewide populations.

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 respondents' levels of experience with each of the three measures.

Table 1-5 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. For the detailed results of the key drivers of member experience analysis, please refer to the Key Drivers of Member Experience Analysis section beginning on page 31.

Table 1-5—Key Drivers of Member Experience: Statewide Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	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
Q25. Treated with courtesy and respect by health plan's customer service staff	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, improvements of those responses may not significantly affect the rating.*

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 three quarters of the scores for the ACC-RBHA SMI-designated populations and all the scores for the FFS population were below the 2024 NCQA Medicaid national 50th percentile which may reflect potential issues with the quality and timeliness of, and access to care for members.[13] 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.

[13] Since NCQA does not publish separate benchmarking data for adults with an SMI or in FFS, NCQA's Quality Compass benchmarks for the adult Medicaid population were used for comparative purposes; therefore, caution should be exercised when interpreting these results.

- 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.

2. Adult Statewide Results

Survey Administration

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 additional information on the survey protocol, please refer to page 40 of the Reader's Guide section.

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 2-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 41 of the Reader's Guide section.

Table 2-1—Total Number of Respondents and Response Rates[14]

Program/Population Name	Sample Size	Completed Surveys	Response Rate
Statewide Population	**2,025**	**222**	**11.0%**
ACC/ACC-RBHA Non-SMI-Designated	**2,044**	**230**	**11.3%**
ACC/ACC-RBHA Non-SMI-Designated Oversample	345	46	13.4%
ACC/ACC-RBHA Non-SMI-Designated from Statewide Sample	1,699	184	10.9%
ACC-RBHA SMI-Designated	**1,425**	**202**	**14.3%**
ACC-RBHA SMI Designated Oversample	1,350	S	14.5%
ACC-RBHA SMI Designated from Statewide Sample	75	S	S
FFS	**2,041**	**239**	**11.8%**
FFS Oversample	1,888	S	12.2%
FFS from Statewide Sample	153	S	S

S *Indicates results have been suppressed in accordance with CMS cell size suppression policy.*

[14] 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."

Respondent Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Table 2-2 shows the self-reported age, gender, race, ethnicity, general health status, and mental or emotional health status of members who completed a survey. For additional information on the respondent demographics, please refer to page 42 of the Reader's Guide section.

Table 2-2—Adult Respondent Demographics

	Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	ACC-RBHA SMI-Designated	FFS
Age				
18 to 24	7.4%	7.6%	S	7.6%
25 to 34	10.2%	8.5%	S	10.9%
35 to 44	6.0%	5.8%	18.9%	12.2%
45 to 54	12.1%	14.3%	19.9%	13.0%
55 to 64	26.0%	27.8%	30.8%	29.0%
65 and older	38.1%	35.9%	16.9%	27.3%
Gender				
Male	37.6%	37.1%	46.2%	39.1%
Female	62.4%	62.9%	53.8%	60.9%
Race				
Multiracial	S	S	S	S
White	56.3%	64.2%	72.3%	0.0%
Black	7.8%	7.4%	7.7%	0.0%
Asian	7.3%	S	S	0.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	S	0.0%
American Indian or Alaska Native	S	S	S	95.4%
Other	19.4%	17.7%	13.3%	S
Ethnicity				
Hispanic	38.4%	40.6%	27.0%	S
Non-Hispanic	61.6%	59.4%	73.0%	S

	Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	ACC-RBHA SMI-Designated	FFS
Education Level				
8th Grade or Less	12.2%	12.4%	6.0%	10.3%
Some High School	12.7%	11.9%	14.9%	19.2%
High School Graduate	33.3%	28.4%	35.8%	40.6%
Some College	28.2%	32.6%	33.3%	25.2%
College Graduate	13.6%	14.7%	10.0%	4.7%
General Health Status				
Excellent	5.9%	6.1%	7.0%	12.9%
Very Good	17.6%	17.4%	11.6%	15.5%
Good	35.1%	37.0%	34.2%	37.9%
Fair	35.1%	33.5%	37.2%	28.4%
Poor	6.3%	6.1%	10.1%	5.2%
Mental or Emotional Health Status				
Excellent	S	15.3%	S	S
Very Good	23.5%	26.2%	S	17.9%
Good	34.4%	32.8%	30.2%	39.6%
Fair	23.5%	21.0%	36.2%	22.1%
Poor	S	4.8%	19.6%	S

Some percentages may not total 100% due to rounding.
S *Indicates results have been suppressed in accordance with CMS cell size suppression policy.*

Respondent Analysis

HSAG compared the demographic characteristics of members who responded to the survey (i.e., respondent percentages) to the demographic characteristics of all members in the sample frame (i.e., sample frame percentages) for statistically significant differences.

The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. Table 2-3 presents the results of the respondent analysis for the Statewide population, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS. 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. For additional information regarding the respondent analysis, please refer to page 42 of the Reader's Guide section.

Table 2-3—Respondent Analysis: Statewide Adult Populations

		Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	ACC-RBHA SMI-Designated	FFS
Age					
18 to 24	Respondents	7.7% ↓	7.8% ↓	S	7.5% ↓
	Sample Frame	18.1%	18.8%	6.2%	17.1%
25 to 34	Respondents	10.4% ↓	8.3% ↓	9.9% ↓	11.3% ↓
	Sample Frame	22.6%	23.2%	17.5%	23.0%
35 to 44	Respondents	6.3% ↓	7.0% ↓	S	12.1% ↓
	Sample Frame	19.2%	19.3%	23.3%	21.8%
45 to 54	Respondents	12.2%	13.9%	19.8%	12.6%
	Sample Frame	13.4%	13.3%	21.3%	14.4%
55 to 64	Respondents	27.5% ↑	29.1% ↑	30.7% ↑	31.0% ↑
	Sample Frame	13.7%	13.5%	21.2%	13.7%
65 or Older	Respondents	36.0% ↑	33.9% ↑	16.3% ↑	25.5% ↑
	Sample Frame	13.1%	12.0%	10.5%	9.9%
Gender					
Male	Respondents	37.4%	36.5%	46.0%	38.9% ↓
	Sample Frame	43.5%	42.6%	47.6%	47.0%
Female	Respondents	62.6%	63.5%	54.0%	61.1% ↑
	Sample Frame	56.5%	57.4%	52.4%	53.0%
Race					
Multiracial	Respondents	0.0%	0.0%	0.0%	0.0%
	Sample Frame	0.0%	0.0%	0.0%	0.0%
White	Respondents	66.9%	74.8%	79.7%	0.0%
	Sample Frame	68.6%	76.5%	75.0%	1.1%
Black	Respondents	S	10.1%	8.3% ↓	0.0%
	Sample Frame	11.9%	13.5%	13.7%	0.3%
Asian	Respondents	7.9% ↑	6.9%	S	0.0%
	Sample Frame	3.2%	3.7%	1.3%	0.0%
Native Hawaiian or other Pacific Islander	Respondents	S	S	S	0.0%
	Sample Frame	0.6%	0.7%	0.7%	0.0%
American Indian or Alaska Native	Respondents	8.6% ↓	S	S	100.0%
	Sample Frame	14.2%	4.1%	3.4%	98.3%
Other	Respondents	S	S	S	0.0%
	Sample Frame	1.5%	1.5%	5.9%	0.2%

		Statewide Population	ACC/ACC-RBHA Non-SMI-Designated	ACC-RBHA SMI-Designated	FFS
Ethnicity					
Hispanic	Respondents	53.6%	55.2%	36.5%	S
	Sample Frame	57.4%	60.6%	43.8%	11.4%
Non-Hispanic	Respondents	46.4%	44.8%	63.5%	S
	Sample Frame	42.6%	39.4%	56.2%	88.6%

Some percentages may not total 100% due to rounding.
↑ *Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.*
↓ *Indicates the respondent percentage is statistically 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.
S *Indicates results have been suppressed in accordance with CMS cell size suppression policy.*

Comparative Analyses

HSAG calculated scores for each measure.[15] For the trend analysis and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. For additional information on the calculation of the measures, please refer to page 43 of the Reader's Guide section. For additional information on the survey language and response options for the measures, please refer to page 34 of the Reader's Guide section.

National Percentile Comparisons

HSAG compared the scores for each measure to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data.[16,17,18,19] 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 2-4 through Table 2-6

[15] HSAG followed *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures* for calculating scores.

[16] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

[17] Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

[18] NCQA Quality Compass benchmarks for the adult Medicaid population are used for comparative purposes, NCQA does not publish separate benchmarking data for the SMI or FFS populations; therefore, caution should be exercised when interpreting these results.

[19] Quality Compass 2025 data were not available at the time this report was prepared; therefore, 2024 data were used for comparison.

show the adult populations' scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For additional information on the national percentile comparisons, please refer to page 44 of the Reader's Guide section.

Table 2-4—National Percentile Comparisons: Global Ratings

	Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*	*Rating of Specialist Seen Most Often*
Statewide Population	★★★ 63.4%	★★★★★ 63.8%	★★★★★ 77.8%	★★★★★ 75.0%
ACC/ACC-RBHA Non-SMI-Designated	★★★ 63.5%	★★★ 60.0%	★★★★★ 77.1%	★★★★★ 74.4%
ACC-RBHA SMI-Designated	★ 56.2%	★ 47.7%	★★ 66.9%	★ 61.0%
FFS	★ 43.7%	★ 42.2%	★ 60.3%	★ 62.7%+

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.

Table 2-5—National Percentile Comparisons: Composite Measures

	Getting Needed Care	*Getting Care Quickly*	*How Well Doctors Communicate*	*Customer Service*
Statewide Population	★★★★★ 86.2%	★★★ 83.5%	★★ 92.6%	★★★★★ 92.4%+
ACC/ACC-RBHA Non-SMI-Designated	★★★★ 85.0%	★★★ 81.9%	★★★ 93.2%	★★★★★ 92.2%+
ACC-RBHA SMI-Designated	★★ 79.1%	★★ 80.9%	★ 91.4%	★ 86.1%+
FFS	★ 74.0%	★★ 78.3%+	★ 90.9%+	★ 84.2%+

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.

Table 2-6—National Percentile Comparisons: Individual Item and Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

	Coordination of Care	*Advising Smokers and Tobacco Users to Quit*	*Discussing Cessation Medications*	*Discussing Cessation Strategies*
Statewide Population	★ 81.8%+	★ 67.5%+	★★ 48.8%+	★★ 42.7%+
ACC/ACC-RBHA Non-SMI-Designated	★★ 83.5%+	★ 67.1%+	★ 45.7%+	★ 39.5%+
ACC-RBHA SMI-Designated	★ 82.0%	★★★★ 78.8%	★★★★ 58.8%	★★★★ 50.5%
FFS	★ 71.6%+	★ 54.8%+	★ 12.9%+	★ 16.1%+

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

HSAG compared the Statewide population, ACC/ACC-RBHA Non-SMI-Designated, ACC-RBHA SMI-Designated, and FFS 2025 scores to the trend year scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼). For additional information on the trend analysis, please refer to page 4544 of the Reader's Guide section.

National Average Comparisons

HSAG compared the 2025 scores to the 2024 NCQA adult Medicaid national averages to determine whether there were statistically significant differences.[20,21,22] Statistically significant differences are denoted with indicators higher (H) or lower (L). For additional information on the national average comparisons, please refer to page 44 of the Reader's Guide section.

[20] For the NCQA adult Medicaid national averages, the data source contained in this publication is Quality Compass® 2024 data. National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

[21] Quality Compass® 2024 data are used with the permission of NCQA. Quality Compass 2024 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.

[22] NCQA national averages for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national averages are presented in this section.

