Ohio Department of Medicaid

2015 MyCare Ohio Program CAHPS® Member Experience Survey Full Report

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Overview

This report provides results for the 2015 Medicare Advantage and Prescription Drug Plan (MA & PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey for the Ohio Department of Medicaid's (ODM's or Ohio Medicaid's) MyCare Ohio program.

MyCare Ohio is a five-year financial alignment demonstration program aimed at coordinating health care delivery for Ohio residents served by both Medicare and Medicaid. The demonstration is a collaborative effort between Ohio Medicaid, the federal Centers for Medicare & Medicaid Services (CMS), and five participating managed care plans (MyCare Ohio Plans or MCOPs). The program uses a managed care approach to provide the full continuum of benefits for Medicare-Medicaid enrollees, including long-term services and supports, behavioral-health services, and physical-health services. Launched in the spring of 2014, the program operates in seven geographic regions of the state covering 29 Ohio counties. Monthly enrollment averages approximately 93,000 individuals.

The MyCare Ohio program is a significant development in the state's ongoing efforts to improve access and quality for Medicaid members while simultaneously containing the growing costs of the Medicaid program. As the Medicare and Medicaid programs have traditionally had little connection to each other, the services provided to Medicare-Medicaid enrollees have been poorly coordinated, leading to diminished quality of care, poor health outcomes, and higher costs. In Ohio, Medicare-Medicaid enrollees often have complex health care needs and account for a disproportionate share of total Medicaid spending. Through the MyCare Ohio demonstration, Ohio Medicaid is identifying and incentivizing innovative techniques for improving health care delivery to a highly-acute population that are expected to produce positive and measureable results.

The design of the MyCare Ohio program includes a robust program evaluation and monitoring component. An independent evaluator is conducting a comprehensive assessment to test the impact of program interventions and activities. Annual reports evaluating the administration of the program are submitted to the Ohio General Assembly. Performance assessment also includes routine data collection and reporting requirements, the use of quality measures and standards, and annual member surveys, including the MA & PDP CAHPS Survey.

The MA & PDP CAHPS Survey assesses topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall satisfaction with health and drug plans and providers. Under the demonstration, the MCOPs are required to contract with a CMS-approved survey vendor to administer the MA & PDP CAHPS Survey and to submit their survey data to CMS on an annual basis. CMS analyzes the data and compiles a report for each MCOP that includes the MCOP's results compared to the national average for all Medicare Advantage (MA) contracts, the national average for all Medicare-Medicaid Plan (MMP) contracts, and the Ohio

average for all Medicare contracts. CMS-calculated survey results are the official survey results. CMS results are used for performance reporting and benchmarking, and to determine quality withholds as established in the MCOPs' contracts with CMS and Ohio Medicaid.

ODM obtained the MCOPs' 2015 survey data from CMS and contracted with Health Services Advisory Group, Inc. (HSAG) to analyze the data and prepare a report that includes the individual MCOP results compared to the state average for all MyCare Ohio contracts. In addition to using different benchmarks from CMS' reports, ODM's report (this report) also includes additional analyses (e.g., key drivers of performance). The results presented in this report are not official survey results and should only be used for quality improvement purposes.

This report presents results for the first year (2015) the MCOPs were required to conduct the MA & PDP CAHPS survey. The 2015 survey was conducted in the first half of 2015. All five MCOPs participated in the 2015 survey, as listed in Table 1-1 below.

Table 1-1
Participating MCOPs

MCOP Name	MCOP Abbreviation
Aetna Better Health of Ohio	Aetna
Buckeye Health Plan	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare

Members eligible for the survey include those that met the following criteria:

- 18 years of age or older (as of December 31, 2014).
- MCOP members at the time the sample was drawn.
- Continuously enrolled in the MCOP for at least six months (July through December) of 2014.
- Living in the United States, Puerto Rico, or the United States Virgin Islands at the time of the sample draw.

This MyCare Ohio CAHPS Member Experience Survey Full Report is one of two separate reports that has been created to provide ODM with a comprehensive analysis of the 2015 MyCare Ohio CAHPS results of adult members enrolled in an MCOP.

Response Rates

The administration of the MA & PDP CAHPS Survey 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 MCOP's population. For 2015, a total of 1,025 surveys were completed for the MyCare Ohio Program. The survey response rate was 26.21 percent for the MyCare Ohio Program.

Table 1-2 depicts the total completed surveys and response rates for the MyCare Ohio Program and all participating MCOPs.

Table 1-2
MA & PDP CAHPS Response Rates

	Total Completed Surveys	Total Response Rate
MyCare Ohio	**1,025**	**26.21%**
Aetna	190	24.05%
Buckeye	191	24.39%
CareSource	273	36.11%
Molina	182	23.01%
UnitedHealthcare	189	23.89%

For additional information on the calculation of a completed survey and response rates, please refer to the Methodology section of this report.

This section describes the survey instrument, sampling procedures, and survey protocol used by the MCOPs' vendors to administer the MA & PDP CAHPS Survey, as well as the analytic methodologies used by CMS and HSAG to calculate the survey results.

Survey Instrument

The survey instrument selected was the 2015 MA & PDP CAHPS Survey. This is the version of the Medicare CAHPS Survey MMPs are required by CMS to use during reporting year 2015 which represents measurement year 2014. The Medicare CAHPS Survey is part of a group of surveys developed by a consortium of researchers from American Institutes for Research, Harvard Medical School, the RAND Corporation, and Research Triangle Institute (RTI) International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service. The set of Medicare CAHPS Surveys are sponsored by CMS to collect information on Medicare beneficiaries as required by the Balanced Budget Act of 1997 and the Medicare Modernization Act of 2003.

The MA & PDP CAHPS questionnaire set includes questions from the Medicare Advantage (MA-only) survey, Medicare Advantage Prescription Drug (MA-PD), and Prescription Drug Plan (PDP-only) survey. However, the responses categories for the survey questions in the MA & PDP survey are related to the members' experiences with the MA & PDP contract. The survey assesses topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall satisfaction with health and drug plans and providers. The MA & PDP CAHPS Survey includes 95 core questions that comprise 20 measures. These measures include three global rating questions, seven composite measures, two individual item measures, and eight other measures reported to contracts. The global ratings reflect overall satisfaction with the health plan, health care quality, and drug plan. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "getting needed care" or "getting appointments and care quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "annual flu vaccine" and "pneumonia vaccine"). The other measures reported to contracts assess members' experiences within three specific areas: personal doctor's use of health information technology, contact from doctor's offices, and contact from doctor's office, pharmacy, or drug plan. Table 2-1, on the following page, lists the global ratings, composite measures, individual items, and other measures reported to contracts included in the MA & PDP CAHPS Survey. Table 2-2, on page 2-3, lists the items (i.e., questions) that comprise the composite measures.

Table 2-1 MA & PDP CAHPS Measures			
Global Ratings	**Composite Measures**	**Individual Items**	**Other Measures Reported to Contracts**
Rating of Health Plan	Getting Needed Care	Annual Flu Vaccine	Health Information Technology: Computer Used During Office Visits
Rating of Health Care Quality	Getting Appointments and Care Quickly	Pneumonia Vaccine	Health Information Technology: Computer Helpful
Rating of Drug Plan	Doctors Who Communicate Well		Health Information Technology: Computer Made Talking with Doctor Easier
	Customer Service		Contact from Doctor's Office: Reminders for Appointments
	Getting Needed Prescription Drugs		Contact from Doctor's Office: Reminders for Immunizations
	Getting Information from Drug Plan		Contact from Doctor's Office: Reminders for Screening Tests
	Care Coordination		Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription
			Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Take Medications

Table 2-2 Items within Composite Measures						
Getting Needed Care	**Getting Appointments and Care Quickly**	**Doctors Who Communicate Well**	**Customer Service**	**Getting Needed Prescription Drugs**	**Getting Information from Drug Plan**	**Care Coordination**
Getting Appointments with Specialists	Getting Care Needed Right Away	Providing Clear Explanations	Give Information Needed	Ease of Getting Prescribed Medicines	Customer Service Give Information About Prescription Drugs	Doctors Have Medical Records
Getting Needed Care, Tests, or Treatment	Getting Appointments	Listening Carefully	Courtesy and Respect	Ease of Filling Prescriptions[2-1] (combined item)	Customer Service Treat You With Courtesy and Respect	Doctors Communicate About Tests[2-2] (combined item)
	Getting Seen Within 15 Minutes of Your Appointment	Showing Respect for What Patients Have to Say	Forms Were Easy to Fill Out		Which Medicines Covered	Doctors Discuss Taking Medicines
		Spending Enough Time With Patients			Out-of-Pocket Costs	Getting Help to Coordinate Care
						Doctors are Informed about Specialist Care

2-1 The Ease of Filling Prescriptions composite measure item is scored based on responses to two survey questions related to the ease of filling a prescription. These individual survey question items include: “ease of filling prescriptions at a local pharmacy” (Question 71) and “ease of filling prescriptions by mail” (Question 73).

2-2 The Doctors Communicate About Tests composite measure item is scored based on responses to two survey questions related to communication about blood test, x-ray, or other test results. These individual survey question items include: “how often personal doctor’s office followed up to give results” (Question 22) and “how often results were received as soon as needed” (Question 23).

Sampling Procedures

Sample Frame

CMS required the MCOPs to administer the 2015 MA & PDP CAHPS Surveys according to the MA & PDP Quality Assurance Protocols & Technical Specifications.[2-3] The members eligible for sampling included those who were:

- 18 years of age or older (as of December 31, 2014).
- MCOP members at the time the sample was drawn.
- Continuously enrolled in the MCOP from July through December of 2014.
- Living in the United States, Puerto Rico, or the United States Virgin Islands at the time of the sample draw.

Members who are known to be institutionalized at the time the sample is drawn were excluded from the sampling frame.

Sample Selection

In January 2015, CMS selected a random sample of members identified as eligible for surveying from the Integrated Data Repository (IDR) for each participating contract. Following MA & PDP Quality Assurance Protocols & Technical Specifications, CMS selected a random sample of 800 MyCare Ohio members from each participating MCOP.[2-4]

[2-3] Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0*. November 2014.

[2-4] Per CMS' sampling protocol, the targeted sample size is based on the type of contract. For MA contracts, with or without a PDP component, a sample of 800 members will be selected for surveying.

Survey Protocol

The MCOPs contracted with separate CMS-approved CAHPS survey vendors to perform the administration of the MA & PDP CAHPS Surveys. The survey administration protocol employed by the MCOPs' vendors was the standardized mixed mode methodology, which allowed for two methods by which members could complete the surveys. The first phase, or mail phase, consisted of a pre-notification letter being mailed to all sampled members, alerting them of the first mailing of the questionnaire, and assuring the sampled members that the survey is sponsored by CMS. Following the pre-notification letter, all sampled members received the first survey mailing. A second survey mailing was sent out to all non-respondents. 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 five CATI calls was made to each non-respondent.[2-5] It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.[2-6] The survey protocol allowed sampled members the option to use a proxy (i.e., another individual's assistance with completing the survey) during both the mail and telephone phases of the survey administration. Additionally, sampled members had the option to complete the survey in English, Spanish, or Chinese.[2-7]

According to CMS' specifications for the MA & PDP CAHPS Surveys, these surveys were completed using the time frames shown in Table 2-3.[2-8]

Table 2-3
MA & PDP CAHPS Survey Time Frames

Basic Tasks for Conducting the Surveys	Time Frames
Send first pre-notification letter to all sampled members one week before the first questionnaire mailing.	0 days
Send first questionnaire with cover letter within one week after mailing the pre-notification letter. Begin inbound CATI protocol.	7 – 9 days
Send a second questionnaire with cover letter to non-respondents within four weeks after mailing the first questionnaire.	30 – 32 days
Initiate outbound CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	50 – 57 days
Initiate systematic contact for all non-respondents such that at least five telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	58 – 92 days

2-5 Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0*. November 2014.

2-6 Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002. 40(3): 190-200.

2-7 Survey vendors have the option to offer a Chinese translation of the MA & PDP CAHPS Survey questionnaires.

2-8 Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0*. November 2014.

Data Analysis

A number of different analyses were performed to generate the 2015 MyCare Ohio Program CAHPS Survey results. This section provides a detailed discussion of each of the analyses used to generate the MyCare Ohio Program CAHPS Member Experience Survey Reports.

Response Rates

The administration of the MA & PDP CAHPS Survey 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 MCOP's population. Per CMS specifications, the response rate is the total number of completed and partially completed surveys divided by all eligible members of the sample.[2-9] A survey was assigned a disposition code of "completed" if response items for at least one reportable measure (e.g., Getting Needed Care), and greater than or equal to 50 percent of the applicable to all (ALA) items were answered.[2-10,2-11] A survey was assigned a disposition code of "partially completed" if response items for at least one reportable measure (e.g., Getting Needed Care), and less than 50 percent of the ALA items were answered. Eligible members included the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were institutionalized, were deceased, they were invalid (they did not meet criteria described on page 2-4 of this report), they were mentally or physically incapacitated, or had a language barrier.

$$\textit{Response Rate} = \frac{\textit{Number of Completed Surveys}}{\textit{Random Sample} - \textit{Ineligibles}}$$

It is important to note that CMS' specifications for the MA & PDP CAHPS Survey provides guidelines for calculating a response rate as a close approximation only. Therefore, while HSAG followed CMS' specifications for calculation of response rates, the response rates presented in this report may not match the responses rates presented in the MCOP reports produced by CMS.

Demographics

Separate analyses were performed on CMS administrative data or a series of survey questions focusing on demographic items for the MyCare Ohio population. Table 2-4 depicts the data sources

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2-9 Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0*. November 2014.

2-10 Please refer to Appendix M in the *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0* for the complete list of reportable measures.

2-11 Please refer to Appendix L in the *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0* for the complete list of survey items applicable to all respondents.

(either CMS administrative data or the MA & PDP survey question items) used in calculating the demographic frequencies.

Table 2-4
MyCare Demographic Items Analyzed

Demographic Category	Source of Data
Age	CMS Administrative Data
Gender	CMS Administrative Data
Education	Question 89
Race	Question 91
General Health Status	Question 76

Respondent/Non-Respondent Analysis

An analysis of the demographic characteristics of the respondents and non-respondents to the MyCare Ohio CAHPS Survey was conducted. The demographic information analyzed was derived from CMS administrative data. Member age, gender, and race/ethnicity were broken into categories and analyzed for statistically significant differences between the respondent and non-respondent populations. Given the differences in the data sources used to determine race for the demographic analysis and respondent and non-respondent analysis (i.e., MA & PDP survey responses vs. CMS administrative data), the respondent results and values for the race demographic category will differ in each section.

Hypothesis Test

One type of hypothesis test was applied to the results in the Respondent/Non-Respondent Analysis section. A *t* test was performed to determine whether the percentage of respondents within a particular demographic category was significantly different from the percentage of non-respondents.

Arrows were assigned to each MCOP's respondent percentages to indicate whether there were statistically significant differences between the respondent percentages within a particular demographic category and the non-respondent percentages for that MCOP. Arrows also were assigned to the MyCare Ohio Program's (i.e., MyCare Ohio's) respondent percentages to indicate whether there were statistically significant differences between the respondent percentages within a particular demographic category and the non-respondent percentages for MyCare Ohio. The difference between the respondent and non-respondent percentages was considered significant if the two-sided p value of the t test was less than or equal to 0.05. MCOP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (↑) arrows. MCOP-level and program-level percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (↓) arrows. MCOP-level and program-level percentages for the respondent

population that were not statistically different than the non-respondent population are not noted with arrows.

Statewide Comparisons Analysis

The Statewide Comparisons Analysis section presents results based on CMS' methodology. Per CMS specifications, results were case-mix adjusted.

For purposes of reporting MyCare member experience with care results, CMS requires a minimum of 11 respondents per response category per measure (i.e., a minimum cell size of 11). If a cell size was less than 11, additional analyses were performed to determine the appropriate data suppression approach. If one or more of the response categories for a measure did not meet the minimum number of 11 responses, HSAG combined response categories to create aggregate categories that met or exceeded the minimum cell size requirement. In those instances where aggregation of the data still resulted in cell sizes of less than 11, the measure's results were suppressed in full. All instances of aggregation and suppression are noted in the report with an "Insufficient Data" label.

Overall Mean Calculations

For each global rating, composite measure, individual item, and other measures reported to contracts, an unadjusted mean was first calculated. For each of the three global rating questions (Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan), scoring was based on a 10-point scale: a response value of 1 was given a score of 1, a response value of 2 was given a score of 2, etc. Table 2-5, on page 2-9, illustrates how the global rating score values were determined. The 10-point global rating unadjusted mean was the sum of the response scores divided by the total number of responses to the global rating question.

Unadjusted means were calculated for the composite measures (Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, Getting Needed Prescriptions, and Care Coordination). In general, scoring was based on a four-point scale: responses of "Always" or "Yes, Definitely" were given a score of 4; responses of "Usually" or "Yes, Somewhat" were given a score of 3; responses of "Sometimes" or "No" were given a score of 2; and all other responses were given a score of 1. Table 2-5 illustrates how the composite score values were determined. The composite mean was the average of the unadjusted mean score for each question included in the composite measure. That is, each question contributed equally to the average, regardless of the number of respondents to the question. The unadjusted mean for each composite item was the sum of the response scores divided by the total number of responses to the item.

For the individual item measures (Annual Flu Vaccine and Pneumonia Vaccine), unadjusted mean scores were calculated on a scale of 0 to 1. The other measures reported to contracts were specific survey questions pertaining to the following three areas of interest: Health Information Technology,

Contact from Doctor's Offices, and Contact from Doctor's Office, Pharmacy, or Drug Plan. For each of these survey questions, one-point means (for "Yes/No" items) were calculated. Table 2-5 illustrates how score values were determined for these measures.

Table 2-5
Determining Unadjusted Mean Values

Response Category	Score Values
Global Ratings: 0-10 Format	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
Composite Measures: Never/Sometimes/Usually/Always Format	
Never	1
Sometimes	2
Usually	3
Always	4
Care Coordination Composite Measure: No/Yes, somewhat/Yes, definitely Format	
No	2
Yes, somewhat	3
Yes, definitely	4
Individual Item and Other Measures Reported to Contracts: No/Yes Format	
No	0
Yes	1
Other Measures Reported to Contracts: No, not at all/Yes, a little/Yes, a lot Format	
No, not at all	0
Yes, a little	1
Yes, a lot	1
Other Measures Reported to Contracts: Harder/Not harder or easier/Easier Format	
Harder/Not harder or easier	0
Easier	1

Response Category Percentages

Response category percentages were calculated for each measure. For the global ratings, responses were classified into three categories:

- Satisfied—9 to 10
- Neutral—7 to 8
- Dissatisfied—0 to 6

For composite measures, responses were classified into three categories:

- Satisfied—Always/Yes, definitely
- Neutral—Usually/Yes, somewhat
- Dissatisfied—Never/Sometimes/No

For individual item measures and other measures reported to contracts, responses were classified into two categories:

- Yes or Easier—Yes/Yes, a lot/Yes, a little/Easier
- No or Harder—No/No, not at all/Harder/Not harder or easier

For the global ratings, composite measures, composite items, individual items, and other measures reported to contracts, separate response category percentages were calculated for each of the response categories, as applicable.

Case-Mix Adjustment

Given that differences in case-mix can result in differences in ratings between MCOPs that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics. Case-mix refers to the characteristics of clients and respondents used in adjusting the results for comparability among MCOPs. The unadjusted means were case-mix adjusted for age, education, self-reported general health status, self-reported mental health status, proxy assistance, proxy completion of the survey form, Medicaid dual eligibility, low income subsidy eligibility, and Chinese language of survey completion.[2-12] The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment) at the state-level. It is important to note that CMS uses national data for case-mix adjustment; therefore, the results presented in this report will not match the results presented in the MCOP reports produced by CMS.

[2-12] Age, Medicaid dual eligibility, and low income subsidy eligibility were derived from CMS administrative data.

Comparative Hypothesis Tests

MCOP-level scores were compared to the MyCare Ohio Program (program average) scores to determine whether there were statistically significant differences between the 2015 mean scores for each MCOP and the MyCare Ohio Program 2015 mean scores.[2-13] Each of the response category percentages and the overall means were compared for statistically significant differences.

Two types of hypothesis tests were applied to the MA & PDP CAHPS Survey comparative results in the Statewide Comparisons Analysis section. First, a global *F* test was calculated, which determined whether the difference between MCOP means was significant. For MyCare Ohio, an alpha-level of 0.05 was used. If the *F* test demonstrated MCOP-level differences (i.e., $p \leq 0.05$), then a *t* test was performed for each MCOP. The *t* test determined whether each MCOP's mean was significantly different (i.e., $p \leq 0.05$) from the overall scores of the other participating MCOPs in the state.

Arrows were assigned to each MCOP's overall means to indicate whether there were statistically significant differences between MCOP-level means and the MyCare Ohio Program average. The difference in MCOP performance from the MyCare Ohio Program average was considered significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. MCOP-level mean scores that were statistically higher than the MyCare Ohio Program average were noted with upward (↑) arrows. MCOP-level mean scores that were statistically lower than the MyCare Ohio Program average were noted with downward (↓) arrows. MCOP-level mean scores that were not statistically different from the MyCare Ohio Program average were not noted with arrows. Arrows noting statistically significant results are only displayed for the overall means in the figures. Statistically significant results for response category percentages and overall means are described in the text below the figures for each measure. National 2015 MMP benchmarks are also presented in the figures for comparison.

In some instances, the mean scores for two MCOPs may be the same, but one was statistically different from the program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCOPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCOP with a larger number of respondents.

[2-13] The term "mean scores" refers to the overall means and the response category proportions.

Key Drivers of Performance Analysis

In order to determine potential items for quality improvement (QI) efforts, a key drivers of satisfaction analysis was performed at the MyCare Ohio Program and MCOP levels. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will benefit most from QI activities. The analysis provides information on:

- How ***well*** the health plan/program is performing on the survey item.
- How ***important*** that item is to overall satisfaction.

The key drivers analysis focused on the following three global ratings: 1) Rating of Health Plan, 2) Rating of Health Care Quality, and 3) Rating of Drug Plan.

HSAG evaluated these global ratings to determine if particular CAHPS items (i.e., questions) have a high problem score (i.e., the Program/MCOP has demonstrated poor performance) and are strongly correlated with these measures, which HSAG refers to as "key drivers." These individual CAHPS items have the greatest potential to affect change in overall satisfaction with the global ratings, and therefore are areas of focus for possible QI efforts.

Based on HSAG's evaluation of the survey response data, some of the CAHPS survey question items used to form the composite measures were not applicable to certain global ratings. For example, a question about members' experiences with getting information from their drug plan did not correspond to members' rating of their health plan. Based on this assessment, HSAG selected for each of the global ratings, a list of composite measures items to include in the key drivers of analysis (i.e., items to evaluate to determine key drivers of performance). Table 2-6, on the following page, presents the individual survey questions evaluated for each global rating (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan) to determine key drivers of performance for the MyCare Ohio Program and each MCOP.

Table 2-6 Correlation Matrix			
	Rating of Health Plan	Rating of Health Care Quality	Rating of Drug Plan
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away	✓	✓	
Q6. Getting Appointments and Care Quickly—Getting Appointments	✓	✓	
Q20. Care Coordination—Doctors Have Medical Records	✓	✓	
Q25. Care Coordination—Doctors Discuss Taking Medicines	✓	✓	
Q31. Care Coordination—Getting Help to Coordinate Care	✓	✓	
Q38. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	
Q35. Getting Needed Care—Getting Appointments with Specialists	✓	✓	
Q40. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	
Q42. Customer Service—Give Information Needed	✓	✓	
Q43. Customer Service—Courtesy and Respect	✓	✓	
Q58. Getting Information from Drug Plan—Customer Service Give Information About Prescription Drugs		✓	✓
Q59. Getting Information from Drug Plan—Customer Service Treat You with Courtesy and Respect		✓	✓
Q61. Getting Information from Drug Plan—Which Medicines Covered		✓	✓
Q63. Getting Information from Drug Plan—Out-of-Pocket Costs		✓	✓
Q69. Getting Needed Prescription Drugs—Ease of Getting Prescribed Medicines		✓	✓
Q71. Getting Needed Prescription Drugs—Ease of Filling Prescriptions at a Pharmacy		✓	✓
A checkmark (✓) indicated that the question was used in the key drivers of satisfaction analysis for the specified global rating or composite measure.			

Problem Scores

The perceived performance on a composite item is measured by calculating a *problem score*, in which a negative experience with care is defined as a problem and assigned a "1," and a non-negative experience is assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score can range from 0 to 1.

Table 2-7 depicts the problem score assignments for the different response categories.

Table 2-7
Problem Score Assignment

Never/Sometimes/Usually/Always Format		
Response Category	**Classification**	**Code**
Never/Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No response	Not classified	Missing
No/Yes, somewhat/Yes, definitely Format		
Response Category	**Classification**	**Code**
No	Problem	1
Yes/Yes, somewhat/Yes, definitely	Not a problem	0
No response	Not classified	Missing

It should be noted that, since the key driver analysis is based on data from individual MCOPs, the problem scores and correlations are ***not*** case-mix adjusted for differences among the populations.

