



Department of
Job and Family Services

**2012 CAHPS®
OHIO'S COVERED FAMILIES AND
CHILDREN MEDICAID
MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY**

Full Report

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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 2012, the ABD and CFC Medicaid Managed Care Programs were surveyed independently. This report presents survey results for Ohio's CFC Medicaid Managed Care Program.¹ The standardized survey instruments selected for 2012 for the CFC population were the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).² Seven MCPs participated in the 2012 CFC CAHPS Medicaid Health Plan Surveys, as listed in Table A-1 below. Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2012.

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
Paramount <i>Advantage</i>	Paramount
UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare
WellCare of Ohio, Inc.	WellCare

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

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

ODJFS administered the 2012 CAHPS Surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. This Ohio CFC Medicaid Managed Care Program CAHPS Full Report is one of four separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2012 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 CFC adult members who completed a survey and child members whose parents or caretakers completed a survey; (C) The *Respondent/Non-Respondent Analysis* section compares the demographic characteristics of the CAHPS Survey CFC 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, individual items, Children with Chronic Conditions (CCC) composites, CCC composite items, and CCC 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 CFC 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 CFC Medicaid Managed Care Program CAHPS Full Report.
- The **CCC Report** compares the CAHPS results of the CCC population to the children without chronic conditions (non-CCC) population.
- 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 2011. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2011). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2011). Table A-2 provides a breakout of the sample frames for each MCP.

Table A-2 MCP Sample Frame Sizes		
MCP	Adult Sample Frame	Child Sample Frame
AMERIGROUP	13,035	31,537
Buckeye	38,027	83,013
CareSource	220,801	477,062
Molina	58,429	125,935
Paramount	25,376	55,138
UnitedHealthcare	29,672	60,074
WellCare	27,104	59,760

Sample Size

In order to derive the CAHPS results presented in this report, a random sample of 1,755 adult members was selected from each participating MCP, and a total of 12,285 adult surveys were mailed out for the seven participating MCPs in the State of Ohio.

In deriving the CAHPS results presented in this report, a random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample to represent the general population of children. Child members in the CAHPS 4.0H child sample could have a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.⁴ A total of 11,550 child surveys for children in the CAHPS 4.0H child sample were mailed out for the seven participating MCPs. After selecting child members for the CAHPS 4.0H child sample, a random sample of 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. A total of 12,880 child surveys for children in the CCC supplemental sample were mailed out. For additional information on the CCC population, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. In total, 24,430 child surveys were mailed to child members in the CAHPS 4.0H child sample and CCC supplemental sample of participating MCPs, with 3,490 child members per participating MCP. Please note, child members in both the CAHPS 4.0H child sample and CCC supplemental sample received the same CAHPS 4.0H Child Medicaid Health Plan Survey (with CCC measurement set) instrument. The child results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report are based on the responses of parents or caretakers of children from the CAHPS 4.0H child sample.⁵ This random sample of members from each MCP represents the general child population. The CAHPS 4.0H Child Medicaid Health Plan Survey also included a number of questions used to screen for children with chronic conditions. These questions were used to identify children with chronic conditions from both the CAHPS 4.0H child sample and CCC supplemental sample. A comparison of the CCC population's results to the non-CCC population's results is presented in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. For additional information on the CCC population and CCC screener, please refer to *Children with Chronic Conditions Profiles* in Section B.

The NCQA protocol permits oversampling in increments of 5 percent. A 30 percent oversample was performed on the adult population. This oversampling was performed to ensure a greater

⁴ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

⁵ The exception to this are the results presented in Table B-5 and Table B-6, which include results for all children sampled (i.e., children from both the general child and CCC supplemental sample).

number of respondents to each CAHPS measure. Given the large number of child members sampled from each MCP, no oversampling was performed on the child population.

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 second survey was sent to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.⁶

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 (for adult members), or were 17 years of age or younger (for child members) as of December 31, 2011
- Were currently enrolled in an MCP
- Had been continuously enrolled for at least five of the last six months of 2011

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 (adult and child) 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). Prior to initiating CATI, HSAG employed the TeleMatch telephone number verification service to locate and/or update telephone numbers for all non-respondents. 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 and letters; that the letters 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.

⁶ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2012 Survey Measures*. Washington, DC: NCQA Publication, 2011.

Table A-3 CAHPS Health Plan Surveys Time Frame⁷	
Basic Tasks for Conducting the Surveys	Time Frame
Send first questionnaire with cover letter to adult member or parent/caretaker of child member	0 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 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 Surveys was comprehensive and designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP’s population. The response rate is the total number of completed surveys divided by all eligible members of the sample.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.⁹ For additional information on the calculation of a completed survey and response rates, please refer to Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁷ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

⁸ Ibid.

⁹ The mentally or physically incapacitated designation is not valid for the CAHPS 4.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

Table A-4 depicts the total response rates (combining adult and general child members) and the response rates by population (adult or general child) for Ohio's CFC Medicaid Managed Care Program and all participating MCPs.

Table A-4 CAHPS 4.0H Medicaid Response Rates Ohio's CFC Medicaid Managed Care Program			
	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio's CFC Medicaid Managed Care Program	27.39%	25.41%	29.49%
AMERIGROUP	24.43%	22.46%	26.57%
Buckeye	30.71%	27.25%	34.40%
CareSource	29.31%	27.99%	30.71%
Molina	30.17%	27.41%	33.11%
Paramount	27.68%	25.45%	30.04%
UnitedHealthcare	25.59%	24.87%	26.35%
WellCare	23.83%	22.48%	25.25%
<i>Please note, children in the CCC supplemental sample are not included in the response rates.</i>			

Table A-5 depicts the total number of completed surveys (combining adult and general child members) and the number of completed surveys by population (adult or general child) for Ohio's CFC Medicaid Managed Care Program and all participating MCPs.

Table A-5 CAHPS 4.0H Medicaid Completed Surveys Ohio's CFC Medicaid Managed Care Program			
	Total Number of Completed Surveys	Number of Adult Completed Surveys	Number of Child Completed Surveys
Ohio's CFC Medicaid Managed Care Program	6,404	3,061	3,343
AMERIGROUP	810	387	423
Buckeye	1,027	470	557
CareSource	980	480	500
Molina	1,006	470	536
Paramount	925	438	487
UnitedHealthcare	860	430	430
WellCare	796	386	410
<i>Please note, children in the CCC supplemental sample are not included in the number of completed surveys.</i>			

Demographics

This Demographics section depicts the characteristics of respondents and members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey or the CAHPS 4.0H Child Medicaid Health Plan Survey.¹ 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 area. Demographic differences among Ohio's CFC 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.² 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, respondent educational level, and respondent 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 CFC Medicaid Managed Care Program CAHPS Methodology Report.

The demographic data in this section are presented in two subsections. The first subsection consists of four tables, Table B-1 through Table B-4. These tables depict respondent-level and member-level demographic data for CFC adult and general child members. Member age, gender, and race and ethnicity information were derived from administrative data. General health status and respondent age, gender, education, and relationship to child information were derived from responses to the CAHPS Surveys. The second subsection consists of two tables, Table B-5 and Table B-6. These tables present the CCC population and how this population was identified.

¹ The parents or caretakers of child members completed the CAHPS 4.0H Child Medicaid Health Plan Survey on behalf of child members.

² Agency for Healthcare Research and Quality. "CAHPS Health Plan Survey Database Methodology." *The CAHPS Benchmarking Database*. Rockville, MD: US Department of Health and Human Services, September 2009.

ADULT AND GENERAL CHILD PROFILES

Respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table B-1, on page B-3, combines the CFC adult and general child information to display the demographic characteristics of respondents to the CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys. Age and gender for respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey were derived from administrative data. Age and gender for respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey were derived from responses to the Child Medicaid Health Plan Survey. Respondent education was based on responses to the CAHPS Surveys.

Table B-1 shows AMERIGROUP, Molina, and Paramount had a higher percentage of respondents 24 years of age and younger than Ohio's CFC Medicaid Managed Care Program average. Buckeye, Paramount, and WellCare had more Female respondents than the program average. In addition, AMERIGROUP, Molina, and WellCare had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than Ohio's CFC Medicaid Managed Care Program average.

Table B-1
Respondent Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Age								
Under 18*	3.3%	4.1%	3.7%	3.0%	2.7%	3.7%	3.8%	1.8%
18 to 24	16.1%	19.1%	15.3%	13.9%	17.2%	16.5%	14.4%	17.0%
25 to 34	37.7%	39.8%	38.2%	37.4%	38.5%	36.9%	36.7%	36.6%
35 to 44	27.9%	22.2%	29.8%	29.7%	27.1%	28.2%	29.7%	27.3%
45 to 54	11.3%	10.6%	10.0%	11.7%	10.5%	11.8%	12.4%	12.4%
55 or older	3.7%	4.1%	2.9%	4.3%	4.0%	2.9%	3.1%	4.8%
Gender								
Male	16.3%	18.9%	13.8%	17.0%	18.5%	15.1%	16.9%	14.2%
Female	83.7%	81.1%	86.2%	83.0%	81.5%	84.9%	83.1%	85.8%
Education								
Not a High School Graduate	16.5%	20.3%	15.9%	15.7%	20.1%	12.4%	14.0%	17.5%
High School Graduate	39.8%	38.5%	41.7%	36.6%	42.0%	37.4%	43.8%	38.0%
Some College	37.3%	34.8%	37.8%	40.0%	31.6%	43.4%	36.5%	36.9%
College Graduate	6.4%	6.4%	4.6%	7.7%	6.3%	6.8%	5.6%	7.7%

* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS 4.0H Child Medicaid Health Plan Survey on behalf of child members. Respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey did not have this response choice.
Please note, percentages may not total 100% due to rounding.

Table B-2, on page B-4, combines the CFC adult and general child information to display the demographic characteristics of the adult and general child members. Race and ethnicity were derived from administrative data while health status was derived from responses to the CAHPS Surveys.

Table B-2 reveals differences in the racial composition and general health status of adult and general child members of Ohio's CFC Medicaid Managed Care Program. For example, AMERIGROUP, CareSource, and WellCare had a higher percentage of respondents who were Black when compared to the program average. AMERIGROUP, Buckeye, CareSource, and Paramount had a higher percentage of respondents who were Hispanic than the program average. AMERIGROUP, Buckeye, and UnitedHealthcare had a higher percentage of respondents whose self-reported health status was Excellent or Very Good than the program average.

Table B-2								
Adult and General Child Member Profiles								
	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Race and Ethnicity								
White	72.7%	68.3%	76.4%	66.6%	79.2%	76.4%	83.7%	55.3%
Black	22.8%	26.5%	19.0%	29.5%	17.0%	18.5%	11.9%	39.6%
Hispanic	2.4%	3.6%	3.5%	3.1%	1.9%	4.0%	0.0%	0.0%
Asian	1.1%	1.6%	1.1%	0.0%	1.8%	0.9%	1.3%	0.9%
Native American	0.1%	0.0%	0.0%	0.3%	0.1%	0.1%	0.0%	0.0%
Other	1.0%	0.0%	0.0%	0.5%	0.0%	0.1%	3.1%	4.3%
Health Status								
Excellent	27.4%	26.6%	28.6%	26.9%	27.7%	26.1%	27.9%	27.3%
Very Good	34.5%	36.7%	35.6%	33.1%	33.4%	33.8%	34.8%	34.4%
Good	27.5%	27.1%	26.9%	26.7%	28.0%	29.6%	26.7%	27.5%
Fair	8.8%	8.2%	7.9%	10.7%	9.1%	9.1%	7.7%	9.1%
Poor	1.8%	1.3%	1.0%	2.5%	1.8%	1.4%	2.9%	1.7%
<i>Please note, percentages may not total 100% due to rounding.</i>								

Table B-3, on page B-5, presents the demographic characteristics of the adult members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey. Age, gender, and race and ethnicity were derived from administrative data while education and health status were derived from responses to the Adult Medicaid Health Plan Survey.

Table B-3 reveals differences in the demographics of adult members of Ohio's CFC Medicaid Managed Care Program. CareSource, Paramount, and WellCare had a higher percentage of respondents 45 to 54 years of age than Ohio's CFC Medicaid Managed Care Program. Buckeye, CareSource, Paramount, and WellCare had a higher percentage of Female respondents than the program average. AMERIGROUP, Molina, and WellCare had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than the program average. AMERIGROUP, CareSource, and WellCare had a higher percentage of respondents who were Black than Ohio's CFC Medicaid Managed Care Program average. In addition, AMERIGROUP, Buckeye, and Paramount had a higher percentage of respondents who were Hispanic when compared to the program average. Buckeye and UnitedHealthcare had a higher percentage of respondents whose self-reported health status was Excellent or Very Good when compared to Ohio's CFC Medicaid Managed Care Program.

Table B-3
Adult Member Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Age								
18 to 24	24.2%	29.7%	22.3%	21.3%	26.6%	24.2%	22.1%	24.1%
25 to 34	37.1%	39.0%	37.4%	37.7%	38.5%	36.3%	35.1%	35.5%
35 to 44	26.1%	19.9%	27.7%	28.8%	23.8%	26.5%	30.5%	24.6%
45 to 54	11.0%	9.6%	10.6%	11.3%	10.2%	11.9%	10.2%	13.2%
55 or older	1.6%	1.8%	1.9%	1.0%	0.9%	1.1%	2.1%	2.6%
Gender								
Male	22.3%	23.5%	21.5%	20.6%	24.5%	21.7%	25.1%	19.4%
Female	77.7%	76.5%	78.5%	79.4%	75.5%	78.3%	74.9%	80.6%
Education								
Not a High School Graduate	17.4%	19.5%	16.6%	15.5%	19.3%	14.7%	16.5%	20.6%
High School Graduate	40.1%	39.5%	40.4%	37.2%	41.8%	38.4%	46.2%	36.5%
Some College	37.3%	36.1%	38.1%	40.5%	33.4%	43.0%	32.4%	36.8%
College Graduate	5.3%	4.9%	4.9%	6.8%	5.6%	3.9%	4.9%	6.1%
Race and Ethnicity								
White	74.0%	72.6%	77.2%	67.9%	82.3%	76.7%	84.4%	54.4%
Black	22.7%	23.8%	18.9%	29.8%	15.3%	18.0%	13.3%	42.2%
Hispanic	1.5%	2.1%	1.9%	1.5%	0.9%	4.3%	0.0%	0.0%
Asian	1.1%	1.6%	1.9%	0.0%	1.5%	0.7%	1.4%	0.8%
Native American	0.1%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	0.0%
Other	0.6%	0.0%	0.0%	0.6%	0.0%	0.0%	0.9%	2.6%
Health Status								
Excellent	10.8%	9.3%	11.1%	10.1%	9.9%	12.2%	12.3%	10.9%
Very Good	31.6%	32.5%	33.8%	31.8%	32.1%	28.9%	32.4%	29.4%
Good	38.5%	41.0%	38.9%	34.8%	38.8%	40.0%	36.8%	40.0%
Fair	15.5%	14.4%	13.9%	18.6%	15.2%	16.3%	13.5%	16.6%
Poor	3.6%	2.8%	2.3%	4.7%	3.9%	2.6%	5.1%	3.1%

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

Table B-4, on page B-7, presents the demographic characteristics of the general child members whose parents or caretakers completed the CAHPS 4.0H Child Medicaid Health Plan Survey, as well as the relationship of the parents or caretakers to the child members. Age, gender, and race and ethnicity were derived from administrative data while health status and respondent relationship to the child were derived from responses to the Child Medicaid Health Plan Survey.

Table B-4 reveals differences in the demographics of child members of Ohio's CFC Medicaid Managed Care Program. AMERIGROUP, Molina, Paramount, and UnitedHealthcare had a higher percentage of child members 4 years of age and younger than Ohio's CFC Medicaid Managed Care Program average. CareSource, Molina, Paramount, and WellCare had a higher percentage of Female child members than the program average. AMERIGROUP, CareSource, and WellCare had a higher percentage of child members who were Black than Ohio's CFC Medicaid Managed Care Program average. In addition, AMERIGROUP, Buckeye, CareSource, and Paramount had a higher percentage of child members who were Hispanic when compared to the program average. AMERIGROUP, Buckeye, UnitedHealthcare, and WellCare had a higher percentage of child members whose reported health status was Excellent or Very Good when compared to the program average. AMERIGROUP, CareSource, and Molina had a higher percentage of respondents indicate their relationship to the child member was a Grandparent when compared to Ohio's CFC Medicaid Managed Care Program.

Table B-4
General Child Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Age								
Less than 2	10.1%	11.6%	11.1%	7.8%	9.9%	9.7%	11.9%	8.8%
2 to 4	20.0%	19.6%	18.5%	18.8%	22.6%	20.7%	21.4%	18.5%
5 to 7	18.0%	18.7%	18.1%	18.2%	18.3%	15.8%	17.2%	20.2%
8 to 10	17.7%	16.8%	17.2%	18.0%	18.5%	20.5%	17.2%	15.1%
11 to 13	15.5%	15.6%	15.8%	16.4%	14.2%	14.8%	14.4%	17.3%
14 to 17	18.7%	17.7%	19.2%	20.8%	16.6%	18.5%	17.9%	20.0%
Gender								
Male	51.2%	53.2%	52.6%	50.6%	47.8%	51.1%	53.3%	50.7%
Female	48.8%	46.8%	47.4%	49.4%	52.2%	48.9%	46.7%	49.3%
Race and Ethnicity								
White	71.5%	64.3%	75.8%	65.4%	76.5%	76.2%	83.0%	56.1%
Black	22.8%	29.1%	19.0%	29.2%	18.5%	18.9%	10.5%	37.1%
Hispanic	3.1%	5.0%	4.8%	4.6%	2.8%	3.7%	0.0%	0.0%
Asian	1.0%	1.7%	0.4%	0.0%	2.1%	1.0%	1.2%	1.0%
Native American	0.1%	0.0%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%
Other	1.5%	0.0%	0.0%	0.4%	0.0%	0.2%	5.3%	5.9%
Health Status								
Excellent	42.5%	42.4%	43.0%	43.3%	43.5%	39.1%	43.4%	42.8%
Very Good	37.1%	40.6%	37.1%	34.3%	34.5%	38.4%	37.1%	39.0%
Good	17.4%	14.4%	17.0%	18.9%	18.4%	19.9%	16.9%	15.8%
Fair	2.7%	2.6%	2.9%	3.0%	3.7%	2.5%	1.9%	2.1%
Poor	0.2%	0.0%	0.0%	0.4%	0.0%	0.2%	0.7%	0.3%
Respondent Relationship to Child								
Parent	90.6%	90.1%	91.8%	89.4%	89.9%	90.9%	91.2%	90.8%
Grandparent	6.0%	7.0%	4.5%	6.8%	7.8%	5.7%	5.4%	4.6%
Other	3.4%	2.9%	3.7%	3.8%	2.3%	3.4%	3.4%	4.6%

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

CHILDREN WITH CHRONIC CONDITIONS PROFILES

A series of questions used to identify children with chronic conditions was included in the CAHPS 4.0H Child Medicaid Health Plan Survey distributed to parents and caretakers of Ohio's CFC Medicaid Managed Care Program child members. This series contained five sets of survey questions that focused on specific health care needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used **prescription medicine**
- Child needed or used **more medical care, mental health services, or educational services** than other children of the same age need or use
- Child had **limitations** in the ability to do what other children of the same age do
- Child needed or used **special therapy**
- Child needed or used **mental health treatment or counseling**

The survey responses for child members in the CAHPS 4.0H child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 4.0H child sample) included children with chronic conditions based on the responses to the survey questions. For each category, except for the "Mental Health Services" category, the first question was a gate item for the second question, which asked whether the child's use, need, or limitations were due to a health condition. Respondents who selected "No" to the first question were instructed to skip subsequent questions in that category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the second question were instructed to skip the third question in the category. For the "Mental Health Services" category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the first question were instructed to skip the second question in this category. Table B-5 displays the responses to the five categories of questions for all children sampled. Additional information on the CAHPS 4.0H child sample and the CCC supplemental sample can be found beginning on page A-4.

Table B-5
Responses to CCC Screener Questions
Response of “Yes”

	Ohio's CFC Medicaid Managed Care Program	AMERI-GROUP	Buckeye	CareSource	Molina	Paramount	United-Healthcare	WellCare
Prescription Medicine								
Needs/Uses Prescription Medicine	47.7%	46.3%	47.2%	47.1%	45.7%	49.1%	45.7%	53.7%
Due to Health Condition	89.8%	87.6%	90.3%	89.9%	87.8%	92.3%	88.1%	91.8%
Condition Duration of at Least 12 Months	94.2%	92.8%	94.1%	94.7%	95.4%	94.4%	95.9%	91.9%
More Care								
Needs/Uses More Care	25.8%	23.3%	26.3%	26.5%	27.2%	27.0%	23.2%	26.7%
Due to Health Condition	92.7%	90.9%	93.4%	91.7%	91.4%	94.2%	94.3%	93.2%
Condition Duration of at Least 12 Months	97.9%	97.2%	97.7%	99.2%	97.6%	98.3%	97.0%	97.5%
Functional Limitations								
Limited Abilities	16.3%	18.5%	14.5%	17.6%	19.0%	15.2%	12.6%	16.8%
Due to Health Condition	84.1%	76.4%	83.8%	87.1%	78.9%	89.2%	88.9%	87.5%
Condition Duration of at Least 12 Months	97.5%	97.5%	98.5%	97.4%	97.4%	94.7%	99.0%	98.3%
Special Therapy								
Needs/Gets Therapy	11.5%	13.9%	10.0%	11.7%	11.0%	13.5%	11.3%	8.9%
Due to Health Condition	70.9%	66.7%	63.1%	73.1%	77.2%	75.8%	64.1%	77.8%
Condition Duration of at Least 12 Months	94.7%	89.3%	97.1%	94.2%	96.5%	91.7%	98.5%	98.2%
Mental Health Services								
Needs/Gets Counseling	23.8%	20.1%	27.0%	23.5%	24.7%	24.0%	22.0%	24.2%
Condition Duration of at Least 12 Months	93.4%	92.2%	93.5%	95.7%	93.7%	93.4%	92.9%	91.4%

Please note, the parents or caretakers of child members in the CAHPS 4.0H child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question.

For each category of screener questions, except for the “Mental Health Services” category, the first question was a gate item for the second question, and asked whether the child’s use or need was due to a health condition. Respondents who selected “No” to the first question were instructed to skip subsequent questions in the category. The second question in each category of screener questions was a gate item for the third question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the second question were instructed to skip the third question in the category. For the “Mental Health Services” category, there were only two screener questions. The first question was a gate item for the second question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the first question were instructed to skip the second question in this category.

A total of 43.4 percent of all child members for whom a survey was completed (28.3 percent of child members in the CAHPS 4.0H child sample and 55.7 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table B-5.³ Table B-6 depicts the percentage of children with chronic conditions who had affirmative responses to all questions in each of the five categories. Please note, a child member can appear in more than one category.

Table B-6								
Distribution of Categories for Children with Chronic Conditions								
	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Prescription Medicine	82.8%	83.5%	81.8%	79.5%	82.1%	82.3%	86.4%	85.7%
More Care	48.1%	45.0%	49.7%	48.0%	50.9%	47.6%	47.8%	46.5%
Functional Limitations	27.4%	30.0%	25.0%	28.4%	31.0%	25.0%	25.2%	27.2%
Special Therapy	15.6%	17.3%	12.8%	15.5%	17.0%	17.7%	15.8%	12.9%
Mental Health Services	45.2%	39.8%	52.2%	42.2%	49.7%	42.9%	45.3%	42.3%

Please note, a child member may appear in more than one category.

³ The 43.4 percent is derived from the number of individuals who responded “Yes” to all of the questions in at least one of the five CCC categories (as described in Table B-5) divided by the total number of individuals in the entire child CAHPS sample (general child sample plus the CCC supplemental sample).

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 administrative data. For the adult age category, members were categorized as 18 to 24, 25 to 34, 35 to 44, 45 to 54, or 55 or older. For the child age category, members were categorized as Less than 2, 2 to 4, 5 to 7, 8 to 10, 11 to 13, or 14 to 17. 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 CFC 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

Table C-1, on page C-3, and Table C-2, on page C-4, present the results of the Respondent/Non-Respondent analysis for the adult and child populations, respectively. Overall, results of the analysis show that statistically significant demographic differences were found for the adult and child populations. The respondents to the adult survey were significantly older than the non-respondents. For the child survey, there were significantly fewer respondents than non-respondents for child members less than 2 years of age, and there were significantly more respondents than non-respondents for child members 8 to 10 years of age and 14 to 17 years of age. There were significantly more respondents than non-respondents in the adult survey who were White or Asian, and significantly fewer respondents than non-respondents who were Black or provided a response of "Other." For the child survey, there were significantly more respondents than non-respondents whose child was White or Asian, and significantly fewer respondents than non-respondents whose child was Black. For the adult population, there were significantly more Female respondents and significantly fewer Male respondents than non-respondents.

The demographic differences observed for Ohio's CFC 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 non-response bias exists. The differences simply indicate that a particular subgroup or population is less likely to respond to a survey than another subgroup.

Respondent/Non-Respondent Analysis
Full Report

ADULT RESPONDENT AND NON-RESPONDENT PROFILES

Table C-1 presents the demographic characteristics of the adult respondents and non-respondents to the CAHPS 4.OH Adult Medicaid Health Plan Survey.

Table C-1									
Adult Respondent and Non-Respondent Profiles									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Age of Adult									
18 to 24	R NR	24.2% ↓ 33.9%	29.7% ↓ 35.3%	22.3% ↓ 34.9%	21.3% ↓ 34.0%	26.6% ↓ 33.6%	24.2% ↓ 31.8%	22.1% ↓ 33.0%	24.1% ↓ 34.4%
25 to 34	R NR	37.1% 38.9%	39.0% 37.4%	37.4% 39.2%	37.7% 37.6%	38.5% 39.9%	36.3% 41.3%	35.1% 40.4%	35.5% 36.6%
35 to 44	R NR	26.1% ↑ 21.0%	19.9% 21.2%	27.7% ↑ 20.1%	28.8% ↑ 21.4%	23.8% 20.7%	26.5% ↑ 21.3%	30.5% ↑ 20.2%	24.6% 22.1%
45 to 54	R NR	11.0% ↑ 5.6%	9.6% ↑ 5.5%	10.6% ↑ 5.2%	11.3% ↑ 6.1%	10.2% ↑ 5.1%	11.9% ↑ 4.9%	10.2% ↑ 6.1%	13.2% ↑ 6.3%
55 or older	R NR	1.6% ↑ 0.6%	1.8% ↑ 0.7%	1.9% ↑ 0.5%	1.0% 0.9%	0.9% 0.7%	1.1% 0.6%	2.1% ↑ 0.4%	2.6% ↑ 0.7%
Gender									
Male	R NR	22.3% ↓ 27.9%	23.5% 27.7%	21.5% ↓ 27.9%	20.6% ↓ 27.7%	24.5% ↓ 30.0%	21.7% ↓ 27.9%	25.1% 29.6%	19.4% ↓ 25.0%
Female	R NR	77.7% ↑ 72.1%	76.5% 72.3%	78.5% ↑ 72.1%	79.4% ↑ 72.3%	75.5% ↑ 70.0%	78.3% ↑ 72.1%	74.9% 70.4%	80.6% ↑ 75.0%
Race and Ethnicity									
White	R NR	74.0% ↑ 66.6%	72.6% ↑ 66.1%	77.2% ↑ 70.5%	67.9% ↑ 58.8%	82.3% ↑ 76.4%	76.7% 72.4%	84.4% ↑ 78.9%	54.4% ↑ 43.9%
Black	R NR	22.7% ↓ 29.9%	23.8% ↓ 32.5%	18.9% ↓ 25.9%	29.8% ↓ 36.9%	15.3% ↓ 21.1%	18.0% 22.4%	13.3% ↓ 18.9%	42.2% ↓ 50.5%
Hispanic	R NR	1.5% 1.9%	2.1% ↑ 0.8%	1.9% 2.9%	1.5% ↓ 3.4%	0.9% 1.4%	4.3% 4.7%	0.0% 0.0%	0.0% 0.0%
Asian	R NR	1.1% ↑ 0.6%	1.6% 0.6%	1.9% ↑ 0.6%	0.0% 0.0%	1.5% 1.1%	0.7% 0.5%	1.4% 0.8%	0.8% 0.4%
Native American	R NR	0.1% 0.0%	0.0% 0.0%	0.0% 0.1%	0.2% 0.1%	0.0% 0.0%	0.2% 0.0%	0.0% 0.0%	0.0% 0.1%
Other	R NR	0.6% ↓ 1.0%	0.0% 0.0%	0.0% 0.0%	0.6% 0.8%	0.0% 0.0%	0.0% 0.0%	0.9% 1.4%	2.6% ↓ 5.0%
<p>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.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

Respondent/Non-Respondent Analysis
Full Report

CHILD RESPONDENT AND NON-RESPONDENT PROFILES

Table C-2 presents the demographic characteristics of the child members whose parents or caretakers did or did not respond to the CAHPS 4.0H Child Medicaid Health Plan Survey.¹

Table C-2									
Child Respondent and Non-Respondent Profiles									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	United- Healthcare	WellCare
Age of Child									
Less than 2	R	10.1% ↓	11.6%	11.1%	7.8%	9.9%	9.7%	11.9%	8.8%
	NR	11.7%	12.3%	11.0%	12.0%	14.0%	12.1%	10.2%	10.7%
2 to 4	R	20.0%	19.6%	18.5%	18.8%	22.6%	20.7%	21.4%	18.5%
	NR	21.4%	23.7%	21.1%	20.2%	23.1%	20.1%	21.3%	20.1%
5 to 7	R	18.0%	18.7%	18.1%	18.2%	18.3%	15.8%	17.2%	20.2%
	NR	18.9%	19.6%	18.6%	18.8%	18.9%	20.7%	18.3%	17.9%
8 to 10	R	17.7% ↑	16.8%	17.2%	18.0%	18.5%	20.5%	17.2%	15.1%
	NR	16.0%	15.7%	16.6%	16.3%	14.6%	15.3%	16.0%	17.6%
11 to 13	R	15.5%	15.6%	15.8%	16.4%	14.2%	14.8%	14.4%	17.3%
	NR	15.1%	14.0%	15.5%	15.7%	14.2%	15.0%	15.9%	15.2%
14 to 17	R	18.7% ↑	17.7%	19.2%	20.8%	16.6%	18.5%	17.9%	20.0%
	NR	16.8%	14.7%	17.3%	17.0%	15.3%	16.8%	18.4%	18.5%
Gender									
Male	R	51.2%	53.2%	52.6%	50.6%	47.8%	51.1%	53.3%	50.7%
	NR	50.2%	49.6%	49.4%	50.3%	52.3%	50.6%	49.7%	49.8%
Female	R	48.8%	46.8%	47.4%	49.4%	52.2%	48.9%	46.7%	49.3%
	NR	49.8%	50.4%	50.6%	49.7%	47.7%	49.4%	50.3%	50.2%
Race and Ethnicity									
White	R	71.5% ↑	64.3%	75.8%	65.4%	76.5%	76.2%	83.0%	56.1%
	NR	63.0%	58.9%	68.9%	57.6%	69.7%	68.9%	76.4%	42.0%
Black	R	22.8% ↓	29.1%	19.0%	29.2%	18.5%	18.9%	10.5%	37.1%
	NR	30.7%	31.5%	26.7%	37.1%	24.6%	24.6%	18.1%	51.0%
Hispanic	R	3.1%	5.0%	4.8%	4.6%	2.8%	3.7%	0.0%	0.0%
	NR	3.6%	8.1%	3.8%	4.0%	3.9%	5.9%	0.0%	0.0%
Asian	R	1.0% ↑	1.7%	0.4%	0.0%	2.1%	1.0%	1.2%	1.0%
	NR	0.6%	0.7%	0.6%	0.0%	1.5%	0.3%	0.7%	0.3%
Native American	R	0.1%	0.0%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%
	NR	0.1%	0.2%	0.0%	0.0%	0.1%	0.1%	0.0%	0.2%
Other	R	1.5%	0.0%	0.0%	0.4%	0.0%	0.2%	5.3%	5.9%
	NR	2.0%	0.6%	0.0%	1.3%	0.0%	0.2%	4.8%	6.5%
<p>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.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

¹ Please note, the characteristics of parents or caretakers (who were the actual respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey) were not available in the administrative data provided by the MCPs.

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, results for the adult and child populations are reported separately, and no weighting, trending, or case-mix adjustment is performed on the results. General child and adult members from Ohio's CFC Medicaid Managed Care Program were included in this analysis. In 2012, Ohio's CFC Medicaid Managed Care Program had 3,061 completed adult surveys (25.41 percent response rate) and 3,343 completed general child surveys (29.49 percent response rate) from seven participating MCPs. These 6,404 surveys (27.39 percent response rate) were used to calculate the 2012 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 for the general child population and the adult population. These NCQA-based results are followed by the overall member satisfaction (star) ratings for the general child and adult populations.