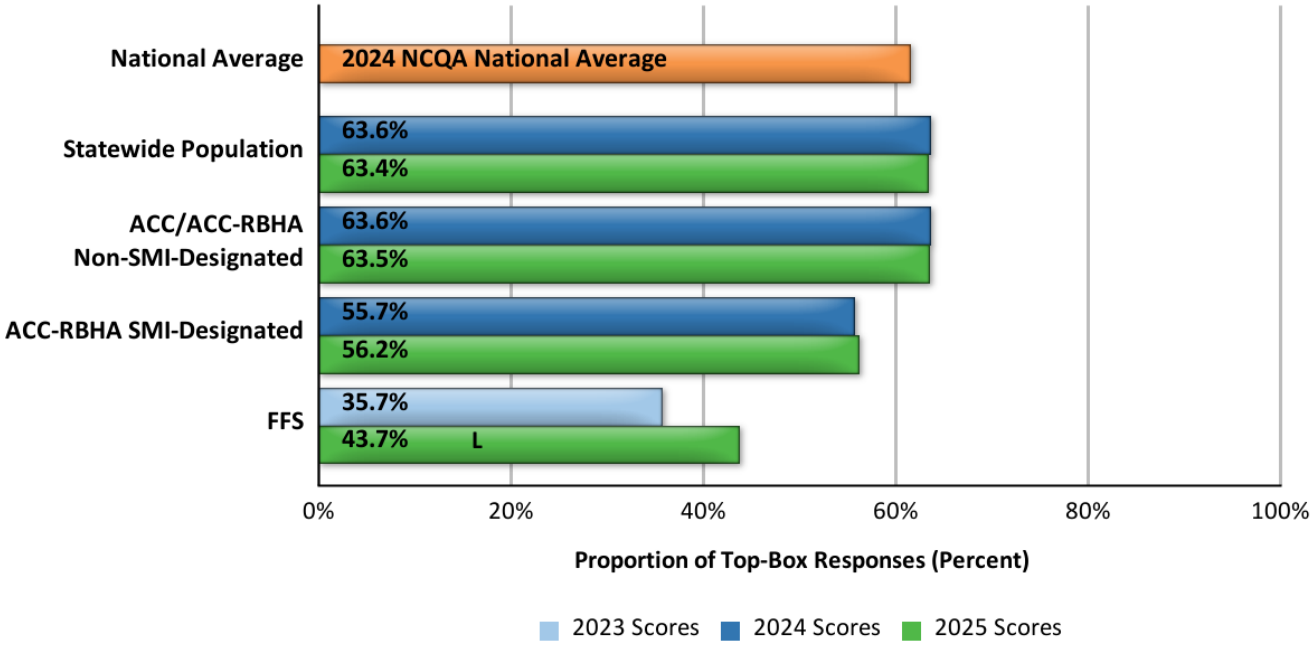
Figure 2-1 through Figure 2-12 show the results of the trend analysis and national average comparisons.

Global Ratings

Rating of Health Plan

Figure 2-1 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 2-1—Comparative Analyses: Rating of Health Plan

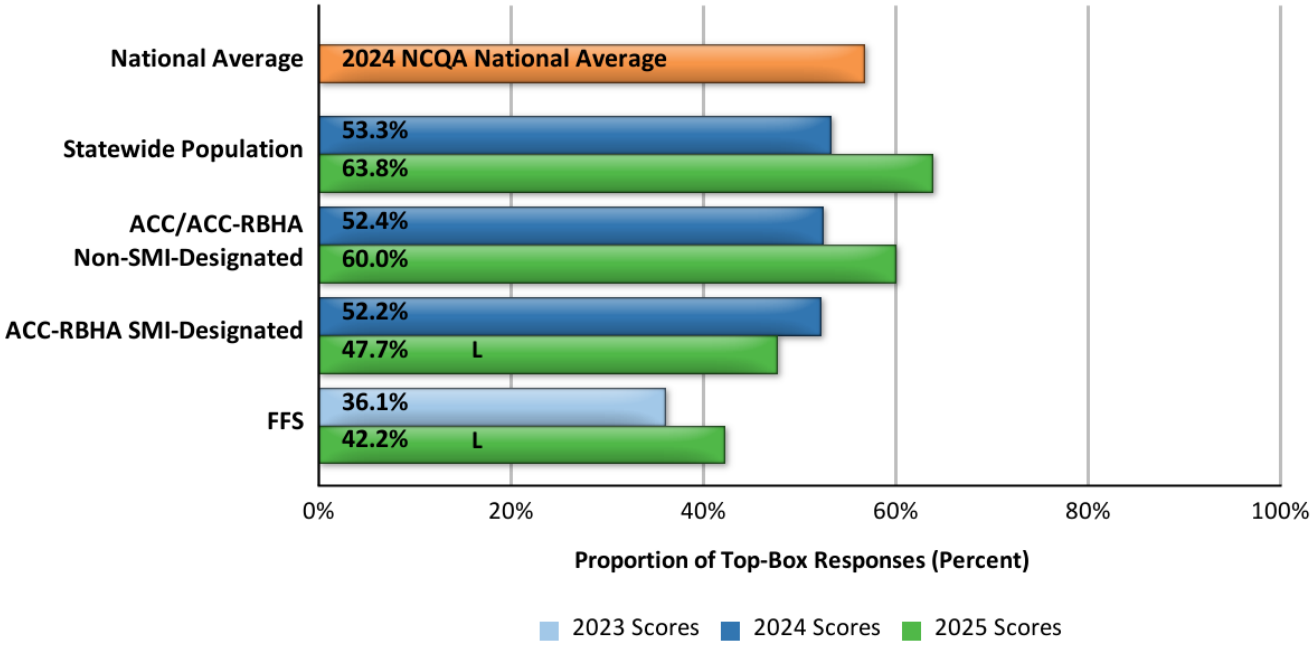


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of All Health Care

Figure 2-2 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 2-2—Comparative Analyses: Rating of All Health Care

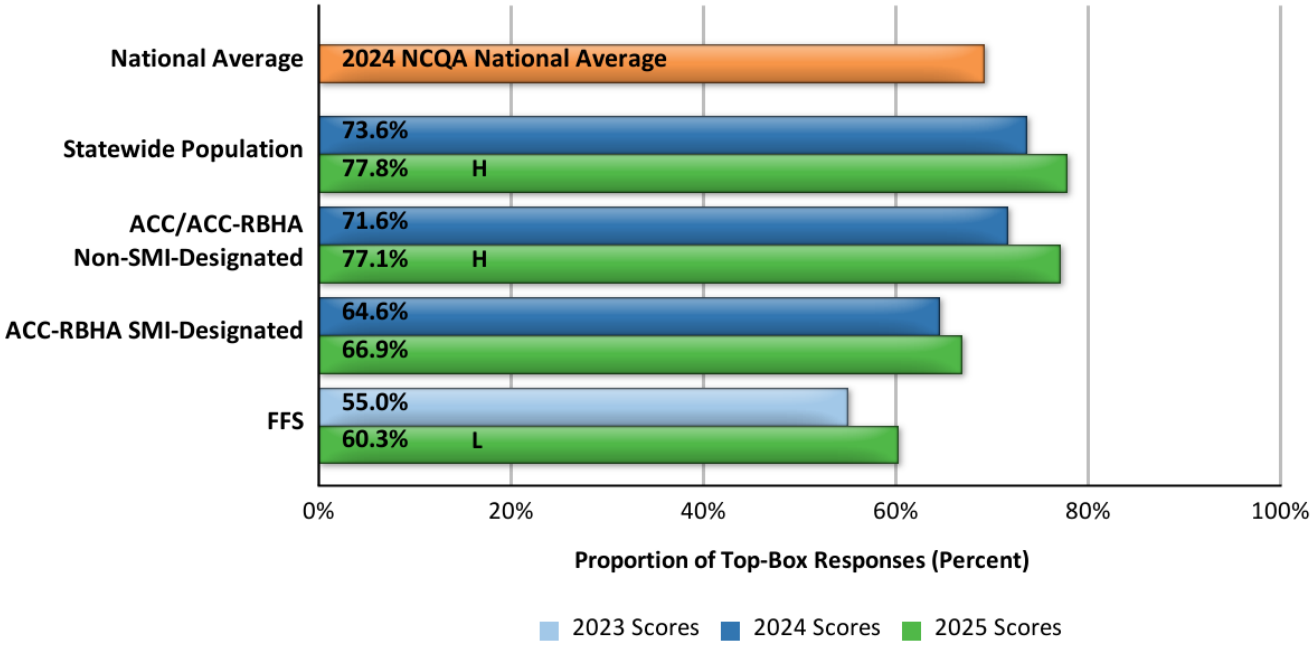


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Personal Doctor

Figure 2-3 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 2-3—Comparative Analyses: Rating of Personal Doctor

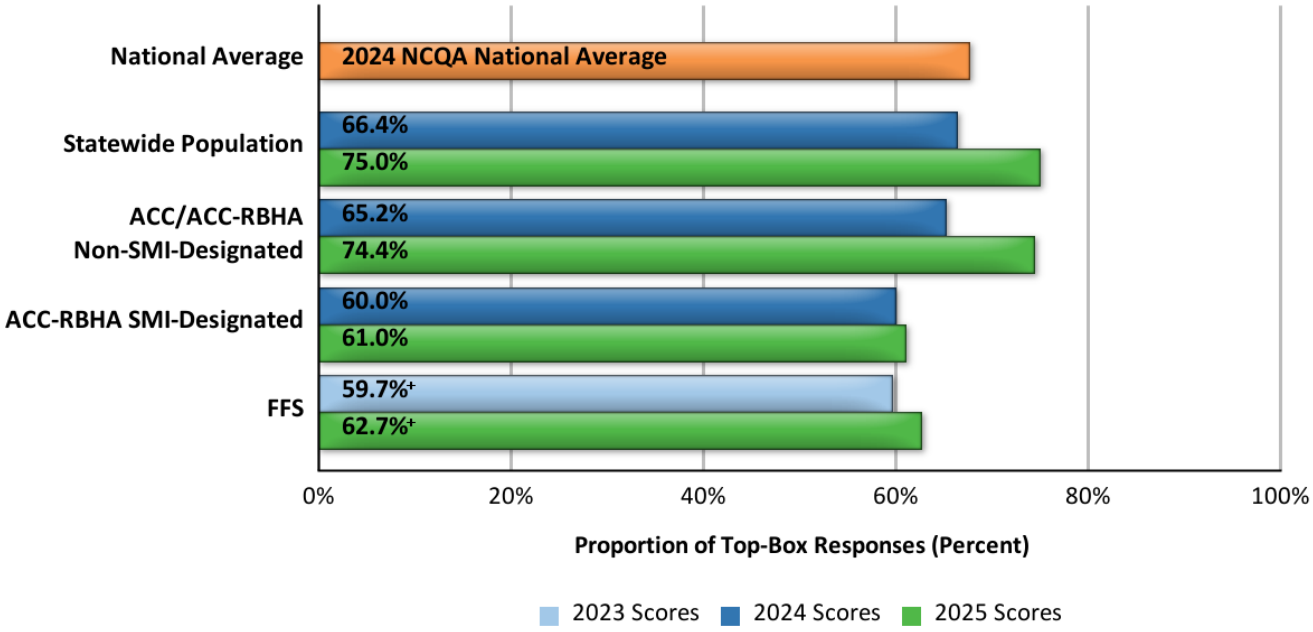


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Rating of Specialist Seen Most Often

Figure 2-4 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-4—Comparative Analyses: Rating of Specialist Seen Most Often



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
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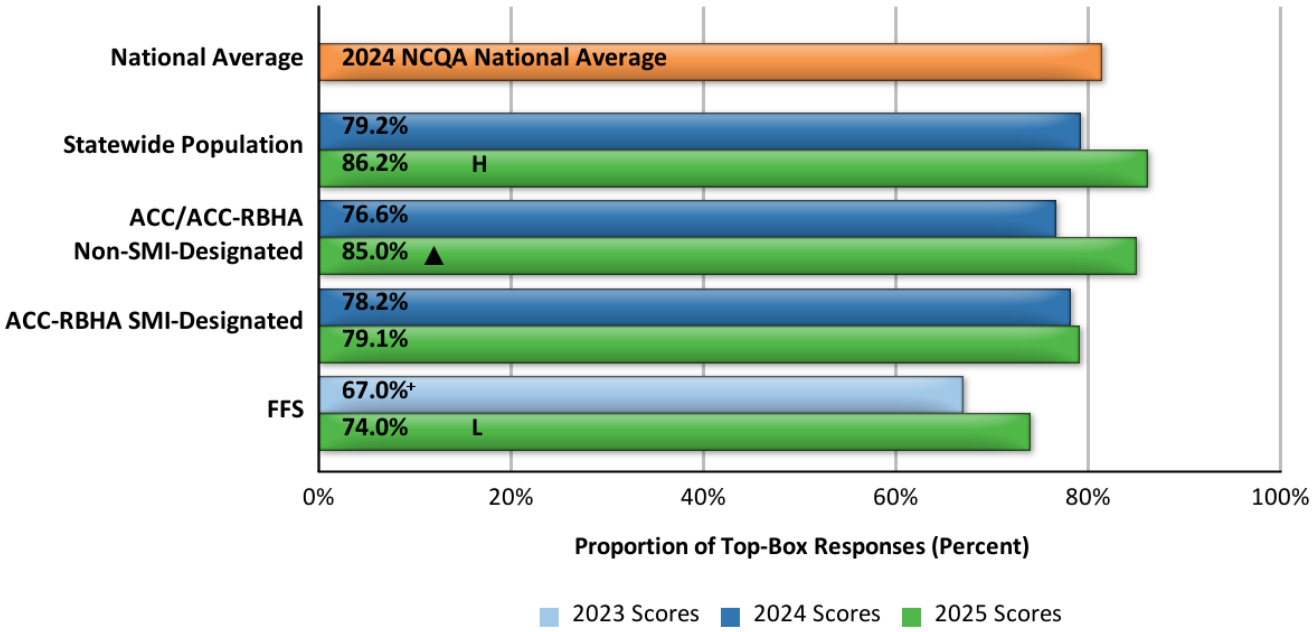
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Composite and Individual Item Measures

