Ohio | Department of Job and Family Services

2009 CAHPS®
Ohio's Aged, Blind, or Disabled Medicaid Managed Care Program Member Satisfaction Survey

Full Report

May 2010

HSAG HEALTH SERVICES ADVISORY GROUP

Ohio Department of Job and Family Services

Table of Contents

Introduction A-1
- Overview A-1
- Sampling Procedures A-3
  - Sample Frame A-3
  - Sample Size A-3
- Survey Protocol A-4
- Response Rates A-5

Demographics B-1
- Background B-1
- Case-Mix Adjustment B-1
- Profiles B-2

Respondent/Non-Respondent Analysis C-1
- Description C-1
- Analysis C-1
- Summary C-2
- Respondent and Non-Respondent Profiles C-3

NCQA Comparisons D-1
- Three-Point Means on the Global Ratings D-2
- Three-Point Means on the Composite Measures D-6
- Top-Box Responses on the Global Ratings D-12
- Top-Box Responses on the Composite Measures D-16
- Overall Member Satisfaction Ratings D-21

Ohio Comparisons E-1
- Comparative Analysis E-2
- Global Ratings E-3
  - Rating of Health Plan E-3
  - Rating of All Health Care E-5
  - Rating of Personal Doctor E-7
  - Rating of Specialist Seen Most Often E-9
- Composite Measures and Composite Items E-11
  - Getting Needed Care E-11
  - Getting Care Quickly E-17
  - How Well Doctors Communicate E-23

Customer Service E-28
Shared Decision Making E-34
Individual Item Measures E-37
Health Promotion and Education E-37
Coordination of Care E-38
Satisfaction with Health Plan E-39
Satisfaction with Health Care Providers E-44
Access to Care E-46
Utilization of Services E-52

Summary of Results F-1
Amerigroup F-2
Buckeye F-3
CareSource F-4
Molina F-5
Unison F-6

Reader's Guide G-1
How to Read Figures in the NCQA Comparisons Section G-1
Overall Member Satisfaction Table G-2
How to Read the Ohio Comparisons Bar Graphs G-4
Understanding Sampling Error G-5
Report Interpretation G-7
Limitations and Cautions G-8
Case-Mix Adjustment G-8
Non-Response Bias G-8
Causal Inferences G-8
Quality Improvement References G-9

Introduction

OVERVIEW

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] Five MCPs participated in the 2009 ABD CAHPS Medicaid Health Plan Survey, as listed in Table A-1 below. Members from each MCP completed the survey from February to May 2009.

Table A-1
Participating MCPs

MCP Name	MCP Abbreviation
AMERIGROUP Ohio, Inc.	AMERIGROUP
Buckeye Community Health Plan	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
Unison Health Plan of Ohio, Inc.	Unison

[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).

ODJFS administered the 2009 CAHPS surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. This Ohio ABD Medicaid Managed Care Program CAHPS Full Report is one of three separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2009 CAHPS results.

- The **Full Report** contains seven sections examining the results of the CAHPS Health Plan Surveys: (A) The *Introduction* section provides an overview of the survey administration and response rate information; (B) The *Demographics* section depicts the characteristics of respondents to the CAHPS Surveys, as well as demographic data for ABD members who completed a survey; (C) The *Respondent/Non-Respondent Analysis* section compares the demographic characteristics of the CAHPS survey ABD respondents to the non-respondents; (D) The *National Committee for Quality Assurance (NCQA) Comparisons* section analyzes the CAHPS results using the Healthcare Effectiveness Data and Information Set (HEDIS®) CAHPS methodology;[3] (E) The *Ohio Comparisons* section analyzes the CAHPS results using ODJFS' methodology and the Agency for Healthcare Research and Quality's (AHRQ's) analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composites, composite items, and additional items; (F) The *Summary of Results* section summarizes the results in the NCQA and Ohio Comparisons sections; and (G) The *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in Ohio's ABD Medicaid Managed Care Program CAHPS Full Report.
- The **Executive Summary Report** provides a high-level overview of the major CAHPS results presented in Ohio's ABD Medicaid Managed Care Program CAHPS Full Report.
- The **Methodology Report** provides a detailed description of the methodology used to perform the CAHPS analyses for ODJFS and the MCPs.

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

SAMPLING PROCEDURES

Sample Frame

HSAG followed NCQA HEDIS Specifications for Survey Measures in conducting the CAHPS surveys. The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2008. Members eligible for sampling included those who were 18 years of age or older (as of December 31, 2008).[4] Table A-2 provides a breakout of the sample frames for each MCP.

Table A-2
MCP Sample Frame Sizes

MCP	Sample Frame
AMERIGROUP	5,958
Buckeye	11,858
CareSource	30,837
Molina	14,423
Unison	7,268

Sample Size

In order to derive the CAHPS results presented in this report, a random sample of 1,755 members was selected from each participating MCP, and a total of 8,775 adult surveys were mailed out for the five participating MCPs in the State of Ohio.

NCQA protocol permits oversampling in increments of 5 percent. A 30 percent oversample was performed on the ABD population. This oversampling was performed to ensure a greater number of respondents to each CAHPS measure.

[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.

SURVEY PROTOCOL

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. 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]

HEDIS specifications required that HSAG be provided a list of all eligible members for the sampling frame. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 18 years of age or older[6]
- Were currently enrolled in an MCP
- Had been continuously enrolled for at least five of the last six months of 2008
- Had Medicaid as the primary payer

HSAG inspected a sample of the records to check for any apparent problems with the files, such as missing address elements. All sampled records from each MCP were passed through the United States Postal Service's National Change of Address (NCOA) system in order to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Following NCQA requirements, the survey samples were randomly selected with no more than one member being identified per household.

The HEDIS specifications for CAHPS required that the name of the health plan appear in the questionnaires, letters, and postcards; that the letters and postcards bear the signature of a high ranking health plan or State official; and that the questionnaire packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG complied with these specifications.

According to HEDIS specifications for the CAHPS Health Plan Surveys, these surveys were completed using the time frame shown in Table A-3.

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

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

Table A-3 CAHPS Health Plan Survey Time Frame[7]	
Basic Tasks for Conducting the Survey	**Time Frame**
Send first questionnaire with cover letter to members	0 days
Send a postcard reminder to non-respondents 4 to 10 days after mailing the first questionnaire	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents 4 to 10 days after mailing the second questionnaire	39 – 45 days
Initiate CATI for non-respondents approximately 21 days after mailing the second questionnaire	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation	70 days

RESPONSE RATES

The administration of the CAHPS Health Plan Survey was comprehensive and designed to garner the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.[8] A member's survey was assigned a disposition code of "completed" if any one question was answered within the survey. Eligible members included the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met at least one of the following criteria: were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated, or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

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

[8] Ibid.

Table A-4 depicts the total response rates for Ohio's ABD Medicaid Managed Care Program and all participating MCPs.

Table A-4
CAHPS 4.0H Medicaid Response Rates
Ohio's ABD Medicaid Managed Care Program

	Response Rate
Ohio's ABD Medicaid Managed Care Program	**61.37%**
AMERIGROUP	59.51%
Buckeye	58.53%
CareSource	65.88%
Molina	59.60%
Unison	63.24%

Table A-5 depicts the total number of completed surveys for Ohio's ABD Medicaid Managed Care Program and all participating MCPs.

Table A-5
CAHPS 4.0H Medicaid Completed Surveys
Ohio's ABD Medicaid Managed Care Program

	Total Number of Completed Surveys
Ohio's ABD Medicaid Managed Care Program	**5,176**
AMERIGROUP	1,011
Buckeye	974
CareSource	1,116
Molina	993
Unison	1,082

Demographics

This Demographics section depicts the characteristics of ABD members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey. In general, the demographics of a response group influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.

BACKGROUND

Demographic characteristics of a state's Medicaid population have the ability to impact particular outcomes in survey data. Demographic characteristics include the personal characteristics of people in a particular region. Based on the available data, a definitive conclusion cannot be established regarding the demographic composition of the State of Ohio relative to other states in the same region that presently submit Medicaid CAHPS results to NCQA. These differences among Ohio's ABD Medicaid Managed Care Program MCPs may influence data results.

CASE-MIX ADJUSTMENT

The purpose of case-mix adjustment is to answer the question: What would the MCPs' CAHPS scores look like if each MCP's population had the same demographic make-up? NCQA elects not to case-mix-adjust the results they provide for two principal reasons: 1) Different experts recommend different approaches to case-mix-adjustment, and the choice of method will affect the results obtained; and 2) If a plan provides poor service to a specific subpopulation, and this subpopulation represents a large proportion of the total members, then case-mix adjustment could bias a plan's results and overestimate the quality of care that the plan provides. Therefore, NCQA does not recommend case-mix-adjusting CAHPS results to account for plan or state differences in demographic make-up.[1] However, AHRQ and the CAHPS Consortium do recommend adjusting for differences in case-mix. Specifically, they recommend case-mix-adjusting plan scores for self-reported health status, educational level, and age. In this report, both unadjusted (NCQA Comparisons section) and adjusted (Ohio Comparisons section) results are presented. For additional information about the CAHPS analyses used in this report, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

[1] Agency for Healthcare Research and Quality. "Article 3: NCQA's Use of the CAHPS Survey." *CAHPS 3.0 Survey and Reporting Kit*. Rockville, MD: US Department of Health and Human Services, October 2002.

PROFILES

Table B-1 presents the demographic characteristics of the members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey. Age, gender, and race and ethnicity were derived from ODJFS administrative data while education and health status were derived from responses to the Adult Medicaid Health Plan Survey.

AMERIGROUP had a lower percentage of respondents age 21 to 34 years than Ohio's ABD Medicaid Managed Care Program. Buckeye, Molina, and Unison had a higher percentage of Male respondents than the program average. AMERIGROUP, Buckeye, and Molina had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than the program average. AMERIGROUP and Buckeye had a higher percentage of respondents who were Black than Ohio's ABD Medicaid Managed Care Program average. In addition, Buckeye had a higher percentage of respondents who were Hispanic when compared to the program average. Buckeye and Molina had a higher percentage of respondents whose self-reported health status was Excellent or Very Good when compared to Ohio's ABD Medicaid Managed Care Program.

Table B-1
Respondent Profiles

	Ohio's ABD Medicaid Managed Care Program	AMERI-GROUP	Buckeye	CareSource	Molina	Unison
Age						
21 to 24	**3.2%**	1.7%	3.8%	3.0%	3.3%	4.0%
25 to 34	**10.2%**	7.9%	9.8%	10.6%	10.5%	12.1%
35 to 44	**16.7%**	15.1%	16.4%	16.3%	17.6%	18.1%
45 to 54	**35.2%**	34.6%	36.3%	36.6%	35.5%	32.8%
55 or older	**34.7%**	40.7%	33.7%	33.5%	33.0%	33.0%
Gender						
Male	**37.7%**	32.9%	39.5%	35.4%	41.5%	39.4%
Female	**62.3%**	67.1%	60.5%	64.6%	58.5%	60.6%
Education						
Not a High School Graduate	**44.0%**	44.8%	44.2%	43.7%	47.4%	40.2%
High School Graduate	**39.3%**	37.1%	39.4%	38.4%	37.6%	43.8%
Some College	**14.0%**	14.8%	14.0%	15.1%	12.3%	13.6%
College Graduate	**2.7%**	3.3%	2.4%	2.8%	2.7%	2.4%
Race and Ethnicity						
White	**75.1%**	67.7%	60.7%	82.3%	80.6%	82.5%
Black	**23.4%**	30.1%	37.3%	16.5%	17.8%	16.9%
Hispanic	**0.7%**	0.7%	1.8%	0.1%	0.6%	0.5%
Asian	**0.6%**	1.2%	0.2%	1.1%	0.6%	0.1%
Native American	**0.2%**	0.4%	0.0%	0.0%	0.4%	0.0%
Other	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%
Health Status						
Excellent	**3.7%**	3.2%	5.5%	3.1%	4.3%	2.7%
Very Good	**7.1%**	7.5%	8.7%	5.6%	7.1%	7.0%
Good	**22.7%**	22.7%	23.0%	21.9%	23.8%	22.3%
Fair	**40.6%**	39.7%	38.7%	42.2%	37.7%	43.9%
Poor	**25.9%**	26.9%	24.2%	27.2%	27.1%	24.1%

Please note, percentages may not total 100% due to rounding.

Respondent/Non-Respondent Analysis

This Respondent/Non-Respondent Analysis section compares the demographic characteristics of the 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 health care 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 CAHPS Survey results.

DESCRIPTION

The demographic information analyzed in this section was derived from ODJFS administrative data. For the age category, members were categorized as 21 to 24, 25 to 34, 35 to 44, 45 to 54, or 55 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, Hispanic, Asian, Native American, or Other.

ANALYSIS

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

SUMMARY

Overall, results of the analysis show that statistically significant demographic differences were found (Table C-1). The respondents to the survey were significantly older than the non-respondents. There were significantly more respondents than non-respondents to the survey who were White and statistically fewer respondents than non-respondents who were Black, Hispanic, and Asian. There were significantly more respondents than non-respondents to the survey who were Female, whereas there were significantly less respondents than non-respondents to the survey that were Male.

The demographic differences observed for Ohio's ABD Medicaid Managed Care Program surveys are consistent with those observed in other survey implementations for different State Medicaid agencies. 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 CAHPS results. However, the demographic differences in and of themselves are not necessarily an indication that significant response bias exists. The differences simply indicate that a particular subgroup or population is less likely to respond to a survey than another subgroup.

RESPONDENT AND NON-RESPONDENT PROFILES

Table C-1 presents the demographic characteristics of the respondents and non-respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey.

Table C-1
Respondent and Non-Respondent Profiles

		Ohio's ABD Medicaid Managed Care Program	AMERI-GROUP	Buckeye	CareSource	Molina	Unison
Age of Adult							
21 to 24	R	**3.2% ↓**	1.7% ↓	3.8%	3.0% ↓	3.3% ↓	4.0% ↓
	NR	**5.9%**	5.1%	5.0%	5.8%	6.8%	7.0%
25 to 34	R	**10.2% ↓**	7.9% ↓	9.8% ↓	10.6% ↓	10.5% ↓	12.1% ↓
	NR	**16.2%**	13.8%	15.7%	16.3%	17.6%	17.8%
35 to 44	R	**16.7% ↓**	15.1% ↓	16.4% ↓	16.3% ↓	17.6% ↓	18.1% ↓
	NR	**21.8%**	20.2%	20.9%	24.7%	21.7%	22.0%
45 to 54	R	**35.2% ↑**	34.6%	36.3% ↑	36.6% ↑	35.5%	32.8%
	NR	**32.1%**	34.7%	31.2%	29.6%	31.6%	33.1%
55 or older	R	**34.7% ↑**	40.7% ↑	33.7% ↑	33.5% ↑	33.0% ↑	33.0% ↑
	NR	**24.0%**	26.2%	27.1%	23.6%	22.3%	20.1%
Gender							
Male	R	**37.7% ↓**	32.9% ↓	39.5% ↓	35.4% ↓	41.5% ↓	39.4% ↓
	NR	**44.3%**	38.6%	45.3%	43.0%	46.6%	47.8%
Female	R	**62.3% ↑**	67.1% ↑	60.5% ↑	64.6% ↑	58.5% ↑	60.6% ↑
	NR	**55.7%**	61.4%	54.7%	57.0%	53.4%	52.2%
Race and Ethnicity							
White	R	**75.1% ↑**	67.7%	60.7% ↑	82.3% ↑	80.6% ↑	82.5% ↑
	NR	**65.8%**	65.5%	48.5%	72.5%	70.6%	74.3%
Black	R	**23.4% ↓**	30.1%	37.3% ↓	16.5% ↓	17.8% ↓	16.9% ↓
	NR	**31.5%**	32.5%	46.6%	24.6%	27.7%	23.8%
Hispanic	R	**0.7% ↓**	0.7%	1.8%	0.1% ↓	0.6%	0.5%
	NR	**1.4%**	0.5%	3.2%	1.4%	0.5%	1.0%
Asian	R	**0.6% ↓**	1.2%	0.2% ↓	1.1%	0.6%	0.1% ↓
	NR	**1.3%**	1.5%	1.5%	1.4%	1.0%	0.7%
Native American	R	**0.2%**	0.4%	0.0%	0.0%	0.4%	0.0%
	NR	**0.1%**	0.0%	0.1%	0.2%	0.1%	0.1%
Other	R	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%

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.

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

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. 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.

This section begins by presenting the three-point means and top-box scores on the global ratings and composite measures. These NCQA-based results are followed by the overall member satisfaction (star) ratings.

When reviewing these results, it should be noted 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.

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

THREE-POINT MEANS ON THE GLOBAL RATINGS

Figures D-1–D-4 on pages D-3 and D-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.

For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-5.

Three-Point Mean Figures on the Global Ratings

Figure D-1
Rating of Health Plan

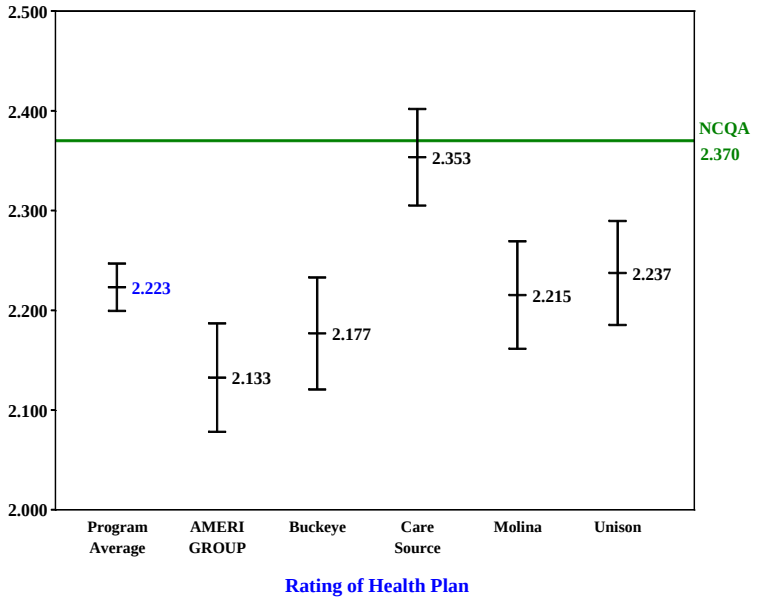
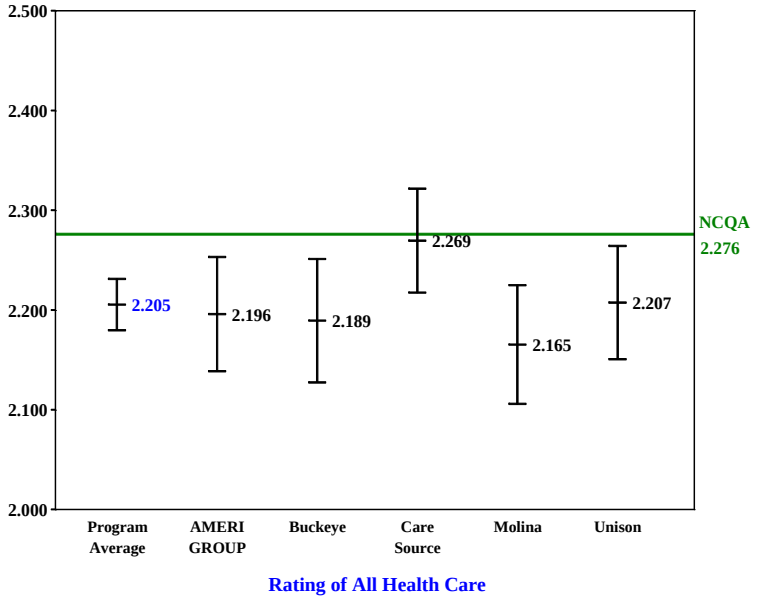


Figure D-2
Rating of All Health Care



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 D-3
Rating of Personal Doctor

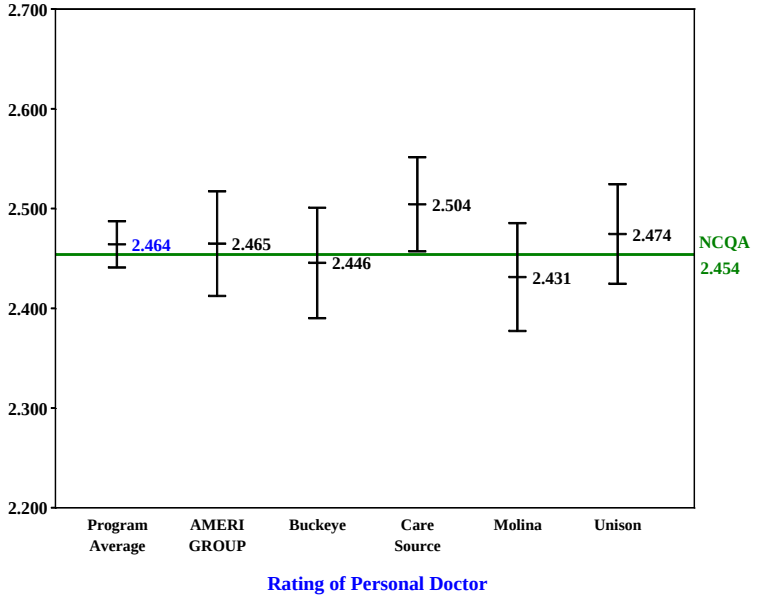
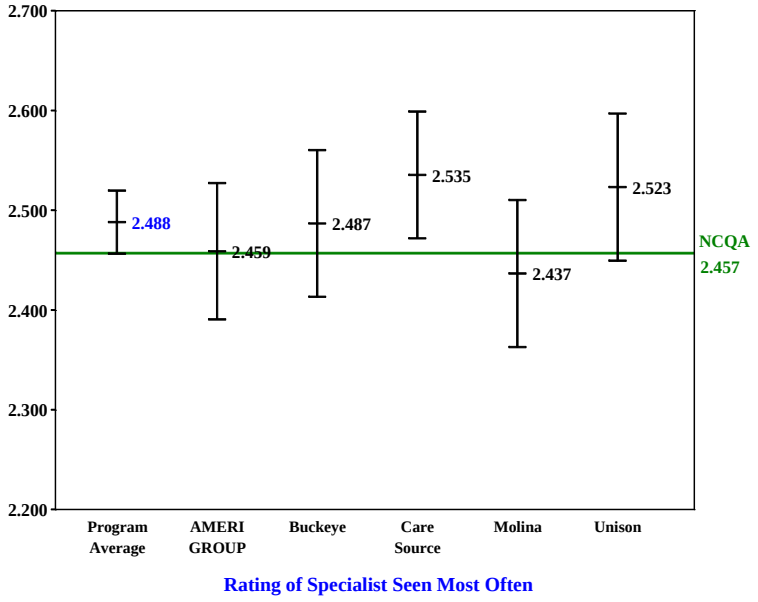


Figure D-4
Rating of Specialist Seen Most Often



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 D-1–D-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 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 D-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 D-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 D-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 D-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.