When reviewing these findings, 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 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

GENERAL CHILD RESULTS

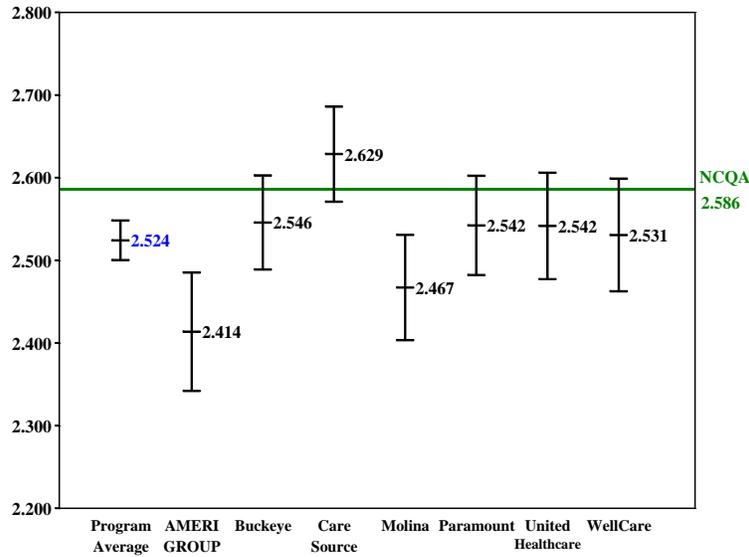
General Child Three-Point Means on the Global Ratings

Figures D-1-D-4 on pages D-3 and D-4 depict the 2012 results of the four global ratings for general child members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 NCQA national child 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 CFC 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-7.

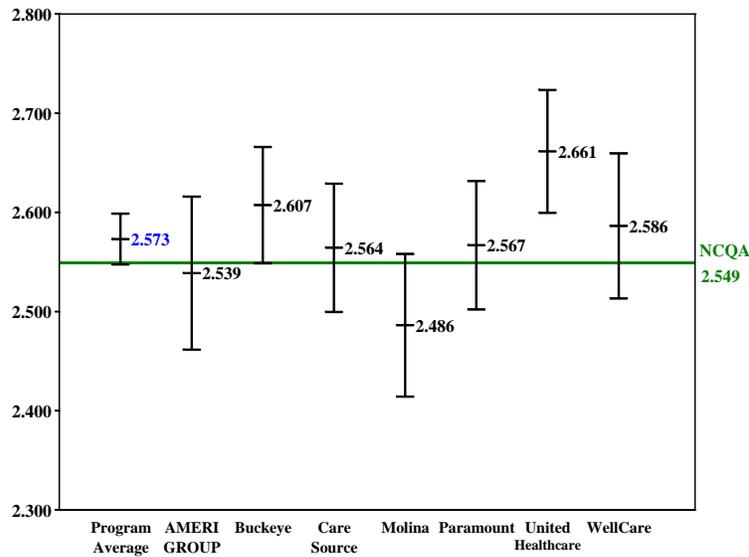
General Child Three-Point Mean Figures on the Global Ratings

Figure D-1
Rating of Health Plan



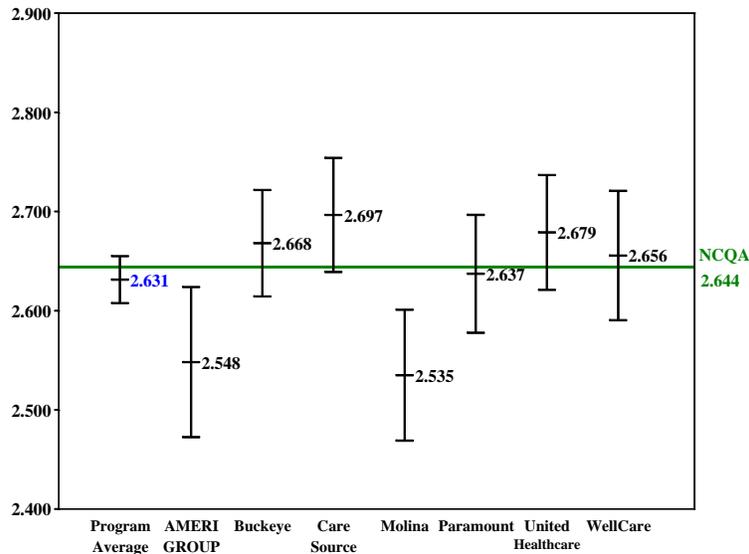
Rating of Health Plan

Figure D-2
Rating of All Health Care



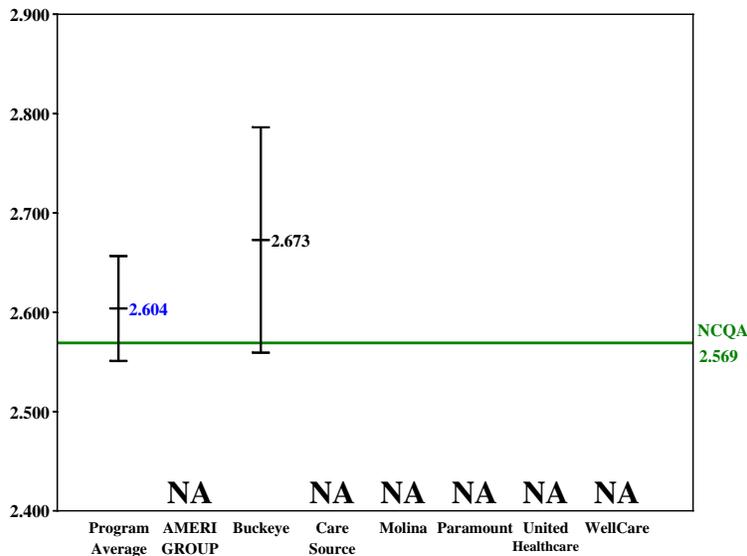
Rating of All Health Care

Figure D-3
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-4
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

General Child 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 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2012 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2012 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the NCQA average for two of the global ratings. The program’s and all of the MCPs’ three-point means encompass or exceed the NCQA average for the Rating of All Health Care and Rating of Specialist Seen Most Often global ratings.

Rating of Health Plan (Figure D-1)

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

Rating of All Health Care (Figure D-2)

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

Rating of Personal Doctor (Figure D-3)

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

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

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program and Buckeye encompass the NCQA average.
- The results for AMERIGROUP, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

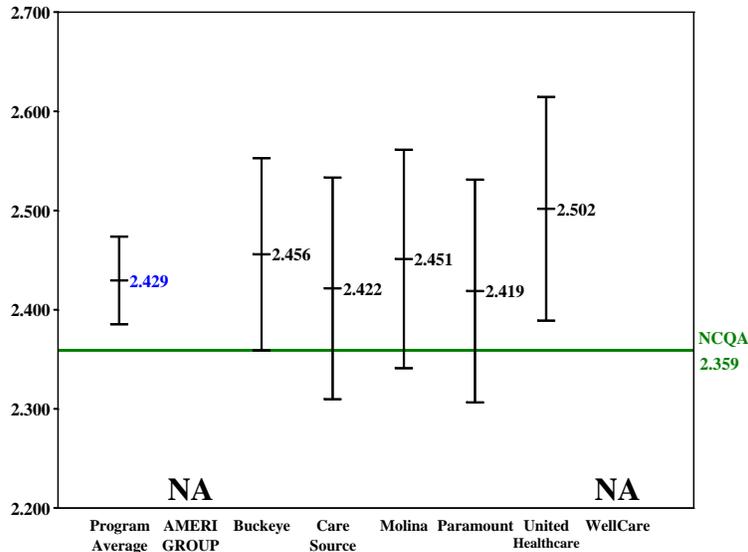
General Child Three-Point Means on the Composite Measures

Figures D-5-D-9 on pages D-7-D-9 depict the 2012 results of the five composite measures for general child members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 NCQA national child 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 CFC 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-7.

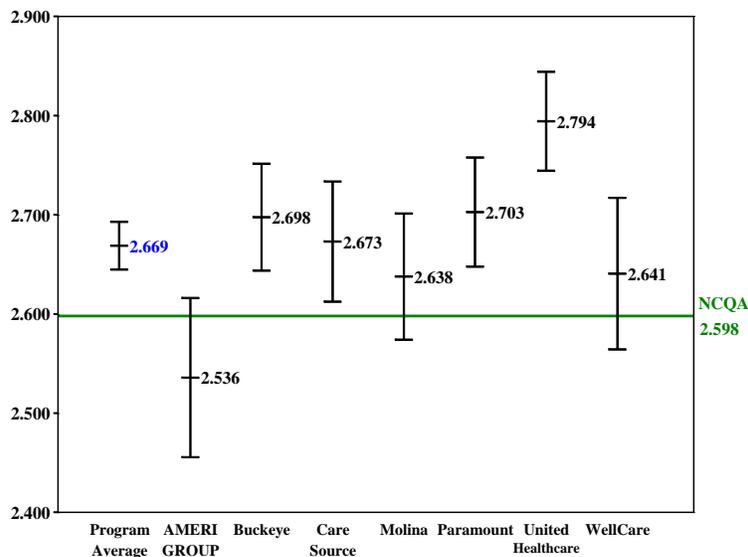
General Child Three-Point Mean Figures on the Composite Measures

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). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Figure D-7
How Well Doctors Communicate

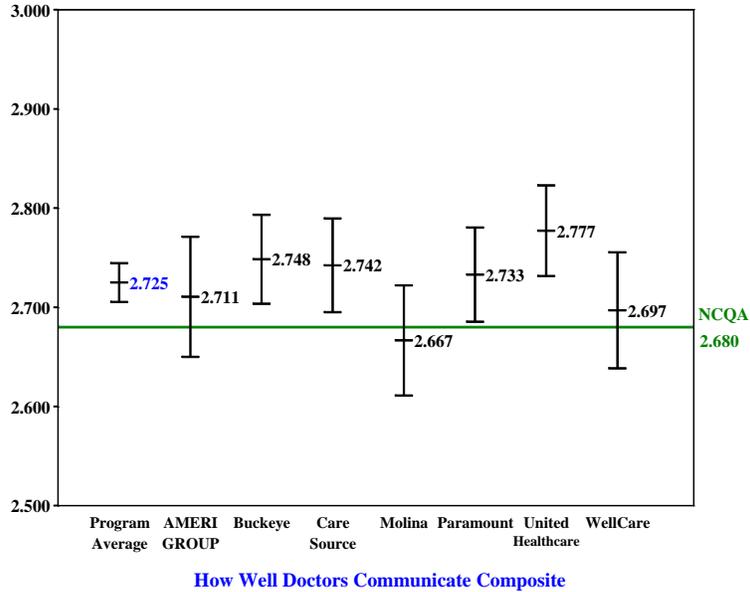
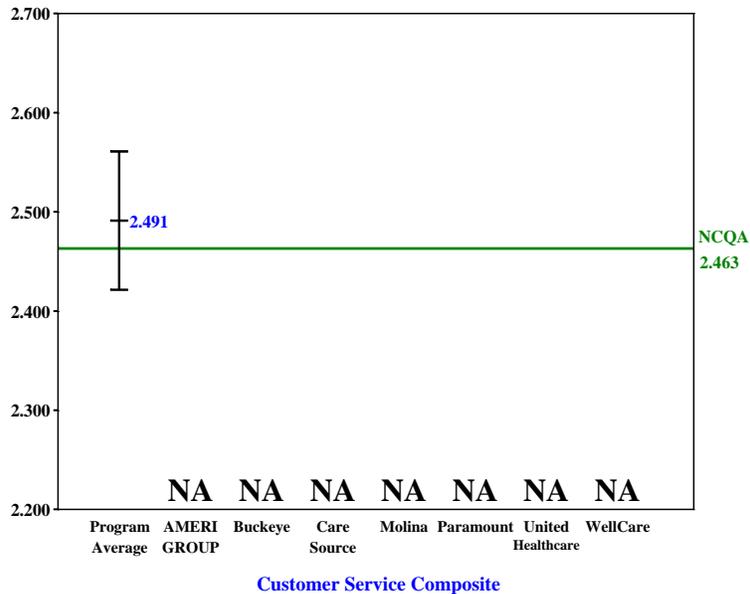
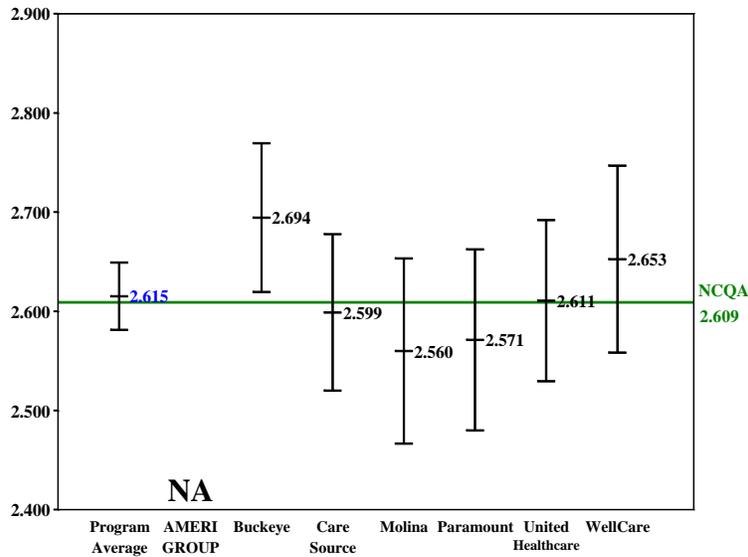


Figure D-8
Customer Service



For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

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). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

General Child 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 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2012 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2012 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the NCQA average for all five of the composite measures. The program’s and the MCPs’ three-point means encompass or exceed the NCQA average for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making composite measures.

Getting Needed Care (Figure D-5)

- The lower confidence limits for Ohio’s CFC Medicaid Managed Care Program and UnitedHealthcare are above the NCQA average.
- The confidence intervals for Buckeye, CareSource, Molina, and Paramount encompass the NCQA average.
- The results for AMERIGROUP and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Getting Care Quickly (Figure D-6)

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

How Well Doctors Communicate (Figure D-7)

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

Customer Service (Figure D-8)

- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The results for AMERIGROUP, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-9)

- The lower confidence limit for Buckeye is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

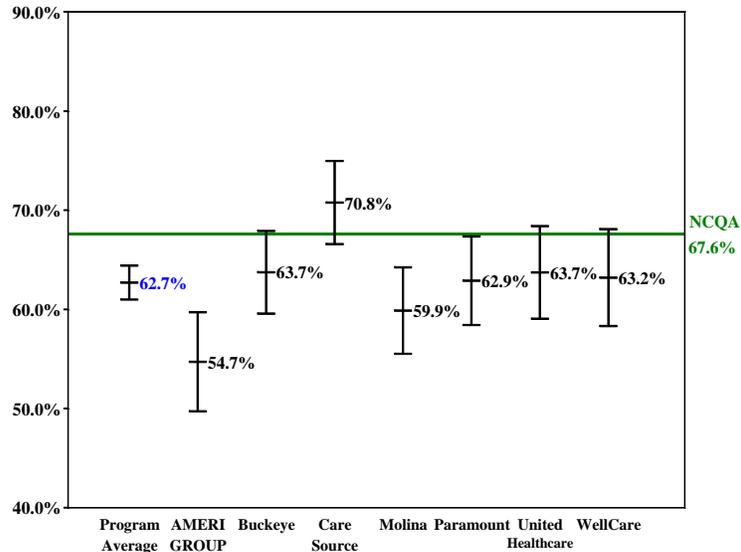
General Child Top-Box Responses on the Global Ratings

Figures D-10–D-13 on pages D-13 and D-14 depict the 2012 top-box question summary rates for the four global ratings for general child members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 NCQA national child 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 CFC 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-7.

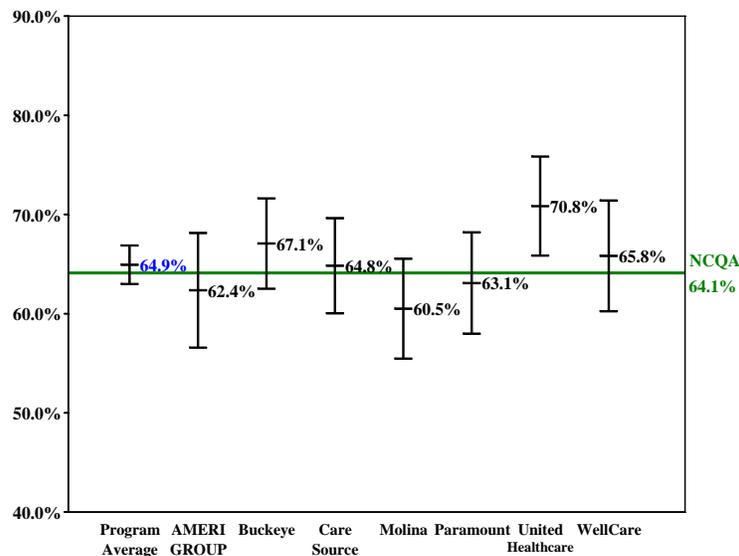
General Child Top-Box Response Figures on the Global Ratings

Figure D-10
Rating of Health Plan



Rating of Health Plan

Figure D-11
Rating of All Health Care



Rating of All Health Care

Figure D-12
Rating of Personal Doctor

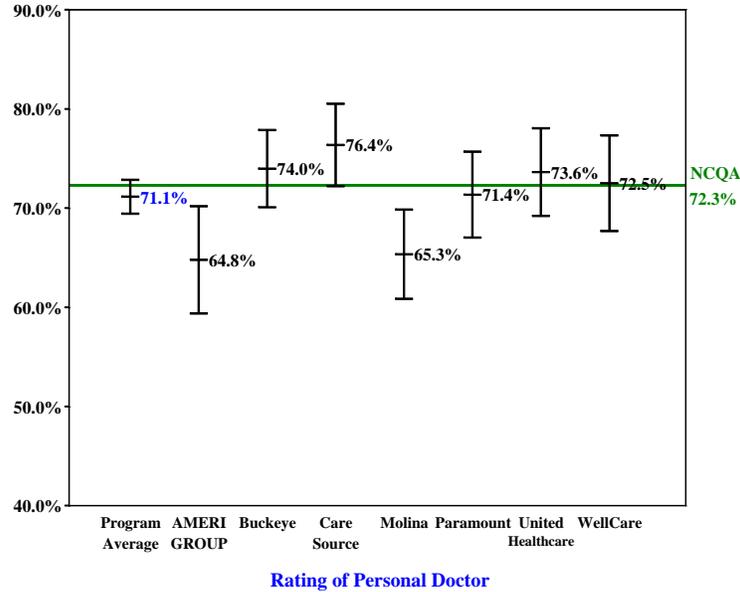
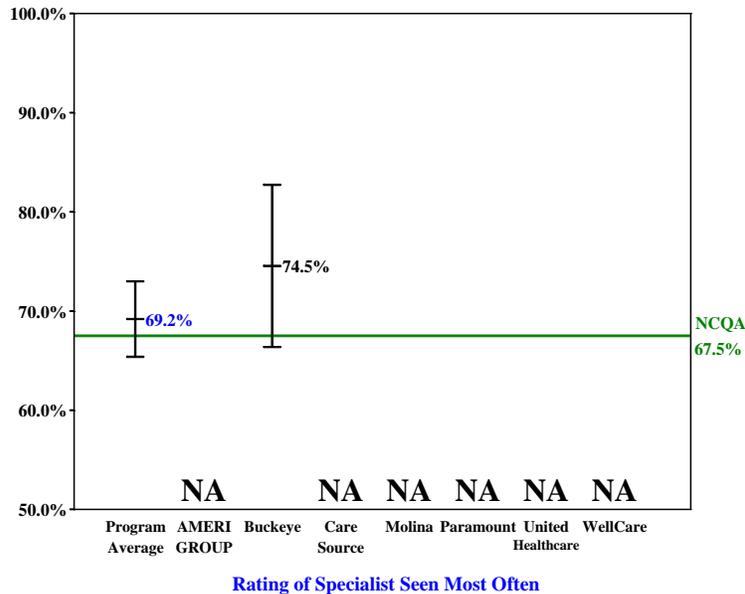


Figure D-13
Rating of Specialist Seen Most Often



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). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

General Child 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 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages.

For the general child population, all of the MCPs with reportable scores and the program's top-box responses encompass or exceed the NCQA average for two of the global ratings. The program's and the MCPs' top-box responses encompass or exceed the NCQA average for the Rating of All Health Care and Rating of Specialist Seen Most Often global ratings.

Rating of Health Plan (Figure D-10)

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

Rating of All Health Care (Figure D-11)

- The lower confidence limit for UnitedHealthcare is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, and WellCare encompass the NCQA average.

Rating of Personal Doctor (Figure D-12)

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

Rating of Specialist Seen Most Often (Figure D-13)

- The confidence intervals for Ohio's CFC Medicaid Managed Care Program and Buckeye encompass the NCQA average.
- The results for AMERIGROUP, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

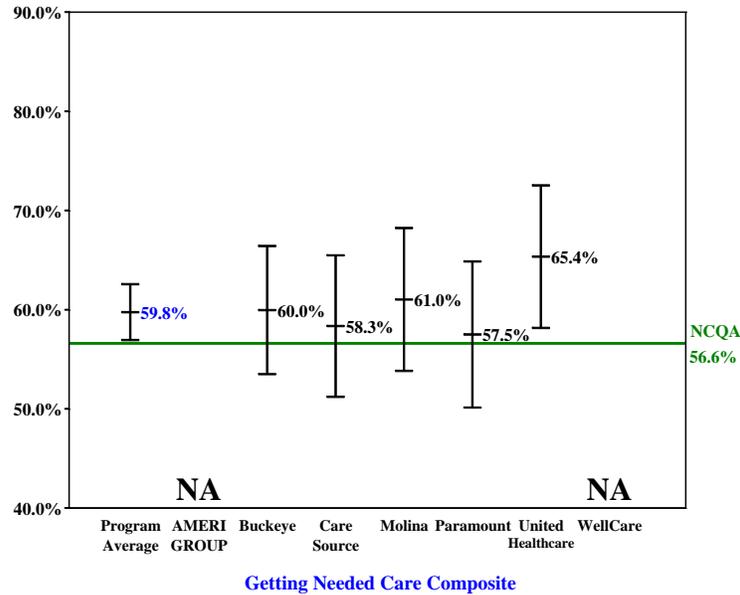
General Child Top-Box Responses on the Composite Measures

Figures D-14–D-18 on pages D-17–D-19 depict the 2012 top-box global proportions for the five composite measures for general child members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 NCQA national child 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. For the Shared Decision Making composite, a top-box response is defined as a response of “Definitely Yes.” Additional information on the calculation of global proportions can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

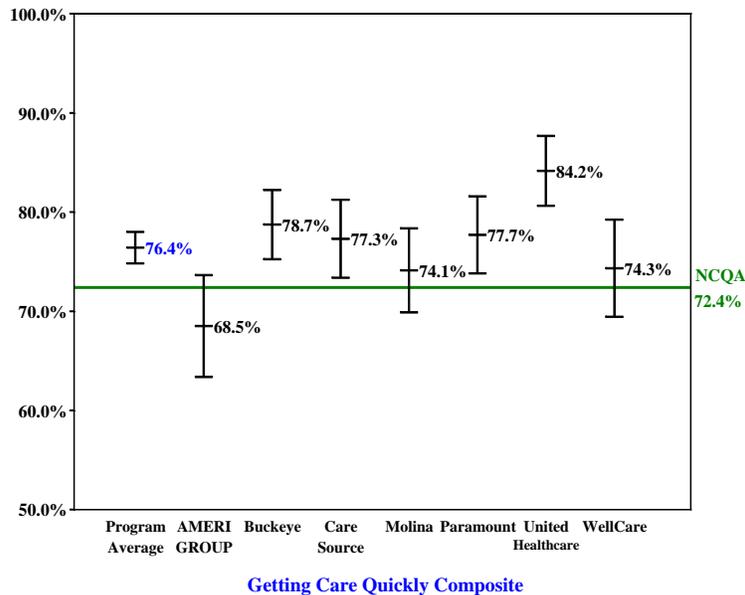
For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-7.

General Child Top-Box Response Figures on the Composite Measures

**Figure D-14
Getting Needed Care**



**Figure D-15
Getting Care Quickly**



For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Figure D-16
How Well Doctors Communicate

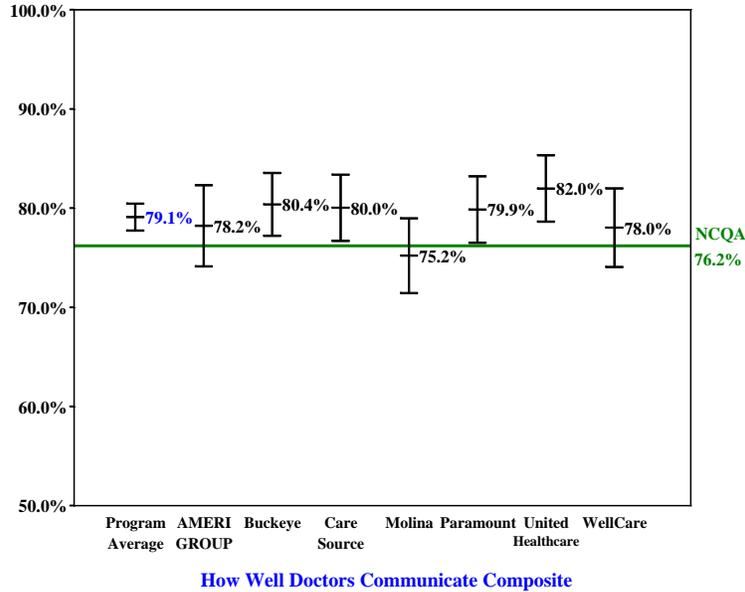
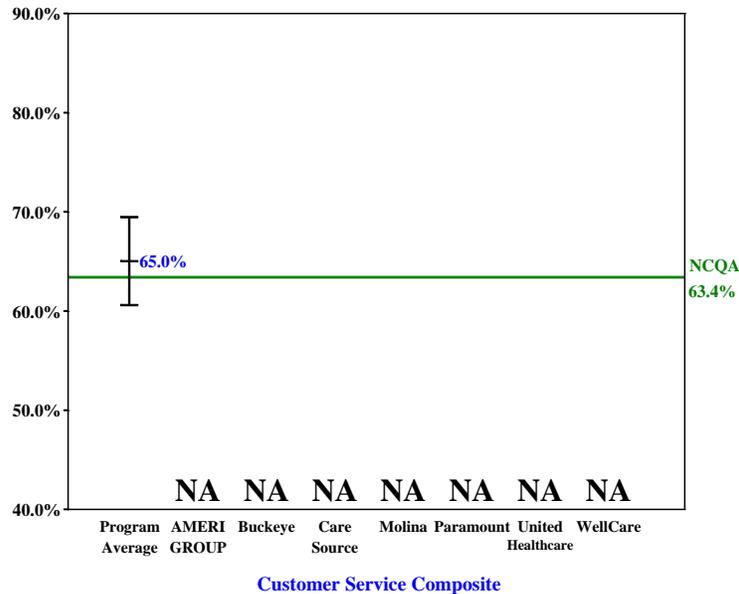
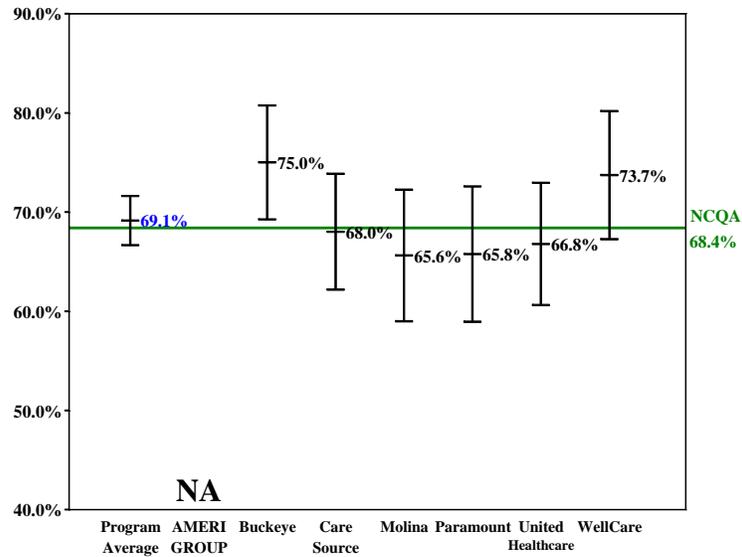


Figure D-17
Customer Service



For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

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). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

General Child 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 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages.

For the general child population, all of the MCPs with reportable scores and the program’s top-box responses encompass or exceed the NCQA average for all five composite measures. The program’s and the MCPs’ top-box responses encompass or exceed the NCQA average for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making composite measures.

Getting Needed Care (Figure D-14)

- The lower confidence limits for Ohio’s CFC Medicaid Managed Care Program and UnitedHealthcare are above the NCQA average.
- The confidence intervals for Buckeye, CareSource, Molina, and Paramount encompass the NCQA average.
- The results for AMERIGROUP and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Getting Care Quickly (Figure D-15)

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

How Well Doctors Communicate (Figure D-16)

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

Customer Service (Figure D-17)

- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The results for AMERIGROUP, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-18)

- The lower confidence limit for Buckeye is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

ADULT RESULTS

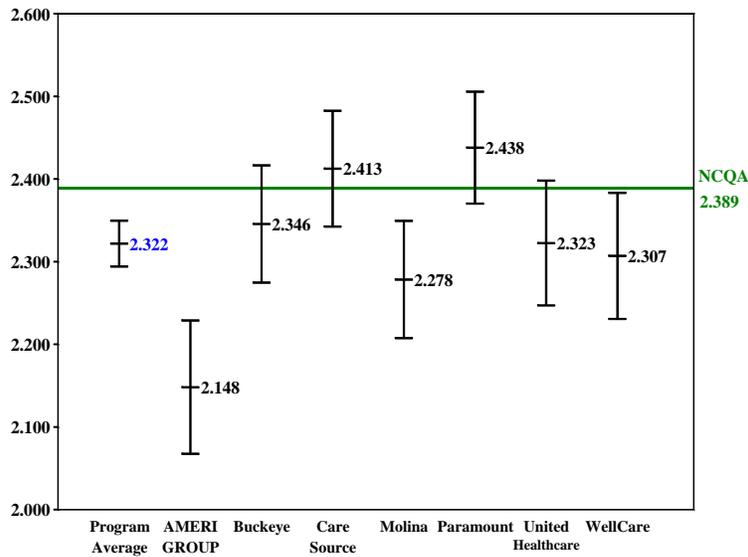
Adult Three-Point Means on the Global Ratings

Figures D-19–D-22 on pages D-23 and D-24 depict the 2012 results of the four global ratings for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 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 CFC 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-7.

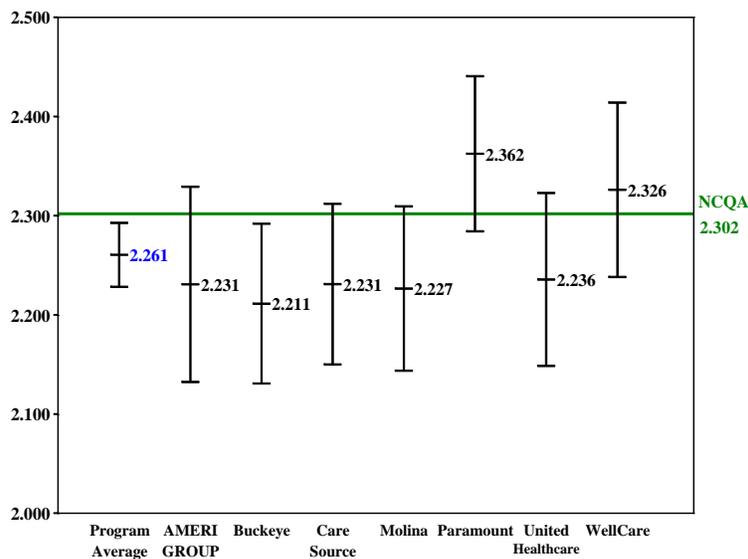
Adult Three-Point Mean Figures on the Global Ratings

Figure D-19
Rating of Health Plan



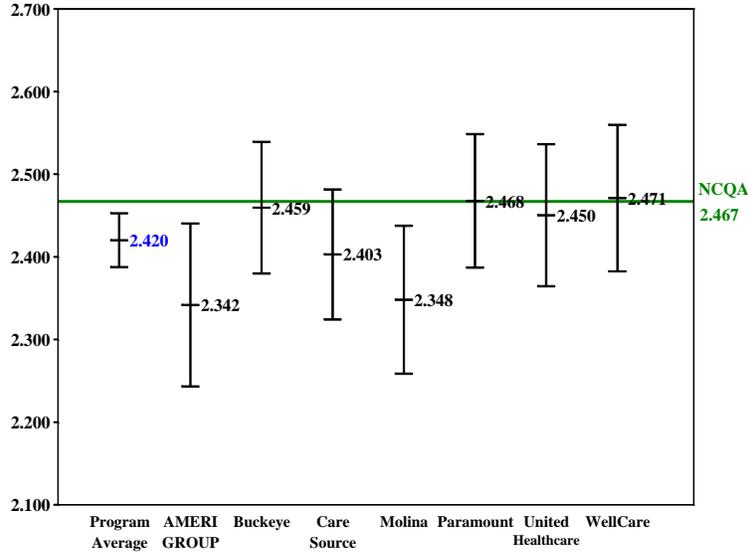
Rating of Health Plan

Figure D-20
Rating of All Health Care



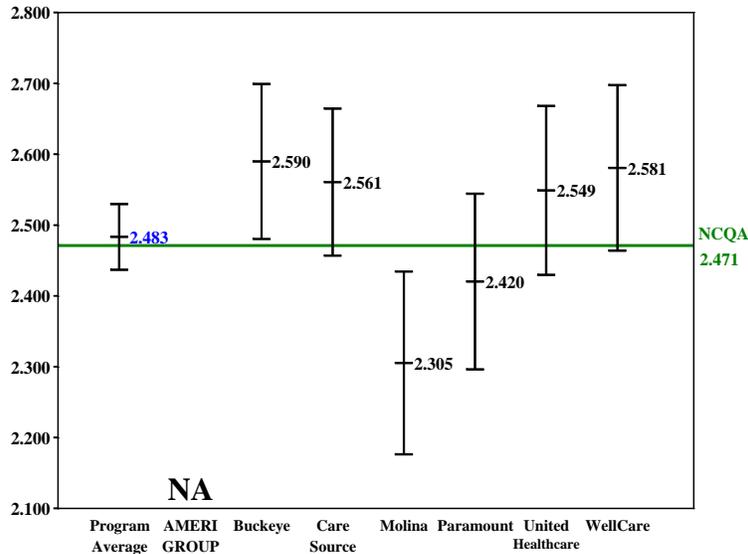
Rating of All Health Care

Figure D-21
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-22
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Adult Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-19–D-22. The discussion focuses on comparisons of the 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2012 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2012 NCQA average.