Getting Needed Care

Figure 2-5 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 2-5—Comparative Analyses: Getting Needed Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
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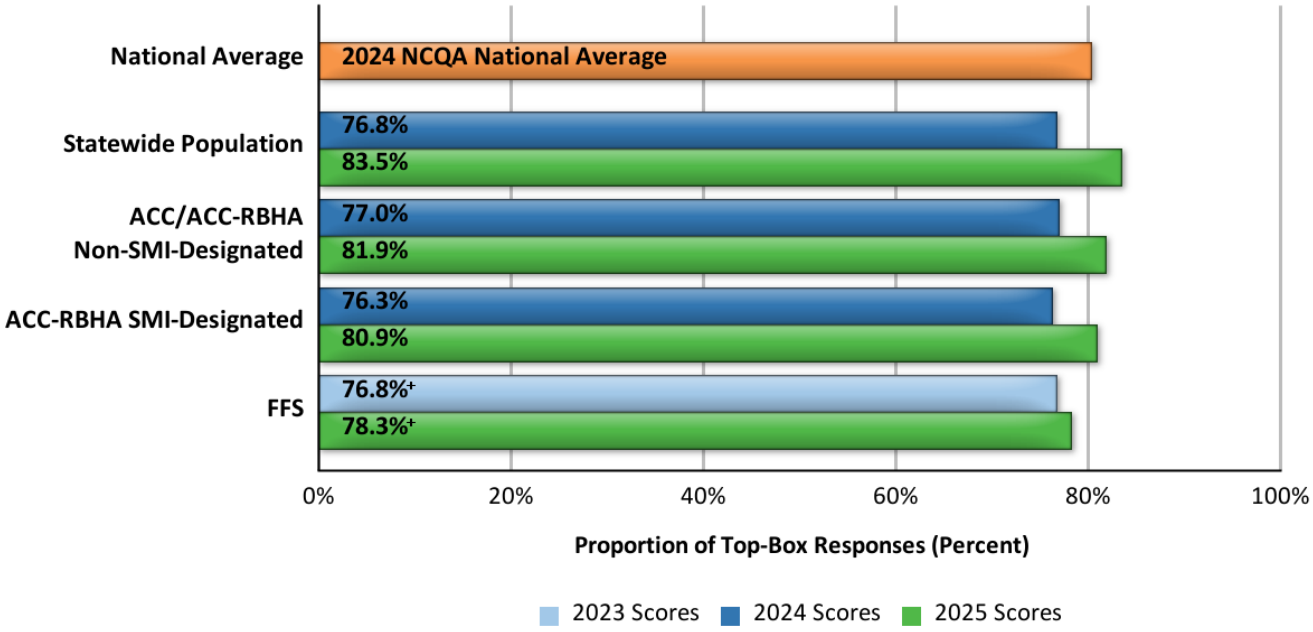
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Getting Care Quickly

Figure 2-6 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 2-6—Comparative Analyses: Getting Care Quickly

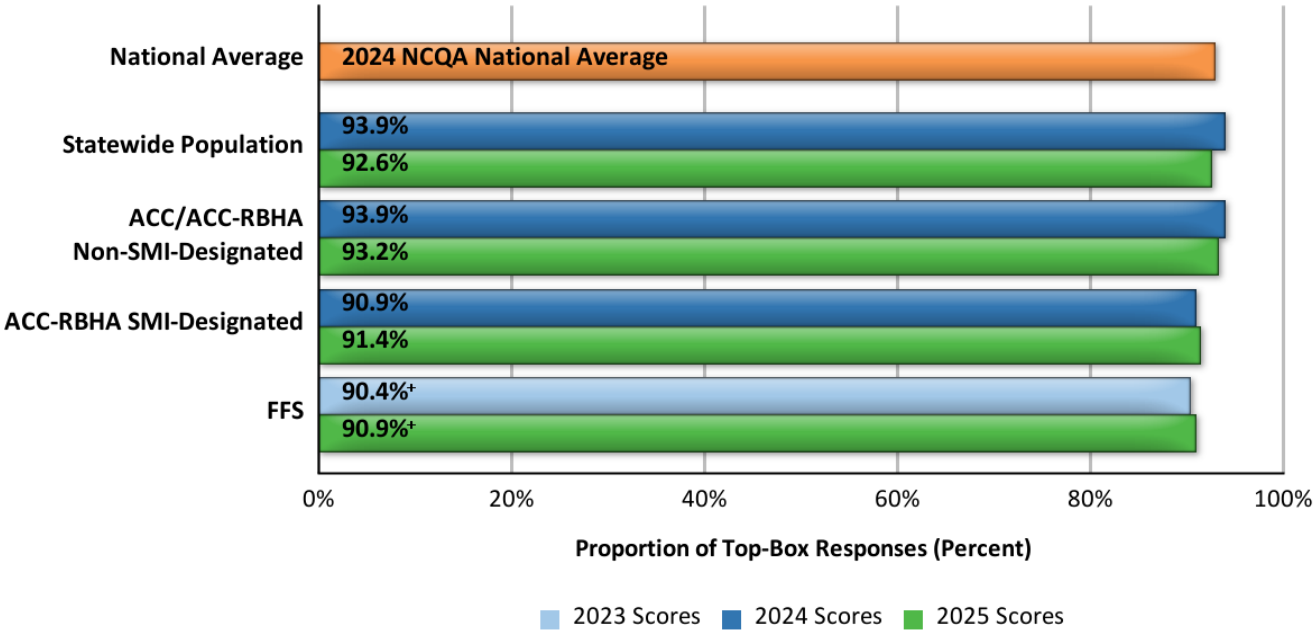


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

How Well Doctors Communicate

Figure 2-7 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 2-7—Comparative Analyses: How Well Doctors Communicate



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
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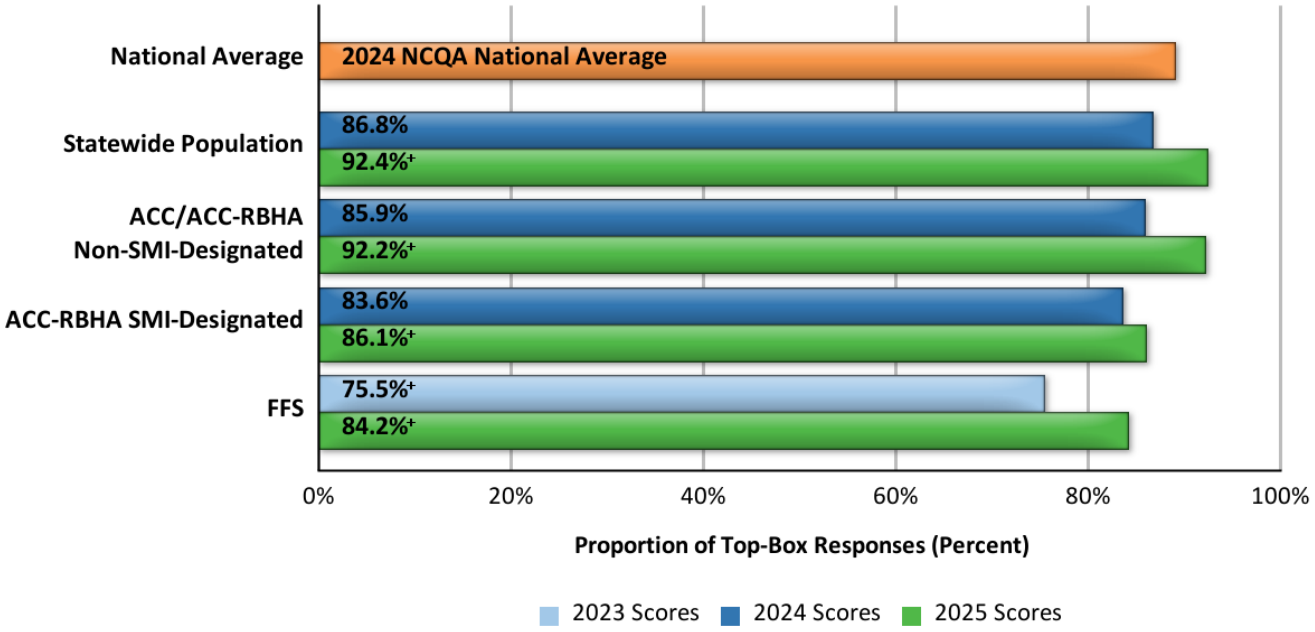
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Customer Service

Figure 2-8 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Customer Service* composite measure.

Figure 2-8—Comparative Analyses: Customer Service



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
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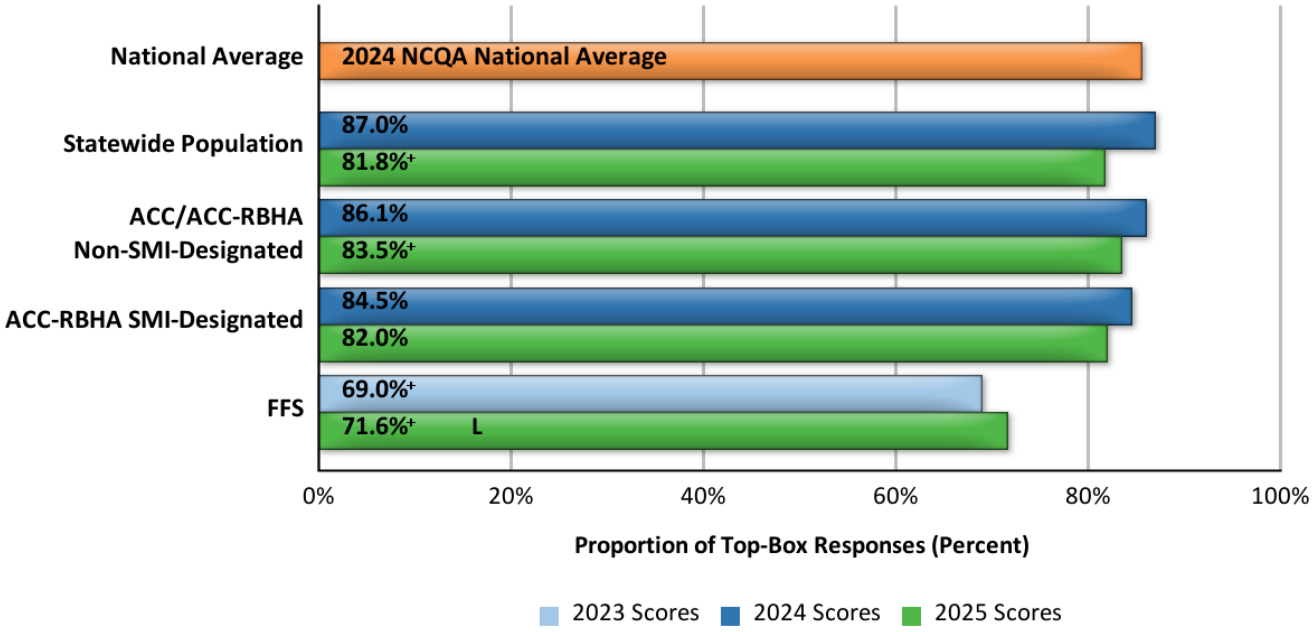
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Coordination of Care

Figure 2-9 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 2-9—Comparative Analyses: Coordination of Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
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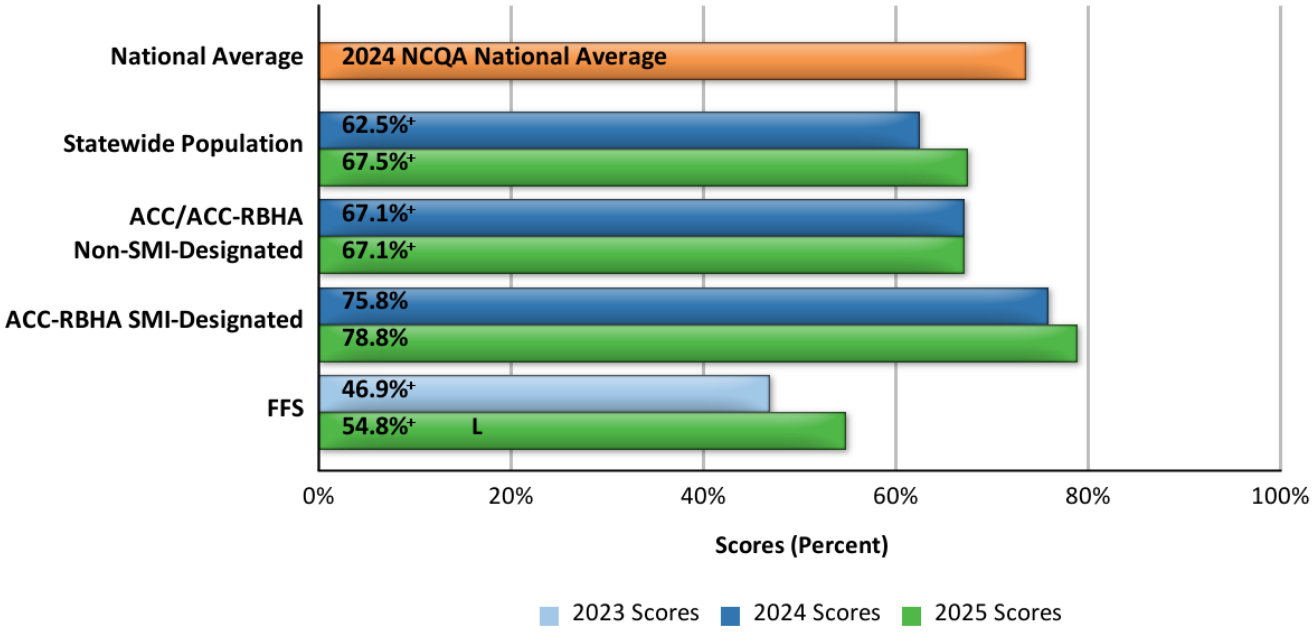
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Medical Assistance With Smoking and Tobacco Use Cessation Measure Items

Advising Smokers and Tobacco Users to Quit

Figure 2-10 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Advising Smokers and Tobacco Users to Quit* measure.