A problem score above the median problem score is considered to be "high." A correlation above the median correlation is considered to be "high." Key drivers are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions. The problem score mean was the sum of the problem scores (0 or 1) divided by the total number of responses to the composite item questions.

Correlation Analysis

The relationship between the composite item's problem score and the global rating's 10-point mean was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations.

The correlation can range from -1 to 1, with negative values indicating a negative relationship between the global rating and a particular composite item's problem score. 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 r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and satisfaction. As r increases, the importance of the question to the respondent's satisfaction increases.

Priority Assignment

Each global rating was assessed separately for the MyCare Ohio Program and each MCOP. In order to determine the priority level for each composite item, the following steps took place:

1) The median of the mean problem scores for all composite items was identified.

2) The median correlation among all composite items' correlations with the global rating was identified.

3) Priority levels were assigned to the composite items based on the following:
   - Low priorities were those composite items for which both the problem score and correlation were below their respective medians.
   - Moderate priorities were those composite items for which the problem score or correlation, but not both, was at or above its respective median.
   - Top priorities were those composite items for which both the problem score and correlation were at or above their respective medians.

For purposes of this report, only those items identified as top priorities (i.e., key drivers) are presented for the MyCare Ohio Program and each MCOP.

This section depicts the characteristics of members who completed the MA & PDP CAHPS Survey. In general, the demographics of a response group may influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.

Background

Demographic characteristics of a state's Medicare-Medicaid (i.e., dual-eligible) population have the ability to impact particular outcomes in survey data. These characteristics can include general health status, age, education, income, or any other characteristics that define the demographic make-up of a population. Demographic differences among the MCOPs may influence data results.

CMS elects to case-mix adjust the results they provide given that certain respondent characteristics, like education, are not under the control of the MCOP. Case-mix adjustments ensure comparisons between plans reflect differences in performance rather than in differences in case-mix. For additional information about the CAHPS analyses used in this report, please refer to the Methodology section.

Demographic Characteristics

The demographic data presented in Table 3-1, on the following page, depicts member-level demographic data for MyCare Ohio members who responded to the MA & PDP CAHPS Survey for the MyCare Ohio Program and each MCOP. Member age and gender information were derived from CMS administrative data. Education, race, and general health status were derived from responses to the MA & PDP CAHPS Surveys.

Table 3-1
MyCare Member Profiles

	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Age						
18 to 44	**8.2%**	7.9%	7.9%	6.6%	11.5%	7.9%
45 to 54	**11.5%**	11.1%	9.4%	11.7%	15.9%	9.5%
55 to 64	**24.3%**	25.3%	25.1%	27.1%	21.4%	21.2%
65 to 74	**31.3%**	32.6%	35.6%	29.7%	28.6%	30.7%
75 and Older	**24.7%**	23.2%	22.0%	24.9%	22.5%	30.7%
Gender						
Male	**29.7%**	29.5%	32.5%	27.1%	29.1%	31.2%
Female	**70.3%**	70.5%	67.5%	72.9%	70.9%	68.8%
Education Level						
Not a High School Graduate	**37.5%**	37.2%	40.4%	35.3%	38.5%	37.0%
High School Graduate	**37.4%**	37.8%	36.3%	33.3%	43.5%	38.2%
Some College or College Graduate	**25.2%**	25.0%	23.4%	31.3%	18.0%	24.9%
Race						
White	**56.6%**	53.0%	55.7%	62.3%	54.5%	55.0%
Black or African American	**35.9%**	37.7%	S	29.9%	S	35.1%
Other*	**7.5%**	9.3%	S	7.8%	S	9.9%
General Health Status						
Excellent or Very Good	**13.5%**	17.6%	12.0%	12.5%	9.2%	16.3%
Good	**30.1%**	24.1%	30.3%	29.8%	35.0%	32.0%
Fair	**40.5%**	38.0%	39.4%	45.2%	38.0%	40.1%
Poor	**15.9%**	20.3%	18.3%	12.5%	17.8%	11.6%

An "S" indicates responses were suppressed due to insufficient data.
**The "Other" category includes Multiracial, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander.*
Please note, percentages may not total 100% due to rounding.

Table 3-1 shows Aetna, CareSource, and Molina had a higher percentage of respondents 64 years of age and younger than the MyCare Ohio's Program average. Overall, there were substantially more Female respondents than Male respondents for the program average; however, Buckeye and UnitedHealthcare had fewer Female respondents than the program average. Buckeye and Molina had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than the program average, while CareSource had a higher percentage of respondents whose self-reported education level was Some College or College Graduate than the program average. Aetna had a higher percentage of respondents who were Black or African American when compared to the program average. In addition, Aetna, Buckeye, and CareSource had a higher percentage of respondents whose self-reported general health status was Fair or Poor than the program average.

This section compares the demographic characteristics of the MA & PDP CAHPS Survey respondents to the non-respondents. Non-response bias refers to a difference in how respondents answer survey questions compared to how non-respondents would have answered if they had responded. This section identifies whether any statistically significant differences exist between these two populations with respect to age, gender, and race and ethnicity. A statistically significant difference between these two populations may indicate that the potential for non-response bias exists.

It is important to determine the magnitude of non-response bias when interpreting CAHPS Survey results because the experiences and level of satisfaction of the non-respondent population may be different than that of respondents with respect to their healthcare services. If those who respond to a survey are statistically different from those who do not respond, non-response bias may exist that could compromise the ability to generalize survey results. If statistically significant differences between the respondents and non-respondents are identified, then caution should be exercised when interpreting the MA & PDP CAHPS Survey results.

Description

The respondent/non-respondent analysis examined the MCOP population. The demographic information analyzed in this section was derived from CMS administrative data. For the age category, members were categorized as 18 to 44, 45 to 54, 55 to 64, 65 to 74, or 75 or older. For the gender category, members were categorized as Male or Female. For the race and ethnicity category, members were categorized as White, Black or African American, or Other.

Analysis

The respondent and non-respondent populations were analyzed for statistically significant differences at the MCOP and program levels. Respondents within one MCOP were compared to non-respondents within the same MCOP to identify any statistically significant differences for any of the demographic categories. Also, respondents within the entire MyCare Ohio Program were compared to non-respondents within the entire program to identify statistically significant differences. Statistically significant differences are noted with arrows. MCOP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (↑) arrows. MCOP-level and program-level percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (↓) arrows. MCOP-level and program-level percentages for the respondent population that were not statistically different than the non-respondent population are not noted with arrows.

Respondent and Non-Respondent Profiles

Table 4-1 presents the demographic characteristics of the MyCare Ohio respondents and non-respondents to the MA & PDP CAHPS Survey.

Table 4-1
MyCare Respondent and Non-Respondent Profiles

		MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Age							
18 to 44	R	**8.2% ↓**	7.9% ↓	7.9% ↓	6.6% ↓	11.5% ↓	7.9% ↓
	NR	**18.1%**	20.0%	17.4%	18.8%	20.6%	13.9%
45 to 54	R	**11.5% ↓**	11.1%	9.4%	11.7%	15.9%	9.5%
	NR	**14.0%**	14.3%	14.3%	14.0%	13.8%	13.7%
55 to 64	R	**24.3% ↑**	25.3% ↑	25.1% ↑	27.1% ↑	21.4%	21.2%
	NR	**17.2%**	17.9%	15.6%	17.6%	18.0%	17.0%
65 to 74	R	**31.3% ↑**	32.6% ↑	35.6% ↑	29.7% ↑	28.6%	30.7% ↑
	NR	**23.2%**	19.7%	25.3%	22.6%	24.9%	23.2%
75 or Older	R	**24.7%**	23.2%	22.0%	24.9%	22.5%	30.7%
	NR	**27.5%**	28.2%	27.4%	26.9%	22.8%	32.1%
Gender							
Male	R	**29.7% ↓**	29.5%	32.5%	27.1%	29.1% ↓	31.2%
	NR	**34.8%**	33.3%	35.5%	32.3%	40.5%	31.9%
Female	R	**70.3% ↑**	70.5%	67.5%	72.9%	70.9% ↑	68.8%
	NR	**65.2%**	66.7%	64.5%	67.7%	59.5%	68.1%
Race and Ethnicity							
White	R	**55.3%**	58.2%	49.3%	61.1%	51.8%	54.0%
	NR	**53.6%**	52.3%	52.4%	54.5%	50.8%	58.2%
Black or African American	R	**39.0%**	S	43.2%	30.8%	S	S
	NR	**37.7%**	38.7%	38.2%	34.0%	41.2%	35.7%
Other*	R	**5.7% ↓**	S	7.4%	8.1%	S	S
	NR	**8.7%**	8.9%	9.4%	11.5%	8.1%	6.1%

An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.

An "S" indicates responses were suppressed due to insufficient data.

**The "Other" category includes Hispanic, Asian, American Indian or Alaska Native, and Other.*

Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.

Summary

Overall, results of the Respondent/Non-Respondent analysis show that statistically significant demographic differences were found for the MyCare Ohio population.

For the MyCare Ohio Program average, there were significantly less respondents than non-respondents to the survey that were 18 to 54 years of age, but significantly more respondents than non-respondents to the survey that were 55 to 74 years of age. In addition, all MCOPs had significantly less respondents than non-respondents to the survey that were 18 to 44 years of age. Aetna, Buckeye, and CareSource had significantly more respondents than non-respondents that were 55 to 64 years of age. Furthermore, Aetna, Buckeye, CareSource, and UnitedHealthcare had significantly more respondents than non-respondents that were 65 to 74 years of age. For the program average and Molina, there were significantly fewer Male respondents than non-respondents and significantly higher Female respondents than non-respondents to the survey. The program average had significantly less respondents than non-respondents who had a race and ethnicity of Other.

Since the full effect of non-response on overall satisfaction cannot be determined (due to a lack of satisfaction information from non-respondents), the potential for non-response bias should be considered when evaluating MA & PDP CAHPS results. However, the demographic differences in and of themselves are not necessarily an indication that significant non-response bias exists. The differences simply indicate that a particular subgroup or population is less likely to respond to a survey than another subgroup or population.

This section presents the results of the MyCare Ohio population for the MyCare Ohio Program and each MCOP. The results are presented in two separate sections:

- Statewide Comparisons
- Key Drivers of Performance

The results in this section were calculated in accordance with CMS' specifications for survey measures.[5-1] Per CMS specifications, results were case-mix adjusted.

Statewide Comparisons

For the global ratings, overall means were calculated on a 10-point scale and responses were classified into the following response categories:

- 0 to 6 (Dissatisfied)
- 7 to 8 (Neutral)
- 9 to 10 (Satisfied)

For the Getting Needed Care, Getting Appointments and Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, Getting Information from Drug Plan, and Care Coordination composite measures and items, overall means were calculated on a four-point scale and responses were classified into the following response categories:[5-2]

- Never/Sometimes/No (Dissatisfied)
- Usually/Yes, somewhat (Neutral)
- Always/Yes, definitely (Satisfied)

For the individual item measures, Annual Flu Vaccine and Pneumonia Vaccine, overall means were calculated on a one-point scale and responses were classified into the following response categories:

- No
- Yes

Specific survey questions reported to contracts pertaining to the following three areas of interest were also analyzed: Health Information Technology, Contact from Doctor's Offices, and Contact from Doctor's Office, Pharmacy, or Drug Plan. The scale used to calculate the overall means varied

[5-1] Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications V5.0,* November 2014.

[5-2] The overall mean for the Coordination of Care: Getting Help to Coordinate Care composite item was calculated on a three-point scale.

by question; additionally, members' responses to questions within the areas of interest were classified into response categories and are described in detail within the discussion of each of these questions.

MCOP mean scores were compared to the MyCare Ohio Program (program average) mean scores to determine whether there were statistically significant differences between the mean scores for each MCOP and the program average mean scores.[5-3] Each of the response category percentages and the overall means were compared for statistically significant differences. For additional information on these tests for statistical significance, please refer to the Methodology section of this report.

Statistically significant differences between the 2015 MCOP-level overall mean scores and the 2015 program average are noted with arrows. MCOP-level mean scores that were statistically higher than the program average overall means are noted with upward (↑) arrows. MCOP-level mean scores that were statistically lower than the program average are noted with downward (↓) arrows. MCOP-level mean scores that were not statistically different from the program average are not noted with arrows. The text below the figures provides details of the statistically significant differences for the overall means and response category percentages for each measure. Arrows noting statistically significant results are only displayed for the overall means in the figures. The 2015 MMP national averages are presented for measures, when available, for comparison purposes.

In some instances, the mean scores for two MCOPs may be the same, but one was statistically different from the program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCOPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCOP with a larger number of respondents.

For purposes of reporting MyCare member experience with care results, CMS requires a minimum of 11 respondents per response category per measure (i.e., a minimum cell size of 11). If a cell size was less than 11, additional analyses were performed to determine the appropriate data suppression approach. If one or more of the response categories for a measure did not meet the minimum number of 11 responses, HSAG combined response categories to create aggregate categories that met or exceeded the minimum cell size requirement. In those instances where aggregation of the data still resulted in cell sizes of less than 11, the measure's results were suppressed in full. All instances of aggregation and suppression are noted in the report with an "Insufficient Data" label.

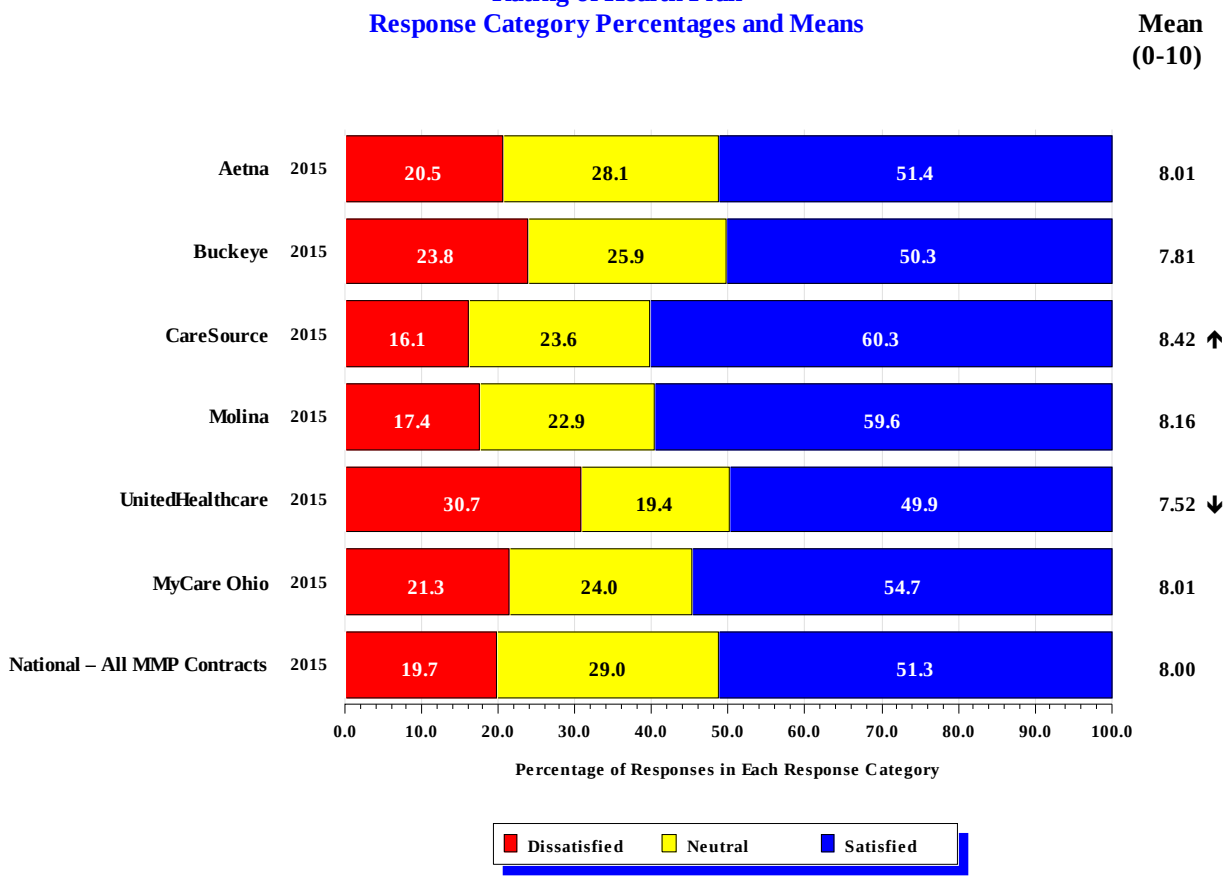
[5-3] The term "mean scores" refers to the overall means and response category percentages.

Global Ratings

Rating of Health Plan

Respondents were asked to rate their 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 (0-6), Neutral (7-8), and Satisfied (9-10). Figure 5-1 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-1
Rating of Health Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

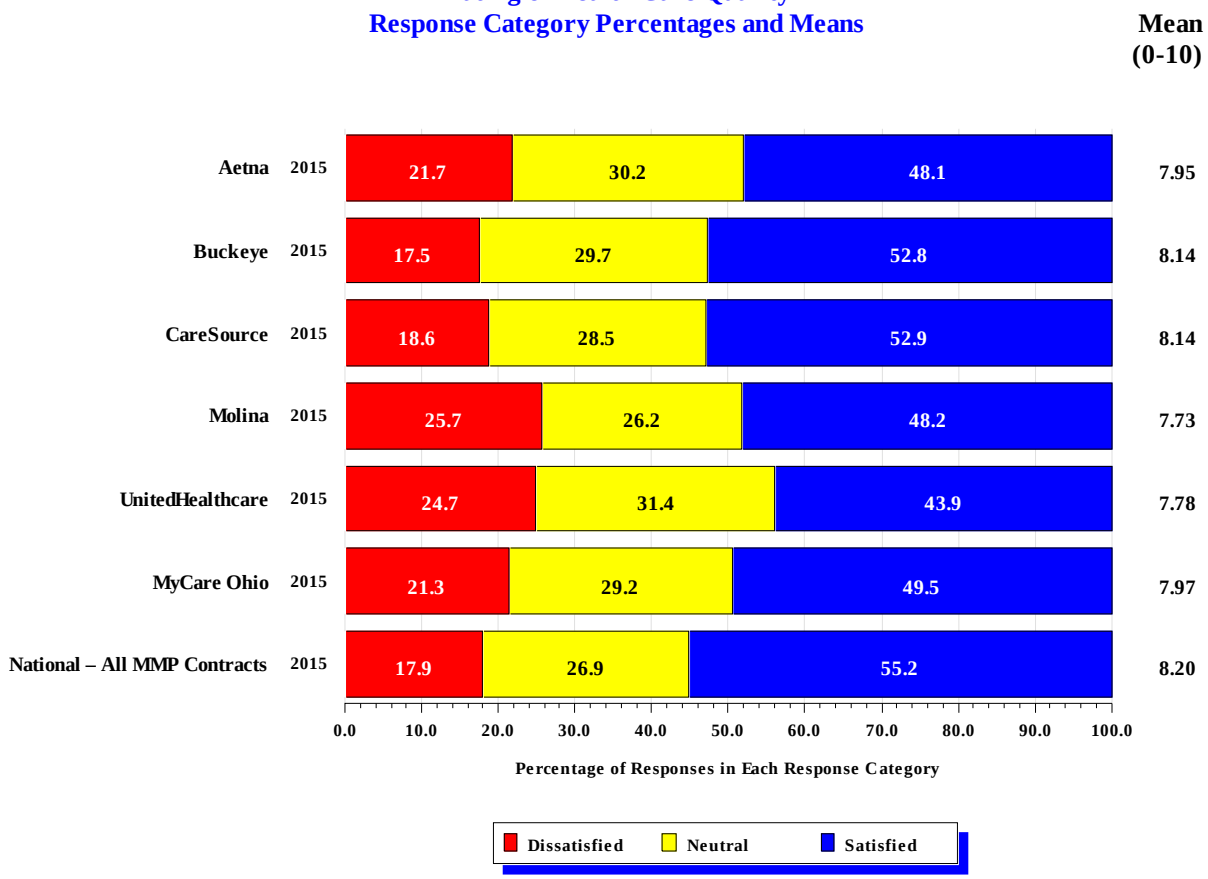
Overall, there were four *statistically significant* differences observed for this measure.

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

Rating of Health Care Quality

Respondents were asked to rate all their 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 (0-6), Neutral (7-8), and Satisfied (9-10). Figure 5-2 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-2
Rating of Health Care Quality
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

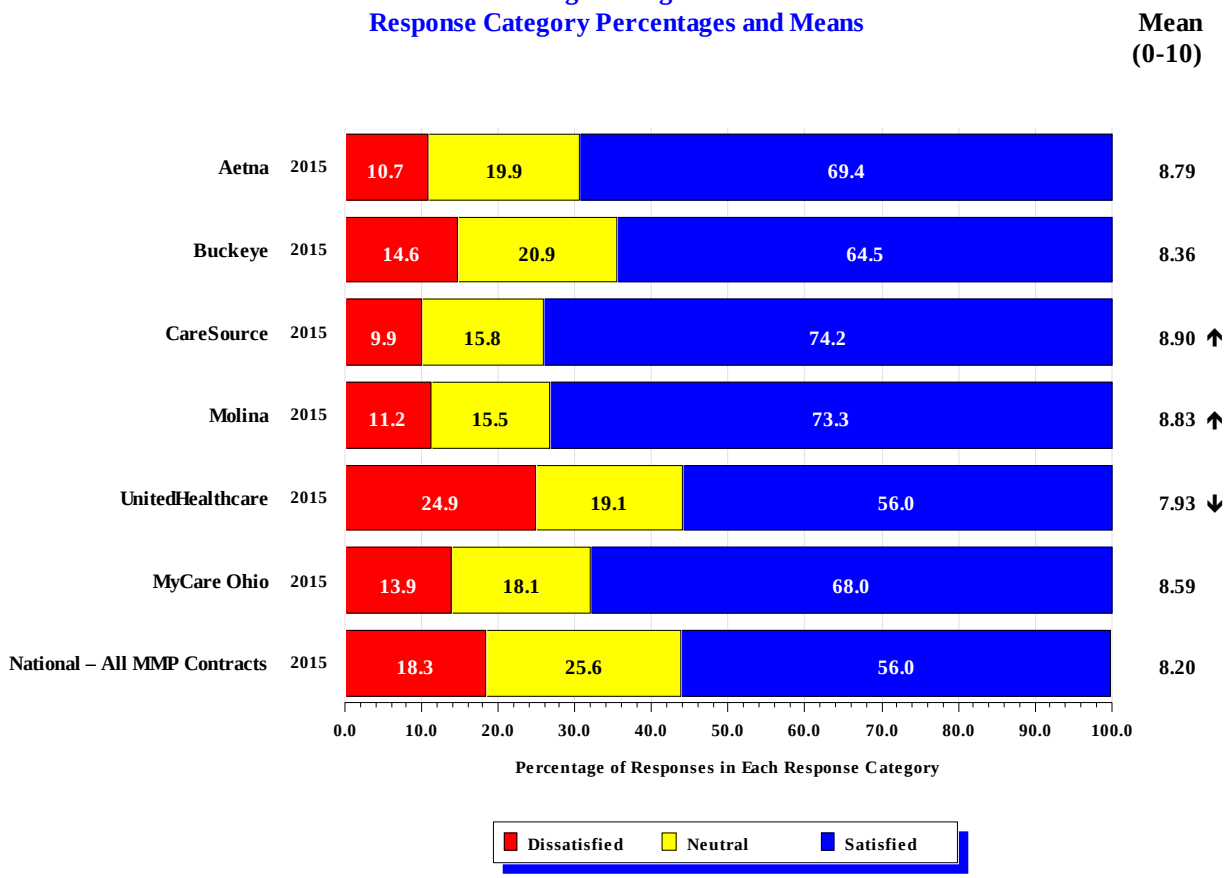
Comparative Analysis

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

Rating of Drug Plan

Respondents were asked to rate their prescription drug plan on a scale of 0 to 10, with 0 being the "worst prescription drug plan possible" and 10 being the "best prescription drug plan possible." Responses were classified into three categories: Dissatisfied (0-6), Neutral (7-8), and Satisfied (9-10). Figure 5-3 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-3
Rating of Drug Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