For the adult population, all but one of the MCPs with reportable scores and the program’s three-point means encompass or exceed the NCQA average for one of the global ratings. The program’s and all but one of the MCPs’ three-point means encompass or exceed the NCQA average for the Rating of Specialist Seen Most Often global rating.

Rating of Health Plan (Figure D-19)

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

Rating of All Health Care (Figure D-20)

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

Rating of Personal Doctor (Figure D-21)

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

Rating of Specialist Seen Most Often (Figure D-22)

- The lower confidence limit for Buckeye is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, CareSource, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for Molina is below the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

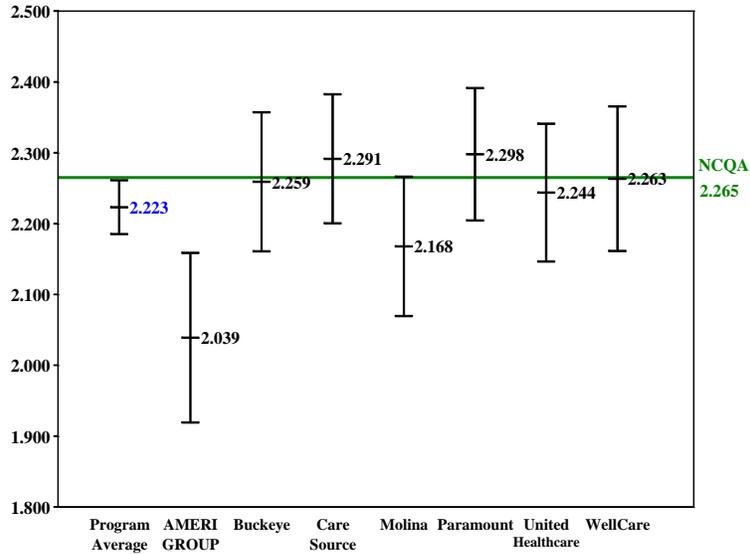
Adult Three-Point Means on the Composite Measures

Figures D-23–D-27 on pages D-28–D-30 depict the 2012 results of the five composite measures for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 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 CFC 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-7.

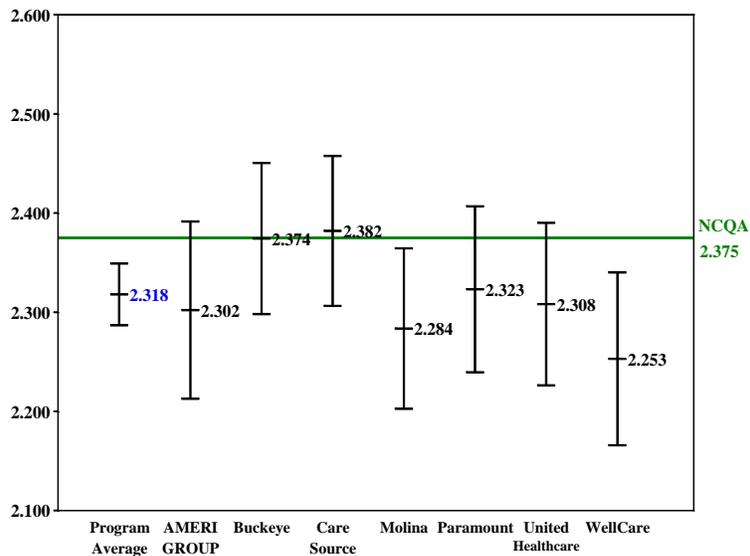
Adult Three-Point Mean Figures on the Composite Measures

Figure D-23
Getting Needed Care



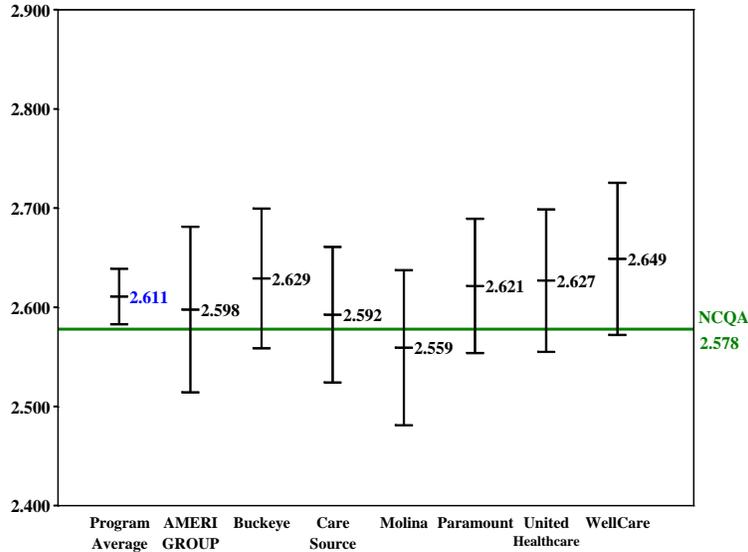
Getting Needed Care Composite

Figure D-24
Getting Care Quickly



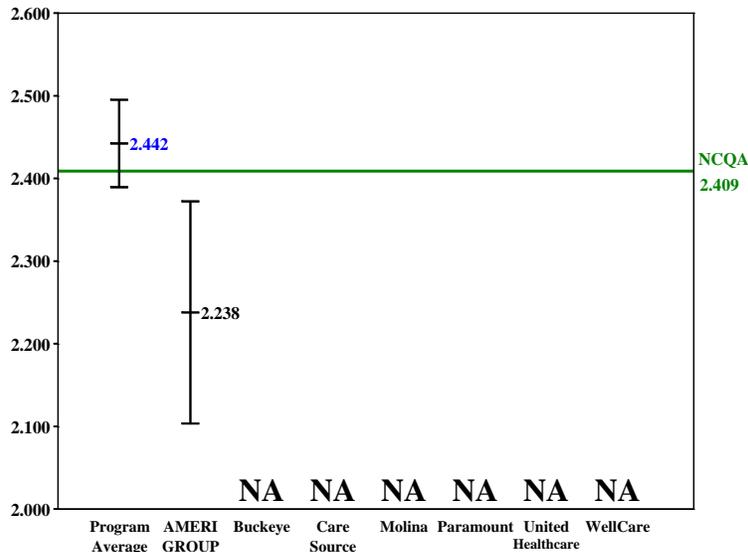
Getting Care Quickly Composite

Figure D-25
How Well Doctors Communicate



How Well Doctors Communicate Composite

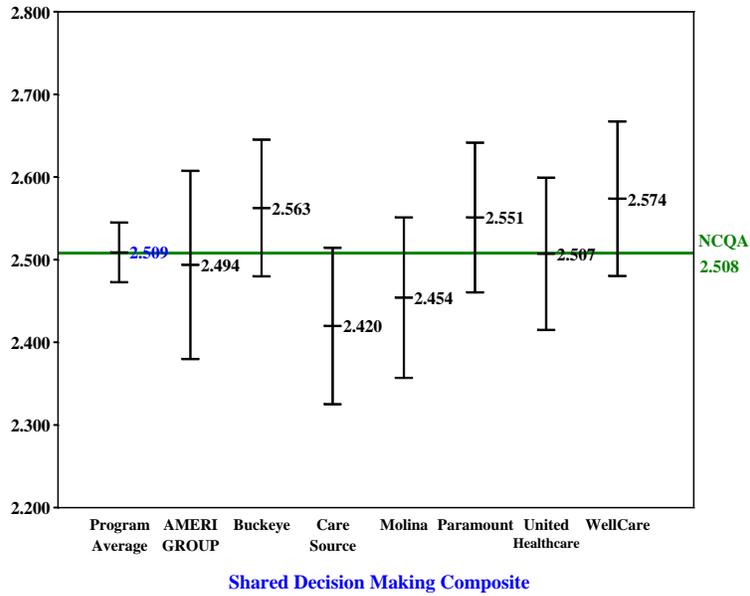
Figure D-26
Customer Service



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). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Figure D-27
Shared Decision Making



Adult Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-23–D-27. The discussion focuses on comparisons of the 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2012 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2012 NCQA average.

For the adult population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the NCQA average for two of the five composite measures. The program’s and the MCPs’ three-point means encompass the NCQA average for the How Well Doctors Communicate and Shared Decision Making composite measures.

Getting Needed Care (Figure D-23)

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

Getting Care Quickly (Figure D-24)

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

How Well Doctors Communicate (Figure D-25)

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

Customer Service (Figure D-26)

- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The upper confidence limit for AMERIGROUP is below the NCQA average.
- The results for Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-27)

- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.

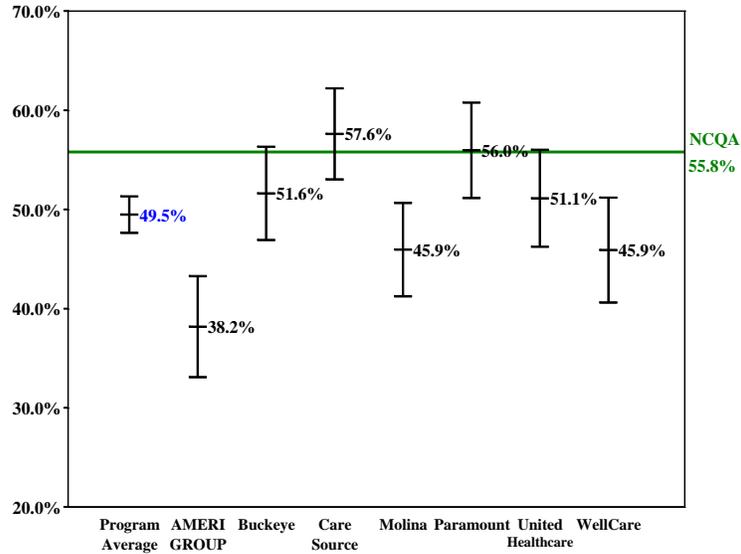
Adult Top-Box Responses on the Global Ratings

Figures D-28–D-31 on pages D-34 and D-35 depict the 2012 top-box question summary rates for the four global ratings for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 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 CFC 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-7.

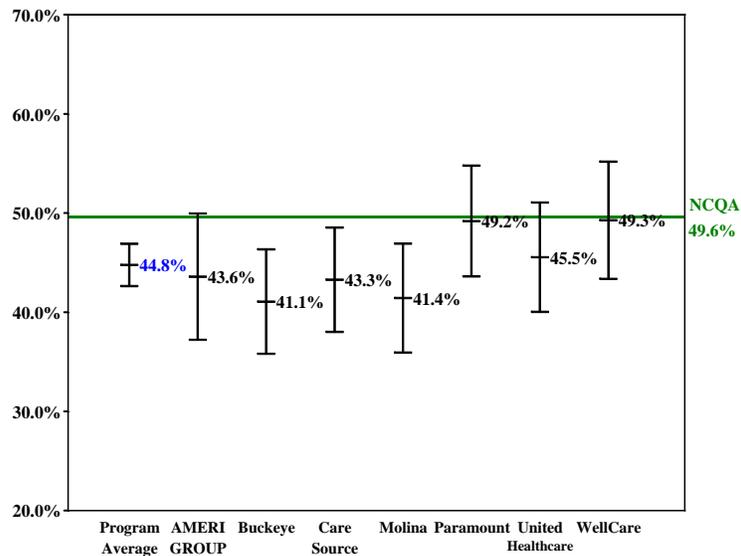
Adult Top-Box Response Figures on the Global Ratings

Figure D-28
Rating of Health Plan



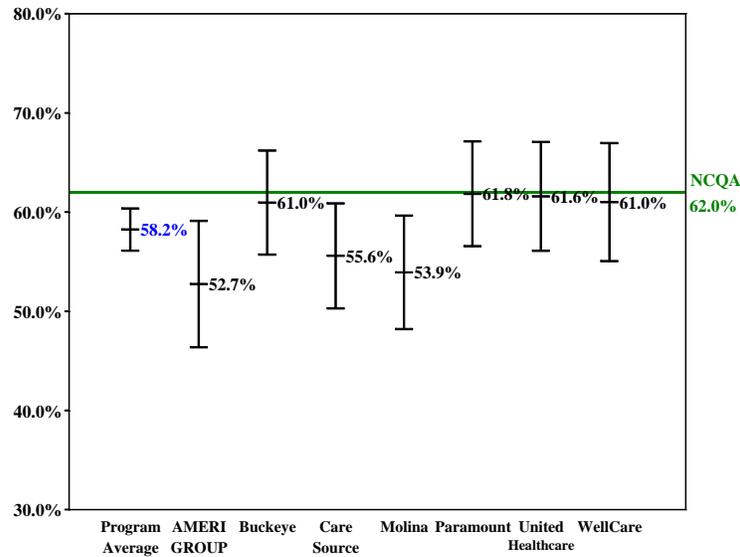
Rating of Health Plan

Figure D-29
Rating of All Health Care



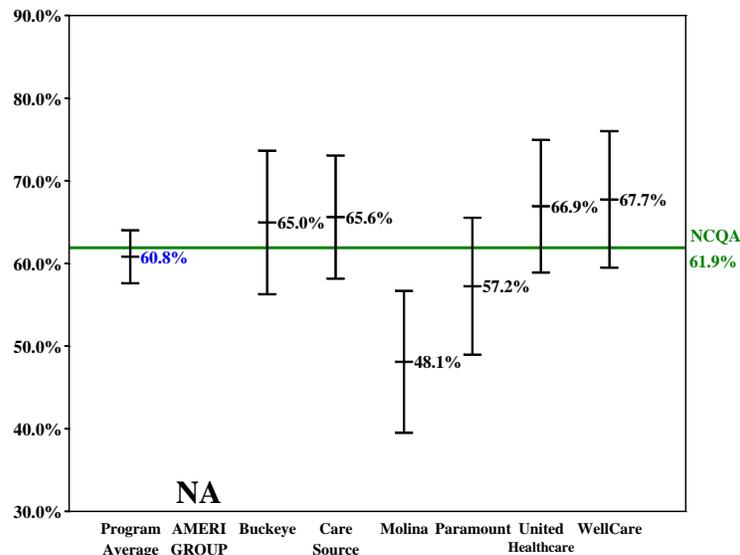
Rating of All Health Care

Figure D-30
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-31
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Adult Top-Box Response Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-28–D-31. The discussion focuses on comparisons of the 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages.

For the adult population, all but one of the MCPs with reportable scores and the program's top-box responses encompass the NCQA average for one of the four global ratings. The program's and all but one of the MCPs' top-box responses encompass the NCQA average for the Rating of Specialist Seen Most Often global rating.

Rating of Health Plan (Figure D-28)

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

Rating of All Health Care (Figure D-29)

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

Rating of Personal Doctor (Figure D-30)

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

Rating of Specialist Seen Most Often (Figure D-31)

- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, Buckeye, CareSource, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for Molina is below the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

Adult Top-Box Responses on the Composite Measures

Figures D-32–D-36 on pages D-38–D-40 depict the 2012 top-box global proportions for the five composite measures for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 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 CFC 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-7.

Adult Top-Box Response Figures on the Composite Measures

Figure D-32
Getting Needed Care

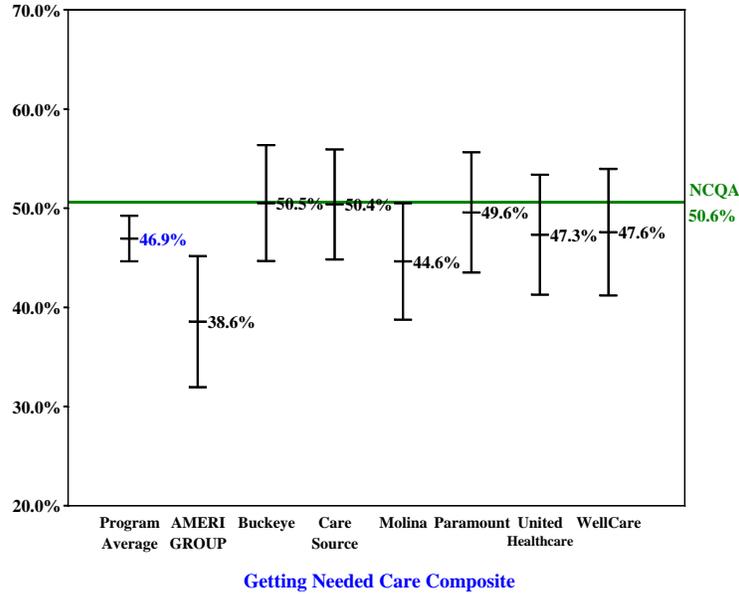


Figure D-33
Getting Care Quickly

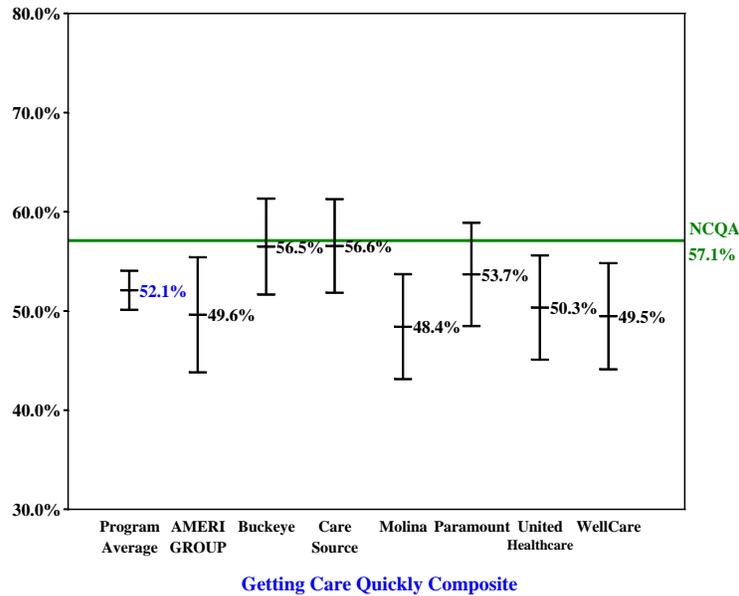


Figure D-34
How Well Doctors Communicate

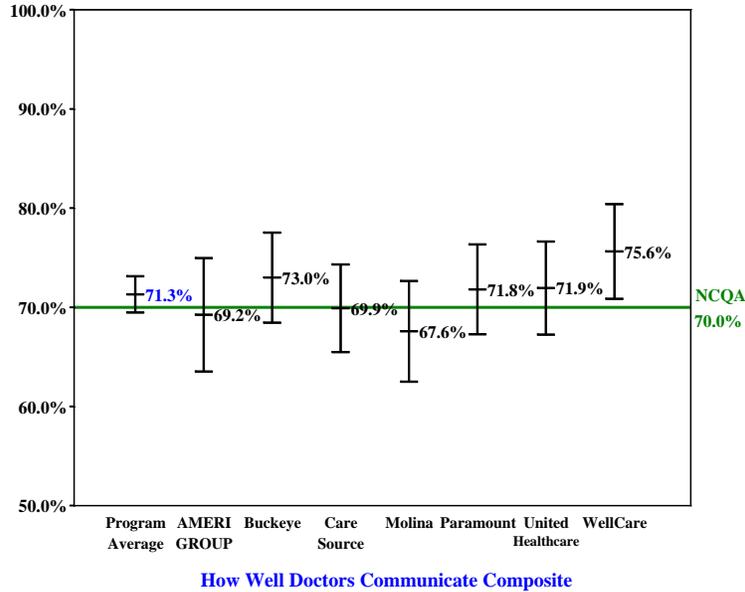
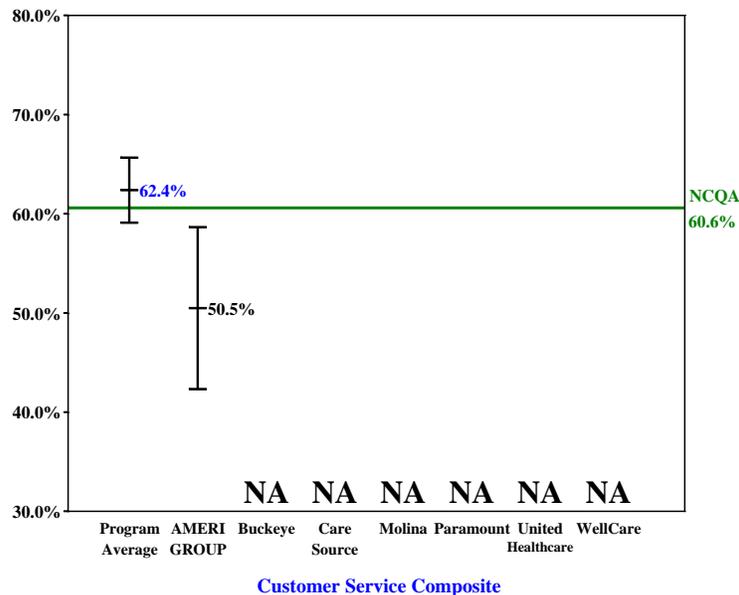
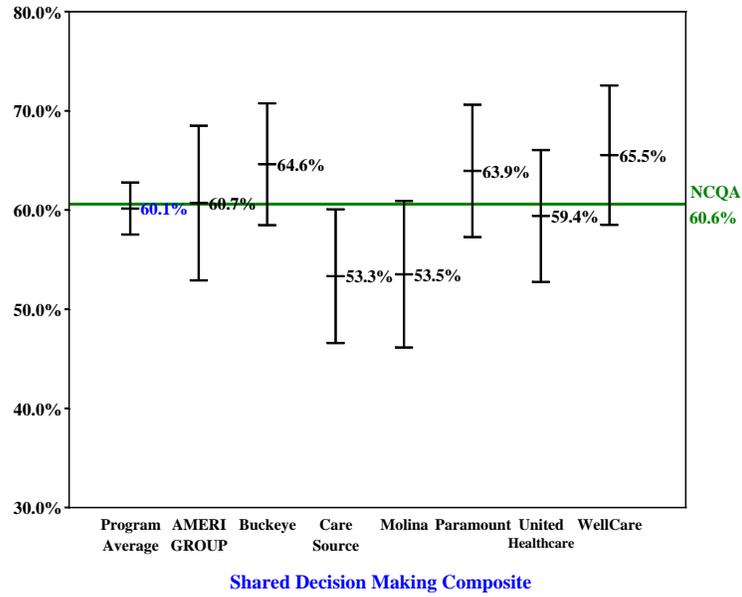


Figure D-35
Customer Service



For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Figure D-36
Shared Decision Making



Adult Top-Box Response Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-32–D-36. The discussion focuses on comparisons of the 2012 Ohio CFC Medicaid Managed Care Program and MCP results to the 2012 NCQA averages.

For the adult population, all of the MCPs and the program's top-box responses encompass or exceed the NCQA average for one of the five composite measures. The program's and the MCPs' top-box responses encompass or exceed the NCQA average for the How Well Doctors Communicate composite measure.

Getting Needed Care (Figure D-32)

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

Getting Care Quickly (Figure D-33)

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

How Well Doctors Communicate (Figure D-34)

- The lower confidence limit for WellCare is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, and UnitedHealthcare encompass the NCQA average.

Customer Service (Figure D-35)

- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The upper confidence limit for AMERIGROUP is below the NCQA average.
- The results for Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-36)

- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for CareSource is below the NCQA average.

GENERAL CHILD OVERALL MEMBER SATISFACTION RATINGS

Table D-1, on page D-44, depicts the overall member satisfaction ratings for the four global ratings and five composite measures for general child members in Ohio's CFC Medicaid Managed Care Program and its seven participating MCPs.² Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2012 Benchmarks and Thresholds, except for the Shared Decision Making composite.^{3,4} 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 2012 National Child Medicaid data.^{5,6} A detailed description of the methodology used to derive the star ratings for the global ratings and composite measures can be found beginning on page G-2.

² References to child member responses in this report refer to responses by parents or caretakers on behalf of child members.

³ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

⁴ 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 CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁵ NCQA National Distribution of 2012 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

⁶ 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 2012 National Child Medicaid data. For additional information, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Table D-1 Overall Member Satisfaction Ratings on the Global Ratings and Composite Measures Ohio General Child Medicaid Managed Care Population								
	OHIO'S CFC MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNITED- HEALTHCARE	WELLCARE
GLOBAL RATINGS								
Rating of Health Plan	★★	★	★★	★★★★	★	★★	★★	★★
Rating of All Health Care	★★★★	★★★★	★★★★	★★★★	★	★★★★	★★★★	★★★★
Rating of Personal Doctor	★★★★	★	★★★★	★★★★	★	★★★★	★★★★	★★★★
Rating of Specialist Seen Most Often	★★★★	NA	★★★★	NA	NA	NA	NA	NA
COMPOSITE MEASURES								
Getting Needed Care	★★★★	NA	★★★★	★★★★	★★★★	★★★★	★★★★	NA
Getting Care Quickly	★★★★	★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★
How Well Doctors Communicate	★★★★	★★★★	★★★★	★★★★	★★	★★★★	★★★★	★★★★
Customer Service	★★★★	NA	NA	NA	NA	NA	NA	NA
Shared Decision Making	★★★★	NA	★★★★	★★	★	★	★★	★★★★
What percentiles do the stars represent?								
90 th or Above	75 th - 89 th	50 th - 74 th	25 th - 49 th	Below 25 th	Not Applicable			
★★★★	★★★★	★★★★	★★	★	NA			
<i>Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite measures is required in order to be reported as CAHPS Survey results. Global ratings and composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).</i>								

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

OHIO'S CFC MEDICAID MANAGED CARE PROGRAM—GENERAL CHILD

Four- or Five-Star Ratings

- Rating of All Health Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service

One- or Two-Star Ratings

- Rating of Health Plan

AMERIGROUP

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of Personal Doctor
- Getting Care Quickly

BUCKEYE

Four- or Five-Star Ratings

- Rating of Personal Doctor
- Getting Needed Care
- How Well Doctors Communicate
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Care Quickly
- Shared Decision Making

One- or Two-Star Ratings

- Rating of Health Plan

CARESOURCE

Four- or Five-Star Ratings

- Rating of Health Plan
- Getting Care Quickly
- How Well Doctors Communicate
- Rating of Personal Doctor

One- or Two-Star Ratings

- Shared Decision Making

MOLINA

Four- or Five-Star Ratings

- Getting Needed Care

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making
- How Well Doctors Communicate

PARAMOUNT

Four- or Five-Star Ratings

- How Well Doctors Communicate
- Getting Care Quickly

One- or Two-Star Ratings

- Shared Decision Making
- Rating of Health Plan

UNITEDHEALTHCARE

Four- or Five-Star Ratings

- Rating of Personal Doctor
- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

One- or Two-Star Ratings

- Rating of Health Plan
- Shared Decision Making

WELLCARE

Four- or Five-Star Ratings

- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making

One- or Two-Star Ratings

- Rating of Health Plan

ADULT OVERALL MEMBER SATISFACTION RATINGS

Table D-2, on page D-48, depicts the overall member satisfaction ratings for the four global ratings and five composite measures for adult members in Ohio's CFC Medicaid Managed Care Program and its seven participating MCPs. Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2012 Benchmarks and Thresholds, except for the Shared Decision Making composite.^{7,8} 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 2012 National Adult Medicaid data.^{9,10} A detailed description of the methodology used to derive the star ratings for the global ratings and composite measures can be found beginning on page G-2.

⁷ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

⁸ 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 CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁹ NCQA National Distribution of 2012 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

¹⁰ 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 2012 National Adult Medicaid data. For additional information, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Table D-2 Overall Member Satisfaction Ratings on the Global Ratings and Composite Measures Ohio Adult Medicaid Managed Care Population								
	OHIO'S CFC MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNITED- HEALTHCARE	WELLCARE
GLOBAL RATINGS								
Rating of Health Plan	★★	★	★★	★★★★	★	★★★★	★★	★
Rating of All Health Care	★★	★★	★	★★	★	★★★★	★★	★★★★
Rating of Personal Doctor	★★	★	★★★★	★★	★	★★★★	★★★★	★★★★
Rating of Specialist Seen Most Often	★★★★	NA	★★★★★	★★★★★	★	★★	★★★★★	★★★★★
COMPOSITE MEASURES								
Getting Needed Care	★★	★	★★	★★★★	★	★★★★	★★	★★
Getting Care Quickly	★	★	★★	★★	★	★★	★	★
How Well Doctors Communicate	★★★★★	★★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★★
Customer Service	★★★★	★	NA	NA	NA	NA	NA	NA
Shared Decision Making	★★	★★	★★★★★	★	★	★★★★	★★	★★★★★
What percentiles do the stars represent?								
90 th or Above	75 th - 89 th	50 th - 74 th	25 th - 49 th	Below 25 th	Not Applicable			
★★★★★	★★★★	★★★★	★★	★	NA			
Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite measures is required in order to be reported as CAHPS Survey results. Global ratings and composite measures 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 for the adult population are grouped into two main categories: four- or five-star ratings and one- or two-star ratings. The following is a list of the four- or five-star ratings and one- or two-star ratings for Ohio's CFC Medicaid Managed Care Program and its seven participating MCPs.

OHIO'S CFC MEDICAID MANAGED CARE PROGRAM—ADULT

Four- or Five-Star Ratings

- How Well Doctors Communicate

One- or Two-Star Ratings

- Getting Care Quickly
- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Shared Decision Making

AMERIGROUP

Four- or Five-Star Ratings

- How Well Doctors Communicate

One- or Two-Star Ratings

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

BUCKEYE

Four- or Five-Star Ratings

- How Well Doctors Communicate
- Shared Decision Making
- Rating of Specialist Seen Most Often

One- or Two-Star Ratings

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

CARESOURCE

Four- or Five-Star Ratings

- How Well Doctors Communicate
- Rating of Specialist Seen Most Often

One- or Two-Star Ratings

- Shared Decision Making
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Care Quickly

MOLINA

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Shared Decision Making

PARAMOUNT

Four- or Five-Star Ratings

- Rating of All Health Care
- How Well Doctors Communicate

One- or Two-Star Ratings

- Rating of Specialist Seen Most Often
- Getting Care Quickly

UNITEDHEALTHCARE

Four- or Five-Star Ratings

- Rating of Specialist Seen Most Often
- How Well Doctors Communicate

One- or Two-Star Ratings

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

WELLCARE

Four- or Five-Star Ratings

- Shared Decision Making
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate

One- or Two-Star Ratings

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

Ohio Comparisons

This Ohio Comparisons section presents 2011 and 2012 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 weighted and case-mix-adjusted results for all adult and general child members completing a CAHPS Health Plan Survey.² Results for Ohio's CFC Medicaid Managed Care Program were weighted based on the total eligible population (adult and general child) for each MCP. Results for each MCP were weighted based on the MCP's eligible population (adult and general child). According to AHRQ's recommendations, results were also case-mix adjusted for reported member health status, respondent educational level, and respondent age.³ Additional information on the case-mix adjustment and weighting can be found in Ohio's CFC 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.⁴ In 2011, Ohio's CFC Medicaid Managed Care Program had 4,117 completed adult surveys and 4,409 completed general child surveys from seven participating MCPs. These 8,526 surveys were combined to calculate the 2011 CAHPS results presented in this section for trending purposes.⁵ In 2012, Ohio's CFC Medicaid Managed Care Program had 3,061 completed adult surveys (25.4 percent response rate) and 3,343 completed general child surveys (29.5 percent response rate) from seven participating MCPs. These 6,404 surveys (27.4 percent response rate) were combined to calculate the 2012 CAHPS results presented in this section.

For each global rating, composite measure, 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.⁶ 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

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 CFC Medicaid Managed Care Program CAHPS Methodology Report.

² Child members in the CCC supplemental sample (those additional members sampled after the random CAHPS 4.0H child sample that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in Ohio's CFC Medicaid Managed Care Program CCC Report.

³ 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.

⁴ NCQA requires a minimum of 100 responses on each item in order to report the item as a CAHPS/HEDIS result.

⁵ For detailed information on the 2011 Ohio CFC Medicaid Managed Care Program CAHPS Analysis, please refer to the Ohio Comparisons section in the 2011 Ohio CFC Medicaid Managed Care Program CAHPS Full Report.

⁶ 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.

Shared Decision Making composite measure and items response categories were: “Definitely No/Somewhat No,” “Somewhat Yes,” and “Definitely Yes.” For the individual item measures, Coordination of Care and Health Promotion and Education, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

Specific survey questions pertaining to the following five areas of interest were also analyzed: satisfaction with health plan, satisfaction with health care providers, access to care, utilization of services, and aspirin use and discussion. 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 areas of interest also were classified into response categories and are described in detail within the discussion of each of these questions.

