



**2014 Ohio Medicaid  
Managed Care Program CAHPS®  
Member Satisfaction Survey Executive  
Summary Report**

June 2015



3133 East Camelback Road, Suite 100 ♦ Phoenix, AZ 85016

Phone 602.264.6382 ♦ Fax 602.241.0757

<b>1.</b>	<b>INTRODUCTION</b> .....	<b>1-1</b>
	<b>Sampling Procedures and Survey Protocol</b> .....	<b>1-2</b>
	<b>Summary of Findings</b> .....	<b>1-5</b>
<b>2.</b>	<b>ADULT AND GENERAL CHILD RESULTS</b> .....	<b>2-1</b>
	<b>National Comparisons</b> .....	<b>2-1</b>
	<b>Statewide Comparisons</b> .....	<b>2-4</b>
	<b>Key Drivers of Performance</b> .....	<b>2-34</b>
<b>3.</b>	<b>CHILDREN WITH CHRONIC CONDITIONS RESULTS</b> .....	<b>3-1</b>
	<b>Global Ratings</b> .....	<b>3-2</b>
	<b>Composite Measures</b> .....	<b>3-10</b>
<b>4.</b>	<b>CONCLUSIONS AND RECOMMENDATIONS</b> .....	<b>4-1</b>
	<b>Conclusions</b> .....	<b>4-1</b>
	<b>Cautions and Limitations</b> .....	<b>4-2</b>
	<b>Recommendations</b> .....	<b>4-4</b>

The Ohio Department of Medicaid (ODM) requires a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high quality health care services. These activities include surveys of member experience and satisfaction with care. Survey results provide important feedback on MCP performance which is used to identify opportunities for continuous improvement in the care and services provided to members. ODM requires the MCPs to contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) survey vendor to conduct annual Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) Health Plan Surveys. ODM contracted with Health Services Advisory Group, Inc. (HSAG) to analyze the MCPs' 2014 survey data and report the results.<sup>1-1,1-2</sup>

This report presents the 2014 CAHPS results of adult members and the parents or caretakers of child members enrolled in an MCP. The standardized survey instruments administered in 2014 were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the children with chronic conditions [CCC] measurement set). Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2014. The following five MCPs participated in the 2014 CAHPS Medicaid Health Plan Surveys: Buckeye Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount *Advantage* (Paramount); and UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare).

Upon analyzing the MCPs' 2014 survey data, HSAG discovered that CareSource's Medicaid Child Survey-Children with Chronic Conditions (MCS-CCC) data file was incomplete. As a result, HSAG obtained and used the data file from CareSource's independent administration in 2014 of the CAHPS 5.0H Child Medicaid Health Plan Survey. While these data were suitable for analysis, the data were limited to CareSource's general child population. Therefore, Ohio Medicaid's 2014 CAHPS reports include CareSource's results for the general child population, but do not include CareSource's results in any of the analyses related to the CCC and non-CCC populations.

CAHPS satisfaction measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are also reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

This Ohio Medicaid Managed Care Program CAHPS Member Satisfaction Survey Executive Summary Report is one of two separate reports that have been created to provide ODM with a

<sup>1-1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-2</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

comprehensive analysis of the 2014 Ohio Medicaid Managed Care Program CAHPS results. Information on both reports can be found in the Ohio Medicaid Managed Care Program CAHPS Member Satisfaction Survey Methodology Report.

## Sampling Procedures and Survey Protocol

ODM required the MCPs to administer the 2014 CAHPS Surveys according to NCQA HEDIS Specifications for Survey Measures.<sup>1-3</sup> Members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2013. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2013). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2013).

A random sample of at least 1,755 adult members was selected from each participating MCP for the NCQA CAHPS 5.0H adult sample. For the general population of children, a random sample of at least 1,650 child members was selected from each participating MCP for the NCQA CAHPS 5.0H child sample. After selecting child members for the CAHPS 5.0H general child sample, a random sample of at least 1,840 child members was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition.

The survey process allowed two methods by which surveys could be completed. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. Sampled members received an English and/or Spanish version of the survey.<sup>1-4</sup> A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.<sup>1-5</sup>

---

<sup>1-3</sup> National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

<sup>1-4</sup> Some MCPs chose an enhanced survey methodology and administered a Spanish version, in addition to or in place of an English version, of the survey instrument to members.

<sup>1-5</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2014 Survey Measures*. Washington, DC: NCQA Publication, 2013.

## Response Rates

The administration of the CAHPS 5.0H Health Plan Surveys is comprehensive and is designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.<sup>1-6</sup> A member's survey was assigned a disposition code of "completed" if any one question was answered within the survey. Eligible members included the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated, or had a language barrier.<sup>1-7</sup>

For 2014, a total of 6,052 surveys were completed for Ohio's Medicaid Managed Care Program. This total includes 2,929 adult surveys and 3,123 general child surveys (note, child members in the CCC supplemental sample are not included in this number). The survey response rates were 29.93 percent for Ohio's Medicaid Managed Care Program, 31.43 percent for the adult population, and 28.65 percent for the general child population (which excludes children in the CCC supplemental sample).

Table 1-1 depicts the total response rates (combining adult and general child members) and the response rates by population (adult or general child) for Ohio's Medicaid Managed Care Program and all participating MCPs.

<b>Table 1-1</b>			
<b>CAHPS 5.0H Medicaid Response Rates</b>			
	<b>Total Response Rate</b>	<b>Adult Response Rate</b>	<b>General Child Response Rate</b>
<b>Ohio Medicaid</b>	29.93%	31.43%	28.65%
<b>Buckeye</b>	29.84%	32.10%	27.83%
<b>CareSource</b>	30.14%	33.19%	27.66%
<b>Molina</b>	30.96%	33.33%	29.18%
<b>Paramount</b>	27.08%	27.88%	26.23%
<b>UnitedHealthcare</b>	31.07%	30.24%	31.75%
<i>Please note, children in the CCC supplemental sample are not included in the response rates.</i>			

<sup>1-6</sup> National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

<sup>1-7</sup> The mentally or physically incapacitated designation is not valid for the CAHPS 5.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

Table 1-2 depicts the total number of completed surveys (combining adult and general child members) and the total number of completed surveys by population (adult or general child) for Ohio's Medicaid Managed Care Program and all participating MCPs.

<b>Table 1-2</b>			
<b>CAHPS 5.0H Medicaid Completed Surveys</b>			
	<b>Total Completed Surveys</b>	<b>Adult Completed Surveys</b>	<b>General Child Completed Surveys</b>
<b>Ohio Medicaid</b>	6,052	2,929	3,123
<b>Buckeye</b>	1,091	553	538
<b>CareSource</b>	1,520	751	769
<b>Molina</b>	1,244	575	669
<b>Paramount</b>	914	487	427
<b>UnitedHealthcare</b>	1,283	563	720

*Please note, children in the CCC supplemental sample are not included in the number of completed surveys.*

A total of 5,153 parents or caretakers of child members returned a completed survey from both the general child and CCC supplemental sample. Of the 5,153 completed child surveys, 2,241 were from children identified as having a chronic condition (CCC population) and 2,912 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 26.40 percent for Ohio's Medicaid Managed Care Program.<sup>1-8</sup>

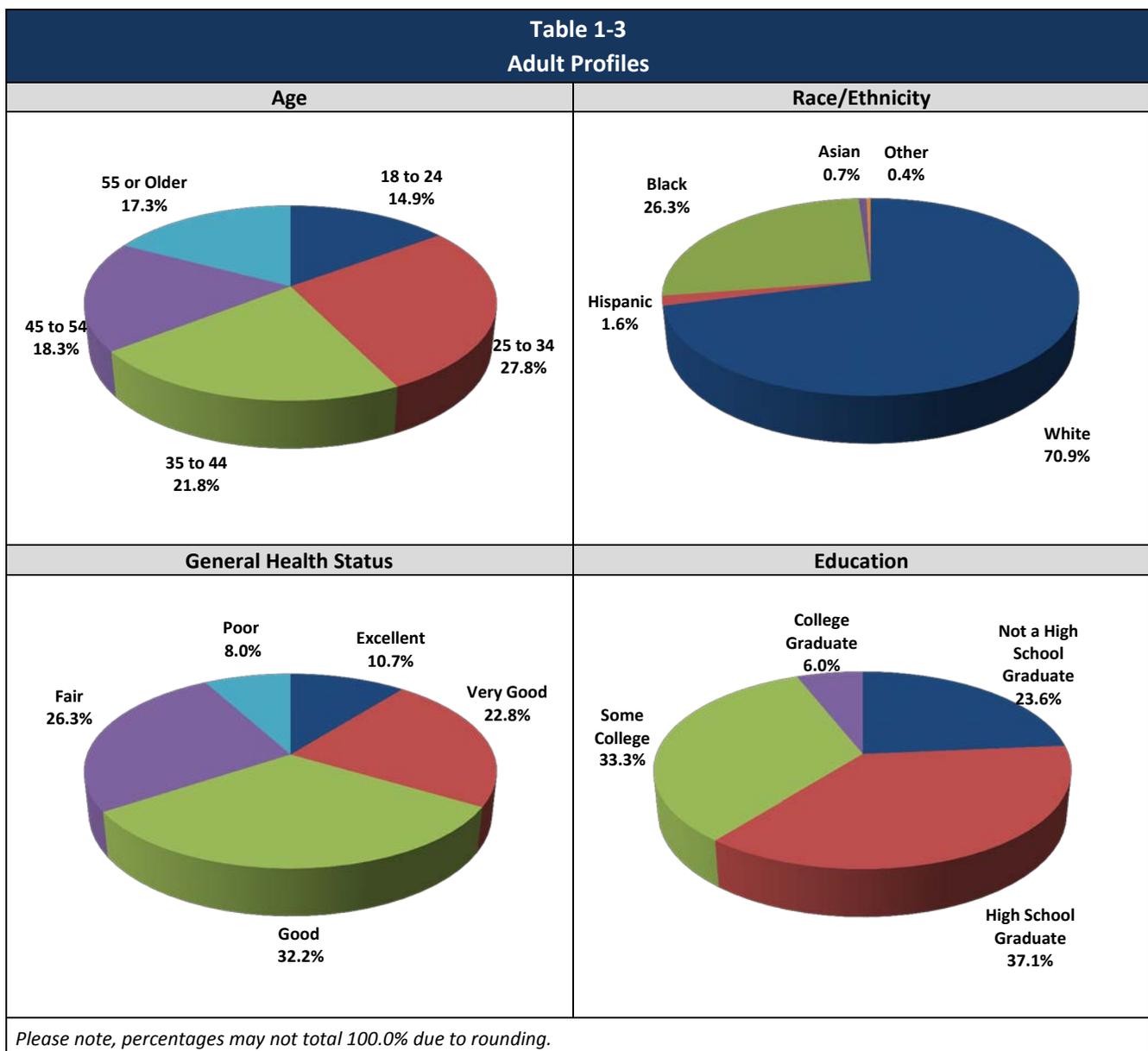
<sup>1-8</sup> Please note, this includes all children sampled (both the general child sample and the CCC supplemental sample). Per NCQA protocol, children in the CCC supplemental sample are not included in NCQA's standard child response rate calculations. Therefore, the overall child response rates reported in this paragraph should not be compared to the NCQA response rates.

## Summary of Findings

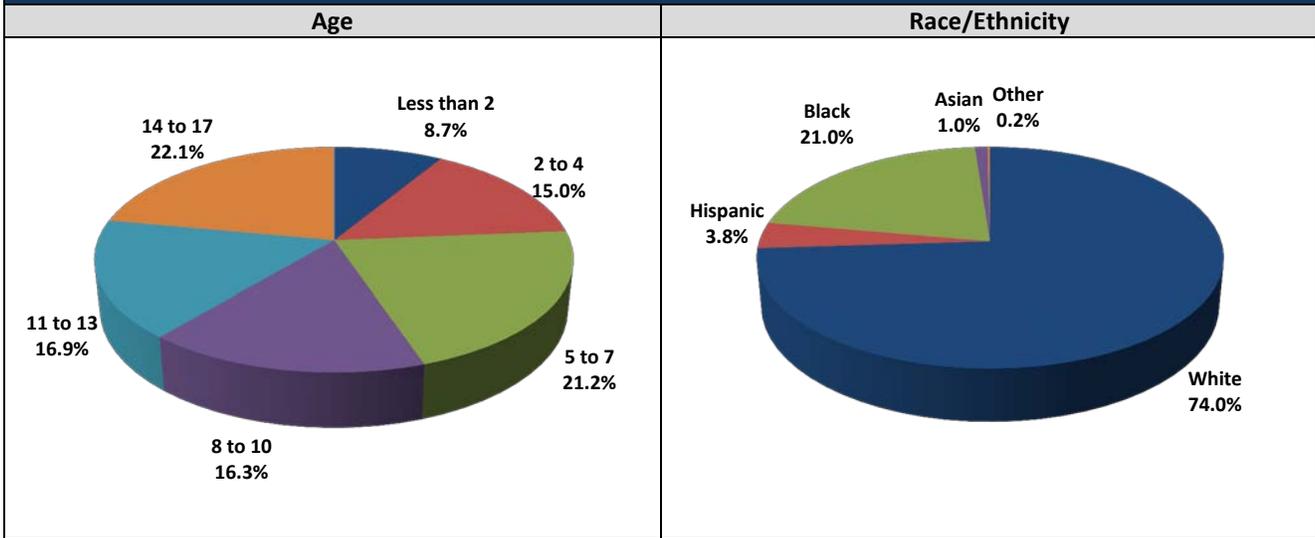
This section provides high-level results from the adult and general child, and children with chronic conditions analyses. Please note for any analysis pertaining to general child members, CareSource’s Medicaid Child Survey (MCS) data file was used. In addition, CareSource has been excluded from the Children with Chronic Conditions results analysis.

### Demographics

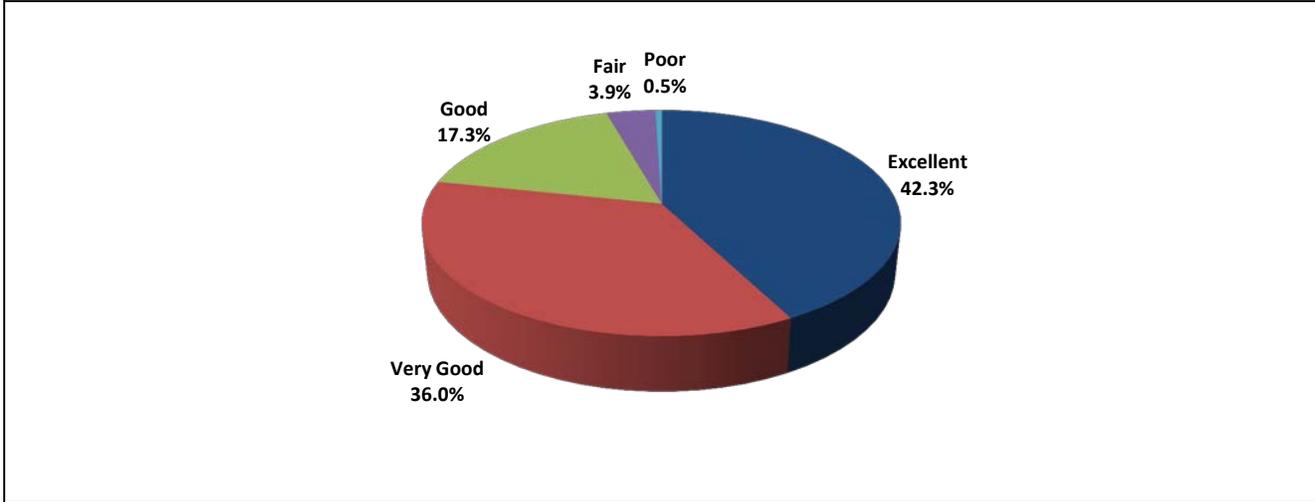
Table 1-3 and Table 1-4 provide an overview of the Ohio Medicaid Managed Care Program adult member and general child member demographics, respectively. Age and race/ethnicity were determined through sample frame data, while education and general health status were determined from responses to the CAHPS Survey.