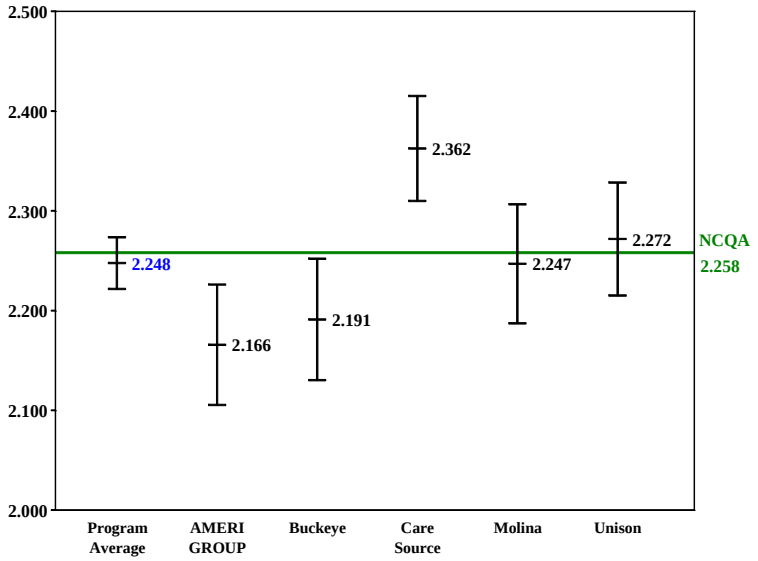
THREE-POINT MEANS ON THE COMPOSITE MEASURES

Figures D-5–D-9 on pages D-7–D-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.

For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-5.

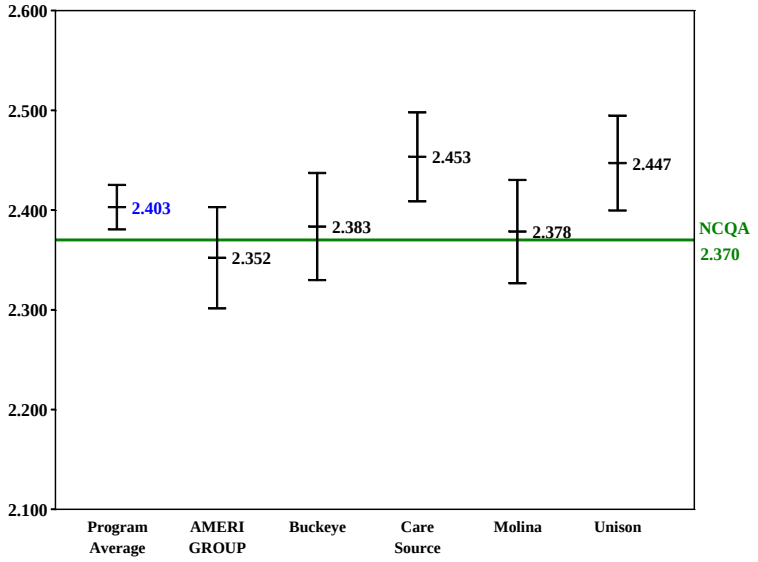
Three-Point Mean Figures on the Composite Measures

Figure D-5
Getting Needed Care



Getting Needed Care Composite

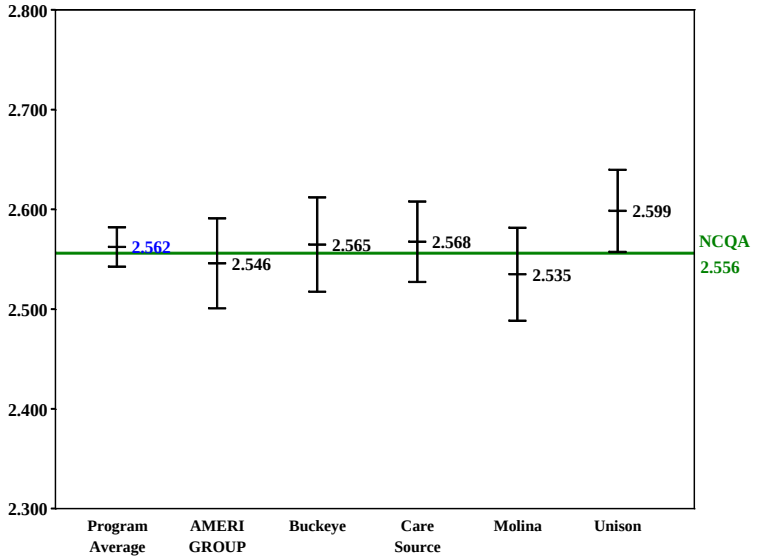
Figure D-6
Getting Care Quickly



Getting Care Quickly Composite

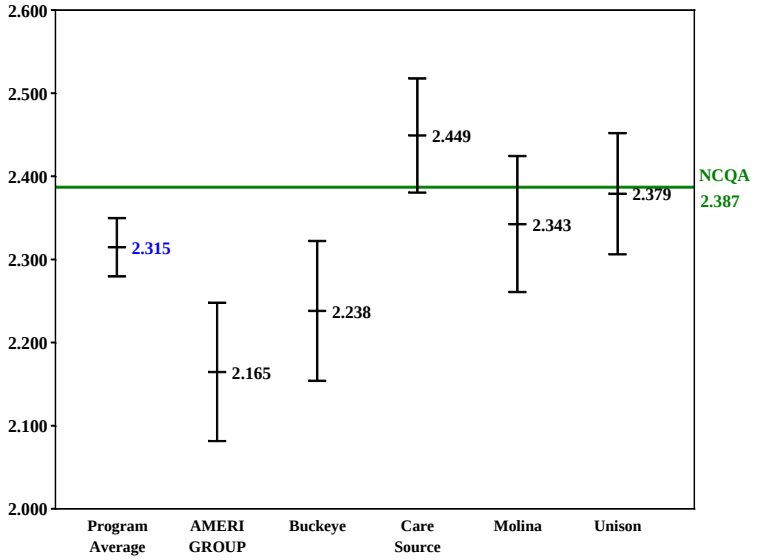
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-7
How Well Doctors Communicate



How Well Doctors Communicate Composite

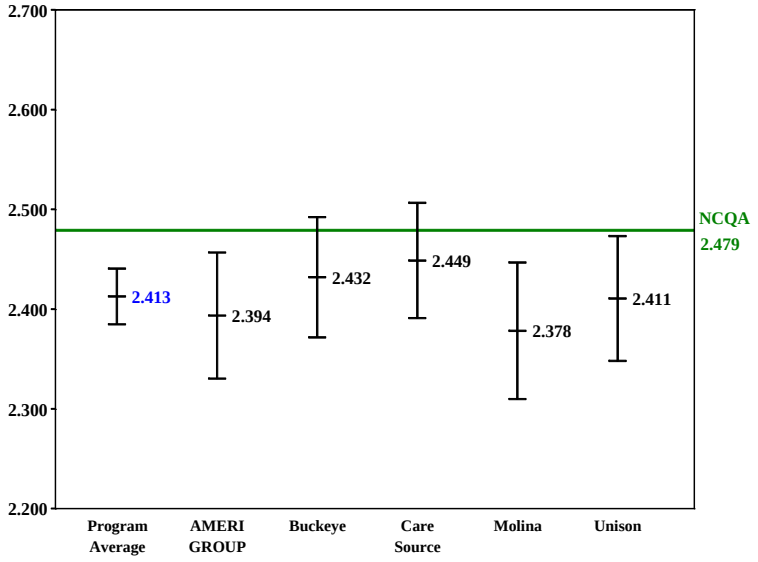
Figure D-8
Customer Service



Customer Service 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).

Figure D-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 D-5–D-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 on two of the composite measures. The program and all of the MCPs encompass or exceed the NCQA average for the Getting Care Quickly and How Well Doctors Communicate composites.

Getting Needed Care (Figure D-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 D-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 D-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 D-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 D-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.

TOP-BOX RESPONSES ON THE GLOBAL RATINGS

Figures D-10–D-13 on pages D-13 and D-14 depict the 2009 top-box question summary rates for 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. For the global ratings, a top-box response is defined as a response value of "9 or 10." Additional information on the calculation of question summary rates can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-5.

Top-Box Response Figures on the Global Ratings

Figure D-10
Rating of Health Plan

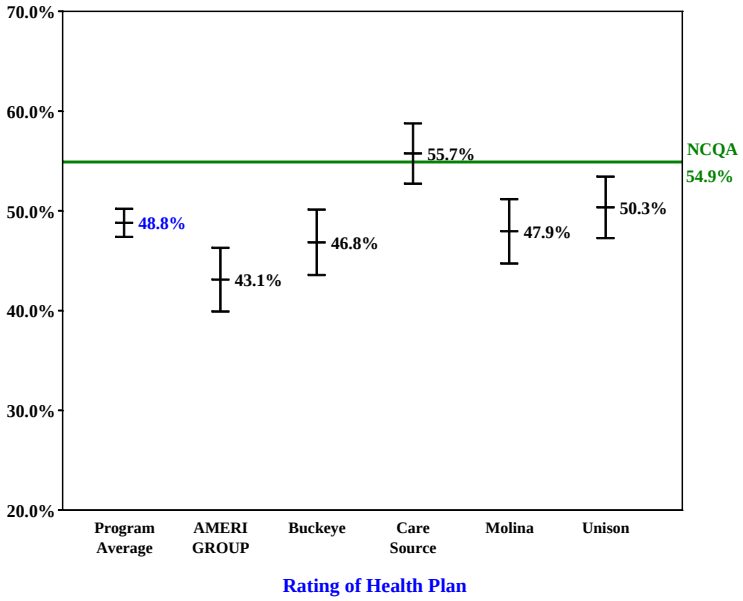
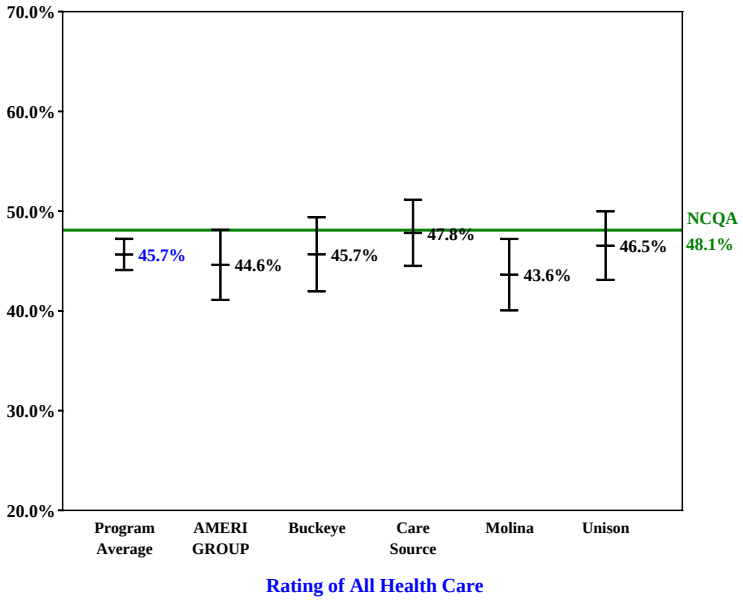


Figure D-11
Rating of All Health Care



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 D-12
Rating of Personal Doctor

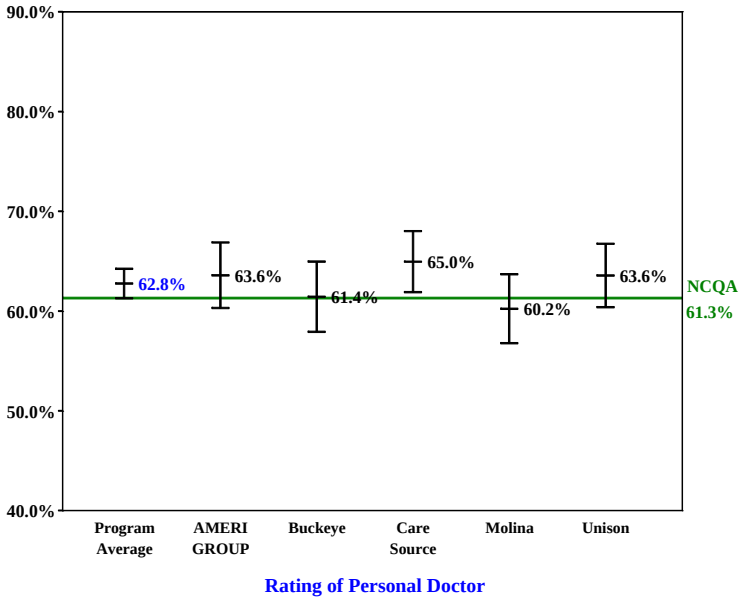
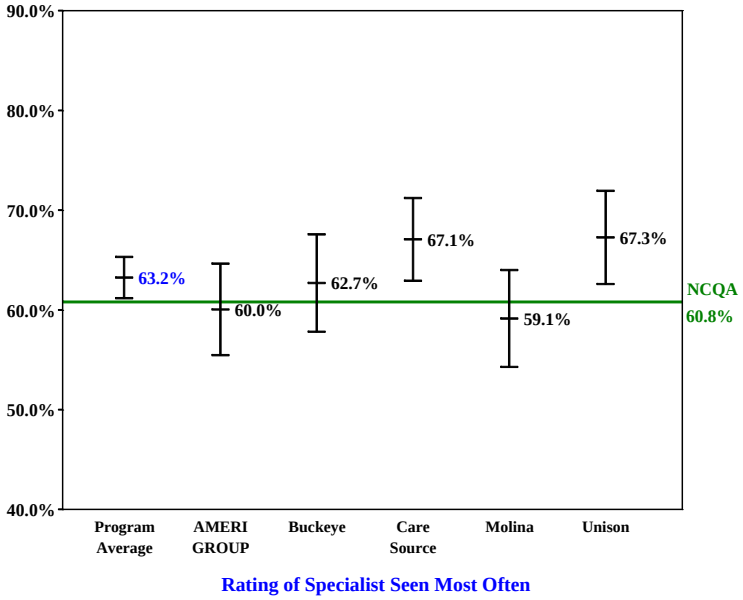


Figure D-13
Rating of Specialist Seen Most Often



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).

Top-Box Response Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-10–D-13. The discussion focuses on comparisons of the 2009 Ohio ABD Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

All of the MCPs' and the program's top-box responses encompass or exceed the NCQA average for two global ratings. The program's and all MCPs' top-box responses encompass or exceed the NCQA average for Rating of Personal Doctor and Rating of Specialist Seen Most Often.

Rating of Health Plan (Figure D-10)

- 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 D-11)

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

Rating of Personal Doctor (Figure D-12)

- 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 D-13)

- 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.

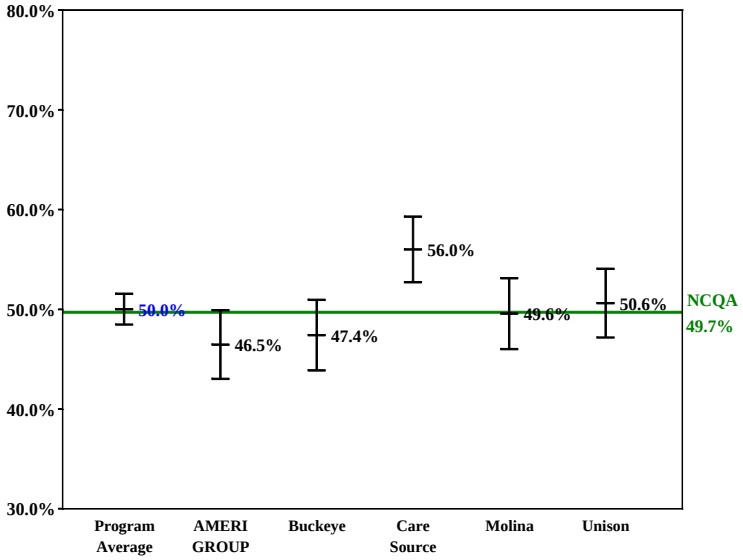
TOP-BOX RESPONSES ON THE COMPOSITE MEASURES

Figures D-14–D-18 on pages D-17–D-19 depict the 2009 top-box global proportions for 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. A top-box response is defined as a response of "Always" for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites. A top-box response is defined as a response of "Definitely Yes" for the Shared Decision Making composite. Additional information on the calculation of global proportions can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-5.

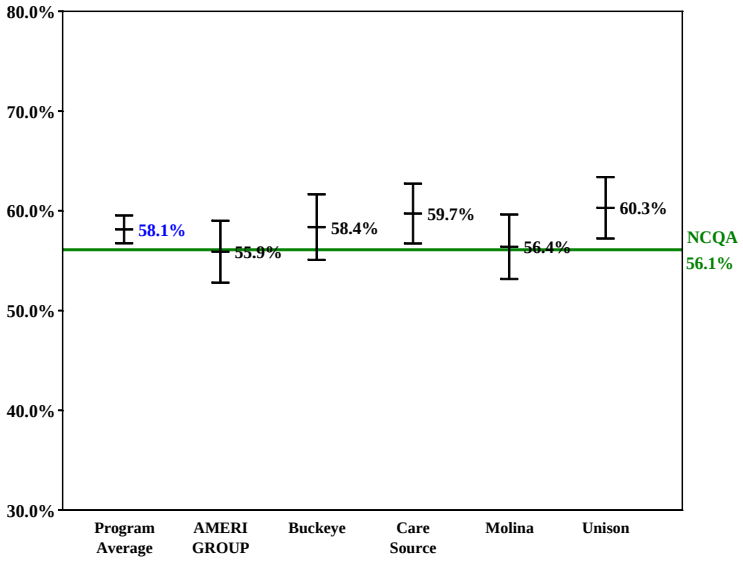
Top-Box Response Figures on the Composite Measures

Figure D-14
Getting Needed Care



Getting Needed Care Composite

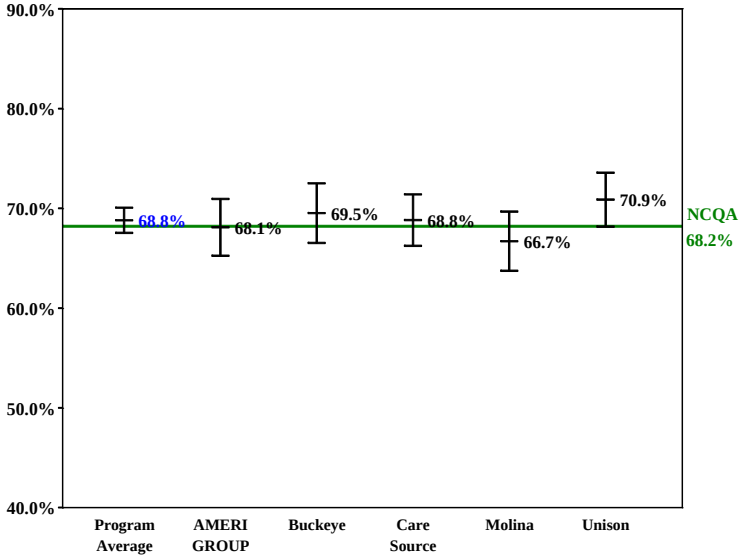
Figure D-15
Getting Care Quickly



Getting Care Quickly Composite

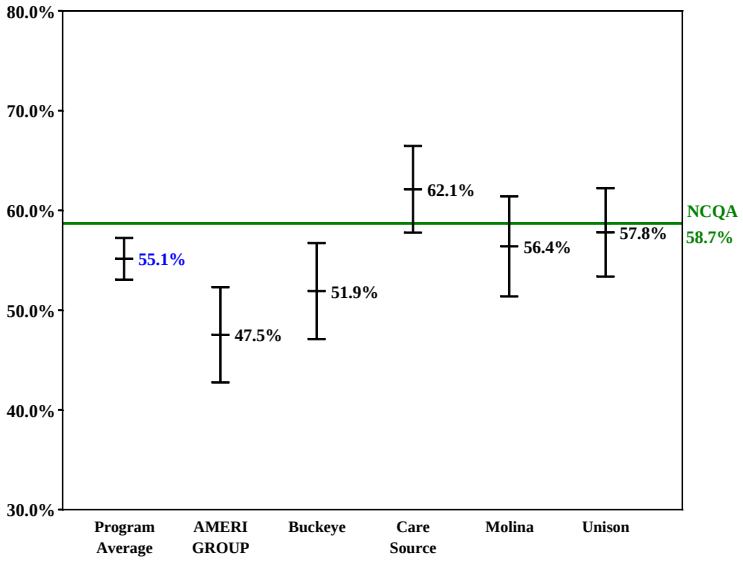
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-16
How Well Doctors Communicate



How Well Doctors Communicate Composite

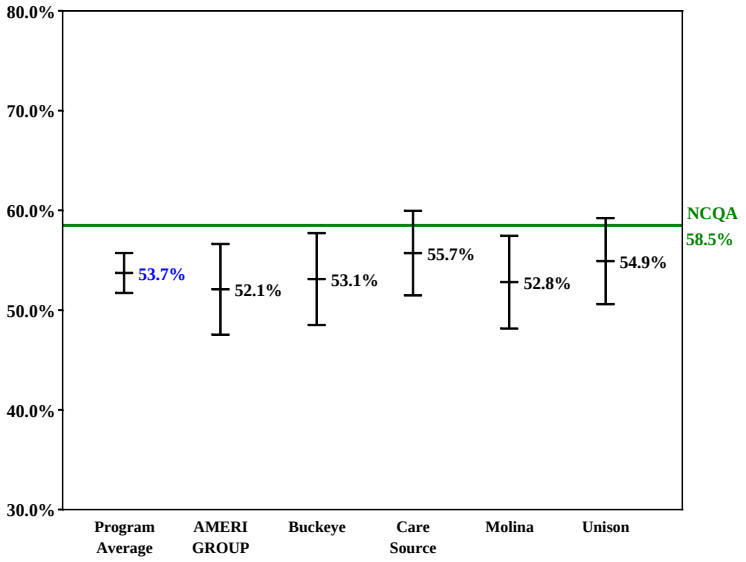
Figure D-17
Customer Service



Customer Service 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).

Figure D-18
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).

Top-Box Response Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-14–D-18. The discussion focuses on comparisons of the 2009 Ohio ABD Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

All of the MCPs with reportable scores and the program's top-box responses encompass or exceed the national average for three of the composites. The program and all MCPs encompass or exceed the NCQA average for the Getting Needed Care, Getting Care Quickly, and How Well Doctors Communicate composites.

Getting Needed Care (Figure D-14)

- 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.

Getting Care Quickly (Figure D-15)

- 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 D-16)

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

Customer Service (Figure D-17)

- 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 D-18)

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

OVERALL MEMBER SATISFACTION RATINGS

Table D-1 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for members in Ohio's ABD Medicaid Managed Care Program and its five participating MCPs. Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2009 Benchmarks and Thresholds, except for the Shared Decision Making composite.[2,3] NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments were based on NCQA's 2009 National Adult Medicaid data.[4,5] A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page G-2.

[2] National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009.* Washington, DC: NCQA.