For each CCC composite measure or CCC item, a one-point or a three-point overall mean was calculated.^{7,8} Responses also were classified into response categories. For the Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites, and the items within these CCC composites, the response categories were: “No” and “Yes.” For the Access to Specialized Services CCC composite, and the items within this CCC composite, the response categories were: “Never/Sometimes,” “Usually,” and “Always.” For the CCC item measures, Access to Prescription Medications and FCC: Getting Needed Information, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

The Ohio Comparisons section presents two different types of analyses. The first type of analysis involved a comparison of each MCP’s 2012 score to Ohio’s CFC Medicaid Managed Care Program 2012 average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower than the program on each measure. The second type of analysis presented in this section involved a comparison of each MCP’s and the program’s 2012 scores to its 2011 scores. This trending analysis identified those that performed statistically higher, the same, or lower in 2012 than they did in 2011.

⁷ The Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composite measures.

⁸ The CCC composite measures and CCC item measures are only included in the CAHPS 4.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the CAHPS 4.0H child sample) and CCC members (those in the CCC supplemental sample) completed the CAHPS 4.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC items. The Ohio Comparisons section only presents the results for the general child members to the CCC composites and CCC items.

COMPARATIVE ANALYSIS

MCP-level weighted and case-mix-adjusted mean scores in 2012 for the global ratings, composite measures, composite items, individual item measures, questions within the areas of interest, CCC composite measures, CCC composite items, and CCC items were compared to Ohio's CFC Medicaid Managed Care Program (program average) mean scores in 2012 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁹ 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 weighted and adjusted mean scores (i.e., the mean of the means). For additional information on these tests for statistical significance, please see Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between the 2012 MCP-level mean scores and the 2012 program average are noted with arrows. MCP-level scores that were statistically higher than the program average are noted with upward (↑) arrows.¹⁰ 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.

TRENDING ANALYSIS

Weighted and case-mix-adjusted mean scores in 2012 were compared to the weighted and case-mix-adjusted mean scores in 2011 to determine whether there were statistically significant differences between mean scores in 2012 and mean scores in 2011. For each MCP and the program, its 2012 mean scores were compared to its 2011 mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. For additional information on the tests for statistical significance used in these trend comparisons, please see Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁹ The term "mean scores" refers to the overall means and the response category percentages.

¹⁰ Please note, statistically significant differences between 2011 MCP-level mean scores and the 2011 program average are not included in this report. To obtain the 2011 comparative analysis results, please refer to the Ohio Comparisons section in the 2011 Ohio CFC Medicaid Managed Care Program CAHPS Full Report.

Statistically significant differences between mean scores in 2012 and mean scores in 2011 for each MCP and the program average are noted with directional triangles. Scores that were statistically higher in 2012 than in 2011 are noted with upward (▲) triangles. Scores that were statistically lower in 2012 than in 2011 are noted with downward (▼) triangles. Scores in 2012 that were not statistically different from scores in 2011 are not noted with triangles. A detailed description of how to read the figures within the Ohio Comparisons section can be found in the Reader's Guide (Section G).

GLOBAL RATINGS

Rating of Health Plan

Ohio's CFC 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 CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were 10 *statistically significant* differences observed for this measure.

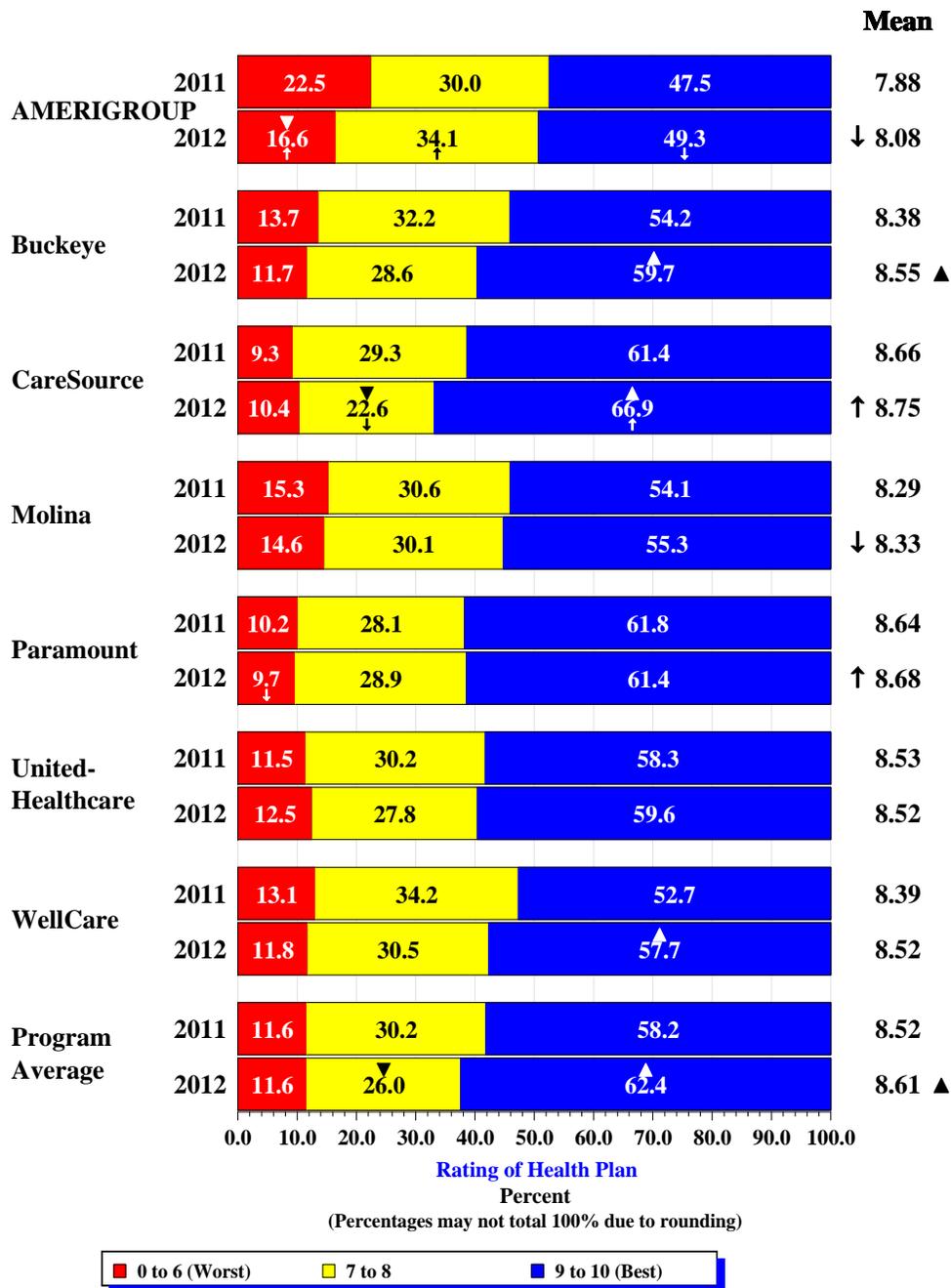
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average, similarly the percentage of AMERIGROUP's respondents who gave a response of 7 to 8 was significantly higher than the program average and the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 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 7 to 8 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.
- Molina's overall mean was significantly lower than the program average.
- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of 0 to 6 was significantly lower than the program average.

Trending Analysis

Overall, there were nine *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly lower in 2012 than in 2011.
- Buckeye's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Buckeye's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.
- The percentage of CareSource's respondents who gave a response of 7 to 8 was significantly lower in 2012 than in 2011, whereas the percentage of CareSource's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.
- The percentage of WellCare's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.
- The program's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of the program's respondents who gave a response of 7 to 8 was significantly lower in 2012 than in 2011, whereas the percentage of the program's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Rating of All Health Care

Ohio's CFC 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 CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

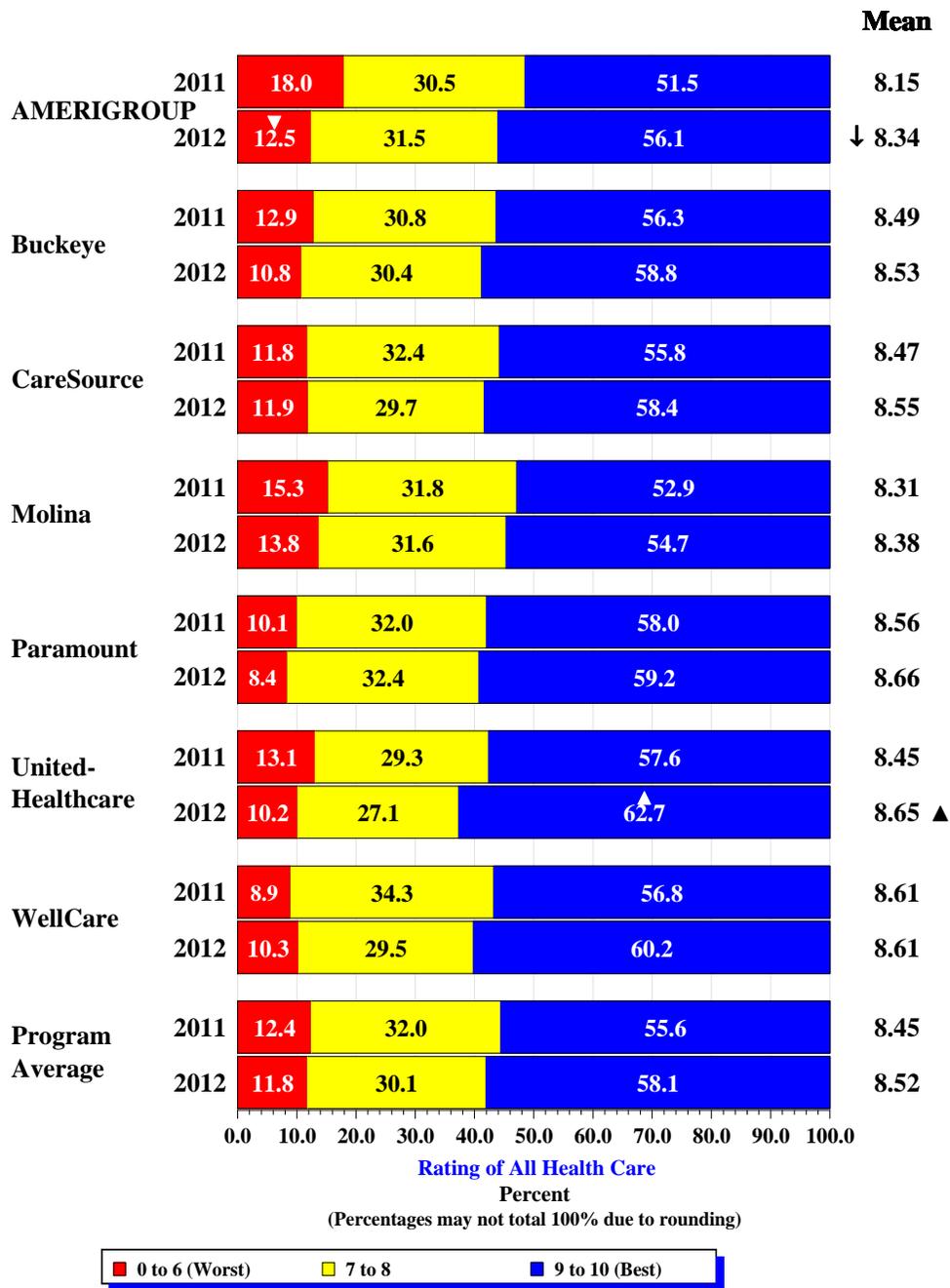
- AMERIGROUP's overall mean was significantly lower than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly lower in 2012 than in 2011.
- UnitedHealthcare's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Rating of Personal Doctor

Ohio's CFC 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 CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

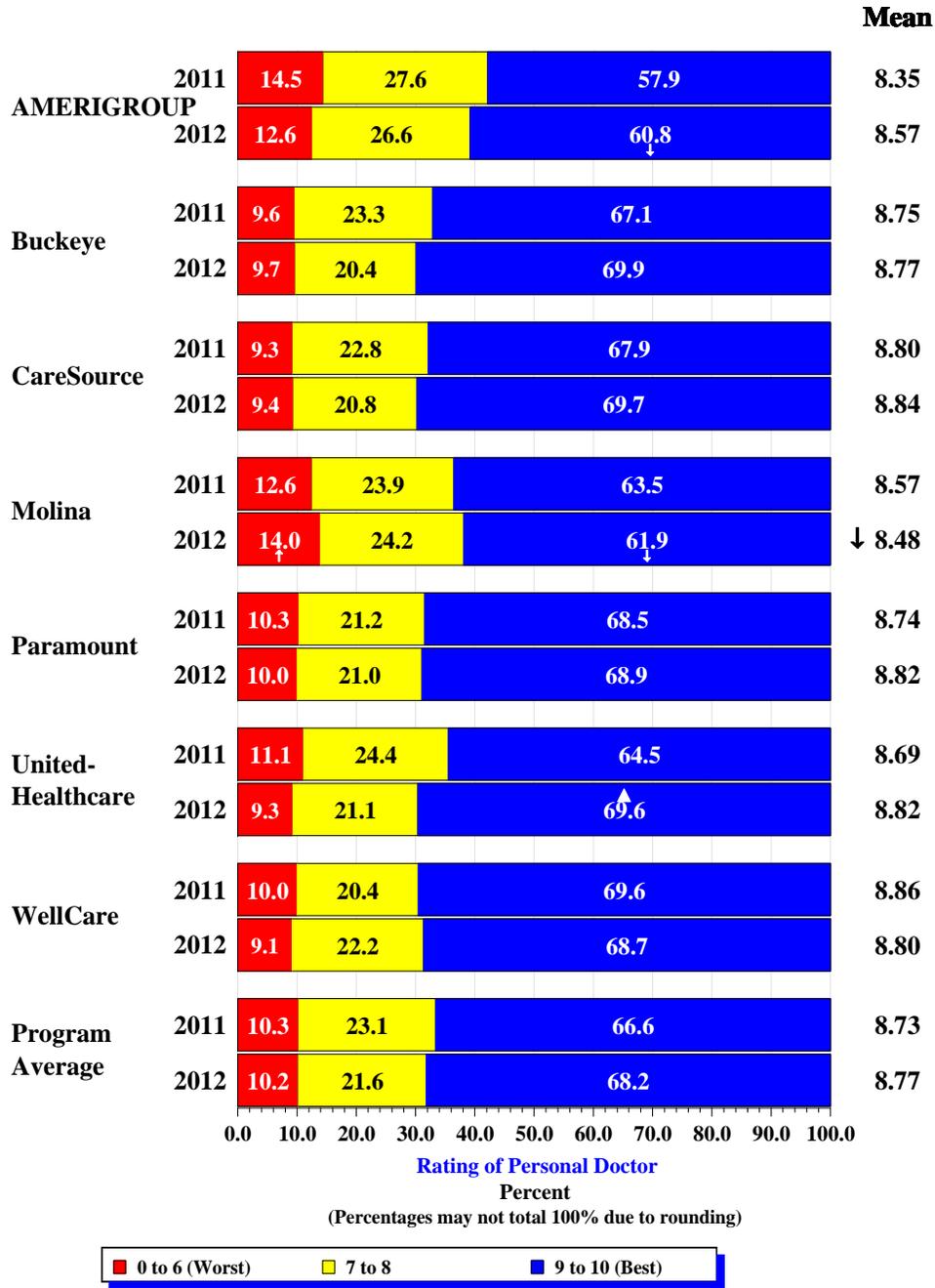
- The percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly lower than the program average.
- Molina's overall mean was significantly lower than the program average. The percentage of Molina's respondents who gave a response of 0 to 6 was significantly higher than the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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Rating of Specialist Seen Most Often

Ohio's CFC 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 CFC 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-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

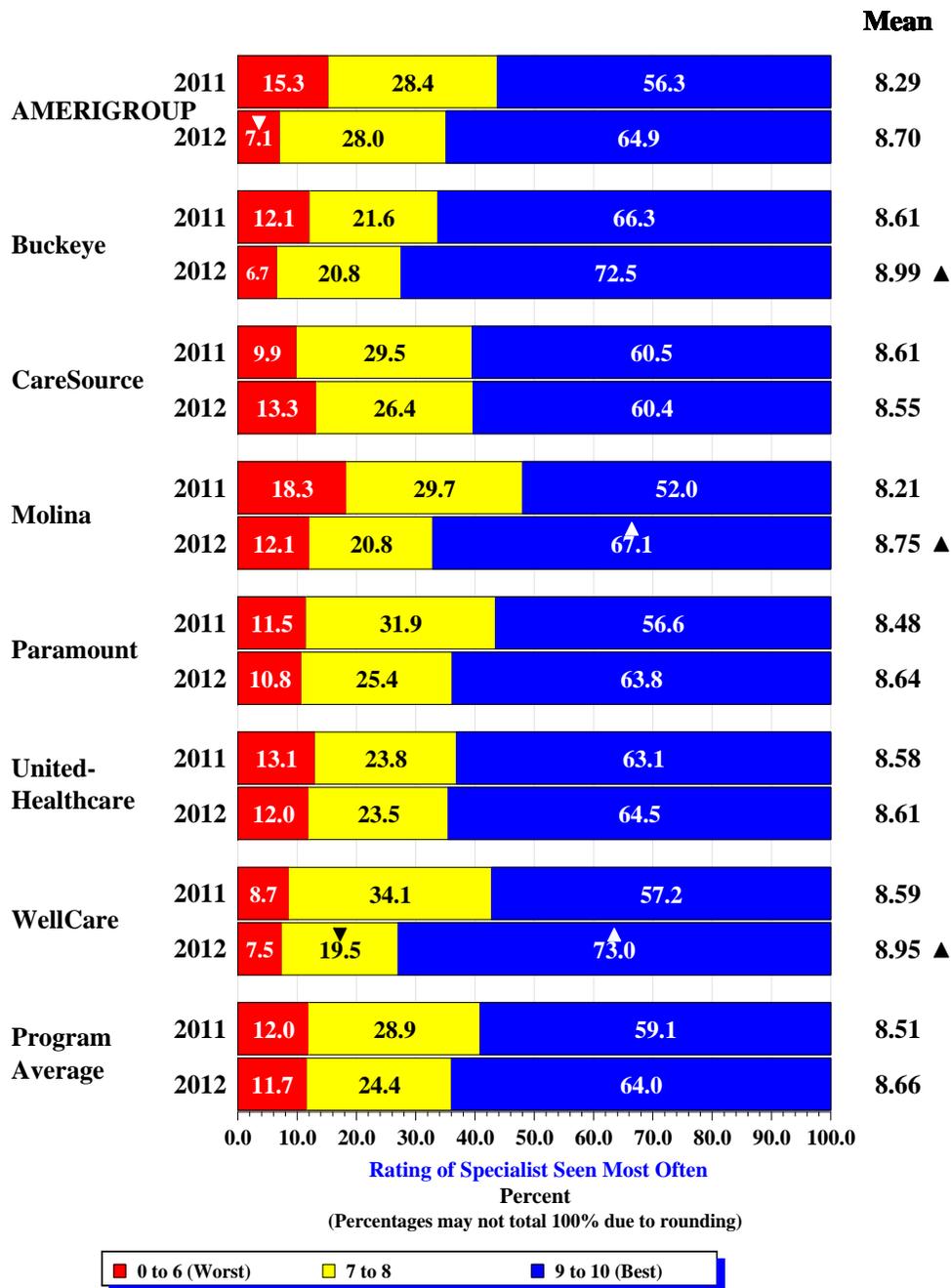
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were seven *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly lower in 2012 than in 2011.
- Buckeye's overall mean was significantly higher in 2012 than in 2011.
- Molina's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Molina's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.
- WellCare's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of WellCare's respondents who gave a response of 7 to 8 was significantly lower in 2012 than in 2011, whereas the percentage of WellCare's respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

COMPOSITE MEASURES AND COMPOSITE ITEMS

Getting Needed Care

Two questions were 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 and Questions 44 and 48 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Getting Needed Care: Seeing a Specialist

Question 23 in the CAHPS Adult Medicaid Health Plan Survey and Question 44 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

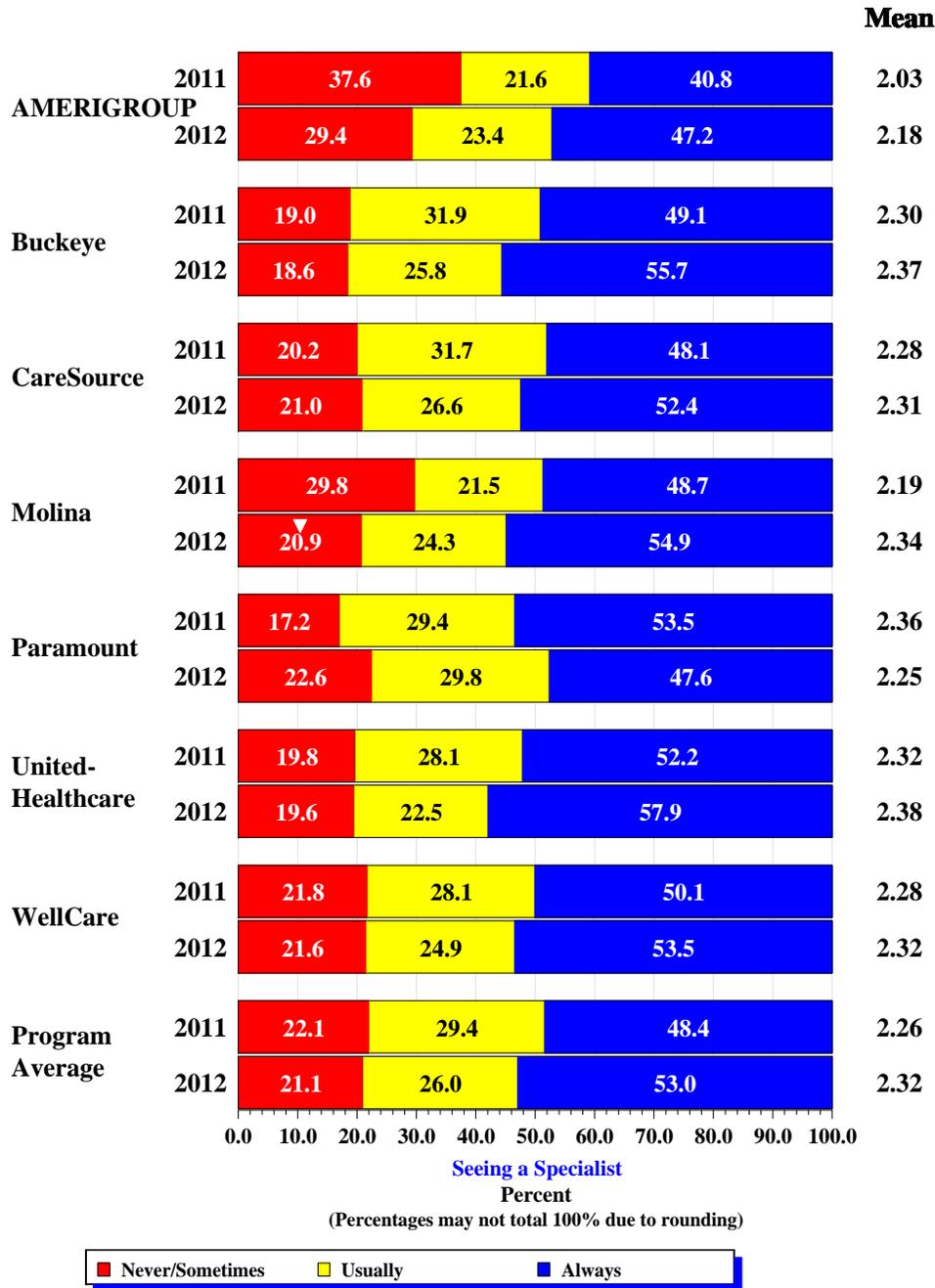
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Getting Needed Care: Getting Care Believed Necessary

Question 27 in the CAHPS Adult Medicaid Health Plan Survey and Question 48 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

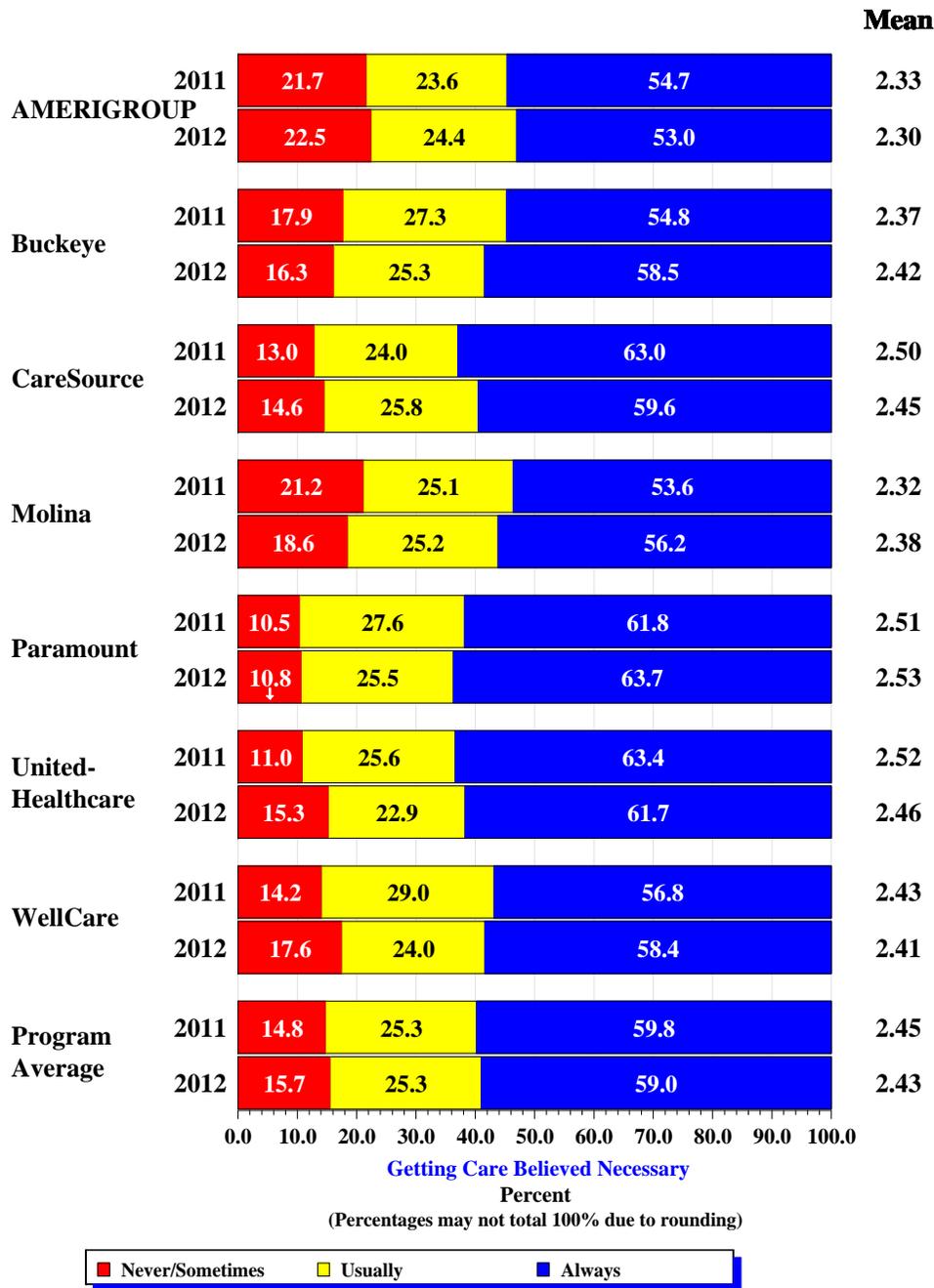
Overall, there was one *statistically significant* difference observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Getting Care Quickly

Two questions were asked to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys), an overall mean was calculated for Ohio's CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

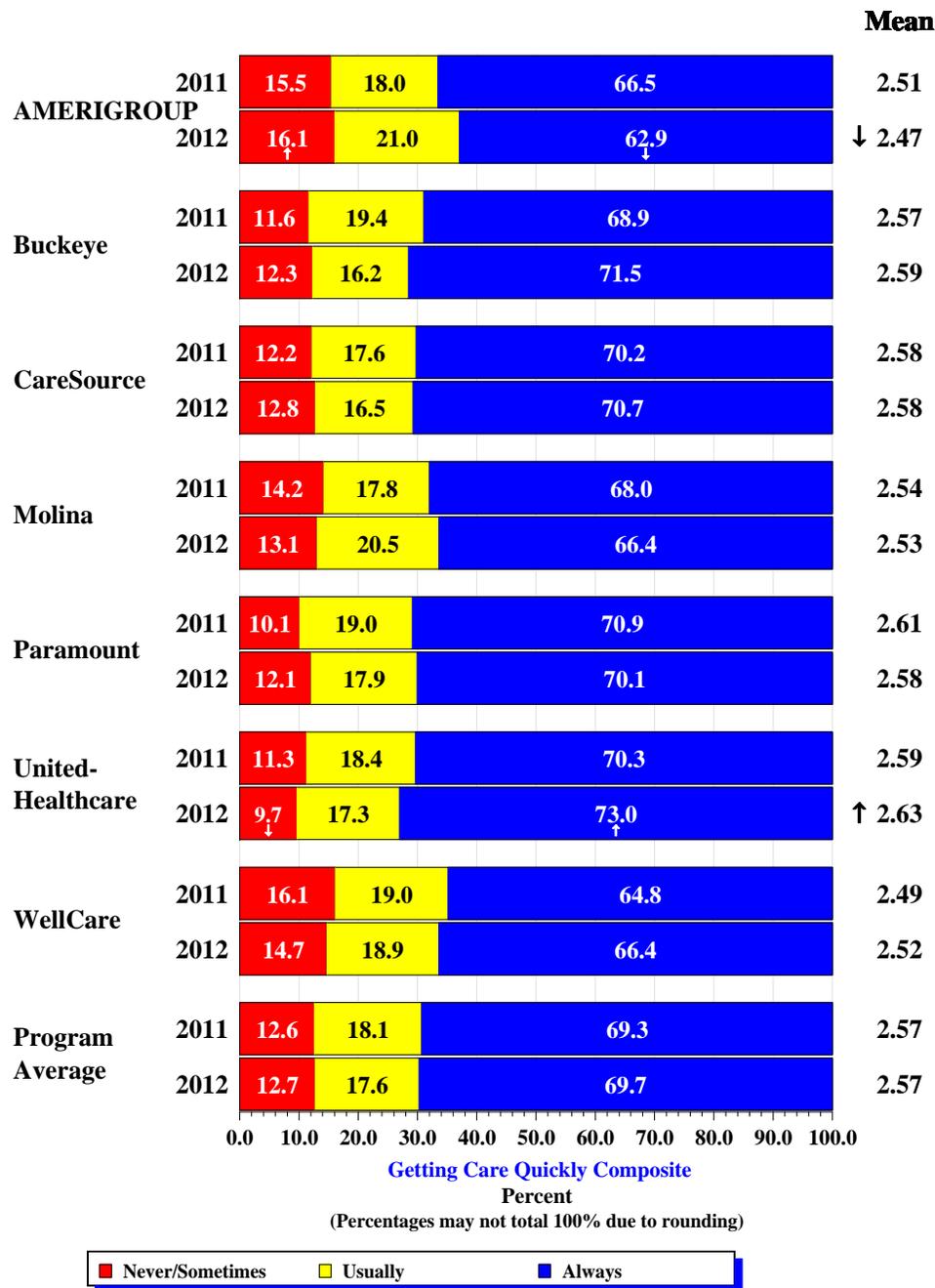
Overall, there were six *statistically significant* differences observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 4 in the CAHPS Adult and Child Medicaid Health Plan Surveys 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