**Table 1-4  
General Child Member Profiles**



**General Health Status**



Please note, percentages may not total 100.0% due to rounding.

## Adult and General Child Results

Adult and general child members in the Ohio Medicaid Managed Care Program were included in each analysis. Data were analyzed using NCQA's methodology and the results were calculated in accordance with HEDIS specifications for the national comparisons and statewide comparisons findings displayed below.<sup>1-9</sup> Per HEDIS specifications, results for the adult and general child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. Although NCQA requires a minimum of 100 responses on each measure in order to report the measure as a CAHPS/HEDIS result, all MCPs' results were reported in this report, regardless of the number of responses, in order to provide more information regarding MCP performance. Measures with less than 100 responses are noted with an asterisk.

## National Comparisons

Compared with NCQA national Medicaid data, Table 1-5 and Table 1-6 display the Ohio Medicaid Managed Care Program's and each MCP's overall member satisfaction ratings that were at or above the national Medicaid 75th percentile for the global ratings and composite measures for the adult and general child populations, respectively.

## Adult Satisfaction Ratings

Table 1-5 Overall Adult Satisfaction Ratings At or Above the National Medicaid 75th Percentile on the Global Ratings and Composite Measures						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
<b>GLOBAL RATINGS</b>						
Rating of Health Plan	✓	✓	✓		✓	
Rating of All Health Care			✓			
Rating of Personal Doctor						
Rating of Specialist Seen Most Often						
<b>COMPOSITE MEASURES</b>						
Getting Needed Care						
Getting Care Quickly		✓				✓
How Well Doctors Communicate	✓	✓	✓	✓	✓	✓
Customer Service	✓		✓	✓	✓	✓
Shared Decision Making		✓	✓			

<sup>1-9</sup> National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

### General Child Satisfaction Ratings

Table 1-6 Overall General Child Satisfaction Ratings At or Above the National Medicaid 75th Percentile on the Global Ratings and Composite Measures						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United- Healthcare
<b>GLOBAL RATINGS</b>						
Rating of Health Plan			✓		✓	
Rating of All Health Care	✓		✓	✓	✓	✓
Rating of Personal Doctor	✓		✓		✓	
Rating of Specialist Seen Most Often	✓	✓			✓	✓
<b>COMPOSITE MEASURES</b>						
Getting Needed Care	✓		✓		✓	✓
Getting Care Quickly	✓		✓	✓	✓	✓
How Well Doctors Communicate	✓	✓	✓	✓	✓	✓
Customer Service	✓	✓	✓	✓	✓	
Shared Decision Making		✓				✓

### Statewide Comparisons

The following MCPs had overall means that were significantly higher than the Ohio Medicaid Managed Care Program average for the following measures:

#### CareSource – Adult Population

- Rating of Health Plan

#### CareSource – General Child Population

- Rating of Health Plan

#### Paramount – General Child Population

- Rating of Health Plan

The Ohio Medicaid Managed Care Program’s overall means were significantly higher in 2014 than in 2013 for the following measures:

### Adult Population

- How Well Doctors Communicate Composite
- Customer Service Composite

### Key Drivers of Performance

HSAG evaluated three measures—Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor—to determine if particular CAHPS items (i.e., questions) have a high problem score (i.e., a large number of respondents who reported a negative experience with care) and are strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual CAHPS items have the greatest potential to effect change in overall satisfaction with the global ratings, and therefore are top priority items. Table 1-7 and Table 1-8 provide a list of the key drivers for each global rating evaluated (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) for the Ohio Medicaid Managed Care Program and each MCP, for the adult and general child populations, respectively.

**Table 1-7**  
**Key Drivers Analysis - Adult Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed			RHP			RHP
Q6. Got an appointment as soon as needed		RHC			RHP,RPD	
Q10. Doctor explained reasons to take a medication	RPD		RHP,RHC,RPD	RHP,RPD		
Q11. Doctor explained reasons not to take a medication		RPD				
Q12. Doctor asked what you thought was best for you	RHC,RPD	RHP,RHC,RPD	RPD	RHC,RPD	RHP,RHC	RHC,RPD
Q14. Easy to get treatment needed	RHP,RHC,RPD	RHP,RHC	RHC	RHP,RHC,RPD	RHP,RHC,RPD	RHP,RHC,RPD
Q20. Personal doctor spent enough time with you		RHP,RHC,RPD				
Q25. Got an appointment with specialist as soon as needed	RHP,RHC	RHP,RHC	RHP,RHC	RHP,RHC		RHP,RHC,RPD
Q31. Received information or help from health plan customer service	RHP	RHP	RHP	RHP	RHP,RHC	RHP
<i>RHP = Rating of Health Plan</i> <i>RHC = Rating of All Health Care</i> <i>RPD = Rating of Personal Doctor</i>						

**Table 1-8**  
**Key Drivers Analysis - General Child Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		RHP,RHC,RPD	RHC		RHP,RHC	
Q11. Doctor explained reasons to take a medication	RPD		RHP,RHC			
Q12. Doctor explained reasons not to take a medication				RHP,RPD	RHP,RHC,RPD	RHP,RPD
Q13. Doctor asked you what you thought was best for your child	RHC,RPD		RHC,RPD	RHP,RHC,RPD	RHC,RPD	RHP,RHC,RPD
Q15. Easy to get treatment needed	RHC,RPD	RHP,RHC	RHP,RHC,RPD	RHP,RHC,RPD		
Q37. Personal doctor spent enough time with your child	RHP,RPD	RHP,RPD		RHC,RPD		RPD
Q46. Got an appointment with specialist as soon as needed	RHP,RHC	RHP,RHC	RHP,RHC,RPD	RHP	RHP,RPD	RHP,RHC
Q50. Received information or help from health plan customer service	RHP	RHP	RHP	RHP,RHC		RHP
<i>RHP = Rating of Health Plan</i> <i>RHC = Rating of All Health Care</i> <i>RPD = Rating of Personal Doctor</i>						

## ***Children with Chronic Conditions Results***

Child members with a chronic condition were compared to child members without a chronic condition for the Children with Chronic Conditions results analysis.

The following measure had an overall mean for the CCC population that was significantly higher than that of the non-CCC population:

- Shared Decision Making Composite

There were no measures with overall means for the non-CCC population that were significantly higher than that of the CCC population.

The CCC population had 2014 overall means that were significantly higher than the 2013 overall means for the following measures:

- Rating of All Health Care
- How Well Doctors Communicate Composite

The non-CCC population had a 2014 overall mean that was significantly higher than the 2013 overall mean for the following measure:

- How Well Doctors Communicate Composite

This section presents the results of the adult and general child populations (i.e., respondents from the CCC supplemental sample were not included in these analyses) for the Ohio Medicaid Managed Care Program and each MCP. The results are presented in three separate sections:

- ◆ National Comparisons
- ◆ Statewide Comparisons
- ◆ Key Drivers of Performance

CareSource's 2014 MCS data file was used when calculating the general child member results for the National Comparisons, Statewide Comparisons, and Key Drivers of Performance analyses.

### National Comparisons

A three-point mean score was determined for the four global ratings and five composite measures for the Ohio Medicaid Managed Care Program and each MCP. The resulting three-point mean scores were compared to NCQA's 2014 Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure, except for the Shared Decision Making composite.<sup>2-1</sup> NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star ratings are based on NCQA's 2014 National Adult and Child Medicaid data.<sup>2-2</sup> Table 2-1 and Table 2-2 provide the National Comparisons findings for the adult and general child populations, respectively. The stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation or national numbers.

<sup>2-1</sup> National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2014*. Washington, DC: NCQA; July 25, 2014.

<sup>2-2</sup> NCQA National Distribution of 2014 Adult and Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on April 10, 2015.

**Table 2-1**  
**Overall Adult Satisfaction Ratings on the**  
**Global Ratings and Composite Measures**

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
<b>Global Ratings</b>						
Rating of Health Plan	★★★★★ 2.490	★★★★★ 2.479	★★★★★ 2.547	★★★ 2.433	★★★★★ 2.523	★★★ 2.455
Rating of All Health Care	★★★ 2.366	★★★ 2.334	★★★★★ 2.445	★★ 2.314	★★★ 2.365	★★★ 2.346
Rating of Personal Doctor	★★ 2.488	★★ 2.462	★★ 2.472	★★★ 2.513	★★★ 2.511	★★ 2.490
Rating of Specialist Seen Most Often	★ 2.474	★★★ 2.519	★★ 2.490	★★★ 2.511	★ 2.359	★ 2.463
<b>Composite Measures</b>						
Getting Needed Care	★★ 2.365	★★ 2.360	★★★ 2.399	★★ 2.362	★★ 2.356	★★ 2.337
Getting Care Quickly	★★★ 2.448	★★★★★ 2.485	★★★ 2.427	★★★ 2.446	★★★ 2.438	★★★★★ 2.450
How Well Doctors Communicate	★★★★★ 2.652	★★★★★ 2.641	★★★★★ 2.634	★★★★★ 2.674	★★★★★ 2.687	★★★★★ 2.640
Customer Service	★★★★★ 2.609	★★ 2.512	★★★★★ 2.641	★★★★★ 2.623	★★★★★ 2.633	★★★★★ 2.628
Shared Decision Making	★★★ 2.270	★★★★★ 2.303	★★★★★ 2.297	★★ 2.237	★★★ 2.256	★★★ 2.251
<b>What national Medicaid percentiles do the stars represent?</b>						
90 <sup>th</sup> or Above	★★★★★	75 <sup>th</sup> - 89 <sup>th</sup>	50 <sup>th</sup> - 74 <sup>th</sup>	25 <sup>th</sup> - 49 <sup>th</sup>	Below 25 <sup>th</sup>	
		★★★★★	★★★	★★	★	

**Table 2-2**  
**Overall General Child Satisfaction Ratings on the**  
**Global Ratings and Composite Measures**

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
<b>Global Ratings</b>						
Rating of Health Plan	★★★ 2.573	★ 2.436	★★★★ 2.649	★★★ 2.580	★★★★★ 2.684	★★ 2.519
Rating of All Health Care	★★★★★ 2.593	★★★ 2.554	★★★★ 2.587	★★★★ 2.588	★★★★★ 2.608	★★★★★ 2.622
Rating of Personal Doctor	★★★★ 2.650	★★ 2.611	★★★★ 2.684	★★★ 2.633	★★★★ 2.668	★★★ 2.648
Rating of Specialist Seen Most Often	★★★★ 2.636	★★★★* 2.622	★★★ 2.602	★★★ 2.602	★★★★★* 2.688	★★★★★ 2.684
<b>Composite Measures</b>						
Getting Needed Care	★★★★ 2.521	★★★ 2.503	★★★★ 2.535	★★★ 2.480	★★★★ 2.556	★★★★ 2.533
Getting Care Quickly	★★★★★ 2.707	★★★ 2.653	★★★★★ 2.732	★★★★★ 2.717	★★★★★ 2.705	★★★★★ 2.707
How Well Doctors Communicate	★★★★★ 2.761	★★★★ 2.730	★★★★★ 2.775	★★★★ 2.720	★★★★★ 2.803	★★★★★ 2.780
Customer Service	★★★★ 2.616	★★★★ 2.602	★★★★ 2.630	★★★★★ 2.651	★★★★★ 2.674	★★★ 2.549
Shared Decision Making	★★★ 2.335	★★★★ 2.390	★★★ 2.307	★★ 2.253	★★★* 2.316	★★★★★ 2.417
<b>What national Medicaid percentiles do the stars represent?</b>						
90 <sup>th</sup> or Above	★★★★★	75 <sup>th</sup> - 89 <sup>th</sup>	50 <sup>th</sup> - 74 <sup>th</sup>	25 <sup>th</sup> - 49 <sup>th</sup>	Below 25 <sup>th</sup>	
		★★★★	★★★	★★	★	
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.						

## Statewide Comparisons

Three-point means and response category percentages were calculated for the Ohio Medicaid Managed Care Program (program average) and each MCP for each global rating and composite measure. Two types of analyses were performed in this section: (1) a comparison of each MCP's 2014 mean scores to the program's 2014 mean scores, and (2) a comparison of each MCP's and the program's 2014 mean scores to its 2013 mean scores.<sup>2-3</sup>

For the first analysis, two types of hypothesis tests were performed to determine whether the MCPs' response category percentages and three-point means were statistically significantly different than the program average. Statistically significant differences between the 2014 MCP-level three-point mean scores and the 2014 program average are noted with arrows. MCP-level scores that are statistically higher than the program average are noted with an upward (↑) arrow. MCP-level scores that are statistically lower than the program average are noted with a downward (↓) arrow. MCP-level scores that are not statistically different from the program average are not noted with arrows.

For the second analysis, mean scores in 2014 were compared to the mean scores in 2013 to determine whether there were statistically significant differences between mean scores in 2014 and mean scores in 2013. For each MCP and the program, its 2014 mean scores were compared to its 2013 mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between overall mean scores in 2014 and overall mean scores in 2013 for each MCP and the program average are noted with triangles. Scores that are statistically higher in 2014 than in 2013 are noted with upward (▲) triangles. Scores that are statistically lower in 2014 than in 2013 are noted with downward (▼) triangles. Scores in 2014 that are not statistically different from scores in 2013 are not noted with triangles.

Measures with less than 100 responses are noted with an asterisk (\*). NCQA national Medicaid averages are presented for each measure for comparison purposes. Please note, statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). The text below the figures provides details of all statistically significant differences for each measure.

Please note, CareSource's 2014 MCS data file was used when calculating the general child member results for the Statewide Comparisons analyses.

