

2009 CAHPS®
OHIO'S AGED, BLIND, OR DISABLED
MEDICAID MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY

Executive Summary



May 2010

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Introduction

The Ohio Department of Job and Family Services (ODJFS) conducts a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high quality health care services. These activities include annual surveys of member satisfaction. Survey results provide important feedback on MCP performance which is used to improve overall member satisfaction with managed care programs.

ODJFS administers member satisfaction surveys for all MCPs in Ohio's Covered Families and Children (CFC) and Aged, Blind, or Disabled (ABD) Medicaid Managed Care Programs. In 2009, the ABD and CFC Medicaid Managed Care Programs were surveyed independently. This report presents survey results for Ohio's ABD Medicaid Managed Care Program.¹ The standardized survey instrument selected for 2009 for the ABD population was the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Health Plan Survey.² CAHPS satisfaction measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Members from each MCP completed the surveys from February to May 2009.

PERFORMANCE HIGHLIGHTS

- For the year 2009, the Ohio ABD Medicaid Managed Care Program results for three of the five composite measures are above or similar to the national average.
- For the year 2009, the Ohio ABD Medicaid Managed Care Program results for two of the four global ratings are similar to the national average.
- For the year 2009, CareSource performed significantly higher than the program average on five of the nine global and composite ratings.

ODJFS administered the 2009 CAHPS surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. HSAG followed the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Specifications for Survey Measures in conducting the CAHPS surveys.³ Members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July

¹ Please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Reports for detailed information regarding the CFC population.

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Introduction

Executive Summary Report

through December) of 2008. Members eligible for sampling included those who were 18 years of age or older (as of December 31, 2008).⁴

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

The following five MCPs participated in the 2009 CAHPS Medicaid Surveys for the ABD population: AMERIGROUP Ohio, Inc. (AMERIGROUP); Buckeye Community Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); and Unison Health Plan of Ohio, Inc. (Unison).

For 2009, a total of 5,176 surveys were completed for Ohio's ABD Medicaid Managed Care Program. The survey response rate was 61.37 percent for Ohio's ABD Medicaid Managed Care Program. The number of completed surveys and response rates for each MCP are provided in Ohio's ABD Medicaid Managed Care Program CAHPS Full Report.

This Ohio's ABD Medicaid Managed Care Program CAHPS Executive Summary Report is one of three separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2009 Ohio ABD Medicaid Managed Care Program CAHPS results. Information on all three reports can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

⁴ All ABD members met the minimum NCQA age requirement of 18 given that members must be 21 years of age to be ABD eligible.

⁵ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2009 Survey Measures*. Washington, DC: NCQA Publication, 2008.

SUMMARY OF FINDINGS—NCQA COMPARISONS

Areas Above National Averages

Compared with the NCQA Medicaid data, Ohio's ABD Medicaid Managed Care Program's three-point mean was above the national average for the following composite measure:

- Getting Care Quickly

Areas Consistent With National Averages

Compared with NCQA Medicaid data, Ohio's ABD Medicaid Managed Care Program's three-point means were similar to national averages for the following global and composite ratings:

- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- How Well Doctors Communicate

Areas Below National Averages

Compared with NCQA Medicaid data, Ohio's ABD Medicaid Managed Care Program's three-point means were below national averages for the following global and composite ratings:

- Rating of Health Plan
- Rating of All Health Care
- Customer Service
- Shared Decision Making

A caveat worth noting when reviewing these findings is that NCQA's averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

SUMMARY OF FINDINGS—OHIO COMPARISONS

Significantly Higher than the Program Average

The following MCPs had overall means that were significantly higher than the program average for the following measures:

CareSource

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- Customer Service

Significantly Lower than the Program Average

The following MCPs had overall means that were significantly lower than the program average for the following measures:

AMERIGROUP

- Rating of Health Plan
- Getting Needed Care
- Getting Care Quickly
- Customer Service

Buckeye

- Rating of Health Plan

NCQA Comparisons

This NCQA Comparisons section reports on the CAHPS Survey results, which were calculated in accordance with HEDIS specifications for survey measures.¹ Per HEDIS specifications, no weighting, trending, or case-mix adjustment is performed on the results.

Ohio's ABD Medicaid Managed Care Program respondents were included in this analysis. In 2009, Ohio's ABD Medicaid Managed Care Program had 5,176 completed adult surveys (61.4 percent response rate) from five participating MCPs. These surveys were used to calculate the 2009 NCQA results presented in this section.

When reviewing these findings, it should be noted that NCQA's national averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