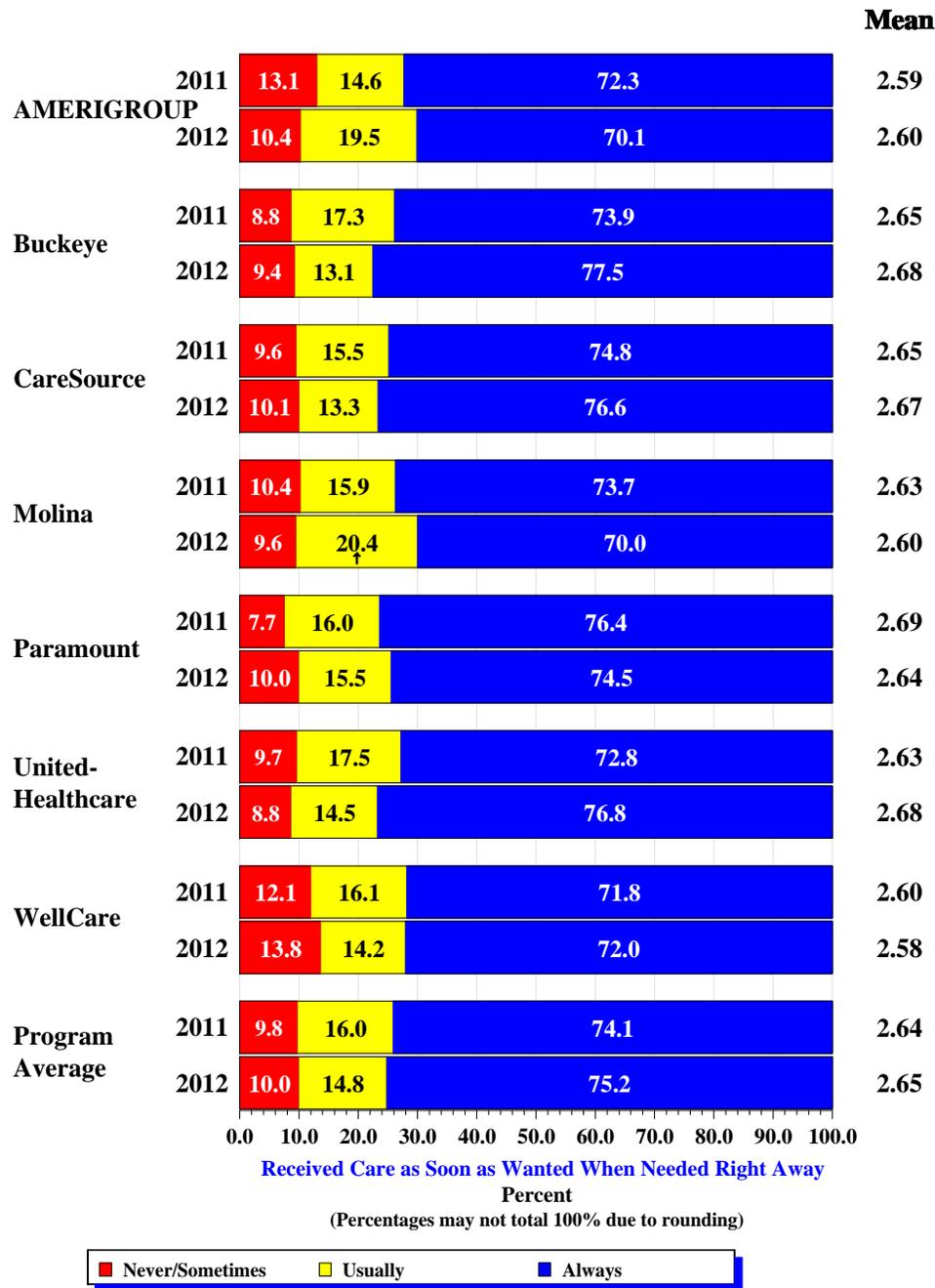
Overall, there was one *statistically significant* difference observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 6 in the CAHPS Adult and Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

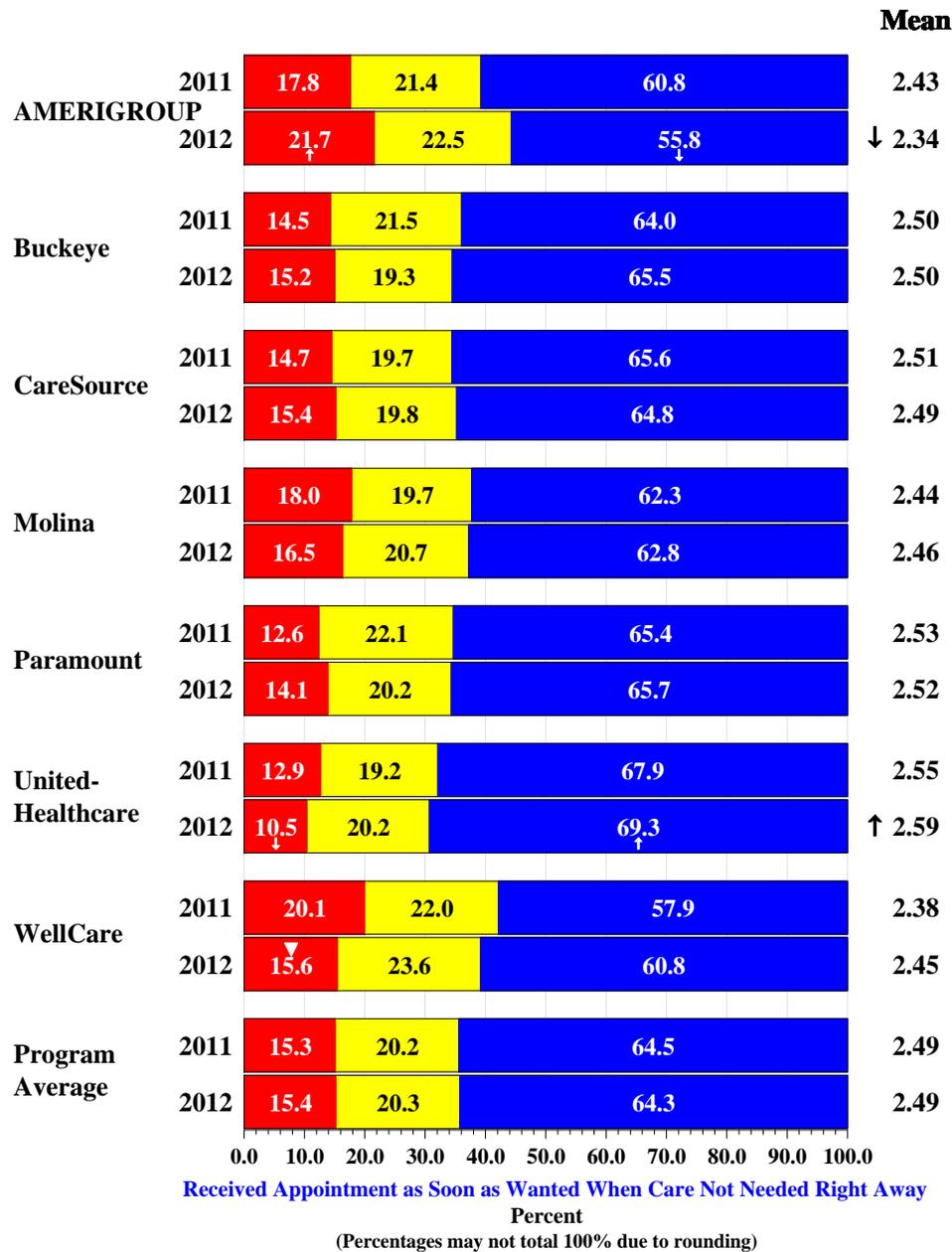
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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 and Questions 30, 31, 32, and 35 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

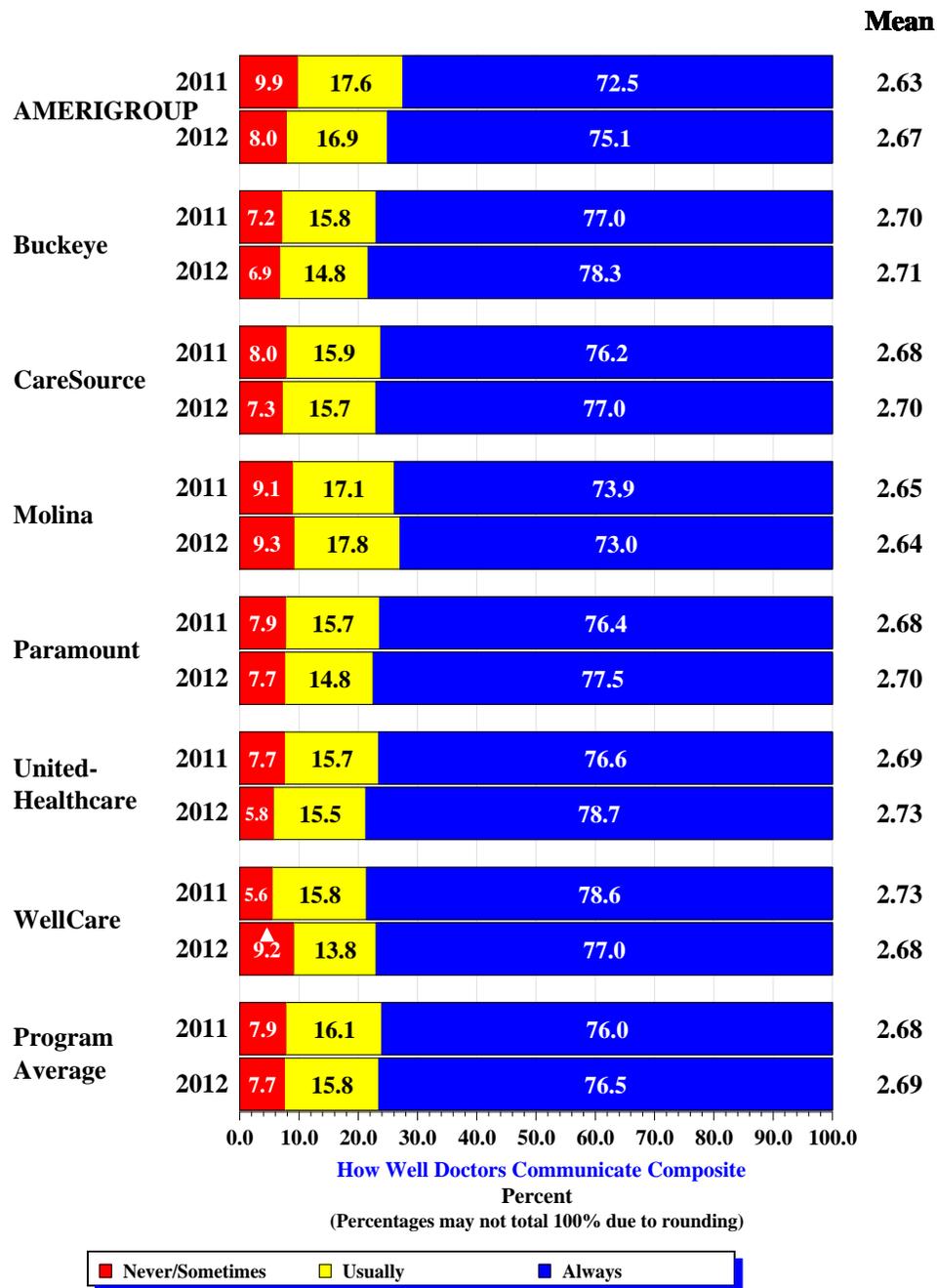
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

How Well Doctors Communicate: Doctors Listened Carefully

Question 16 in the CAHPS Adult Medicaid Health Plan Survey and Question 31 in the CAHPS Child Medicaid Health Plan Survey asked members and the parents or caretakers of child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

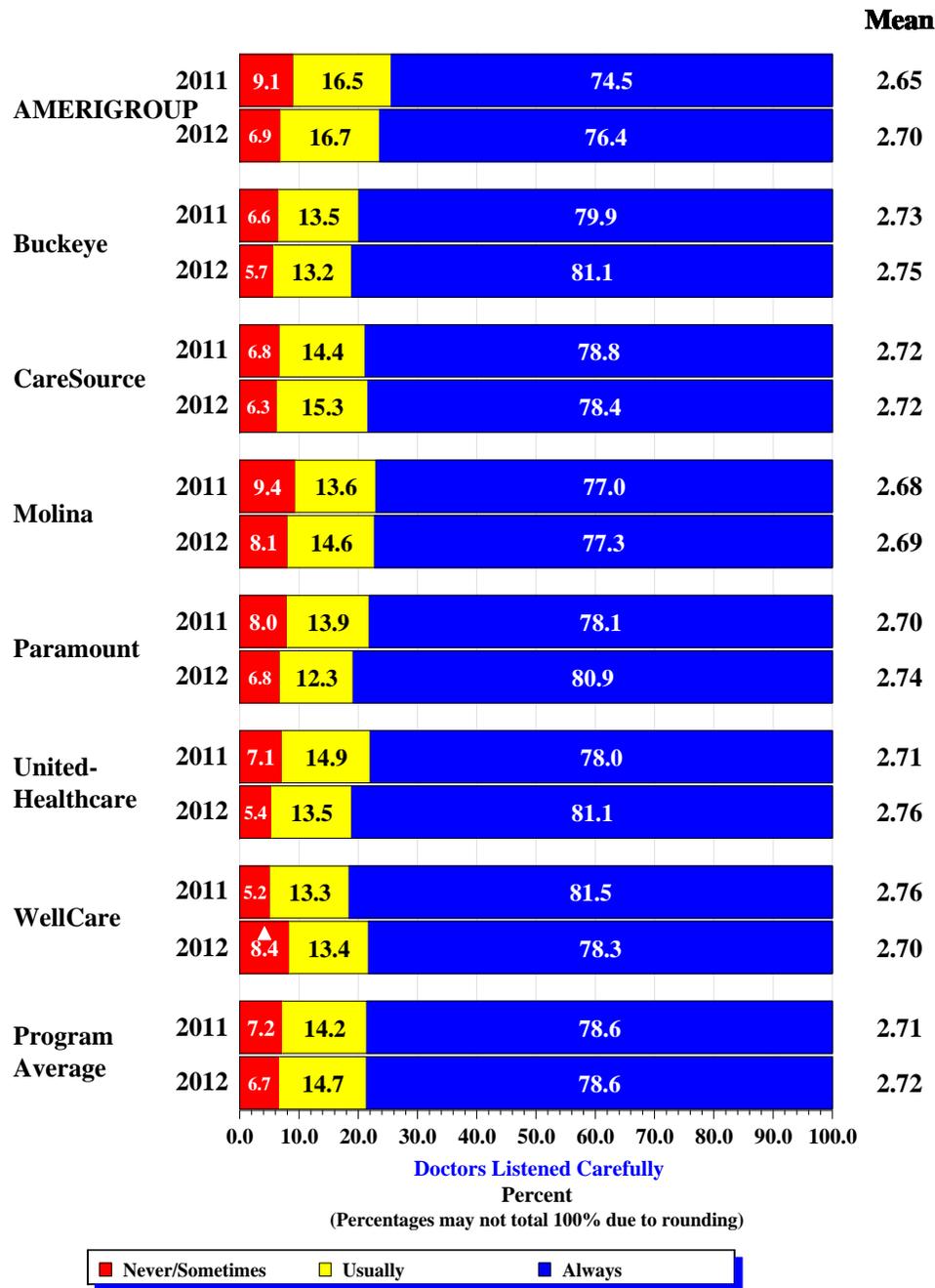
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 15 in the CAHPS Adult Medicaid Health Plan Survey and Question 30 in the CAHPS Child Medicaid Health Plan Survey asked adult members and the parents or caretakers of child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

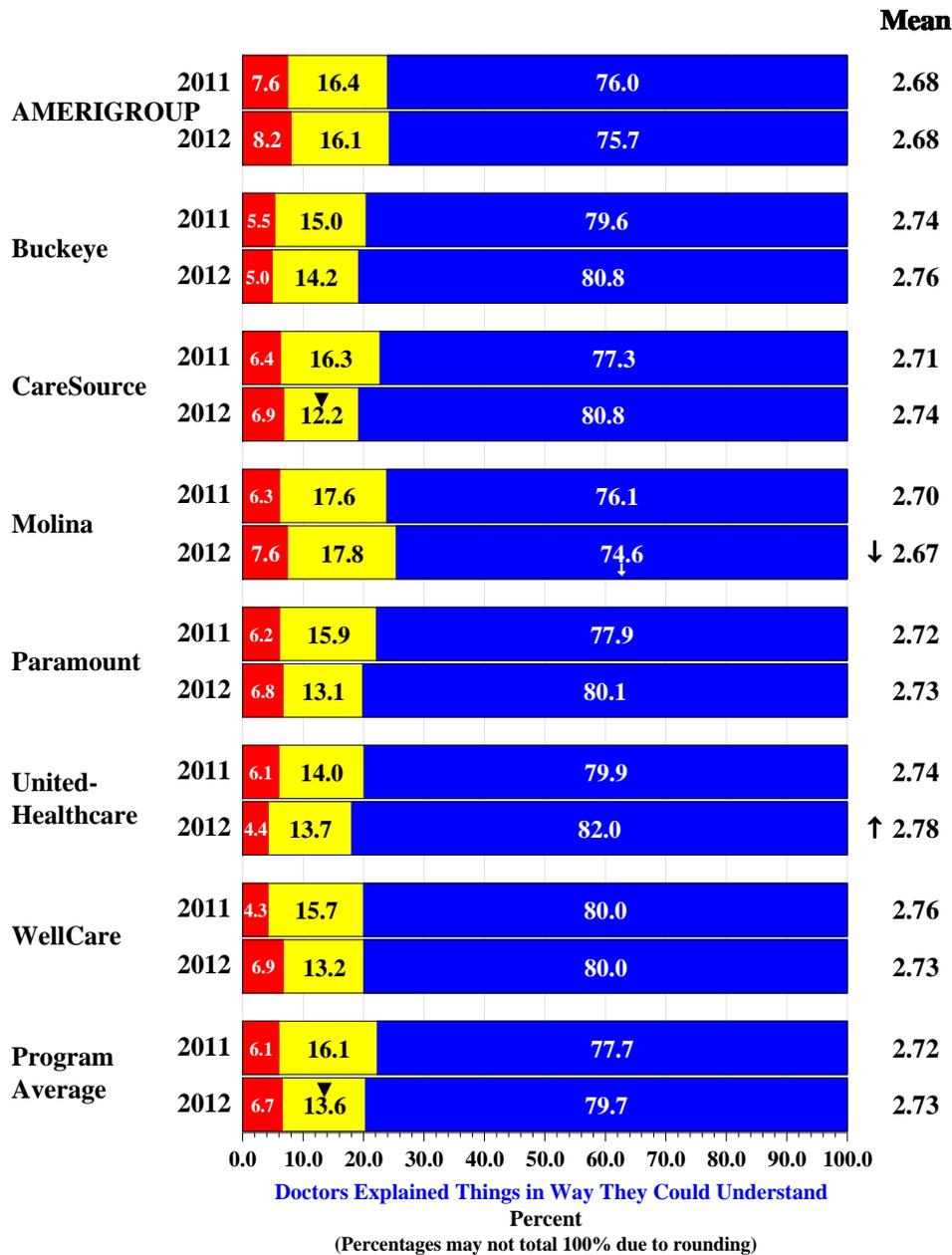
- Molina's overall mean was significantly lower than the program average. The percentage of Molina's respondents who gave a response of Always was significantly lower than the program average.
- UnitedHealthcare's overall mean was significantly higher than the program average.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of CareSource's and the program's respondents who gave a response of Usually was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

How Well Doctors Communicate: Doctors Showed Respect

Question 17 in the CAHPS Adult Medicaid Health Plan Survey and Question 32 in the CAHPS Child Medicaid Health Plan Survey asked adult members and the parents or caretakers of child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

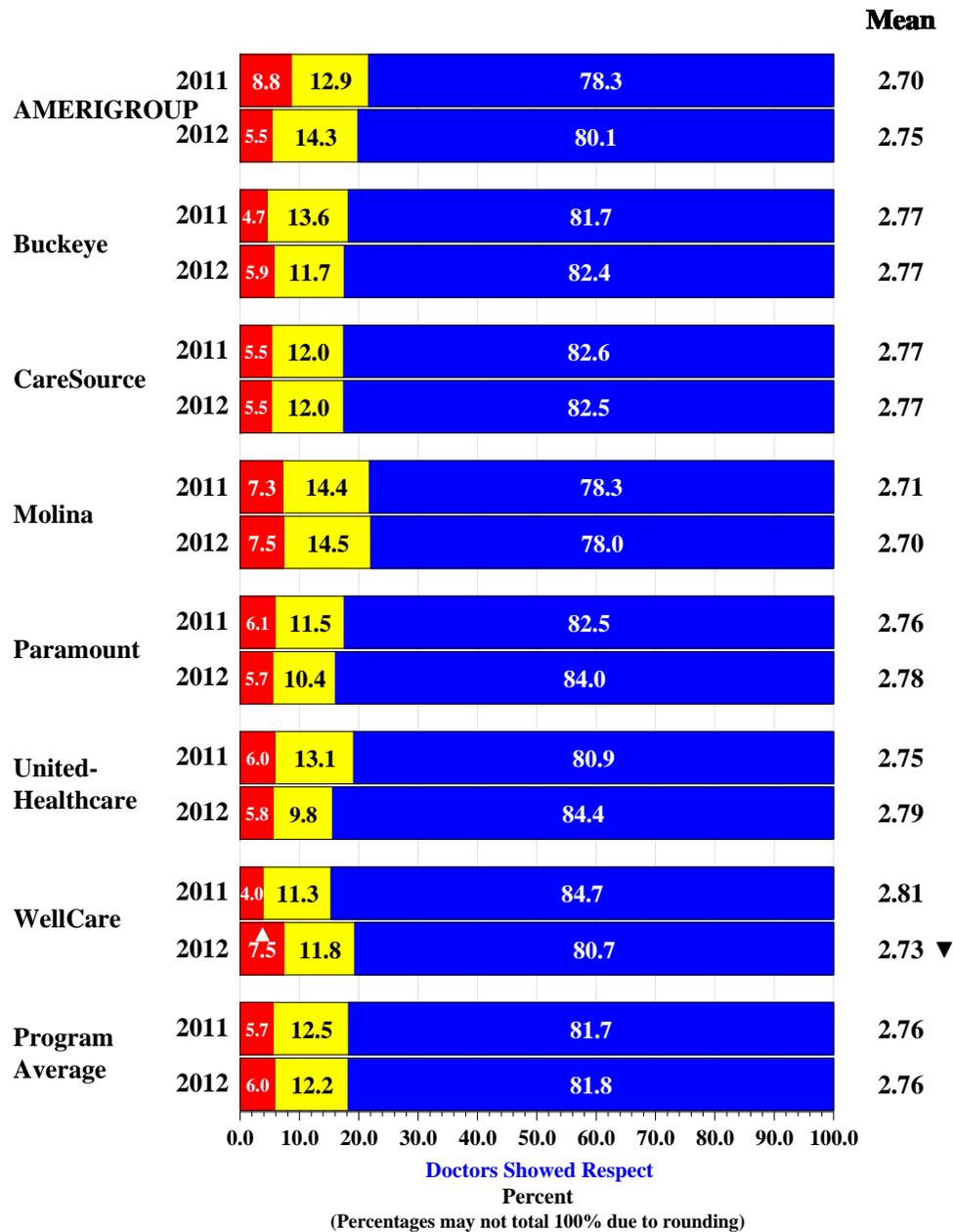
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- WellCare's overall mean was significantly lower in 2012 than in 2011. Furthermore, the percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

How Well Doctors Communicate: Doctors Spent Enough Time With Patient

Question 18 in the CAHPS Adult Medicaid Health Plan Survey and Question 35 in the CAHPS Child Medicaid Health Plan Survey asked members and the parents or caretakers of child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

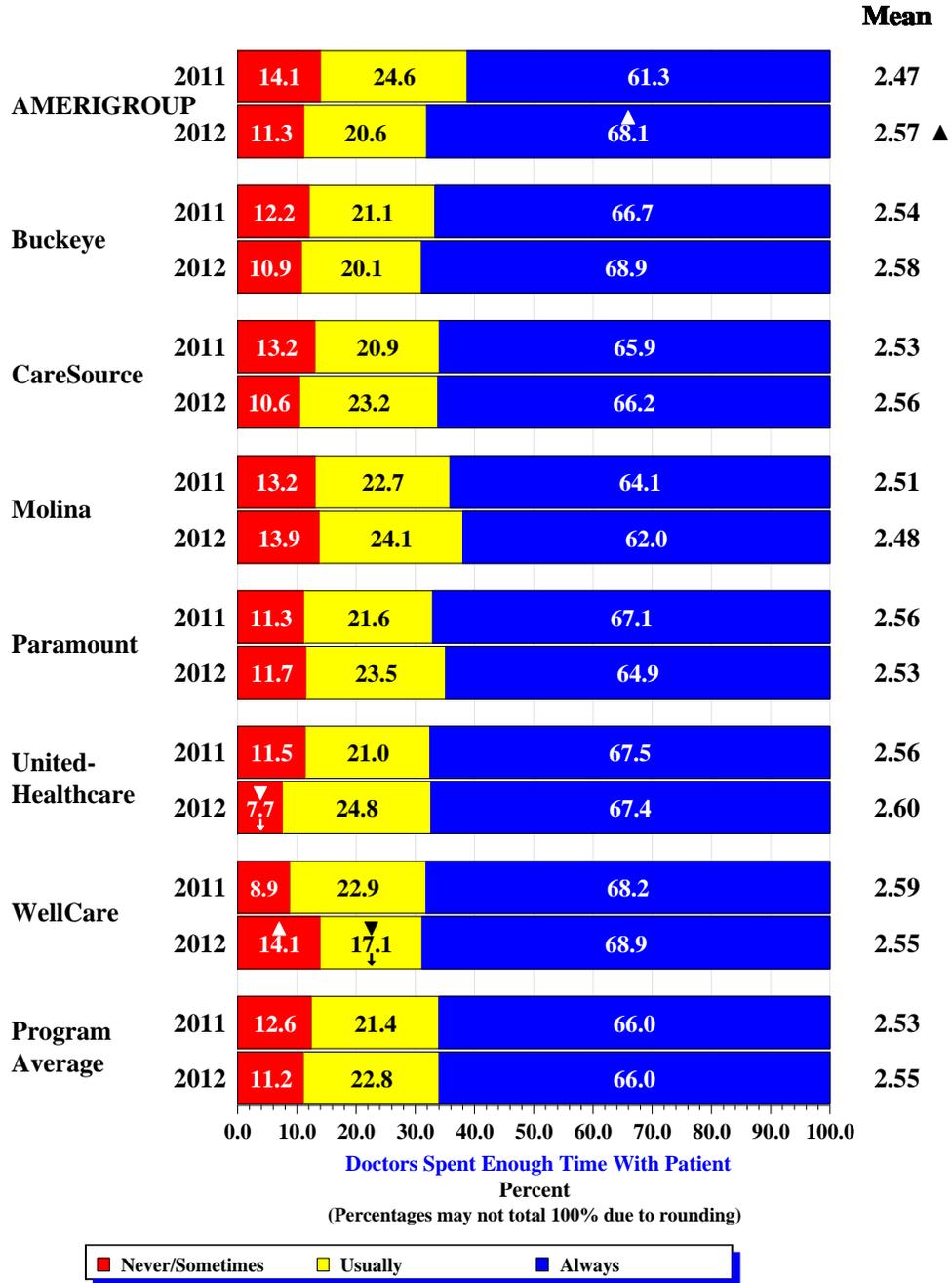
- The percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly lower than the program average.
- The percentage of WellCare's respondents who gave a response of Usually was significantly lower than the program average.

Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- AMERIGROUP's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of AMERIGROUP's respondents who gave a response of Always was significantly higher in 2012 than in 2011.
- The percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.
- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011, whereas the percentage of WellCare's respondents who gave a response of Usually was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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 and Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

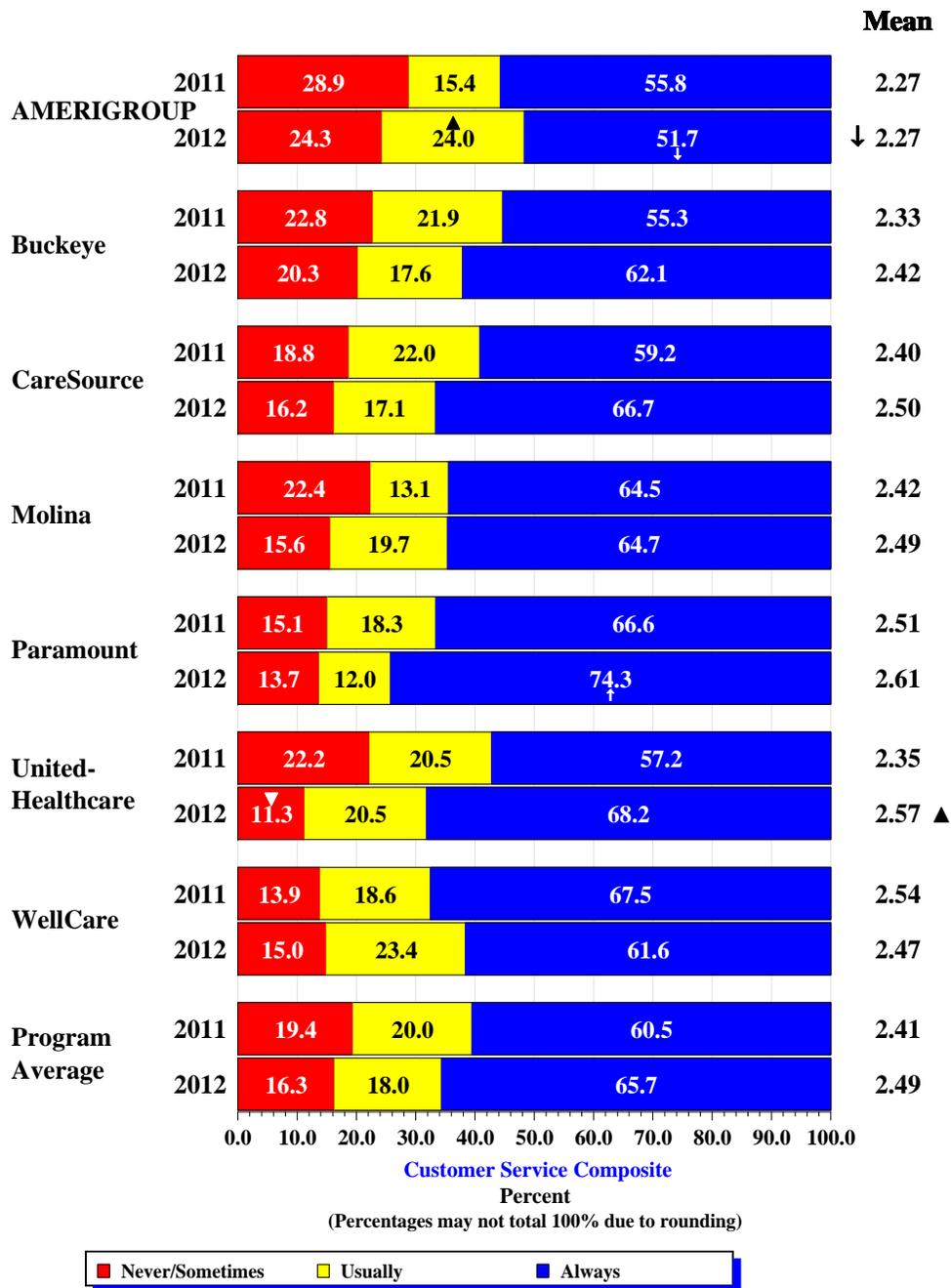
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- The percentage of Paramount's respondents who gave a response of Always was significantly higher than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of AMERIGROUP's respondents who gave a response of Usually was significantly higher in 2012 than in 2011.
- UnitedHealthcare's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Customer Service: Obtaining Help Needed From Customer Service

Question 31 in the CAHPS Adult Medicaid Health Plan Survey and Question 50 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

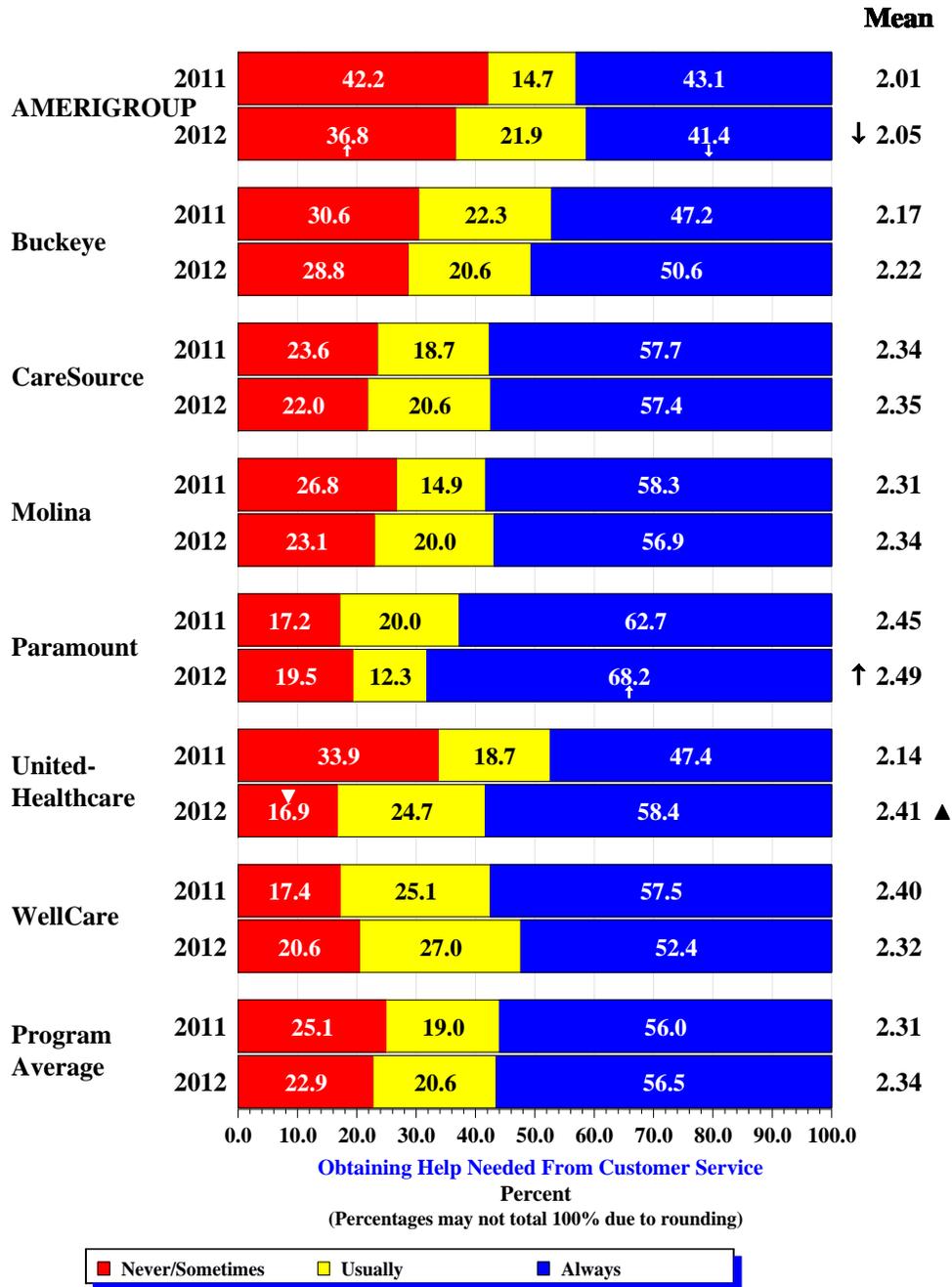
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly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

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- UnitedHealthcare's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 32 in the CAHPS Adult Medicaid Health Plan Survey and Question 51 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of CareSource's respondents who gave a response of Usually was significantly lower in 2012 than in 2011, whereas the percentage of CareSource's respondents who gave a response of Always was significantly higher in 2012 than in 2011.
- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.
- The program's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of the program's respondents who gave a response of Always was significantly higher in 2012 than in 2011.