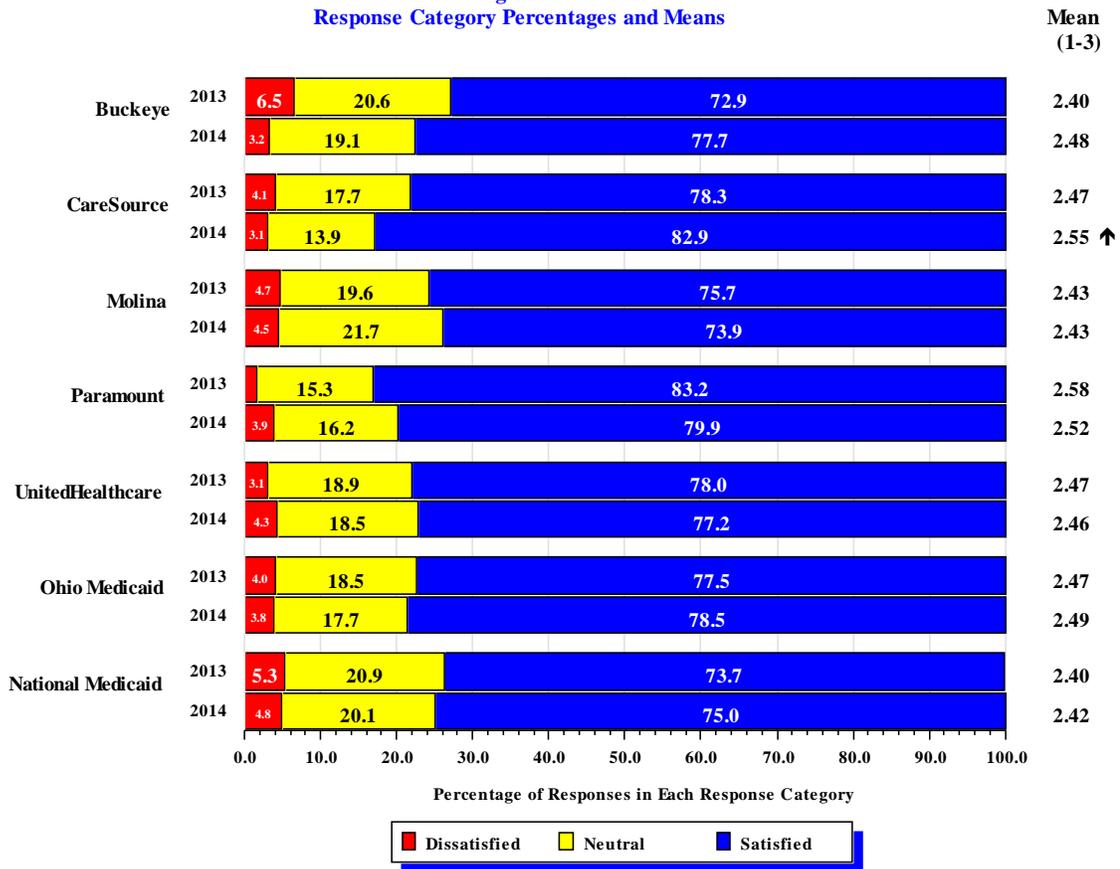
<sup>2-3</sup> The 2013 program average was recalculated to exclude AMERIGROUP and WellCare; therefore, the 2013 results will not tie out to the previous report.

Global Ratings

Rating of Health Plan

Respondents were asked to rate their health plan/their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 2-1 and Figure 2-2 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

Figure 2-1  
Adult Rating of Health Plan  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

Overall, there were five *statistically significant* differences observed for this measure.

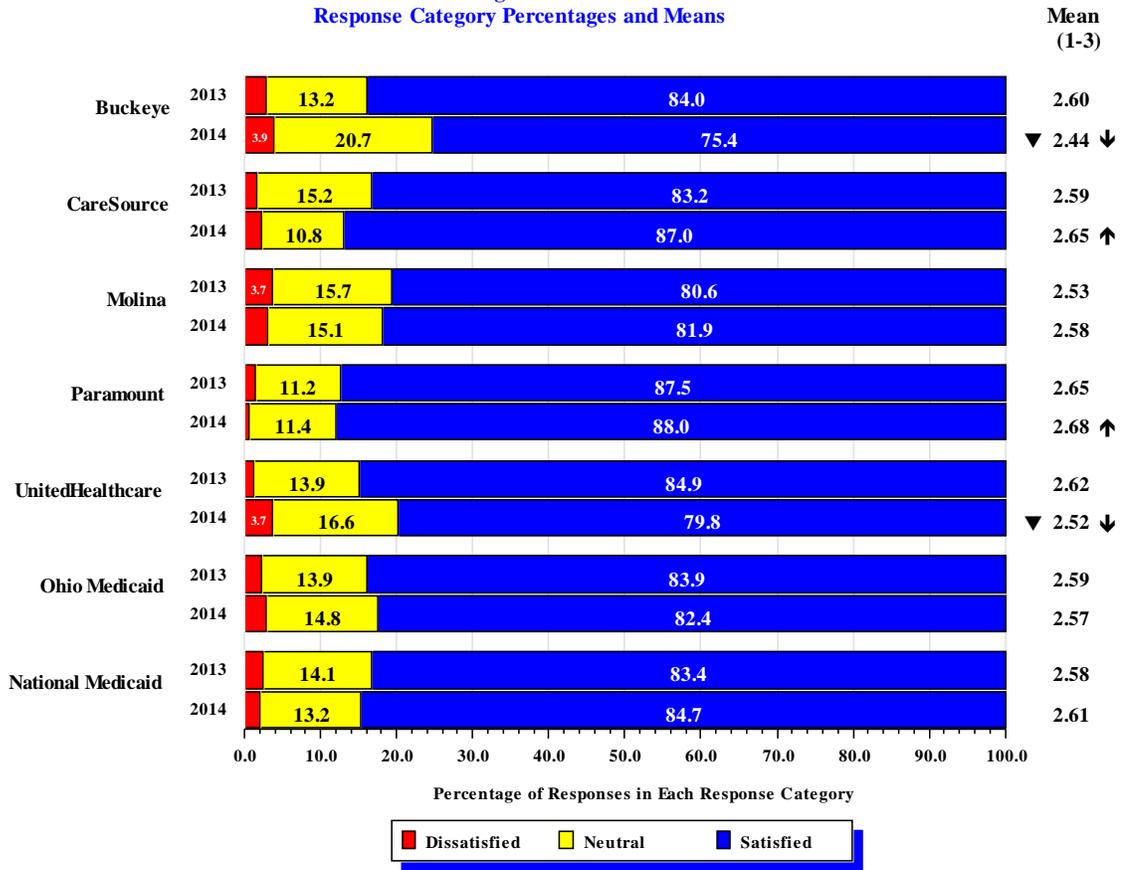
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Neutral was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher than the program average.
- The percentage of Molina's respondents who gave a response of Neutral was significantly higher than the program average, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly lower than the program average.

### *Trending Analysis*

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 2-2  
Child Rating of Health Plan  
Response Category Percentages and Means



Statistical Significance Note: ▲ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
▼ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
▲ indicates the 2014 mean is significantly higher than the 2013 mean  
▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were 11 statistically significant differences observed for this measure.

- Buckeye’s overall mean was significantly lower than the program average. The percentage of Buckeye’s respondents who gave a response of Neutral was significantly higher than the program average, whereas the percentage of Buckeye’s respondents who gave a response of Satisfied was significantly lower than the program average.
- CareSource’s overall mean was significantly higher than the program average. The percentage of CareSource’s respondents who gave a response of Neutral was significantly lower than the program average, whereas the percentage of CareSource’s respondents who gave a response of Satisfied was significantly higher than the program average.

- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Dissatisfied was significantly lower than the program average, similarly the percentage of Paramount's respondents who gave a response of Neutral was significantly lower than the program average, and the percentage of Paramount's respondents who gave a response of Satisfied was significantly higher than the program average.
- UnitedHealthcare's overall mean was significantly lower than the program average.

### *Trending Analysis*

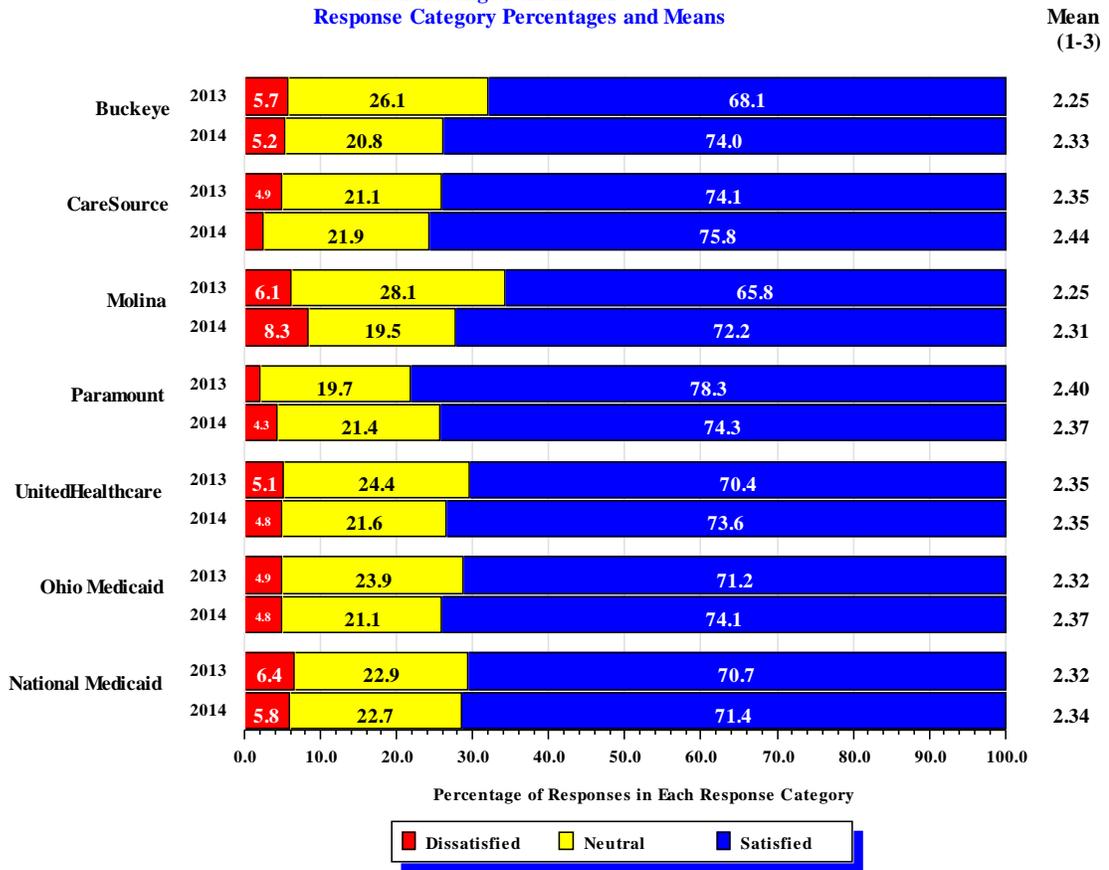
Overall, there were seven *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.
- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

### Rating of All Health Care

Respondents were asked to rate all their health care/their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 2-3 and Figure 2-4 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

**Figure 2-3**  
**Adult Rating of All Health Care**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

Overall, there were two *statistically significant* differences observed for this measure.

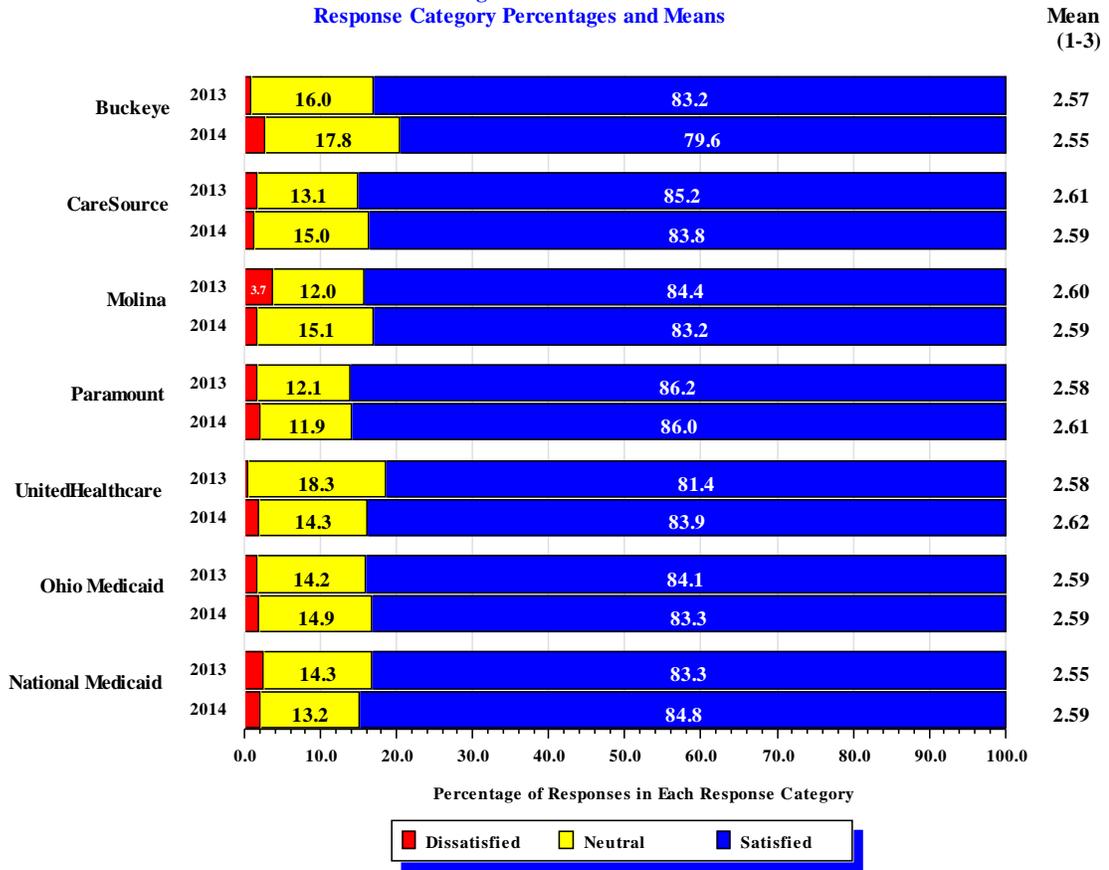
- The percentage of CareSource's respondents who gave a response of Dissatisfied was significantly lower than the program average.
- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly higher than the program average.

### *Trending Analysis*

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's and Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.
- The percentage of the program's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of the program's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 2-4  
Child Rating of All Health Care  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

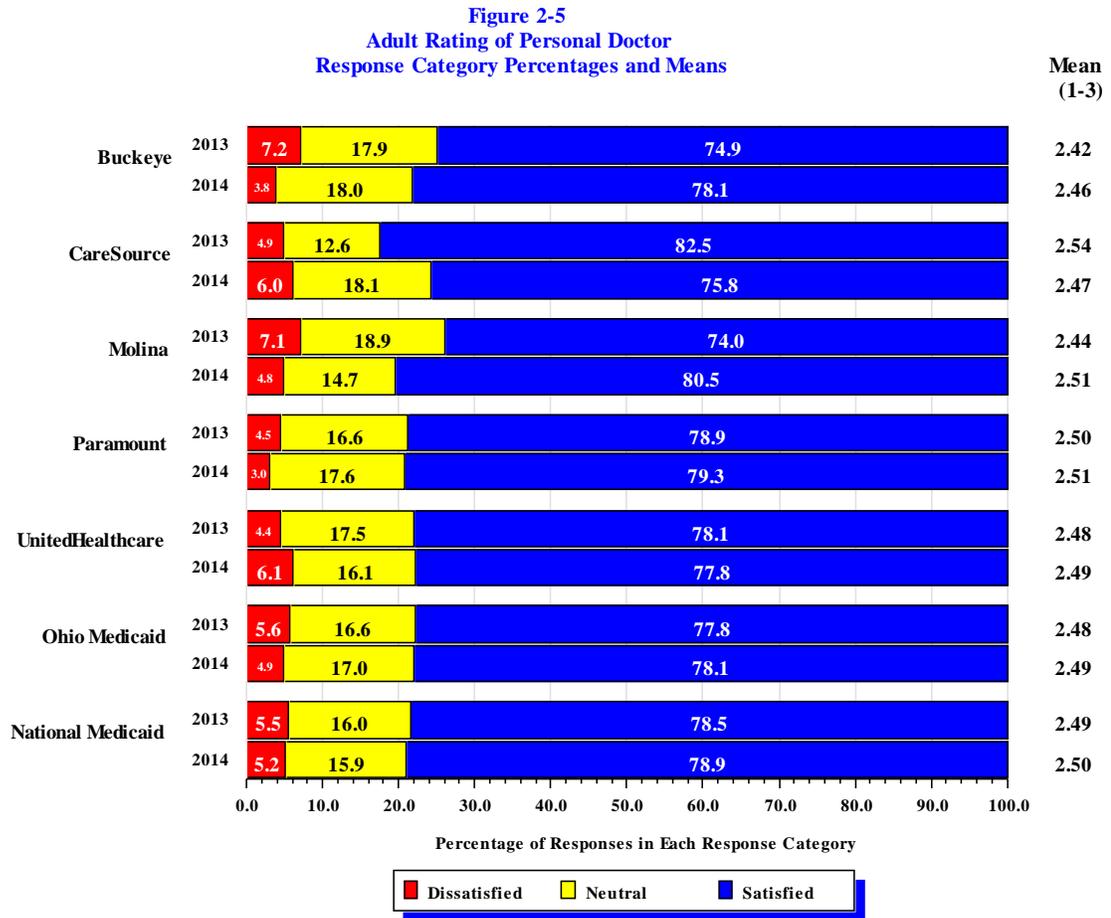
**Trending Analysis**

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare’s respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013.