Figure 2-10—Comparative Analyses: Advising Smokers and Tobacco Users to Quit

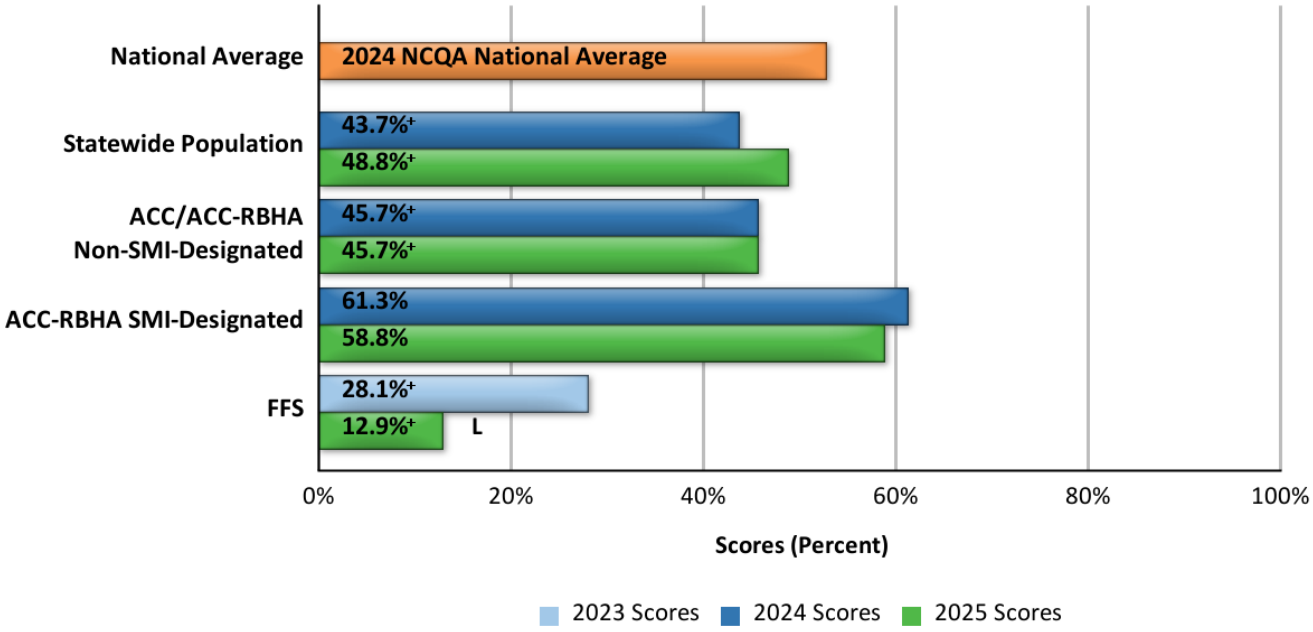


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Discussing Cessation Medications

Figure 2-11 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Discussing Cessation Medications* measure.

Figure 2-11—Comparative Analyses: Discussing Cessation Medications

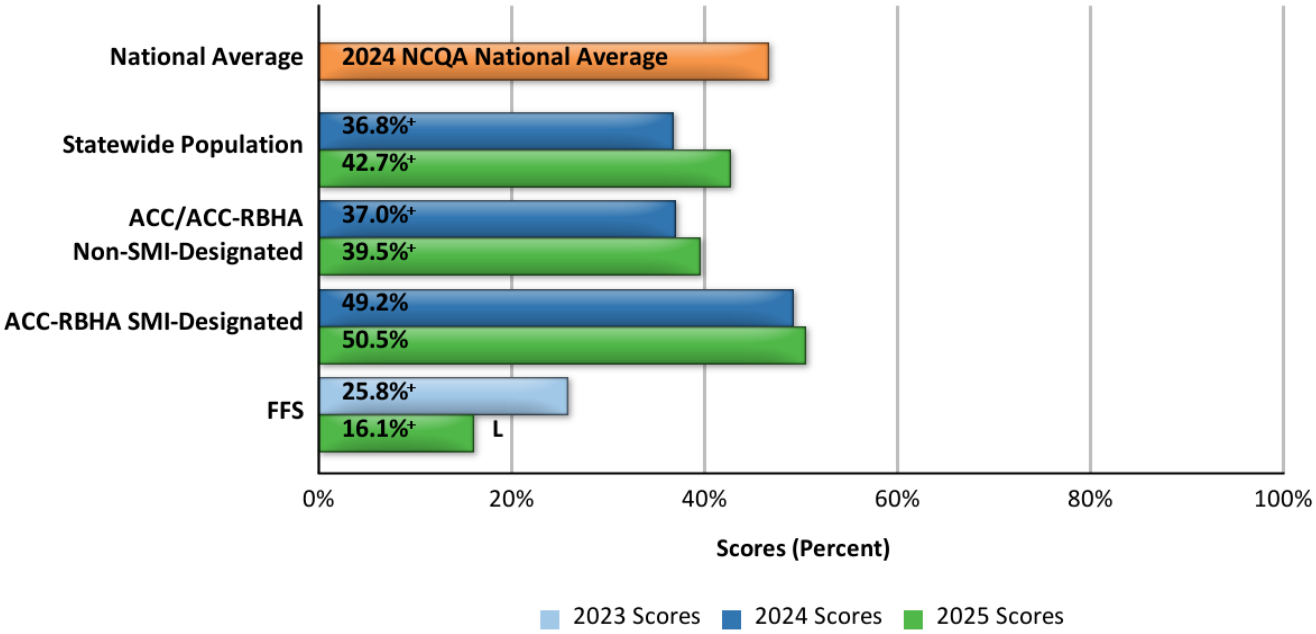


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Discussing Cessation Strategies

Figure 2-12 shows the scores and the 2024 NCQA adult Medicaid national average, including the trend analysis and national average comparisons, for the *Discussing Cessation Strategies* measure.

Figure 2-12—Comparative Analyses: Discussing Cessation Strategies



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the trend year score.
▼ Indicates the 2025 score is statistically significantly lower than the trend year score.
H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
If no statistically significant differences were found, no indicators (▲,▼ or H, L) appear on the figure.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
The FFS population was not oversampled in 2024; therefore, the 2025 results are compared to 2023.

Supplemental Items

AHCCCS elected to add five supplemental questions to the adult survey. These questions focused on timeliness of care. Table 2-7 through Table 2-11 show the number and percentage of responses for each supplemental item for the Statewide, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS populations. For additional information on the survey language and response options for the supplemental items, please refer to page 36 of the Reader's Guide section.

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 2-7 shows the results for this question.[23]

Table 2-7—Days Waited for Check-Up or Routine Care Appointment

Response Options	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	N	%	N	%	N	%	N	%
Same Day	18	10.6%	17	9.6%	22	12.2%	54	29.5%
1 day	12	7.1%	17	9.6%	11	6.1%	S	S
2 to 3 days	44	25.9%	42	23.7%	27	14.9%	S	S
4 to 7 days	32	18.8%	34	19.2%	34	18.8%	23	12.6%
8 to 14 days	24	14.1%	19	10.7%	41	22.7%	20	10.9%
15 to 30 days	19	11.2%	24	13.6%	30	16.6%	22	12.0%
More than 30 days	21	12.4%	24	13.6%	16	8.8%	42	23.0%

Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.
S *Indicates results have been suppressed in accordance with CMS cell size suppression policy.*

[23] Respondents who answered, "I did not receive any health care in the last 6 months" were excluded from the analysis.

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 41). Table 2-8 shows the results for this question.

Table 2-8—Days Waited for Appointment When Care Was Needed Right Away

Response Options	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	N	%	N	%	N	%	N	%
Same Day	61	38.1%	58	34.9%	69	39.0%	87	48.1%
1 day	33	20.6%	35	21.1%	29	16.4%	20	11.0%
2 to 3 days	30	18.8%	30	18.1%	25	14.1%	19	10.5%
4 to 7 days	19	11.9%	21	12.7%	31	17.5%	22	12.2%
More than 7 days	17	10.6%	22	13.3%	23	13.0%	33	18.2%

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 42). Table 2-9 shows the results for this question.

Table 2-9—Appointment Wait Time

Response Options	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	N	%	N	%	N	%	N	%
Never	26	15.5%	26	15.0%	26	14.4%	21	11.5%
Sometimes	44	26.2%	50	28.9%	49	27.2%	61	33.5%
Usually	55	32.7%	59	34.1%	50	27.8%	52	28.6%
Always	43	25.6%	38	22.0%	55	30.6%	48	26.4%

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 43). Table 2-10 shows the results for this question.

Table 2-10—After Hours Visit to Doctor's Office or Clinic

Response Options	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	N	%	N	%	N	%	N	%
Yes	27	12.3%	26	11.5%	28	14.1%	47	19.8%
No	193	87.7%	201	88.5%	171	85.9%	190	80.2%

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

Members were asked how often they were able to get the care they needed from a doctor's office or clinic after regular office hours (Question 44). Table 2-11 shows the results for this question.

Table 2-11—Received Care During After Hours Visit to Doctor's Office or Clinic

Response Options	Statewide Population		ACC/ACC-RBHA Non-SMI-Designated		ACC-RBHA SMI-Designated		FFS	
	N	%	N	%	N	%	N	%
Never	S	S	S	S	S	S	S	S
Sometimes	S	S	S	S	S	S	17	36.2%
Usually	S	S	S	S	S	S	S	S
Always	S	S	S	S	11	39.3%	16	34.0%

Results presented in this table are based on respondents that answered "Yes" to Question 43.
Some percentages may not total 100% due to rounding.
Caution should be exercised when evaluating results with fewer than 100 respondents.
S *Indicates results have been suppressed in accordance with CMS cell size suppression policy.*

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 45 of the Reader's Guide section. Table 2-12 through Table 2-15 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/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS. Please refer to Appendix A. Key Drivers of Member Experience Analysis for graphical displays of the key drivers of member experience results.