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

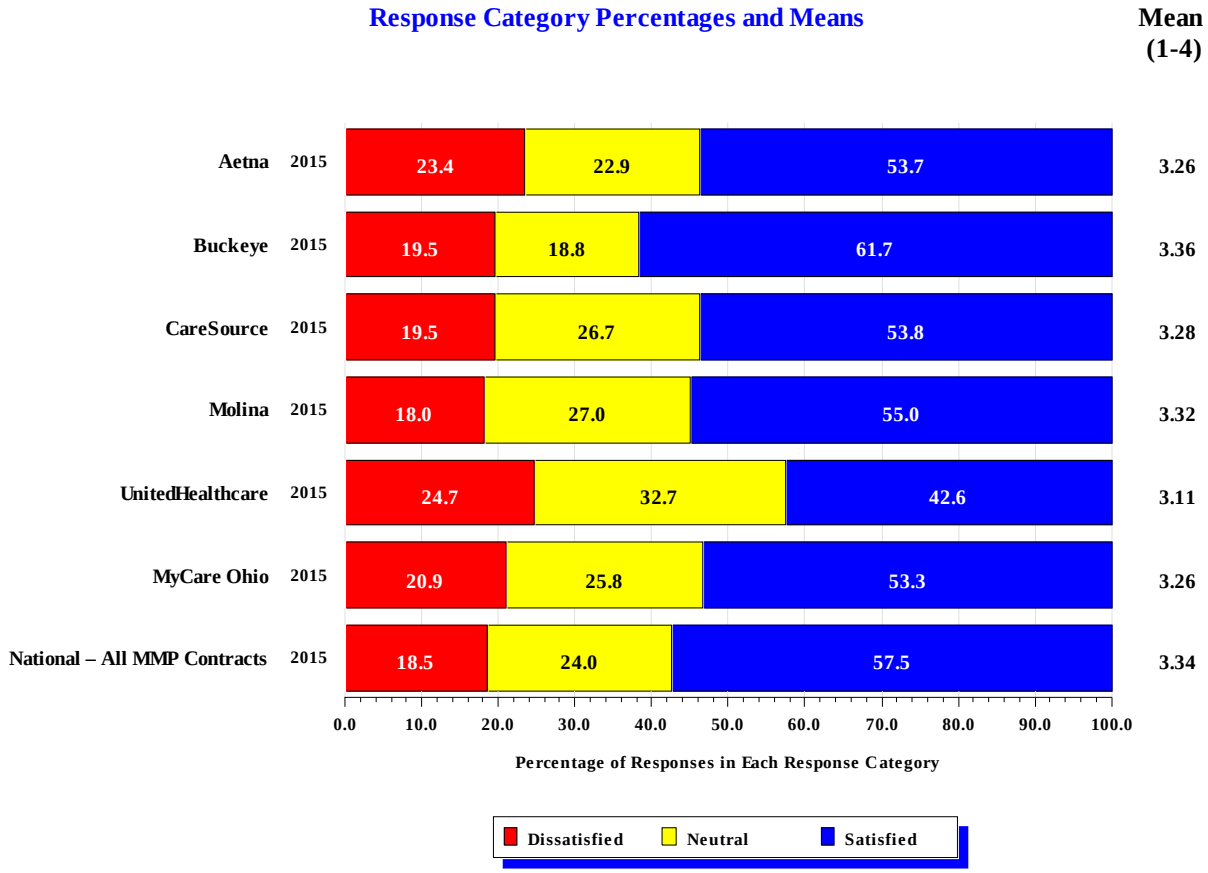
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Dissatisfied was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly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

Composite Measures and Composite Items

Getting Needed Care

Two questions were asked to assess how often it was easy to get appointments with specialists and get needed care (Questions 35 and 40 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-4 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-4
Getting Needed Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

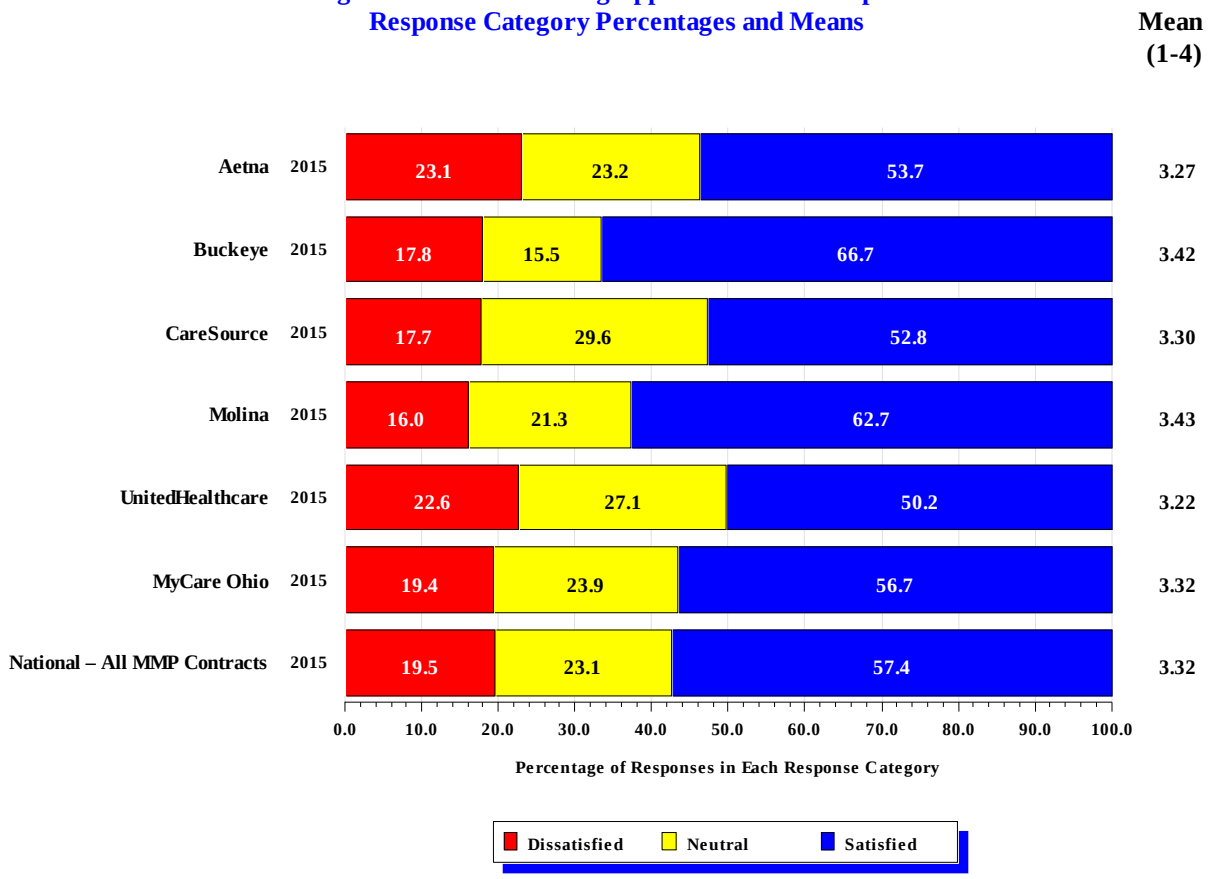
Overall, there were four *statistically significant* differences observed for this measure.

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

Getting Needed Care: Getting Appointments With Specialists

Question 35 in the MA & PDP CAHPS Survey asked how often it was easy for members to get appointments with specialists. Figure 5-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-5
Getting Needed Care: Getting Appointments With Specialists
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

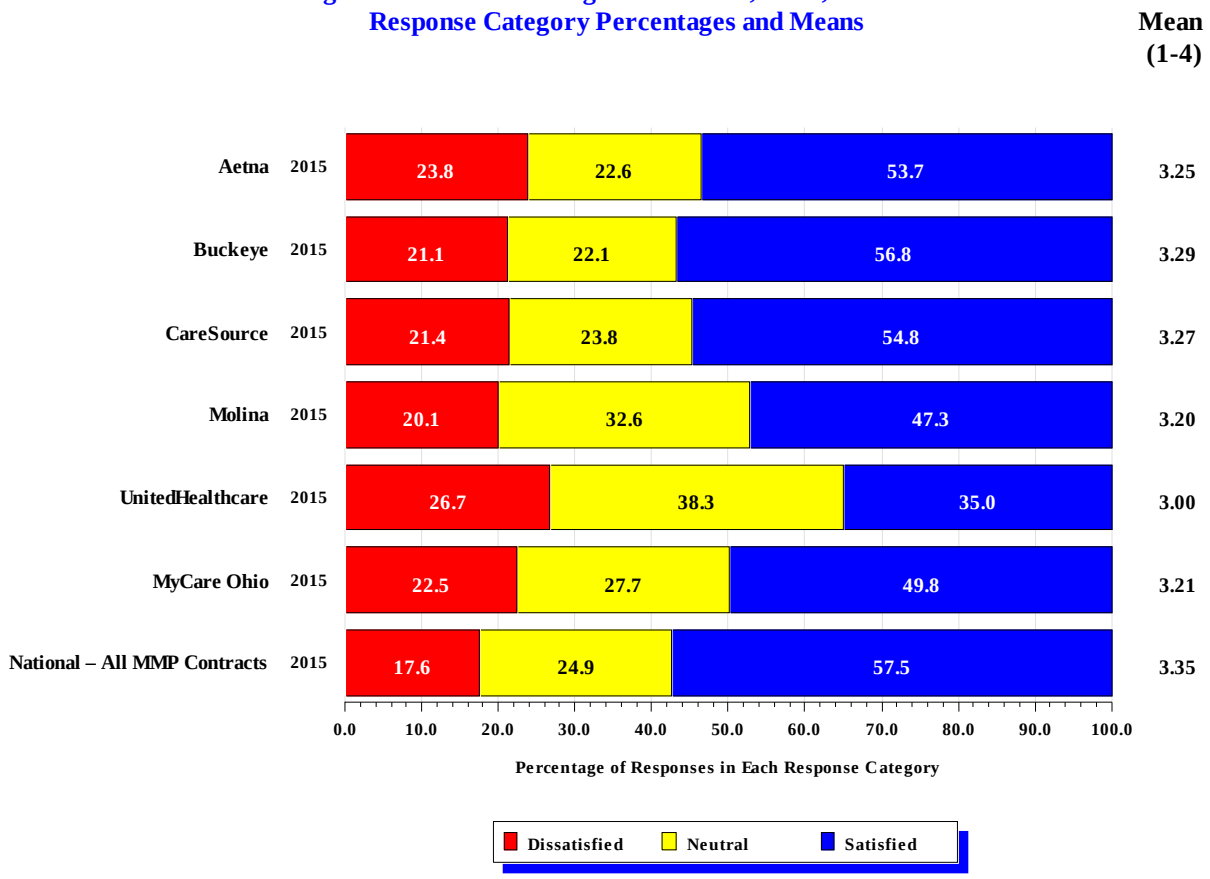
Comparative Analysis

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

Getting Needed Care: Getting Needed Care, Tests, or Treatment

Question 40 in the MA & PDP CAHPS Survey asked how often it was easy to get the care, tests, or treatment needed. Figure 5-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-6
Getting Needed Care: Getting Needed Care, Tests, or Treatment
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

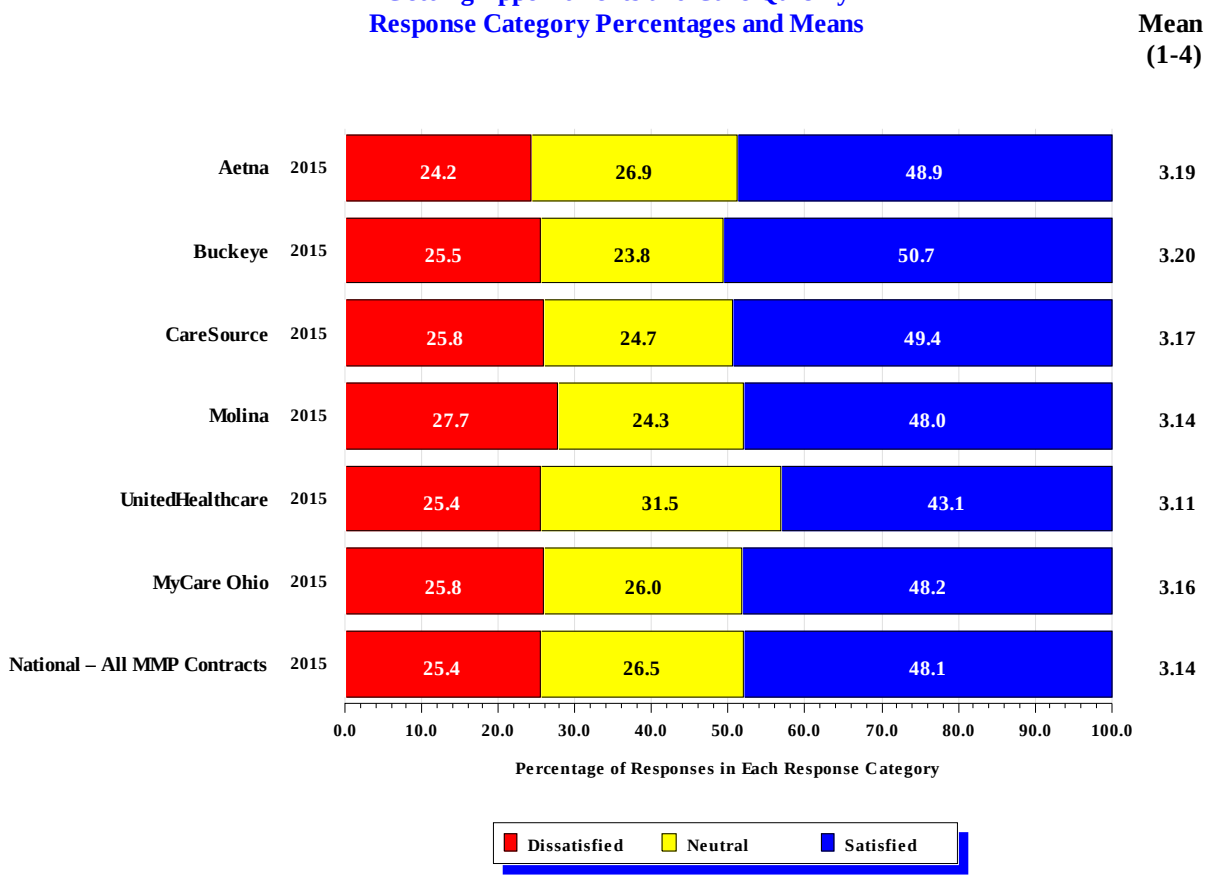
Overall, there were two *statistically significant* differences observed for this measure.

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

Getting Appointments and Care Quickly

Three questions were asked to assess how often members received care quickly (Questions 4, 6, and 8 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-7 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-7
Getting Appointments and Care Quickly
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

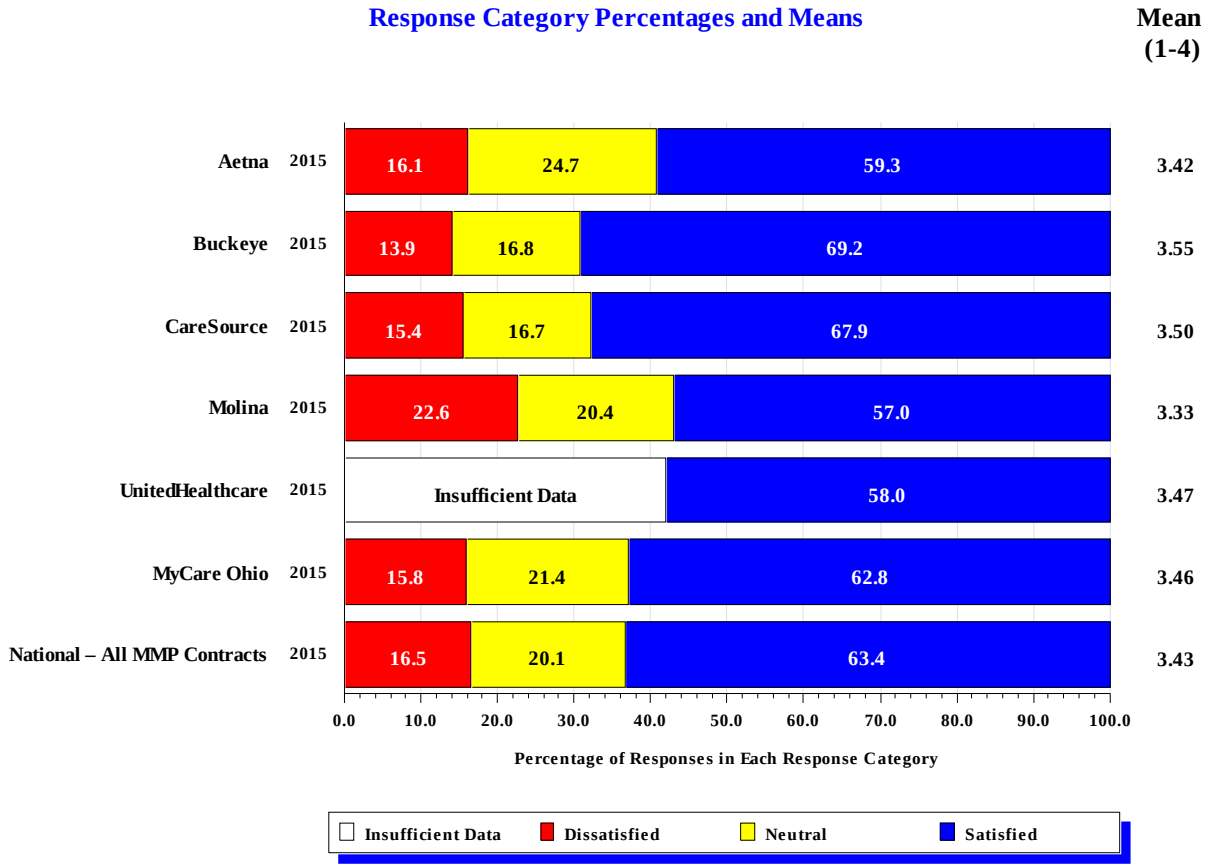
Comparative Analysis

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

Getting Appointments and Care Quickly: Getting Care Needed Right Away

Question 4 in the MA & PDP CAHPS Survey asked how often members received care as soon as they wanted when they needed care right away. Figure 5-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-8
Getting Appointments and Care Quickly: Getting Care Needed Right Away
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

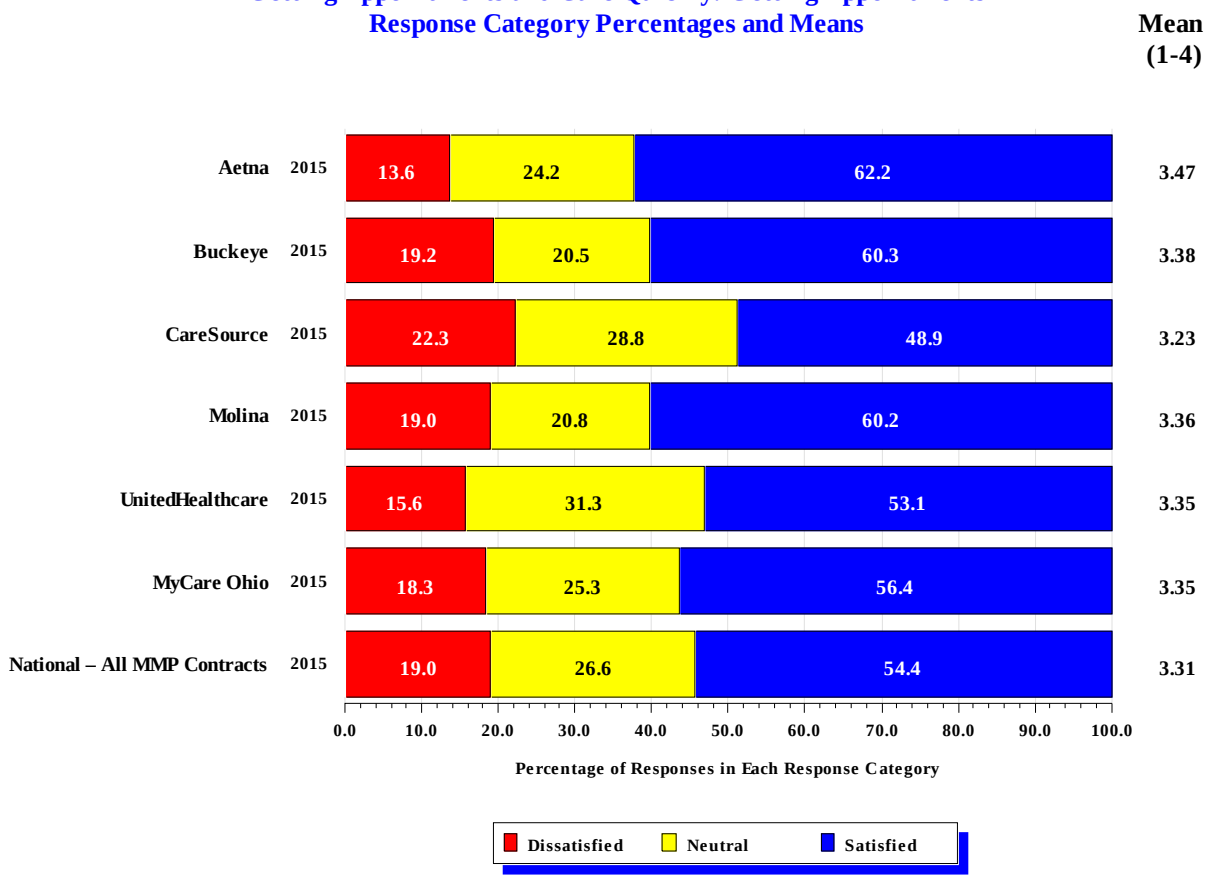
Comparative Analysis

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

Getting Appointments and Care Quickly: Getting Appointments

Question 6 in the MA & PDP CAHPS Survey asked how often members got an appointment at a doctor's office or clinic as soon as they wanted when they needed care right away. Figure 5-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-9
Getting Appointments and Care Quickly: Getting Appointments
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

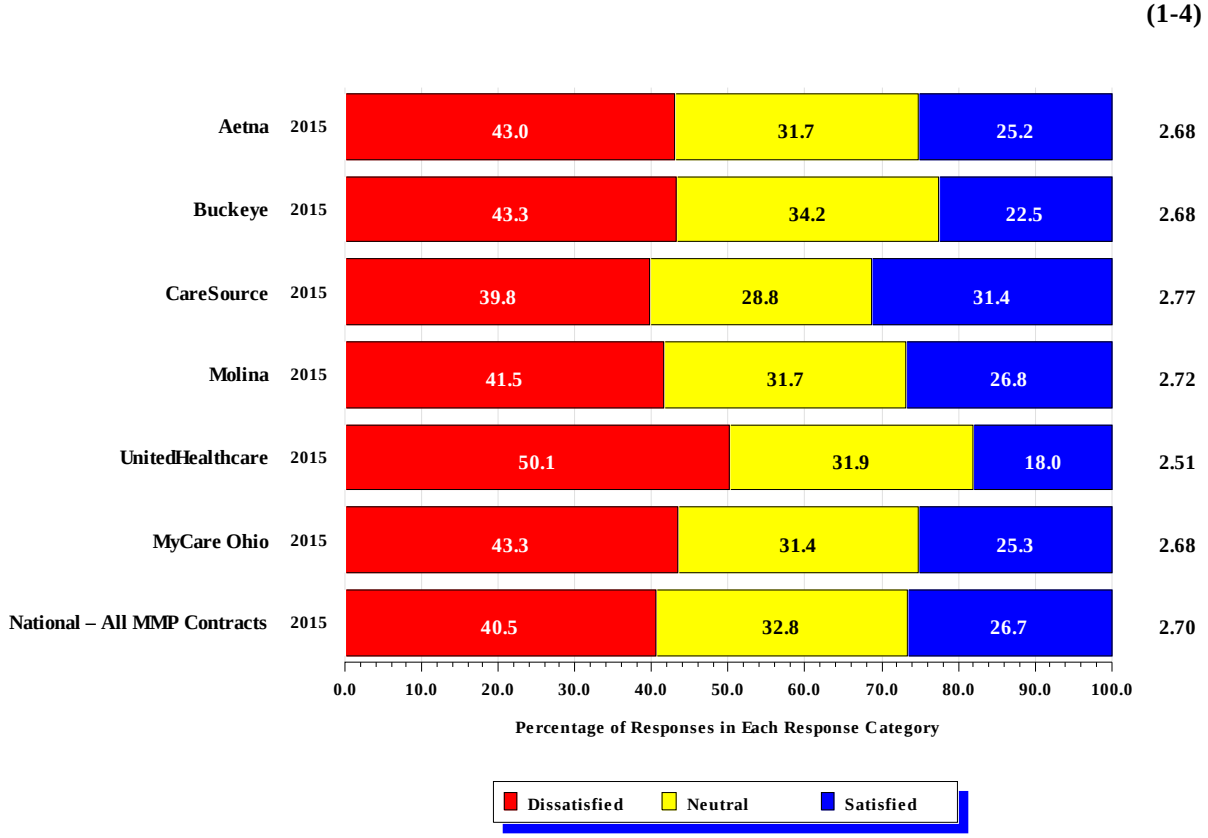
Comparative Analysis

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

Getting Appointments and Care Quickly: Getting Seen Within 15 Minutes of Your Appointment

Question 8 in the MA & PDP CAHPS Survey asked how often members saw their doctor (or other individual that they made an appointment to see) within 15 minutes of their scheduled appointment time. Figure 5-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-10
Getting Appointments and Care Quickly: Getting Seen Within 15 Minutes of Your Appointment
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

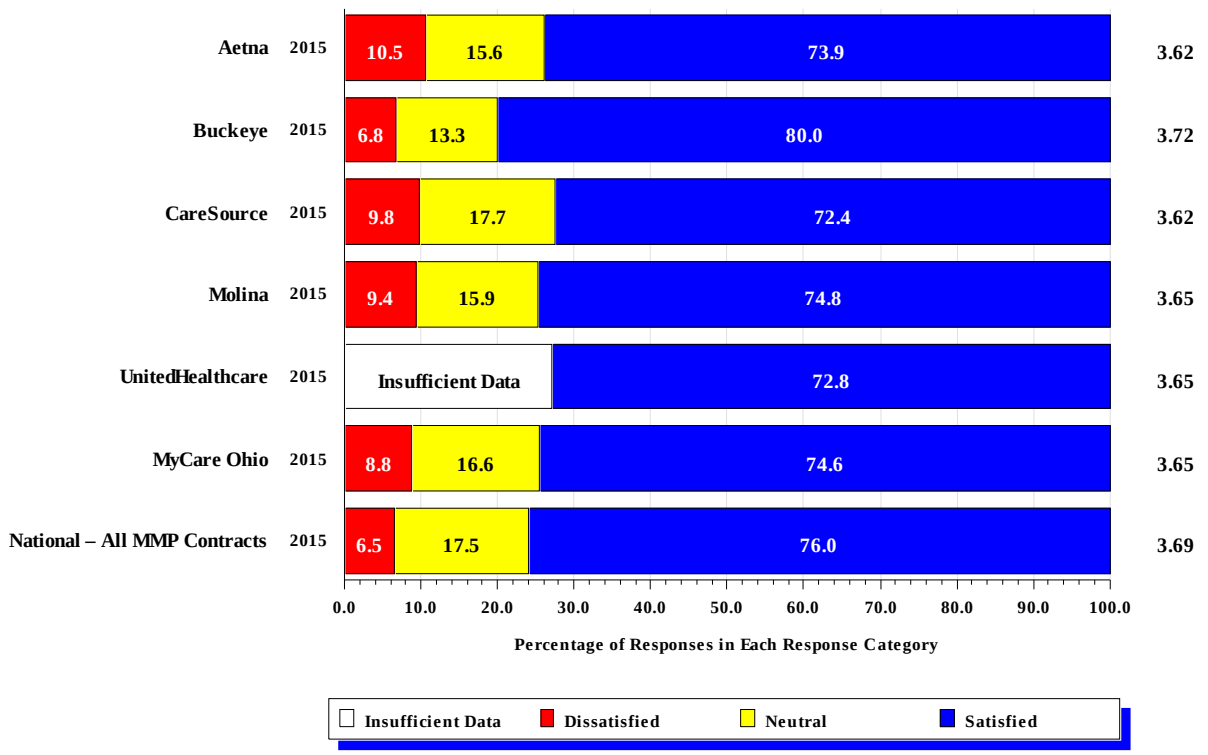
Overall, there were two *statistically significant* differences observed for this measure.