### Rating of Personal Doctor

Respondents were asked to rate their personal doctor/their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 2-5 and Figure 2-6 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.



Statistical Significance Note:    ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
     ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
     ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
     ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

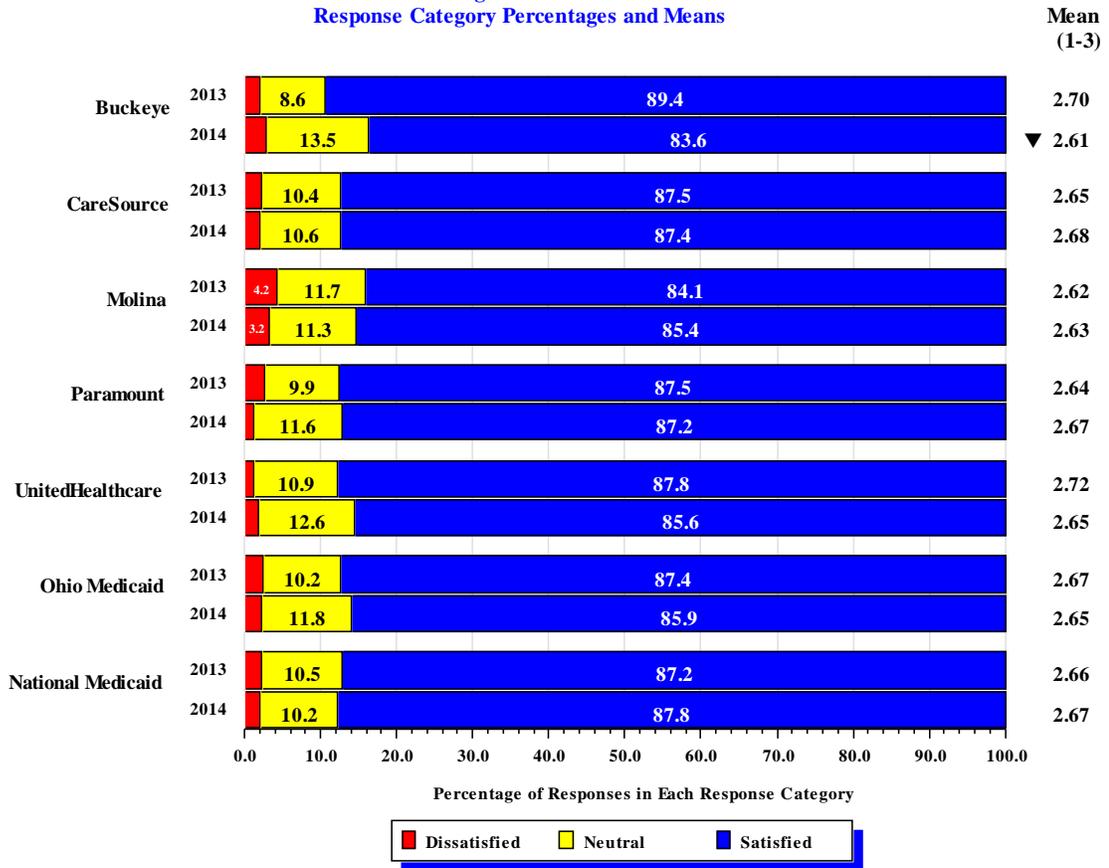
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 2-6  
Child Rating of Personal Doctor  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

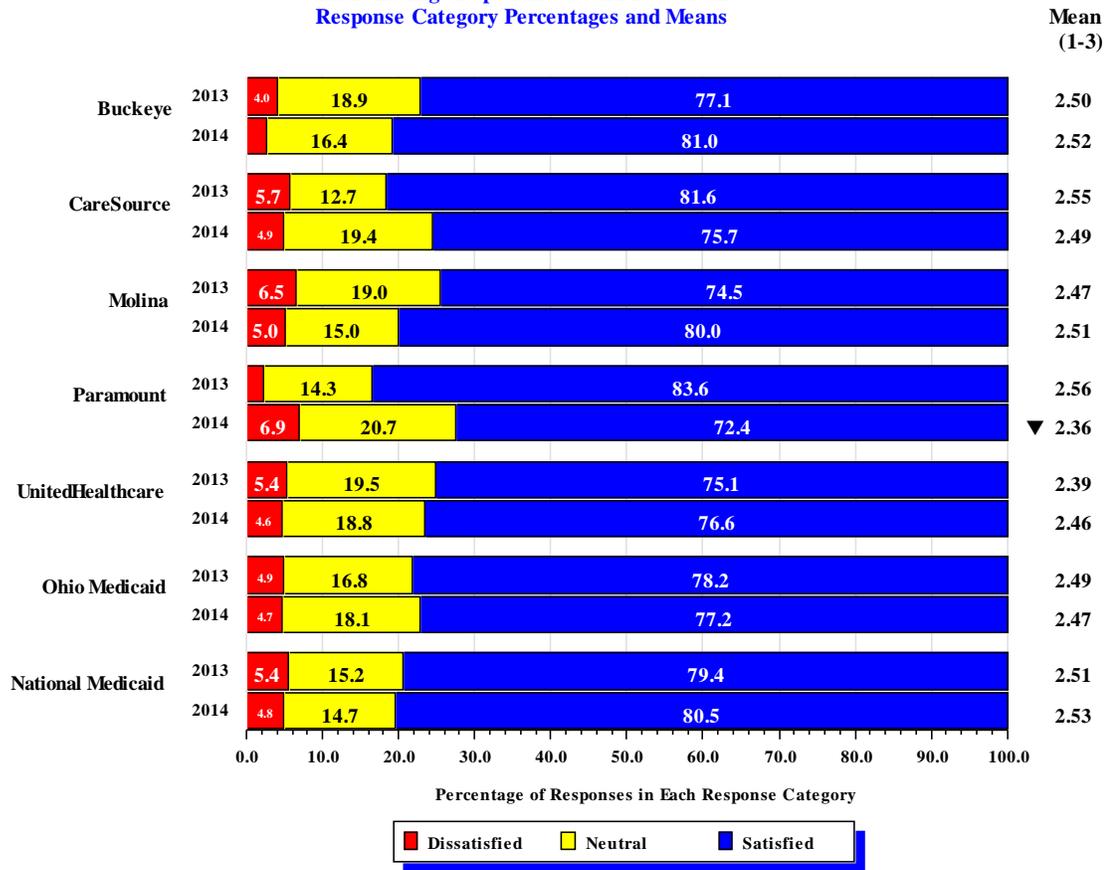
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye’s overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye’s respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye’s respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

### Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist they/their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 2-7 and Figure 2-8 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

**Figure 2-7**  
**Adult Rating of Specialist Seen Most Often**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

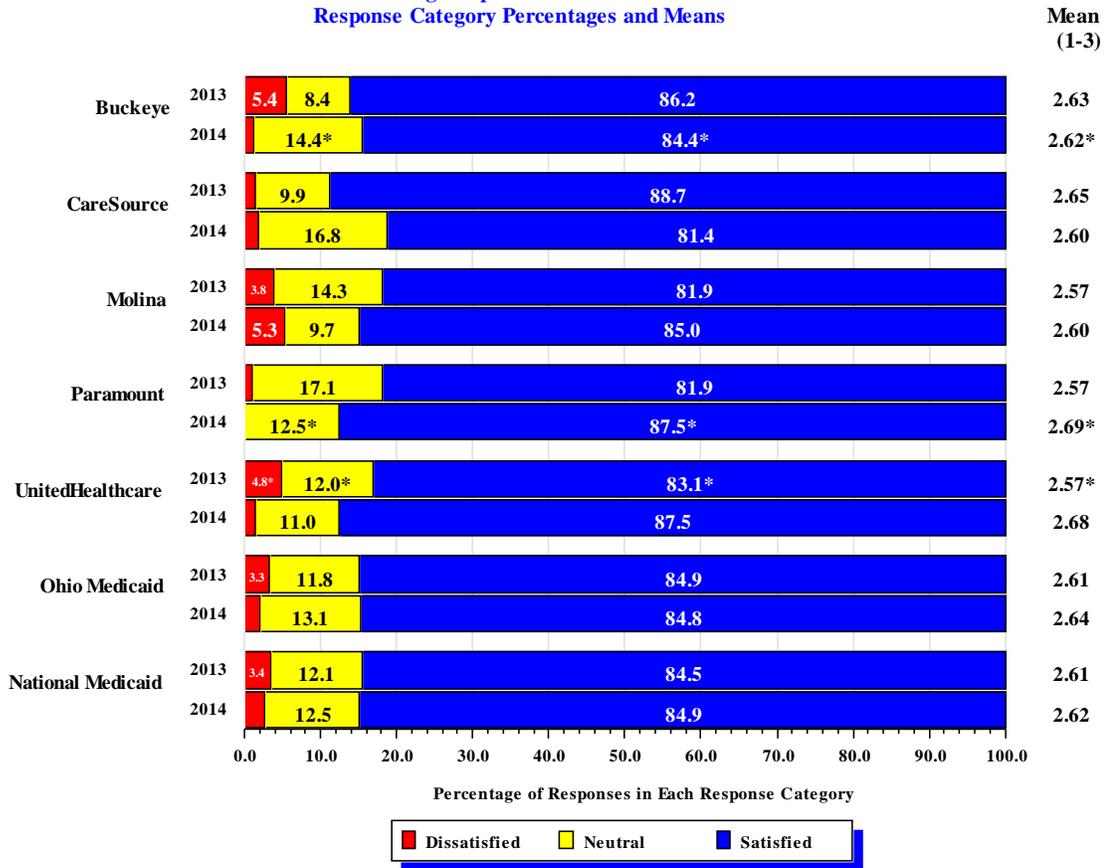
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.
- Paramount's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Paramount's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Figure 2-8  
Child Rating of Specialist Seen Most Often  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye’s respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.



### *Comparative Analysis*

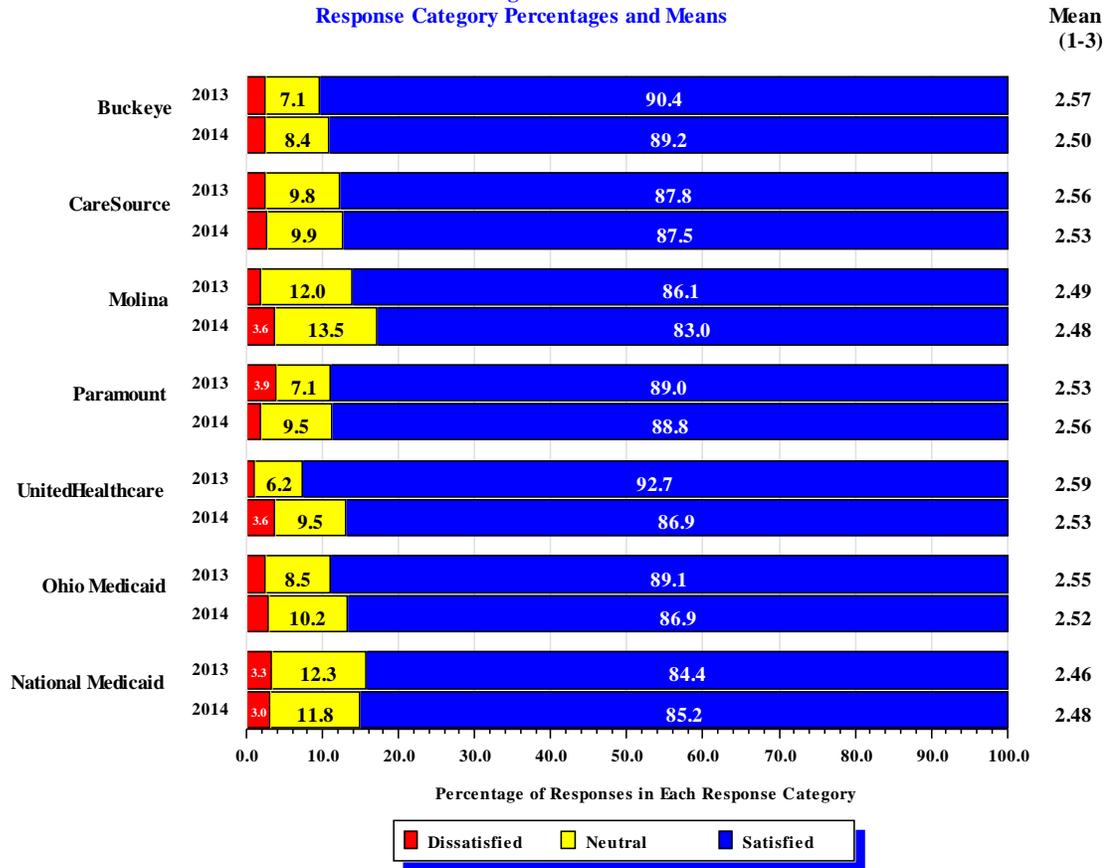
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Molina's and the program's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.