[3] The star assignments are determined by comparing the program's and the MCPs' **three-point mean scores** to NCQA benchmarks. For additional information, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

[4] NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

[5] The star assignments for the Shared Decision Making composite are determined by comparing the program's and the MCPs' **three-point mean scores** to the distribution of NCQA's 2009 National Adult Medicaid data. For additional information, please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

Table D-1
Overall Member Satisfaction Ratings on the Global Ratings and Composite Scores Ohio ABD Medicaid Managed Care Population

	Ohio's ABD Medicaid Managed Care Program	AMERI-GROUP	Buckeye	CareSource	Molina	Unison
Global Ratings						
Rating of Health Plan	★	★	★	★★★	★	★
Rating of All Health Care	★★	★★	★★	★★★	★	★★
Rating of Personal Doctor	★★★	★★★	★★★	★★★★	★★★	★★★
Rating of Specialist Seen Most Often	★★★	★★★	★★★	★★★★★	★★	★★★★
Composite Scores						
Getting Needed Care	★★★	★★	★★	★★★★	★★★	★★★
Getting Care Quickly	★★★	★★★	★★★	★★★★	★★★	★★★★
How Well Doctors Communicate	★★★	★★★	★★★	★★★	★★	★★★★
Customer Service	★★	★	★	★★★★	★★	★★★
Shared Decision Making	★	★	★	★★	★	★

What percentiles do the stars represent?

90th or Above	75th - 89th	50th - 74th	25th - 49th	Below 25th	Not Applicable
★★★★★	★★★★	★★★	★★	★	NA

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

The overall member satisfaction ratings of respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey are grouped into two main categories: four- or five-star ratings and one- or two-star ratings. The following is a list of the star ratings for Ohio's ABD Medicaid Managed Care Program and its five participating MCPs.

OHIO'S ABD MEDICAID MANAGED CARE PROGRAM

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

AMERIGROUP

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

BUCKEYE

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

CareSource

Four- or Five-Star Ratings

- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- Customer Service
- Rating of Specialist Seen Most Often

One- or Two-Star Ratings

- Shared Decision Making

Molina

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of All Health Care
- Shared Decision Making
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Customer Service

Unison

Four- or Five-Star Ratings

- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate

One- or Two-Star Ratings

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

Ohio Comparisons

This Ohio Comparisons section presents 2009 CAHPS results based on ODJFS' analytic methodology, which uses AHRQ's 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. Results for each MCP were not weighted. 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 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, item within a composite measure, and individual item measure, an overall mean was calculated. For global ratings, the overall mean was provided on a scale of 0 to 10. For the composite measures, composite items, and individual item measures, the overall mean was provided on a three-point scale.[4] Members' responses were classified into one of three response categories for each global rating, composite measure, composite item, and individual item measure. For the global ratings, the response categories were: 0 to 6, 7 to 8, and 9 to 10. The Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items response categories were: "Never/Sometimes," "Usually," and "Always." The Shared Decision Making composite measure and items response categories were: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." For the individual item measures, Health Promotion and Education and Coordination of Care, the response categories were: "Never/Sometimes," "Usually," and "Always."

Specific survey questions pertaining to the following four areas of interest were also analyzed: satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services. One-point means (for "Yes/No" items) or three-point means were calculated for each of these survey questions. The scale used to calculate the overall means varied by question and is provided within the discussion of each question. Members' responses to questions within these

[1] The Ohio Comparisons methodology differs from that of NCQA/HEDIS. Therefore, results presented in this section should **not** be compared to results presented in the NCQA Comparisons section. 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.

areas of interest were also classified into response categories and are described in detail within the discussion of each of these questions.

The Ohio Comparisons section involved a comparison of each MCP's 2009 score to Ohio's ABD Medicaid Managed Care Program 2009 average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower than the program 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.

COMPARATIVE ANALYSIS

MCP-level case-mix-adjusted mean scores in 2009 for the global ratings, composite measures, composite items, individual item measures, and questions within the areas of interest were compared to Ohio's ABD Medicaid Managed Care Program (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] Each of the response category percentages and the overall means were compared for statistically significant differences. The program average used in the tests for statistical significance was different from the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix-adjusted, while 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 these tests for statistical significance, please see 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 were statistically higher than the program average are noted with upward (↑) arrows. MCP-level scores that were statistically lower than the program average are noted with downward (↓) arrows. MCP-level scores that were not statistically different from the program average are not noted with arrows. In some instances, the mean scores for two MCPs were 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 MCPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCP with a larger number of respondents.

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

GLOBAL RATINGS

Rating of Health Plan

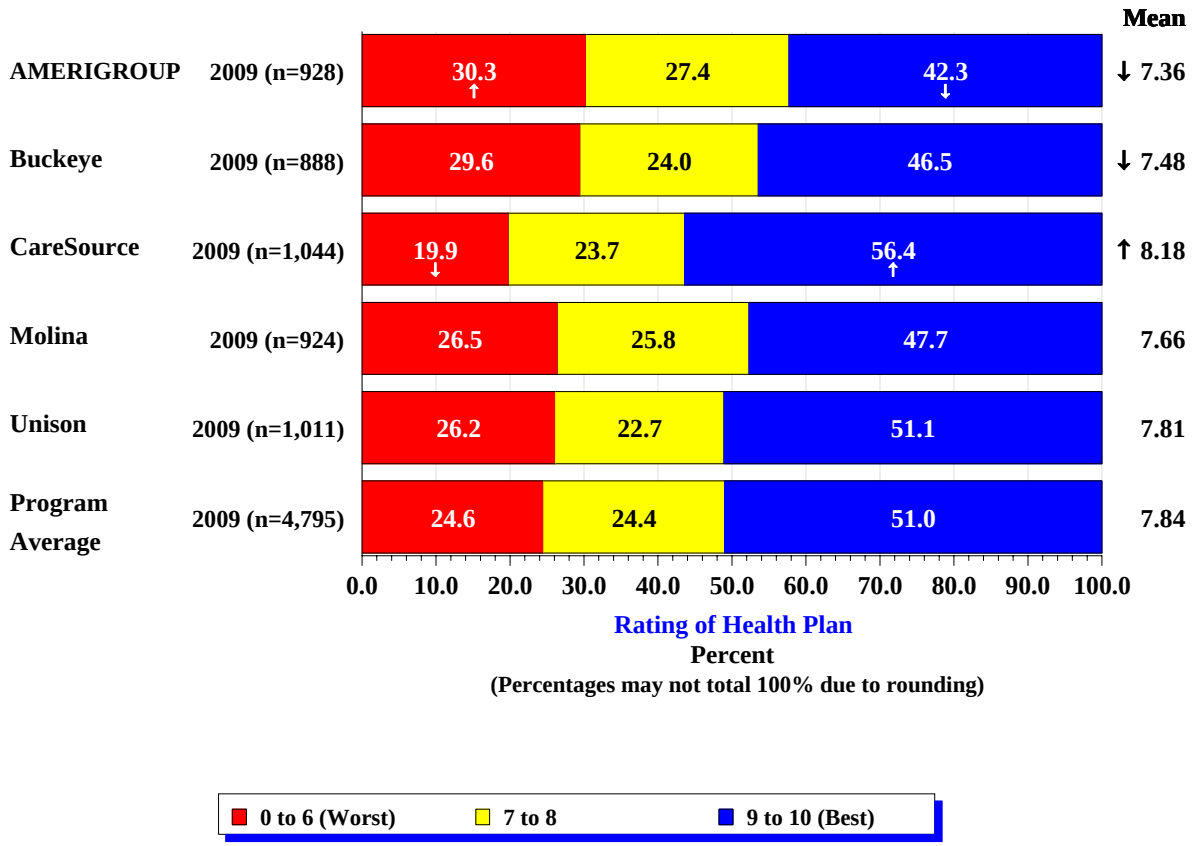
Ohio's ABD Medicaid Managed Care Program members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." For the question on a member's overall rating of his or her health plan, an overall mean was calculated 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 E-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 E-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

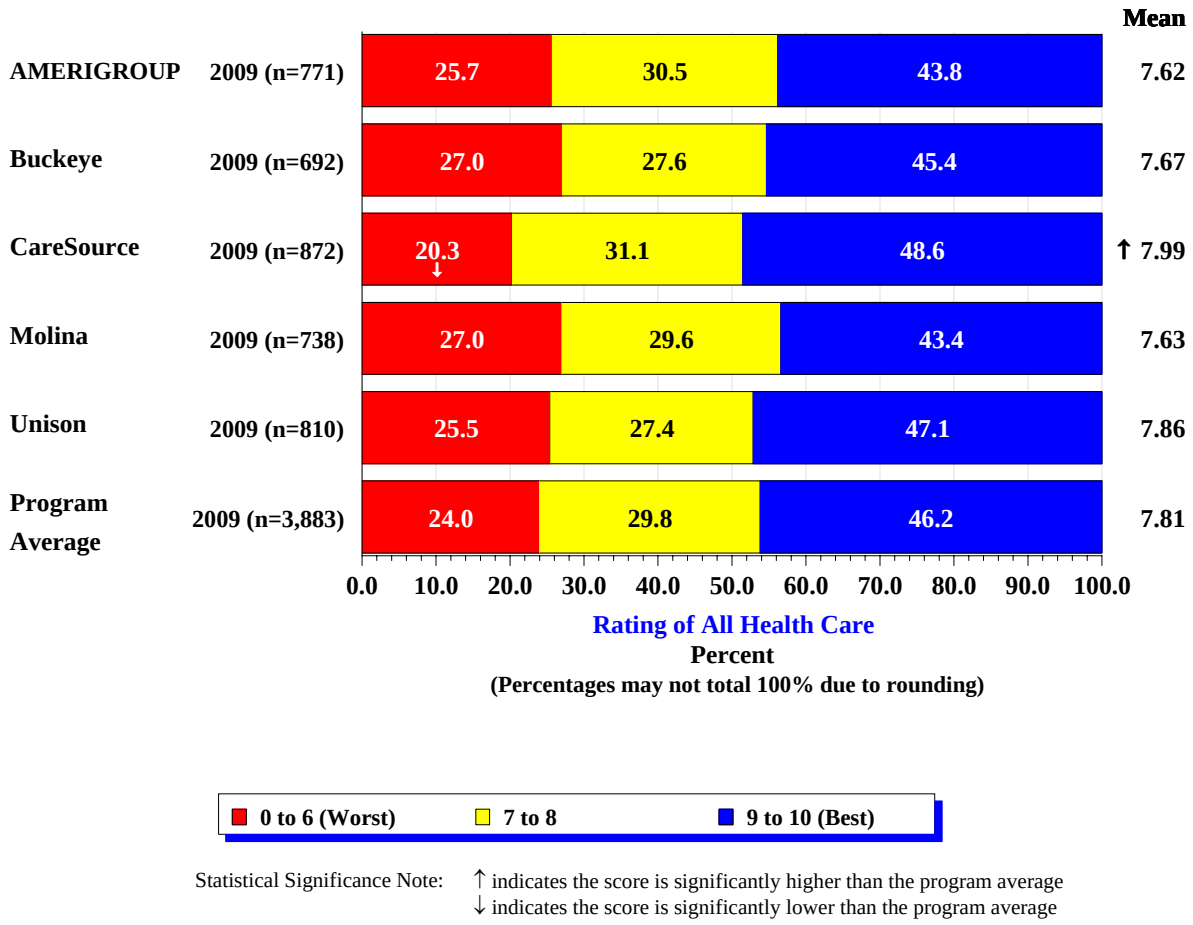
Ohio's ABD Medicaid Managed Care Program members were asked to rate all their health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." For the question on a member's overall rating of his or her health care, an overall mean was calculated 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 E-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 E-2
Rating of All Health Care



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

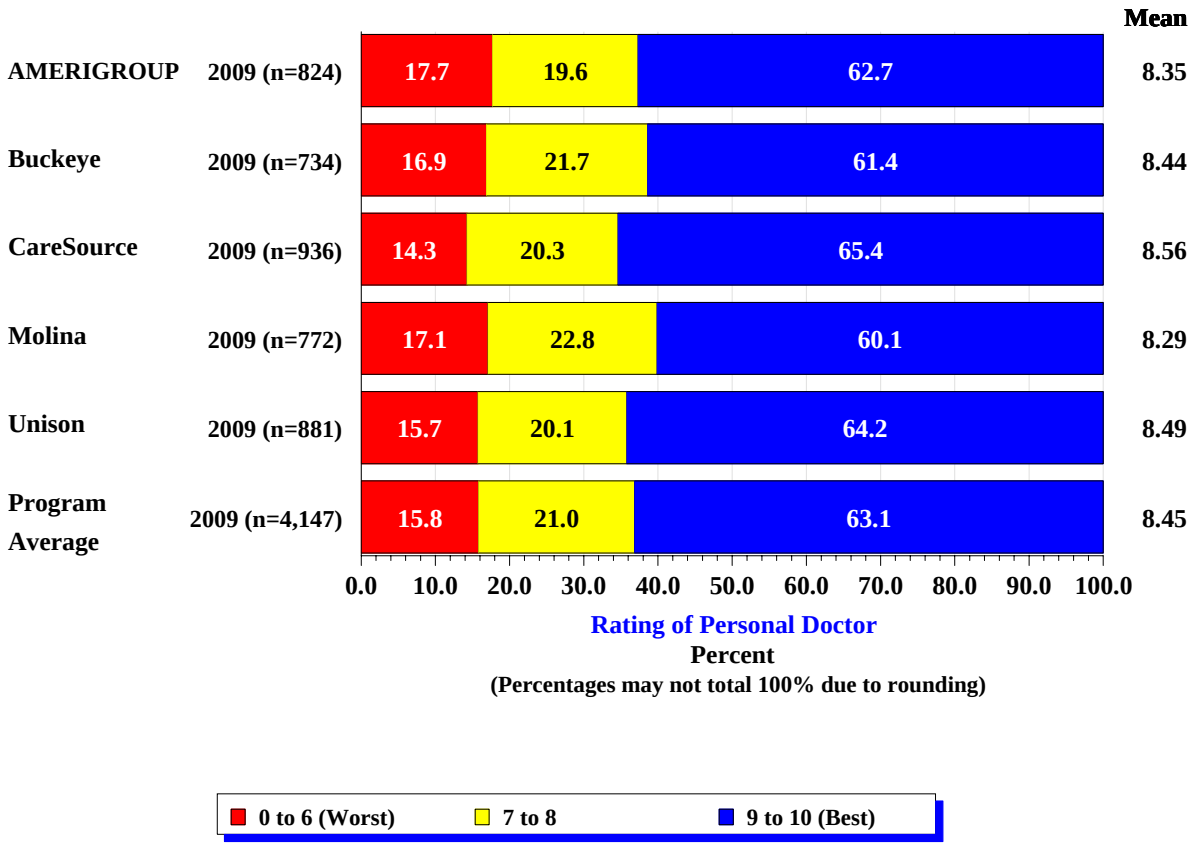
Rating of Personal Doctor

Ohio's ABD Medicaid Managed Care Program 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 a 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 E-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.

Figure E-3
Rating of Personal Doctor



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 Specialist Seen Most Often

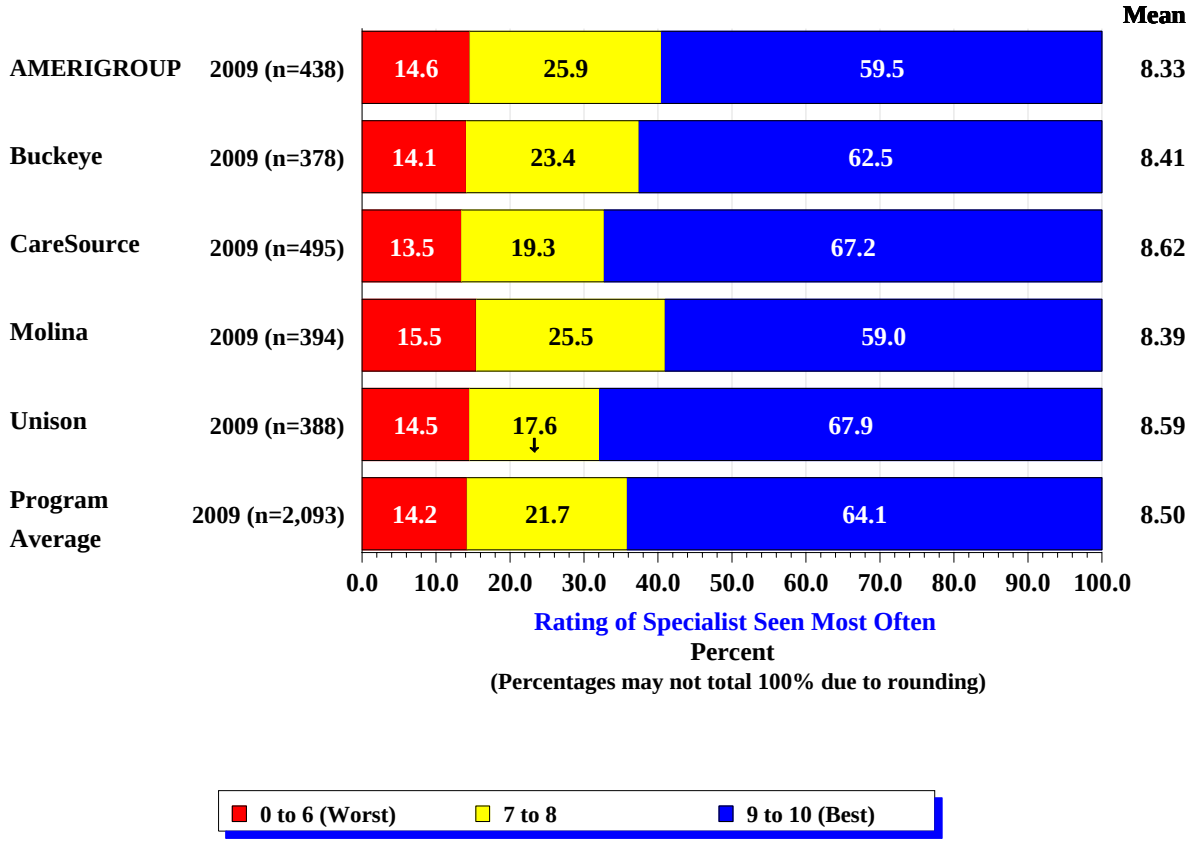
Ohio's ABD Medicaid Managed Care Program members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." For the question on a member's overall rating of his or her specialist, an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure E-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 E-4
Rating of Specialist Seen Most Often



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 AND COMPOSITE ITEMS

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."

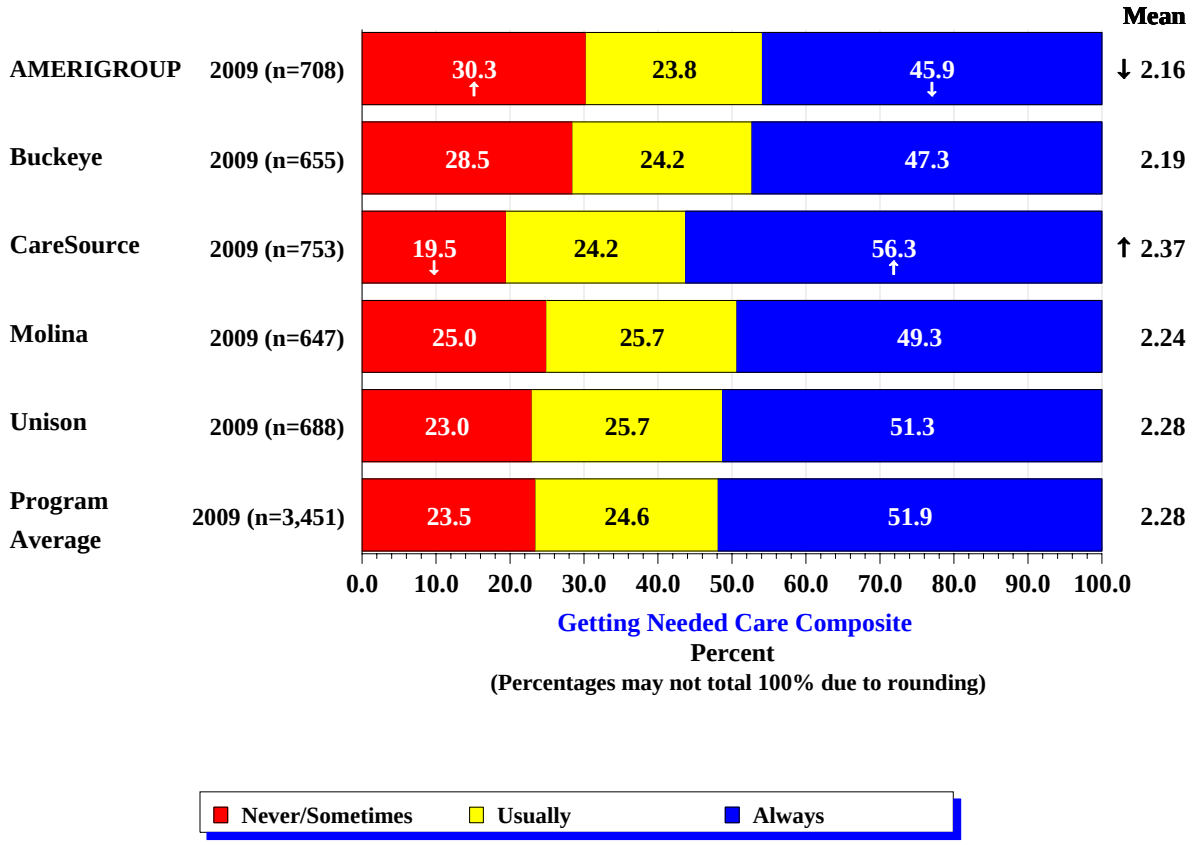
Figure E-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs in 2009.