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

Doctors Who Communicate Well

A series of four questions was asked to assess how often doctors communicated well (Questions 15, 16, 17, and 18 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-11 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-11
Doctors Who Communicate Well
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

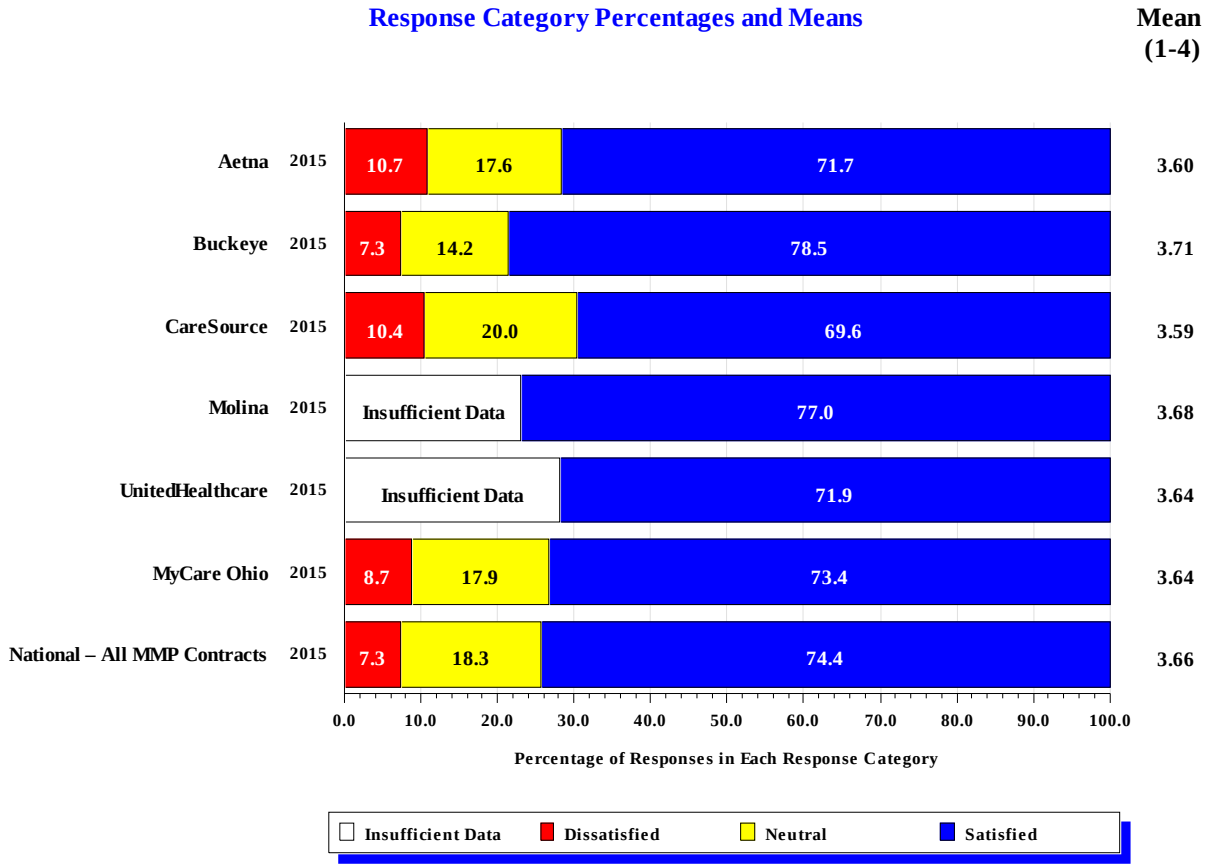
Comparative Analysis

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

Doctors Who Communicate Well: Providing Clear Explanations

Question 15 in the MA & PDP CAHPS Survey asked members to rate how often doctors explained things in a way they could understand. Figure 5-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-12
Doctors Who Communicate Well: Providing Clear Explanations
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

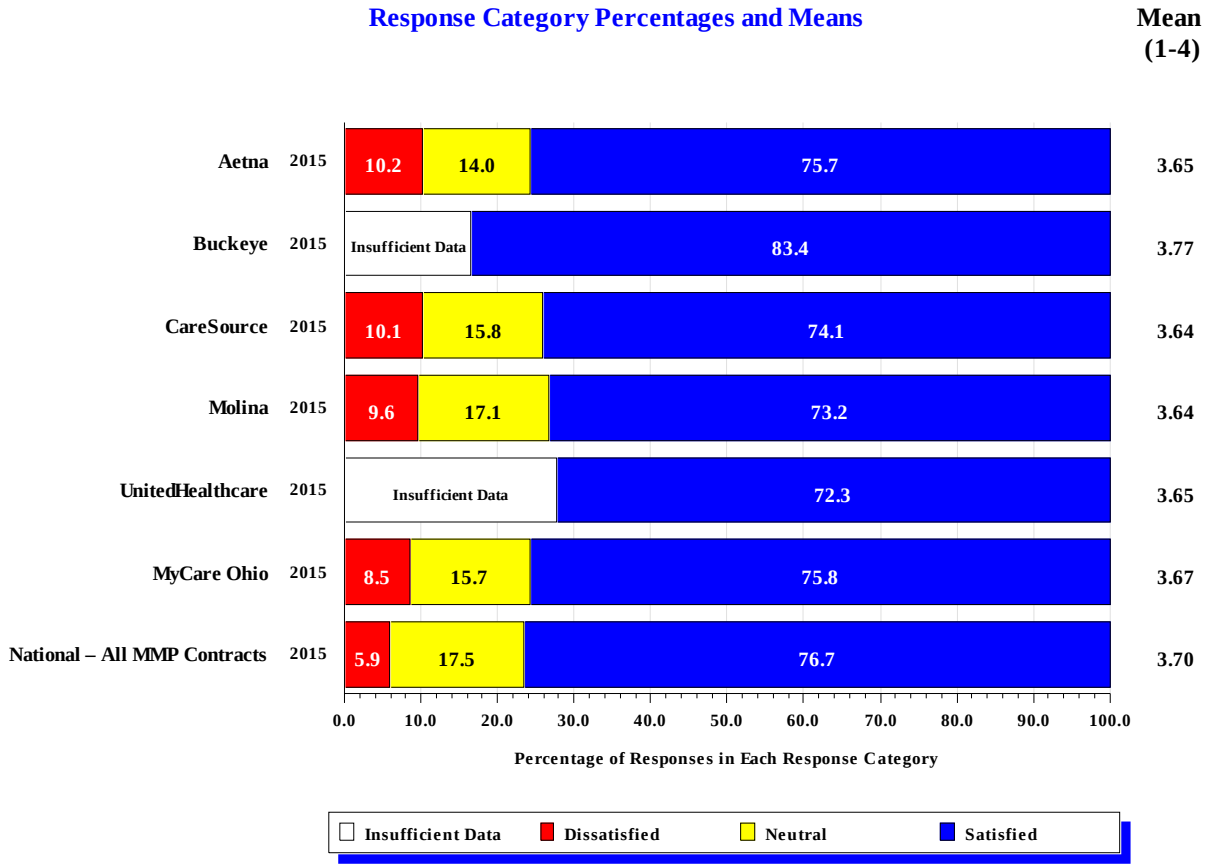
Comparative Analysis

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

Doctors Who Communicate Well: Listening Carefully

Question 16 in the MA & PDP CAHPS Survey asked members to rate how often doctors listened carefully to them. Figure 5-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-13
Doctors Who Communicate Well: Listening Carefully
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

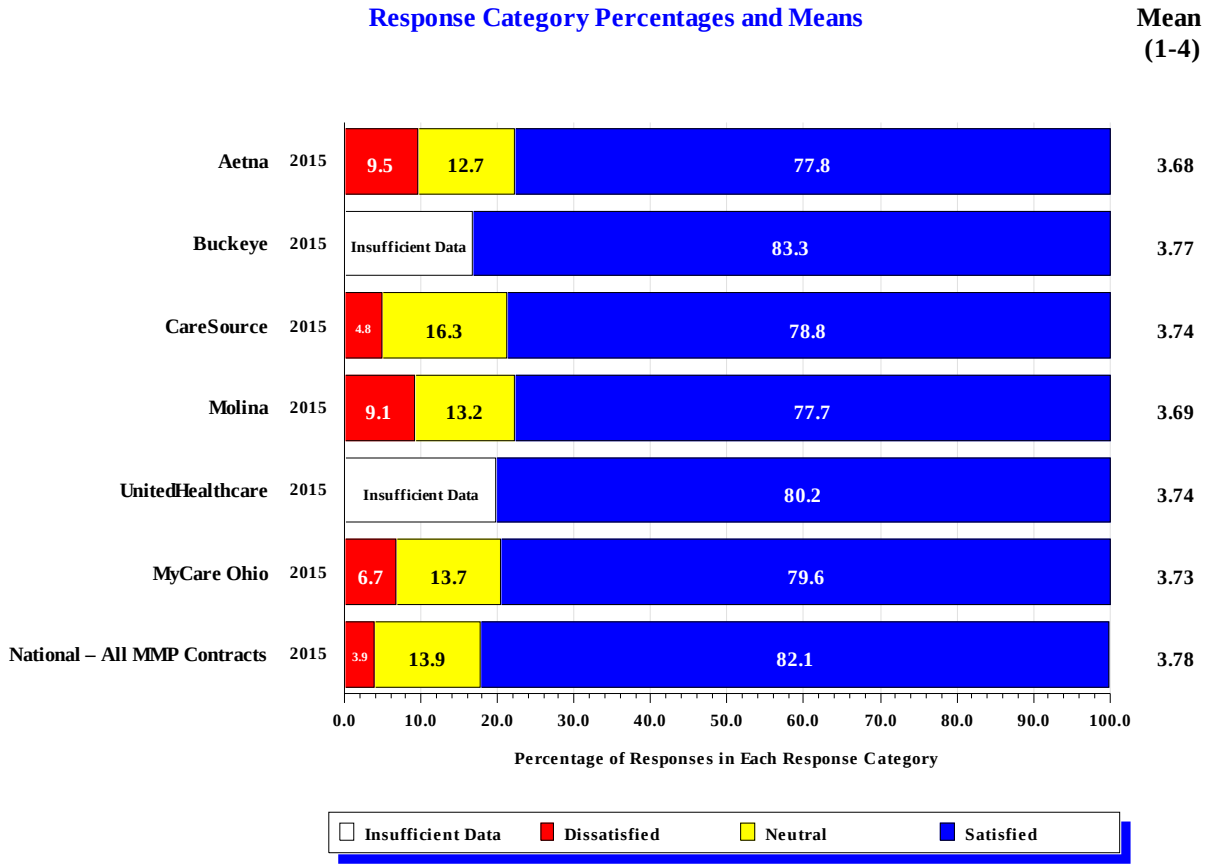
Comparative Analysis

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

Doctors Who Communicate Well: Showing Respect for What Patients Have to Say

Question 17 in the MA & PDP CAHPS Survey asked members to rate how often doctors showed respect for what they had to say. Figure 5-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-14
Doctors Who Communicate Well: Showing Respect for What Patients Have to Say
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

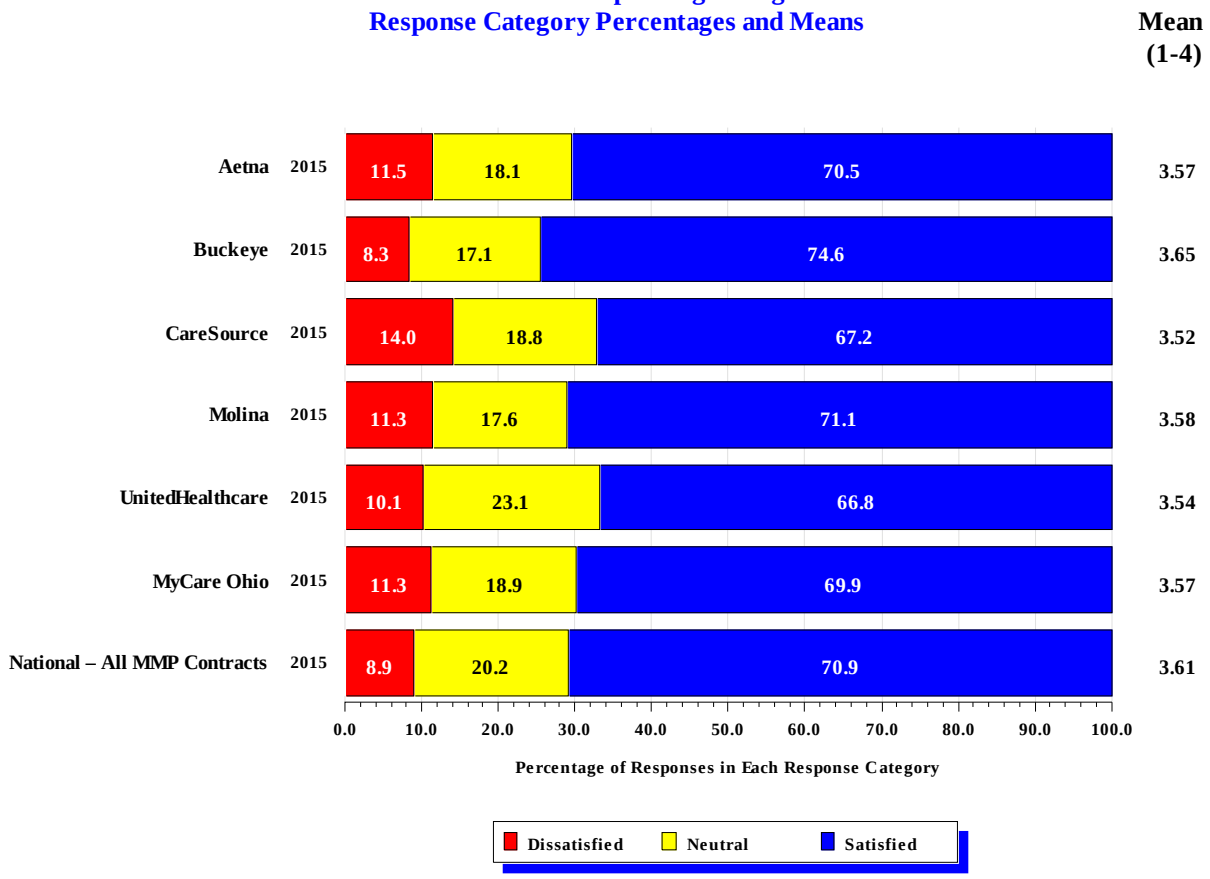
Comparative Analysis

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

Doctors Who Communicate Well: Spending Enough Time With Patients

Question 18 in the MA & PDP CAHPS Survey asked members to rate how often doctors spent enough time with them. Figure 5-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-15
Doctors Who Communicate Well: Spending Enough Time With Patients
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

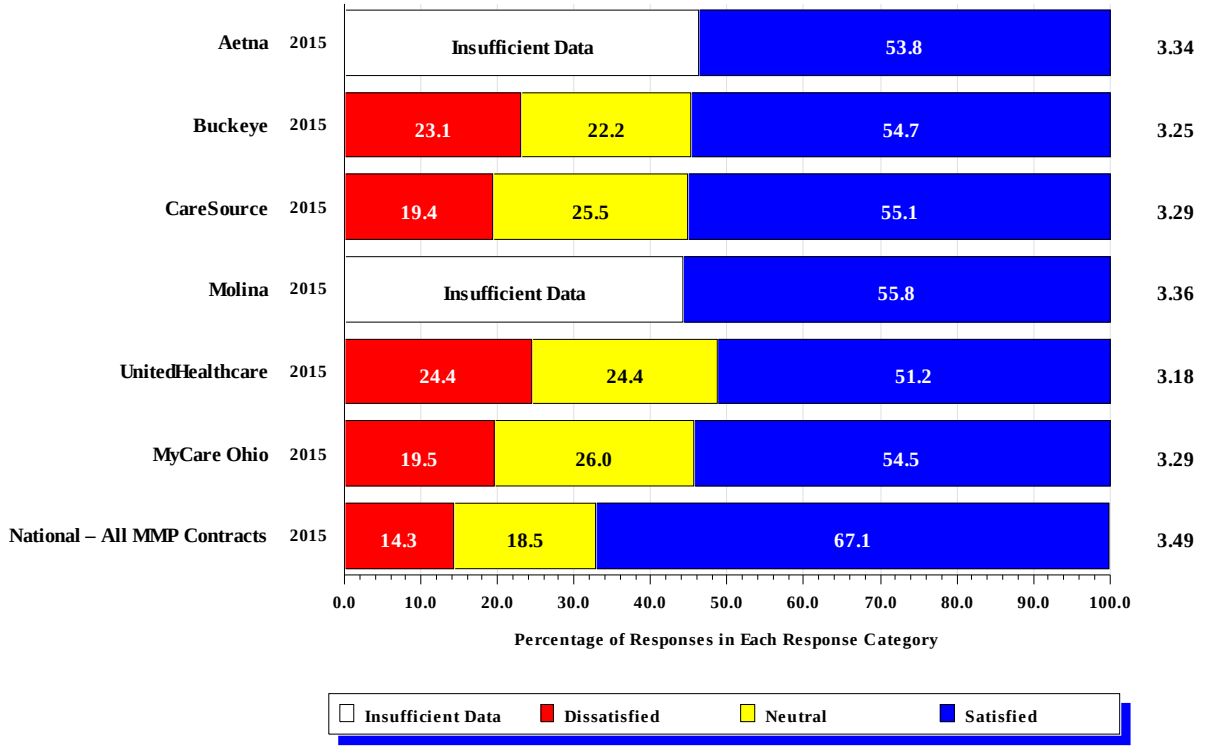
Comparative Analysis

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

Customer Service

Three questions were asked to assess how often respondents were satisfied with customer service (Questions 42, 43, and 45 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-16 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-16
Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

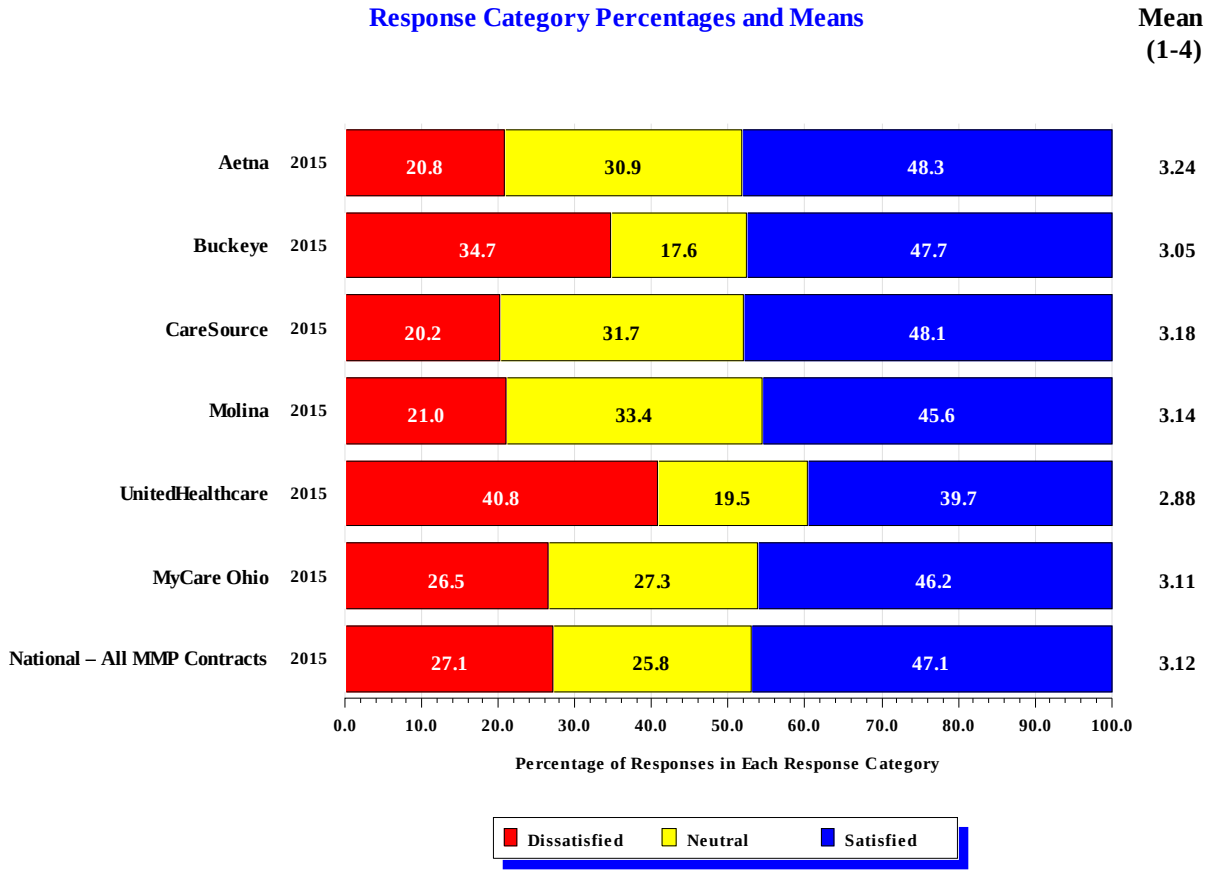
Comparative Analysis

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

Customer Service: Give Information Needed

Question 42 in the MA & PDP CAHPS Survey asked how often the health plan's customer service gave members the information or help they needed. Figure 5-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-17
Customer Service: Give Information Needed
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

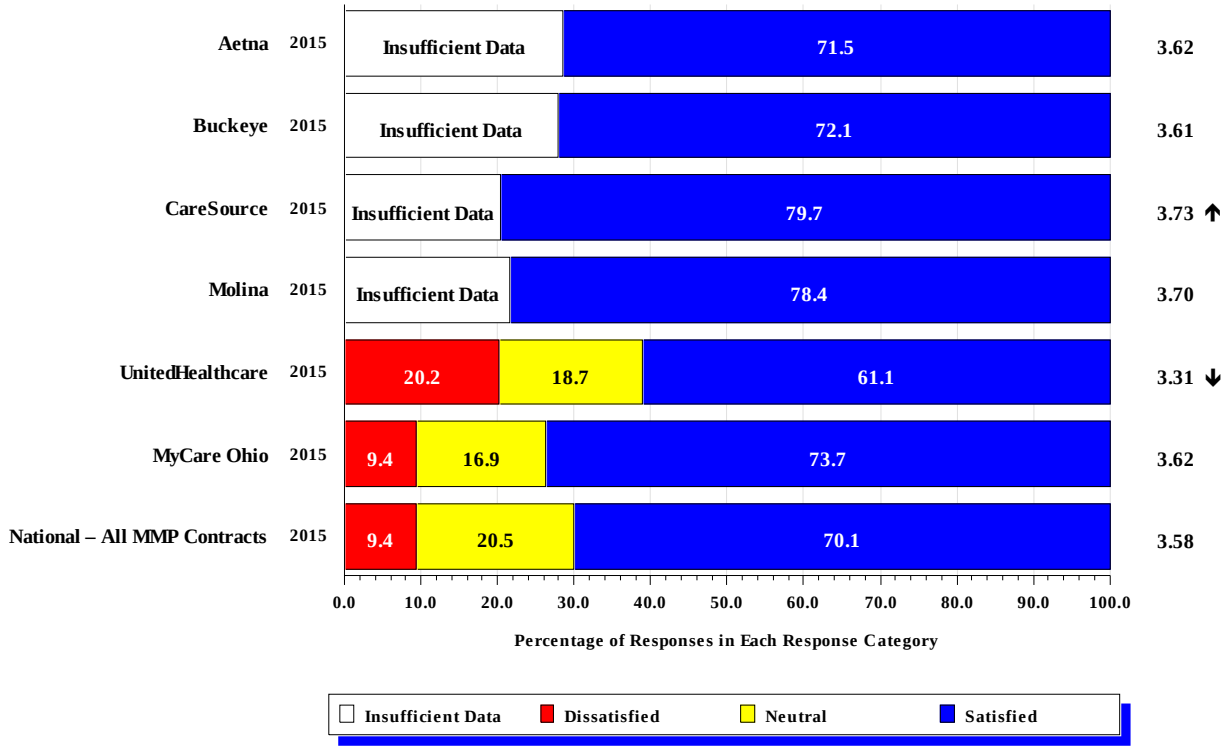
Overall, there was one *statistically significant* difference observed for this measure.