Figure 2-10  
Child Getting Needed Care  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

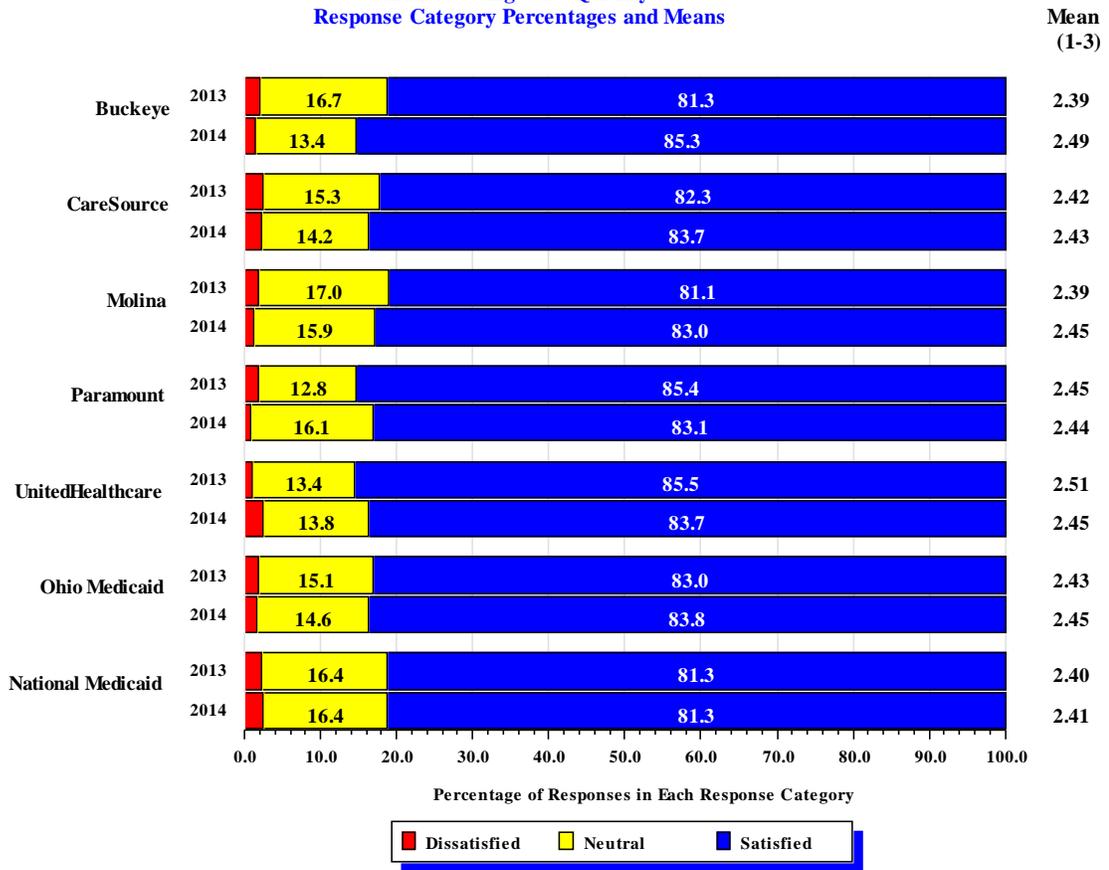
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare’s respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare’s respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

### Getting Care Quickly

Two questions were asked to assess how often members received care quickly (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-11 and Figure 2-12 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

**Figure 2-11**  
**Adult Getting Care Quickly**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

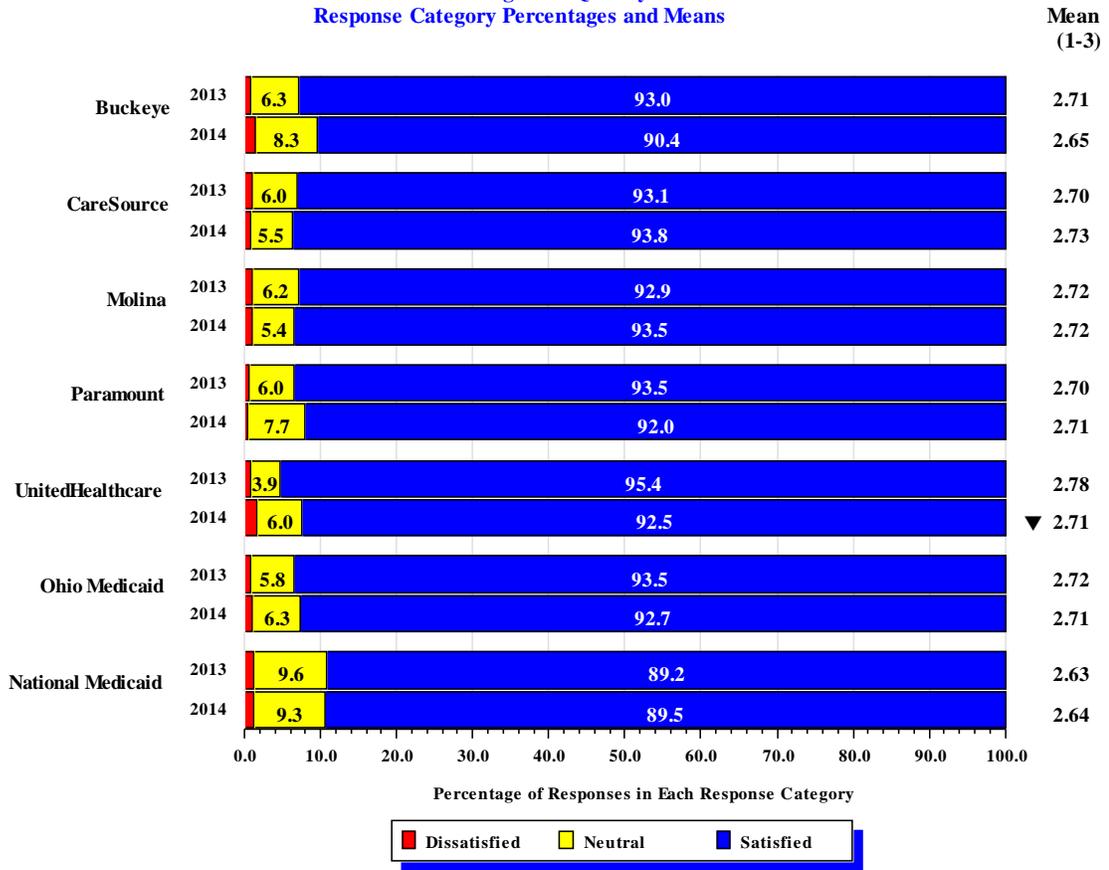
*Comparative Analysis*

Overall, there were no *statistically significant* differences observed for this measure.

*Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 2-12  
Child Getting Care Quickly  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

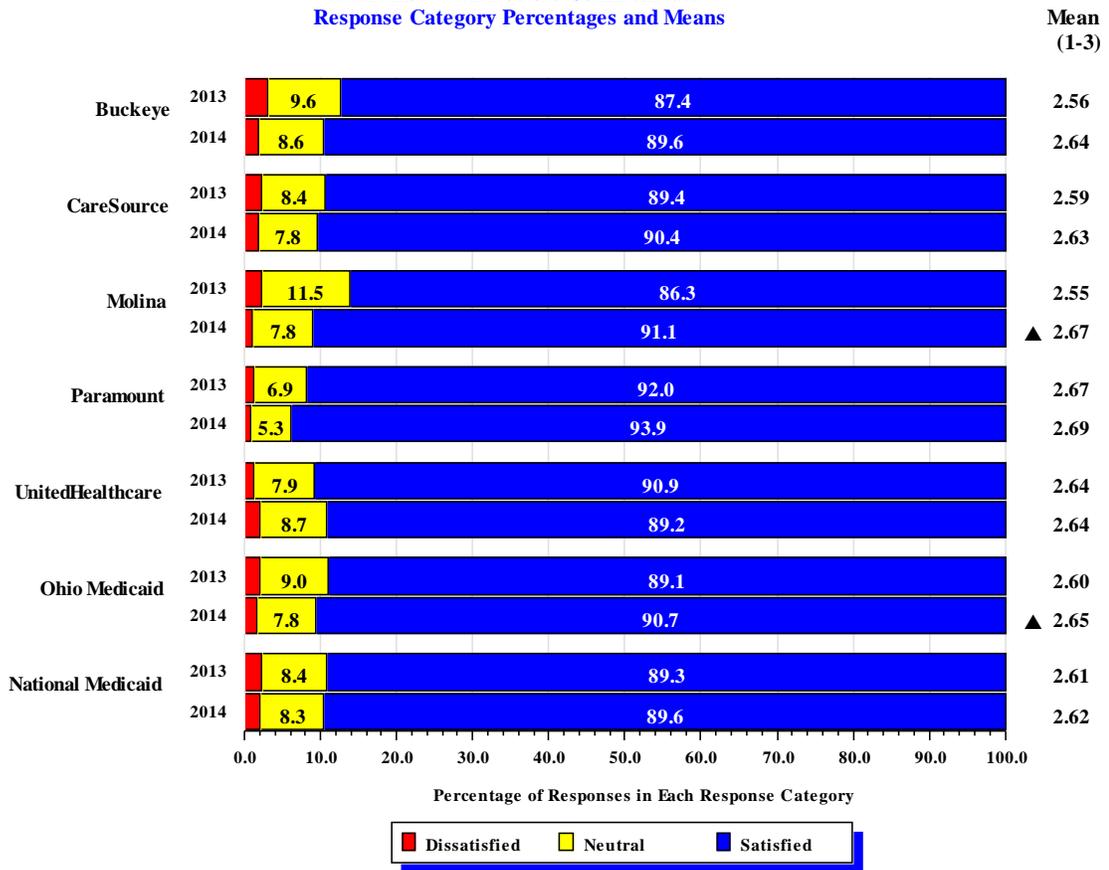
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare’s overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare’s respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

### How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey and Questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-13 and Figure 2-14 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

**Figure 2-13**  
**Adult How Well Doctors Communicate**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

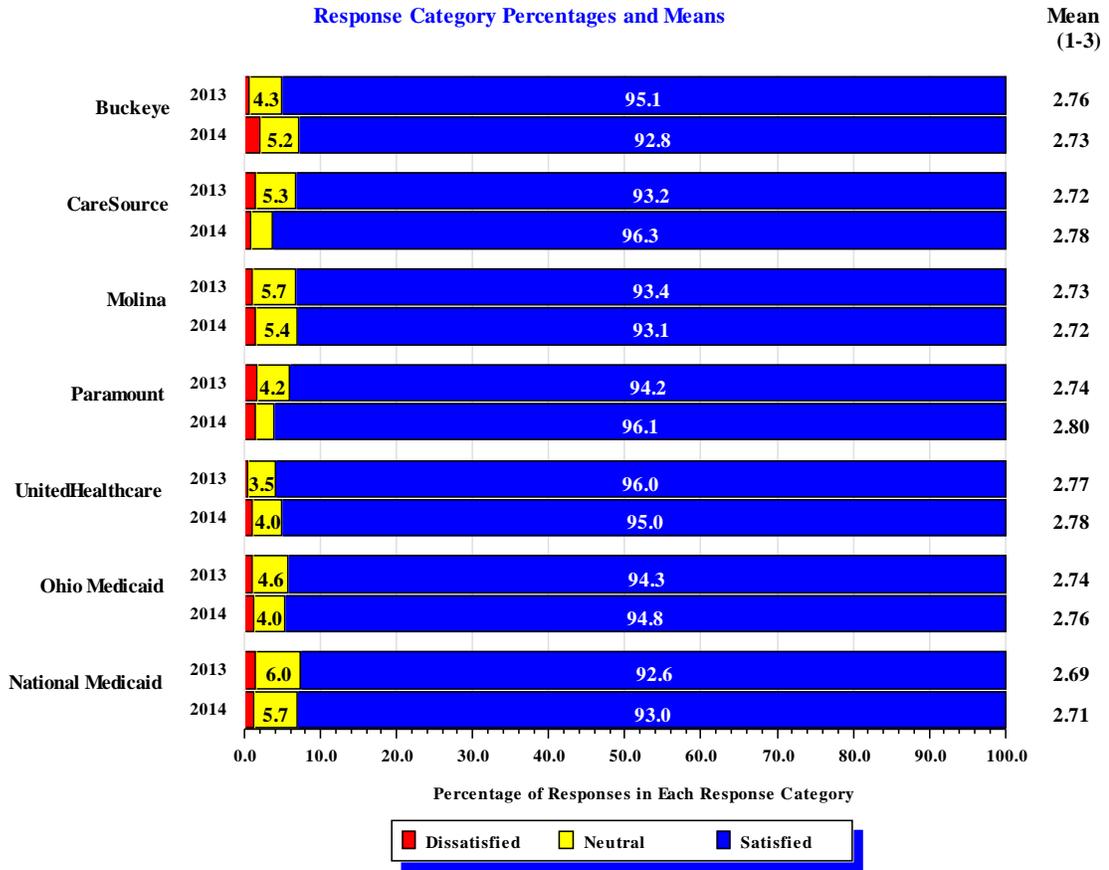
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Molina's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The program's overall mean was significantly higher in 2014 than in 2013.

Figure 2-14  
Child How Well Doctors Communicate  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were two *statistically significant* differences observed for this measure.

- The percentage of CareSource’s respondents who gave a response of Satisfied was significantly higher than the program average.
- The percentage of Paramount’s respondents who gave a response of Neutral was significantly lower than the program average.

**Trending Analysis**

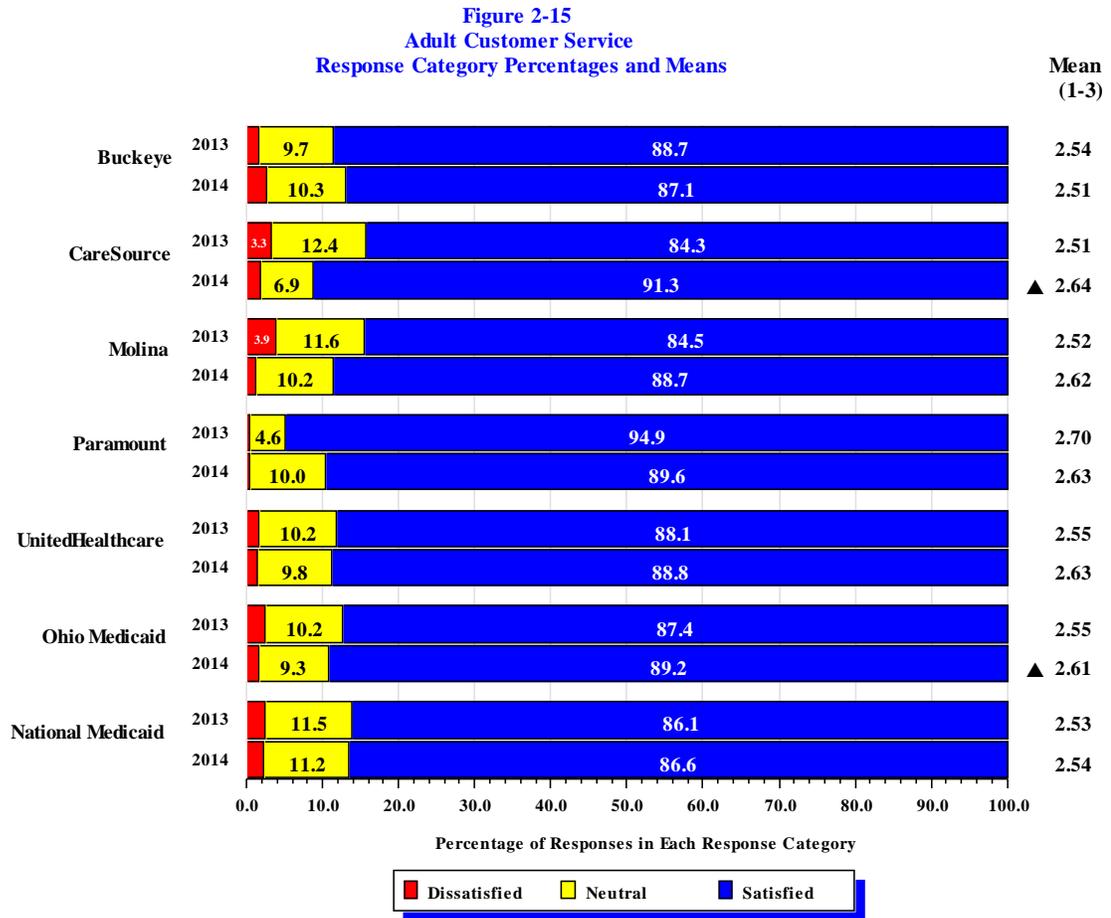
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye’s respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013.

- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

### Customer Service

Two questions were asked to assess how often respondents were satisfied with customer service (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-15 and Figure 2-16 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.



Statistical Significance Note:    ▲ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
     ▼ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
     ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
     ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

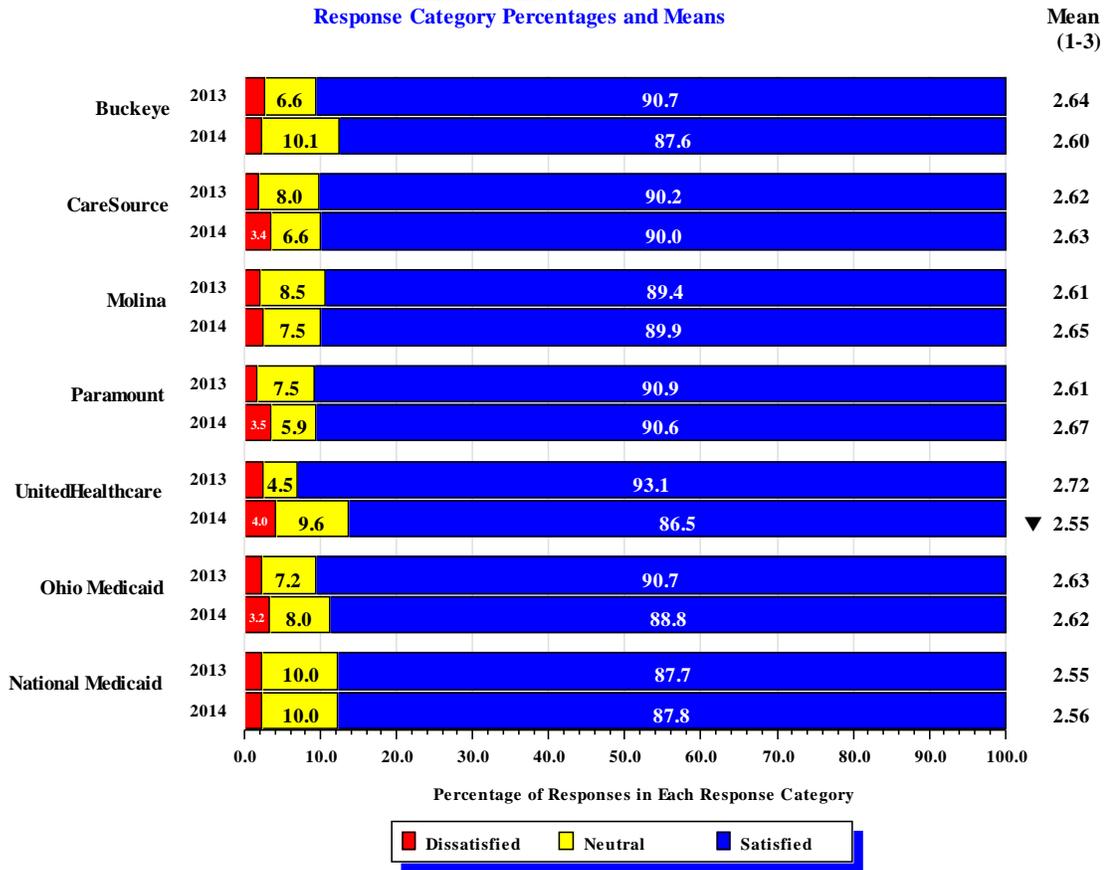
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.
- The program's overall mean was significantly higher in 2014 than in 2013.

Figure 2-16  
Child Customer Service  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

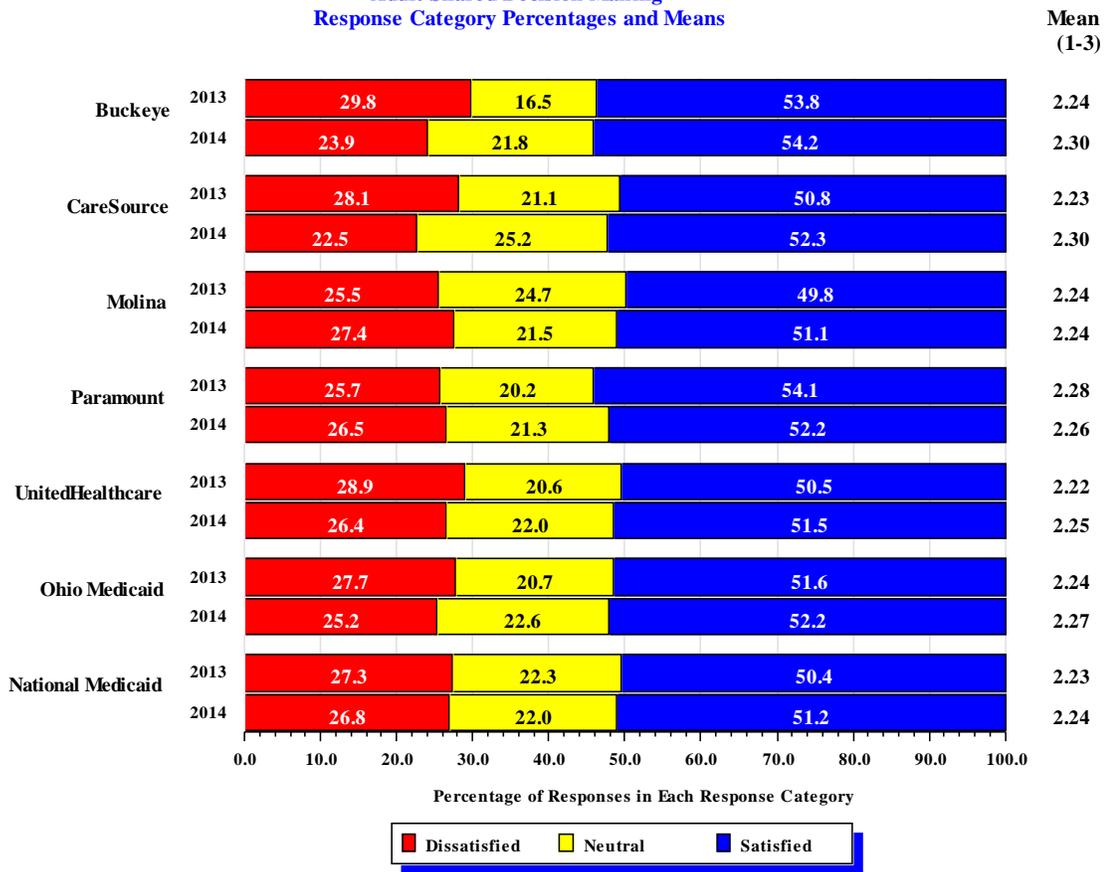
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare’s overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare’s respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare’s respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

### Shared Decision Making

Three questions were asked to assess the extent to which respondents’ doctors or other health providers discussed starting or stopping a prescription medicine (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey and Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Not at all/A little/No), Neutral (Some), and Satisfied (A lot/Yes). Figure 2-17 and Figure 2-18 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

**Figure 2-17**  
**Adult Shared Decision Making**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

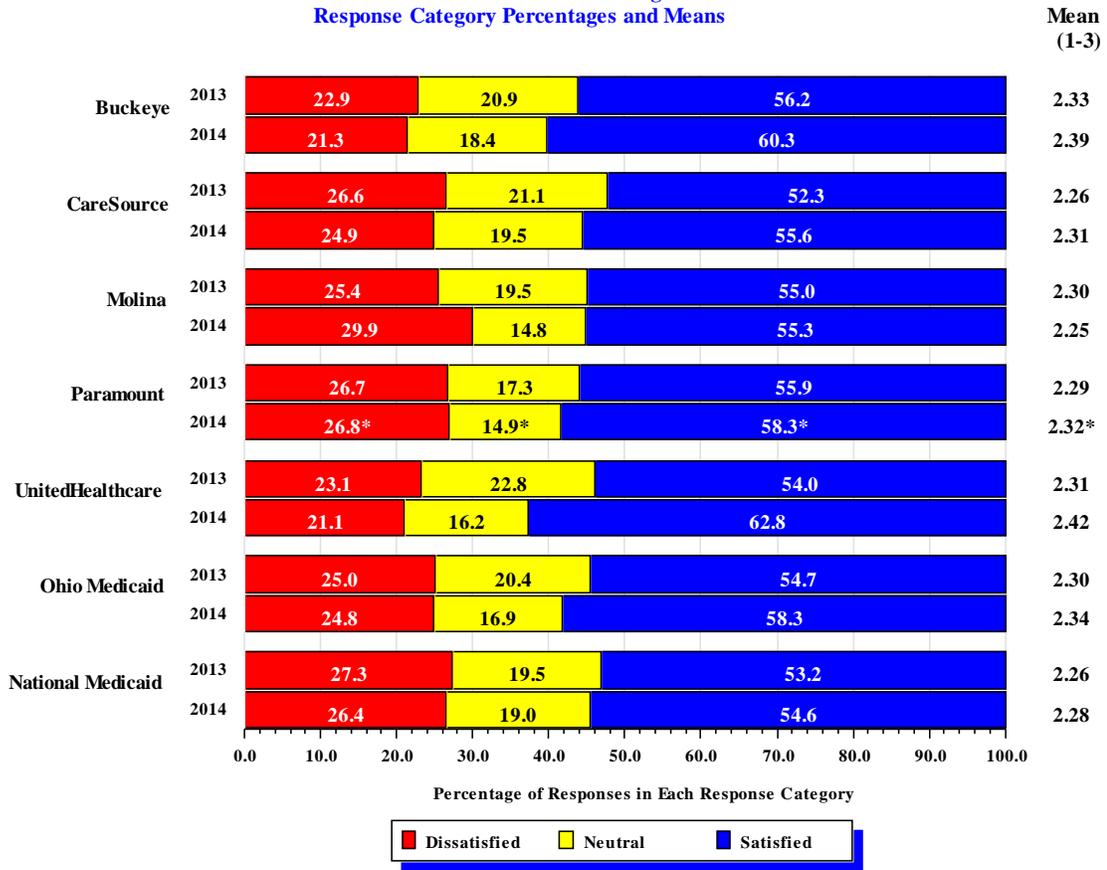
Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.

Figure 2-18  
Child Shared Decision Making  
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean  
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there were no *statistically significant* differences observed for this measure.

**Trending Analysis**

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of the program’s and UnitedHealthcare’s respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of the program’s and UnitedHealthcare’s respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

## Key Drivers of Performance

A key drivers analysis was performed at the Ohio Medicaid Managed Care Program and MCP levels. Separate analyses were performed for the adult and general child populations. The key drivers analysis focused on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG compared the three global ratings to the following survey questions that were used to generate composite measures:

- ◆ Getting Needed Care—Seeing a Specialist.
- ◆ Getting Needed Care—Getting Care Believed Necessary.
- ◆ Getting Care Quickly—Received Care as Soon as Wanted.
- ◆ Getting Care Quickly—Received Appointment as Soon as Wanted.
- ◆ How Well Doctors Communicate—Doctors Listened Carefully.
- ◆ How Well Doctors Communicate—Doctors Explained Things in a Way They Could Understand.
- ◆ How Well Doctors Communicate—Doctors Showed Respect.
- ◆ How Well Doctors Communicate—Doctors Spent Enough Time with Patient.
- ◆ Customer Service—Obtaining Help Needed From Customer Service.
- ◆ Customer Service—Health Plan Customer Service Treated with Courtesy and Respect.
- ◆ Shared Decision Making—Doctor Talk About Reasons to Take a Medicine.
- ◆ Shared Decision Making—Doctor Talk About Reasons Not to Take a Medicine.
- ◆ Shared Decision Making—Doctor Ask About Best Medicine Choice for You/Your Child.

### Adult and General Child Summary Tables

The summary tables below provide a list of the key drivers for each global rating evaluated (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) for the Ohio Medicaid Managed Care Program and each MCP. For each measure, the adult summary table is presented first, followed by the general child summary table.

Table 2-3 Key Drivers Analysis - Adult Rating of Health Plan Summary Table						
Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed			✓			✓
Q6. Got an appointment as soon as needed					✓	
Q10. Doctor explained reasons to take a medication			✓	✓		
Q12. Doctor asked what you thought was best for you		✓			✓	
Q14. Easy to get treatment needed	✓	✓		✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment as soon as needed	✓	✓	✓	✓		✓
Q31. Received information or help from health plan customer service	✓	✓	✓	✓	✓	✓

Table 2-4 Key Drivers Analysis - General Child Rating of Health Plan Summary Table						
Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓			✓	
Q11. Doctor explained reasons to take a medication			✓			
Q12. Doctor explained reasons not to take a medication				✓	✓	✓
Q13. Doctor asked you what you thought was best for your child				✓		✓
Q15. Easy to get treatment needed		✓	✓	✓		
Q37. Personal doctor spent enough time with your child	✓	✓				
Q46. Got an appointment as soon as needed	✓	✓	✓	✓	✓	✓
Q50. Received information or help from health plan customer service	✓	✓	✓	✓		✓

**Table 2-5**  
**Key Drivers Analysis - Adult Rating of All Health Care Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓				
Q10. Doctor explained reasons to take a medication			✓			
Q12. Doctor asked what you thought was best for you	✓	✓		✓	✓	✓
Q14. Easy to get treatment needed	✓	✓	✓	✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment as soon as needed	✓	✓	✓	✓		✓
Q31. Received information or help from health plan customer service					✓	

**Table 2-6**  
**Key Drivers Analysis - General Child Rating of All Health Care Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓	✓		✓	
Q11. Doctor explained reasons to take a medication			✓			
Q12. Doctor explained reasons not to take a medication					✓	
Q13. Doctor asked you what you thought was best for your child	✓		✓	✓	✓	✓
Q15. Easy to get treatment needed	✓	✓	✓	✓		
Q37. Personal doctor spent enough time with your child				✓		
Q46. Got an appointment as soon as needed	✓	✓	✓			✓
Q50. Received information or help from health plan customer service				✓		

**Table 2-7**  
**Key Drivers Analysis - Adult Rating of Personal Doctor Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed					✓	
Q10. Doctor explained reasons to take a medication	✓		✓	✓		
Q11. Doctor explained reasons not to take a medication		✓				
Q12. Doctor asked what you thought was best for you	✓	✓	✓	✓		✓
Q14. Easy to get treatment needed	✓			✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment as soon as needed						✓

**Table 2-8**  
**Key Drivers Analysis - General Child Rating of Personal Doctor Summary Table**

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓				
Q11. Doctor explained reasons to take a medication	✓					
Q12. Doctor explained reasons not to take a medication				✓	✓	✓
Q13. Doctor asked you what you thought was best for your child	✓		✓	✓	✓	✓
Q15. Easy to get treatment needed	✓		✓	✓		
Q37. Personal doctor spent enough time with your child	✓	✓		✓		✓
Q46. Got an appointment as soon as needed			✓		✓	

### 3. CHILDREN WITH CHRONIC CONDITIONS RESULTS

The CCC and non-CCC comparisons analysis was performed at the Ohio Medicaid Managed Care Program level. Three-point means and response category percentages were calculated for each global rating and composite measure for the CCC and non-CCC populations. Two types of analyses were performed in this section: (1) a comparison of the 2014 results for the two populations, and (2) a comparison of each population's 2014 scores to its 2013 scores. Please note, CareSource's child results for this report were derived from CareSource's 2014 MCS data file, which did not include data from the CCC supplemental sample; therefore, results for CareSource are not included in any of the analyses related to the CCC and non-CCC populations.