Statewide Population

Table 2-12—Key Drivers of Member Experience: Statewide Population

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q13. Personal doctor listened carefully	Never/Sometimes/Usually vs. Always	NS	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
Q25. Treated with courtesy and respect by health plan's customer service staff	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, improvements of those responses may not significantly affect the rating.*

ACC/ACC-RBHA Non-SMI-Designated

Table 2-13—Key Drivers of Member Experience: ACC/ACC-RBHA Non-SMI-Designated

Survey Item	Response Options	Key Drivers		
		Rating of Health Plan	*Rating of All Health Care*	*Rating of Personal Doctor*
Q4. Received care as soon as needed when care was needed right away	Never/Sometimes/Usually vs. Always	NS	✓	NS
Q14. Personal doctor showed respect for what was said	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Never/Sometimes/Usually vs. Always	NS	NS	✓

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.*

ACC-RBHA SMI-Designated

Table 2-14—Key Drivers of Member Experience: ACC-RBHA SMI-Designated

Survey Item	Response Options	Key Drivers		
		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	✓	NS
Q15. Personal doctor spent enough time	Never/Sometimes/Usually vs. Always	NS	NS	✓
Q27. Ease of filling out forms from health plan	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, improvements of those responses may not significantly affect the rating.*

FFS

Table 2-15—Key Drivers of Member Experience: FFS

Survey Item	Response Options	Key Drivers		
		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	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	Never/Sometimes/Usually vs. Always	✓	NS	NS
Q25. Treated with courtesy and respect by health plan's customer service staff	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, improvements of those responses may not significantly affect the 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 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). In October 2020, AHRQ released the 5.1 versions of the Adult and Child Health Plan Surveys to acknowledge that members may receive care in person, by phone, or by video. 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

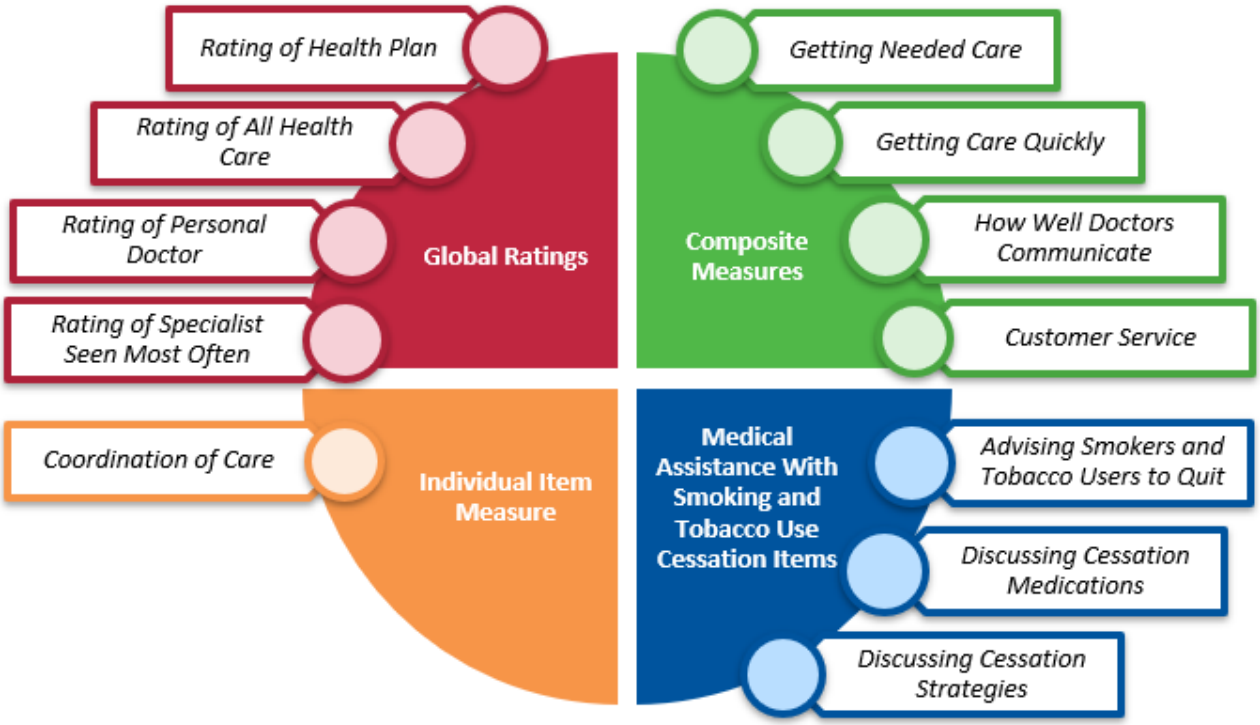


Table 3-1 shows the survey language and response options for each measure for the adult survey and supplemental items. The CAHPS survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that 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 Care[26]	
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[27]	
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[28]	
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
Composite Measures	
Getting Needed Care[29]	
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

[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.

[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.

Question Language	Response Options
Getting Care Quickly[30]	
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[31]	
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[32]	
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
Individual Item Measure	
Coordination of Care[33]	
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

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.

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 question that comprises the *Coordination of Care* measure.

Question Language	Response Options
Medical Assistance With Smoking and Tobacco Use Cessation Measure Items[34]	
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
Supplemental Items	
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. 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
42. 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
43. In the last 6 months, did you need to visit a doctor's office or clinic after regular office hours?	Yes, No
44. 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

[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 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 with smoking and tobacco use cessation measure 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, 2024.
- 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, 2024).[35]

The standard sample size for the CAHPS 5.1 Adult Medicaid Health Plan Survey is 1,350 members. HSAG applied a 50 percent oversample; therefore, a total of 2,025 adult members were selected for the Statewide sample. After selecting the Statewide sample, an oversample of 345 adult members was selected for the ACC/ACC-RBHA non-SMI-designated population, an oversample of 1,350 adult members was selected for the ACC-RBHA SMI-designated population, and an oversample of 1,888 adult members was selected for FFS for a total selected sample of 5,608 adult members. For analysis purposes, a total of 2,044 adult ACC members from the Statewide sample were combined with the 345 adult members from the ACC/ACC-RBHA non-SMI-designated oversample to generate the ACC/ACC-RBHA non-SMI-designated results. In addition, a total of 75 adult ACC-RBHA members from the Statewide sample were combined with the 1,350 adult members from the ACC-RBHA SMI-designated oversample to generate the ACC-RBHA SMI-designated results. A total of 153 adult FFS members from the Statewide sample were combined with the 1,888 adult members from the FFS oversample to generate the FFS results.

After the sample was selected, records were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address).

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

[35] To determine continuous enrollment, no more than one gap in the measurement 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.

Table 3-2—Sample Distribution

Program	Total Sample Size	Sample	Total Count by Sample
Statewide Population[36]	2,025	Statewide Sample	2,025
ACC/ACC-RBHA Non-SMI-Designated[37]	2,044	ACC/ACC-RBHA Non-SMI-Designated Oversample	345
		ACC/ACC-RBHA Non-SMI-Designated from Statewide Sample	1699
ACC-RBHA SMI-Designated[38]	1,425	ACC-RBHA SMI-Designated Oversample	1,350
		ACC-RBHA SMI-Designated from Statewide Sample	75
FFS	2,041	FFS Oversample	1,888
		FFS from Statewide Sample	153

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. The health plan/program name was included in the questionnaires and letters; the letters bore the signature of a high-ranking state official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. The survey administration started in March 2025, and the survey field remained open until closing in June 2025. Table 3-3 shows the timeline used in the survey administration.

[36] The Statewide results presented in this report are derived from the combined results of the ALTCS-EPD, ALTCS-DD, FFS, Tribal Program Contractors, and the six ACC/ACC-RBHA health plans.

[37] The ACC/ACC-RBHA non-SMI-designated results presented in this report are derived from the combined results of six ACC/ACC-RBHA health plans: AzCH-CCP ACC-RBHA, BUFC ACC, 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 /ACC-RBHA non-SMI-designated oversample.

[38] The ACC-RBHA SMI-designated results presented in this report are derived from the combined results of two ACC-RBHA health plans: AzCH-CCP ACC-RBHA and Mercy Care 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.	28 days
Send second postcard reminders to non-respondents.	35 days
Send third questionnaires with cover letters to non-respondents.	56 days
Close survey field.	84 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. In compliance with the Centers for Medicare & Medicaid Services (CMS) requirements, a minimum of 11 respondents in a cell is required for the results to be reported.[39] Cells with fewer than 11 respondents are suppressed and noted with an "S" or "Insufficient Data." If only one stratification or population results need to be suppressed and a total is presented, HSAG suppressed one more stratification or population even if the number of responses was large enough not to be suppressed.

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 eligible 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, were invalid (did not meet criteria described on page 39), were mentally or physically incapacitated, or had a language barrier (the survey was made available in English and Spanish).

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

[39] A cell is an individual unit that contains specific pieces of data, such as text, numbers, dates, or formulas.

[40] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2024.

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

Respondent 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. 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 evaluated the demographic characteristics (i.e., age, gender, race, and ethnicity) of members as part of the 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 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. 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. Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the survey results to the entire population if the average characteristics of respondents differ significantly from the plan or program population as a whole.

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:

- "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 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 information, please refer to the *NCQA HEDIS Measurement Year 2024 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 2025 and 2024 scores presented follow NCQA's methodology of calculating a rolling average using the current and prior years' results. HSAG did not administer the CAHPS survey to a separate sample of the FFS population in 2024, so those results are not available. Please exercise caution when reviewing the trend analysis results for the medical assistance with smoking and tobacco use cessation measure items, as the 2025 results contain members who responded to the survey and indicated they were current smokers or tobacco users in 2024 or 2025, and the 2024 results contain members who responded to the survey and indicated they were current smokers or

[42] National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2024.

tobacco users in 2023 or 2024. The 2023 results for FFS contain members who responded to the survey and indicated they were current smokers or tobacco users in 2023.

National Percentile and Average Comparisons

HSAG compared the scores to NCQA's 2024 Quality Compass Benchmark and Compare Quality Data to derive overall member experience ratings and to determine if the scores were statistically significantly different than the national average.[43,44] For the national percentile comparisons, 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

For the national average comparisons, HSAG performed a *t* test to determine whether the 2025 scores were statistically significantly different from the 2024 NCQA adult Medicaid national averages. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. An (H) indicates a 2025 score that was statistically significantly higher than the 2024 national average. An (L) indicates a 2025 score that was statistically significantly lower than the 2024 national average. Scores in 2025 that were not statistically significantly higher or lower than the 2024 national averages are not denoted.

[43] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024.* Washington, DC: NCQA, September 2024.

[44] The source for the national data contained in this publication is Quality Compass® 2024 and is used with the permission of NCQA. Quality Compass 2024 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.

Trend Analysis

HSAG performed a *t* test to determine whether scores in 2025 were statistically significantly different (i.e., *p* value < 0.05) from the trend year scores. Scores that were statistically significantly higher in 2025 than in the trend year are denoted with black upward triangles (▲). Scores that were statistically significantly lower in 2025 than in the trend year are denoted with black downward triangles (▼). Scores in 2025 that were not statistically significantly different from the trend year scores are not denoted 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 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 (indicated by a ✓), as well as each survey item's baseline response that was used in the statistical calculation for the Statewide population, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS.

Table 3-6—Potential Key Drivers

Survey Item	*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

Survey Item	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor	Baseline Response
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)

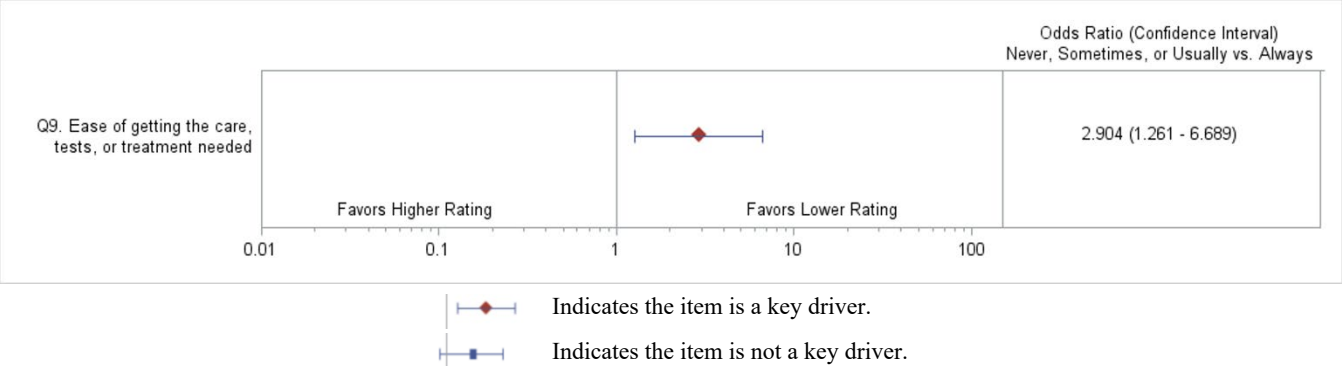
For each item evaluated, HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal 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. Additionally, HSAG calculated 95 percent confidence intervals for each odds ratio.

In Figure 3-2, which includes an example, 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. for detailed results of the key drivers of member experience analysis.

Figure 3-2—Key Drivers of Member Experience Analysis: 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/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS populations, given the Statewide population is derived from AHCCCS' ACC/ACC-RBHA population as opposed to an equal distribution of ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated members, and FFS members.

Trend Results

It is important to note that in 2025, the sampling approach selected by AHCCCS differed from the sampling approach utilized in 2024 due to the inclusion of FFS members in the Statewide population. therefore, caution should be exercised when interpreting the 2025 and 2024 scores for the Statewide populations.

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 Data for Comparisons

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

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to health care services and may vary by plan or program. 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. To identify potential non-response bias, HSAG compared the scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure.