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

Customer Service: Courtesy and Respect

Question 43 in the MA & PDP CAHPS Survey asked how often the health plan's customer service staff treated members with courtesy and respect. Figure 5-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-18
Customer Service: Courtesy and Respect
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

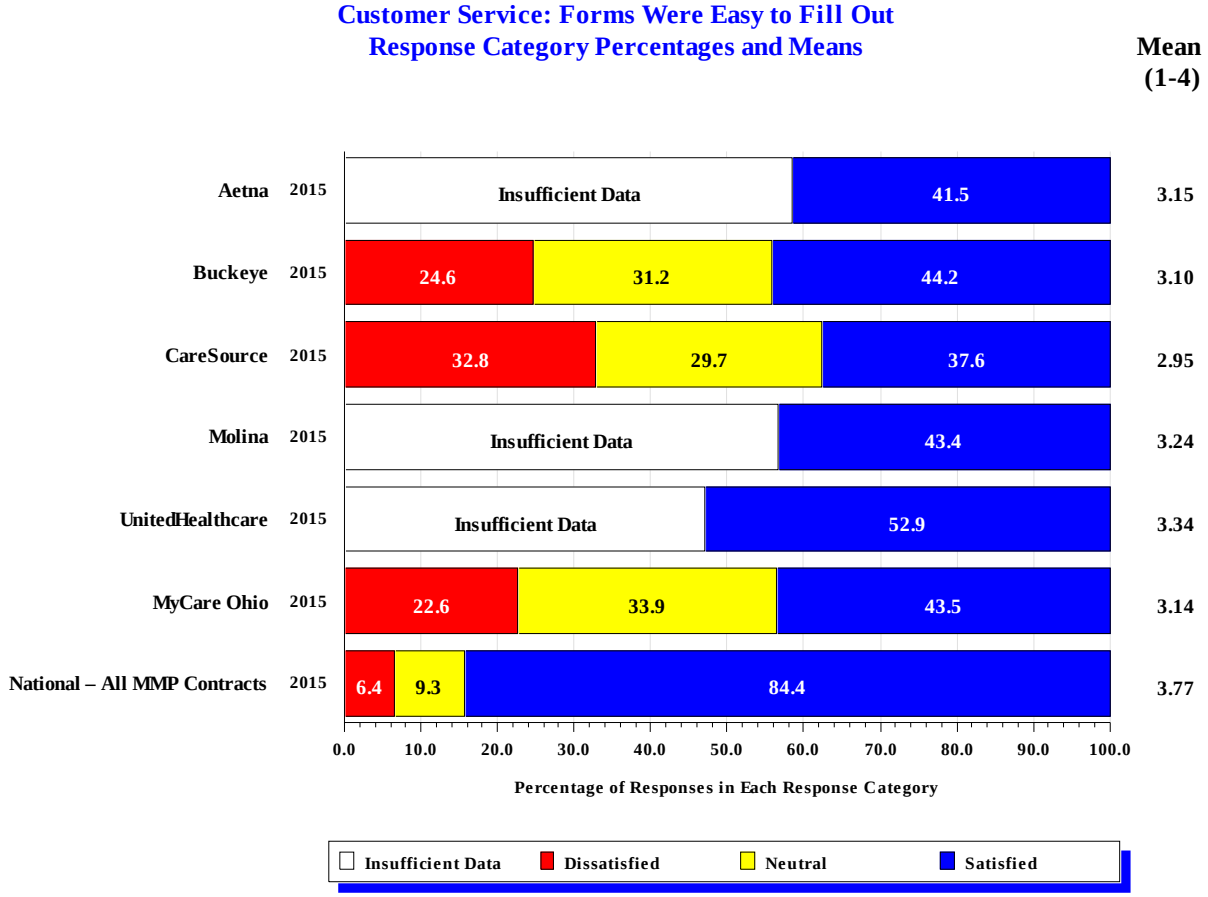
Overall, there were two *statistically significant* differences observed for this measure.

- CareSource's overall mean was significantly higher than the program average.
- UnitedHealthcare's overall mean was significantly lower than the program average.

Customer Service: Forms Were Easy to Fill Out

Question 45 in the MA & PDP CAHPS Survey asked how often the health plan's forms were easy to fill out. Figure 5-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-19
Customer Service: Forms Were Easy to Fill Out
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

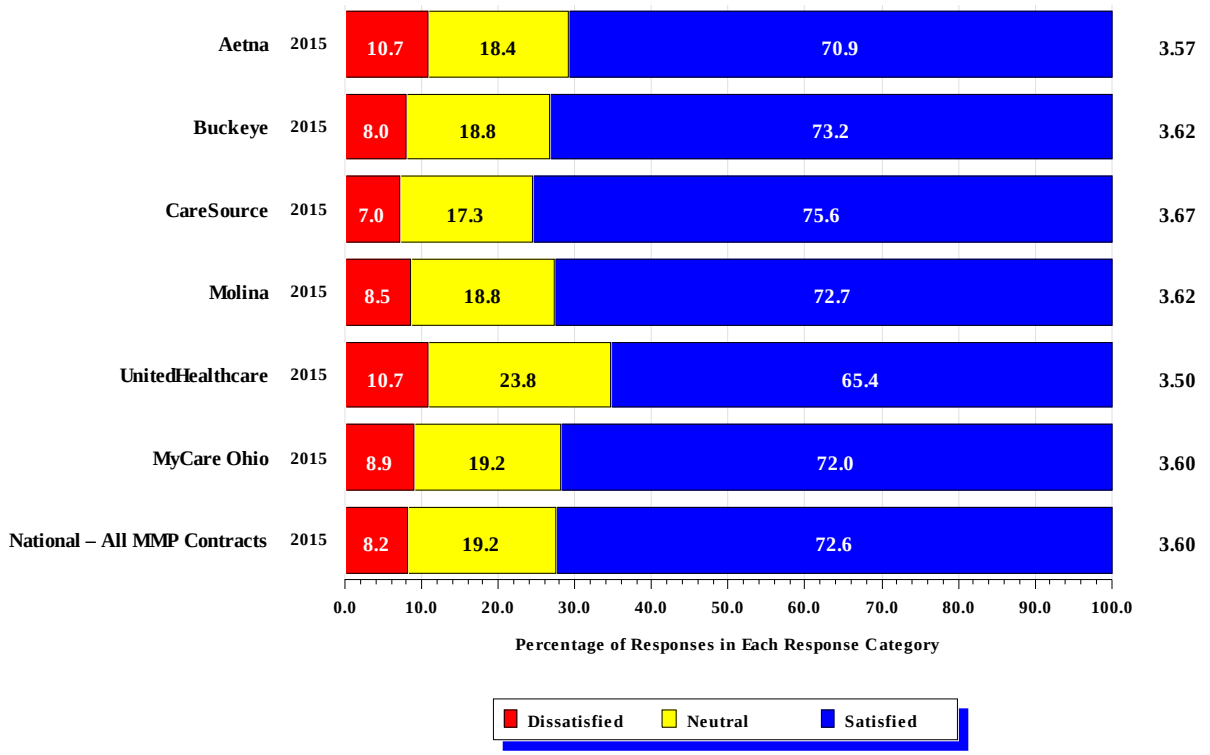
Comparative Analysis

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

Getting Needed Prescription Drugs

Three questions were asked to assess how often it was easy for respondents to use their prescription drug plan (Questions 69, 71, and 73 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-20 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-20
Getting Needed Prescription Drugs
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

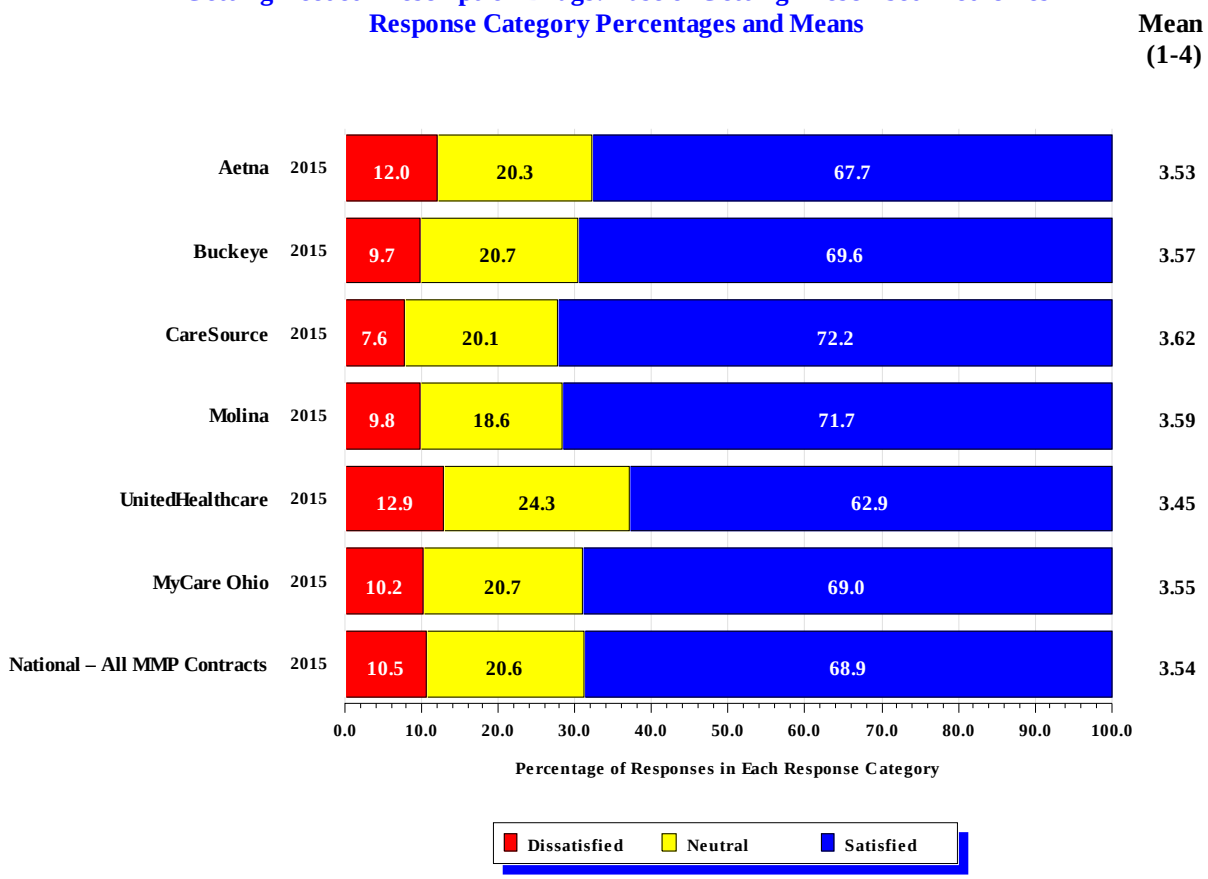
Comparative Analysis

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

Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines

Question 69 in the MA & PDP CAHPS Survey asked how often it was easy to use the prescription drug plan to get prescribed medicines. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-21 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-21
Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

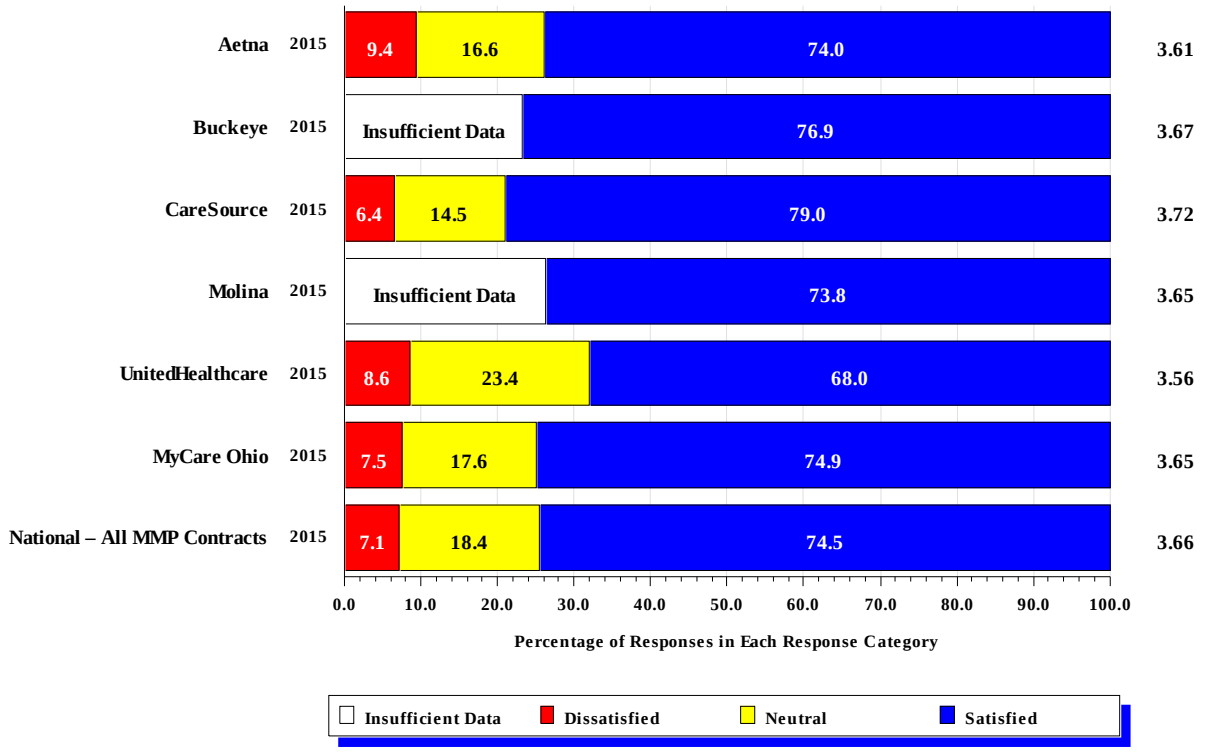
Comparative Analysis

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

Getting Needed Prescription Drugs: Ease of Filling Prescriptions

Questions 71 and 73 in the MA & PDP CAHPS Survey asked how often it was easy to fill a prescription at a local pharmacy or by mail.[5-4] Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-22 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-22
Getting Needed Prescription Drugs: Ease of Filling Prescriptions
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

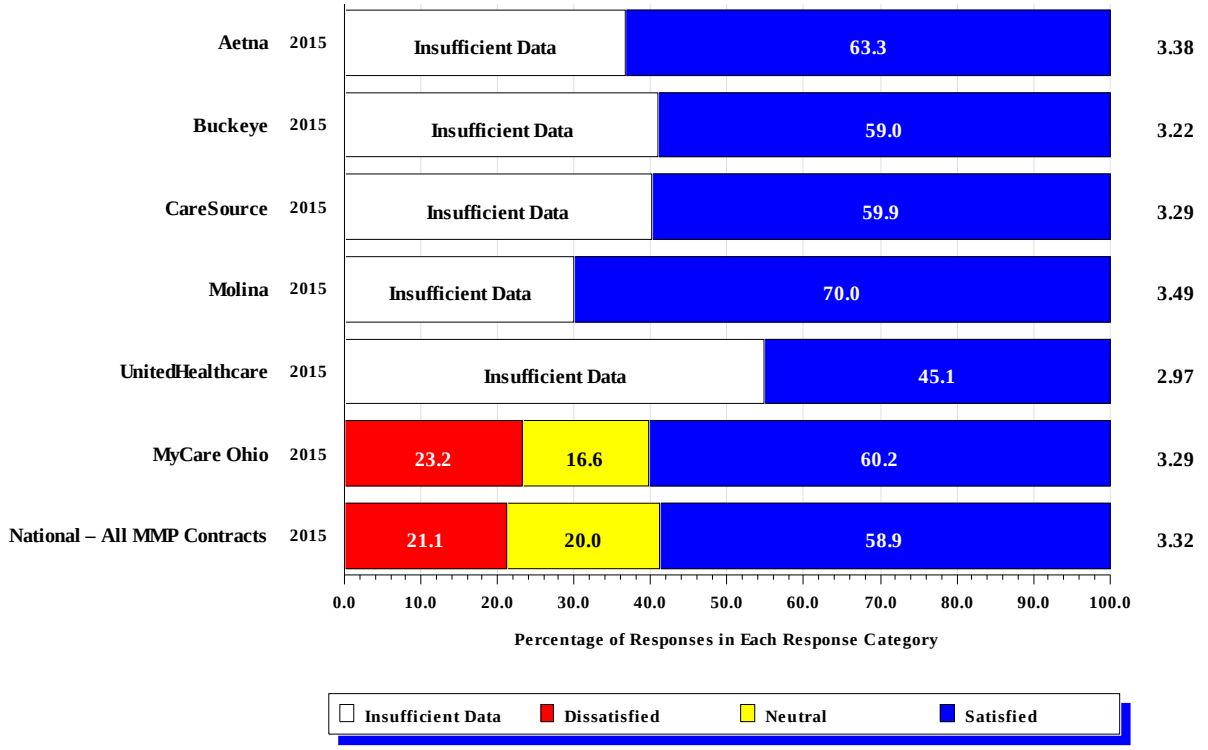
Overall, there were no *statistically significant* differences observed for this measure.

5-4 The Ease of Filling Prescriptions composite measure item combines means for the getting drugs from a pharmacy and by mail order items, in proportions reflecting the use of pharmacy and mail order by respondents.

Getting Information from Drug Plan

Four questions were asked to assess how often respondents were satisfied with their prescription drug plan's customer service (Questions 58, 59, 61, and 63 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-23 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-23
Getting Information from Drug Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

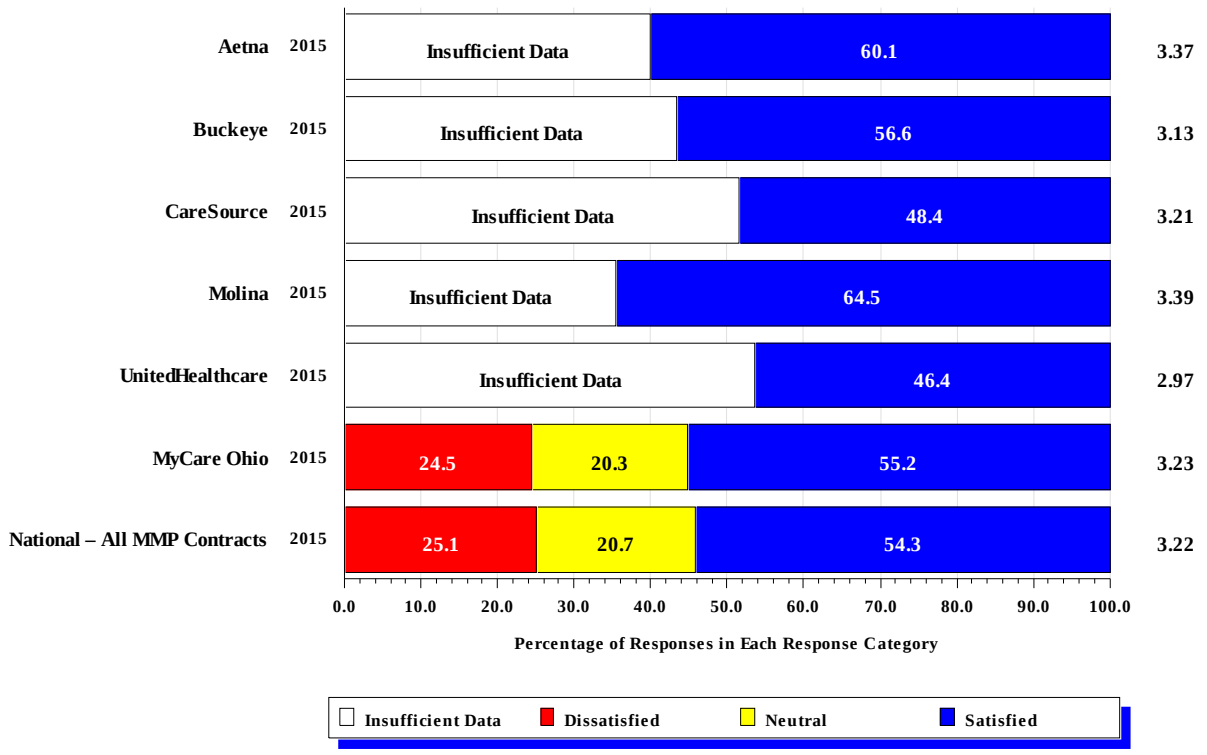
Comparative Analysis

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

Getting Information from Drug Plan: Customer Service Give Information About Prescription Drugs

Question 58 in the MA & PDP CAHPS Survey asked how often respondents were satisfied with the information or help provided by their prescription drug plan's customer service. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-24 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-24
Getting Information from Drug Plan: Customer Service Give Information About Prescription Drugs
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

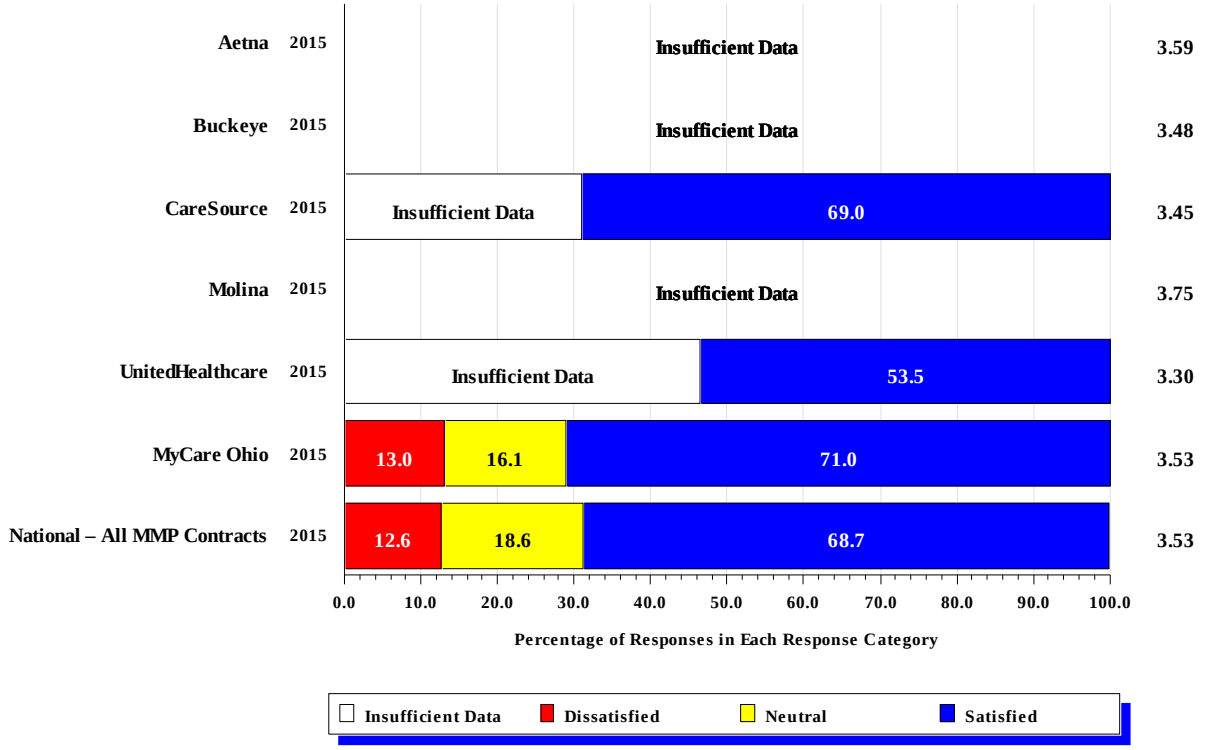
Comparative Analysis

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

Getting Information from Drug Plan: Customer Service Treat You With Courtesy and Respect