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 and Questions 11 and 12 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

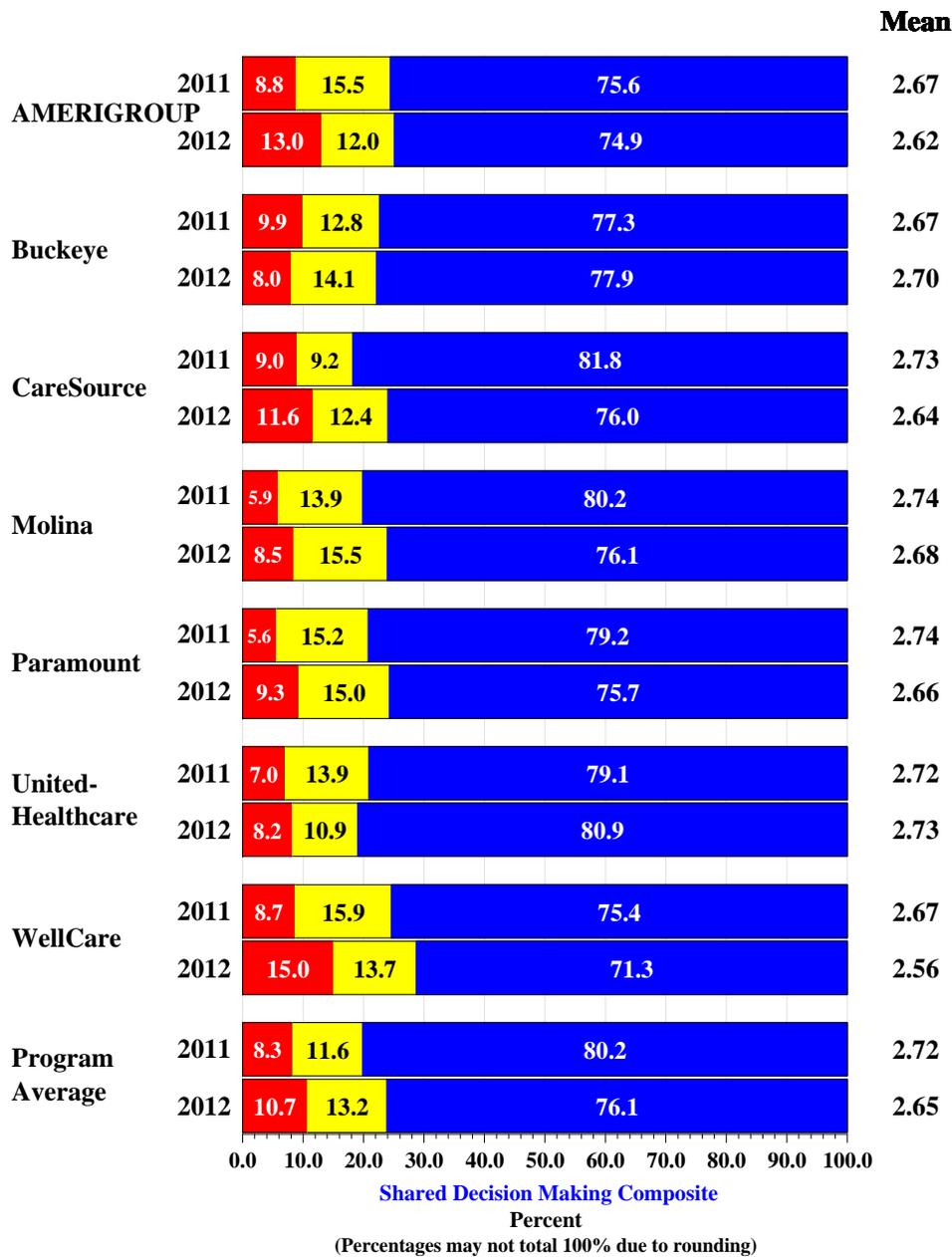
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 10 in the CAHPS Adult Medicaid Health Plan Survey and Question 11 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

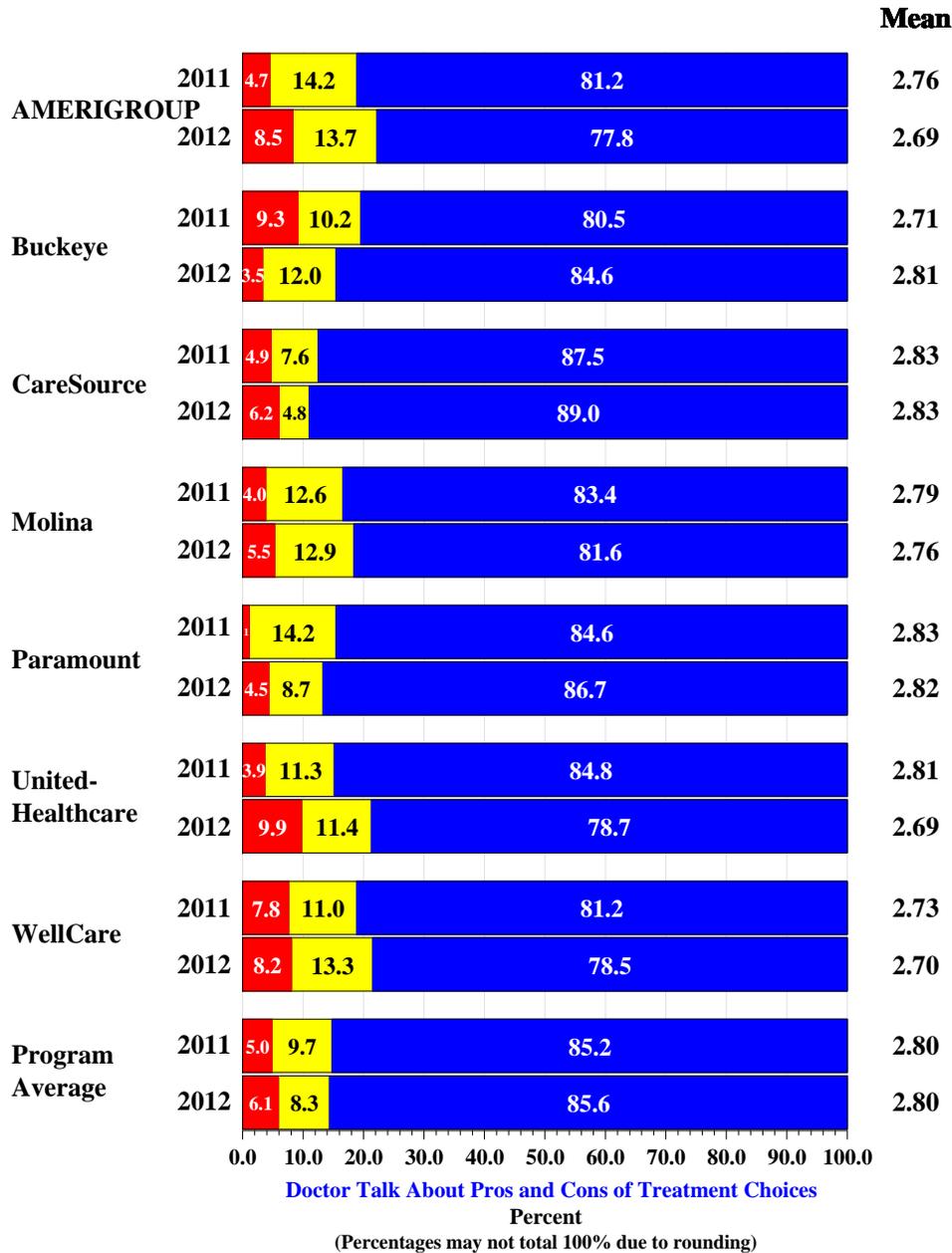
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-20
Shared Decision Making 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 11 in the CAHPS Adult Medicaid Health Plan Survey and Question 12 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

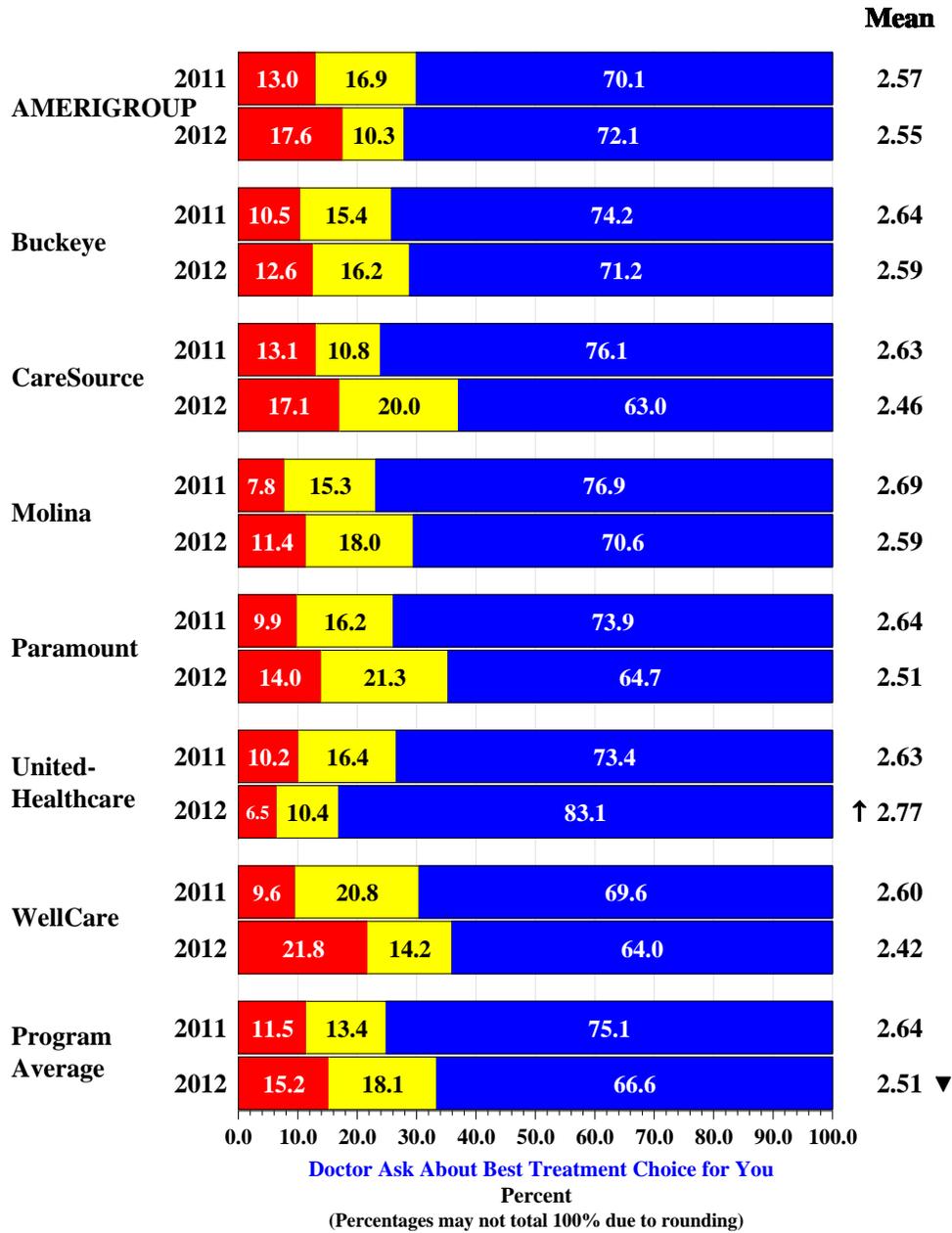
- UnitedHealthcare's overall mean was significantly higher than the program average.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The program's overall mean was significantly lower in 2012 than in 2011.

Figure E-21
Shared Decision Making 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

INDIVIDUAL ITEM MEASURES

Health Promotion and Education

Question 8 in the CAHPS Adult and Child 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. Responses were classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure E-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

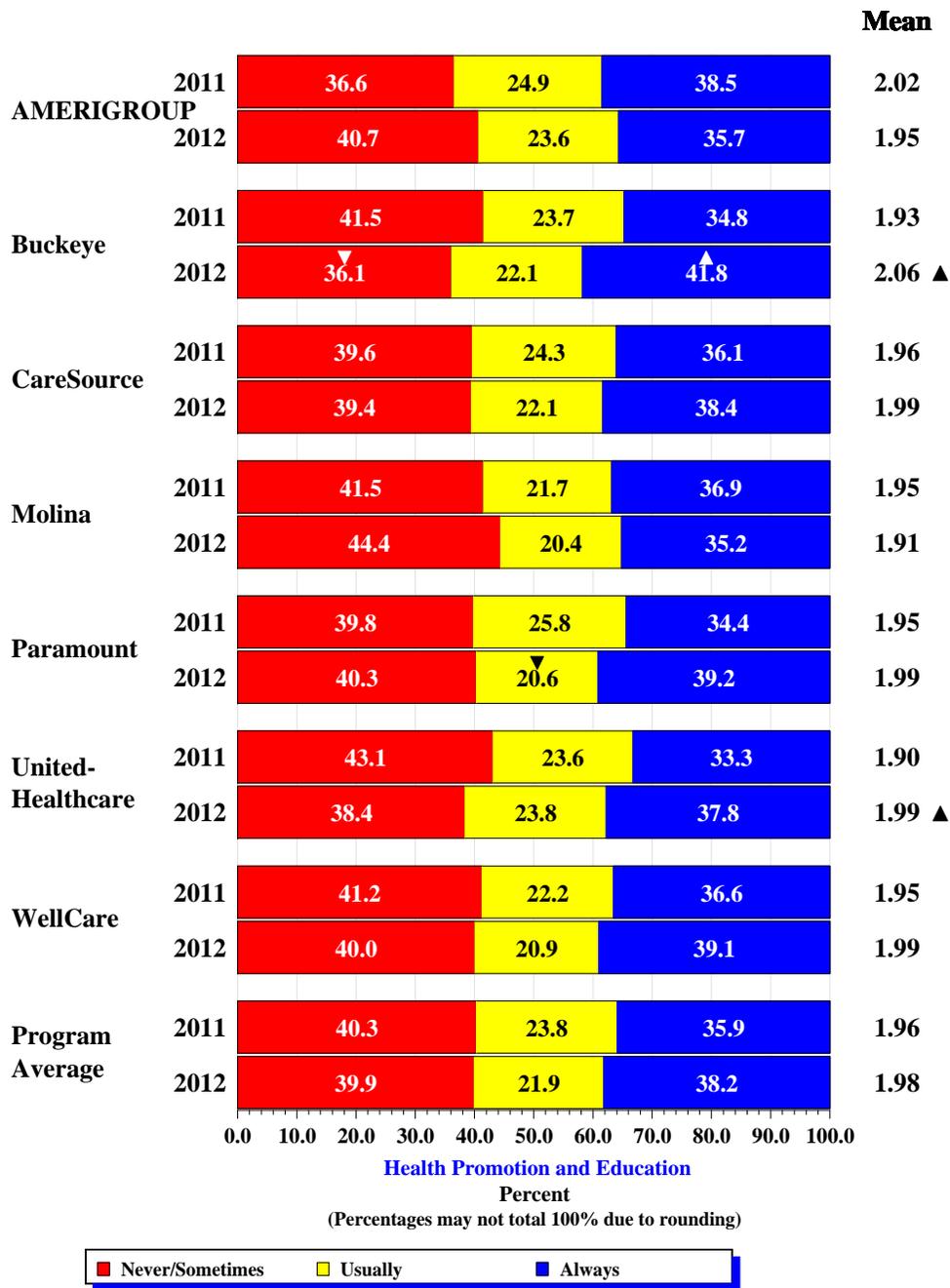
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Buckeye’s overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Buckeye’s respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011, whereas the percentage of Buckeye’s respondents who gave a response of Always was significantly higher in 2012 than in 2011.
- The percentage of Paramount’s respondents who gave a response of Usually was significantly lower in 2012 than in 2011.
- UnitedHealthcare’s overall mean was significantly higher in 2012 than in 2011.

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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Coordination of Care

Question 20 in the CAHPS Adult Medicaid Health Plan Survey and Question 38 in the CAHPS Child Medicaid Health Plan Survey asked members to rate how often their doctor seemed informed and up-to-date about care received from other doctors. Responses were classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure E-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

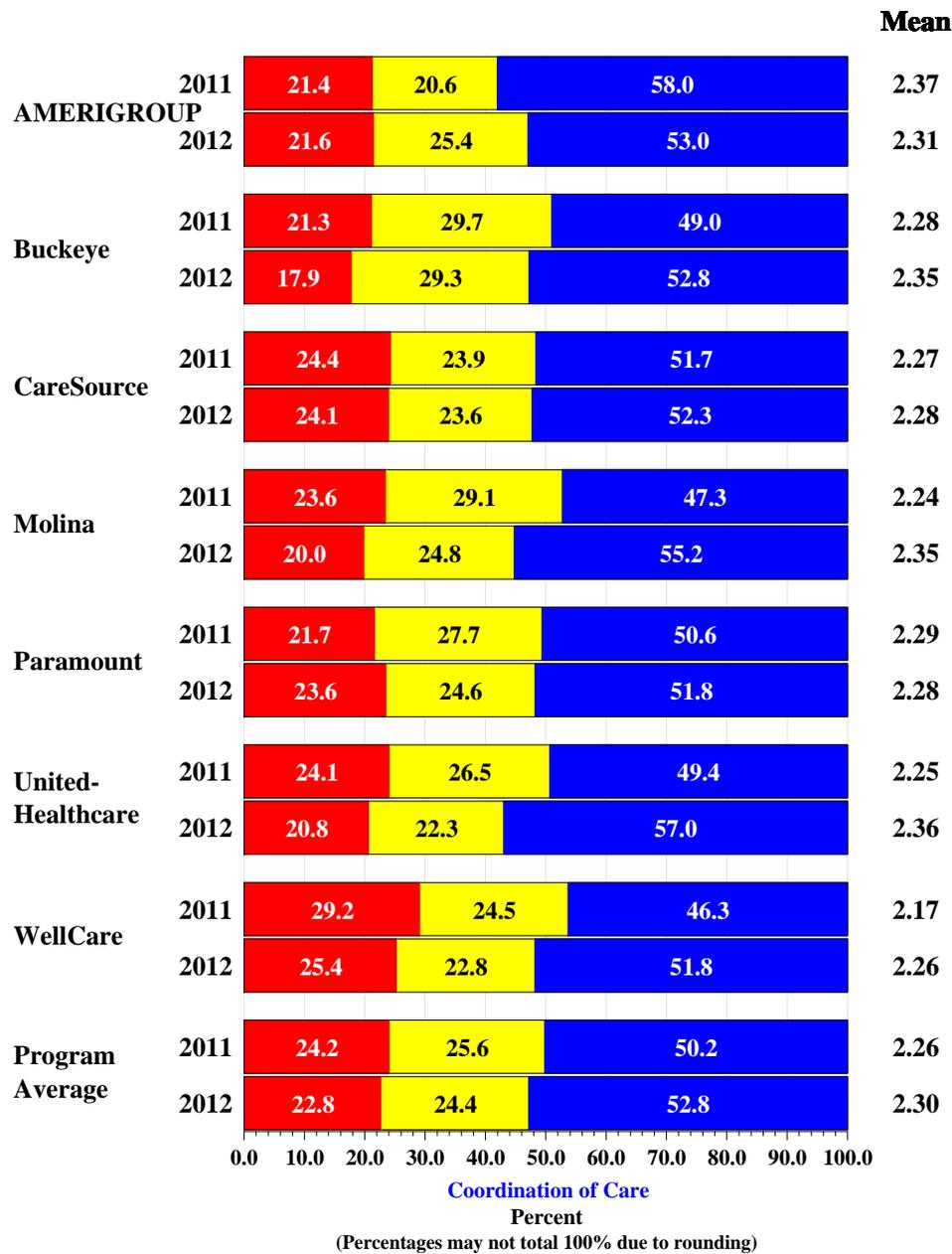
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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 and Question 49 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes."¹¹ Figure E-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

¹¹ For questions with "No" and "Yes" response categories, responses of "No" were given a score of 0 and responses of "Yes" were given a score of 1.

Satisfaction with Health Plan: Filled Out Paperwork

Question 33 in the CAHPS Adult Medicaid Health Plan Survey and Question 52 in the CAHPS Child 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 CFC 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 CFC 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.
- UnitedHealthcare's overall mean was significantly lower than the program average. The percentage of UnitedHealthcare's respondents who gave a response of No was significantly higher than the program average, whereas the percentage of UnitedHealthcare's respondents who gave a response of Yes was significantly lower than the program average.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Satisfaction with Health Plan: Problem with Paperwork for Health Plan

Question 34 in the CAHPS Adult Medicaid Health Plan Survey and Question 53 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."¹² Figure E-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

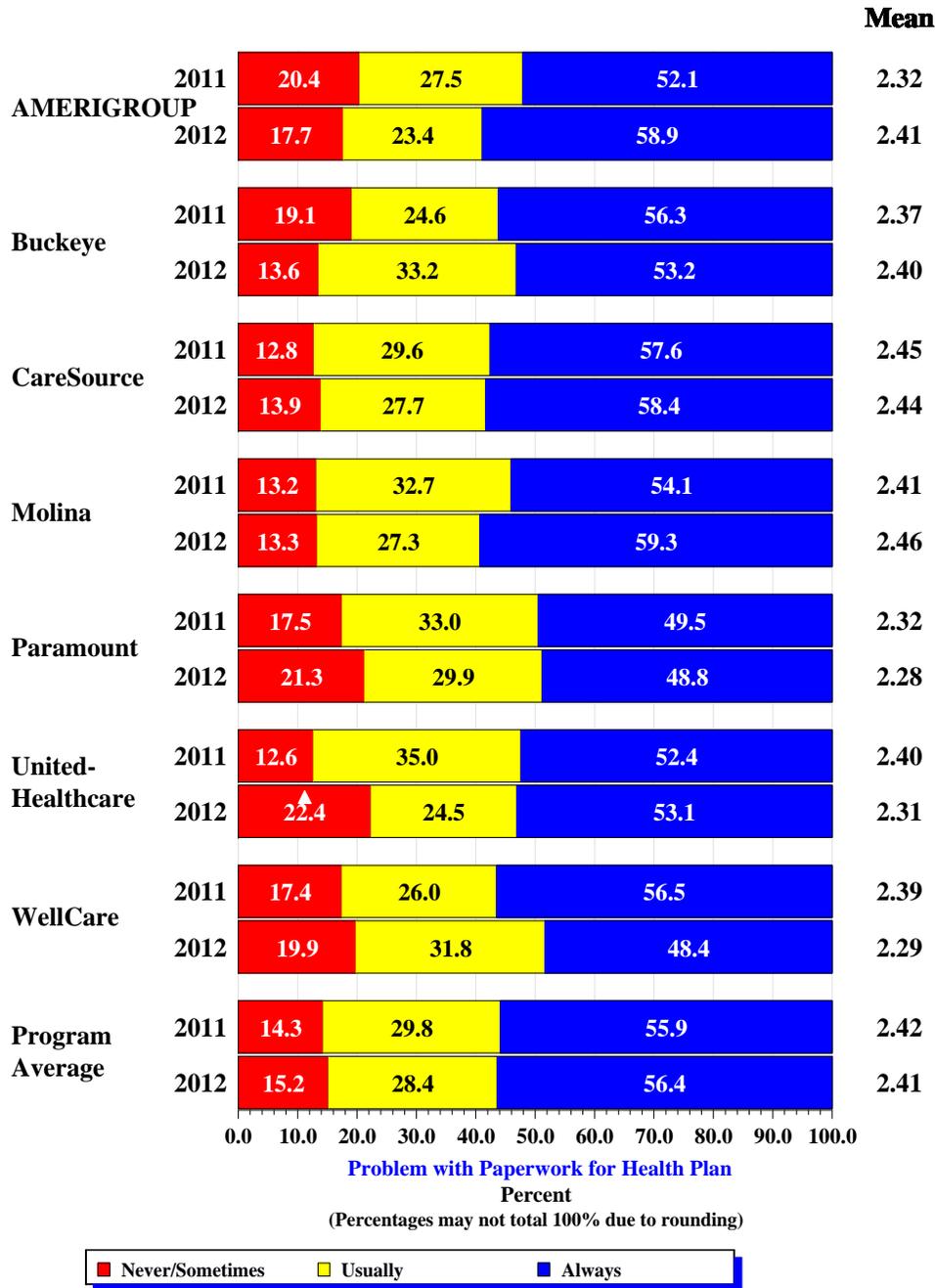
Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

¹² 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

SATISFACTION WITH HEALTH CARE PROVIDERS

Satisfaction with Health Care Providers: Have Personal Doctor

Several questions were asked to assess member satisfaction with health care providers. Question 13 in the CAHPS Adult Medicaid Health Plan Survey and Question 28 in the CAHPS Child 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 CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were 15 *statistically significant* differences observed for this measure.

- Buckeye's, Paramount's, and UnitedHealthcare's overall means were significantly higher than the program average. The percentage of their respondents who gave a response of No was significantly lower than the program average, whereas the percentage of their respondents who gave a response of Yes was significantly higher than the program average.
- AMERIGROUP's and Molina's overall means were significantly lower than the program average. The percentage of their respondents who gave a response of No was significantly higher than the program average, whereas the percentage of their respondents who gave a response of Yes was significantly lower than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Buckeye's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Buckeye's respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of Buckeye's respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

Figure E-27
Satisfaction with Health Care Providers:
Have 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Satisfaction with Health Care Providers: Child Able to Talk With Doctors

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether child members were able to talk with doctors about their health care.¹³ For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Paramount's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Paramount's respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of Paramount's respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

¹³ This item is only included in the CAHPS 4.0H Child Medicaid Health Plan Survey.

Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors explained things to child members in a way the child could understand.¹⁴ For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."¹⁵ Figure E-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

Trending Analysis

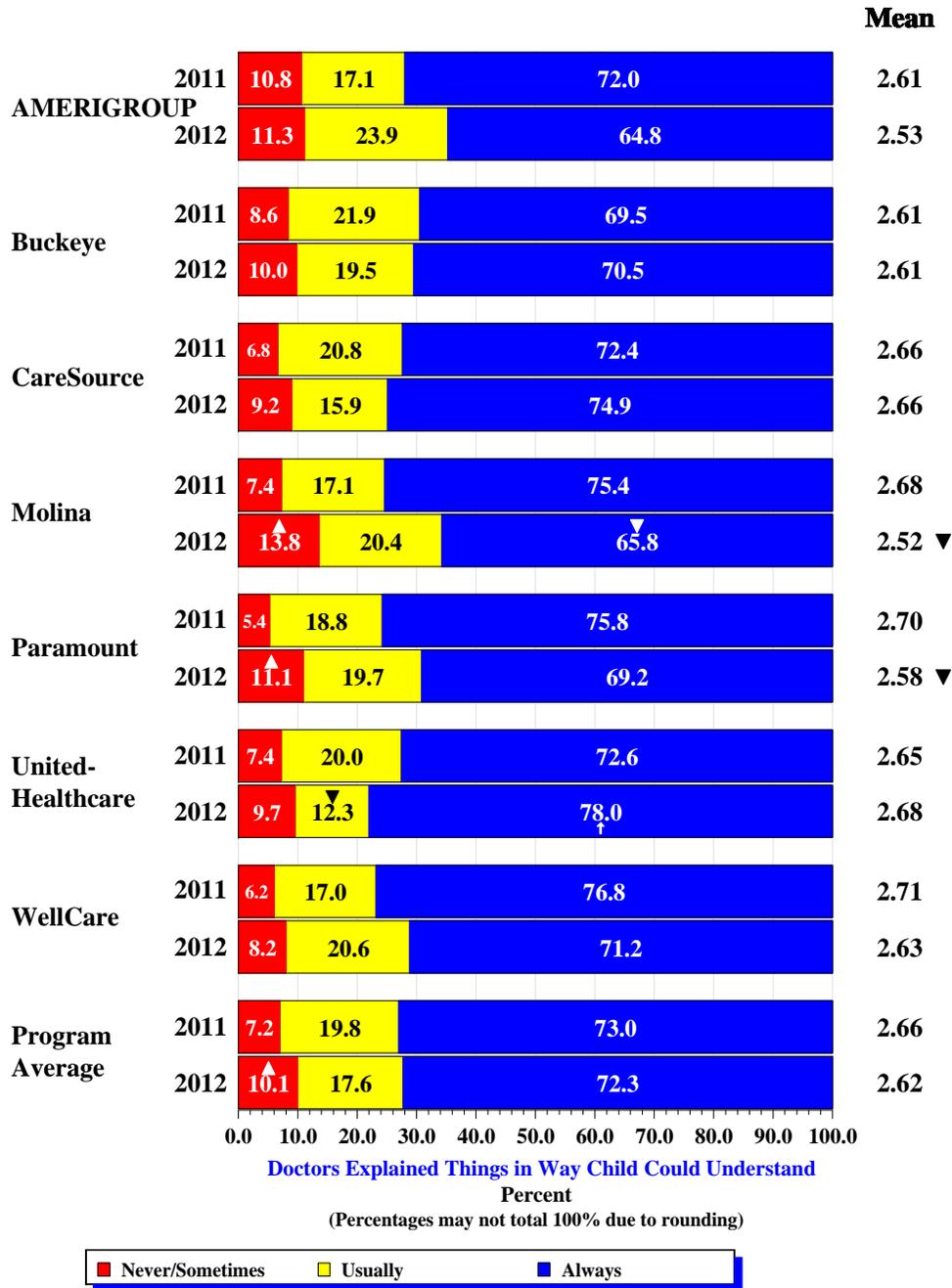
Overall, there were seven *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Molina's overall mean was significantly lower in 2012 than in 2011. Furthermore, the percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011, whereas the percentage of Molina's respondents who gave a response of Always was significantly lower in 2012 than in 2011.
- Paramount's overall mean was significantly lower in 2012 than in 2011. Furthermore, the percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.
- The percentage of UnitedHealthcare's respondents who gave a response of Usually was significantly lower in 2012 than in 2011.
- The percentage of the program's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

¹⁴ This item is only included in the CAHPS 4.0H Child Medicaid Health Plan Survey.