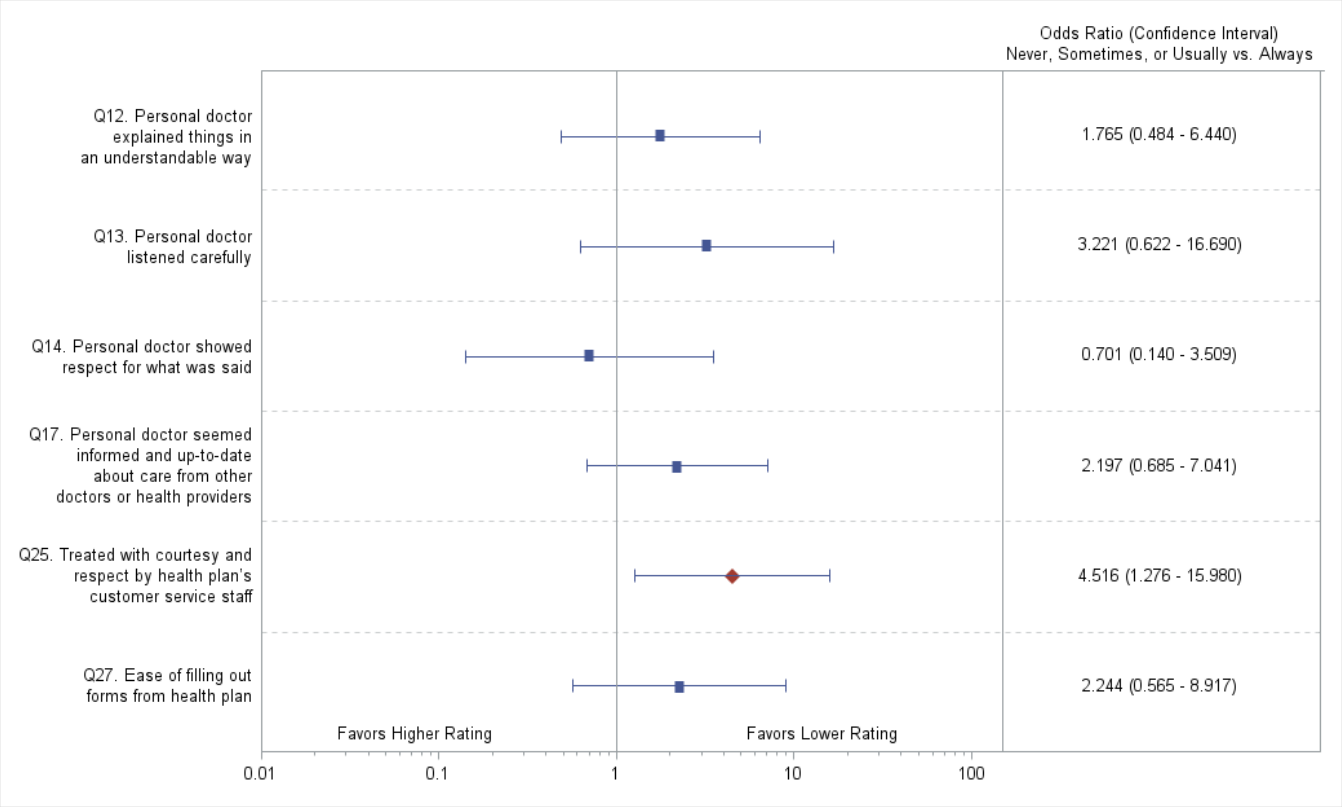
In 2025, early respondents were statistically significantly more likely to provide a higher response for the measure *Rating of Health Plan* for the Statewide population.

Key Drivers of Member Experience Analysis

Figure A-1 through Figure A-12 depict the results of the key drivers of member experience analysis for the adult Statewide population, ACC/ACC-RBHA non-SMI-designated, ACC-RBHA SMI-designated, and FFS. The items identified as key drivers are indicated with a red diamond.

Statewide Population

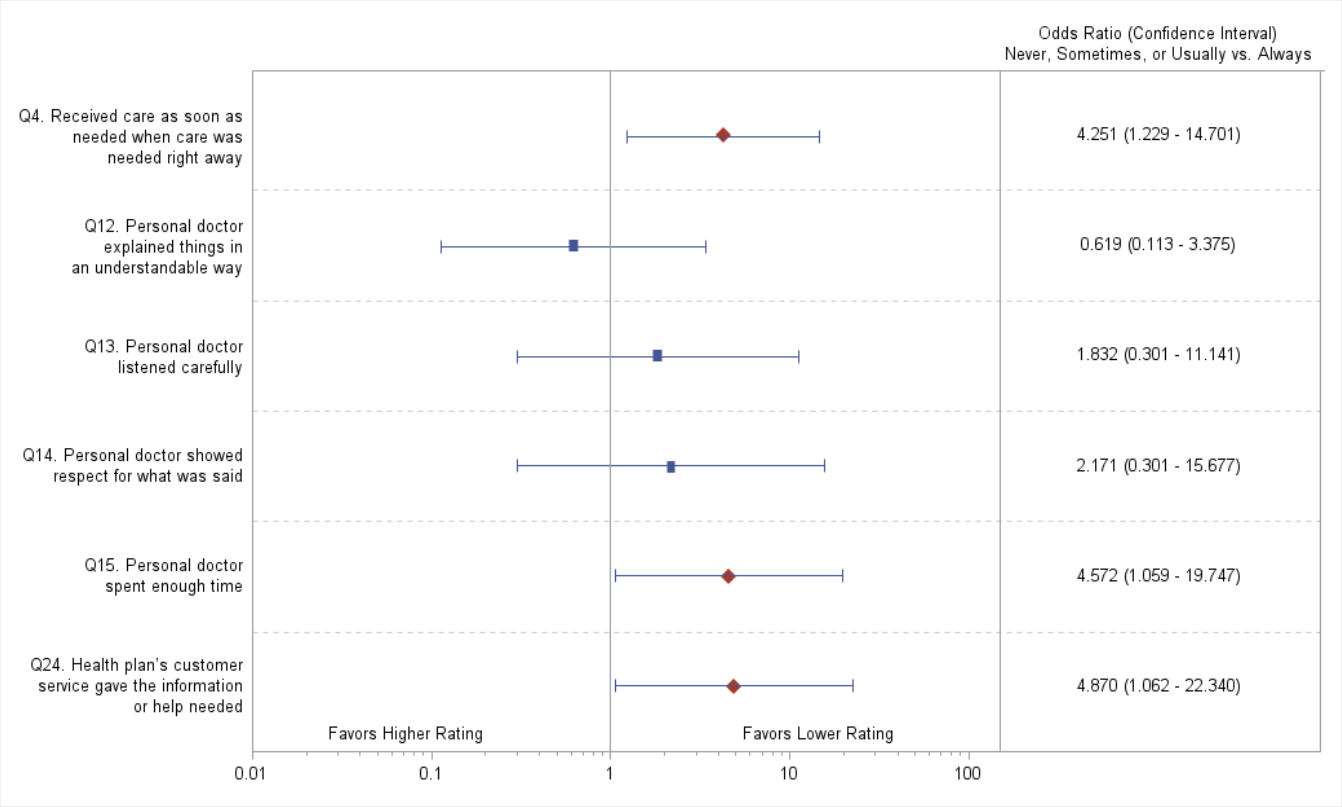
Figure A-1—Key Drivers of Member Experience: Rating of Health Plan—Statewide Population



Indicates the item is a key driver.

Indicates the item is not a key driver.

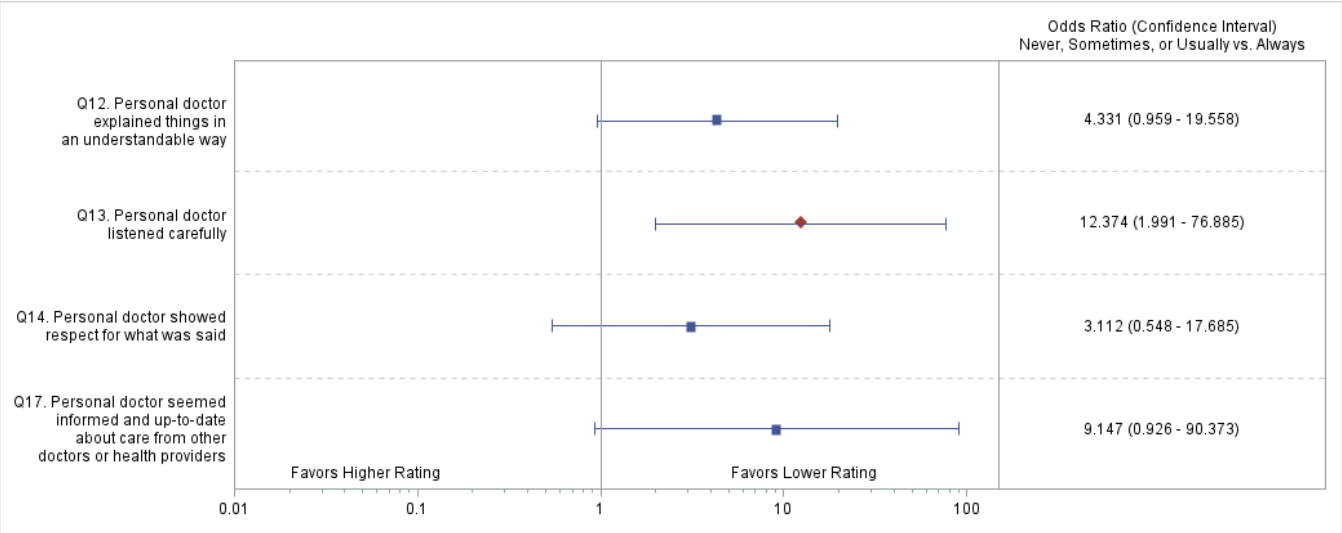
Figure A-2—Key Drivers of Member Experience: Rating of All Health Care—Statewide Population



Indicates the item is a key driver.

Indicates the item is not a key driver.

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

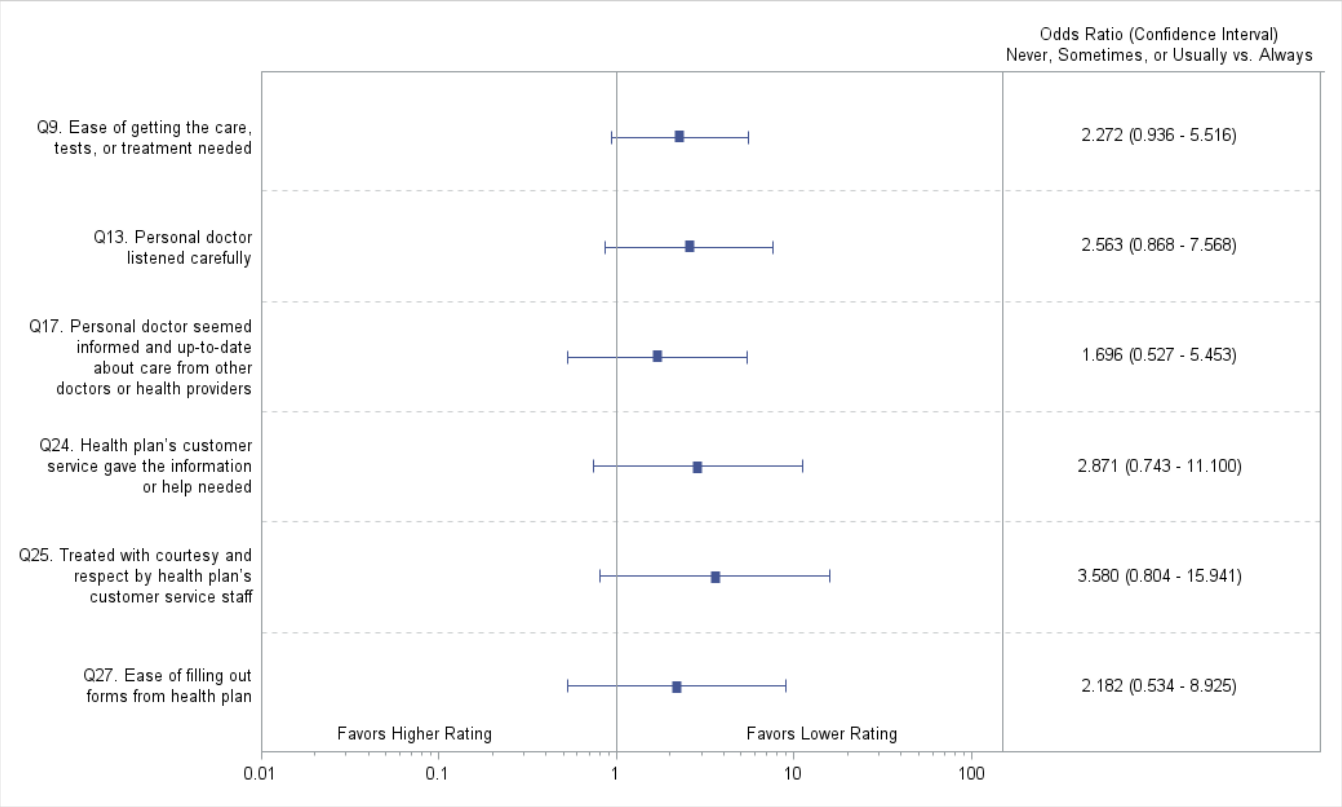


Indicates the item is a key driver.

Indicates the item is not a key driver.