Question 59 in the MA & PDP CAHPS Survey asked how often respondents were satisfied with the information or help provided by their prescription drug plan's customer service. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-25 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-25
Getting Information from Drug Plan: Customer Service Treat You With Courtesy and Respect
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

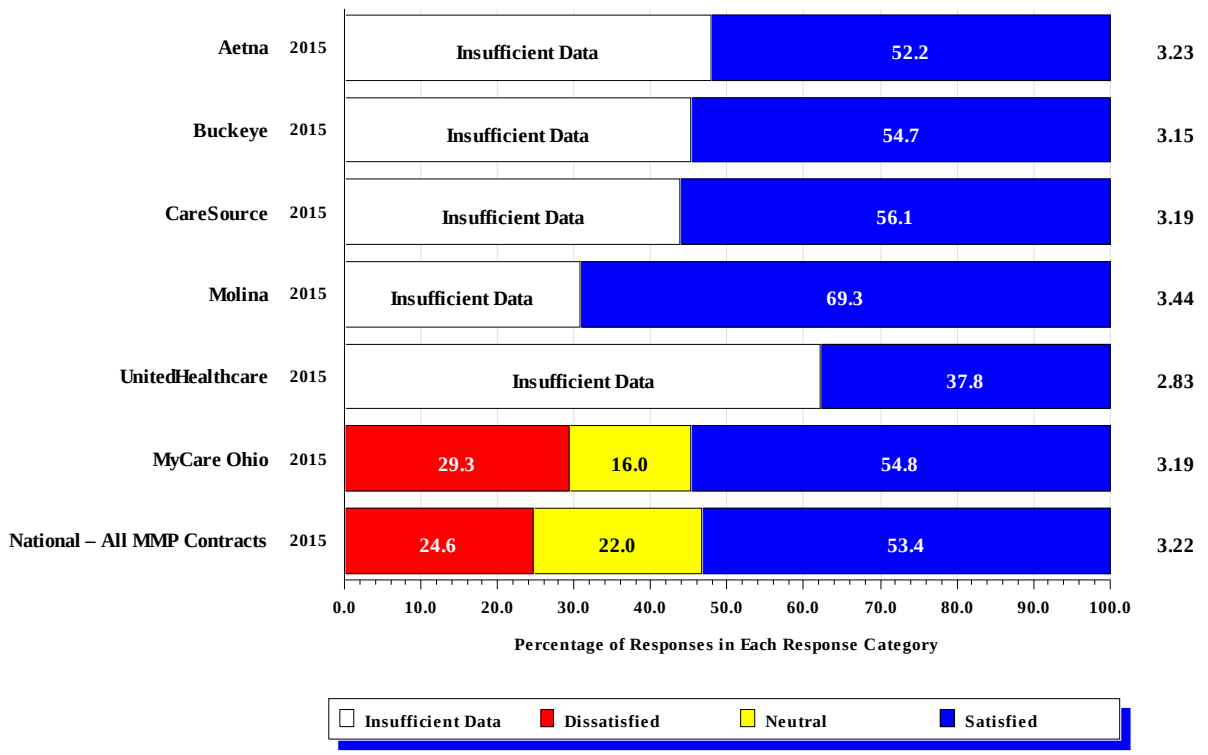
Comparative Analysis

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

Getting Information from Drug Plan: Which Medicines Covered

Question 61 in the MA & PDP CAHPS Survey asked how often respondents were satisfied with the information provided by their prescription drug plan's customer service about which medicines were covered. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-26 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-26
Getting Information from Drug Plan: Which Medicines Covered
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

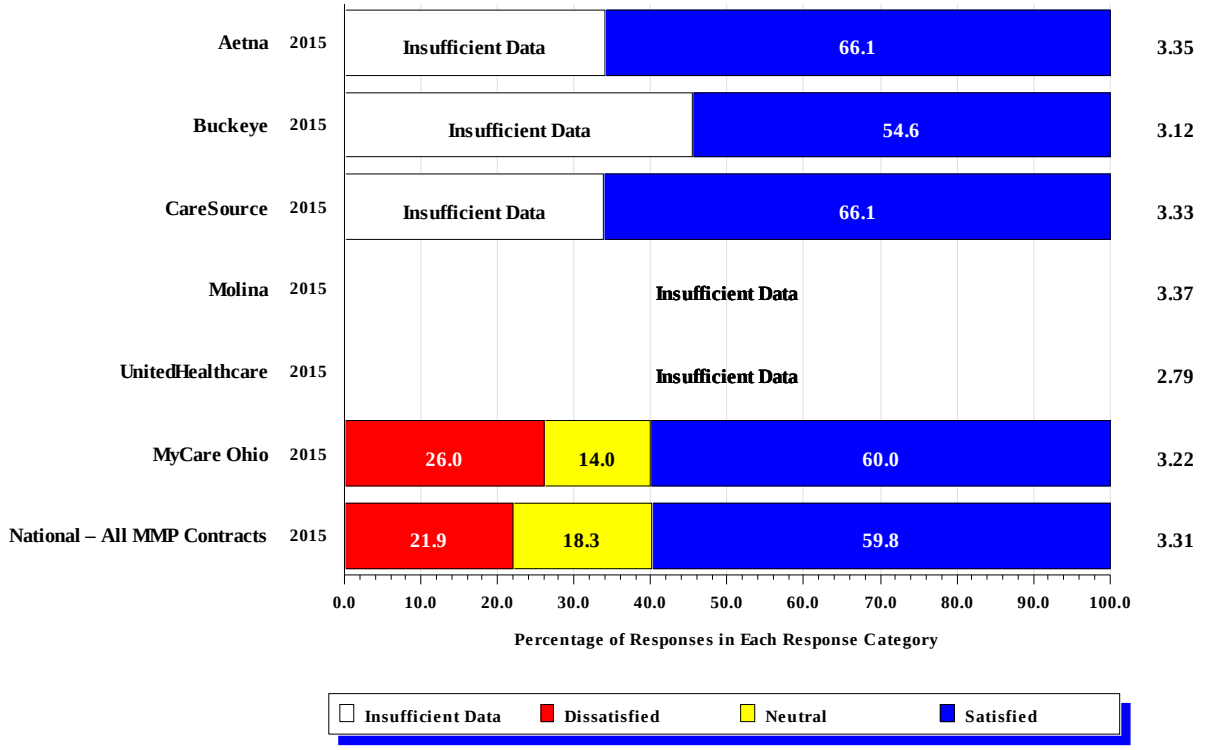
Comparative Analysis

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

Getting Information from Drug Plan: Out-of-Pocket Costs

Question 63 in the MA & PDP CAHPS Survey asked how often respondents were satisfied with the information provided by their prescription drug plan's customer service about how much they would have to pay for prescription medicines. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-27 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-27
Getting Information from Drug Plan: Out-of-Pocket Costs
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

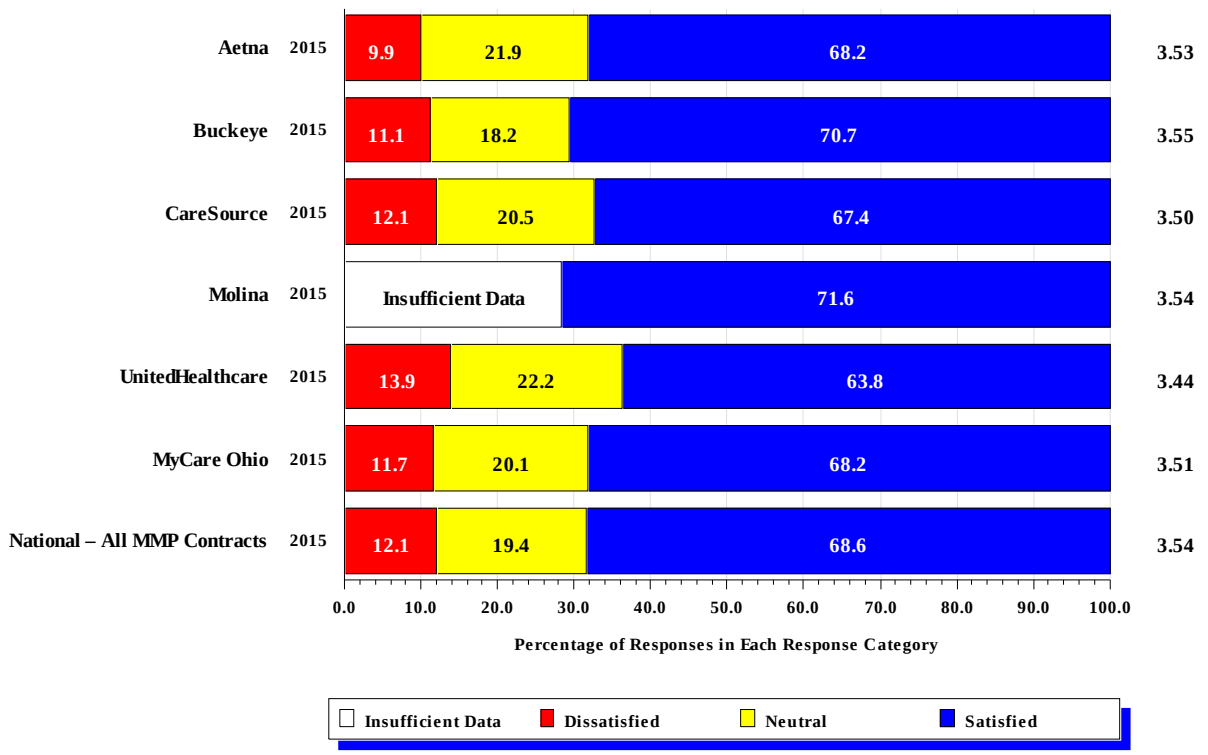
Comparative Analysis

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

Care Coordination

Six questions were asked to assess how often respondents were satisfied with their personal doctor's care coordination (Questions 20, 22, 23, 25, 31, and 38 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes/No), Neutral (Usually/Yes, somewhat), and Satisfied (Always/Yes, definitely). Figure 5-28 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-28
Care Coordination
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

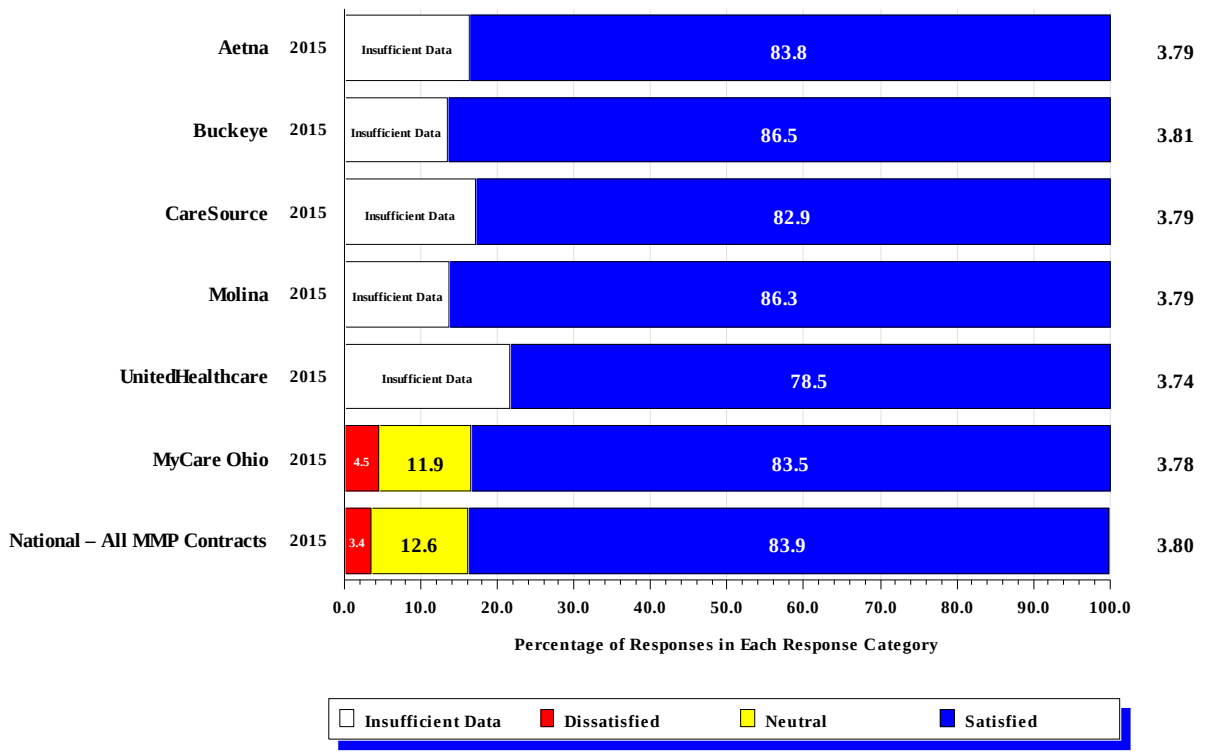
Comparative Analysis

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

Care Coordination: Doctors Have Medical Records

Question 20 in the MA & PDP CAHPS Survey asked members when visiting their doctor for a scheduled appointment how often their personal doctor had their medical records or other information about their care. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-29 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-29
Care Coordination: Doctors Have Medical Records
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

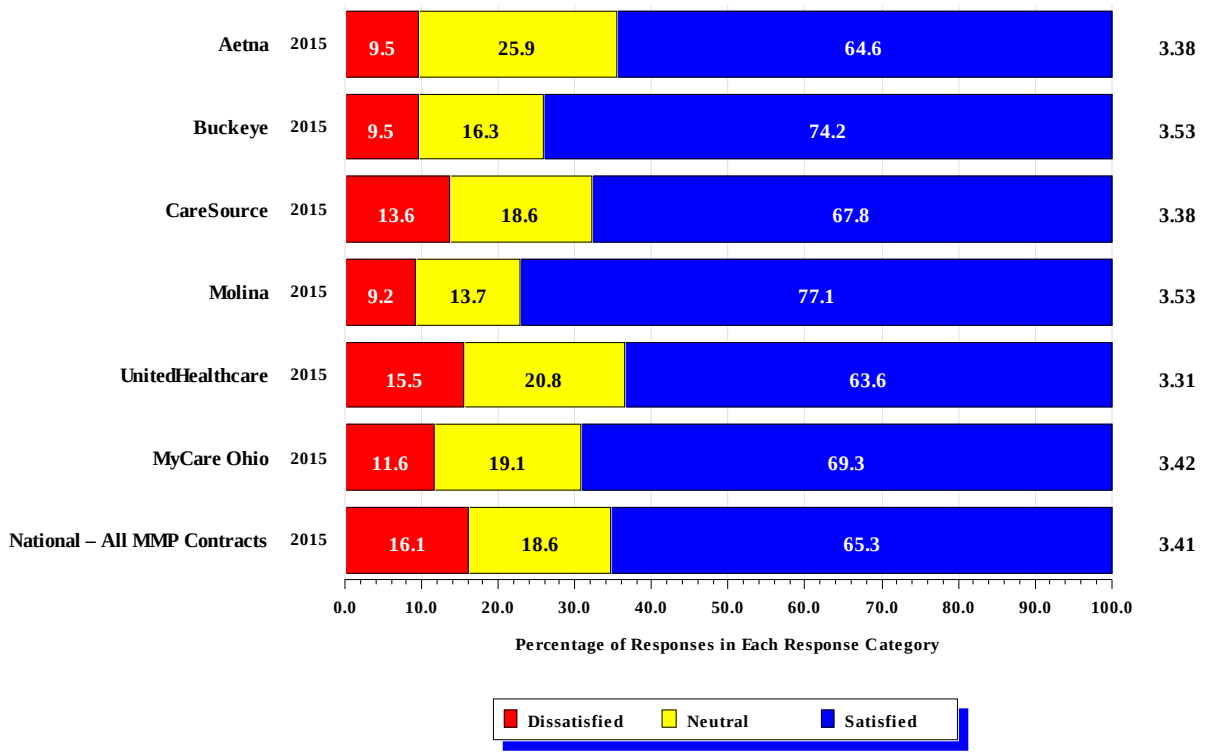
Comparative Analysis

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

Care Coordination: Doctors Communicate About Tests

Questions 22 and 23 in the MA & PDP CAHPS Survey asked members how often someone from their personal doctor's office followed up with their test results and how often they got their results as soon as needed. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-30 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-30
Care Coordination: Doctors Communicate About Tests
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

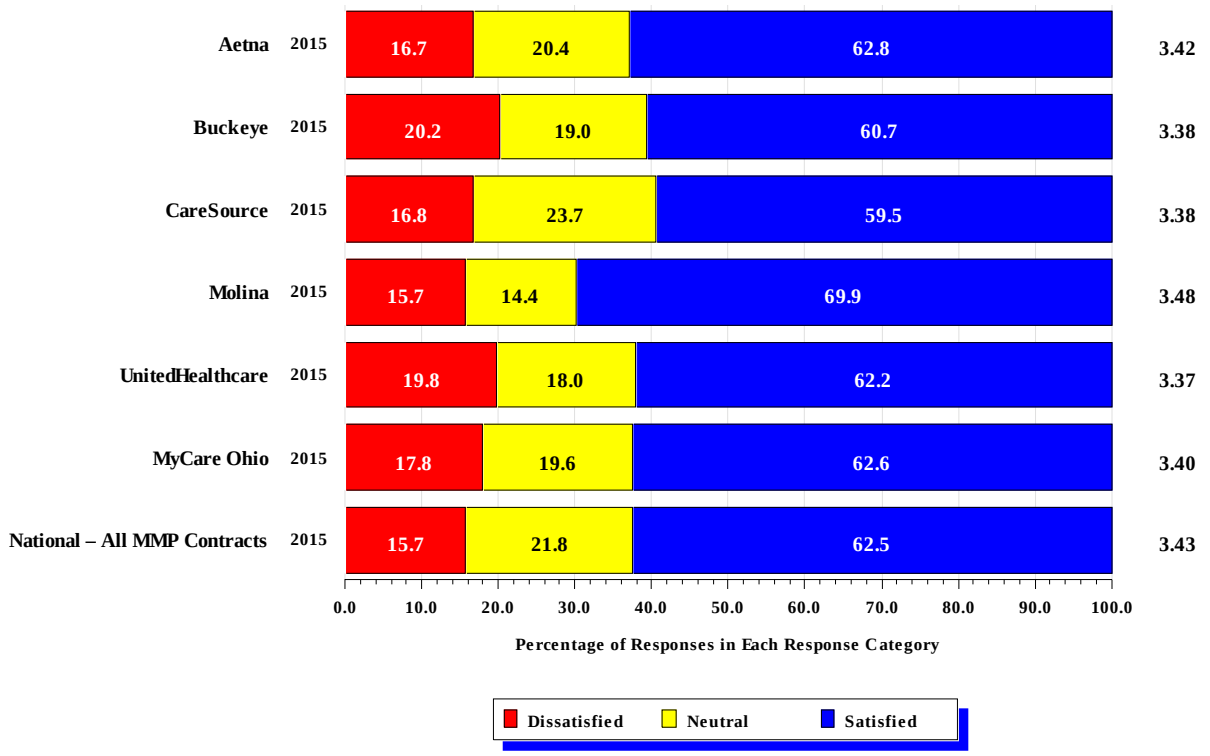
Comparative Analysis

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

Care Coordination: Doctors Discuss Taking Medicines

Question 25 in the MA & PDP CAHPS Survey asked members how often their personal doctor talked about prescription medicines they were taking. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-31 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-31
Care Coordination: Doctors Discuss Taking Medicines
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

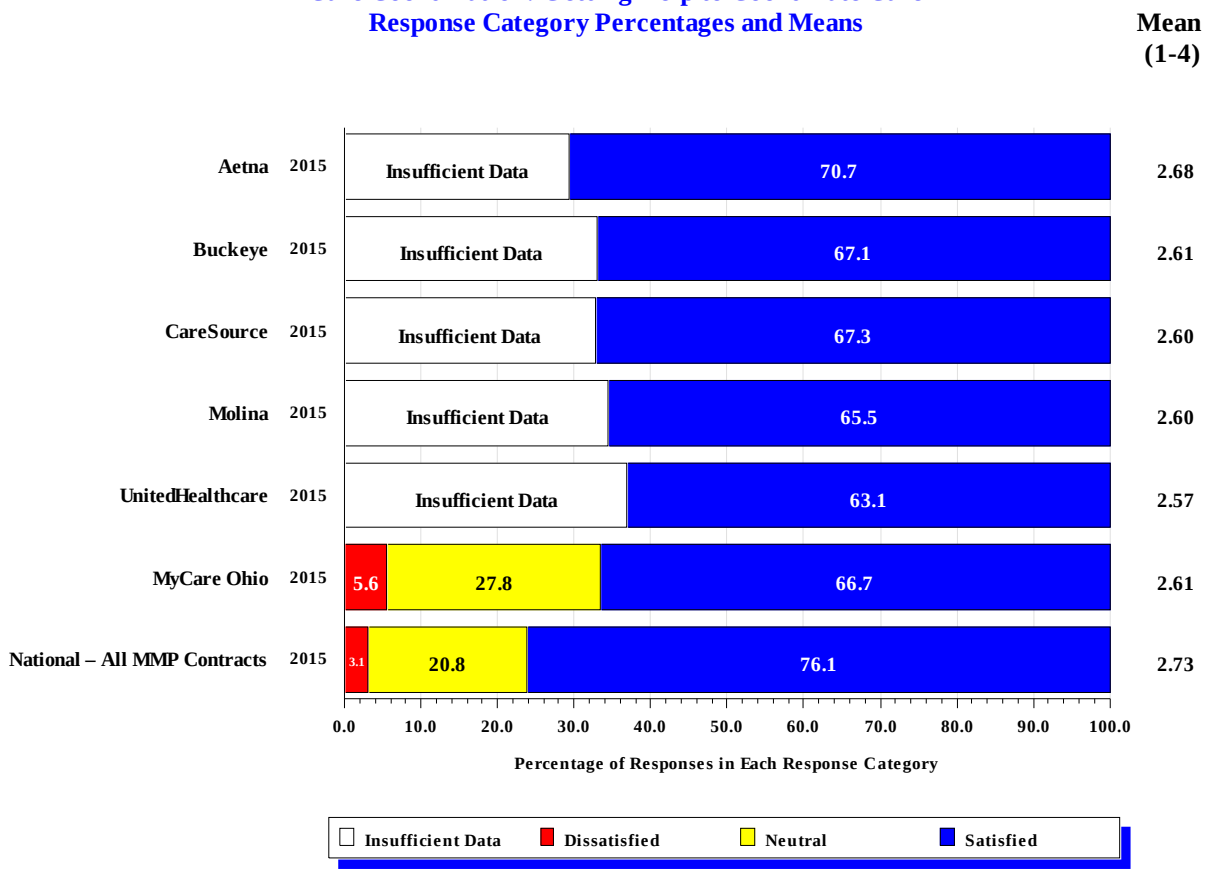
Comparative Analysis

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

Care Coordination: Getting Help to Coordinate Care

Question 31 in the MA & PDP CAHPS Survey asked members how often they needed help from their personal doctor's office to manage their care. Responses were classified into three categories: Dissatisfied (No), Neutral (Yes, Somewhat), and Satisfied (Yes, Definitely). Figure 5-32 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-32
Care Coordination: Getting Help to Coordinate Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