¹⁵ For this question, 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-29
Satisfaction with Health Care Providers:
Doctors Explained Things in Way Child 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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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 and Question 43 in the CAHPS Child 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 CFC Medicaid Managed Care Program and its participating MCPs. Responses were 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

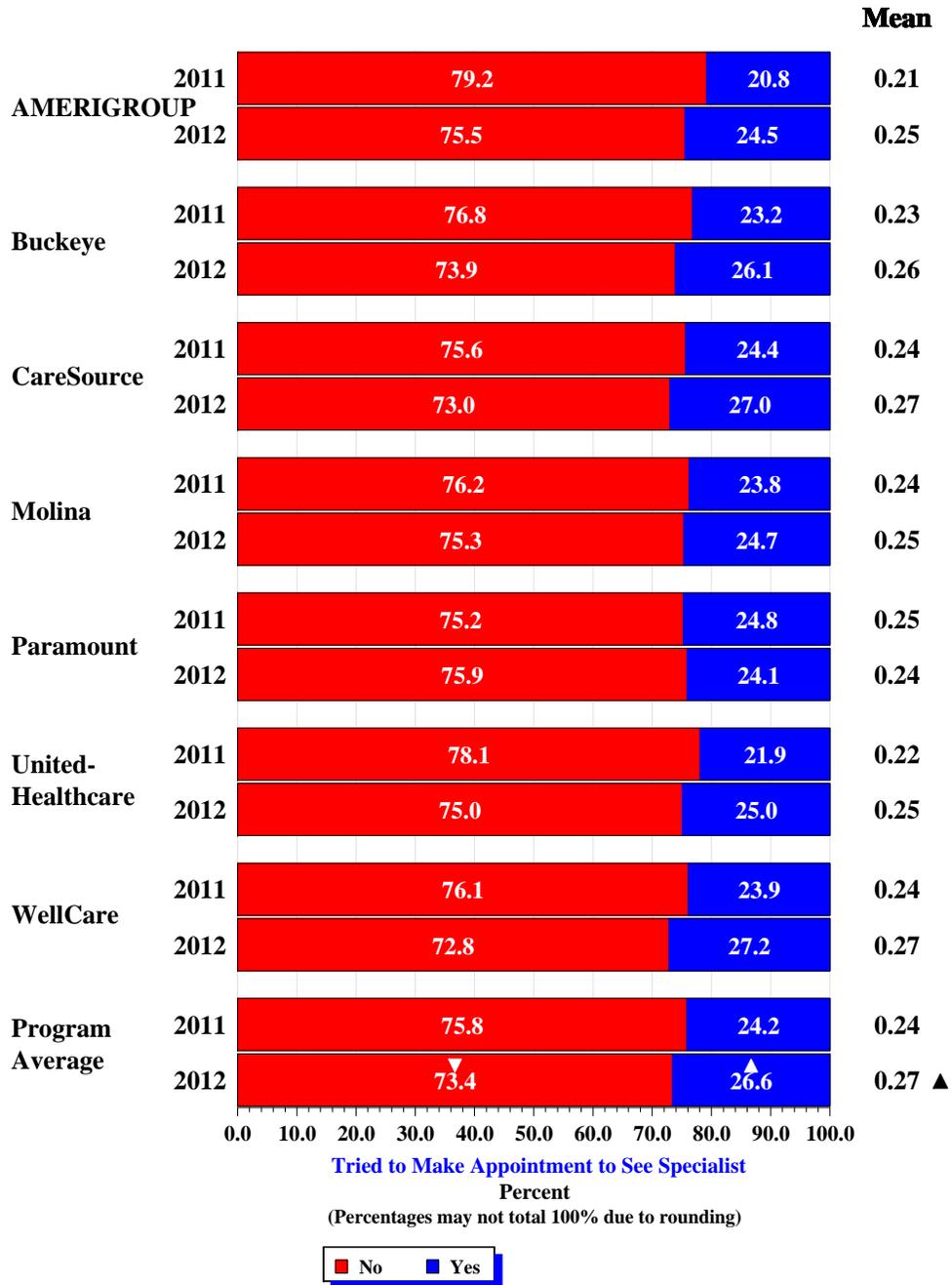
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The program's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of the program's respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of the program's respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

Figure E-30
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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Care: Made Appointments for Health Care

Question 5 in the CAHPS Adult and Child Medicaid Health Plan Surveys 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 CFC 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 CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

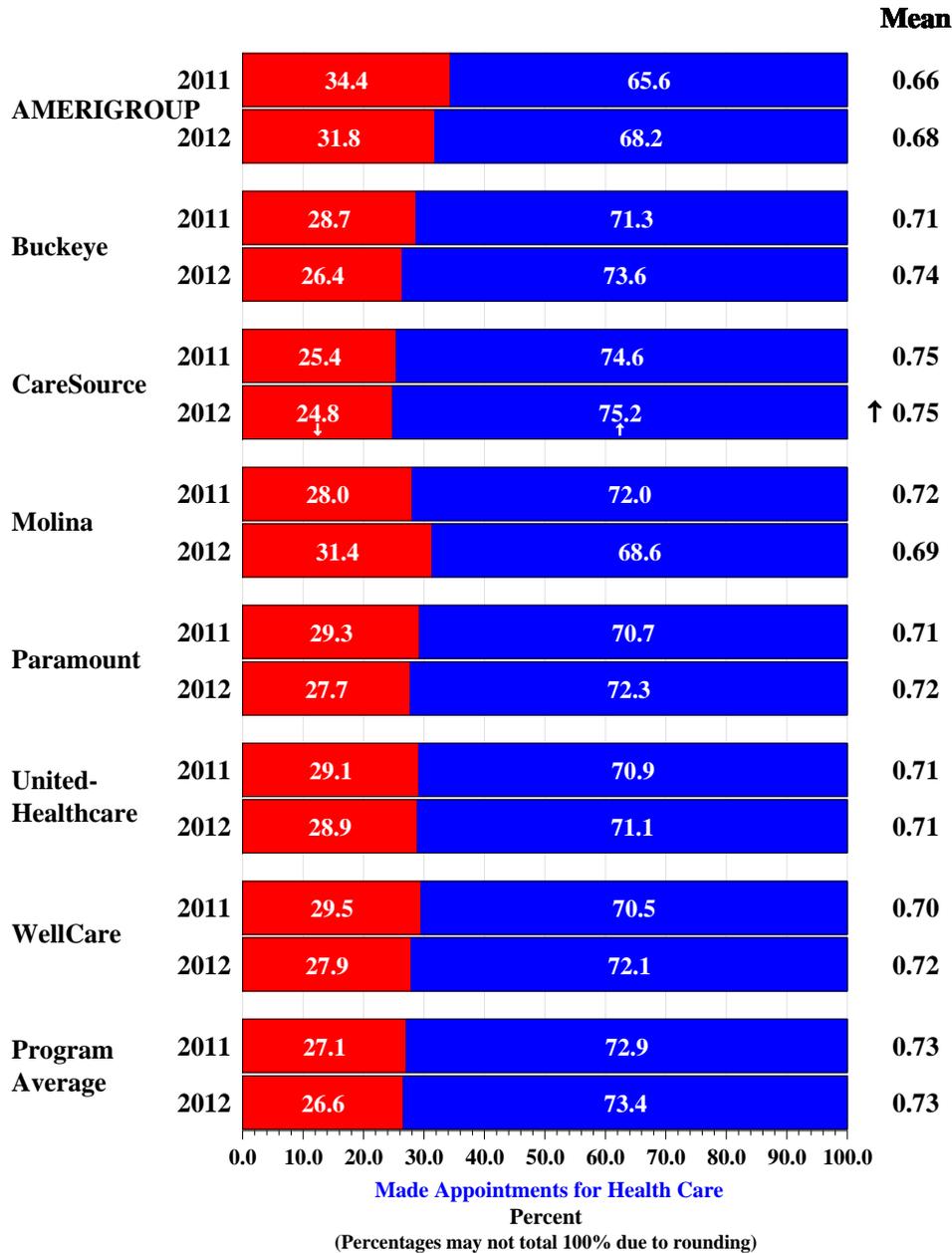
Overall, there were three *statistically significant* differences observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-31
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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 3 in the CAHPS Adult and Child Medicaid Health Plan Surveys 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 CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

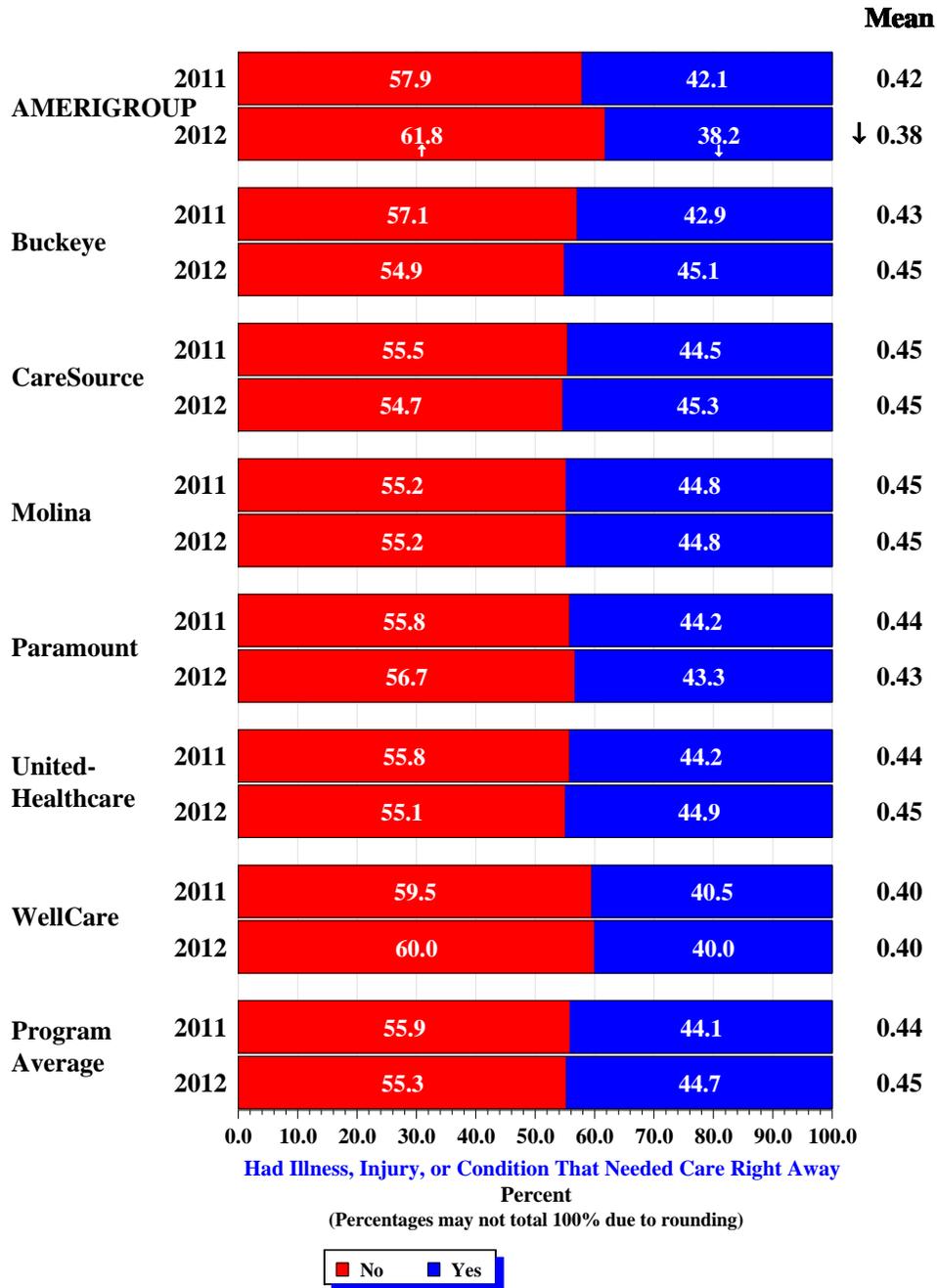
Overall, there were three *statistically significant* differences observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-32
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
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

UTILIZATION OF SERVICES

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

Question 7 in the CAHPS Adult and Child Medicaid Health Plan Surveys 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 CFC 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-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- Buckeye's overall mean was significantly lower in 2012 than in 2011.

ASPIRIN USE AND DISCUSSION¹⁶

Aspirin Use and Discussion: Aspirin Use

Question 41 in the CAHPS Adult Medicaid Health Plan Survey asked whether or not the member takes aspirin daily or every other day. The Aspirin Use measure is a 2-year rolling average that represents the percentage of members who are currently taking aspirin.¹⁷ For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

¹⁶ The Aspirin Use and Discussion measures are only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey. For the Aspirin Use and Discussion figures presented in this report, the 2011 designation in the figures refers to rates reported in 2011 based on a 2-year rolling average (i.e., combined 2010 and 2011 data) and the 2012 designation in the figures refers to rates reported in 2012 based on a 2-year rolling average (i.e., combined 2011 and 2012 data).

¹⁷ The denominator for this measure includes women 56-79 years of age with at least two risk factors for cardiovascular disease, men 46-65 years of age with at least one risk factor for cardiovascular disease, and men 66-79 years of age, regardless of risk factors.

Aspirin Use and Discussion: Discussing Aspirin Risks and Benefits

Question 43 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or health provider has discussed the risks and benefits of aspirin to prevent heart attack or stroke. The Discussing Aspirin Risks and Benefits measure is a 2-year rolling average that represents the percentage of members who discussed the risks and benefits of using aspirin with a doctor or health provider.¹⁸ For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

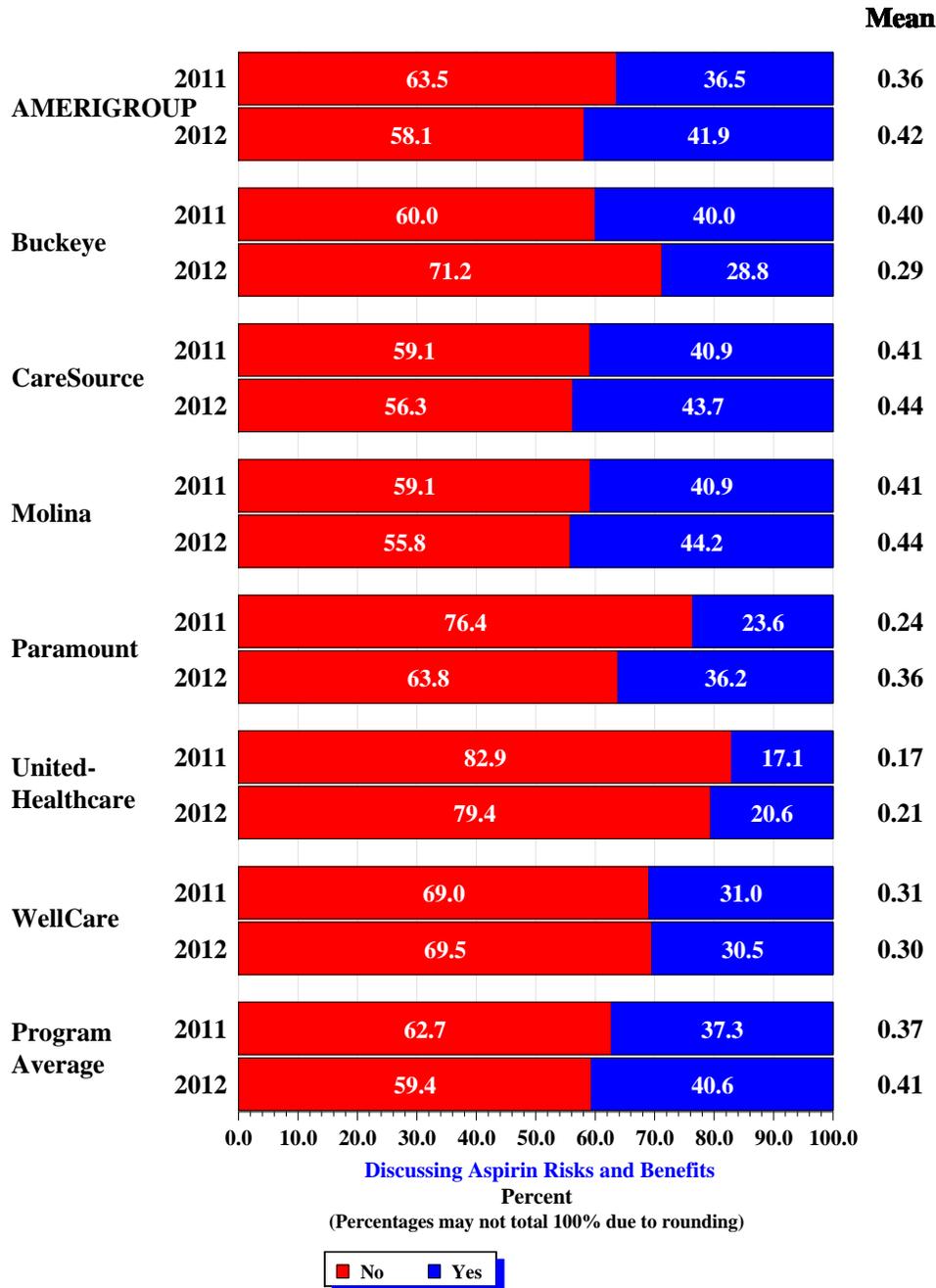
Overall, there were no *statistically significant* differences observed for this measure.

Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

¹⁸ The denominator for this measure includes women 56-79 years of age and men 46-79 years of age.

Figure E-35
Aspirin Use and Discussion:
Discussing Aspirin Risks and Benefits



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

CHILDREN WITH CHRONIC CONDITIONS (CCC) COMPOSITES AND CCC ITEMS¹⁹

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked how often it was easy for child members to obtain prescription medicines through their health plan. For this question, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Always was significantly higher than the program average.

Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of Buckeye's respondents who gave a response of Usually was significantly higher in 2012 than in 2011, whereas the percentage of Buckeye's respondents who gave a response of Always was significantly lower in 2012 than in 2011.
- The program's overall mean was significantly lower in 2012 than in 2011. Furthermore, the percentage of the program's respondents who gave a response of Always was significantly lower in 2012 than in 2011.

¹⁹ The CCC composites and CCC items are only included in the CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set).

Access to Specialized Services

A series of three questions was asked in order to assess how often it was easy for child members to obtain access to specialized services. For each of these questions (Questions 18, 21, and 24 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

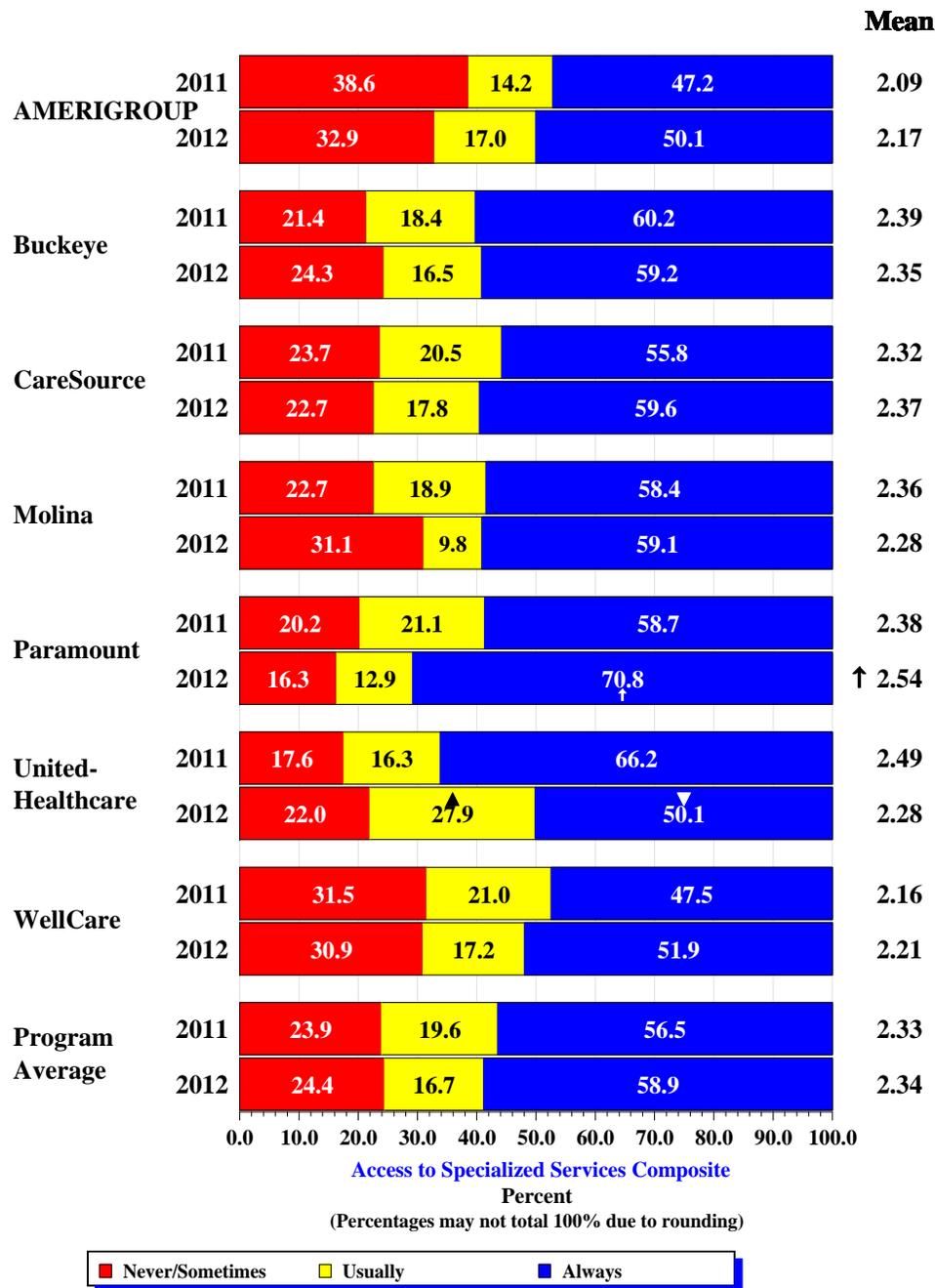
- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Always was significantly higher than the program average.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Usually was significantly higher in 2012 than in 2011, whereas the percentage of UnitedHealthcare's respondents who gave a response of Always was significantly lower in 2012 than in 2011.

Figure E-37
Access to Specialized Services Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Specialized Services: Problem Obtaining Special Medical Equipment

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special medical equipment or devices for their child. Figure E-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

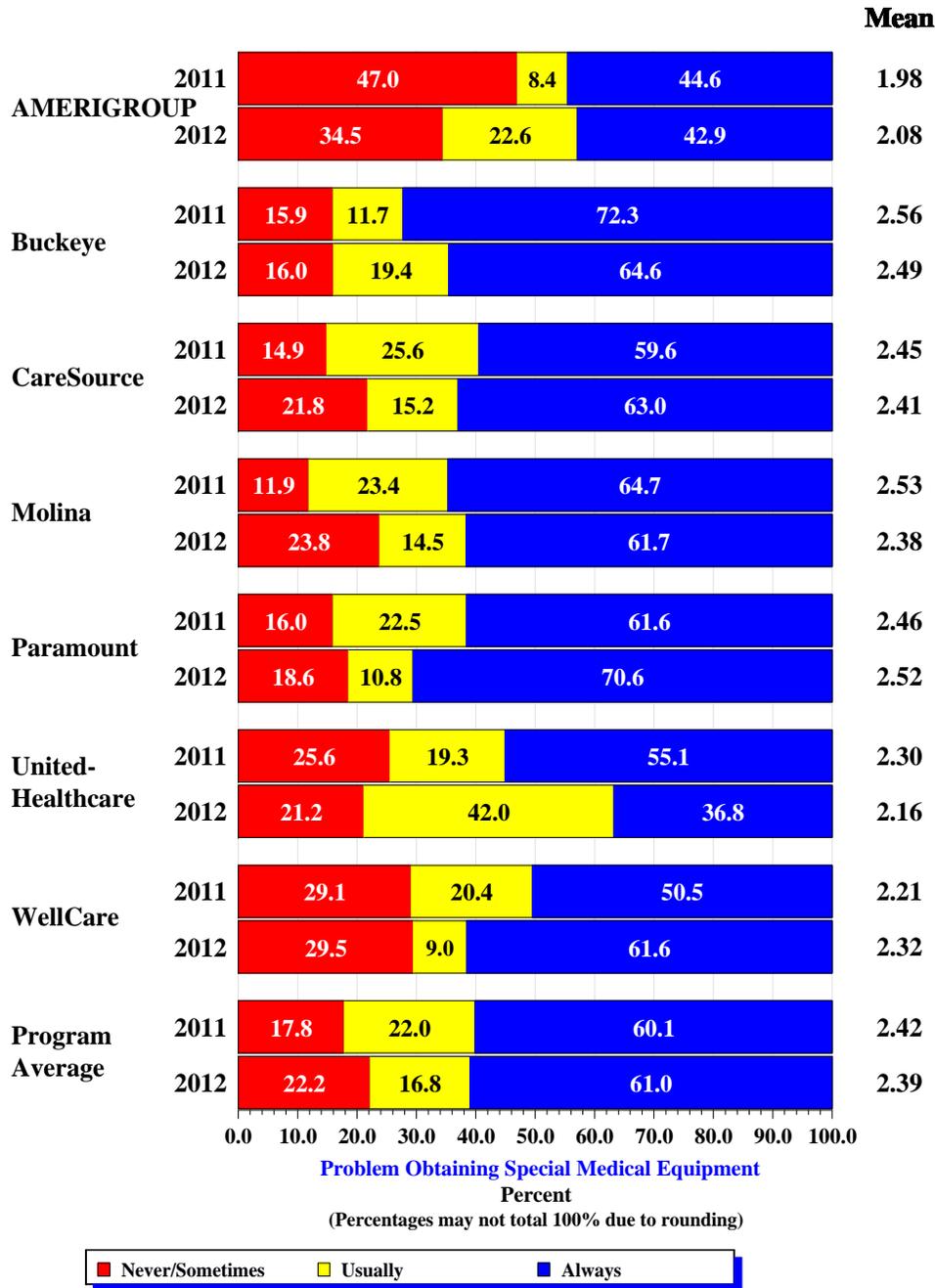
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-38
Access to Specialized Services Composite:
Problem Obtaining Special Medical Equipment



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Specialized Services: Problem Obtaining Special Therapy

Question 21 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special therapy for their child. Figure E-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

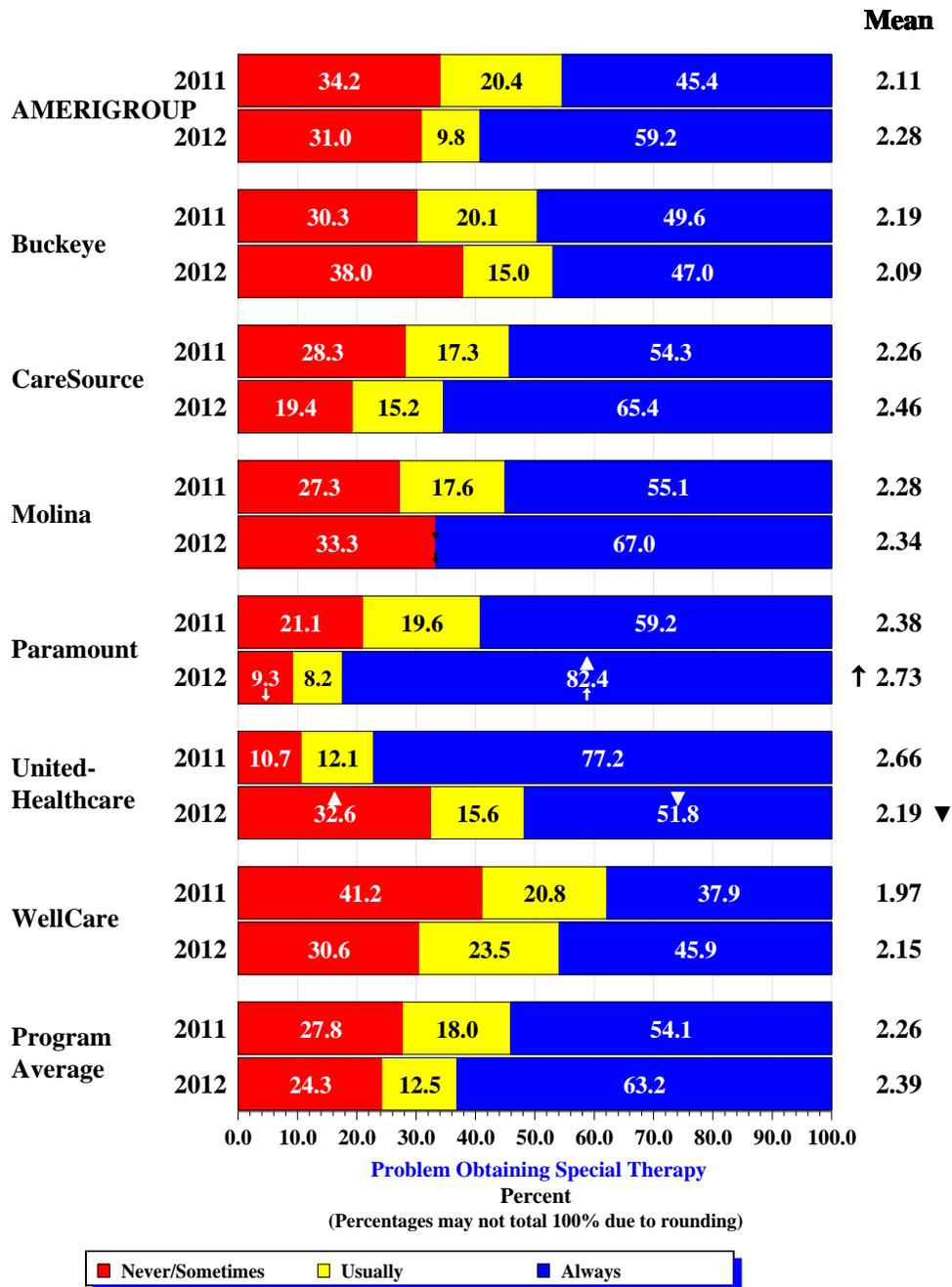
- The percentage of Molina's respondents who gave a response of Usually was significantly lower than the program average.
- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly lower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

Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of Molina's respondents who gave a response of Usually was significantly lower in 2012 than in 2011.
- The percentage of Paramount's respondents who gave a response of Always was significantly higher in 2012 than in 2011.
- UnitedHealthcare's overall mean was significantly lower in 2012 than in 2011. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011, whereas the percentage of UnitedHealthcare's respondents who gave a response of Always was significantly lower in 2012 than in 2011.

Figure E-39
Access to Specialized Services Composite:
Problem Obtaining Special Therapy



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Note, one member from Molina responded Usually, resulting in a response category proportion of 0.7 percent, which could not be displayed on the figure due to its small size.

Access to Specialized Services: Problem Obtaining Treatment or Counseling

Question 24 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining treatment or counseling for their child. Figure E-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

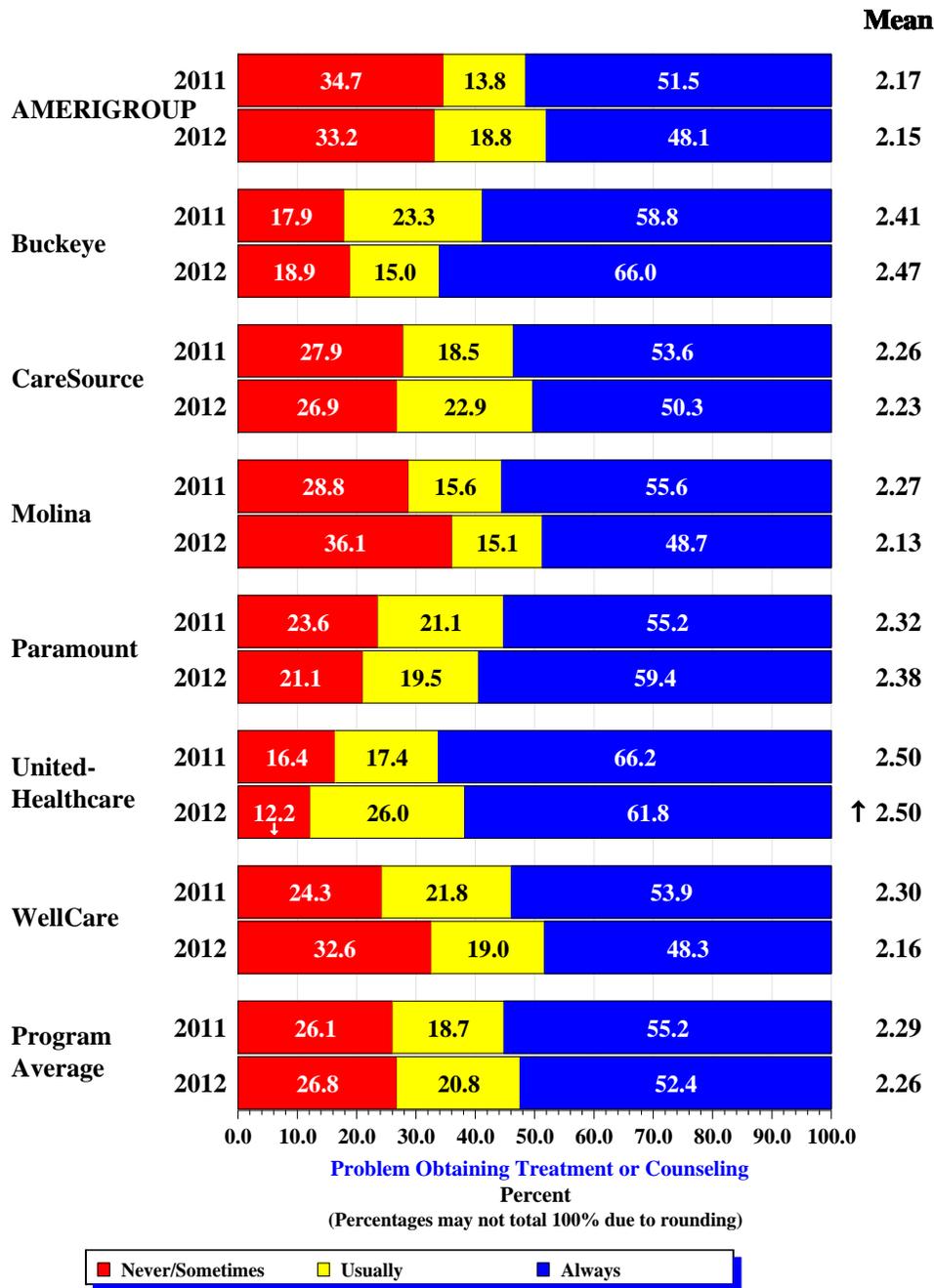
Overall, there were two *statistically significant* differences observed for this measure.