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 E-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 Needed Care: Seeing a Specialist

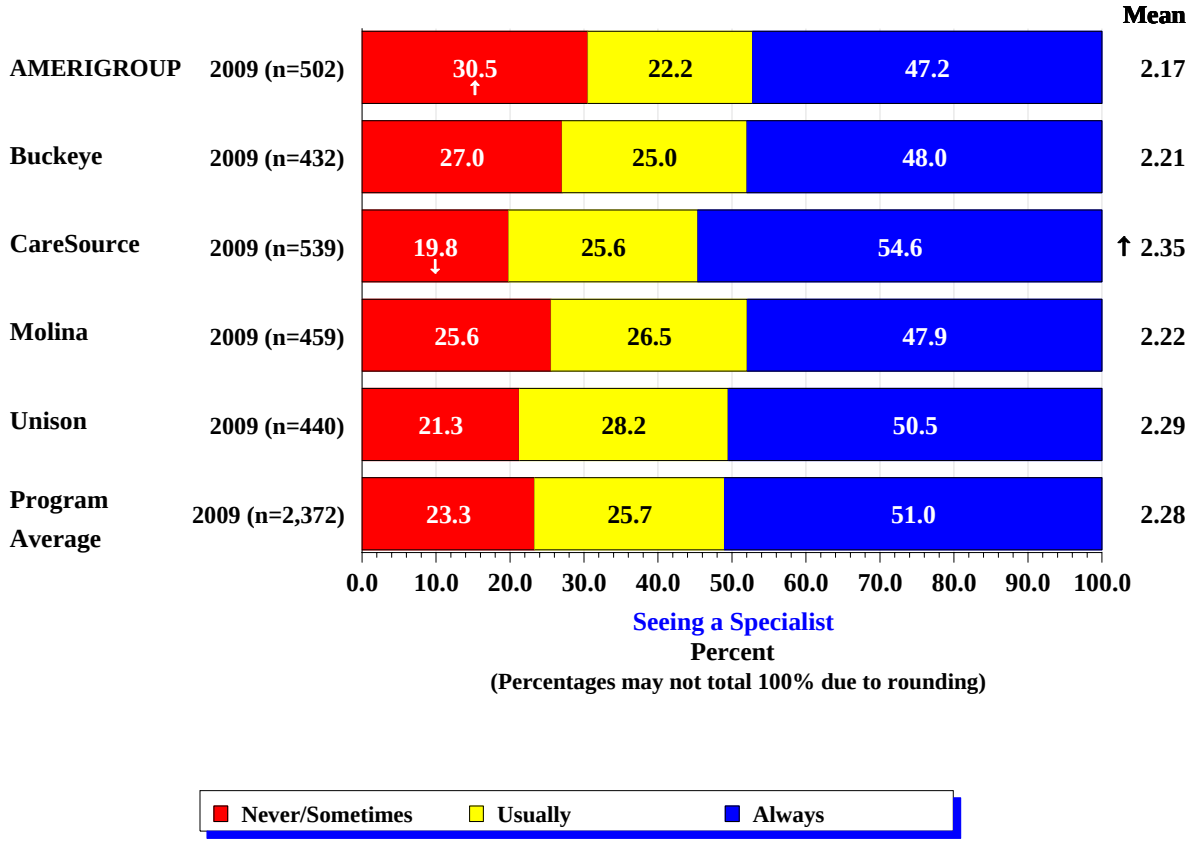
Question 23 in the CAHPS Adult Medicaid Health Plan Survey asked how often it was easy for members to get appointments with a specialist. Figure E-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- 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 E-6
Getting Needed Care Composite: Seeing a Specialist



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

Getting Needed Care: Getting Care Believed Necessary

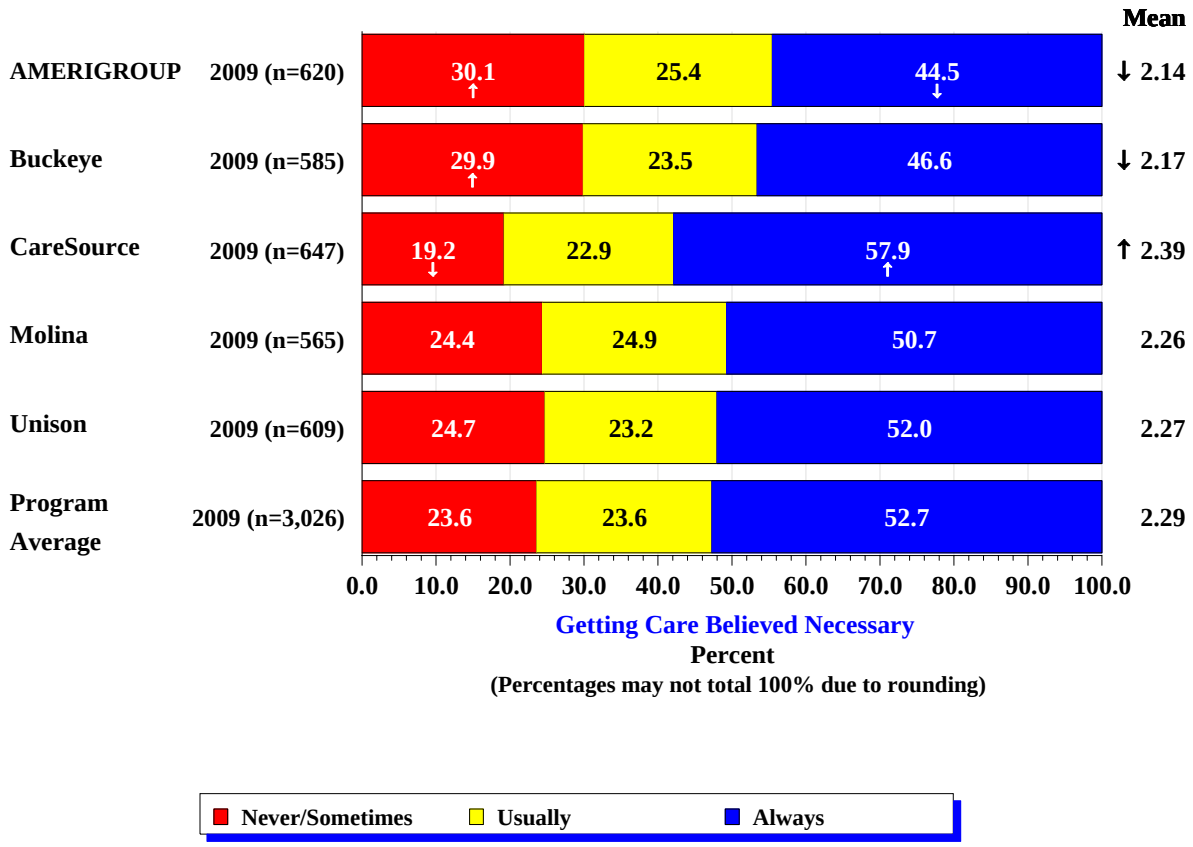
Question 27 in the CAHPS Adult Medicaid Health Plan Survey asked how often it was easy for members to get the care, tests, or treatment they thought they needed through their health plan. Figure E-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were eight *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.
- Buckeye's overall mean 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.

Figure E-7
Getting Needed Care Composite: Getting Care Believed Necessary



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

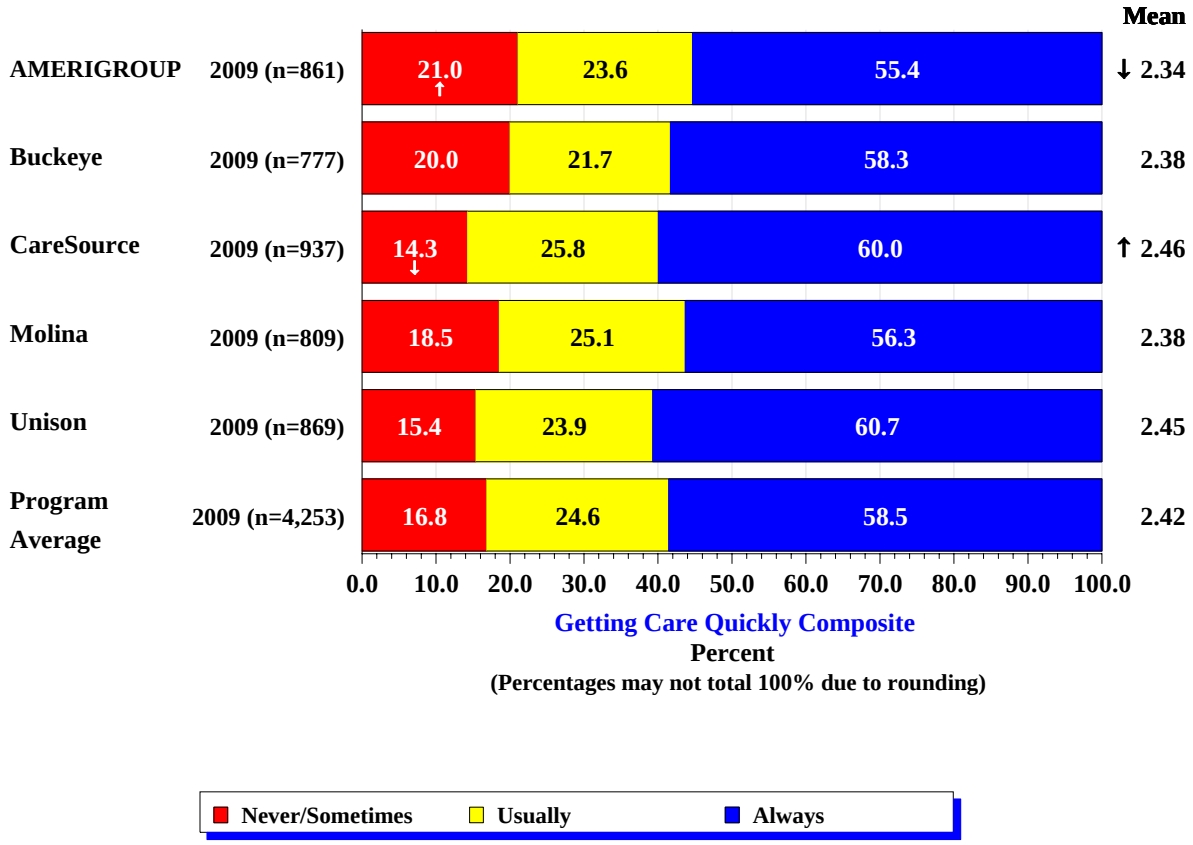
A series of two questions was asked to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-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 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 E-8
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

Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away

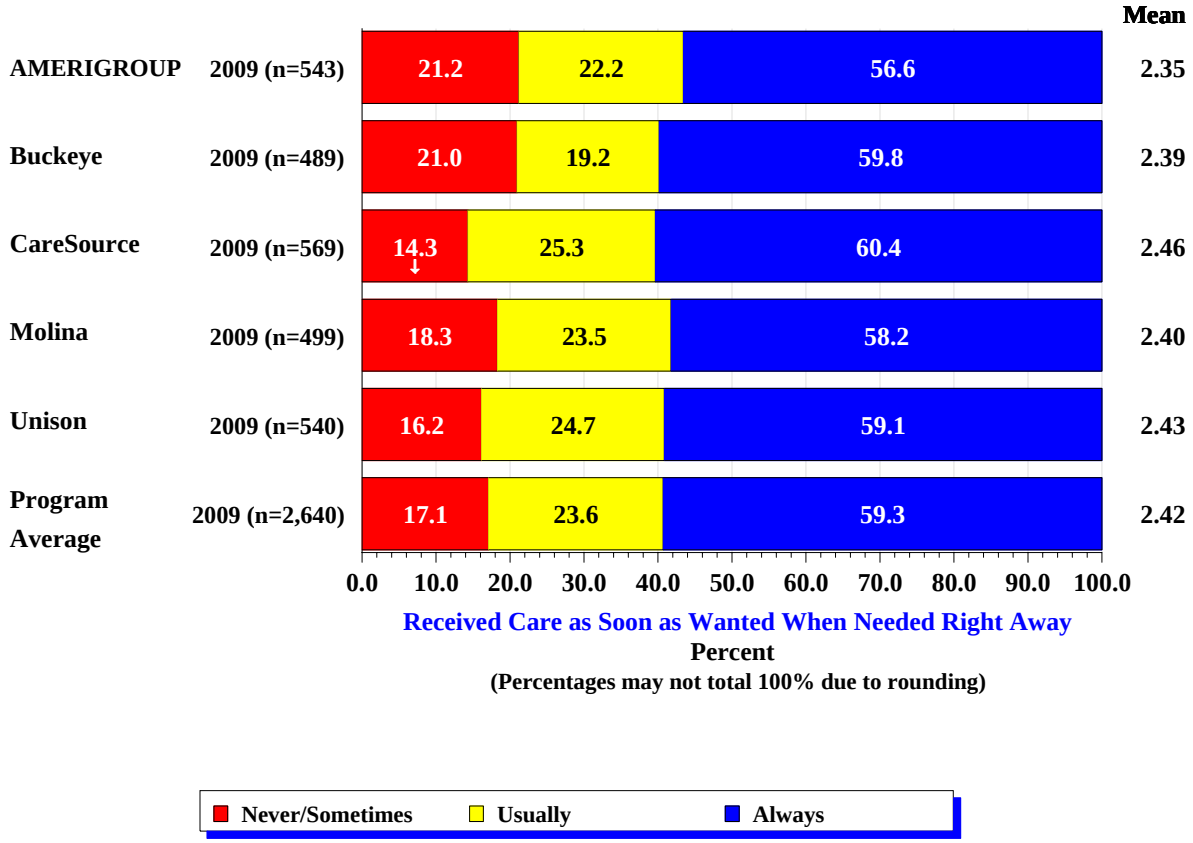
Question 4 in the CAHPS Adult Medicaid Health Plan Survey asked how often members received care as soon as they wanted when they needed care right away. Figure E-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

Figure E-9
Getting Care Quickly Composite:
Received Care as Soon as Wanted When Needed Right Away



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: Received Appointment as Soon as Wanted When Care Not Needed Right Away

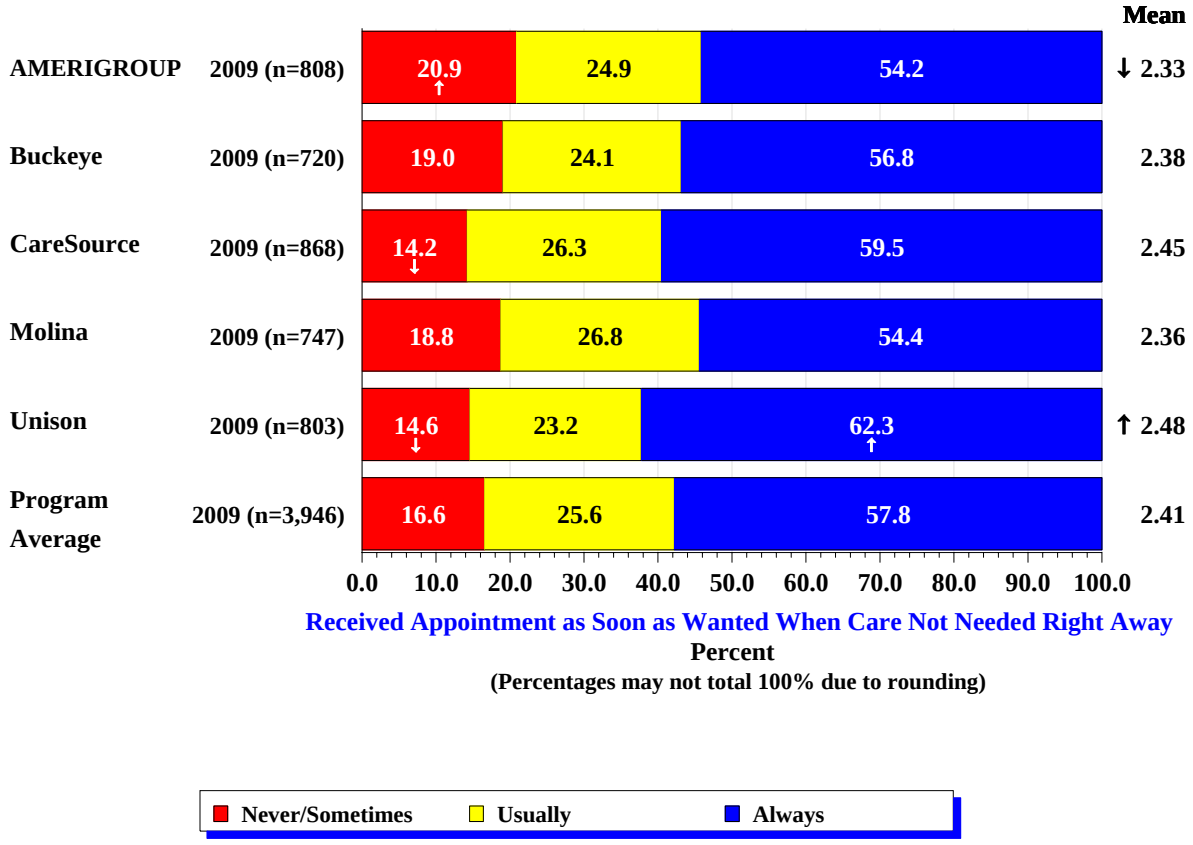
Question 6 in the CAHPS Adult Medicaid Health Plan Surveys asked how often members received an appointment as soon as they wanted when they did not need care right away. Figure E-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Figure E-10
Getting Care Quickly Composite:
Received Appointment as Soon as Wanted When Care Not Needed Right Away



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

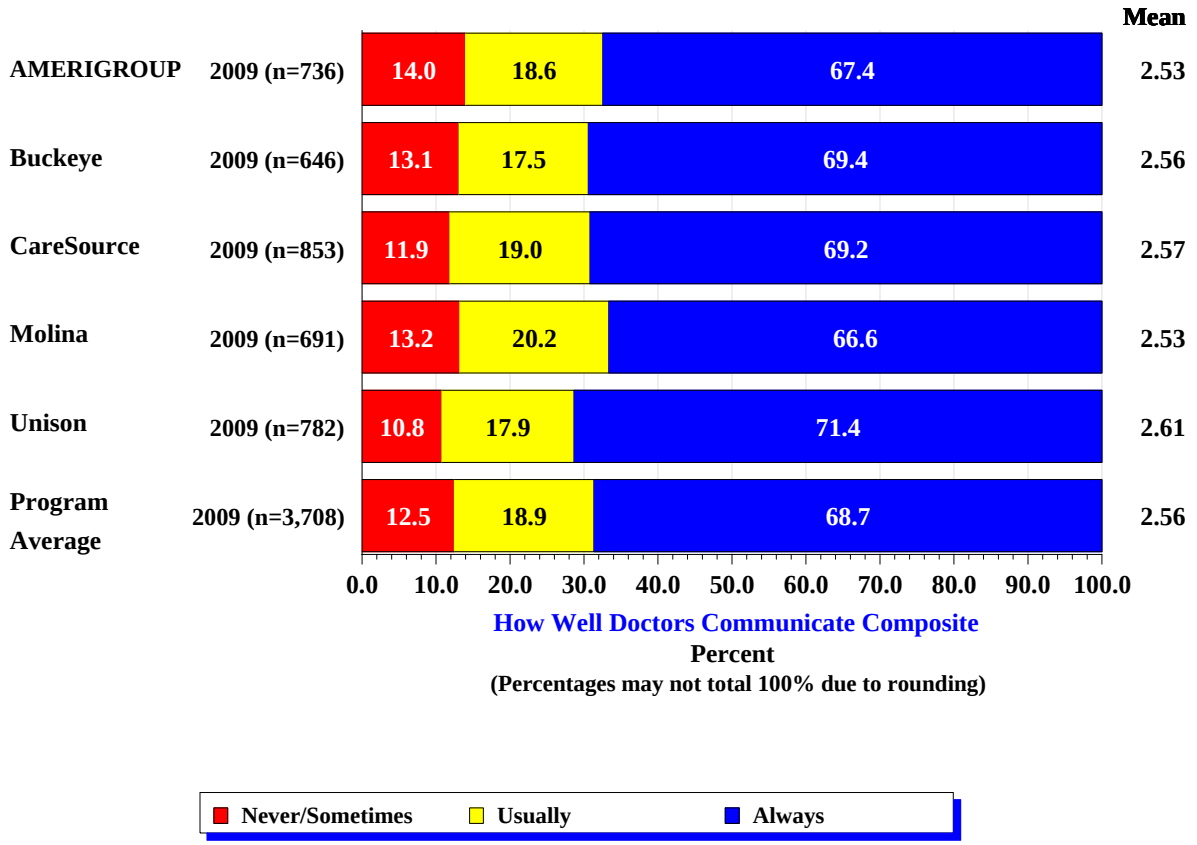
How Well Doctors Communicate

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 E-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 E-11
How Well Doctors Communicate Composite



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

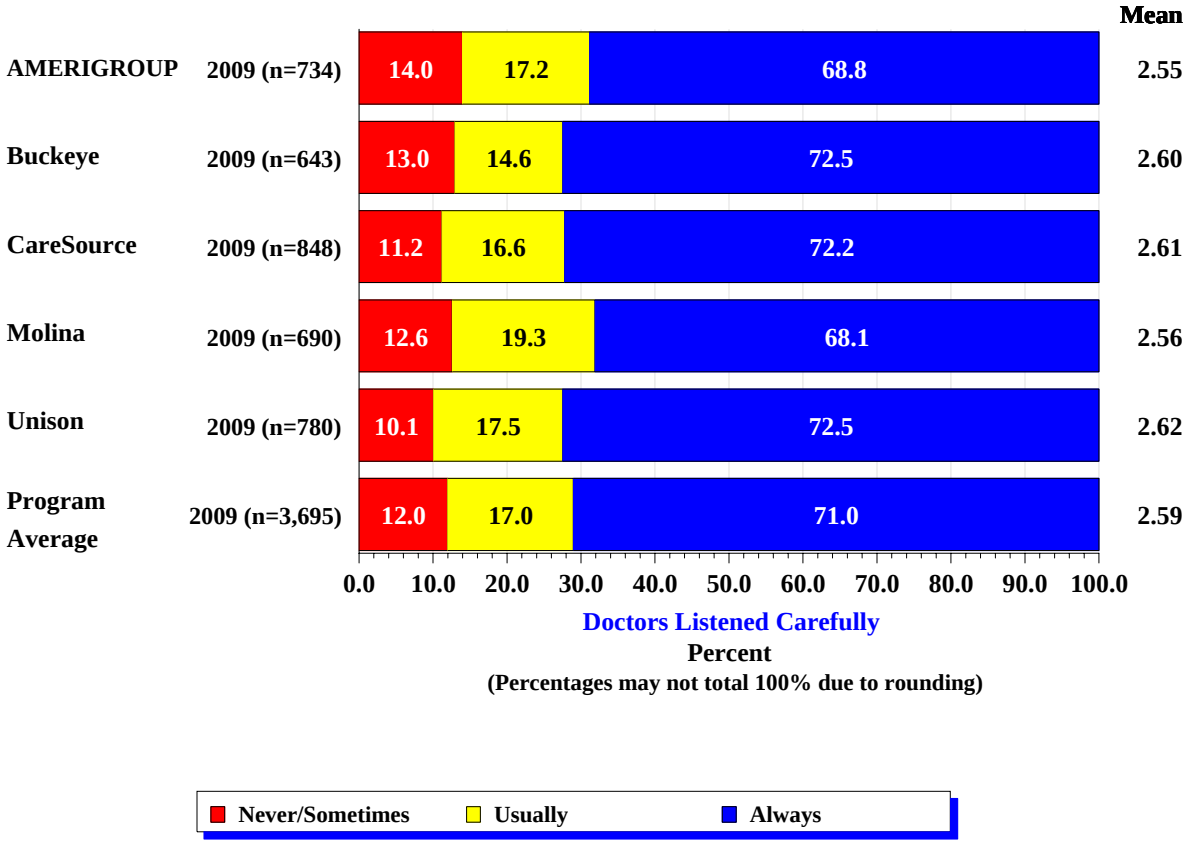
How Well Doctors Communicate: Doctors Listened Carefully

Question 16 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors listened carefully to them. Figure E-12 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 E-12
How Well Doctors Communicate Composite:
Doctors Listened Carefully