ACC/ACC-RBHA Non-SMI-Designated

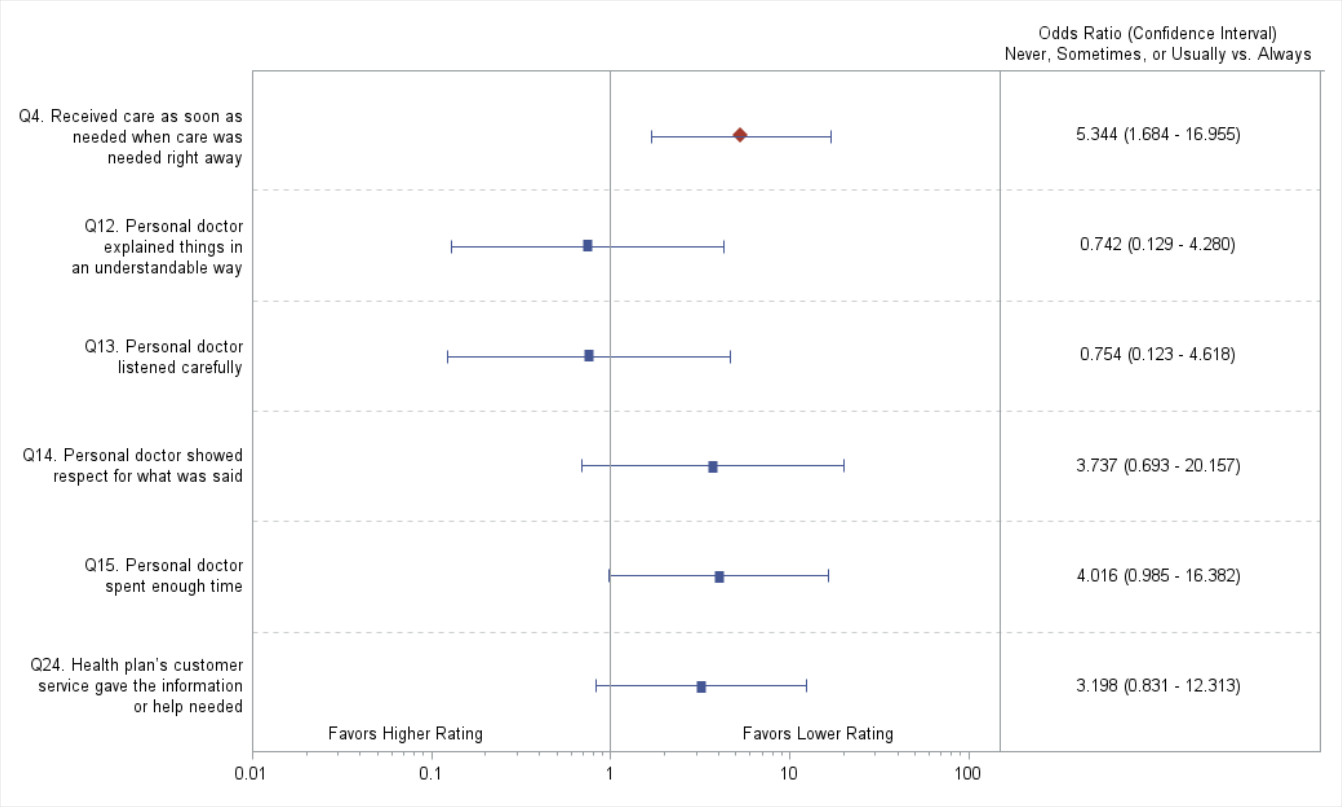
Figure A-4—Key Drivers of Member Experience: Rating of Health Plan—ACC/ACC-RBHA Non-SMI-Designated



Indicates the item is a key driver.

Indicates the item is not a key driver.

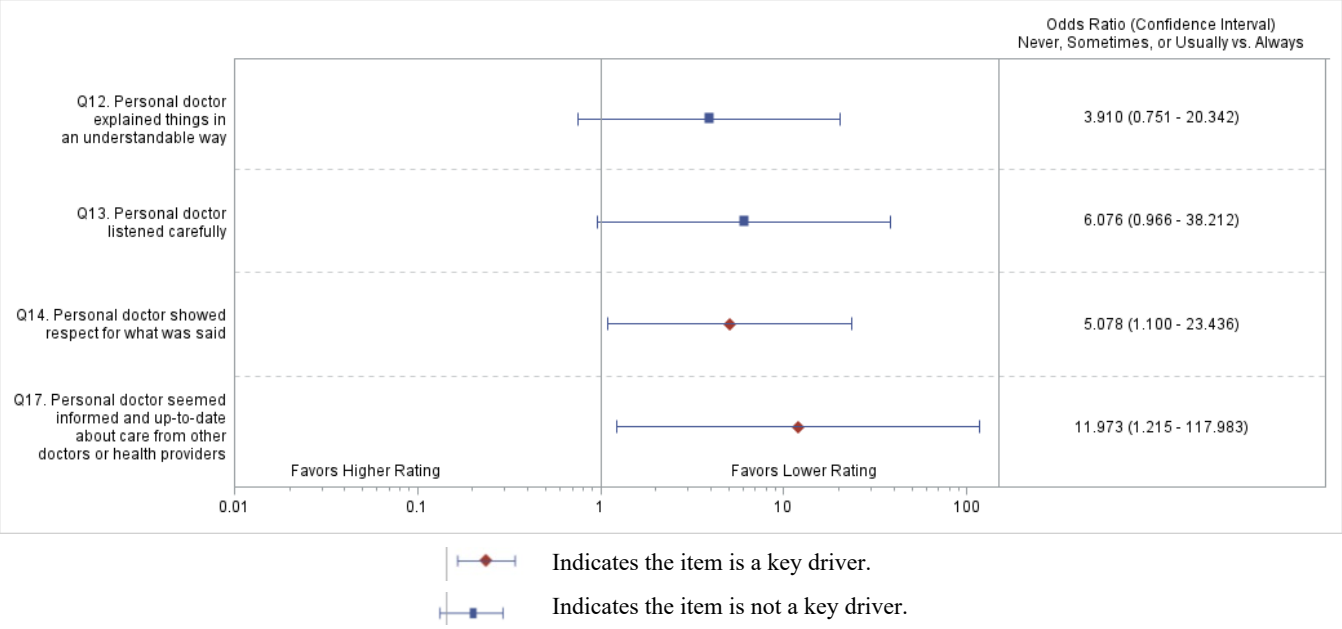
Figure A-5—Key Drivers of Member Experience: Rating of All Health Care—ACC/ACC-RBHA Non-SMI-Designated



Indicates the item is a key driver.

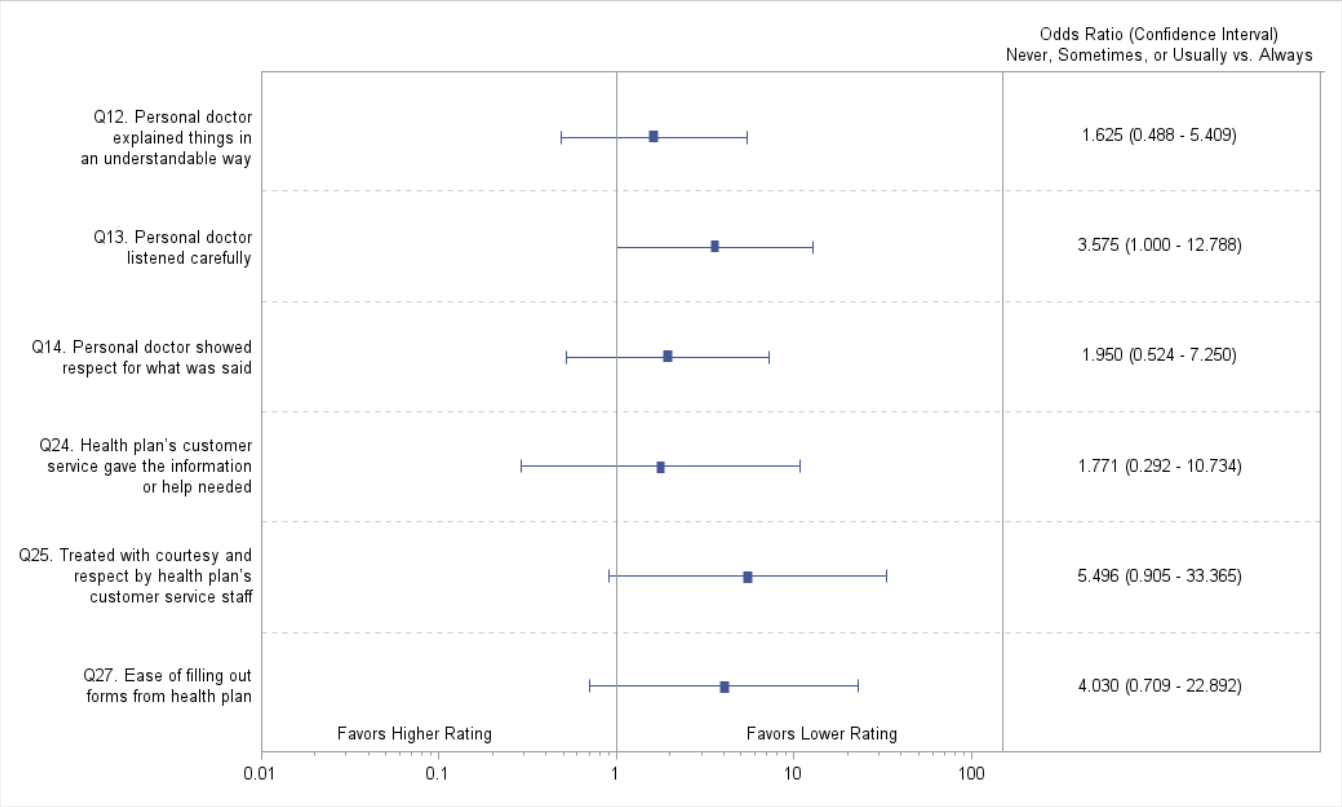
Indicates the item is not a key driver.

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



ACC-RBHA SMI-Designated

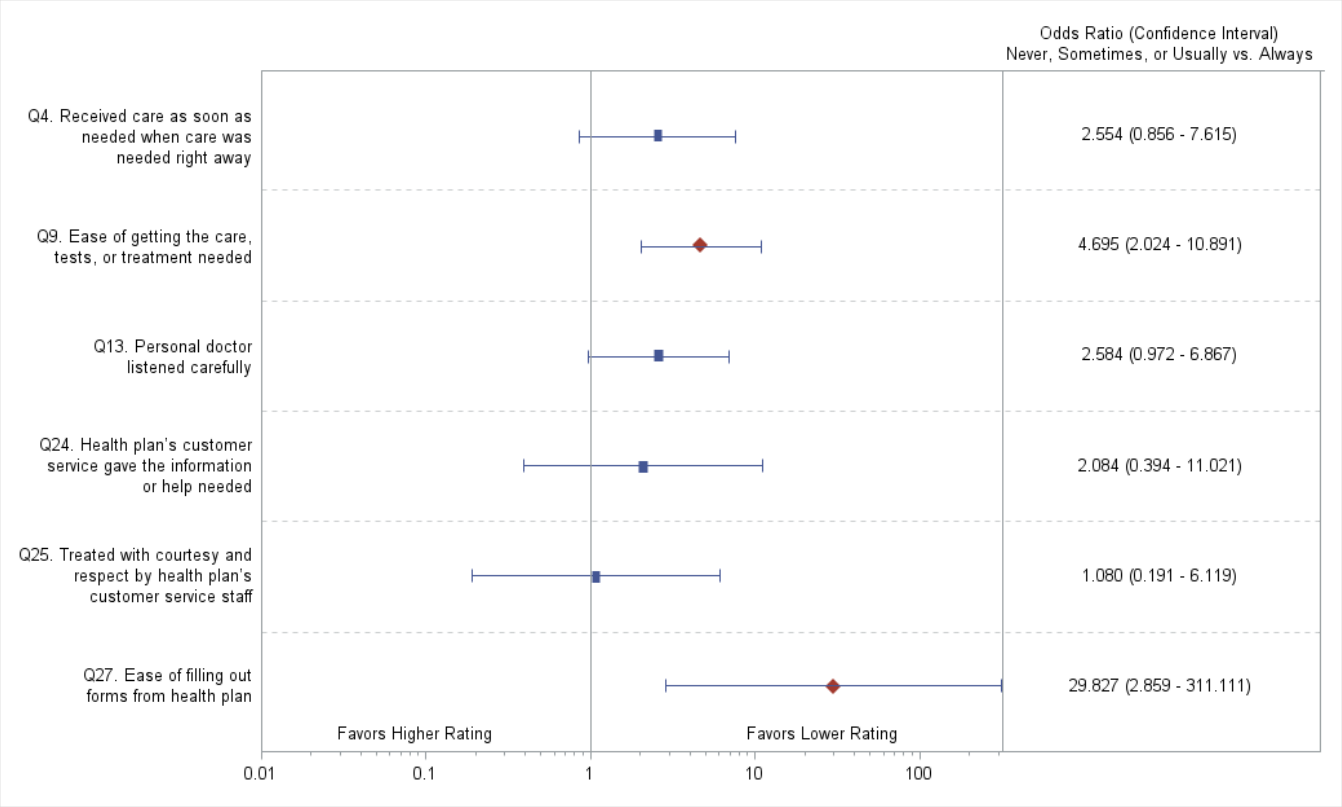
Figure A-7—Key Drivers of Member Experience: Rating of Health Plan—ACC-RBHA SMI-Designated



Indicates the item is a key driver.