¹ National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

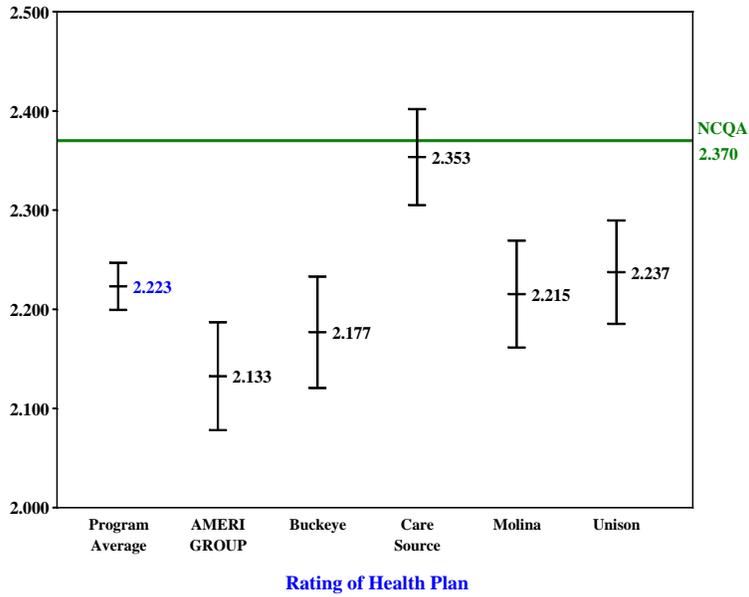
RESULTS

Three-Point Means on the Global Ratings

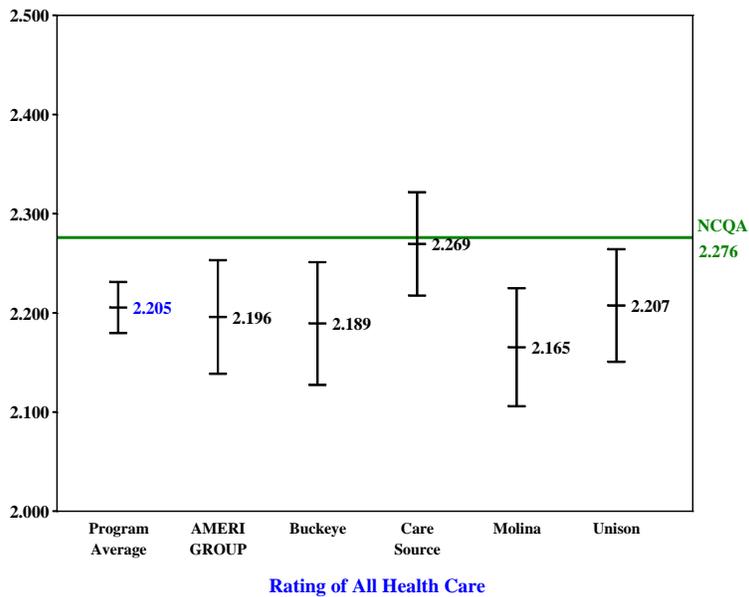
Figures B-1-B-4 on pages B-3 and B-4 depict the 2009 results of the four global ratings for members in all participating MCPs in Ohio's ABD Medicaid Managed Care Program. The 2009 Ohio ABD Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

Three-Point Mean Figures on the Global Ratings

**Figure B-1
Rating of Health Plan**

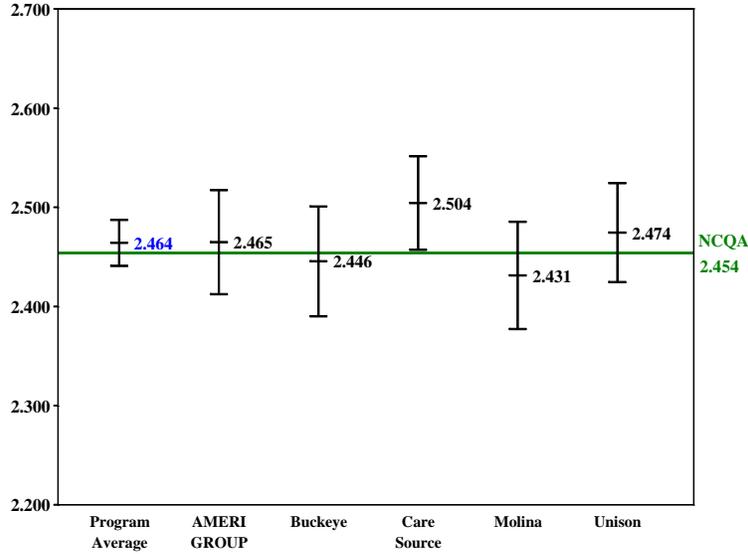


**Figure B-2
Rating of All Health Care**



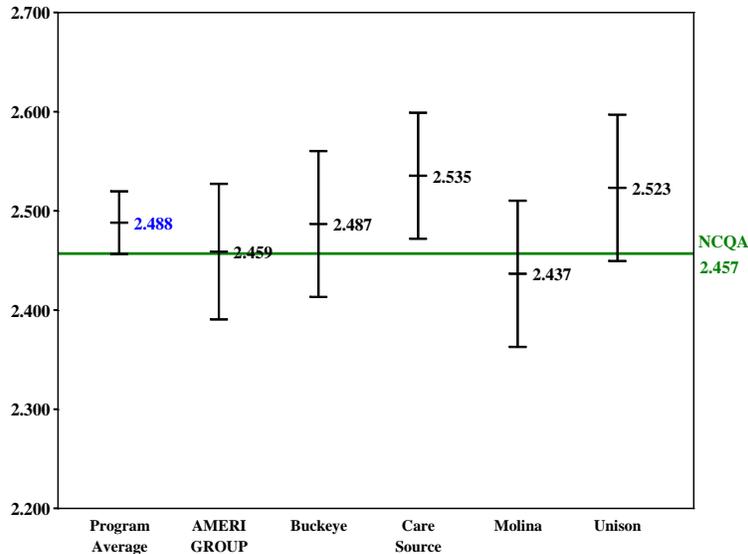
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure B-3
Rating of Personal Doctor**



Rating of Personal Doctor

**Figure B-4
Rating of Specialist Seen Most Often**



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B-1–B-4. The discussion focuses on comparisons of the 2009 Ohio ABD Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s ABD Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s ABD Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

All of the MCPs’ and the program’s three-point means encompass or exceed the NCQA average for two of the global ratings. All of the MCPs’ and the program’s three-point means encompass or exceed the national average for Rating of Personal Doctor and Rating of Specialist Seen Most Often.

Rating of Health Plan (Figure B-1)

- The confidence interval for CareSource encompasses the NCQA average.
- The upper confidence limits for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, and Unison are below the NCQA average.

Rating of All Health Care (Figure B-2)

- The confidence interval for CareSource encompasses the NCQA average.
- The upper confidence limits for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, and Unison are below the NCQA average.

