



Department of
Job and Family Services

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

Methodology 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. The standardized survey instruments selected for Ohio's CFC Medicaid Managed Care Program 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).¹ This report presents the CAHPS methodology for Ohio's CFC Medicaid Managed Care Program.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

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 Methodology Report is one of four separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2012 Ohio CFC Medicaid Managed Care Program CAHPS results.

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² Please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Reports for detailed information regarding the ABD population.

- The **Full Report** contains seven sections examining the results of the CAHPS 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 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 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, comparing the results of Ohio's CFC adult and child Medicaid Managed Care Program members to NCQA's 2012 CAHPS 4.0H benchmarks and thresholds;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, composite measures, composite items, individual items, Children with Chronic Conditions (CCC) composite measures, 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** contains three sections that provide a high-level overview of the major CAHPS results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report: (A) the *Introduction* section provides an overview of the survey administration and a summary of findings; (B) the *NCQA Comparisons* section analyzes the CAHPS results using the HEDIS CAHPS methodology; and (C) the *Ohio Comparisons* section analyzes the CAHPS results using ODJFS' methodology and AHRQ's analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composite measures, and individual item measures.
- The **Children With Chronic Conditions (CCC) Report** contains four sections examining the results of the CAHPS 4.0H Child Medicaid Health Plan Survey: (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 4.0H Child Medicaid Health Plan Survey, as well as demographic data for child members with and without chronic conditions whose parents or caretakers completed a survey; (C) the *Ohio CCC Comparisons* section analyzes the CAHPS results using ODJFS' methodology and AHRQ's analysis program, which enables ODJFS to identify whether there are significant differences between the CCC and non-CCC populations on the global ratings, composite measures, composite items, individual items, CCC composite measures, and CCC composite items; and (D) 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 CCC Report.

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

- The **Methodology Report** contains four sections that provide a detailed description of the methodology used to perform the CAHPS analyses for Ohio's CFC Medicaid Managed Care Program: (A) the *Introduction* section provides an overview of the CAHPS Surveys and the survey administration; (B) the *Data Analysis* section describes the methodology used to calculate response rates, calculate demographic frequencies, perform the respondent/non-respondent analysis, perform the analyses within the NCQA Comparisons and Ohio Comparisons sections in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report, and perform the analyses within the Ohio CCC Comparisons section in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report; (C) the *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in all of Ohio's CFC Medicaid Managed Care Program CAHPS Reports; and (D) the *Survey Instruments* section provides copies of the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set) selected for Ohio's CFC Medicaid Managed Care Program Member Satisfaction Survey.

SURVEY INSTRUMENTS

The survey instruments selected were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set). These are the HEDIS versions required by NCQA for use during HEDIS reporting year 2012 which represents measurement year 2011. The CAHPS Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by AHRQ. The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS. In 2002, AHRQ convened the CAHPS Instrument Panel to re-evaluate and update the CAHPS Surveys and to improve the state-of-the-art methods for assessing members' experiences with care. The result of this re-evaluation and update process was the development of the CAHPS 3.0H Surveys.⁴ In 2006, the CAHPS Surveys were re-evaluated again. The result was the development of the CAHPS 4.0 Surveys. The CAHPS 4.0H Adult Medicaid Health Plan Survey was released for use in 2007, and the CAHPS 4.0H Child Medicaid Health Plan Survey was released for use in 2009.^{5,6} The overarching goal of the CAHPS Surveys is to effectively and efficiently obtain information from the person receiving care. NCQA also includes CAHPS results as part of the scoring algorithm in its accreditation program for health plans.

⁴ National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

⁵ National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2006.

⁶ National Committee for Quality Assurance. *HEDIS® 2009 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

The HEDIS sampling and data collection procedures for the CAHPS Surveys are designed to maximize the number of respondents to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting health plan data. The administration of the surveys was completed with strict adherence to required specifications.

The CAHPS Medicaid questionnaire set includes separate versions for adult and child populations. The Adult Medicaid version and Child Medicaid (with the chronic conditions measurement set) version of the surveys are included in Section D of this report. The surveys assess topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall satisfaction with health plans and providers.

The CAHPS 4.0H Adult and Child Medicaid Health Plan Surveys were fielded from February to May 2012 for MCP members who met the enrollment and age criteria during calendar year 2011. These surveys provide Ohio's CFC Medicaid Managed Care Program and its MCPs with comprehensive survey results to enhance the communication of this important MCP satisfaction information to consumers.

The CAHPS 4.0H Adult Medicaid Health Plan Survey includes 56 core questions that yield 11 measures of satisfaction. These measures include four global rating questions, five composite measures, and two individual item measures. The CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set) includes 82 core questions that yield 16 measures of satisfaction. These measures include four global rating questions, five composite measures, two individual item measures, and five CCC composite measures/items. The global ratings reflect overall satisfaction with the health plan, health care, personal physicians, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "getting needed care" or "getting care quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "health promotion and education" and "coordination of care"). Table A-2, on page A-5, lists the global ratings, composite measures, individual items, and CCC composite measures/items included in the CAHPS Medicaid Health Plan Surveys.