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

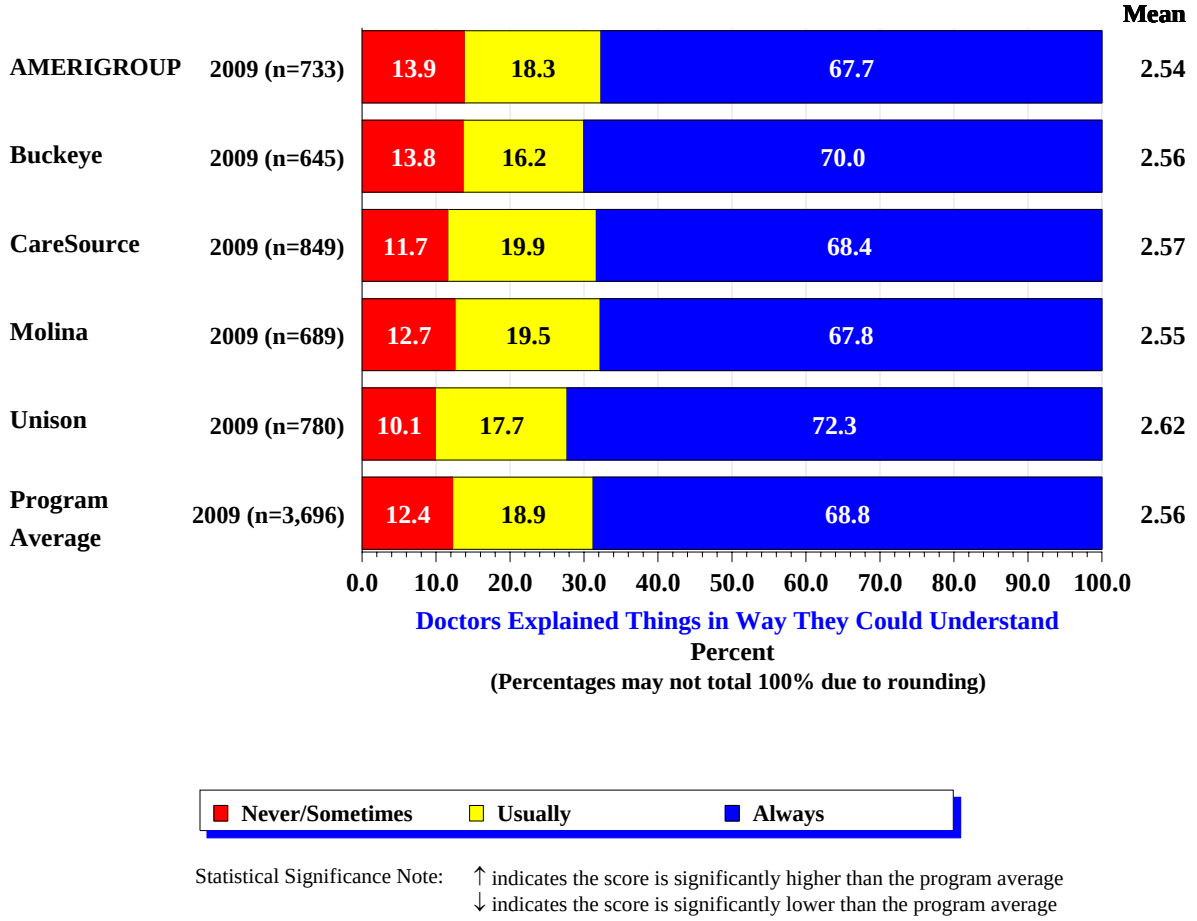
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand

Question 15 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors explained things in a way they could understand. Figure E-13 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 E-13
How Well Doctors Communicate Composite:
Doctors Explained Things in Way They Could Understand



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

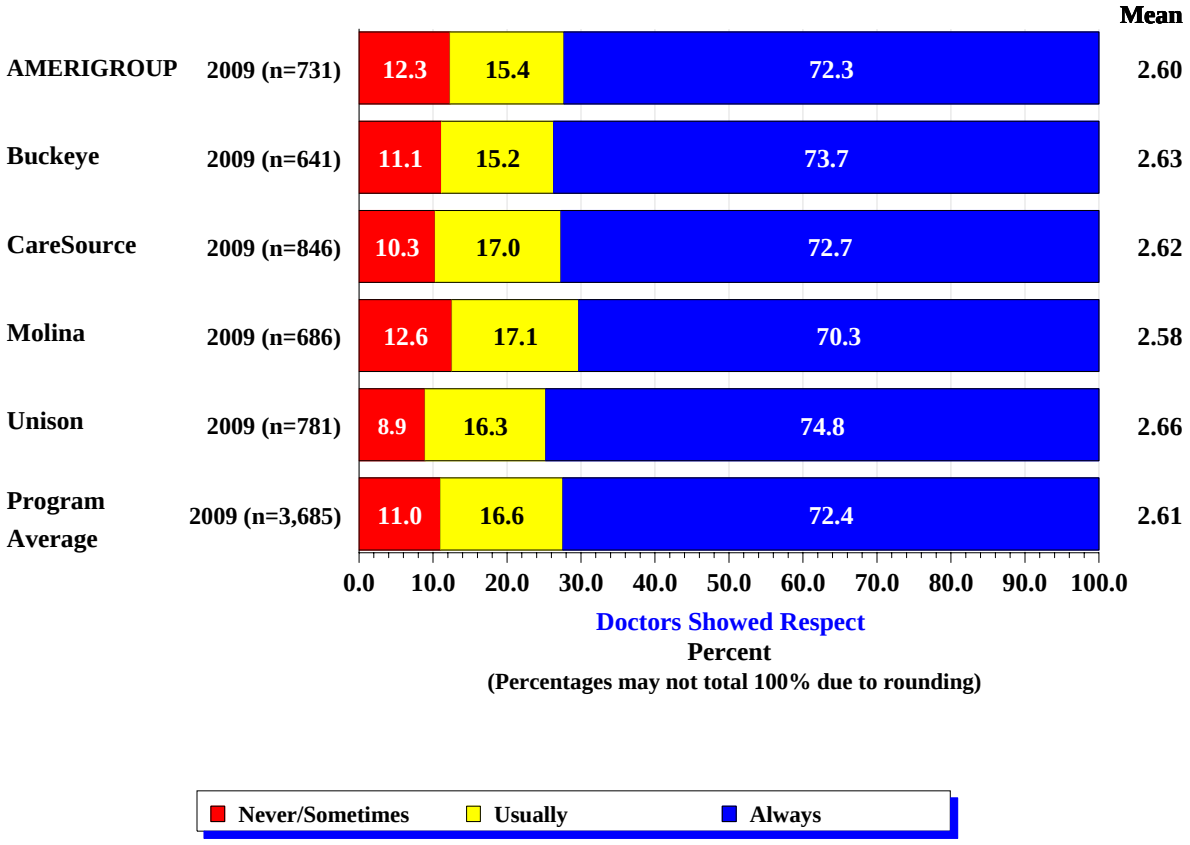
How Well Doctors Communicate: Doctors Showed Respect

Question 17 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors showed respect for what they had to say. Figure E-14 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 E-14
How Well Doctors Communicate Composite:
Doctors Showed Respect



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

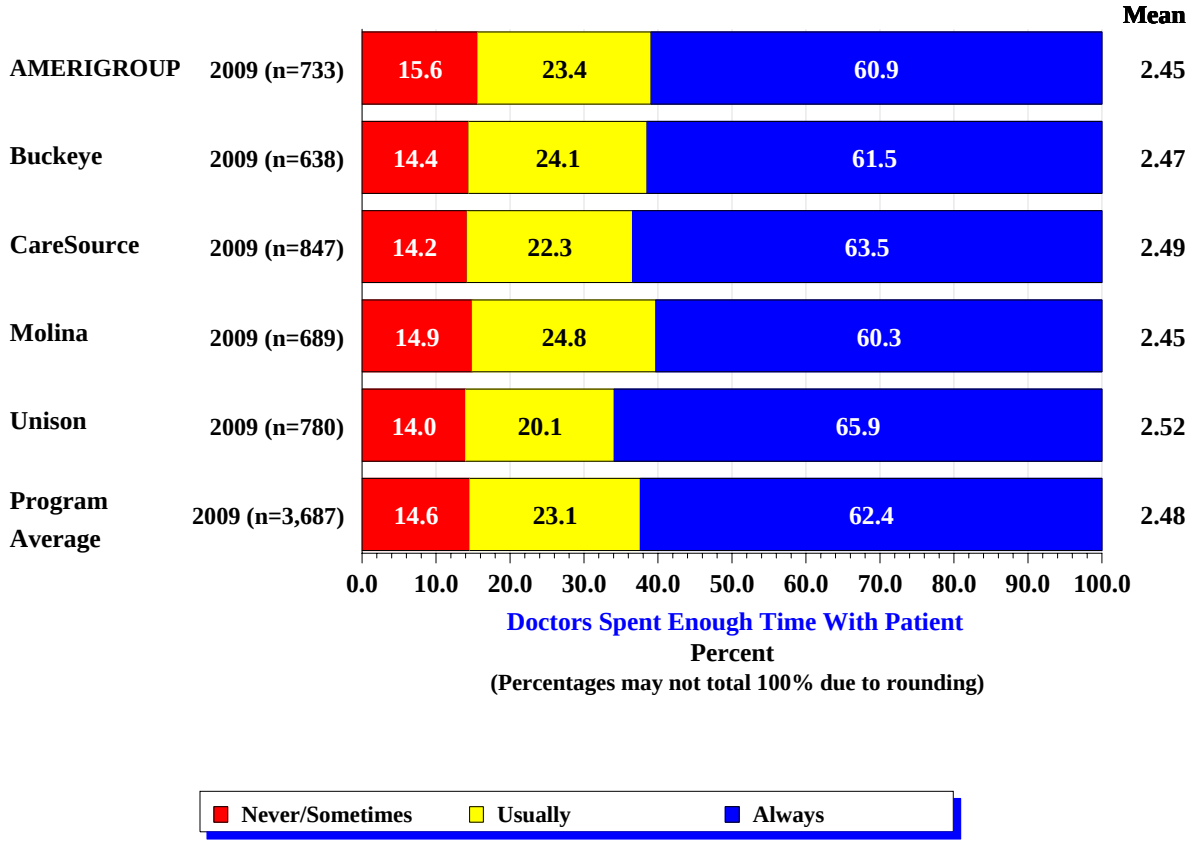
How Well Doctors Communicate: Doctors Spent Enough Time With Patient

Question 18 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors spent enough time with them. Figure E-15 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 E-15
How Well Doctors Communicate Composite:
Doctors Spent Enough Time With Patient



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

Customer Service

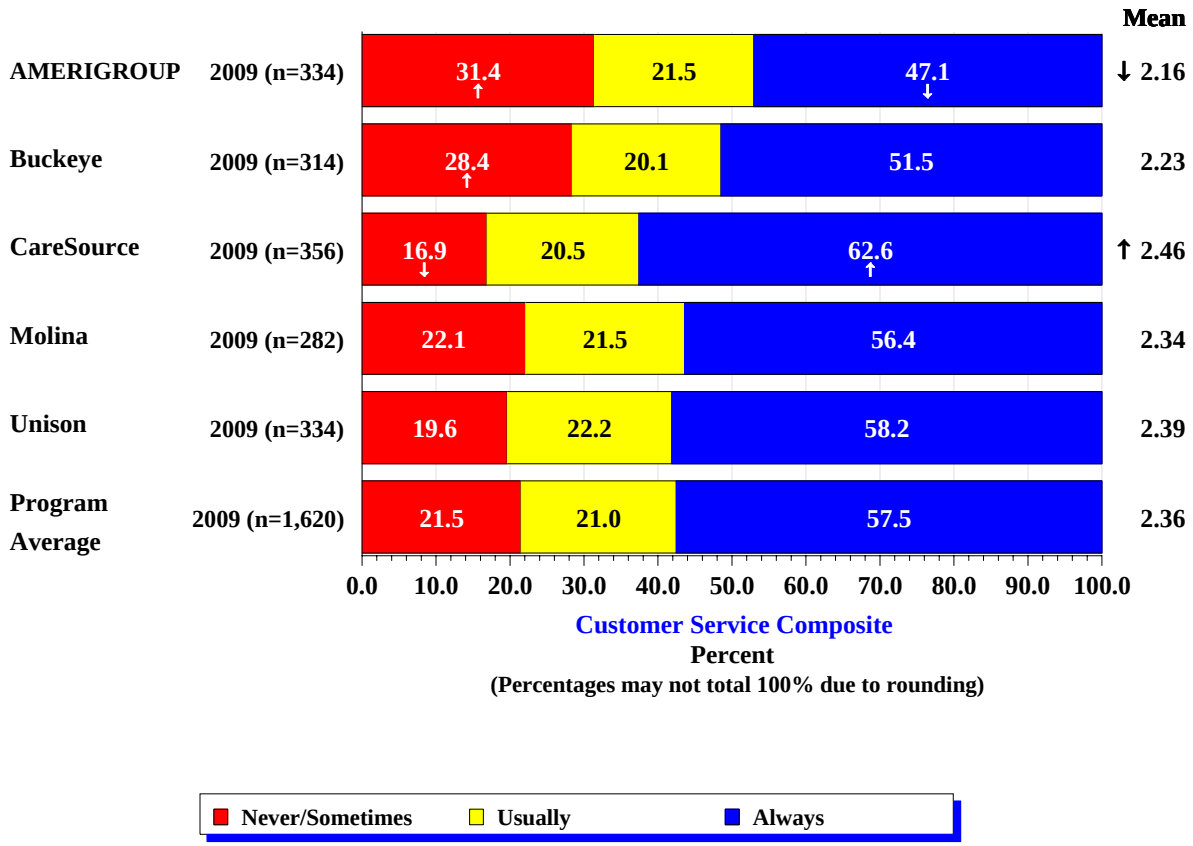
Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's ABD Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-16 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.

Figure E-16
Customer Service Composite



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

Customer Service: Obtaining Help Needed From Customer Service

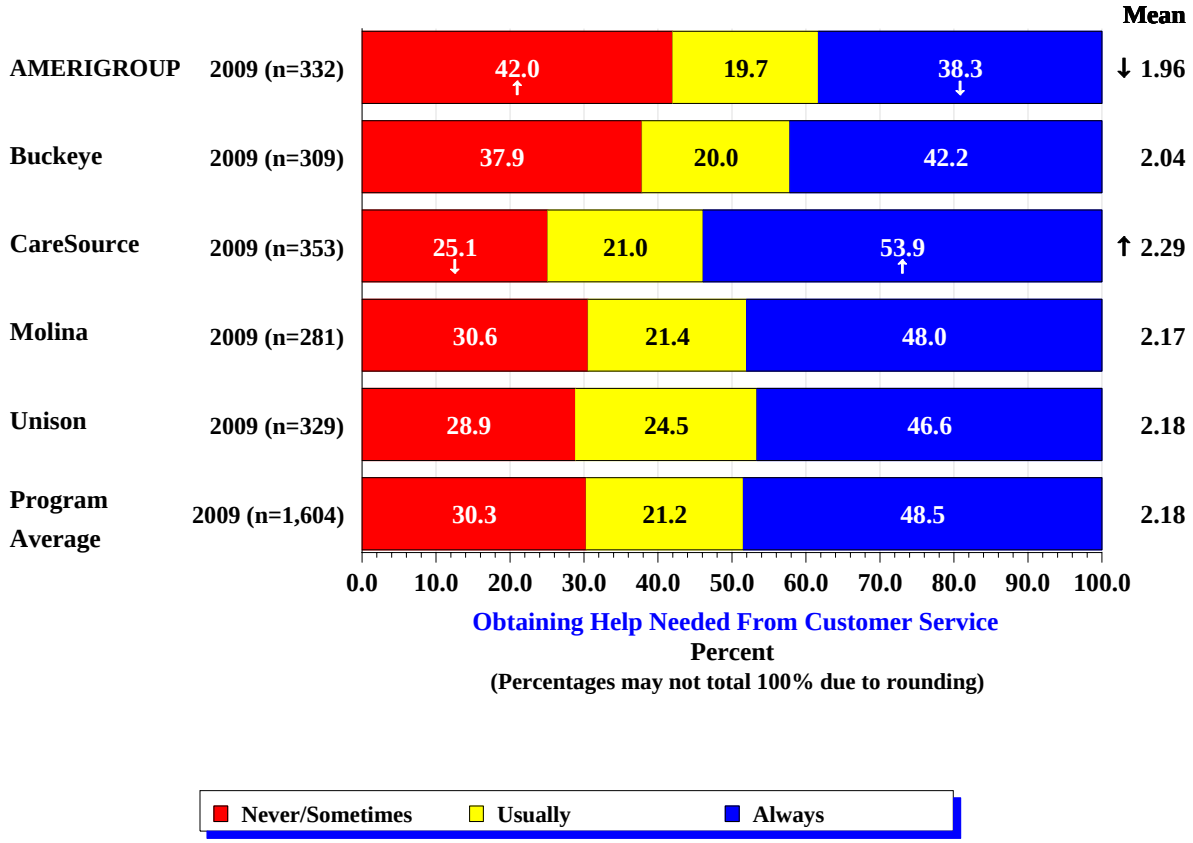
Question 31 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan's customer service gave members the information or help they needed. Figure E-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were 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 E-17
Customer Service Composite:
Obtaining Help Needed From Customer Service



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

Customer Service: Health Plan Customer Service Treated with Courtesy and Respect

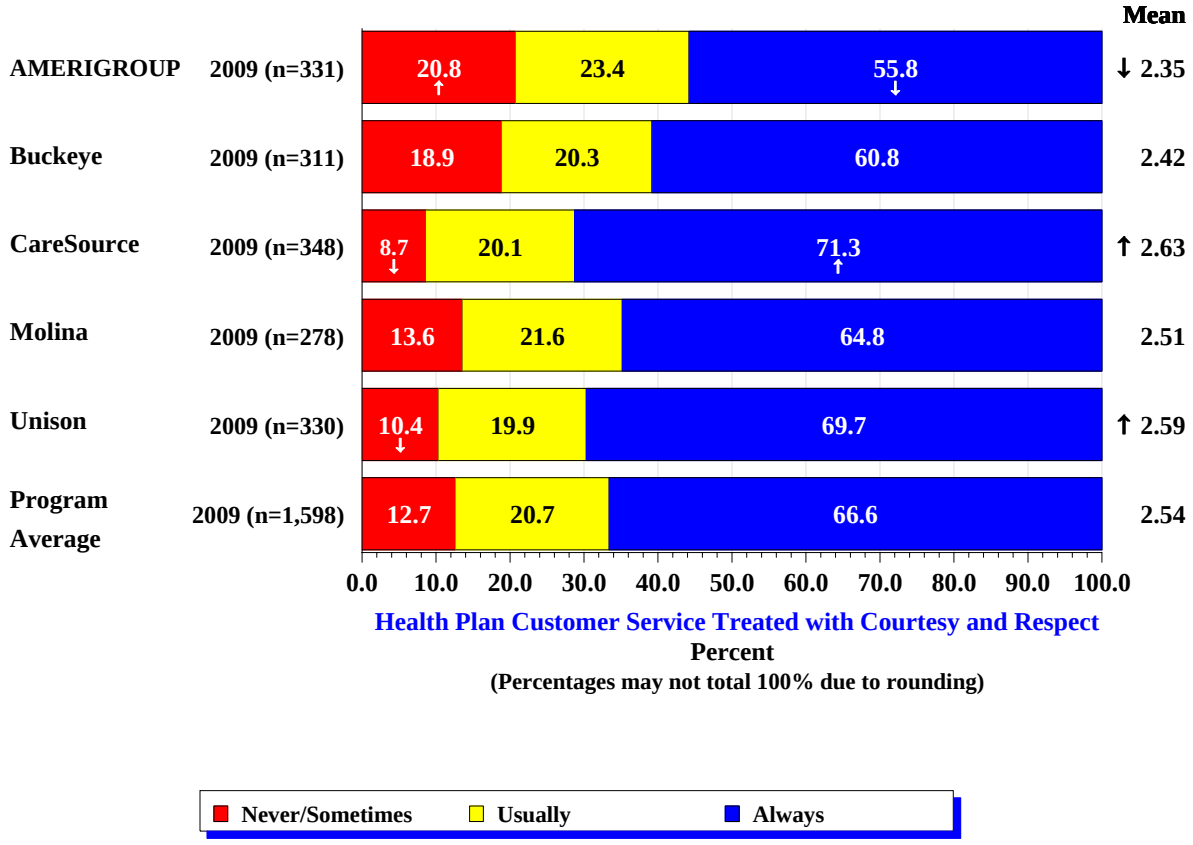
Question 32 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan's customer service staff treated members with courtesy and respect. Figure E-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were eight *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.
- Unison's overall mean was significantly higher than the program average. The percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Figure E-18
Customer Service Composite:
Health Plan Customer Service Treated with Courtesy and Respect



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

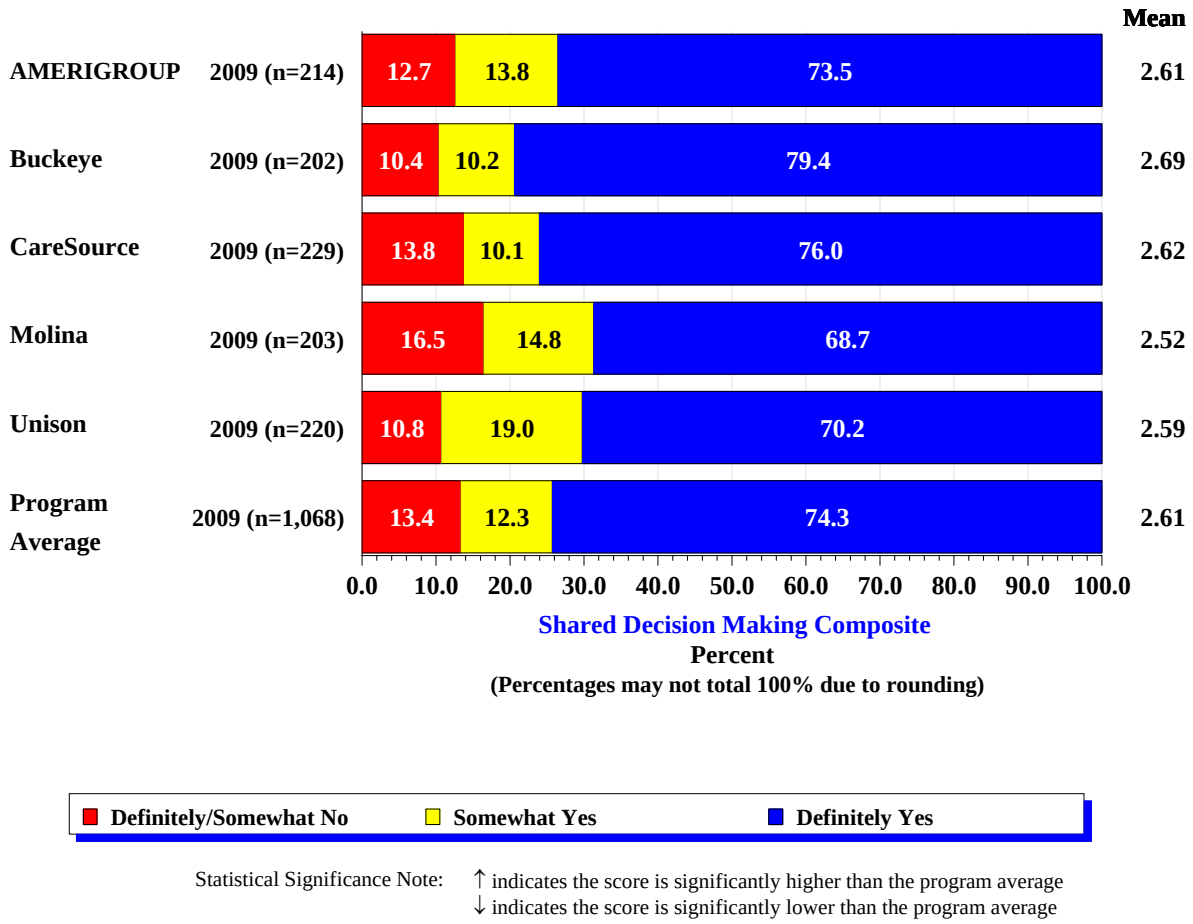
Shared Decision Making

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 E-19 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 E-19
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