Rating of Personal Doctor (Figure B-3)

- The lower confidence limit for CareSource is above the NCQA average.
- The confidence intervals for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, and Unison encompass the NCQA average.

Rating of Specialist Seen Most Often (Figure B-4)

- The lower confidence limit for CareSource is above the NCQA average.
- The confidence intervals for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, and Unison encompass the NCQA average.

Three-Point Means on the Composite Measures

Figures B-5–B-9 on pages B-7–B-9 depict the 2009 results of the five composite scores for members in all participating MCPs in Ohio’s ABD Medicaid Managed Care Program. The 2009 Ohio ABD Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of “Always” are given a score of 3, responses of “Usually” are given a score of 2, and responses of “Sometimes/Never” are given a score of 1. For the Shared Decision Making composite, responses of “Definitely Yes” are given a score of 3, responses of “Somewhat Yes” are given a score of 2, and responses of “Somewhat No/Definitely No” are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio’s ABD Medicaid Managed Care Program CAHPS Methodology Report.

Three-Point Mean Figures on the Composite Measures

Figure B-5
Getting Needed Care

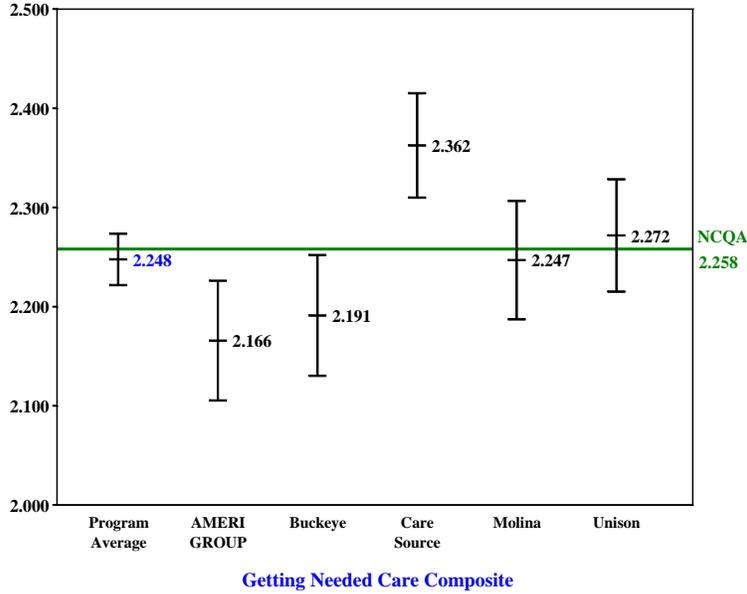
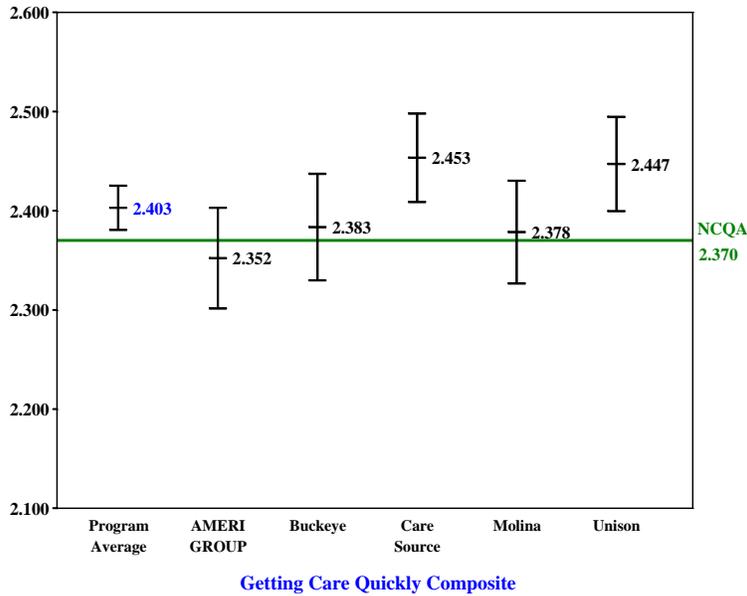
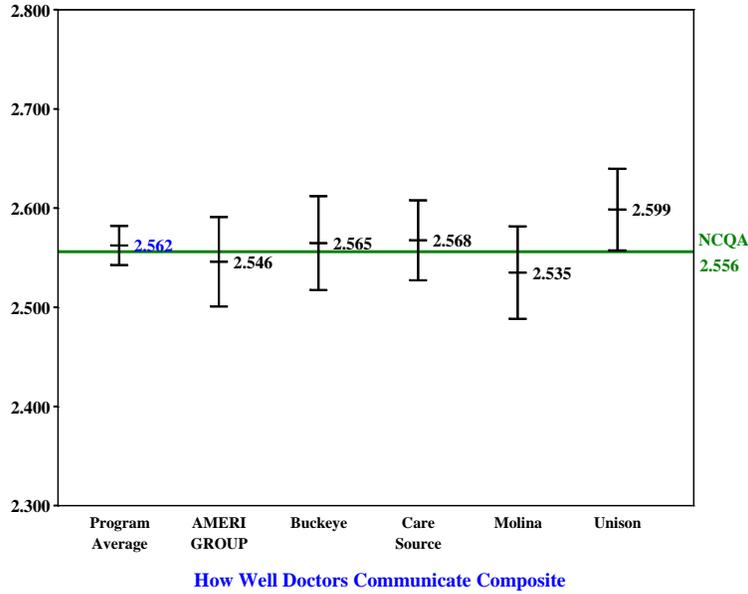