Indicates the item is not a key driver.

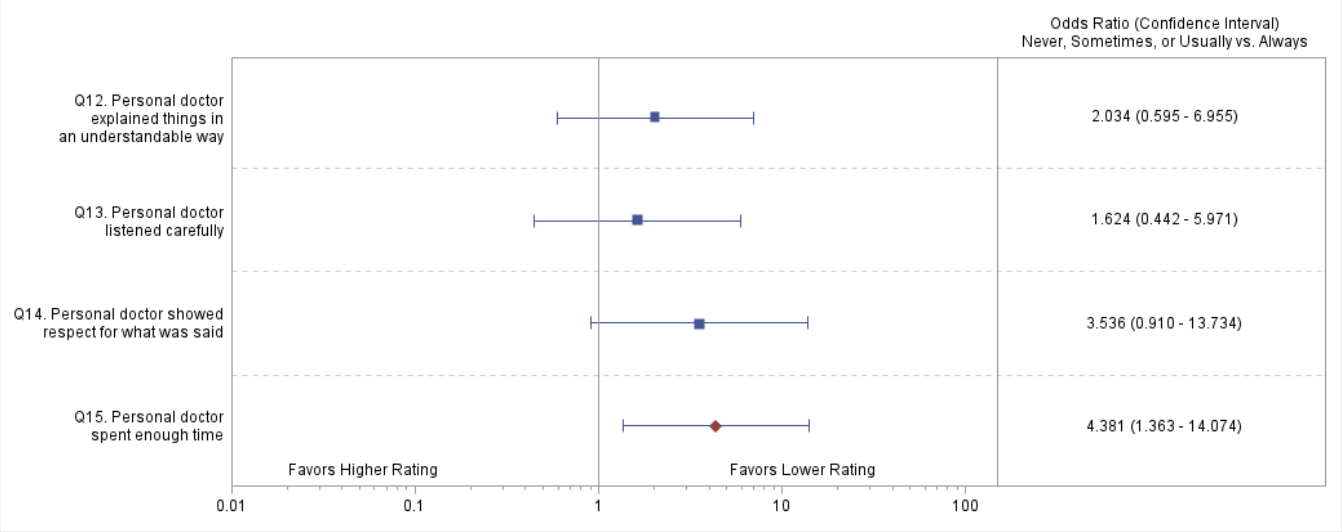
Figure A-8—Key Drivers of Member Experience: Rating of All Health Care—ACC-RBHA SMI-Designated



Indicates the item is a key driver.

Indicates the item is not a key driver.

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

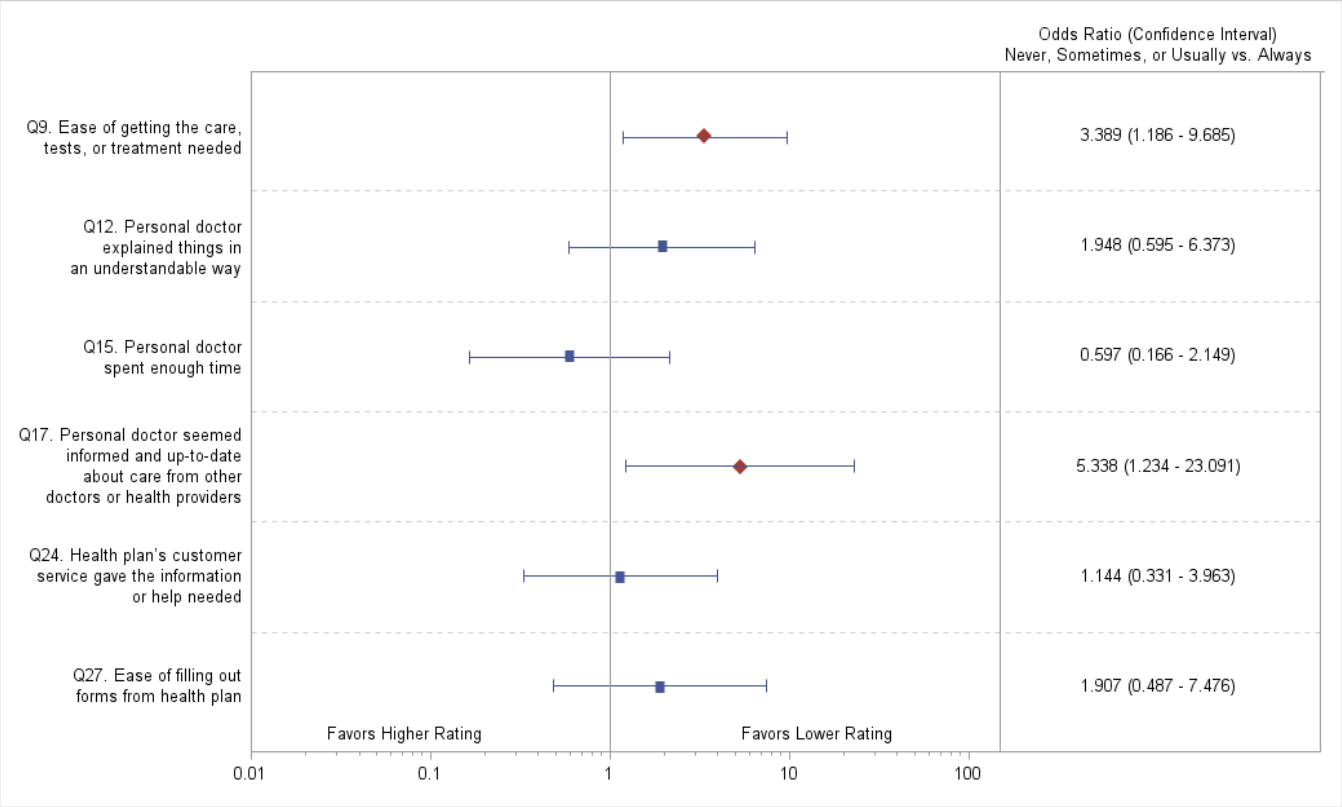


Indicates the item is a key driver.

Indicates the item is not a key driver.

FFS

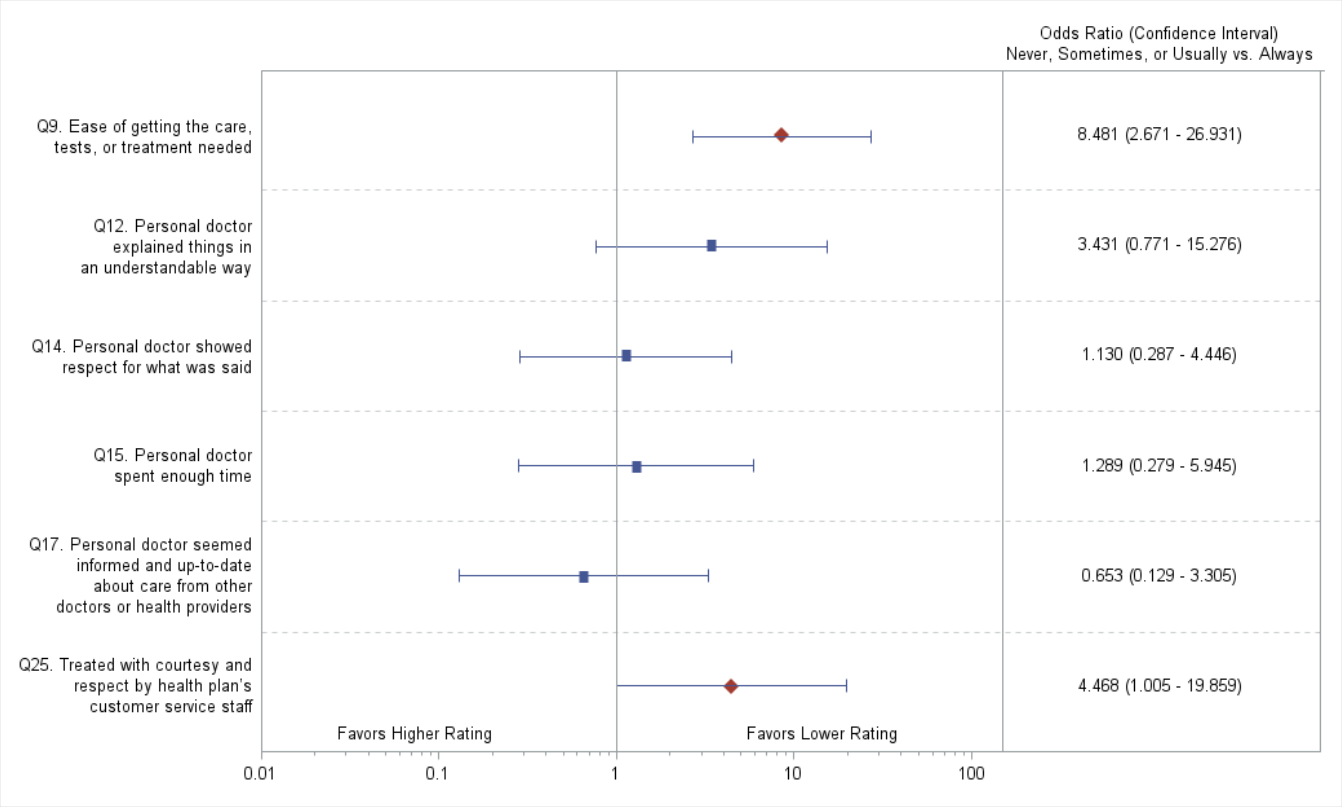
Figure A-10—Key Drivers of Member Experience: Rating of Health Plan—FFS



Indicates the item is a key driver.

Indicates the item is not a key driver.

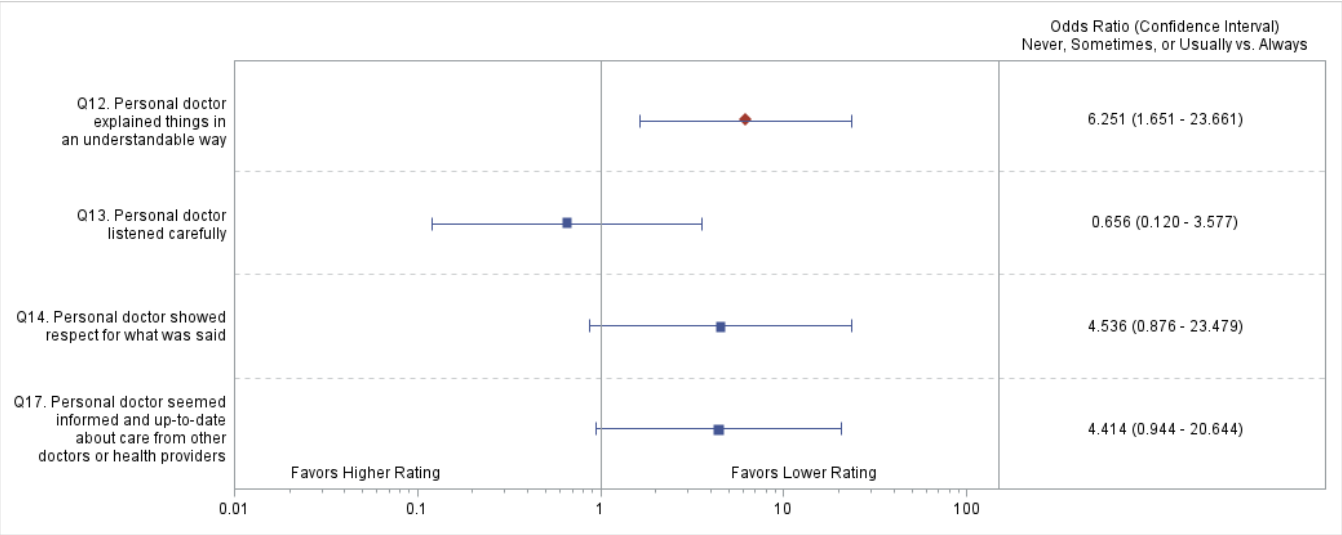
Figure A-11—Key Drivers of Member Experience: Rating of All Health Care—FFS



Indicates the item is a key driver.

Indicates the item is not a key driver.

Figure A-12—Key Drivers of Member Experience: Rating of Personal Doctor—FFS



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.

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

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 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?

○	○	○	○	○	○	○	○	○	○	○
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. 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 <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 ➔ ***Go to Question 43***

41. 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

42. 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

43. In the last 6 months, did you need to visit a doctor's office or clinic <u>after</u> regular office hours?

- ○ Yes
- ○ No ➔ ***Thank you. Please return the completed survey in the postage-paid envelope.***

44. 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

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