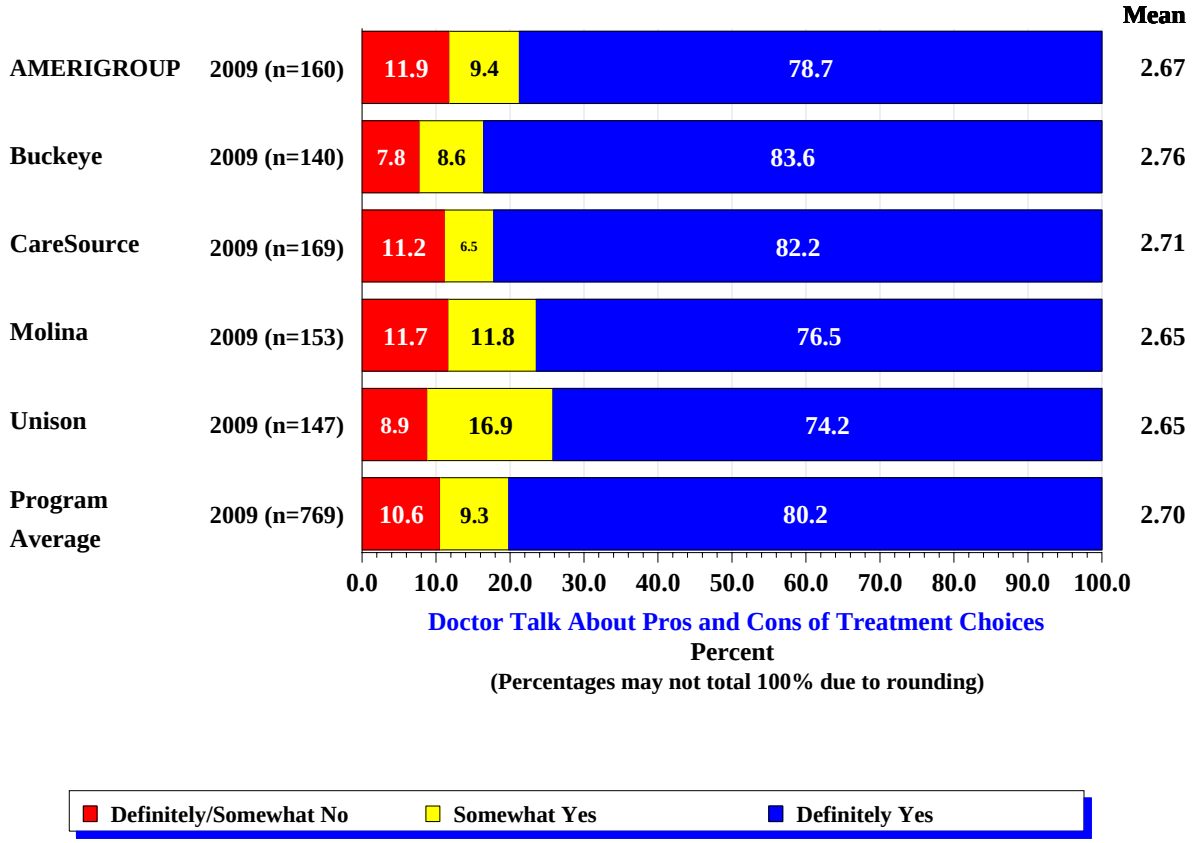
Shared Decision Making: Doctor Talk About Pros and Cons of Treatment Choices

Question 10 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or other health provider talked with them about the pros and cons of each choice for their treatment or health care. Figure E-20 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 E-20
Shared Decision Composite:
Doctor Talk About Pros and Cons of Treatment Choices



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

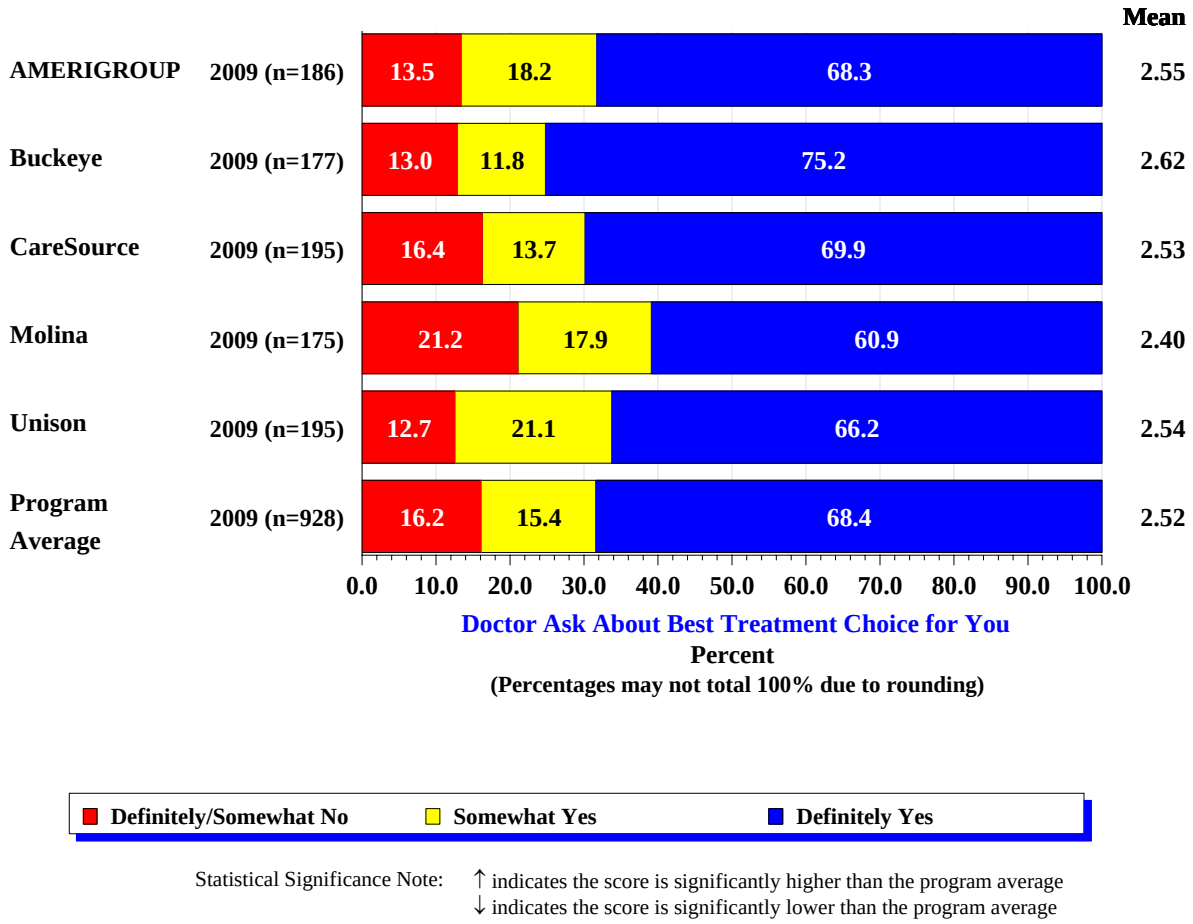
Shared Decision Making: Doctor Ask About Best Treatment Choice for You

Question 11 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or other health provider asked which treatment choice was best for them. Figure E-21 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 E-21
Shared Decision Composite:
Doctor Ask About Best Treatment Choice for You



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

INDIVIDUAL ITEM MEASURES

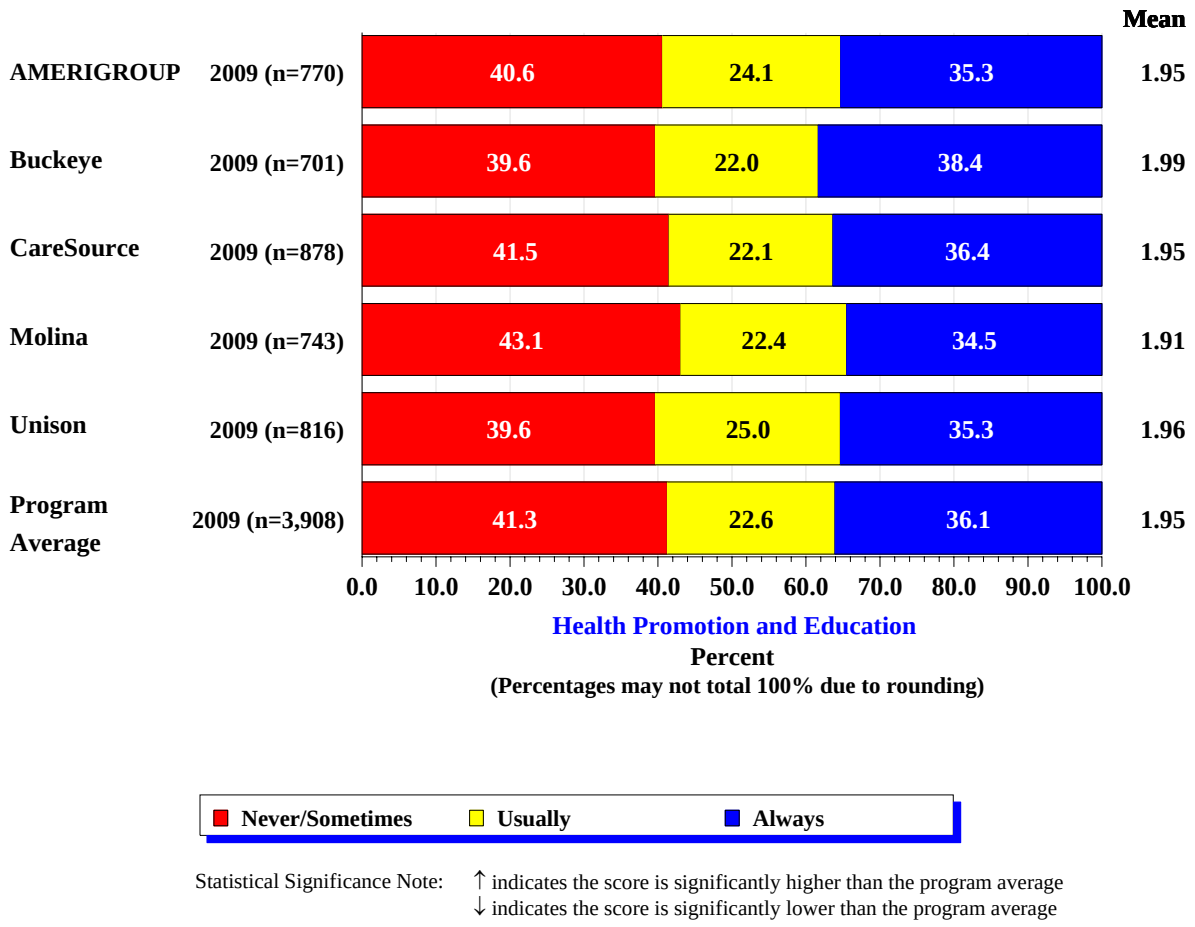
Health Promotion and Education

Question 8 in the CAHPS Adult Medicaid Health Plan Surveys asked members to rate how often their doctor or other health provider talked with them about specific things they could do to prevent illness. Figure E-22 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 E-22
Health Promotion and Education



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

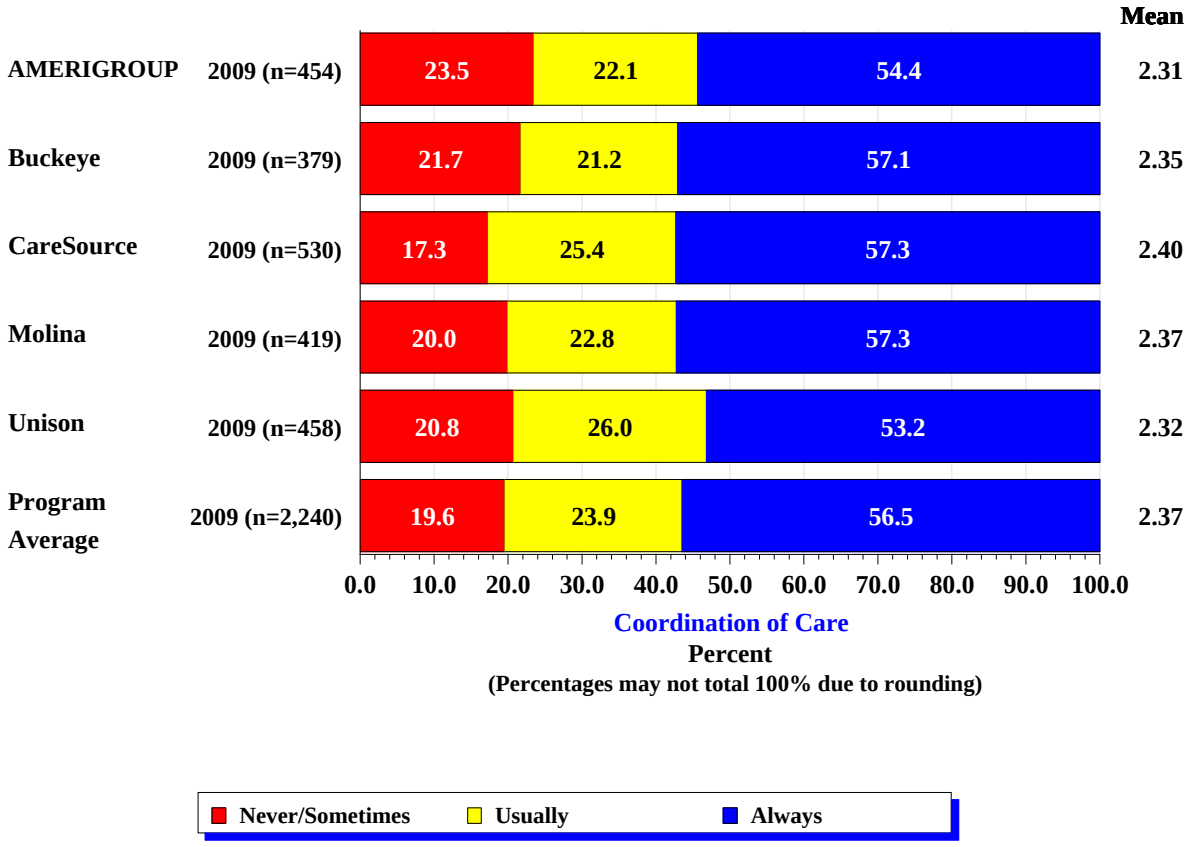
Coordination of Care

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 E-23 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 E-23
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

SATISFACTION WITH HEALTH PLAN

Satisfaction with Health Plan: Got Information or Help from Customer Service

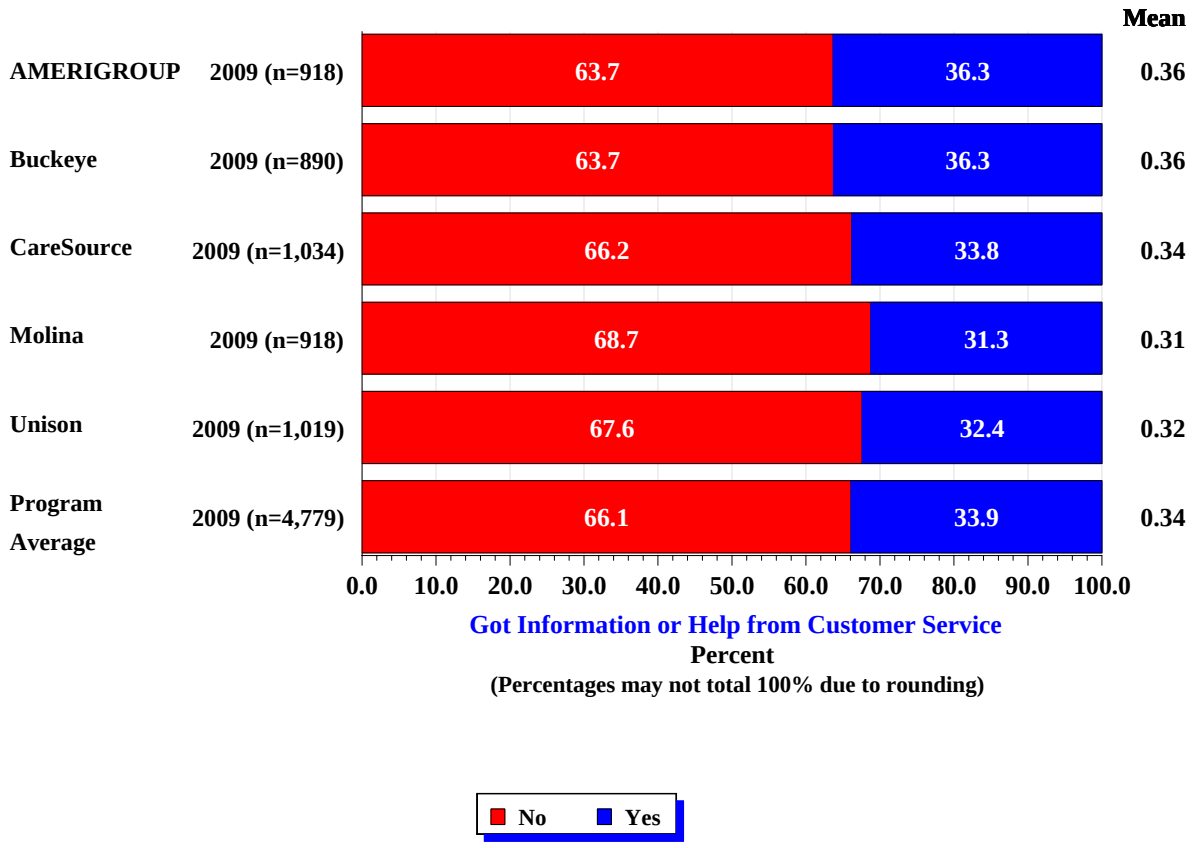
Question 30 in the CAHPS Adult Medicaid Health Plan Survey asked whether members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes."[6] Figure E-24 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.

[6] For questions with "No" and Yes" response categories, responses of "No" were given a score of 0 and responses of "Yes" were given as score of 1.

Figure E-24
Satisfaction with Health Plan:
Got Information or Help from Customer Service



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

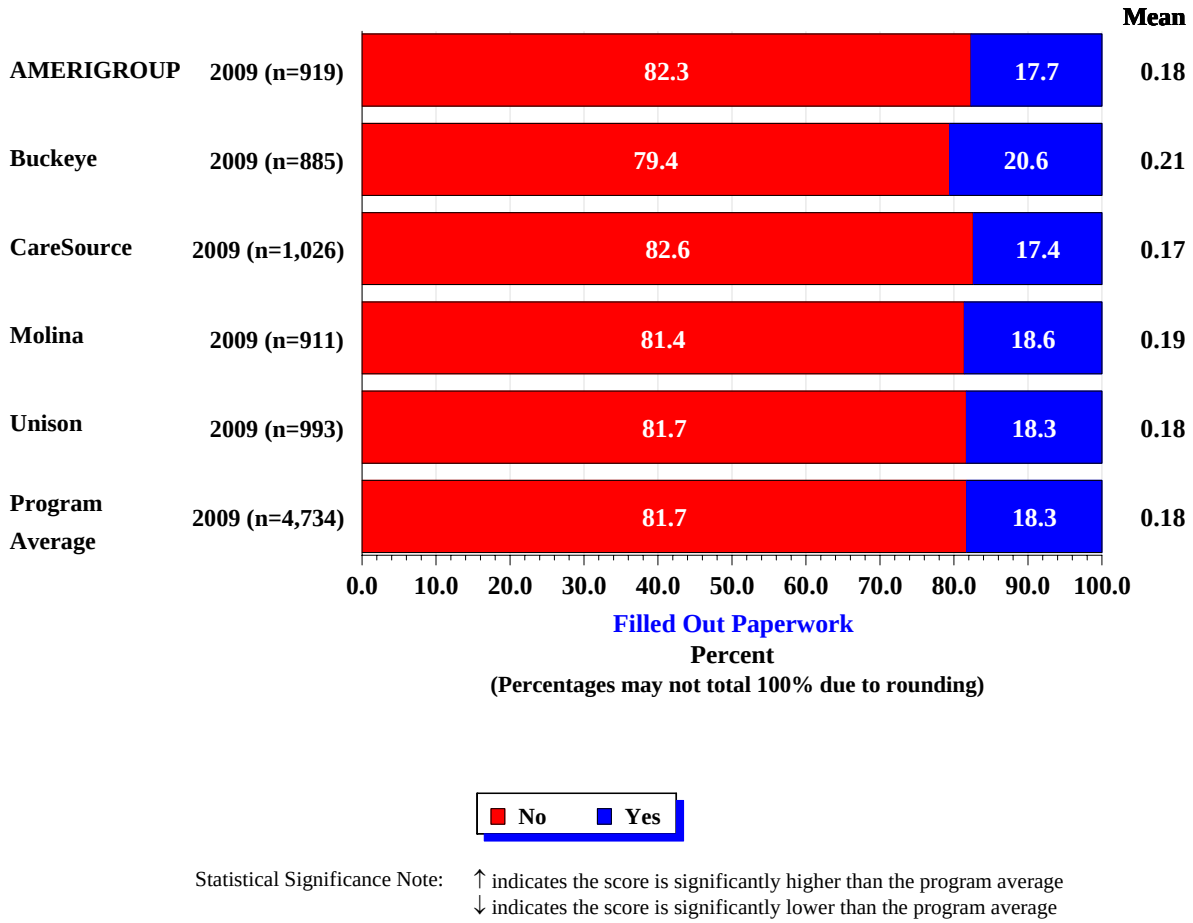
Satisfaction with Health Plan: Filled Out Paperwork

Question 33 in the CAHPS Adult Medicaid Health Plan Survey asked members if they had filled out paperwork for their health plan. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-25 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 E-25
Satisfaction with Health Plan:
Filled Out Paperwork



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

Satisfaction with Health Plan: Problem with Paperwork for Health Plan

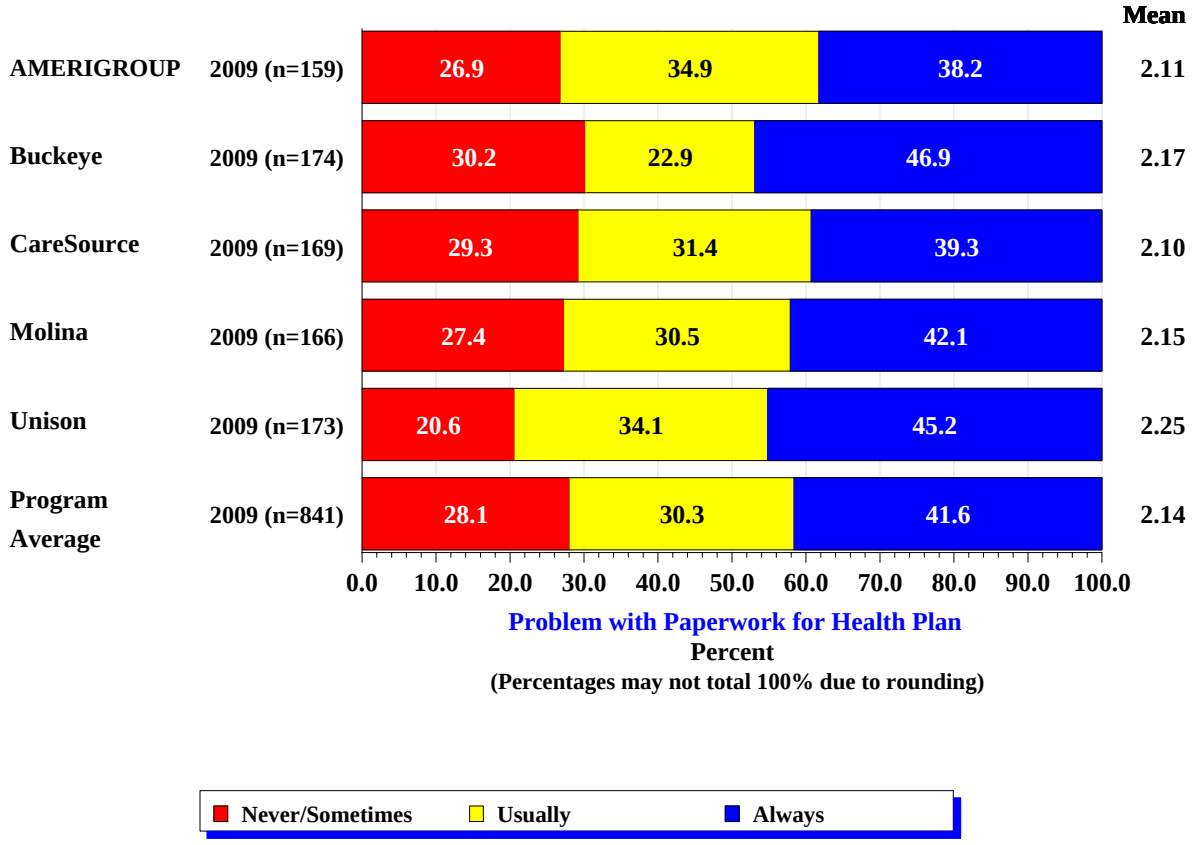
Question 34 in the CAHPS Adult Medicaid Health Plan Survey asked members how often forms were easy to fill out for their health plan. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."[7] Figure E-26 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.