Figure B-6
Getting Care Quickly

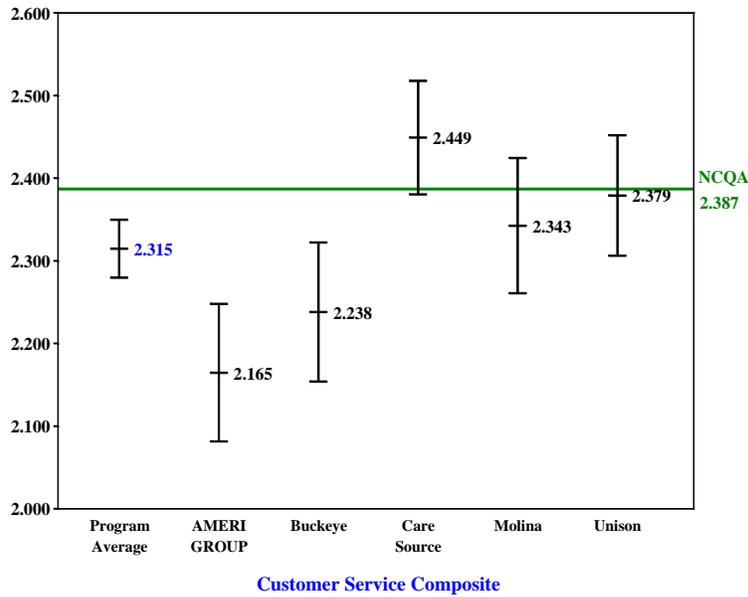


For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure B-7
How Well Doctors Communicate**

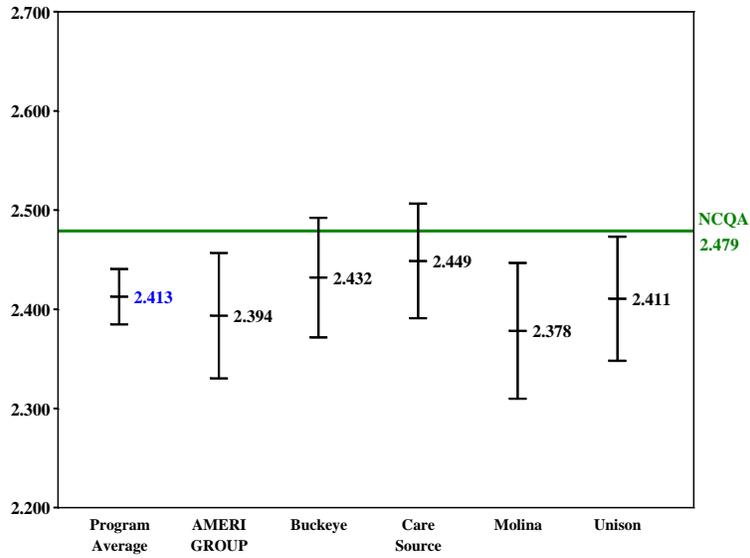


**Figure B-8
Customer Service**



For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure B-9
Shared Decision Making



Shared Decision Making Composite

For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B-5–B-9. The discussion focuses on comparisons of the 2009 Ohio ABD Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s ABD Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s ABD Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

All of the MCPs’ and the program’s three-point means encompass or exceed the national average for two of the composite measures. The program and all MCPs encompass or exceed the NCQA average for the Getting Care Quickly and How Well Doctors Communicate composites.

Getting Needed Care (Figure B-5)

- The lower confidence limit for CareSource is above the NCQA average.
- The confidence intervals for Ohio’s ABD Medicaid Managed Care Program, Molina, and Unison encompass the NCQA average.
- The upper confidence limits for AMERIGROUP and Buckeye are below the NCQA average.

Getting Care Quickly (Figure B-6)

- The lower confidence limits for Ohio’s ABD Medicaid Managed Care Program, CareSource, and Unison are above the NCQA average.
- The confidence intervals for AMERIGROUP, Buckeye, and Molina encompass the NCQA average.

How Well Doctors Communicate (Figure B-7)

- The lower confidence limit for Unison is above the NCQA average.
- The confidence intervals for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, and Molina encompass the NCQA average.

Customer Service (Figure B-8)

- The confidence intervals for CareSource, Molina, and Unison encompass the NCQA average.
- The upper confidence limits for Ohio’s ABD Medicaid Managed Care Program, AMERIGROUP, and Buckeye are below the NCQA average.

Shared Decision Making (Figure B-9)

- The confidence intervals for Buckeye and CareSource encompass the NCQA average.
- The upper confidence limits for Ohio's ABD Medicaid Managed Care Program, AMERIGROUP, Molina, and Unison are below the NCQA average.

Ohio Comparisons

This Ohio Comparisons section presents 2009 CAHPS results based on ODJFS' analytic methodology, which uses the Agency for Healthcare Research and Quality's (AHRQ's) CAHPS analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio.¹ This section presents results for all ABD members completing a CAHPS Adult Medicaid Health Plan Survey. Results for Ohio's ABD Medicaid Managed Care Program were weighted based on the number of respondents per MCP. According to AHRQ's recommendations, results were also case-mix-adjusted for reported member health status, respondent educational level, and respondent age.² Additional information on the case-mix adjustment and weighting can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported.³ In 2009, Ohio's ABD Medicaid Managed Care Program had 5,176 completed ABD adult surveys (61.4 percent response rate) from five participating MCPs. These surveys were used to calculate the 2009 CAHPS results presented in this section.

For each global rating, composite score, and individual item measure an overall mean was calculated. For global ratings, the overall mean is provided on a scale of 0 to 10. For composite and individual item scores, the overall mean is provided on a three-point scale.⁴ Member responses were also classified into response categories for each global rating, composite score, and individual item measure.