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-40
Access to Specialized Services Composite:
Problem Obtaining Treatment or Counseling



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Family-Centered Care (FCC): Personal Doctor Who Knows Child

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (Questions 36, 41, and 42 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: "No" and "Yes." Figure E-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

Question 36 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member talked with the parent or caretaker of the child member about how the child was feeling, growing, or behaving. Figure E-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Child's Life

Question 41 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the child's day-to-day life. Figure E-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

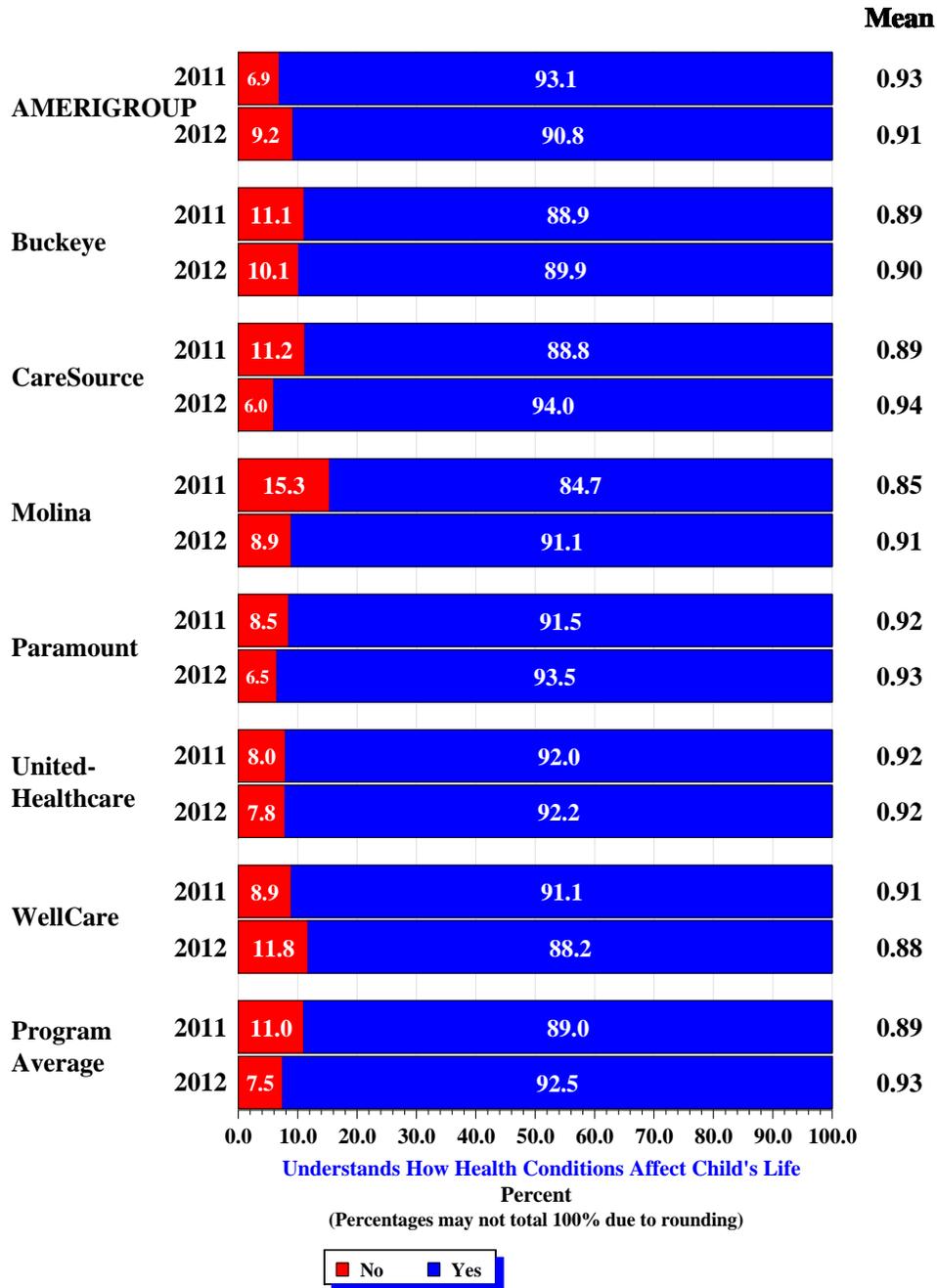
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure E-43
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Child's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Family's Life

Question 42 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the family's day-to-day life. Figure E-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

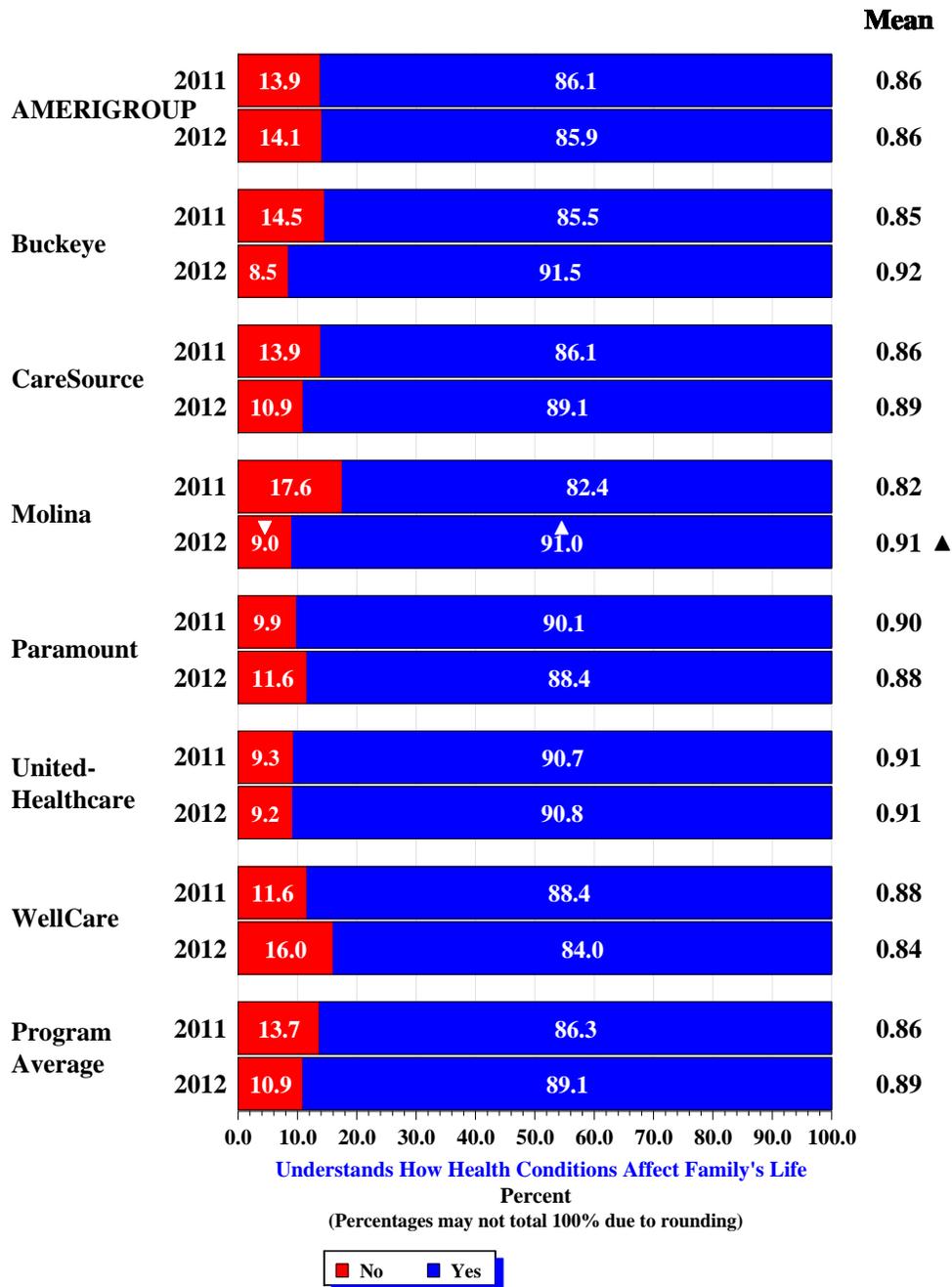
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Molina's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Molina's respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of Molina's respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

Figure E-44
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Family's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

FCC: Getting Needed Information

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often their questions were answered by doctors or other health providers. For this question, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-45 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

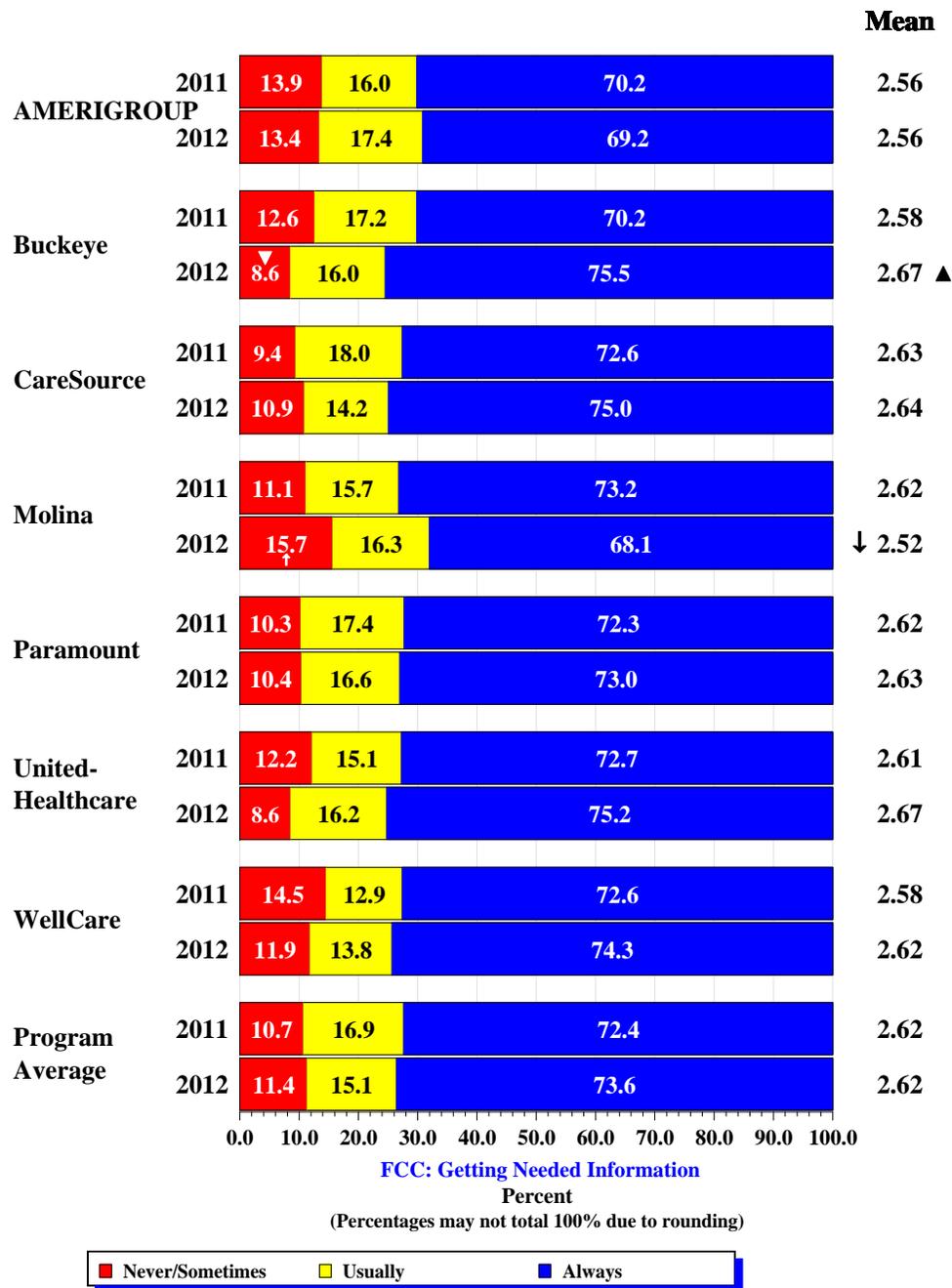
- Molina's overall mean was significantly lower than the program average. The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher than the program average.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- Buckeye's overall mean was significantly higher in 2012 than in 2011. Furthermore, the percentage of Buckeye's respondents who gave a response of Never/Sometimes was significantly lower in 2012 than in 2011.

Figure E-45
FCC: Getting Needed Information



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Coordination of Care for Children With Chronic Conditions

Two questions were asked in order to assess whether parents or caretakers of child members received help in coordinating their child's care. For each of these questions (Questions 16 and 27 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: "No" and "Yes." Figure E-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Coordination of Care for Children With Chronic Conditions: Received Help in Contacting School or Daycare

Question 16 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child's school or daycare. Figure E-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Coordination of Care for Children With Chronic Conditions: Health Plan or Doctors Helped Coordinate Child's Care

Question 27 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether anyone from the health plan or doctor's office helped coordinate their child's care among different providers or services. Figure E-48 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Summary of Results

A summary of results has been compiled based on the performance of the seven participating MCPs in Ohio's CFC Medicaid Managed Care Program. First, results based on NCQA comparisons are presented for each of the participating MCPs in Ohio's CFC Medicaid Managed Care Program. Separate NCQA results for the adult and general child populations are provided. These results are followed by results based on the Ohio comparisons for each of the participating MCPs in Ohio's CFC 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, composite items, individual item measures, questions within the areas of interest, CCC composites, CCC composite items, and CCC items 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

The Ohio trending analysis results are grouped into two main statistically significant categories: Significantly Lower than in 2011 and Significantly Higher than in 2011. The categories are based on the assignment of directional triangles to the MCPs' overall means on the global ratings, composite measures, composite items, individual item measures, questions within the areas of interest, CCC composites, CCC composite items, and CCC items as shown in Section E. The following is a list of statistically significant categories based on the overall means.

Significantly Lower than in 2011 – downward triangle (▼) on overall mean

Significantly Higher than in 2011 – upward triangle (▲) on overall mean

Pages F2 - F15 depict a summary of the results for the participating MCPs in Ohio's CFC 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).

General Child Population

One or Two Stars

- Rating of Health Plan
- Rating of Personal Doctor
- Getting Care Quickly

Three Stars

- Rating of All Health Care
- How Well Doctors Communicate

Four or Five Stars

- None

Adult Population

One or Two Stars

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

Three Stars

- None

Four or Five Stars

- How Well Doctors Communicate

AMERIGROUP (CONTINUED)

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
- Rating of All Health Care
- 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
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away

Significantly Higher than the Program Average

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Satisfaction with Health Plan: Filled Out Paperwork
- Utilization of Services: Number of Visits to the Doctor's Office

Significantly Lower than in 2011

- None

Significantly Higher than in 2011

- How Well Doctors Communicate: Doctors Spent Enough Time With Patient

BUCKEYE

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

General Child Population

One or Two Stars

- Rating of Health Plan

Three Stars

- None

Four or Five Stars

- Rating of Personal Doctor
- Getting Needed Care
- How Well Doctors Communicate
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Care Quickly
- Shared Decision Making

Adult Population

One or Two Stars

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

Three Stars

- Rating of Personal Doctor

Four or Five Stars

- How Well Doctors Communicate
- Shared Decision Making
- Rating of Specialist Seen Most Often

BUCKEYE (CONTINUED)

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

- Satisfaction with Health Care Providers: Have Personal Doctor

Significantly Lower than in 2011

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

Significantly Higher than in 2011

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Health Promotion and Education
- Satisfaction with Health Care Providers: Have Personal Doctor
- FCC: Getting Needed Information

CARESOURCE

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

General Child Population

One or Two Stars

- Shared Decision Making

Three Stars

- Rating of All Health Care
- Getting Needed Care

Four or Five Stars

- Rating of Health Plan
- Getting Care Quickly
- How Well Doctors Communicate
- Rating of Personal Doctor

Adult Population

One or Two Stars

- Shared Decision Making
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Care Quickly

Three Stars

- Rating of Health Plan
- Getting Needed Care

Four or Five Stars

- How Well Doctors Communicate
- Rating of Specialist Seen Most Often

CARESOURCE (CONTINUED)

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

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Utilization of Services: Number of Visits to the Doctor's Office

Significantly Higher than the Program Average

- Rating of Health Plan
- Access to Care: Made Appointments for Health Care

Significantly Lower than in 2011

- None

Significantly Higher than in 2011

- None

MOLINA

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making
- How Well Doctors Communicate

Three Stars

- Getting Care Quickly

Four or Five Stars

- Getting Needed Care

Adult Population

One or Two Stars

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Shared Decision Making

Three Stars

- How Well Doctors Communicate

Four or Five Stars

- None

MOLINA (CONTINUED)

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
- Rating of Personal Doctor
- How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
- Satisfaction with Health Care Providers: Have Personal Doctor
- FCC: Getting Needed Information

Significantly Higher than the Program Average

- None

Significantly Lower than in 2011

- Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand

Significantly Higher than in 2011

- Rating of Specialist Seen Most Often
- FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Family's Life

PARAMOUNT

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

General Child Population

One or Two Stars

- Shared Decision Making
- Rating of Health Plan

Three Stars

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care

Four or Five Stars

- How Well Doctors Communicate
- Getting Care Quickly

Adult Population

One or Two Stars

- Rating of Specialist Seen Most Often
- Getting Care Quickly

Three Stars

- Rating of Health Plan
- Rating of Personal Doctor
- Getting Needed Care
- Shared Decision Making

Four or Five Stars

- Rating of All Health Care
- How Well Doctors Communicate

PARAMOUNT (CONTINUED)

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
- Customer Service: Obtaining Help Needed From Customer Service
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Prescription Medicines
- Access to Specialized Services Composite
- Access to Specialized Services: Problem Obtaining Special Therapy

Significantly Lower than in 2011

- Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand

Significantly Higher than in 2011

- Satisfaction with Health Care Providers: Child Able to Talk With Doctors

UNITEDHEALTHCARE

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Shared Decision Making

Three Stars

- None

Four or Five Stars

- Rating of Personal Doctor
- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

Adult Population

One or Two Stars

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

Three Stars

- Rating of Personal Doctor

Four or Five Stars

- Rating of Specialist Seen Most Often
- How Well Doctors Communicate

UNITEDHEALTHCARE (CONTINUED)

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

- Satisfaction with Health Plan: Filled Out Paperwork

Significantly Higher than the Program Average

- Getting Care Quickly Composite
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
- Shared Decision Making: Doctor Ask About Best Treatment Choice for You
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Specialized Services: Problem Obtaining Treatment or Counseling

Significantly Lower than in 2011

- Access to Specialized Services: Problem Obtaining Special Therapy

Significantly Higher than in 2011

- Rating of All Health Care
- Customer Service Composite
- Customer Service: Obtaining Help Needed From Customer Service
- Health Promotion and Education

WELLCARE

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

General Child Population

One or Two Stars

- Rating of Health Plan

Three Stars

- Getting Care Quickly
- How Well Doctors Communicate

Four or Five Stars

- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making

Adult Population

One or Two Stars

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

Three Stars

- Rating of All Health Care
- Rating of Personal Doctor

Four or Five Stars

- Shared Decision Making
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate

WELLCARE (CONTINUED)

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

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

Significantly Lower than in 2011

- How Well Doctors Communicate: Doctors Showed Respect

Significantly Higher than in 2011

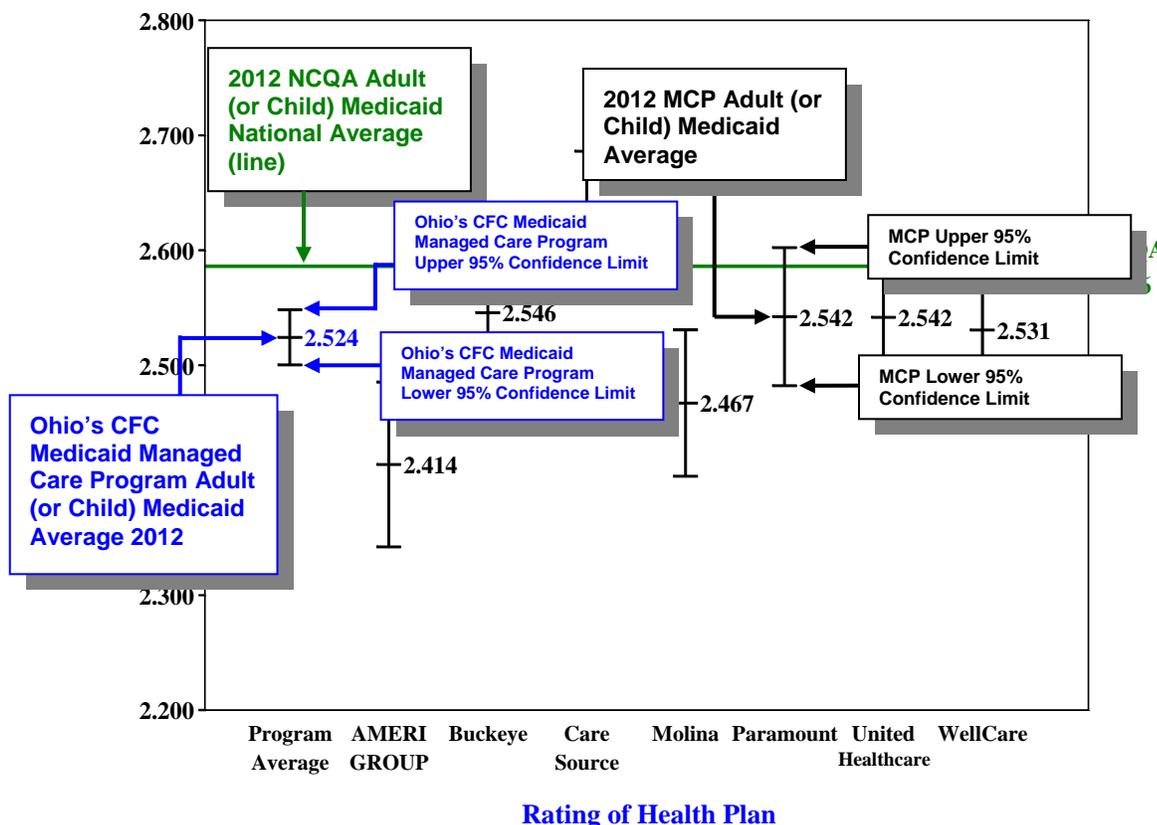
- Rating of Specialist Seen Most Often

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 general child and adult populations for the global ratings and composite measures. Each figure depicts the three-point means or the top-box scores for all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2012 Ohio CFC Medicaid Managed Care Program averages and the 2012 NCQA National Medicaid averages are presented for comparative purposes. Within each figure, separate vertical lines depict each MCP and Ohio's CFC Medicaid Managed Care Program. The 2012 NCQA National Medicaid average is depicted as a green horizontal reference line. For each MCP and Ohio's CFC 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-7.



OVERALL MEMBER SATISFACTION TABLES

The Overall Member Satisfaction Tables in the NCQA Comparisons section depict member satisfaction using a one- to five-star rating system. For the general child and adult members, star assignments are based on NCQA's 2012 CAHPS 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 2012 National Child and Adult Medicaid data.^{2,3}

Overall General Child Member Satisfaction Table

The Overall General Child Member Satisfaction Table (Table D-1, on page D-44) depicts general child member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2012 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.⁴ 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 2012 National Child Medicaid data.⁵

- ★★★★★ - indicates a score at or above the 90th percentile
- ★★★★ - indicates a score at or between the 75th and 89th percentiles
- ★★★ - indicates a score at or between the 50th and 74th percentiles
- ★★ - indicates a score at or 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 general child three-point means on the global ratings and composite measures.

¹ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

² NCQA National Distribution of 2012 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

³ NCQA National Distribution of 2012 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

⁴ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

⁵ NCQA National Distribution of 2012 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

Table G-1
Overall General Child Member Satisfaction Ratings Crosswalk

AREA RATED	NUMBER OF STARS				
	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
Health Plan	0 - 2.509	2.510 - 2.569	2.570 - 2.619	2.620 - 2.669	≥ 2.670
All Health Care	0 - 2.489	2.490 - 2.519	2.520 - 2.569	2.570 - 2.589	≥ 2.590
Personal Doctor	0 - 2.579	2.580 - 2.619	2.620 - 2.649	2.650 - 2.689	≥ 2.690
Specialist Seen Most Often	0 - 2.529	2.530 - 2.589	2.590 - 2.619	2.620 - 2.659	≥ 2.660
COMPOSITE MEASURES					
Getting Needed Care	0 - 2.289	2.290 - 2.359	2.360 - 2.439	2.440 - 2.499	≥ 2.500
Getting Care Quickly	0 - 2.539	2.540 - 2.609	2.610 - 2.659	2.660 - 2.689	≥ 2.690
How Well Doctors Communicate	0 - 2.629	2.630 - 2.679	2.680 - 2.719	2.720 - 2.749	≥ 2.750
Customer Service	0 - 2.309	2.310 - 2.399	2.400 - 2.469	2.470 - 2.529	≥ 2.530
Shared Decision Making	0 - 2.571	2.572 - 2.613	2.614 - 2.648	2.649 - 2.668	≥ 2.669

Note: Source of star benchmarks: NCQA. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012. Washington, DC: NCQA. August 1, 2012.

**Source of national distribution for the Shared Decision Making composite measure: NCQA National Distribution of 2012 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.*

Overall Adult Member Satisfaction Table

The Overall Adult Member Satisfaction Table (Table D-2, on page D-48) depicts adult member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2012 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.⁶ 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 2012 National Adult Medicaid data.⁷

- ★★★★★ - indicates a score at or above the 90th percentile
- ★★★★ - indicates a score at or between the 75th and 89th percentiles
- ★★★ - indicates a score at or between the 50th and 74th percentiles
- ★★ - indicates a score at or between the 25th and 49th percentiles
- ★ - indicates a score below the 25th percentile

Table G-2, on page G-5, provides a crosswalk of the number of stars to the adult member three-point means on the global ratings and composite measures.

⁶ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

⁷ NCQA National Distribution of 2012 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

Table G-2
Overall Adult Member Satisfaction Ratings Crosswalk

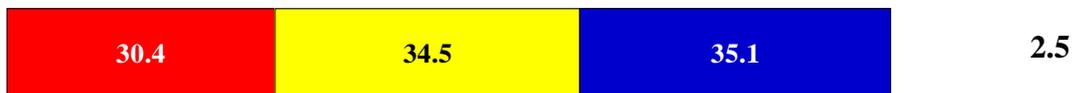
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
Health Plan	0 - 2.309	2.310 - 2.379	2.380 - 2.459	2.460 - 2.539	≥ 2.540
All Health Care	0 - 2.229	2.230 - 2.289	2.290 - 2.349	2.350 - 2.389	≥ 2.390
Personal Doctor	0 - 2.399	2.400 - 2.449	2.450 - 2.509	2.510 - 2.559	≥ 2.560
Specialist Seen Most Often	0 - 2.409	2.410 - 2.459	2.460 - 2.499	2.500 - 2.559	≥ 2.560
COMPOSITE MEASURES					
Getting Need Care	0 - 2.179	2.180 - 2.279	2.280 - 2.349	2.350 - 2.419	≥ 2.420
Getting Care Quickly	0 - 2.319	2.320 - 2.389	2.390 - 2.429	2.430 - 2.469	≥ 2.470
How Well Doctors Communicate	0 - 2.479	2.480 - 2.539	2.540 - 2.579	2.580 - 2.639	≥ 2.640
Customer Service	0 - 2.319	2.320 - 2.399	2.400 - 2.469	2.470 - 2.529	≥ 2.530
Shared Decision Making*	0 - 2.464	2.465 - 2.510	2.511 - 2.554	2.555 - 2.594	≥ 2.595
<p><i>Note: Source of star benchmarks: NCQA. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012. Washington, DC: NCQA. August 1, 2012.</i></p> <p><i>*Source of national distribution for the Shared Decision Making composite measure: NCQA National Distribution of 2012 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.</i></p>					

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 measures, items within the composites, individual item measures, individual questions in five areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, utilization of services, and aspirin use and discussion), CCC composite measures, items within the CCC composites, and CCC items. 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 CFC Medicaid Managed Care Program and its participating MCPs. Statistically significant differences between the MCP-level scores in 2012 and the program average in 2012 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 in 2012 and the program average in 2012.⁸ Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

⁸ The term "mean scores" refers to the overall means and the response category proportions.

Directional triangles (▲ and ▼) within the bars and to the right of the overall means indicate statistically significant differences between mean scores in 2012 and mean scores in 2011. For each MCP, its 2012 mean scores were compared to its 2011 mean scores. Also, for Ohio's CFC Medicaid Managed Care Program (the program average), its 2012 mean scores were compared to its 2011 mean scores. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

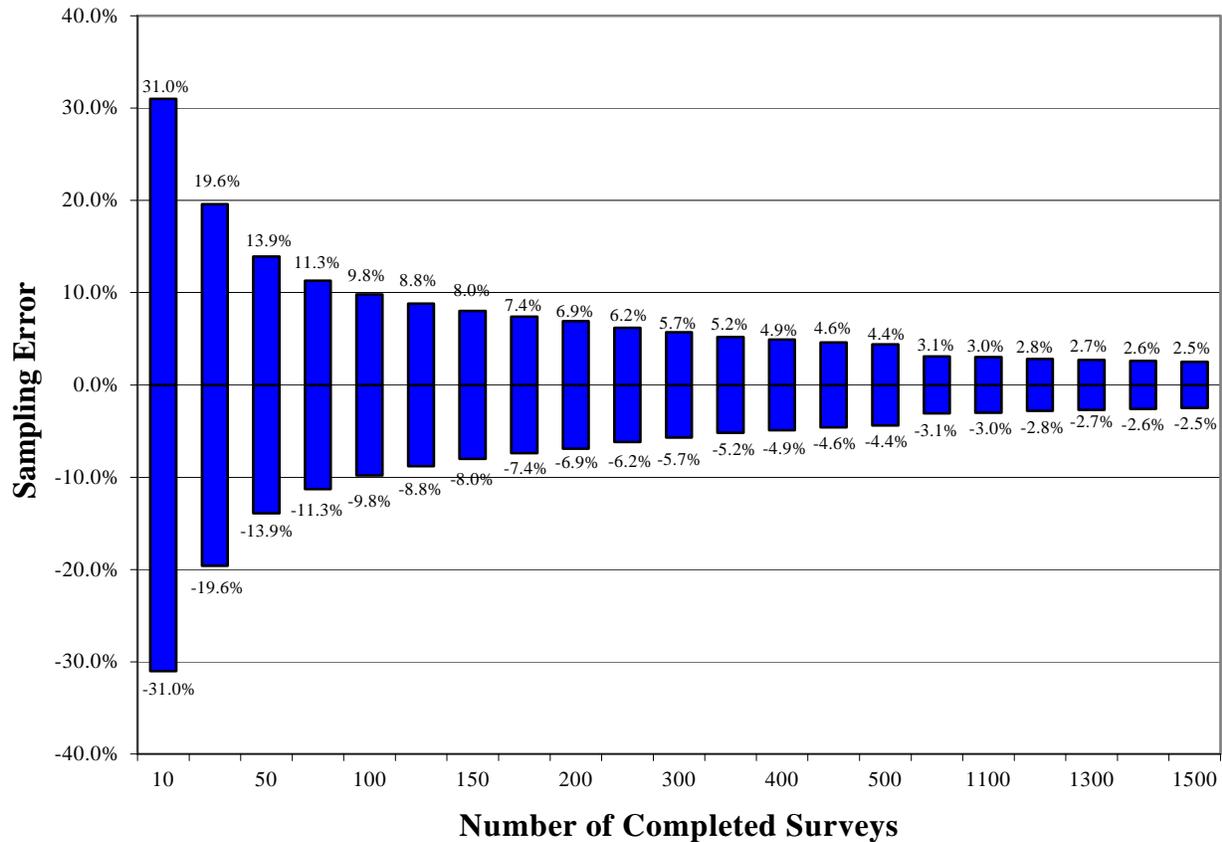
UNDERSTANDING SAMPLING ERROR

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-8, 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.⁹ 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.

⁹ 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-3 depicts the sampling errors for various numbers of responses.¹⁰

Table G-3								
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.

¹⁰ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

LIMITATIONS AND CAUTIONS

The findings presented in the 2012 Ohio CFC 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 health status, 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 2012 Ohio CFC 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 QI activities.

AHRQ Health Care Innovations Exchange Web site. *Online Tools and Services Activate Plan Enrollees and Engage Them in Their Care, Enhance Efficiency, and Improve Satisfaction and Retention*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2133>. Accessed on: January 18, 2013.

AHRQ Health Care Innovations Exchange Web site. *Program Makes Staff More Sensitive to Health Literacy and Promotes Access to Understandable Health Information*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=1855>. Accessed on: January 18, 2013.

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: January 18, 2013.

Barrier PA, Li JT, Jensen NM. Two words to improve physician-patient communication: what else? *Mayo Clinic Proceedings*. 2003; 78: 211-214. Available at: <http://download.journals.elsevierhealth.com/pdfs/journals/0025-6196/PIIS0025619611625524.pdf>. Accessed on: January 18, 2013.

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.

Fraenkel L, McGraw S. What are the essential elements to enable patient participation in medical decision making? *Journal of General Internal Medicine*. 2007; 22(5): 614-619.

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, et al. *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 for Healthcare Improvement Web site. *Reduce Scheduling Complexity: Maintain Truth in Scheduling*. Available at: <http://www.ihl.org/knowledge/Pages/Changes/ReduceSchedulingComplexity.aspx>. Accessed on: January 18, 2013.

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 GJ, Nolan KM, Norman CL, et al. *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: 7 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 Family Practice*. 1999; 48(5): 356-63.

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: January 18, 2013.

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

Quigley DD, Wiseman SH, Farley DO. Improving performance for health plan customer service: A case study of a successful CAHPS quality improvement intervention. Rand Health Working Paper; 2007. Available at: http://www.rand.org/pubs/working_papers/WR517. Accessed on: January 18, 2013.

Spicer J. Making patient care easier under multiple managed care plans. *Family Practice Management*. 1998; 5(2): 38-42, 45-8, 53.

Stevenson FA, Barry CA, Britten N, et al. Doctor-patient communication about drugs: the evidence for shared decision making. *Social Science & Medicine*. 2000; 50(6): 829-840.

Wasson JM, Godfrey MM, Nelson EC, 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://howyourhealth.com/html/CARE.pdf>. Accessed on: January 18, 2013.