[7] For questions with "Never/Sometimes," "Usually," and "Always" response categories, responses of "Never/Sometimes" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Always" were given a score of 3.

Figure E-26
Satisfaction with Health Plan:
Problem with Paperwork for 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

SATISFACTION WITH HEALTH CARE PROVIDERS

Satisfaction with Health Care Providers: Have a Personal Doctor

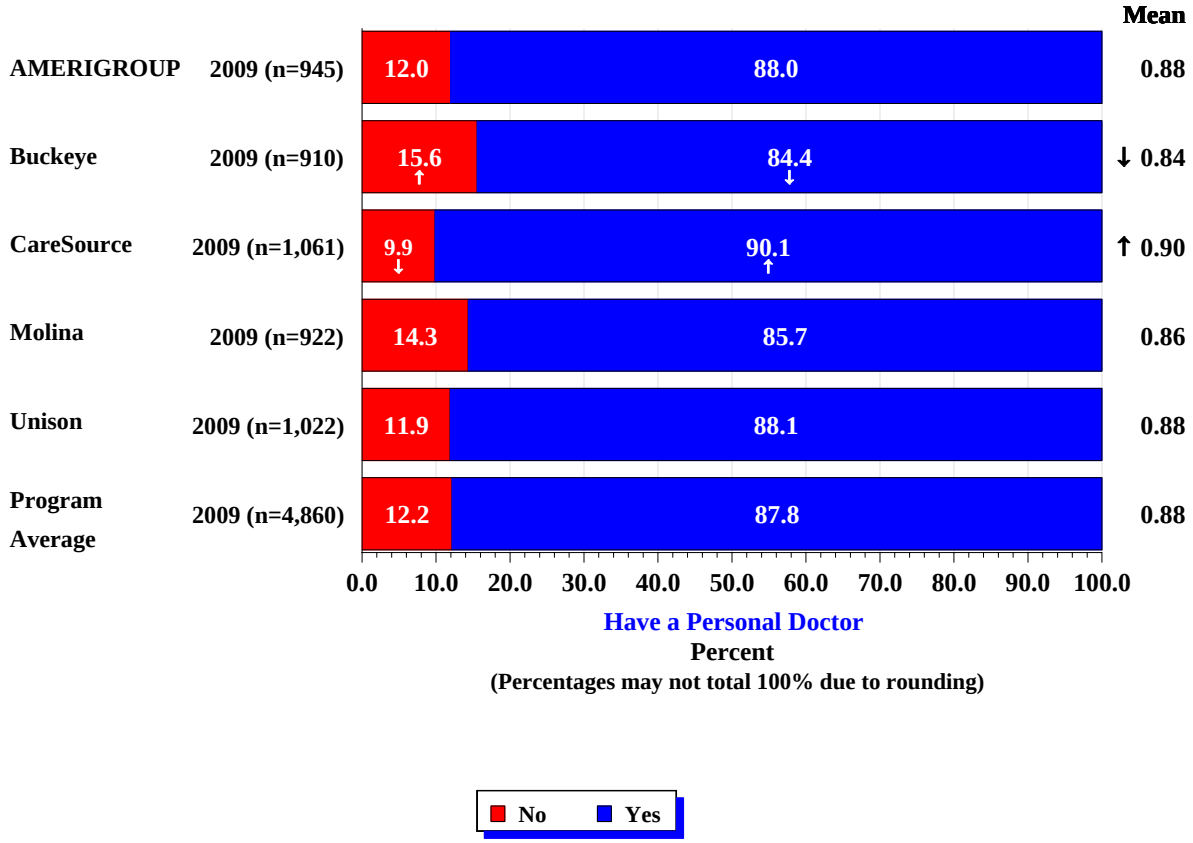
Question 13 in the CAHPS Adult Medicaid Health Plan Survey asked whether members had one person who they thought of as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-27 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 six *statistically significant* differences observed for this measure.

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

Figure E-27
Satisfaction with Health Care Providers
Have a Personal Doctor



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

ACCESS TO CARE

Access to Care: Tried to Make Appointment to See Specialist

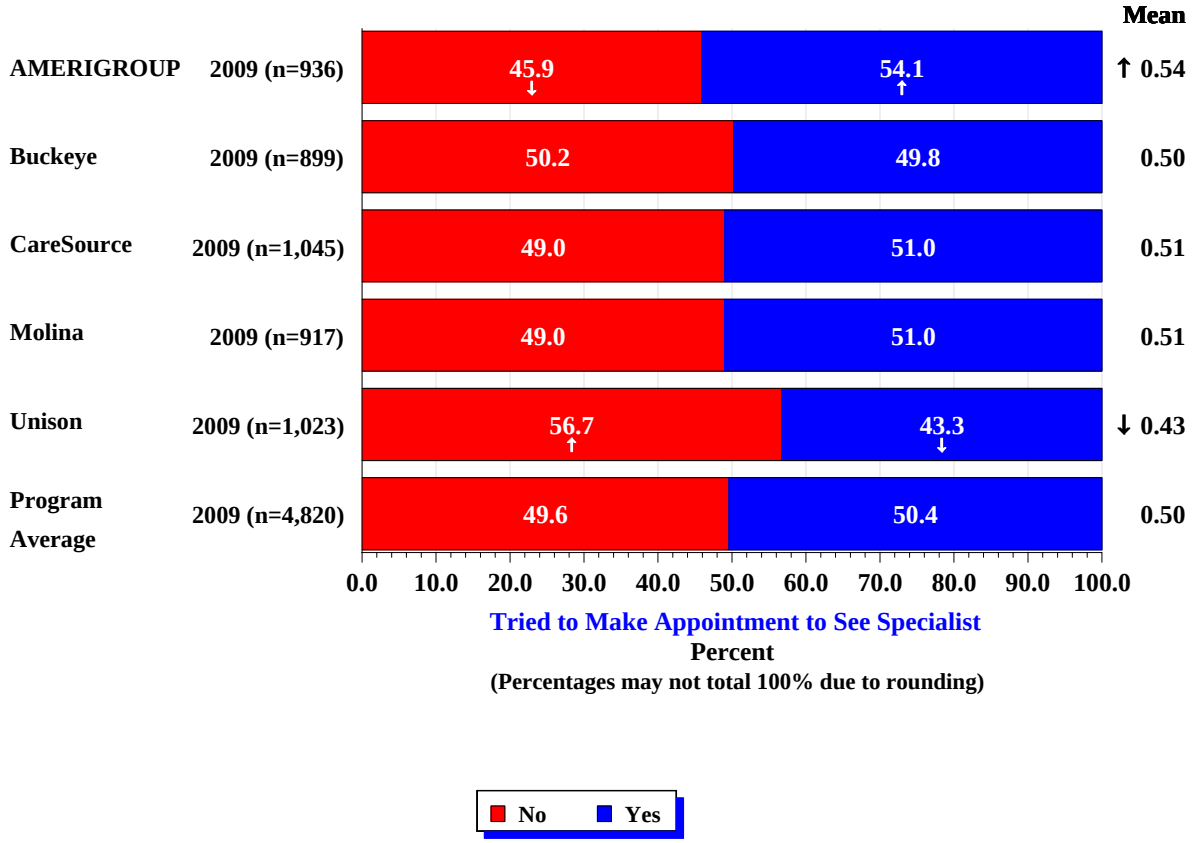
Several questions were asked to assess member perceptions of access to care. Question 22 in the CAHPS Adult Medicaid Health Plan Survey asked whether the member tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were classified into two categories: "No" and "Yes." Figure E-28 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 six *statistically significant* differences observed for this measure.

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

Figure E-28
Access to Care:
Tried to Make Appointment to See Specialist



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

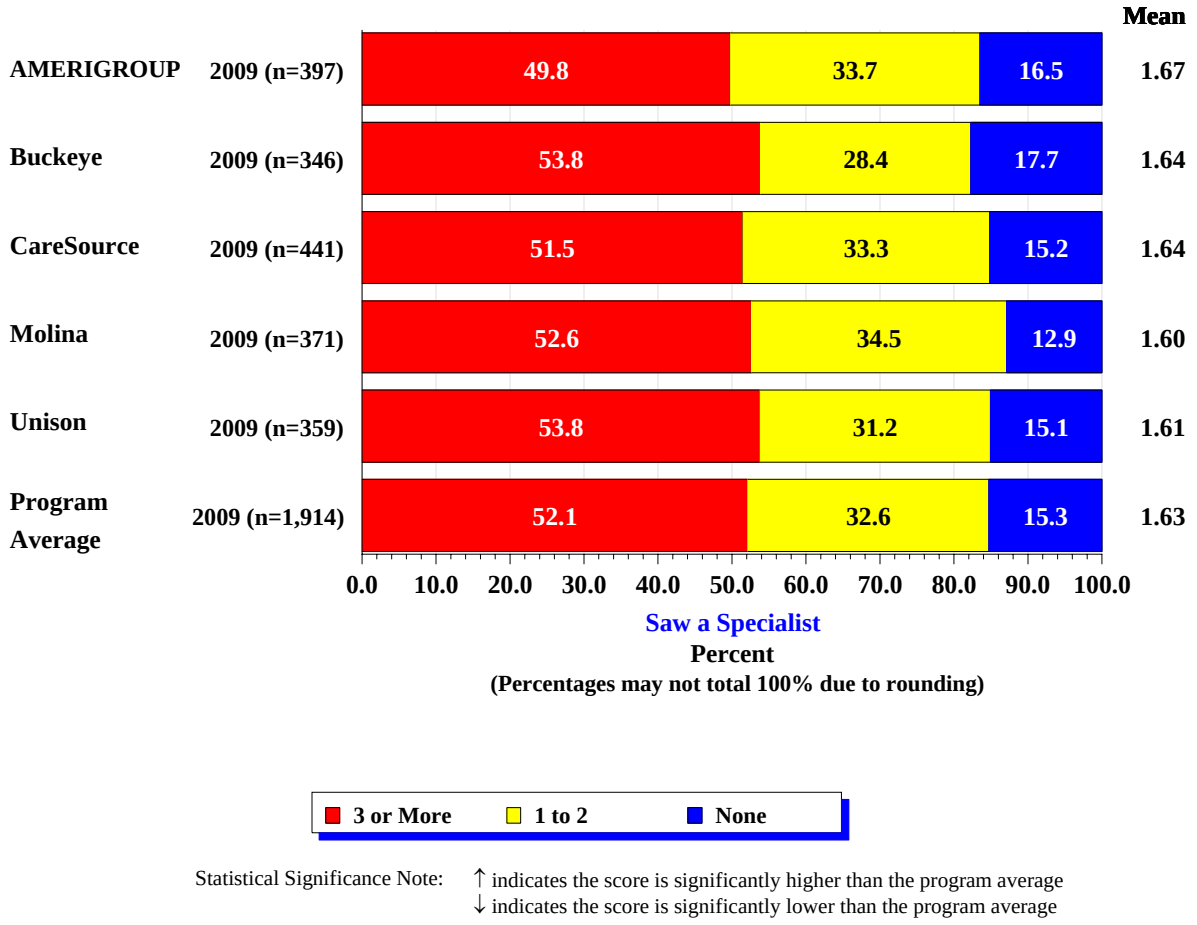
Access to Care: Saw a Specialist

Question 24 in the CAHPS Adult Medicaid Health Plan Survey asked members how many specialists they saw. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were classified into the following number of visits: "3 or More," "1 to 2," and "None." Figure E-29 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 E-29
Access to Care:
Saw a Specialist



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

Access to Care: Made Appointments for Health Care

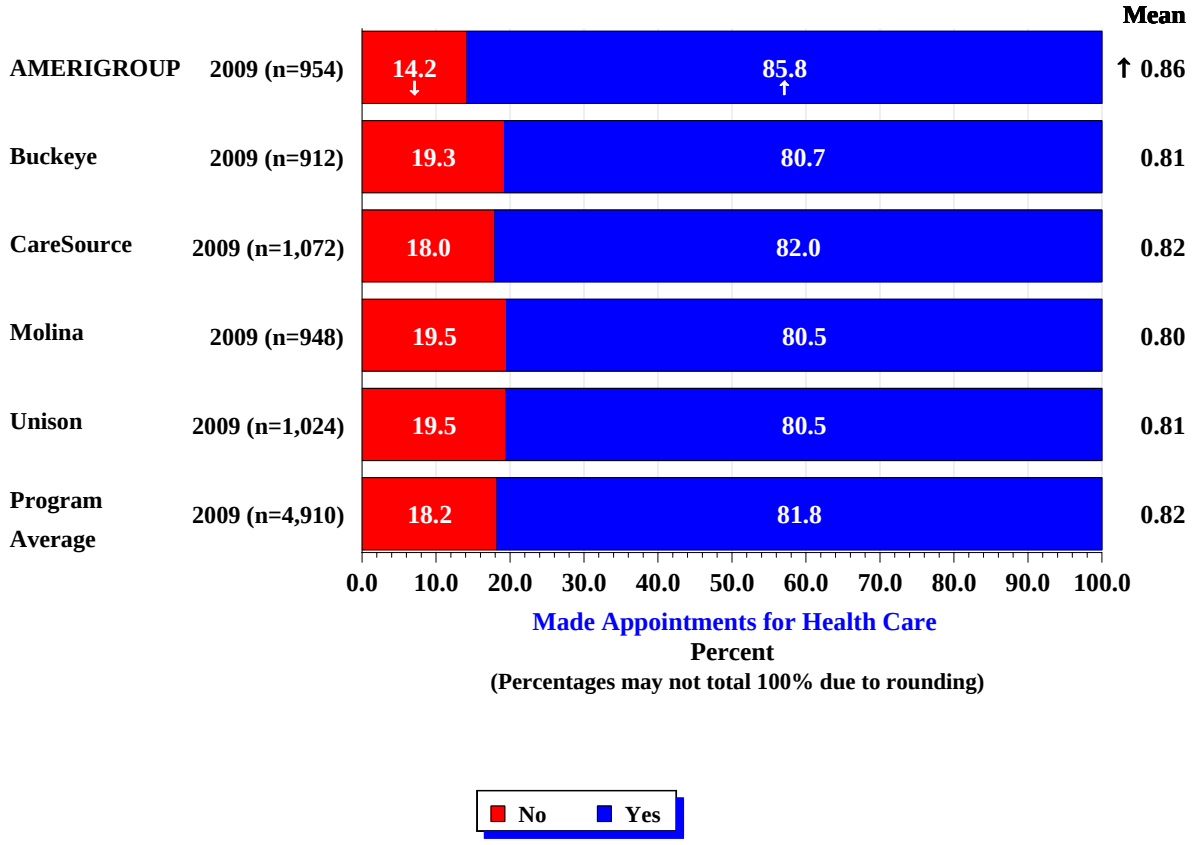
Question 5 in the CAHPS Adult Medicaid Survey asked whether members had made any appointments for health care (not counting the times members needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-30 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 three *statistically significant* differences observed for this measure.

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

Figure E-30
Access to Care:
Made Appointments for Health Care



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

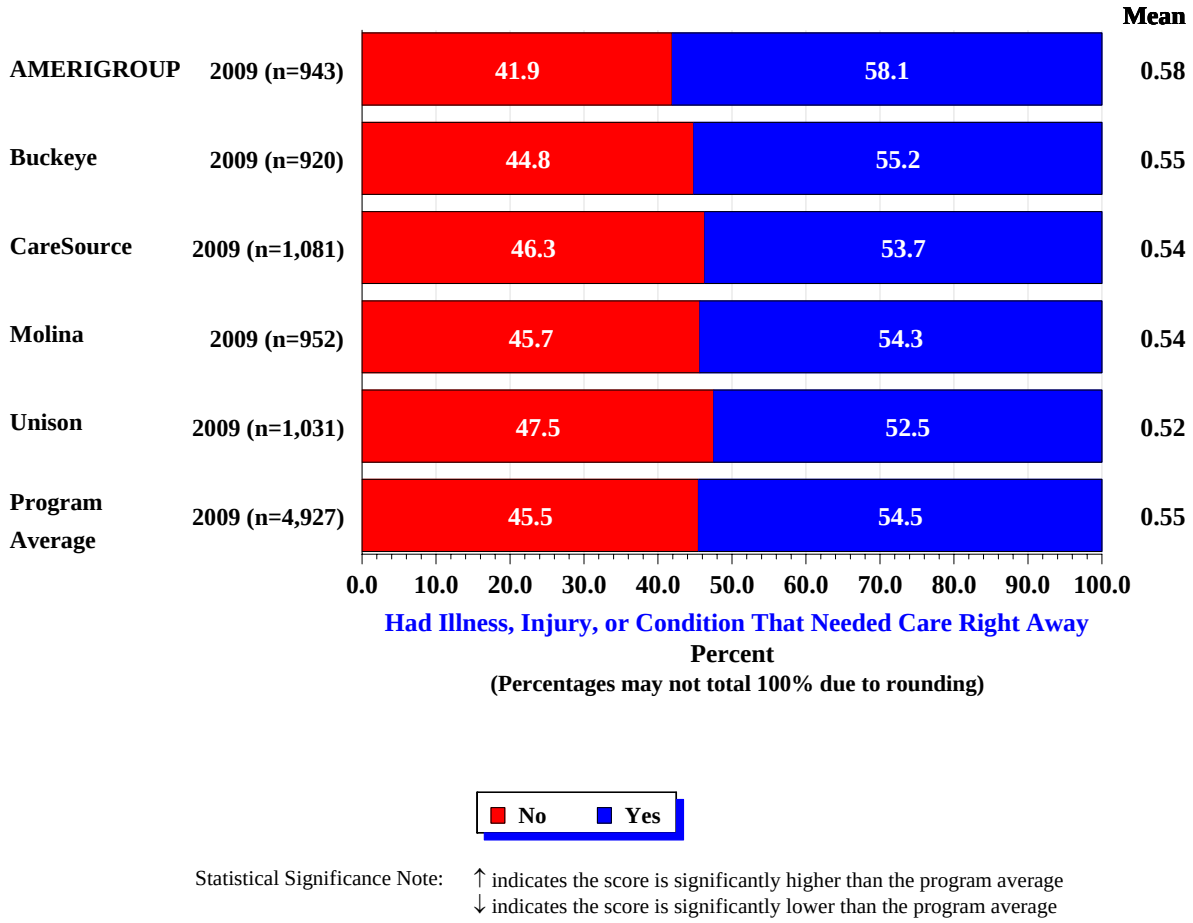
Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away

Question 3 in the CAHPS Adult Medicaid Health Plan Survey asked whether the member had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-31 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 E-31
Access to Care:
Had Illness, Injury, or Condition That Needed Care Right Away



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

UTILIZATION OF SERVICES

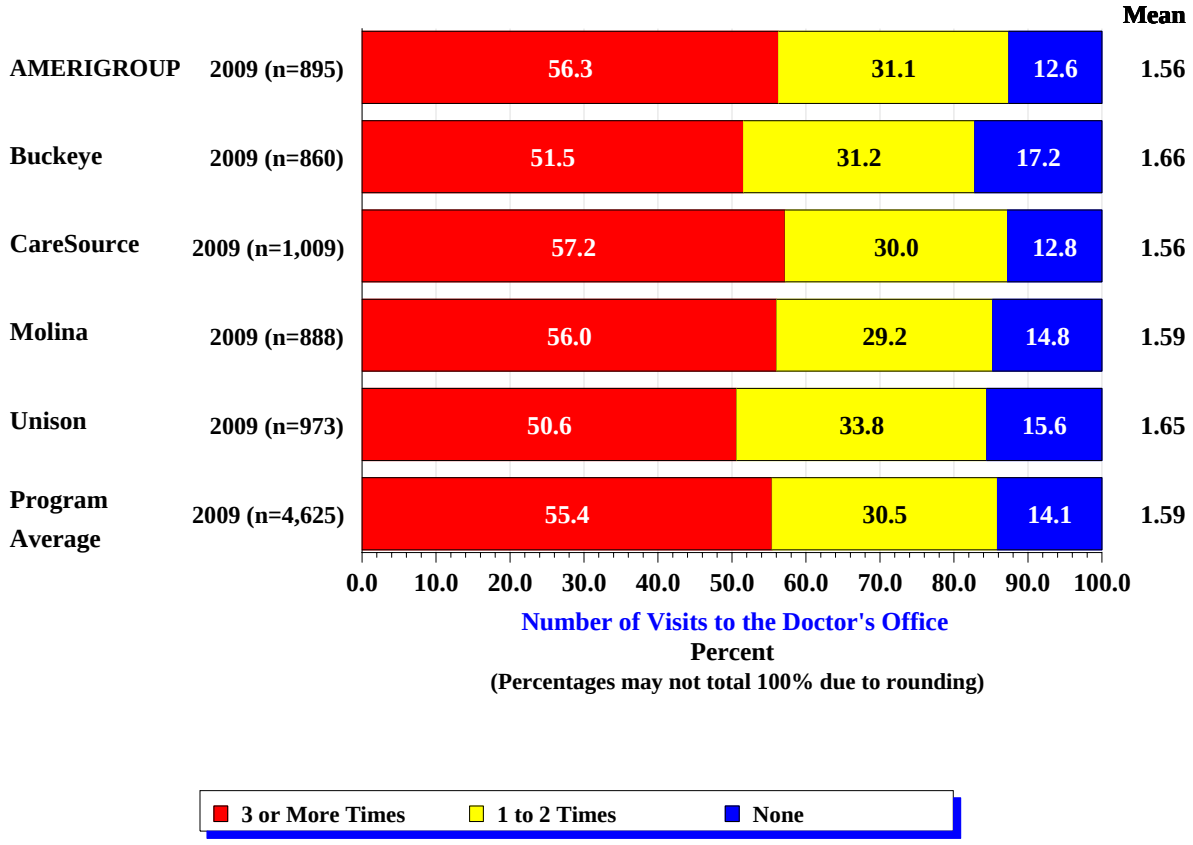
Utilization of Services: Number of Visits to the Doctor's Office

Question 7 in the CAHPS Adult Medicaid Health Plan Survey asked how many times the member visited the doctor's office or clinic (not counting times the member visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure E-32 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 E-32
Utilization of Services:
Number of Visits to the Doctor's Office



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

Summary of Results

A summary of results has been compiled based on the performance of the five participating MCPs in Ohio's ABD Medicaid Managed Care Program. First, results based on the NCQA comparisons are presented for each of the participating MCPs in Ohio's ABD Medicaid Managed Care Program. These results are followed by results based on the Ohio comparisons for each of the participating MCPs in Ohio's ABD Medicaid Managed Care Program.