The Ohio Comparisons section involved a comparison of each MCP's 2009 score to Ohio's ABD Medicaid Managed Care Program average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower on each measure. Since 2009 was the first year the ABD population was independently surveyed, a trend evaluation could not be performed. ODJFS anticipates the inclusion of trending information during future ABD CAHPS cycles.

¹ The Ohio Comparisons methodology differs from that of NCQA/HEDIS. Therefore, results presented in this section should **not** be compared to results based on the 2009 HEDIS specifications for survey measures. For additional information, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

² Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

³ NCQA requires a minimum of 100 responses on each item in order to report the item as a CAHPS/HEDIS result.

⁴ Three-point means presented in this section will likely differ from the three-point means presented in the NCQA Comparisons section due to the use of dissimilar methodologies in the two sections.

COMPARATIVE ANALYSIS

MCP-level case-mix-adjusted mean scores in 2009 were compared to the program average mean scores in 2009 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁵ The program average used in the tests for statistical significance was different than the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix adjusted. However, the program average used in the tests for statistical significance was the average of the MCP-level case-mix-adjusted mean scores (i.e., the mean of the means). For additional information on the derivation of program-level averages, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report. Statistically significant differences between the 2009 MCP-level mean scores and the 2009 program average are noted with arrows. MCP-level scores that are statistically higher than the program average are noted with an upward (↑) arrow. MCP-level scores that are statistically lower than the program average are noted with a downward (↓) arrow. MCP-level scores that are not statistically different from the program average are not noted with arrows.

⁵ The term "mean scores" refers to the overall means and the response category proportions.

GLOBAL RATINGS

Rating of Health Plan

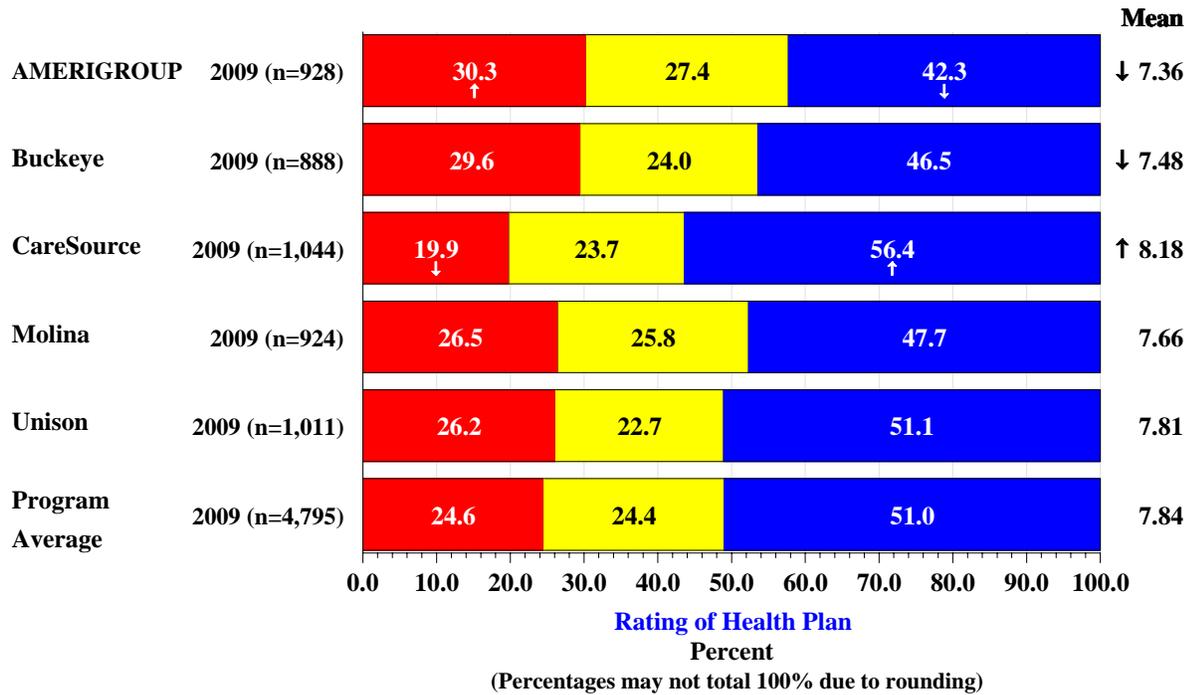
Ohio's ABD Medicaid Managed Care Program members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." For the question on the member's overall rating of his or her health plan, an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-1 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly lower than the program average.
- Buckeye's overall mean was significantly lower than the program average.
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of 0 to 6 was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of 9 to 10 was significantly higher than the program average.

**Figure C-1
Rating of Health Plan**



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
↓ indicates the score is significantly lower than the program average