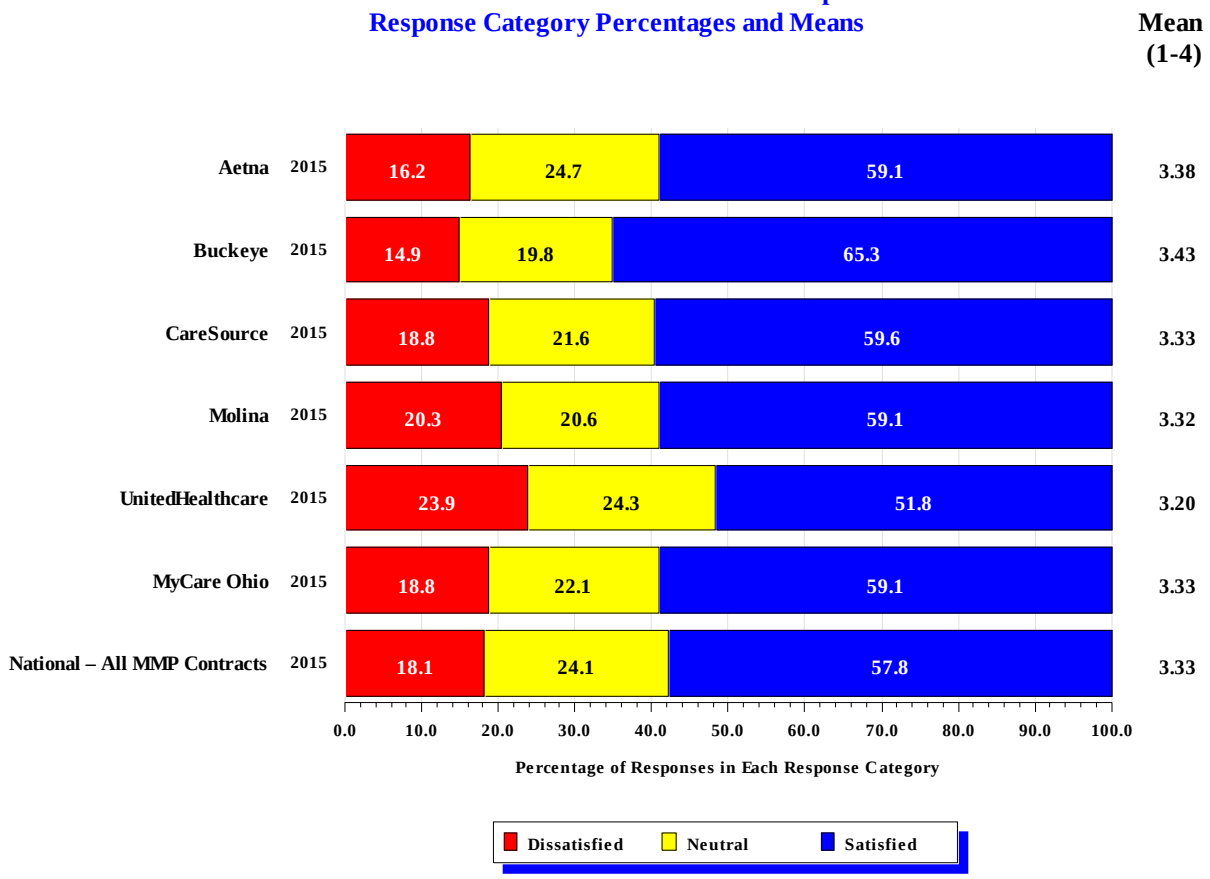
Comparative Analysis

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

Care Coordination: Doctors are Informed about Specialist Care

Question 38 in the MA & PDP CAHPS Survey asked respondents to rate how often their personal doctor seemed informed and up-to-date about care they received from other doctors. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 5-33 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-33
Care Coordination: Doctors are Informed about Specialist Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

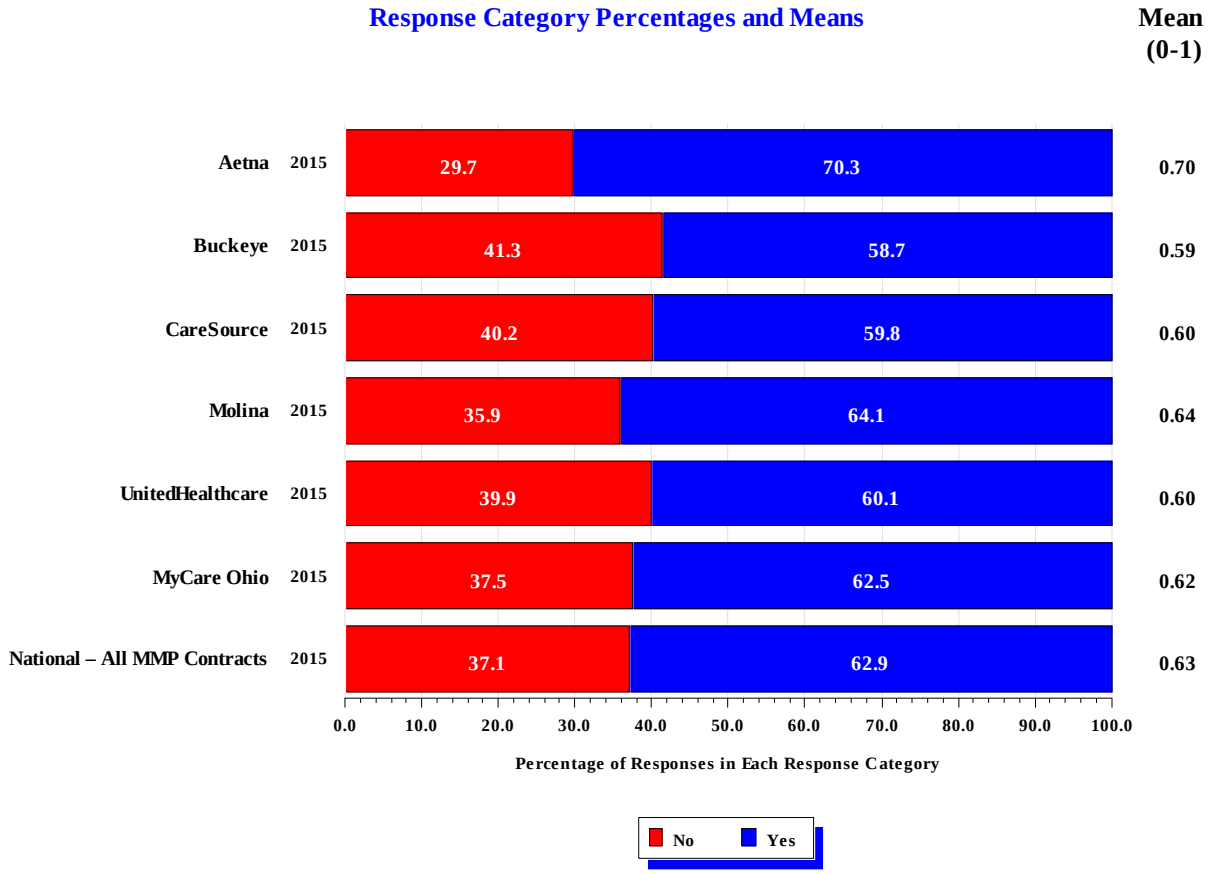
Overall, there were no *statistically significant* differences observed for this measure.

Individual Item Measures

Annual Flu Vaccine

Question 85 in the MA & PDP CAHPS Survey asked respondents if they received a flu shot since July 1, 2014. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-34
Annual Flu Vaccine
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

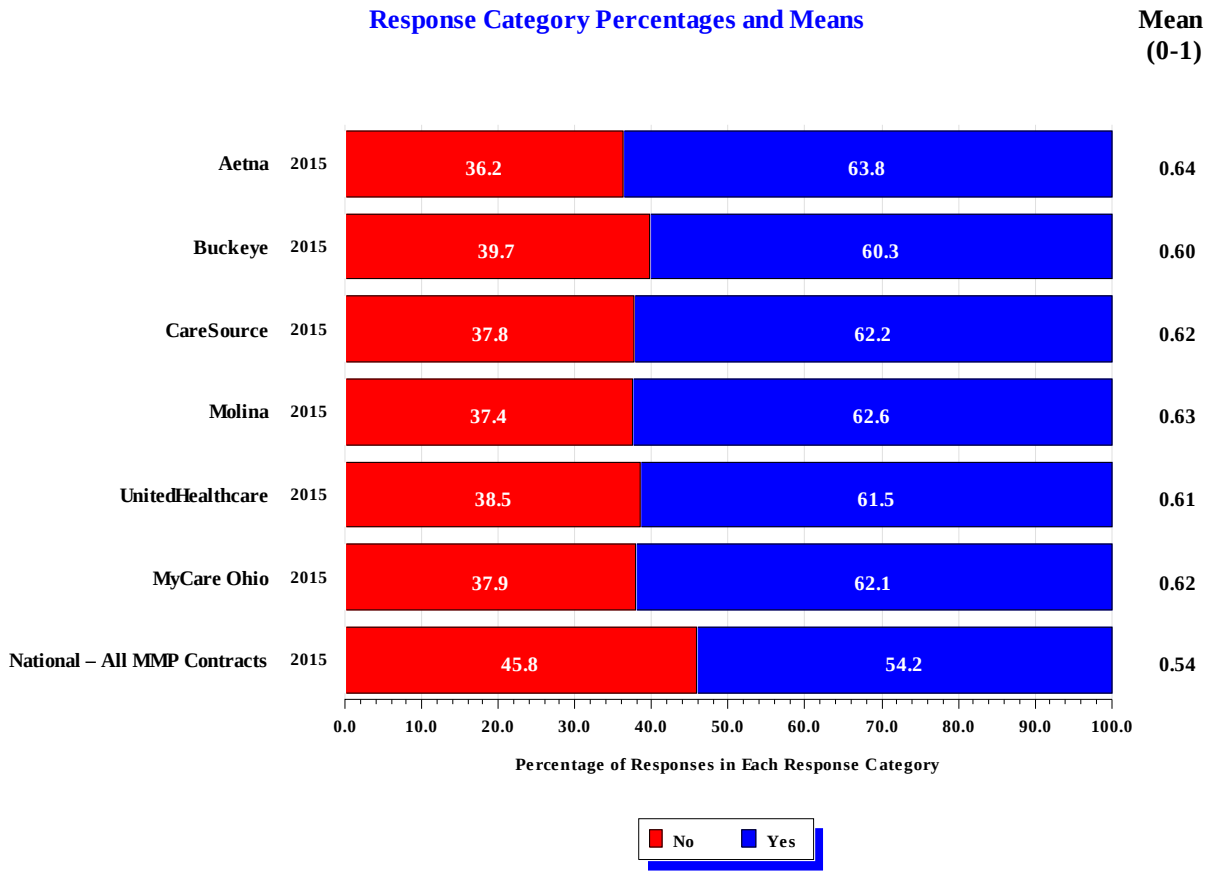
Comparative Analysis

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

Pneumonia Vaccine

Question 86 in the MA & PDP CAHPS Survey asked respondents if they ever received a pneumonia shot. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-35
Pneumonia Vaccine
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

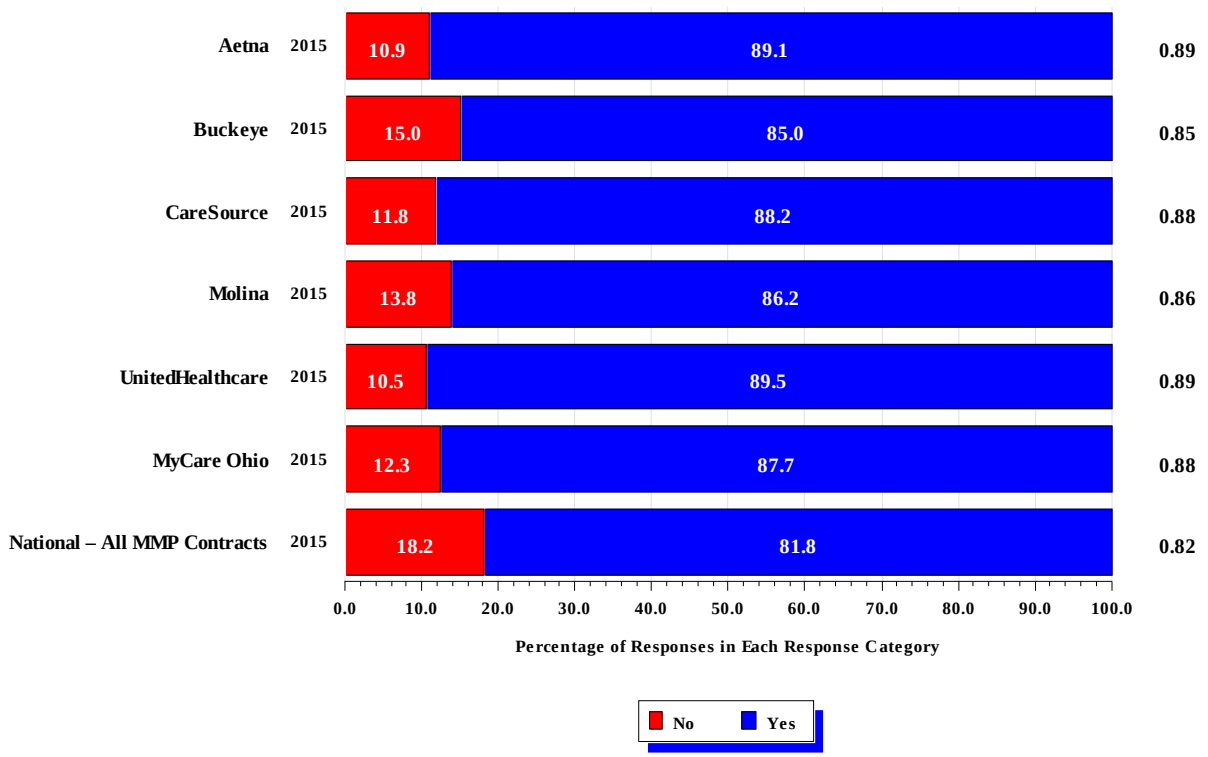
Overall, there were no *statistically significant* differences observed for this measure.

Other Measures Reported to Contracts

Health Information Technology: Computer Used During Office Visits

Question 26 in the MA & PDP CAHPS Survey asked respondents if their personal doctor used a computer or handheld device during an office visit. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-36
Health Information Technology: Computer Used During Office Visits
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

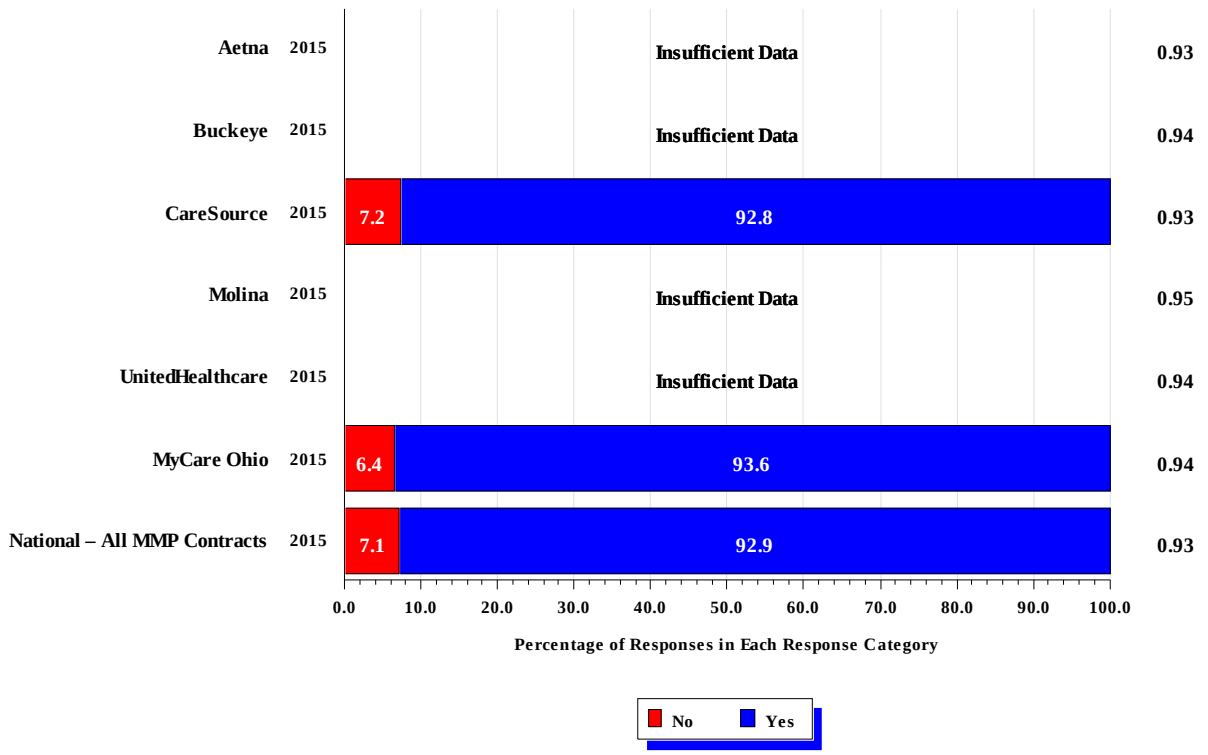
Comparative Analysis

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

Health Information Technology: Computer Helpful

Question 27 in the MA & PDP CAHPS Survey asked respondents if their personal doctor's use of a computer or handheld device was helpful. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No (No, not at all) and Yes (Yes, a little/Yes, a lot). Figure 5-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-37
Health Information Technology: Computer Helpful
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

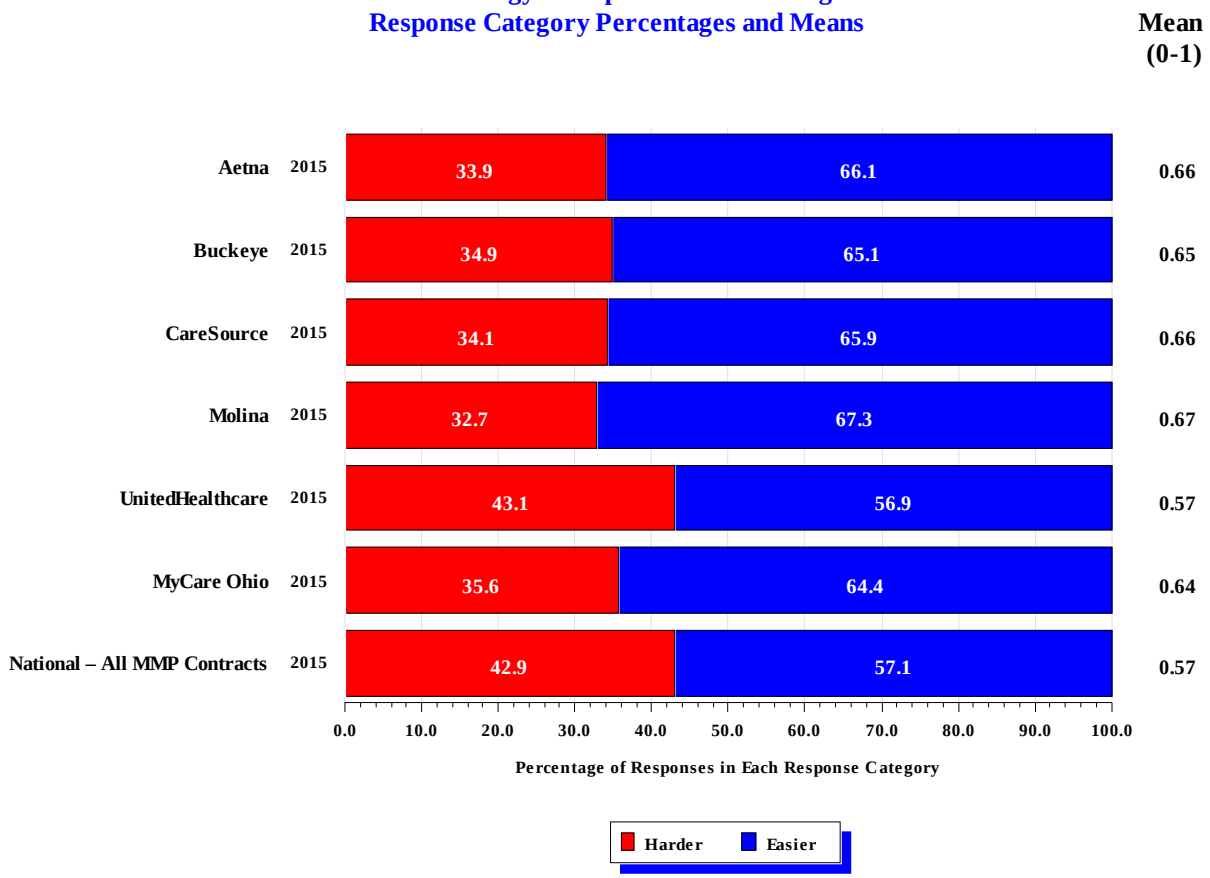
Comparative Analysis

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

Health Information Technology: Computer Made Talking with Doctor Easier

Question 28 in the MA & PDP CAHPS Survey asked respondents if their personal doctor's use of a computer or handheld device made it harder or easier for them to talk with their doctor. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: Harder and Easier. Figure 5-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-38
Health Information Technology: Computer Made Talking with Doctor Easier
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

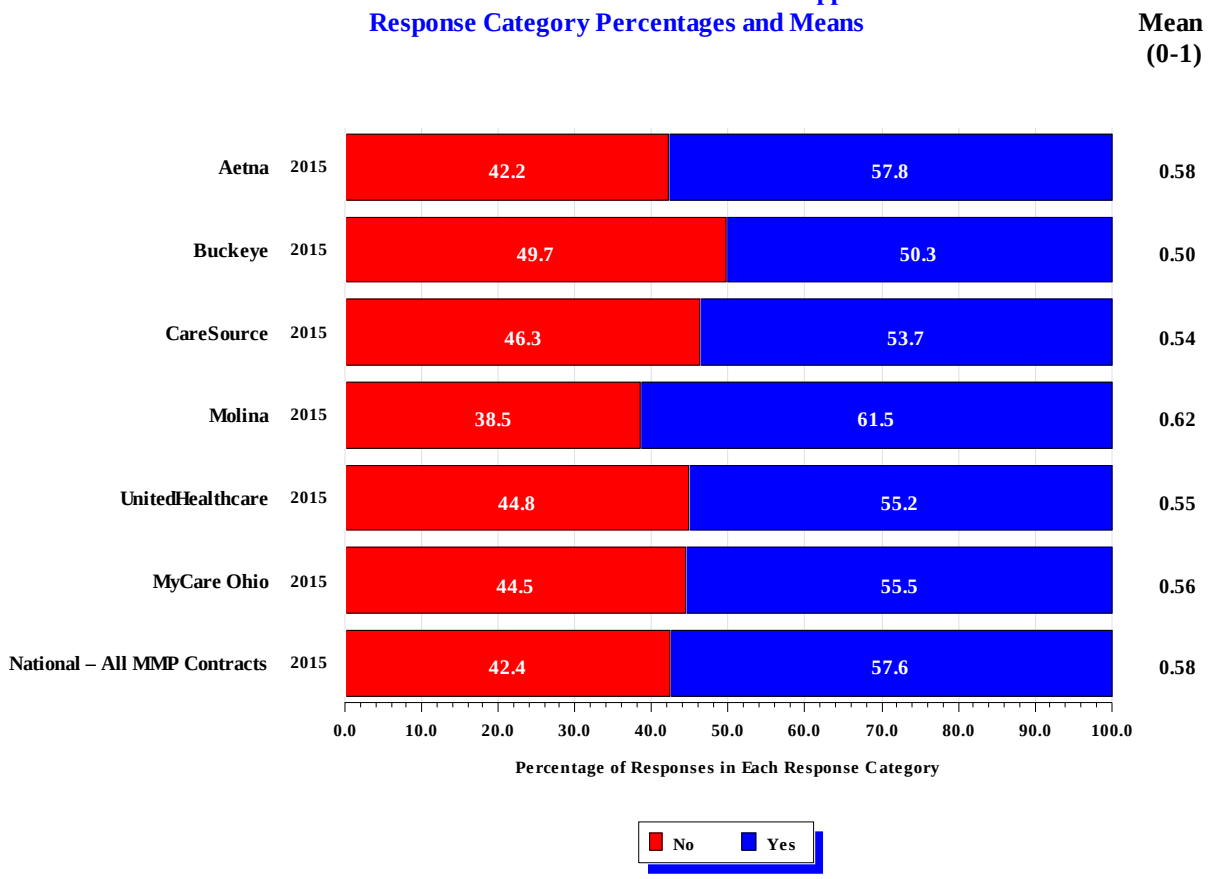
Comparative Analysis

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

Contact from Doctor's Office: Reminders for Appointments

Question 47a in the MA & PDP CAHPS Survey asked respondents if anyone from their doctor's office or health plan contacted them to remind them to make appointments for tests or treatments. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-39
Contact from Doctor's Office: Reminders for Appointments
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