For the first analysis, one type of hypothesis test was applied to determine whether the CCC and non-CCC populations' response category percentages and three-point means were statistically significantly different from each other. Three-point mean scores for one population that are statistically higher than three-point mean scores for the other population are noted with upward (↑) arrows. Conversely, three-point mean scores for one population that are statistically lower than three-point mean scores for the other population are noted with downward (↓) arrows. Three-point mean scores for one population that are not statistically different from the other population are not noted with arrows. If it is true that one population's mean score is significantly higher (↑) than that of the other's, then it follows that the other population's mean score is significantly lower (↓). Therefore, in the figures presented in this section, a pair of arrows (↑ and ↓) to the right of the mean is indicative of a single statistical test and is noted as one statistically significant difference in the narrative rather than two. For example, if it is true that the three-point mean of CCC respondents was significantly lower than that of non-CCC respondents, then it must be true that the three-point mean of non-CCC respondents was significantly higher than that of CCC respondents. This represents one statistically significant difference.

For the second analysis, mean scores in 2014 were compared to the mean scores in 2013 to determine whether there were statistically significant differences between mean scores in 2014 and mean scores in 2013 for the CCC and non-CCC populations. Each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between overall mean scores in 2014 and overall mean scores in 2013 for the CCC and non-CCC populations are noted with triangles to the left of the mean. Scores that are statistically higher in 2014 than in 2013 are noted with upward (▲) triangles. Scores that are statistically lower in 2014 than in 2013 are noted with downward (▼) triangles. Scores in 2014 that are not statistically different from scores in 2013 are not noted with triangles.

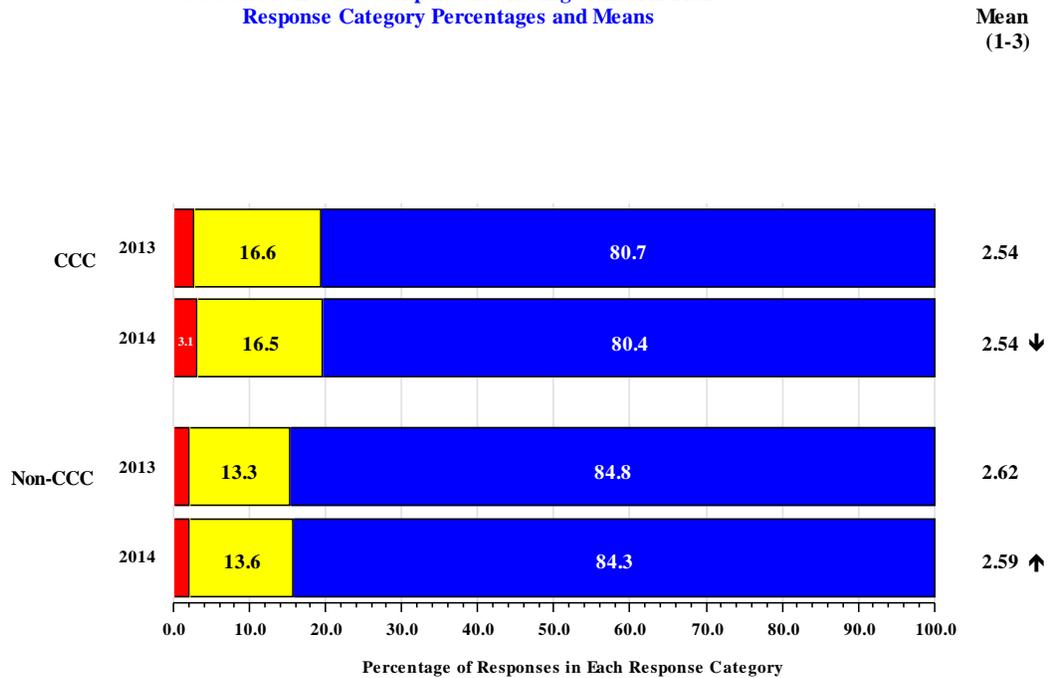
The text below the figures provides details of the statistically significant differences for each measure. Statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). Please note, no national Medicaid data are available for the CCC and non-CCC comparisons analysis.

## Global Ratings

### Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 3-1 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-1**  
**CCC and Non-CCC Comparisons: Rating of Health Plan**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

Overall, there were four *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Dissatisfied was significantly higher than that of non-CCC respondents, similarly the percentage of CCC respondents who gave a response of Neutral was significantly higher than that of non-CCC respondents, and the percentage of CCC respondents who gave a response of Satisfied was significantly lower than that of non-CCC respondents.

### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.



### *Comparative Analysis*

Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

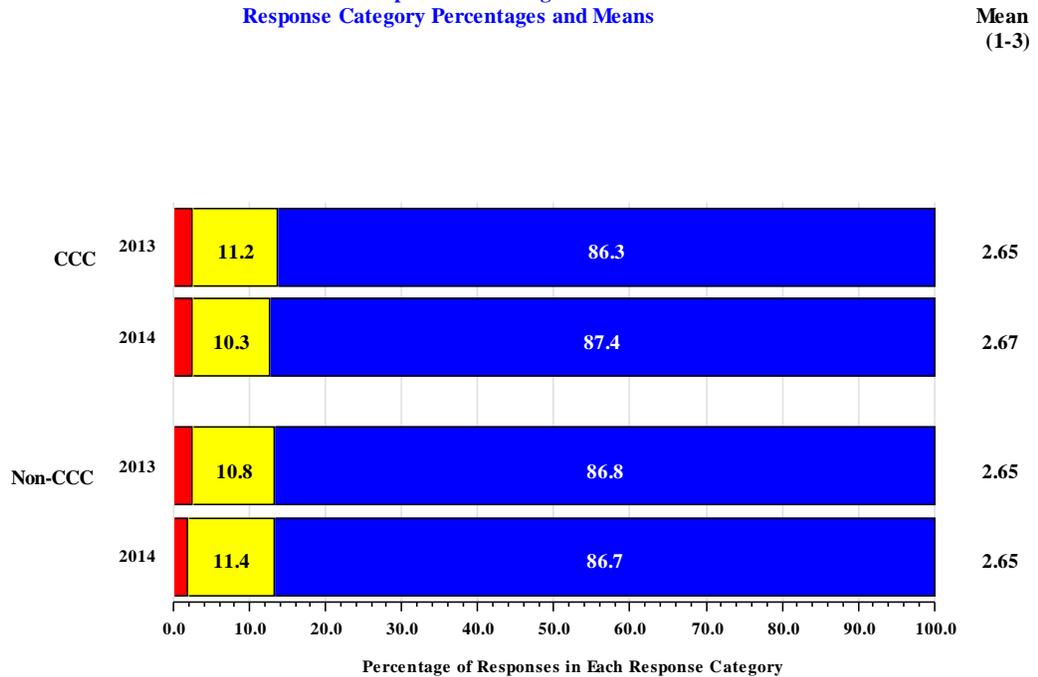
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly higher in 2014 than in 2013.

### Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 3-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-3**  
**CCC and Non-CCC Comparisons: Rating of Personal Doctor**  
**Response Category Percentages and Means**



Statistical Significance Note:    ↑ indicates the mean is significantly higher than the other population  
    ↓ indicates the mean is significantly lower than the other population  
    ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
    ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

*Comparative Analysis*

Overall, there were no *statistically significant* differences observed for this measure.

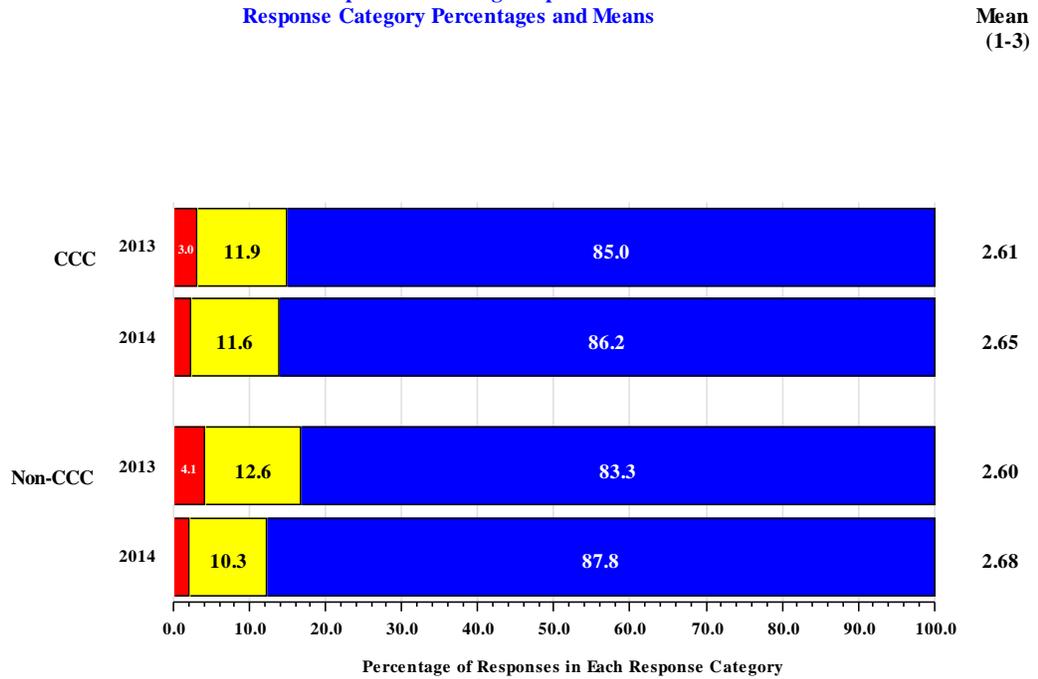
*Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

### Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0-4), Neutral (5-7), and Satisfied (8-10). Figure 3-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-4**  
**CCC and Non-CCC Comparisons: Rating of Specialist Seen Most Often**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

*Comparative Analysis*

Overall, there were no *statistically significant* differences observed for this measure.

*Trending Analysis*

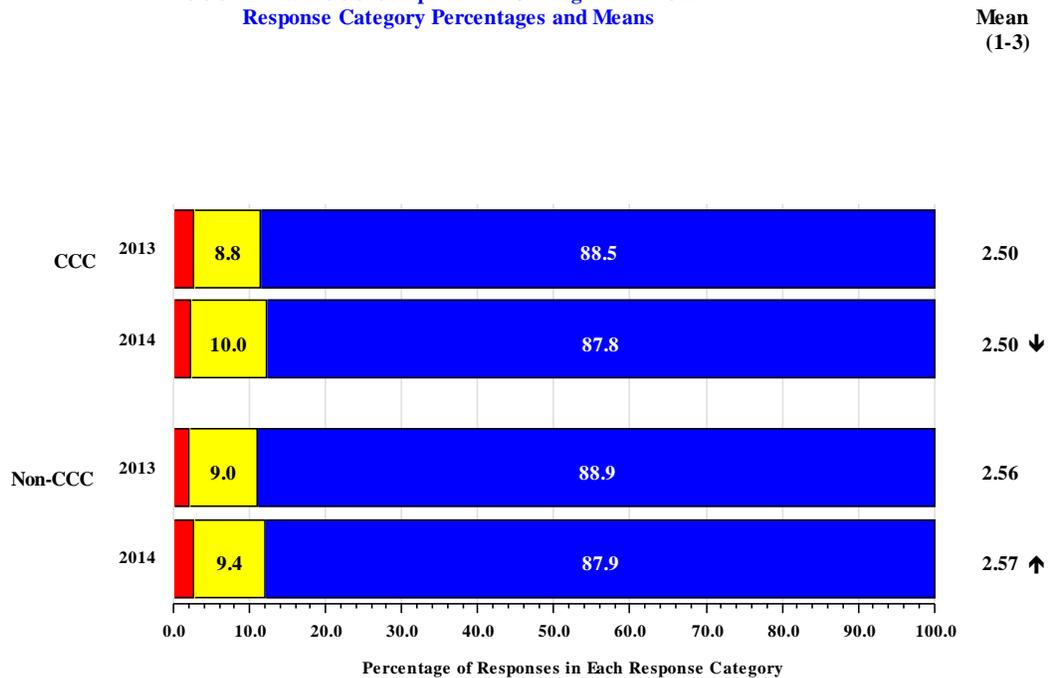
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

## Composite Measures

### Getting Needed Care

Two questions were asked to assess how often it was easy for parents or caretakers to get the care they needed for their child (Questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-5**  
**CCC and Non-CCC Comparisons: Getting Needed Care**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

Overall, there was one *statistically significant* difference observed for this measure.

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents.

### *Trending Analysis*

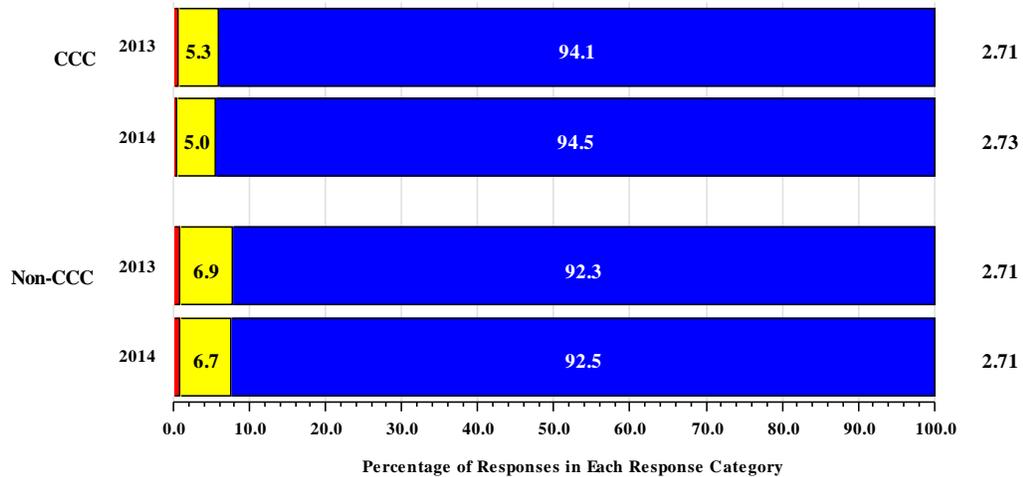
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

### Getting Care Quickly

Two questions were asked to parents or caretakers to assess how often their child received care quickly (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-6**  
**CCC and Non-CCC Comparisons: Getting Care Quickly**  
**Response Category Percentages and Means**

**Mean**  
**(1-3)**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### Comparative Analysis

Overall, there were two *statistically significant* differences observed for this measure.