Rating of All Health Care

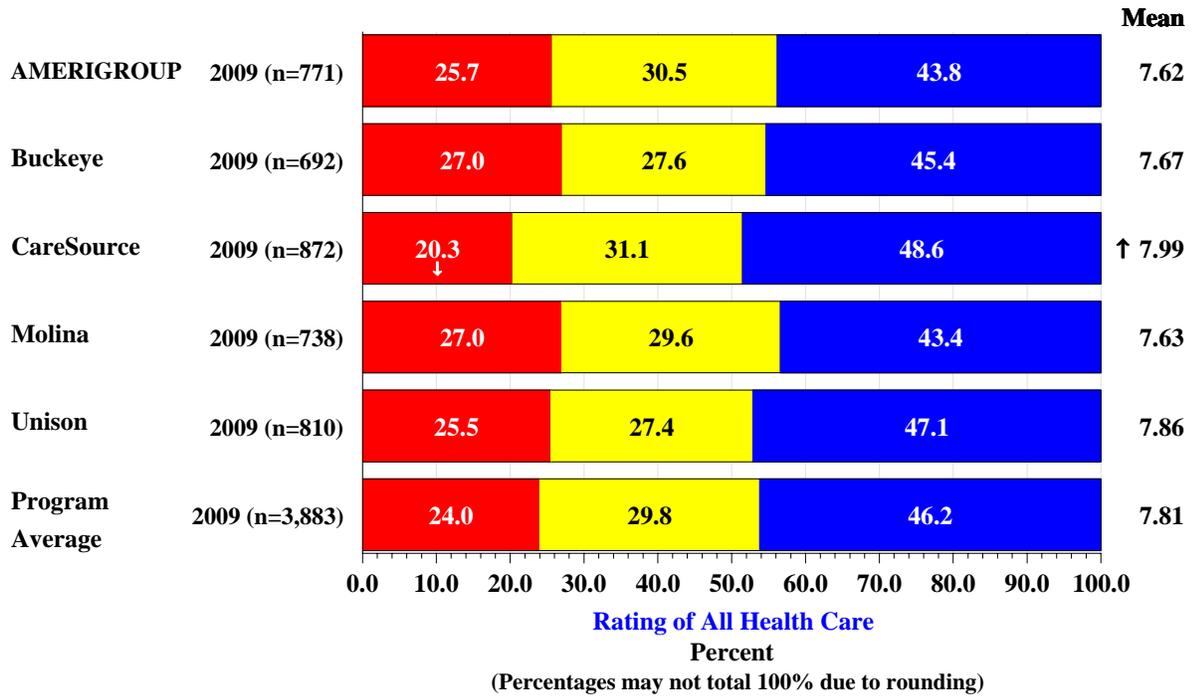
Ohio's ABD Medicaid Managed Care Program MCP members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." For the question on the member's overall rating of all of his or her health care, an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were two *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 0 to 6 was significantly lower than the program average.

**Figure C-2
Rating of All Health Care**



■ 0 to 6 (Worst)
 ■ 7 to 8
 ■ 9 to 10 (Best)

Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average

Rating of Personal Doctor

Ohio's ABD Medicaid Managed Care Program MCP members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." For the question on the member's overall rating of his or her personal doctor, an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Rating of Specialist Seen Most Often

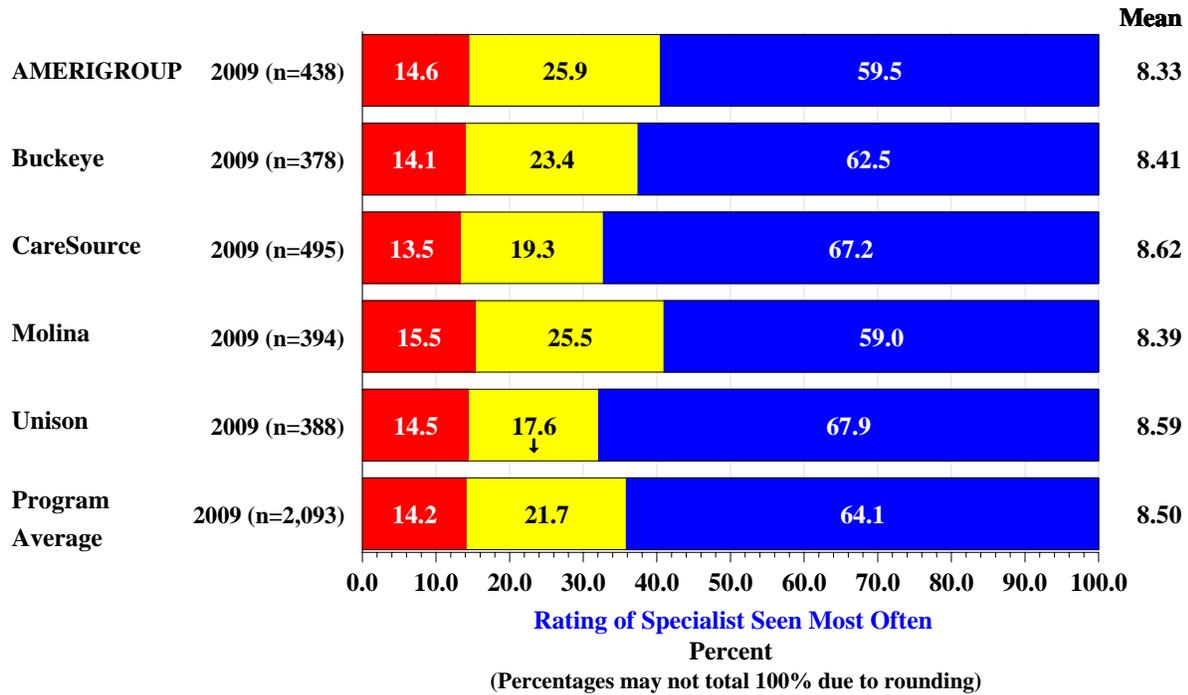
Ohio's ABD Medicaid Managed Care Program MCP members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." For the question on the member's overall rating of his or her specialist, an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- The percentage of Unison's respondents who gave a response of 7 to 8 was significantly lower than the program average.

Figure C-4
Rating of Specialist Seen Most Often



■ 0 to 6 (Worst)
 ■ 7 to 8
 ■ 9 to 10 (Best)

Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average

COMPOSITE MEASURES

Getting Needed Care

A series of two questions was asked to assess how often it was easy to get needed care. For each of these questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."