The NCQA results are grouped into three main categories: **One or Two Stars**, **Three Stars**, and **Four or Five Stars**. The categories are based on an MCP's overall member satisfaction (star) ratings on the global ratings and composite measures.

The Ohio comparative analysis results are grouped into two main statistically significant categories: Significantly Lower than the Program Average and Significantly Higher than the Program Average. The categories are based on the assignment of arrows to the MCPs' overall means on the global ratings, composite measures and items, and individual item measures as shown in Section E. The following is a list of statistically significant categories based on the overall means.

Significantly Lower than the Program Average – downward arrow (↓) on overall mean

Significantly Higher than the Program Average – upward arrow (↑) on overall mean

Pages F-2–F-6 depict a summary of the results for the participating MCPs in Ohio's ABD Medicaid Managed Care Program, as derived from the NCQA and Ohio comparisons.

AMERIGROUP

Results are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (Section D).

One or Two Stars

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

Three Stars

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

Four or Five Stars

- None

The *statistically significant* results presented below are based on the Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (Section E).

Significantly Lower than the Program Average

- Rating of Health Plan
- Getting Needed Care Composite
- Getting Needed Care: Getting Care Believed Necessary
- Getting Care Quickly Composite
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- Customer Service Composite
- Customer Service: Obtaining Help Needed From Customer Service
- Customer Service: Health Plan Customer Service Treated with Courtesy and Respect

Significantly Higher than the Program Average

- Access to Care: Tried to Make Appointment to See Specialist
- Access to Care: Made Appointments for Health Care

BUCKEYE

Results are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (Section D).

One or Two Stars

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

Three Stars

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

Four or Five Stars

- None

The *statistically significant* results presented below are based on the Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (Section E).

Significantly Lower than the Program Average

- Rating of Health Plan
- Getting Needed Care: Getting Care Believed Necessary
- Satisfaction with Health Care Providers: Have a Personal Doctor

Significantly Higher than the Program Average

- None

CareSource

Results are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (Section D).

One or Two Stars

- Shared Decision Making

Three Stars

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

Four or Five Stars

- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- Customer Service
- Rating of Specialist Seen Most Often

The *statistically significant* results presented below are based on the Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (Section E).

Significantly Lower than the Program Average

- None

Significantly Higher than the Program Average

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care Composite
- Getting Needed Care: Seeing a Specialist
- Getting Needed Care: Getting Care Believed Necessary
- Getting Care Quickly Composite
- Customer Service Composite
- Customer Service: Obtaining Help Needed From Customer Service
- Customer Service: Health Plan Customer Service Treated with Courtesy and Respect
- Satisfaction with Health Care Providers: Have a Personal Doctor

MOLINA

Results are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (Section D).

One or Two Stars

- Rating of Health Plan
- Rating of All Health Care
- Shared Decision Making
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Customer Service

Three Stars

- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly

Four or Five Stars

- None

The *statistically significant* results presented below are based on the Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (Section E).

Significantly Lower than the Program Average

- None

Significantly Higher than the Program Average

- None

UNISON

Results are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (Section D).

One or Two Stars

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

Three Stars

- Rating of Personal Doctor
- Getting Needed Care
- Customer Service

Four or Five Stars

- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate

The *statistically significant* results presented below are based on the Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (Section E).

Significantly Lower than the Program Average

- Access to Care: Tried to Make Appointment to See Specialist

Significantly Higher than the Program Average

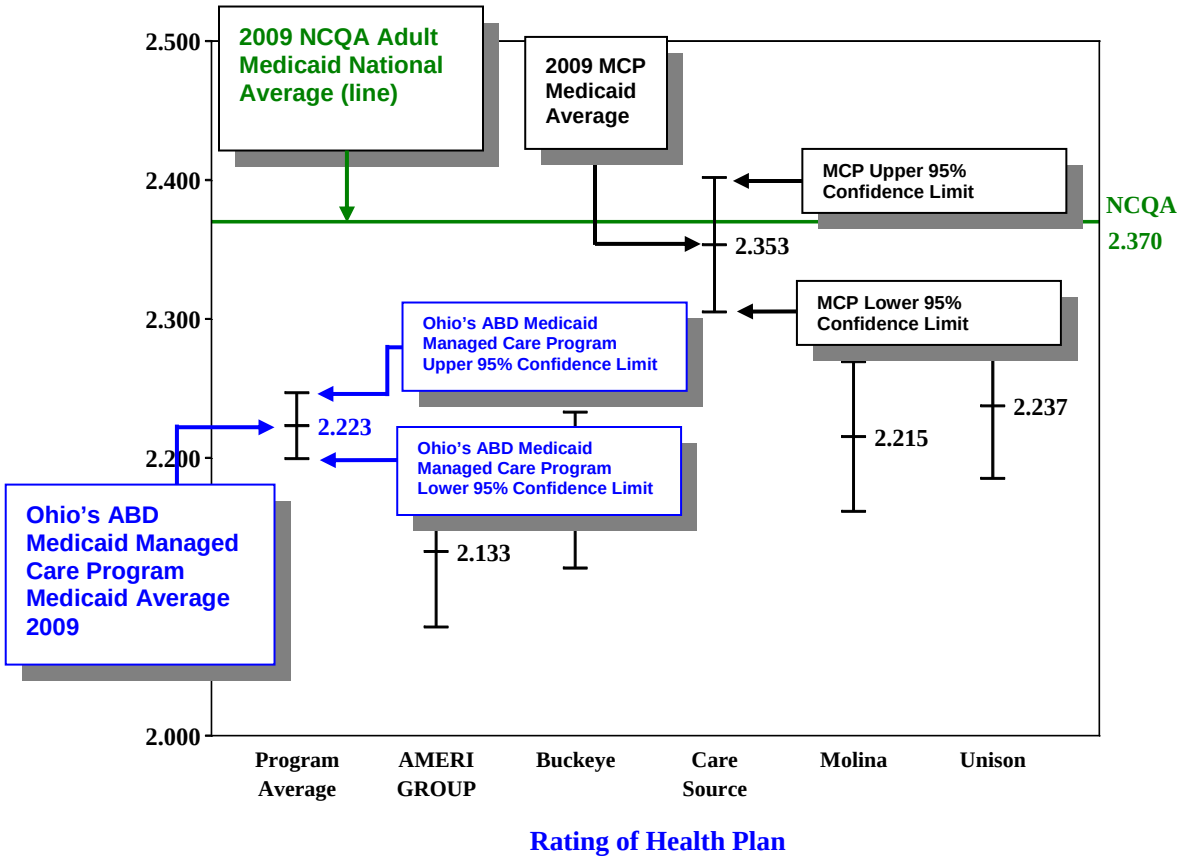
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- Customer Service: Health Plan Customer Service Treated with Courtesy and Respect

Reader's Guide

How to Read Figures in the NCQA Comparisons Section

Below is an explanation of how to read the figures presented in the NCQA Comparisons section. The NCQA Comparisons section reports on the CAHPS results in accordance with HEDIS specifications for survey measures.

Separate figures were created for the global ratings and composite scores. Each figure depicts the three-point means or the top-box scores for 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 Medicaid averages are presented for comparative purposes. Within each figure, separate vertical lines depict each MCP and Ohio's ABD Medicaid Managed Care Program. The 2009 NCQA National Medicaid average is depicted as a green horizontal reference line. For each MCP and Ohio's ABD Medicaid Managed Care Program, the mean score and upper and lower 95 percent confidence limits are indicated. The interpretation of the NCQA comparison figures requires an understanding of sampling error. For additional information on sampling error, please refer to the discussion beginning on page G-5.



OVERALL MEMBER SATISFACTION TABLE

The Overall Member Satisfaction Table (Table D-1, on page D-22) depicts member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2009 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.[1] NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments are based on NCQA's 2009 National Adult Medicaid data.[2]

★★★★★ - indicates a score at or above the 90th percentile

★★★★ - indicates a score between the 75th and 89th percentiles

★★★ - indicates a score between the 50th and 74th percentiles

★★ - indicates a score between the 25th and 49th percentiles

★ - indicates a score below the 25th percentile

Table G-1, on page G-3, provides a crosswalk of the number of stars to the adult member three-point means on the global ratings and composite scores.

[1] National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009.* Washington, DC: NCQA.

[2] NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

Table G-1
Overall Member Satisfaction Ratings Crosswalk

Area Rated	★	★★	★★★	★★★★	★★★★★
	Number of Stars				
Global Ratings					
Health Plan	0 - 2.239	2.240 - 2.319	2.320 - 2.409	2.410 - 2.489	≥ 2.490
All Health Care	0 - 2.169	2.170 - 2.229	2.230 - 2.299	2.300 - 2.359	≥ 2.360
Personal Doctor	0 - 2.379	2.380 - 2.419	2.420 - 2.479	2.480 - 2.539	≥ 2.540
Specialist Seen Most Often	0 - 2.389	2.390 - 2.439	2.440 - 2.489	2.490 - 2.529	≥ 2.530
Composite Scores					
Getting Needed Care	0 - 2.099	2.100 - 2.239	2.240 - 2.319	2.320 - 2.399	≥ 2.400
Getting Care Quickly	0 - 2.259	2.260 - 2.349	2.350 - 2.409	2.410 - 2.459	≥ 2.460
How Well Doctors Communicate	0 - 2.479	2.480 - 2.539	2.540 - 2.579	2.580 - 2.639	≥ 2.640
Customer Service	0 - 2.279	2.280 - 2.369	2.370 - 2.439	2.440 - 2.519	≥ 2.520
Shared Decision Making*	0 - 2.434	2.435 - 2.484	2.485 - 2.520	2.521 - 2.551	≥ 2.552

Note: Source of star benchmarks: NCQA. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009. Washington, DC: NCQA.

**Source of national distribution for the Shared Decision Making composite: NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.*

HOW TO READ THE OHIO COMPARISONS BAR GRAPHS

Below is an explanation of how to read the bar graphs presented in the Ohio Comparisons section. The Ohio Comparisons section reports on the CAHPS results in accordance with the methodology used by ODJFS to meet the reporting needs of the State of Ohio.

Separate bar graphs were created for the global ratings, composite scores, items within the composites, individual item measures, and individual questions in four areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services). Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for Ohio's ABD Medicaid Managed Care Program and its participating MCPs. Statistically significant differences between the MCP-level scores in 2009 and the program average in 2009 are noted within the bar graphs.

The least positive responses to the survey questions are always at the left end of the bar in **red**.

Responses that fall between the least positive and the most positive responses are always in the middle of the bar in **yellow**.

The most positive responses to the survey questions are always at the right end of the bar in **blue**.

Overall means are shown to the right of the bar.

For figures with two response categories, only blue and red bars are depicted. For certain questions, response categories are neither more positive nor less positive. For these questions, the colors of the bars simply identify different response categories.

Numbers within the bars represent the percentage of respondents in the response category. Overall means are shown to the right of the bars.

Arrows (↑ and ↓) within the bars and to the left of the overall means indicate statistically significant differences between an MCP's mean scores[3] in 2009 and the program average in 2009. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

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

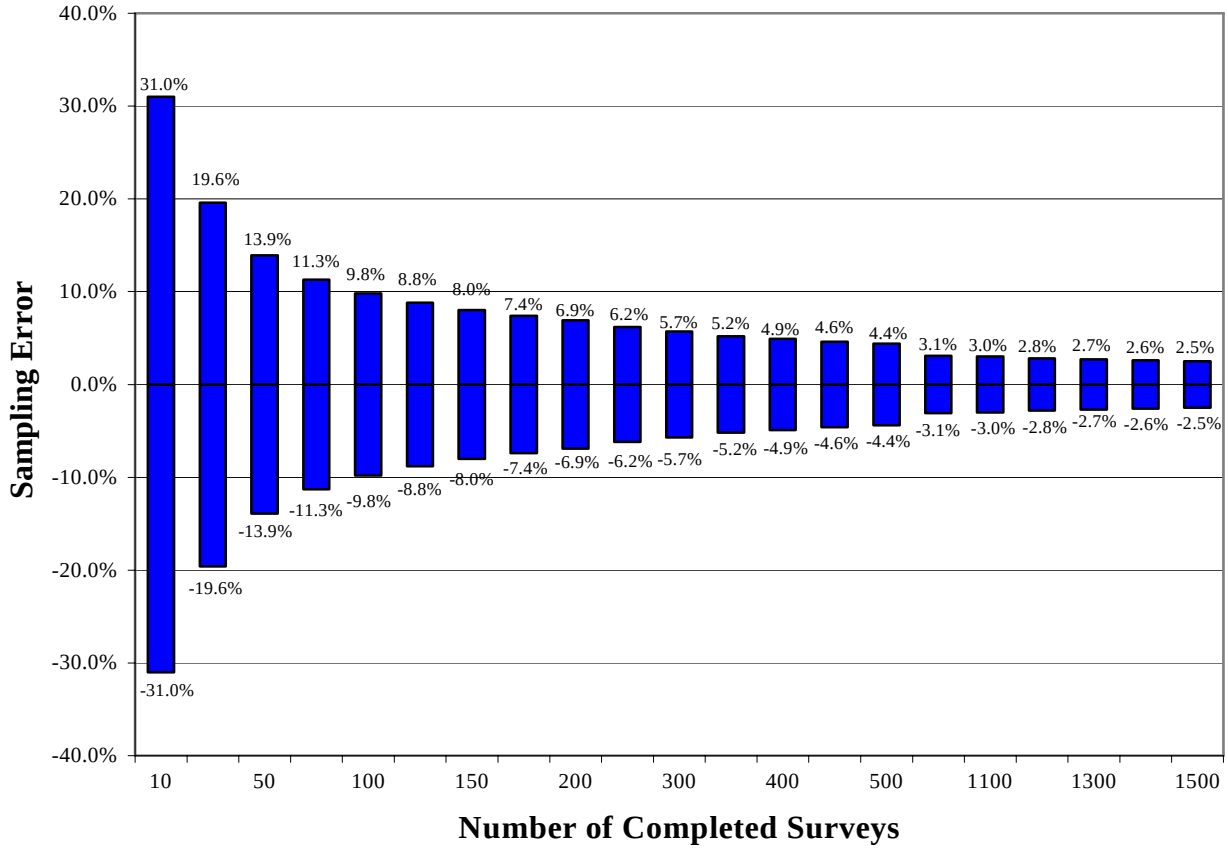
UNDERSTANDING SAMPLING ERROR

The interpretation of CAHPS results requires an understanding of sampling error, since it is generally not feasible to survey an entire MCP's population. For this reason, surveys include only a sample from the population and use statistical techniques to maximize the probability that the sample results apply to the entire population.

In order for results to be generalizable to the entire population, the sample selection process must give each person in the population an equal chance of being selected for inclusion in the study. In the CAHPS Surveys, this is accomplished by drawing a sample that randomly selects members for inclusion from the entire MCP. This ensures that no single group of members in the sample is over-represented relative to the entire population. For example, if there were a larger number of members surveyed between the ages of 45 to 54, their views would have a disproportionate influence on the results compared to other age groups.

Since every member in an MCP's total population is not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques are used to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is ±10 percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. The size of the sampling error shown in Figure G-1, on page G-6, is based on the number of completed surveys. Figure G-1 indicates that if 400 MCP members complete a survey, the margin of error is ±4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population is greater than 2,000, as is the case with most Medicaid MCPs. As the number of members completing a survey decreases, the sampling error increases. Lower response rates may bias results because the proportion of members responding to a survey may not necessarily reflect the randomness of the entire sample.

Figure G-1
Sampling Error and the Number of Completed Surveys



As Figure G-1 demonstrates, sampling error declines as the number of completed surveys increases.[4] Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are reviewed will influence the interpretation of results.

[4] Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

REPORT INTERPRETATION

This section of the report offers an approach to the interpretation of an MCP's results. The CAHPS Medicaid Health Plan Survey instrument was administered to those members chosen at random from the total enrollment of each participating MCP as permitted by the HEDIS/CAHPS methodology. The goal was to obtain as high a response rate as possible. As discussed in the previous section, the fewer the number of responses, the wider the sampling error. Table G-2 depicts the sampling errors for various numbers of responses.[5]

Table G-2
Sampling Error and the Number of Survey Responses

Number of Responses	100	150	200	250	300	350	400	500
Approximate Sampling Error (%)	± 9.8	± 8.0	± 6.9	± 6.2	± 5.7	± 5.2	± 4.9	± 4.4

It is important to note that sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid respondents were 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true satisfaction rate ranges between 72 percent and 88 percent. If 100 of an MCP's members completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of 5 percentage points between the two rates as important. However, the true satisfaction rate of the MCP's respondents ranges between 75 percent and 95 percent, thereby overlapping the state Medicaid average including sampling error. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. At the same time, lack of statistical significance is not the same as lack of importance. The significance of this 5 percentage-point difference is open to interpretation at both the individual MCP level and the state level.

[5] Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

LIMITATIONS AND CAUTIONS

The findings presented in the 2009 Ohio ABD Medicaid Managed Care Program CAHPS Reports are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Case-Mix Adjustment

While data have been adjusted for differences in member health status, respondent education level, and respondent age, it was not possible to adjust for differences in member or respondent characteristics that were not measured. These characteristics include income, employment, or any other characteristics that may not be under the MCP's control.

In addition, a factor that should be considered when making comparisons to NCQA data is 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.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by MCP. The Respondent/Non-Respondent analysis highlights differences between the demographic characteristics of the respondent and non-respondent populations. The identified potential for non-response bias should be considered when interpreting the results.

Causal Inferences

Although the 2009 Ohio ABD Medicaid Managed Care Program CAHPS Reports examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the Ohio reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist.

QUALITY IMPROVEMENT REFERENCES

The following references offer guidance on possible approaches to quality improvement (QI) activities.

Backer LA. Strategies for better patient flow and cycle time. *Family Practice Management*. 2002; 9(6): 45-50. Available at: http://www.aafp.org/fpm/20020600/45stra.html. Accessed on: October 6, 2009.

Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. *Health Affairs*. 2002; 21(3): 80-90.

Bonomi AE, Wagner EH, Glasgow RE, et al. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health Services Research*. 2002; 37(3): 791-820.

Camp R, Tweet AG. Benchmarking applied to health care. *Joint Commission Journal on Quality Improvement*. 1994; 20: 229-238.

Edgman-Levitan S, Shaller D, McInnes K, Joyce R, Coltin K, Cleary P. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. Department of Health Care Policy, Harvard Medical School; 2003.
Available at: https://www.cahps.ahrq.gov/qiguide/default.aspx. Accessed on: October 6, 2009.

Garwick AW, Kohrman C, Wolman C, et al. Families' recommendations for improving services for children with chronic conditions. *Archives of Pediatric and Adolescent Medicine*. 1998; 152(5): 440-8.

Gerteis M, Edgman-Levitan S, Daley J. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco, CA: Jossey-Bass; 1993.

Grumbach K, Selby JV, Damberg C, et al. Resolving the gatekeeper conundrum: what patients value in primary care and referrals to specialists. *Journal of the American Medical Association*. 1999; 282(3): 261-6.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

Keating NL, Green DC, Kao AC, et al. How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*. 2002; 17(1): 29-39.

Korsch BM, Harding C. *The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk So Your Doctor Will Listen*. New York, NY: Oxford University Press; 1998.

Langley G J, Nolan KM, Norman CL, Provost LP, Nolan TW. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass; 1996.

Leebov W, Scott G. *Service Quality Improvement: The Customer Satisfaction Strategy for Health Care*. Chicago, IL: American Hospital Publishing, Inc.; 1994.

Leebov W, Scott G, Olson L. *Achieving Impressive Customer Service: Seven Strategies for the Health Care Manager*. San Francisco, CA: Jossey-Bass; 1998.

Maly RC, Bourque LB, Engelhardt RF. A randomized controlled trial of facilitating information given to patients with chronic medical conditions: Effects on outcomes of care. *Journal of the American Medical Association*. 1999; 267(13): 1813-7.

Molnar C. Addressing challenges, creating opportunities: fostering consumer participation in Medicaid and Children's Health Insurance Managed Care Programs. *Journal of Ambulatory Care Management*. 2001; 24(3): 61-7.

Murray M. Reducing waits and delays in the referral process. *Family Practice Management*. 2002; 9(3): 39-42. Available at: http://www.aafp.org/fpm/20020300/39redu.html. Accessed on: October 6, 2009.

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. *Journal of the American Medical Association*. 2003; 289(8): 1035-40.

Nelson AM, Brown SW. *Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty*. New York, NY: Aspen Publishers, Inc.; 1997.

Spicer J. Making patient care easier under multiple managed care plans. *Family Practice Management*. 1998; 5(2): 38-42, 45-8, 53.
Available at: http://www.aafp.org/fpm/980200fm/spicer.html. Accessed on: October 6, 2009.

Wasson JM, Godfrey M, Nelson E, et al. Microsystems in health care: Part 4. Planning patient-centered care. *Joint Commission Journal on Quality and Safety*. 2003; 29(5): 227-237. Available at: http://howsyourhealth.com/html/CARE.pdf. Accessed on: October 6, 2009.