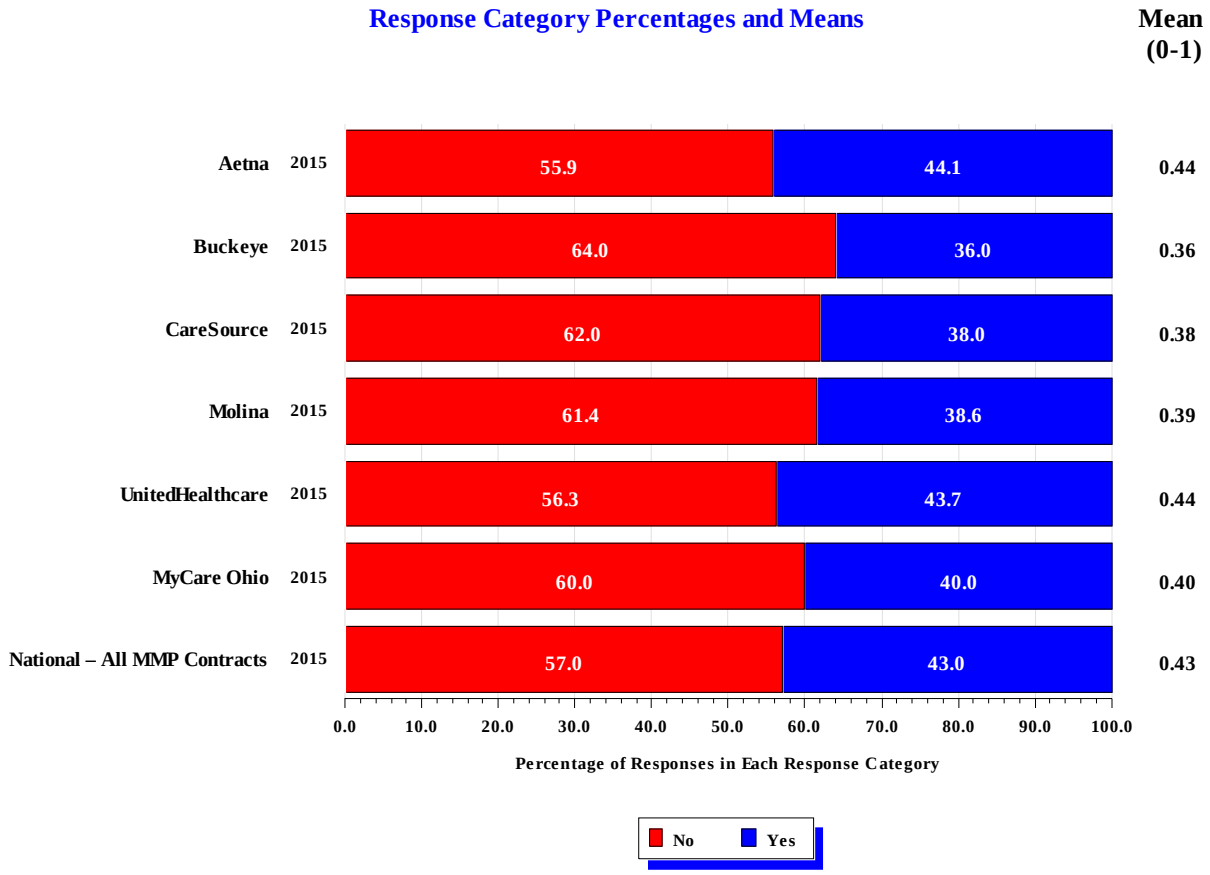
Comparative Analysis

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

Contact from Doctor's Office: Reminders for Immunizations

Question 47b in the MA & PDP CAHPS Survey asked respondents if anyone from their doctor's office or health plan contacted them to remind them about a flu shot or other immunization. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-40
Contact from Doctor's Office: Reminders for Immunizations
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

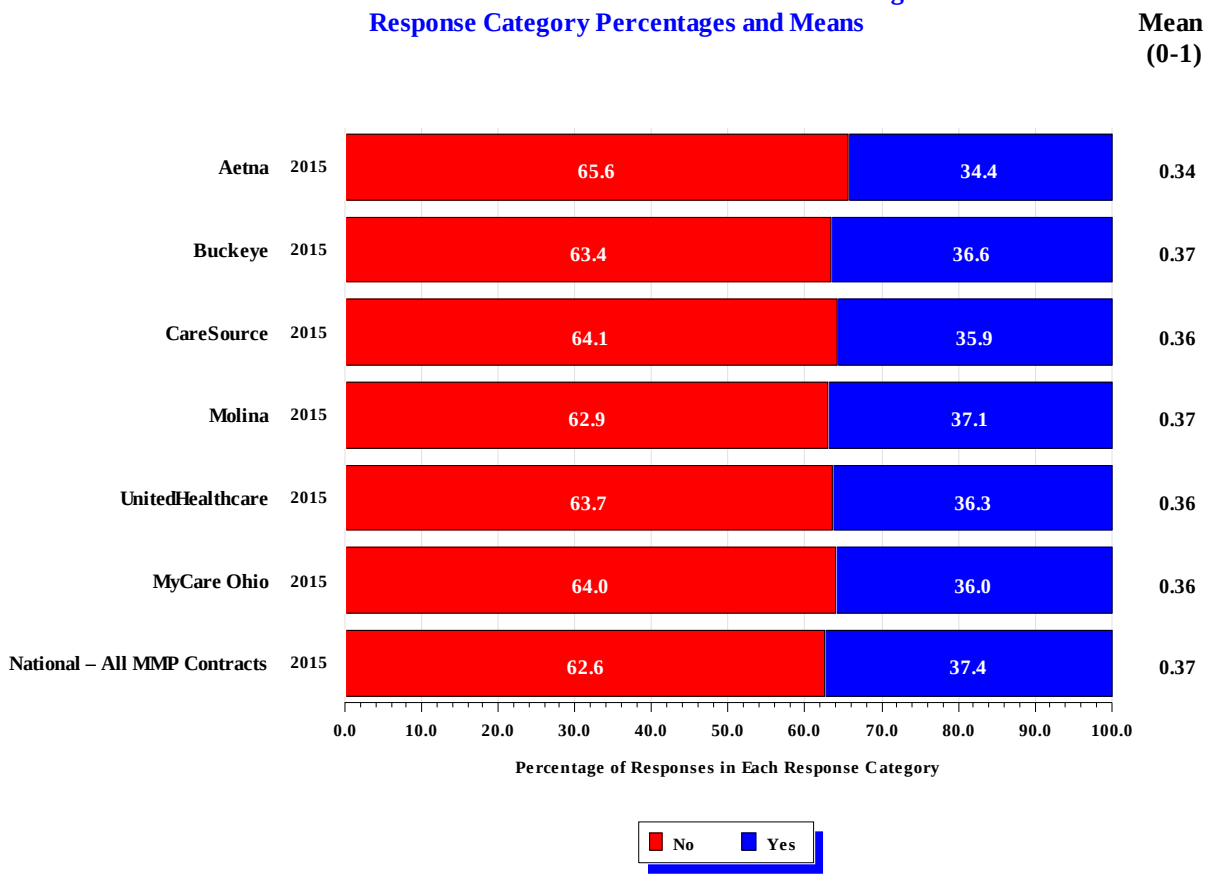
Comparative Analysis

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

Contact from Doctor's Office: Reminders for Screening Tests

Question 47c in the MA & PDP CAHPS Survey asked respondents if anyone from their doctor's office or health plan contacted them to remind them about screening tests. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-41
Contact from Doctor's Office: Reminders for Screening Tests
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

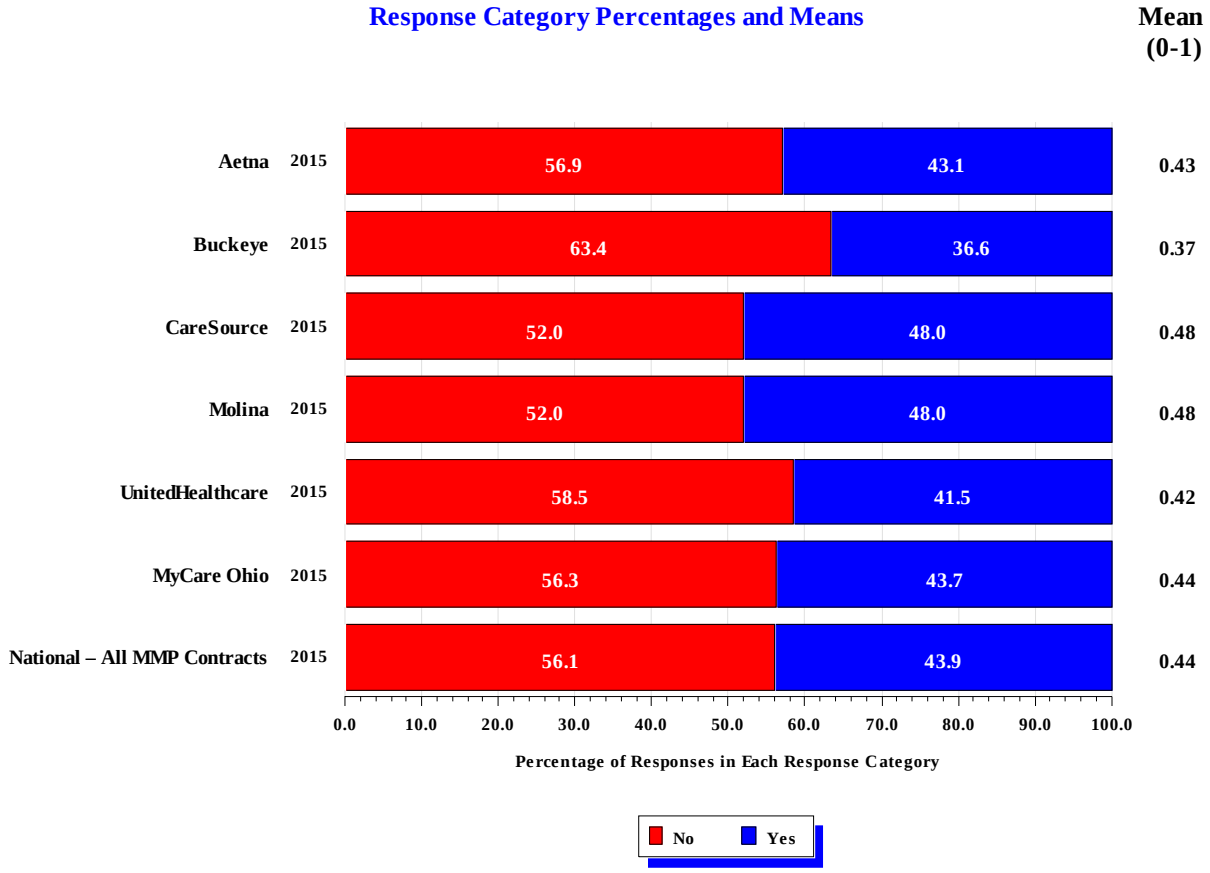
Comparative Analysis

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

Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription

Question 68a in the MA & PDP CAHPS Survey asked respondents if anyone from their doctor's office, pharmacy, or drug plan contacted them to make sure they filled or refilled a prescription. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-42
Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

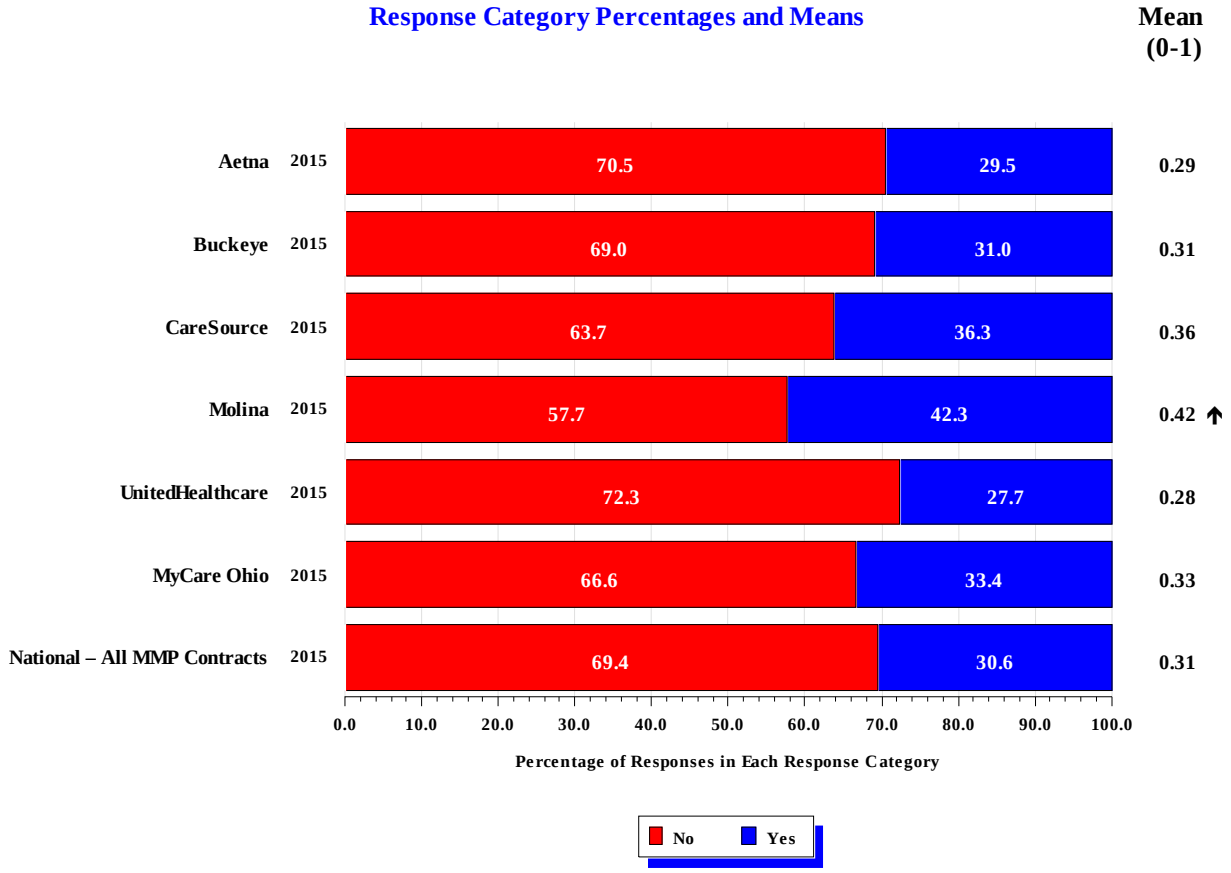
Comparative Analysis

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

Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Take Medications

Question 68b in the MA & PDP CAHPS Survey asked respondents if anyone from their doctor's office, pharmacy, or drug plan contacted them to make sure they were taking medications as directed. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were classified into two categories: No and Yes. Figure 5-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The 2015 MMP national average is presented for comparative purposes.

Figure 5-43
Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Take Medications
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCOP's mean is significantly higher than the MyCare Ohio mean
↓ indicates the MCOP's mean is significantly lower than the MyCare Ohio mean

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

Comparative Analysis

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

- Molina's overall mean was significantly higher than the program average. The percentage of Molina's respondents who gave a response of No was significantly lower than the program average, whereas the percentage of Molina's respondents who gave a response of Yes was significantly higher than the program average.

Key Drivers of Performance

In order to determine potential survey items for QI, HSAG conducted a key drivers analysis. The key drivers analysis focused on the following three global ratings:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan

The analysis provides information on: 1) how well the health plan/program is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those survey items that (1) have a problem score that is greater than or equal to the health plan's/program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the health plan's/program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Methodology section of this report.

A correlation analysis was performed on the composite items listed below for each of the three global ratings (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan). Table 5-1, on the following page, shows a list of the individual survey questions evaluated for each global rating to determine key drivers of performance for the MyCare Ohio Program and each MCOP.

Table 5-1 Correlation Matrix			
	Rating of Health Plan	**Rating of Health Care Quality**	**Rating of Drug Plan**
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away	✓	✓	
Q6. Getting Appointments and Care Quickly—Getting Appointments	✓	✓	
Q20. Care Coordination—Doctors Have Medical Records	✓	✓	
Q25. Care Coordination—Doctors Discuss Taking Medicines	✓	✓	
Q31. Care Coordination—Getting Help to Coordinate Care	✓	✓	
Q38. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	
Q35. Getting Needed Care—Getting Appointments with Specialists	✓	✓	
Q40. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	
Q42. Customer Service—Give Information Needed	✓	✓	
Q43. Customer Service—Courtesy and Respect	✓	✓	
Q58. Getting Information from Drug Plan—Customer Service Give Information About Prescription Drugs		✓	✓
Q59. Getting Information from Drug Plan—Customer Service Treat You with Courtesy and Respect		✓	✓
Q61. Getting Information from Drug Plan—Which Medicines Covered		✓	✓
Q63. Getting Information from Drug Plan—Out-of-Pocket Costs		✓	✓
Q69. Getting Needed Prescription Drugs—Ease of Getting Prescribed Medicines		✓	✓
Q71. Getting Needed Prescription Drugs—Ease of Filling Prescriptions at a Pharmacy		✓	✓
A checkmark (✓) indicated that the question was used in the key drivers of satisfaction analysis for the specified global rating or composite measure.			

Table 5-2 through Table 5-7 depict those survey items identified for each of the three measures (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan) as being key drivers of satisfaction for the MyCare Ohio Program and each MCOP.

Table 5-2 shows the key drivers of satisfaction for the MyCare Ohio Program.

Table 5-2
Summary of MyCare Ohio Key Drivers of Satisfaction

Rating of Health Plan
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Rating of Health Care Quality
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?
Rating of Drug Plan
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

Table 5-3 shows the key drivers of satisfaction for Aetna.

Table 5-3 Summary of Aetna Key Drivers of Satisfaction
Rating of Health Plan
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Rating of Health Care Quality
Q25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?
Rating of Drug Plan
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

Table 5-4 shows the key drivers of satisfaction for Buckeye.

Table 5-4 Summary of Buckeye Key Drivers of Satisfaction
Rating of Health Plan
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Rating of Health Care Quality
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?
Rating of Drug Plan
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

Table 5-5 shows the key drivers of satisfaction for CareSource.

Table 5-5 Summary of CareSource Key Drivers of Satisfaction
Rating of Health Plan
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Rating of Health Care Quality
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?
Rating of Drug Plan
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?

Table 5-6 shows the key drivers of satisfaction for Molina.

Table 5-6 Summary of Molina Key Drivers of Satisfaction
Rating of Health Plan
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Rating of Health Care Quality
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?
Q6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?
Q63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?
Rating of Drug Plan
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

Table 5-7 shows the key drivers of satisfaction for UnitedHealthcare.

Table 5-7 Summary of UnitedHealthcare Key Drivers of Satisfaction
Rating of Health Plan
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Q43. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
Rating of Health Care Quality
Q35. In the last 6 months, how often was it easy to get appointments with specialists?
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?
Rating of Drug Plan
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?

Summary of MyCare Ohio Results

Statewide Comparisons

The Statewide Comparisons analysis results are grouped into two main statistically significant categories: 1) statistically higher than the program average and 2) statistically lower than the program average. The categories are based on the assignment of arrows to the MCOPs' overall means on the global ratings, composite measures, composite items, individual items, and other measures reported to contracts. Table 6-1 shows the highlights from these comparisons.

Table 6-1
MyCare Ohio Statewide Comparisons

Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
None.	None.	↑ Rating of Health Plan		↓ Rating of Health Plan
		↑ Rating of Drug Plan	↑ Rating of Drug Plan	↓ Rating of Drug Plan
		↑ Customer Service: Courtesy and Respect		↓ Customer Service: Courtesy and Respect
			↑ Reminders to Take Medications	

↑ Statistically higher than the program average
↓ Statistically lower than the program average

The results from the Statewide Comparisons revealed that three MCOPs had statistically significant findings.

- CareSource scored statistically higher than the program average on two global ratings: Rating of Health Plan and Rating of Drug Plan, and one composite measure item, Customer Service: Courtesy and Respect.
- Molina scored statistically higher than the program average on one global rating and one composite measure item, Rating of Drug Plan and Contact from Doctor's Office: Reminders to Take Medications, respectively.
- UnitedHealthcare scored statistically lower than the program average on three measures: Rating of Health Plan, Rating of Drug Plan, and Customer Service: Courtesy and Respect.

Key Drivers of Performance

The key drivers (i.e., survey composite items) for each of the three global ratings were assessed, and findings are provided for the MyCare Ohio Program and each MCOP. For this analysis, a mean problem score was calculated for each composite item; a correlation analysis was performed to compare global rating performance to composite items' mean problem scores; and each composite item was assigned to a priority level. Table 6-2 through Table 6-4 show the top priority "key driver" items (as indicated by a ✓) for each global rating at the program and MCOP levels.

Table 6-2
Key Drivers Analysis—Rating of Health Plan Summary Table

Key Drivers	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q35. In the last 6 months, how often was it easy to get appointments with specialists?	✓	✓	✓			
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?	✓			✓	✓	✓
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?	✓	✓	✓	✓	✓	✓
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	✓	✓	✓	✓	✓	✓
Q43. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?						✓

Table 6-3 Key Drivers Analysis—Rating of Health Care Quality Summary Table						
Key Drivers	**MyCare Ohio**	**Aetna**	**Buckeye**	**CareSource**	**Molina**	**United-Healthcare**
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?					✓	
Q6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?					✓	
Q25. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?		✓				
Q35. In the last 6 months, how often was it easy to get appointments with specialists?	✓	✓	✓	✓		✓
Q38. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?	✓	✓				✓
Q40. In the last 6 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?	✓	✓	✓	✓	✓	✓
Q42. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	✓		✓		✓	✓
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?	✓		✓	✓		✓
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?	✓	✓	✓	✓	✓	
Q63. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicines?					✓	✓

Table 6-4 Key Drivers Analysis—Rating of Drug Plan Summary Table						
Key Drivers	**MyCare Ohio**	**Aetna**	**Buckeye**	**CareSource**	**Molina**	**United-Healthcare**
Q58. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs?	✓	✓	✓	✓		✓
Q61. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered?	✓	✓	✓		✓	✓

Conclusions

A comparison of the MyCare Ohio Program's overall mean scores to the 2015 MMP national average mean scores for the global ratings, composite measures, composite measure items, individual items, and other measures reported to contracts revealed the MyCare Ohio Program's 2015 overall mean score was higher than the 2015 MMP national average mean score for all three global ratings, getting appointments and care quickly, pneumonia vaccine, all three other measures reported to contracts focused on assessing doctors' use of health information technology, and reminders from a doctor's office, pharmacy, or drug plan to take prescription medications. However, the MyCare Ohio Program's 2015 overall mean score was also lower than the 2015 MMP national average mean score on getting needed care, doctors who communicate well, customer service, coordination of care, getting information from the plan about prescription drug coverage and costs, and three of the other measures reported to contracts focused on assessing whether members were contacted by their doctor's office with reminders about appointments, immunizations, and screening tests.

While the MyCare Ohio Program's 2015 mean scores were higher than the 2015 MMP national average mean scores for all three global ratings, the key drivers of performance analysis identified areas that are top priorities for the MyCare Ohio Program for the Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan global ratings. Top priority items for the Rating of Health Plan and Rating of Health Care Quality included: ease of getting appointments with specialists; personal doctor seemed informed and up-to-date about care received from specialists; ease of getting care, tests, or treatment; and receiving information or help from the health plan's customer service. Top priority items for the Rating of Health Care Quality and Rating of Drug Plan included: receiving information or help from the prescription drug plan's customer service about prescription drugs and receiving all of the information or help needed from the prescription drug plan's customer service about prescription medicine coverage.

Cautions and Limitations

The findings presented in the 2015 MyCare Ohio 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

While the data for the statewide comparisons analysis were case-mix adjusted for age, education, self-reported general health status, self-reported mental health status, proxy assistance, proxy completion of the survey form, Medicaid dual eligibility, low income subsidy eligibility, and Chinese language of survey completion, it was not possible to adjust for differences in member and respondent characteristics that were not measured.[6-1] These characteristics include employment or any other characteristics that may not be under the MCOPs' control.

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 MCOP. Therefore, ODM and the MCOPs should consider the potential for non-response bias when interpreting the MA & PDP CAHPS results.

Causal Inferences

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

Survey Vendor Effects

The MA & PDP CAHPS surveys were administered by multiple survey vendors. CMS 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 MA & PDP CAHPS results.

[6-1] Age, Medicaid dual eligibility, and low income subsidy eligibility were derived from CMS administrative data.

Methods for Analysis

It is important to note that the CAHPS results presented in this report for the MyCare Ohio Program and all participating MCOPs represent the survey results calculated by HSAG. They are not official survey results and should be used for QI purposes only. In order to provide ODM with more information regarding MCOP and program performance, HSAG did not apply CMS' interunit reliability threshold of "very low reliability" for reporting measure results.[6-2] For purposes of this report, HSAG evaluated measure scores for small cell size criteria only (i.e., minimum of 11 responses); all MCOPs' results are reported for each item, regardless of the interunit reliability reporting scoring. Additionally, results were not weighted. Given these differences, the results presented in this report for participating MCOPs will not match the results presented in the MCOP reports produced by CMS.

[6-2] CMS defines "very low reliability" as measures scores with an interunit reliability (IUR) of less than 0.60. However, the specifications also indicate that no more than 12 percent of plans (those with lowest IUR on the corresponding measure) are flagged as low reliability for a given measure, after excluding scores based on less than 11 responses.