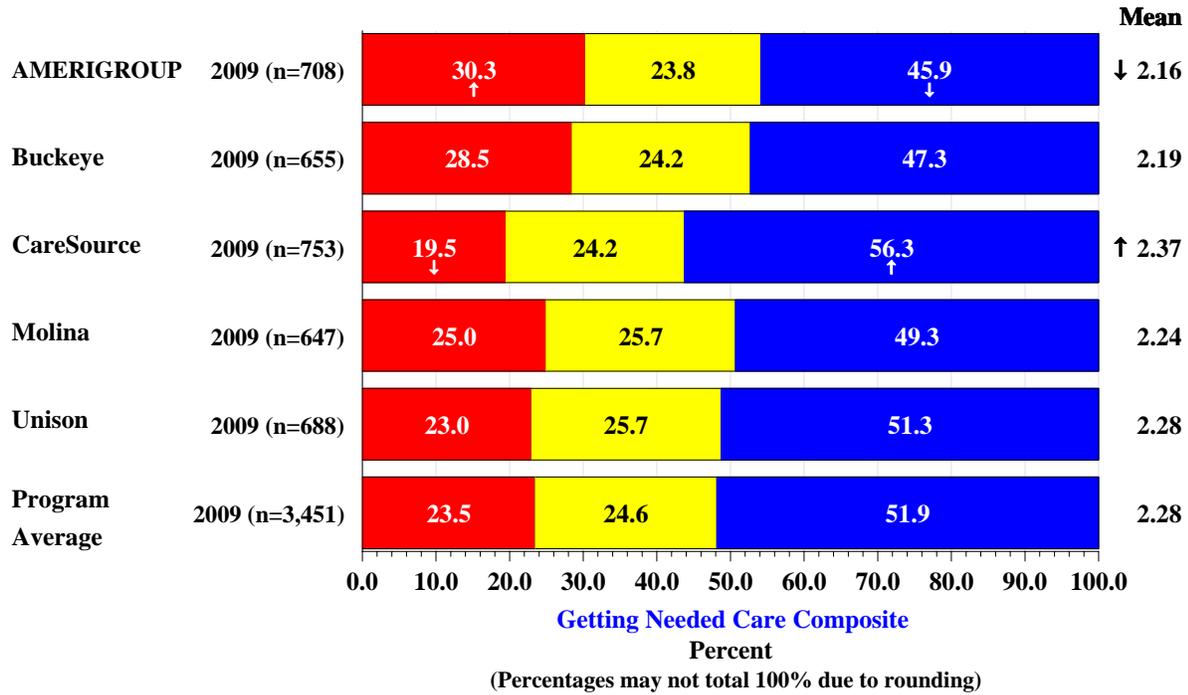
Figure C-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs in 2009.

Comparative Analysis

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

- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Never/Sometimes was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Always was significantly higher than the program average.

Figure C-5
Getting Needed Care Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average

Getting Care Quickly

A series of two questions was asked to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."

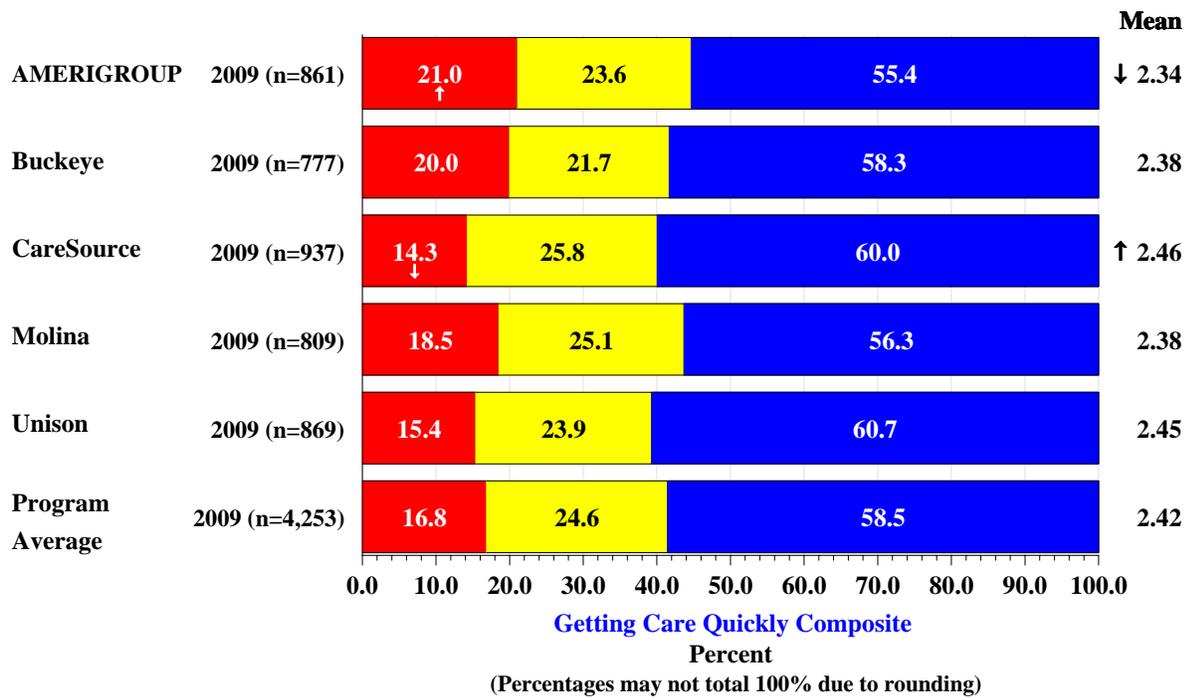
Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Figure C-6
Getting Care Quickly Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average

How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well. For each of these questions (Questions 15, 16, 17, and 18 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."

Figure C-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Customer Service

Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always."

Figure C-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- The percentage of Buckeye's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Never/Sometimes was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Always was significantly higher than the program average.