- The percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

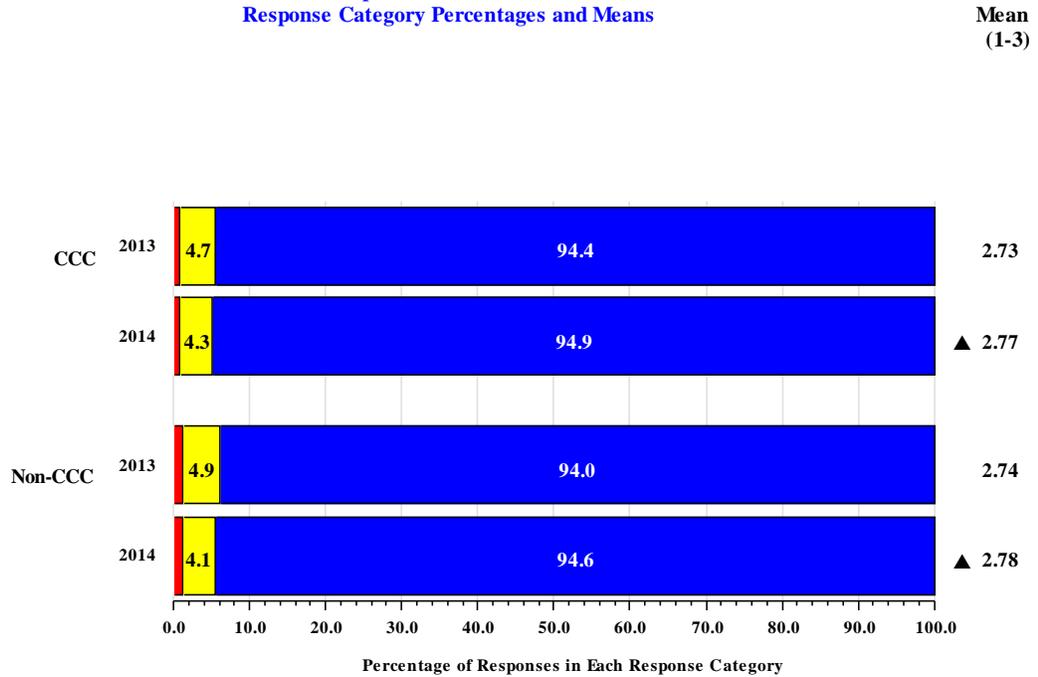
*Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

### How Well Doctors Communicate

A series of four questions was asked to parents or caretakers of child members to assess how often doctors communicated well with their child (Questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-7**  
**CCC and Non-CCC Comparisons: How Well Doctors Communicate**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### Comparative Analysis

Overall, there were no *statistically significant* differences observed for this measure.

### *Trending Analysis*

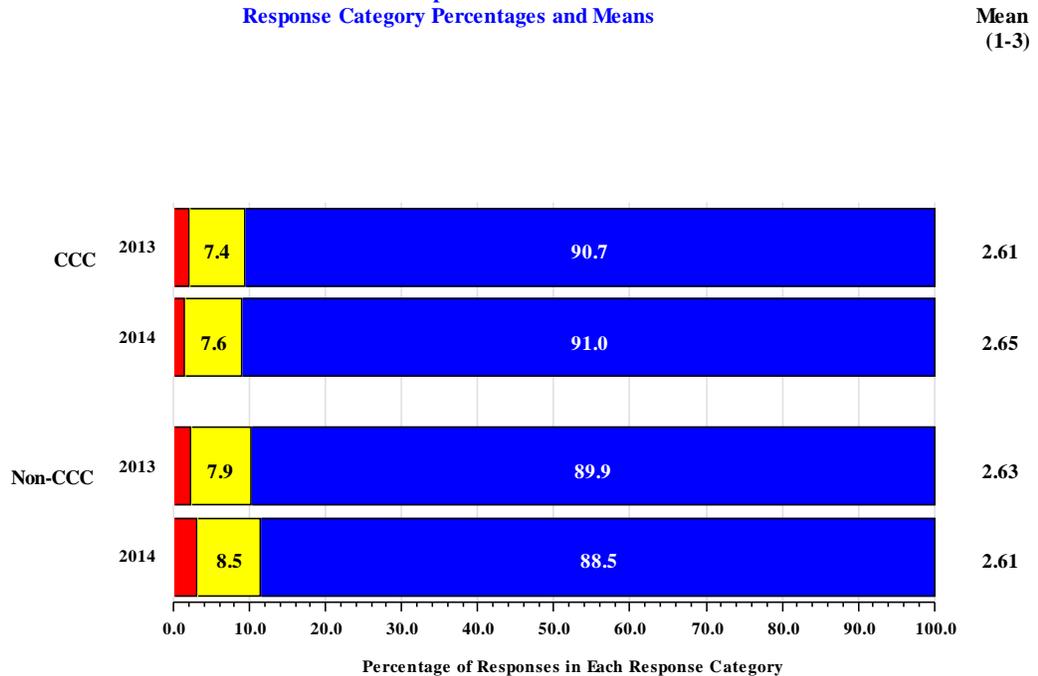
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2014 than in 2013.

**Customer Service**

Two questions were asked to assess how often parents or caretakers were satisfied with their child’s customer service (Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-8**  
**CCC and Non-CCC Comparisons: Customer Service**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

**Comparative Analysis**

Overall, there was one *statistically significant* difference observed for this measure.

- The percentage of CCC respondents who gave a response of Dissatisfied was significantly lower than that of non-CCC respondents.

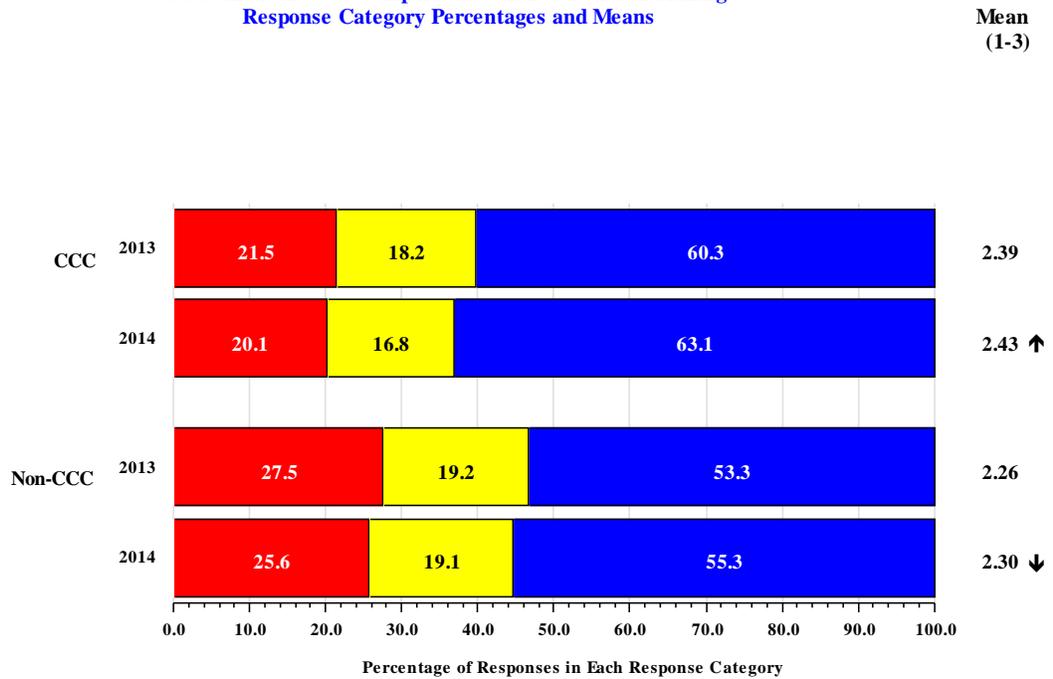
*Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

### Shared Decision Making

Three questions were asked to parents or caretakers of child members to assess the extent to which their child’s doctors or other health providers discussed starting or stopping a prescription medicine (Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Not at all/A little/No), Neutral (Some), and Satisfied (A lot/Yes). Figure 3-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 3-9**  
**CCC and Non-CCC Comparisons: Shared Decision Making**  
**Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population  
 ↓ indicates the mean is significantly lower than the other population  
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean  
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

### *Comparative Analysis*

Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Dissatisfied was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

### Conclusions

#### **Adult and General Child Results**

When results for the general child population were compared to national Medicaid percentiles, the Ohio Medicaid Managed Care Program had good to excellent performance (i.e., none of the program's means were below the 50th percentile). However, results for the Ohio Medicaid Managed Care Program's adult population ranged from below the 25th national Medicaid percentile to at or above the 90th national Medicaid percentile. Areas of excellent performance (i.e., at or above the 90th percentile) included: How Well Doctors Communicate (both adult and general child), Rating of All Health Care (general child), and Getting Care Quickly (general child). For the adult population, CareSource had the highest results when compared to national percentiles (i.e., five measures at or above the 75th percentile), while UnitedHealthcare and Paramount had the lowest results (i.e., both plans scored below the 25th percentile for one measure and at or between the 25th and 49th percentiles for one measure). For the general child population, Paramount had the highest results when compared to national percentiles, while Buckeye had the lowest results.

The statewide comparisons analysis for the global ratings and composite measures revealed significant differences between the MCPs' mean scores when compared to the program average for four MCPs. CareSource's mean scores were significantly higher than the program mean scores for Rating of Health Plan for the adult and general child populations, and Paramount's mean score was significantly higher than the program mean score for Rating of Health Plan for the general child population. Buckeye's and UnitedHealthcare's mean scores were significantly lower than the program mean score for Rating of Health Plan for the general child population. In addition, the analyses revealed significant differences between the MCPs' and program's 2014 mean scores compared to the MCPs' and program's 2013 mean scores for the global ratings and composite measures. The program's 2014 mean scores were significantly higher than the 2013 mean scores for two measures (How Well Doctors Communicate and Customer Service). CareSource's and Molina's 2014 mean scores were significantly higher than their 2013 mean scores more frequently than any other MCP, while UnitedHealthcare's 2014 mean scores were significantly lower than its 2013 mean scores more frequently than any other MCP.

The key drivers of performance analysis identified areas that are top priorities for the Ohio Medicaid Managed Care Program for the Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor global ratings. For both the adult and general child population, top priority items for the program included: ease of getting care, tests, or treatment; getting an appointment with a specialist as soon as needed; receiving information or help from the health

plan's customer service; a health provider asking what was best for the member with regard to starting or stopping a prescription; and a health provider talking about the reasons a member might want to take a medicine. In addition, for the general child population, the amount of time a child's personal doctor spent with the child was a top priority item for the program.

### **Child with Chronic Conditions Results**

The children with chronic conditions (CCC) and non-CCC populations reported different levels of satisfaction. According to the results, the CCC population reported significantly higher levels of satisfaction than the non-CCC population for one measure (Shared Decision Making); however, the CCC population reported significantly lower levels of satisfaction than the non-CCC population for two measures (Rating of Health Plan and Getting Needed Care).

The CCC population's 2014 mean scores were significantly higher than the 2013 mean scores for Rating of All Health Care and How Well Doctors Communicate. In addition, the non-CCC population's 2014 mean score was significantly higher than the 2013 mean score for How Well Doctors Communicate.

## **Cautions and Limitations**

The findings presented in the 2014 Ohio Medicaid Managed Care Program CAHPS Reports are subject to some limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

### **Case-Mix Adjustment**

The demographics of respondents may impact member satisfaction; however, results in the reports were not case-mix adjusted to account for differences in the respondent characteristics. Caution should be exercised when interpreting the CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.<sup>4-1</sup>

### **Non-Response Bias**

The experiences of the survey respondent population may be different than those of non-respondents with respect to their health care services and may vary by MCP. Therefore, ODM and the MCPs should consider the potential for non-response bias when interpreting CAHPS results.

---

<sup>4-1</sup> Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

### ***Causal Inferences***

Although the CAHPS Reports examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the CAHPS reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist.

### ***Survey Vendor Effects***

The CAHPS surveys were administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

### ***CareSource Sample Issue***

Upon analyzing the MCPs' 2014 survey data, HSAG discovered that CareSource's Medicaid Child Survey-Children with Chronic Conditions (MCS-CCC) data file was incomplete. As a result, HSAG obtained and used the data file from CareSource's independent administration in 2014 of the CAHPS 5.0H Child Medicaid Health Plan Survey. While these data were suitable for analysis, the data were limited to CareSource's general child population. Therefore, Ohio Medicaid's 2014 CAHPS reports include CareSource's results for the general child population, but do not include CareSource's results in any of the analyses related to the CCC and non-CCC populations.

### ***Ohio Medicaid Managed Care Program Changes***

In 2013, the Ohio Medicaid Managed Care Program underwent significant changes that should be considered when interpreting the 2013 CAHPS results. Effective July 1, 2013, Ohio Medicaid consolidated health plan regions (reduced from eight to three) and combined coverage across the two managed care populations (ABD and CFC) to be more efficient, linked health plan payments to performance, and enrolled children with disabilities in managed care. The state also established new contracts with the MCPs at this time. Five of the plans included in the 2013 survey (Buckeye, CareSource, Molina, Paramount, and UnitedHealthcare) continued to serve Ohio Medicaid members effective July 1, 2013, while two (AMERIGROUP and WellCare) did not. In addition to these changes, the state required contracting MCPs to hold NCQA accreditation (which includes CAHPS results) by June 30, 2013.

## Recommendations

The key drivers correlate to opportunities for improvement for the MCPs, which were determined by members' responses to the CAHPS survey. The key drivers' results indicated the MCPs should focus efforts on specific areas within the Getting Needed Care, Customer Service, and Shared Decision Making composite measures. Recommendations to assist the MCPs with improving these key drivers are summarized below. The recommendations below are provided for the MCPs under evaluation, for their consideration in guiding the development of strategies and interventions to improve members' satisfaction. It is understood that not all recommendations may be applicable to each MCP.

***Appropriate Health Care Providers***—MCPs should ensure that members are receiving care from physicians most appropriate to treat their condition.

***Streamline Referral Process***—MCPs can set up an electronic referral system to improve communication between primary care physicians and specialists to determine which clinical conditions require a referral. Also, referral experts can assist with the referral process and expedite the time from physician referral to the member receiving needed care.

***Open Access Scheduling***—MCPs can encourage providers to modify their method of scheduling appointments to allow members to obtain same-day appointments with their physician. Members' satisfaction levels may increase when they are able to access care more easily.

***Creating an Effective Customer Service Training Program***—MCPs should implement a training program that allows staff to openly transfer knowledge and ideas to one another, while receiving direction that makes them feel comfortable putting new skills to use in their work environment. Training would involve teaching the fundamentals of effective communication, including good listening and problem-solving skills.

***Customer Service Performance Measures***—MCPs should establish customer service standards in certain areas and then track and report progress on the measures internally to providers and staff members.

***Call Centers***—MCPs should evaluate their call center hours (both normal business hours and after hours) and practices to see if they are meeting members' needs. MCPs can evaluate the success and satisfaction of members accessing the after-hours customer service center in resolving members' issues. In addition, MCPs can ask members to complete a short survey at the end of each call to rate the help they received.

***Listening Posts***—MCPs should consider learning about the experiences of members and involving them in the improvement process through a variety of ways, such as surveys, focus groups, walkthroughs, complaint/compliment letters, and patient and family advisory councils. MCPs can routinely obtain and summarize feedback through these sources to obtain a better understanding of the way care is being delivered.

***Patient-Centered Care Model***—MCPs should encourage members to take an active role in the management of their health care. MCPs can implement a team approach to shared decision making to effectively communicate information between physicians and members.

***Support Groups and Self-Care***—MCPs should offer access to various resources and support to members to meet their health care needs. In-person meetings, online support groups, and guidebooks can provide support to members in managing their health care.

***Medication Management Coordination***—MCPs should encourage providers to create individualized medication management care plans for their members to achieve the goals of the intended drug therapy and to improve patient outcomes. The creation of the medication management care plan relies on the coordination of care between providers; therefore, MCPs should train physicians on how to facilitate the shared decision making process between providers and members.