Shared Decision Making

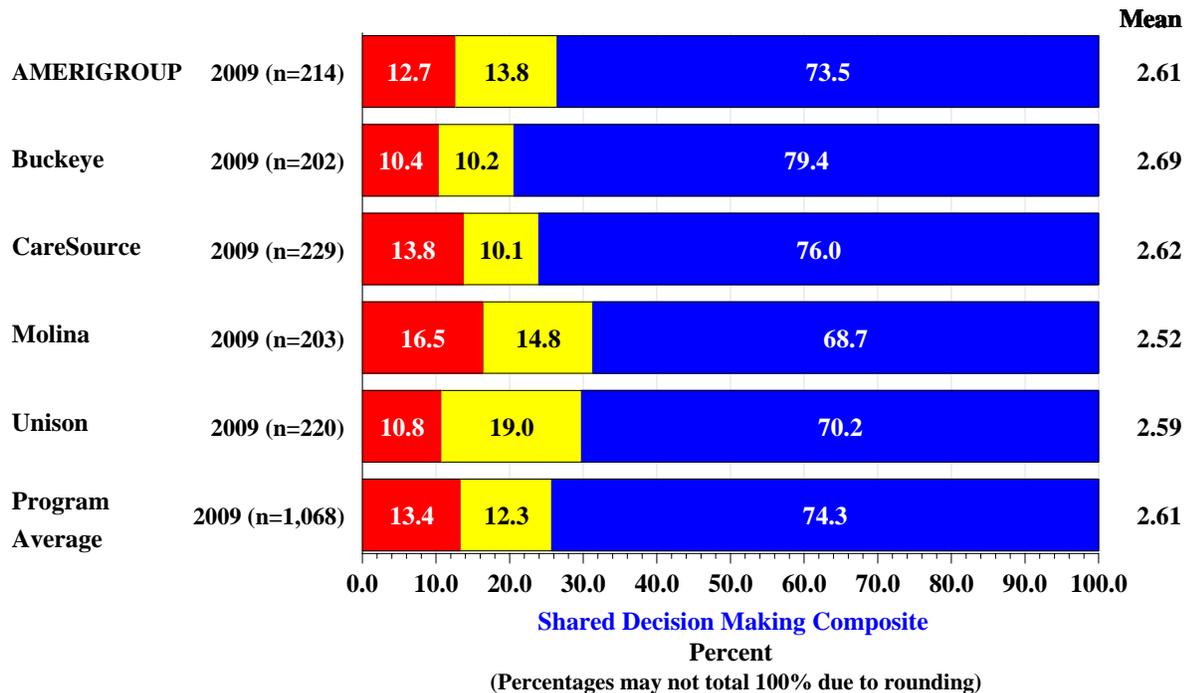
Two questions were asked regarding the involvement of members in decision making when there was more than one choice for treatment or health care. For each of these questions (Questions 10 and 11 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio’s ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: “Definitely No/Somewhat No,” “Somewhat Yes,” and “Definitely Yes.”

Figure C-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Figure C-9
Shared Decision Making Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
↓ indicates the score is significantly lower than the program average

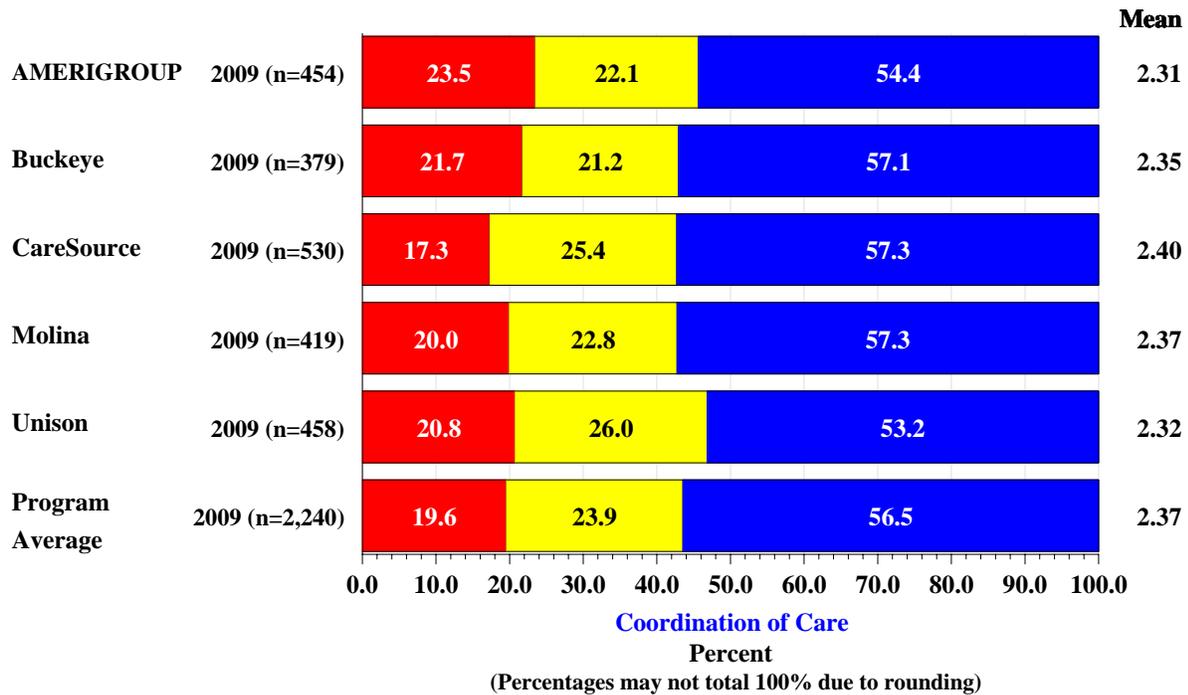
Coordination of Care

Question 20 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often their doctor seemed informed and up-to-date about care received from other doctors. Figure C-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Figure C-11
Coordination of Care



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average