Table A-2 CAHPS Medicaid Measures			
Global Ratings	Composite Measures	Individual Items	CCC Composite Measures/Items*
Rating of Health Plan	Getting Needed Care	Health Promotion and Education	Access to Prescription Medicines
Rating of All Health Care	Getting Care Quickly	Coordination of Care	Access to Specialized Services
Rating of Personal Doctor	How Well Doctors Communicate		Family Centered-Care (FCC): Personal Doctor Who Knows Child
Rating of Specialist Seen Most Often	Customer Service		FCC: Getting Needed Information
	Shared Decision Making		Coordination of Care for Children with Chronic Conditions

* Please note, the CCC composite measures/items are only present in the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).

SAMPLING PROCEDURES

Sample Frame

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. The adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2011). The child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2011). Table A-3 provides a breakout of the sample frames for each MCP.

Table A-3		
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

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.

A random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample, which represented 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 that 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 that the member had a greater probability of having a chronic condition.⁷ A total of 11,550 child surveys for children in the CAHPS 4.0H child sample were mailed out for the seven participating MCPs in the State of Ohio. After selecting child members for the CAHPS 4.0H child sample, a random sample of 1,840 child members with a prescreen

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

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. For additional information on the CCC population, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. A total of 12,880 child surveys for children in the CCC supplemental sample were mailed out for the seven participating MCPs in the State of Ohio. Therefore, a total of 3,490 child members was selected from each participating MCP, and a total of 24,430 child surveys for children in the CAHPS 4.0H child sample and the CCC supplemental sample were mailed for the seven participating MCPs in the State of Ohio. 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 the chronic conditions measurement set) instrument. The child results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from the CAHPS 4.0H child sample.⁸ This random sample of members (the CAHPS 4.0H child sample) from each MCP represents the general child population. The CAHPS 4.0H Child Medicaid Health Plan Survey also includes a number of questions that make up a CCC screener. This screener is used to identify children with chronic conditions from both the CAHPS 4.0H child sample and CCC supplemental sample. The results presented in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with and without chronic conditions.

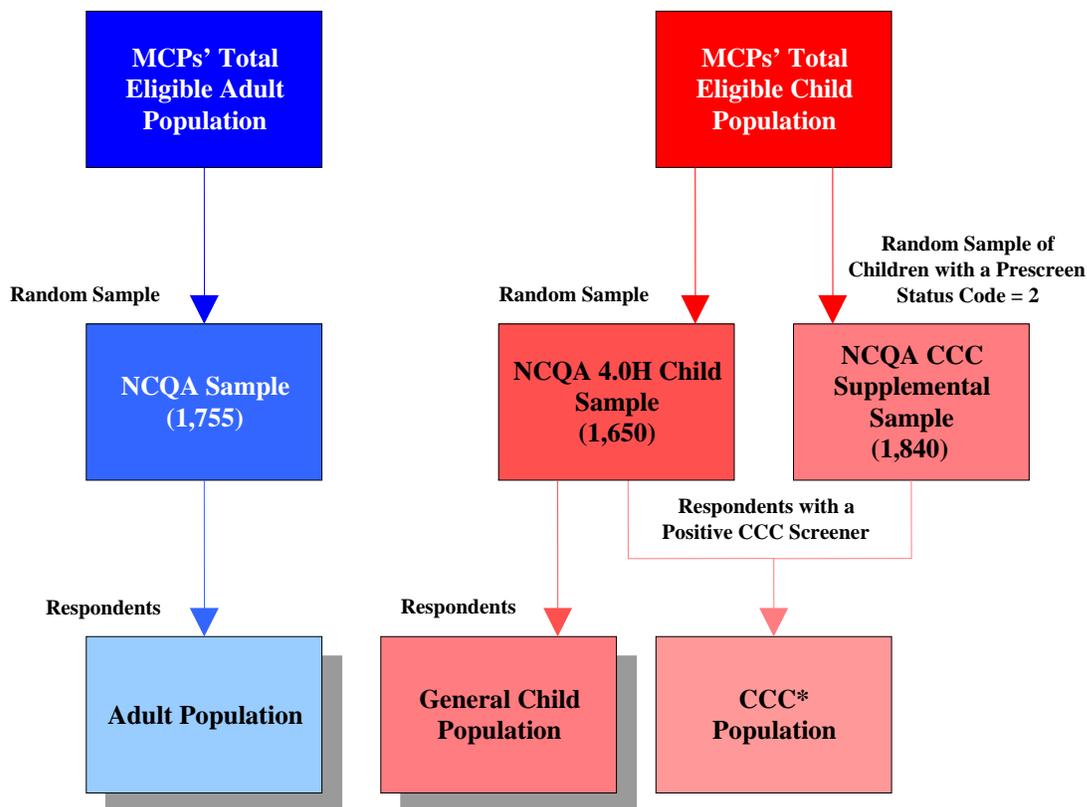
NCQA protocol permits oversampling in increments of 5 percent. A 30 percent oversample was performed on the adult population. This oversampling was performed to ensure a greater number of respondents to each CAHPS measure. Given the large number of child members sampled from each MCP, no oversampling was performed on the child population.

⁸ The results for all general child members are included in the Full Report.

Sampling Scheme

The following diagrams depict the overall sampling scheme and the pertinent populations in each of the reports. As depicted in Figure A-1, a random sample of 1,755 adult members was selected from each participating MCP. Adult respondents from the random sample make up the adult respondent population included in Ohio’s CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. A random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample, and 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. The child results presented in Ohio’s CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from the NCQA CAHPS 4.0H child sample. These respondents represent the general child population.

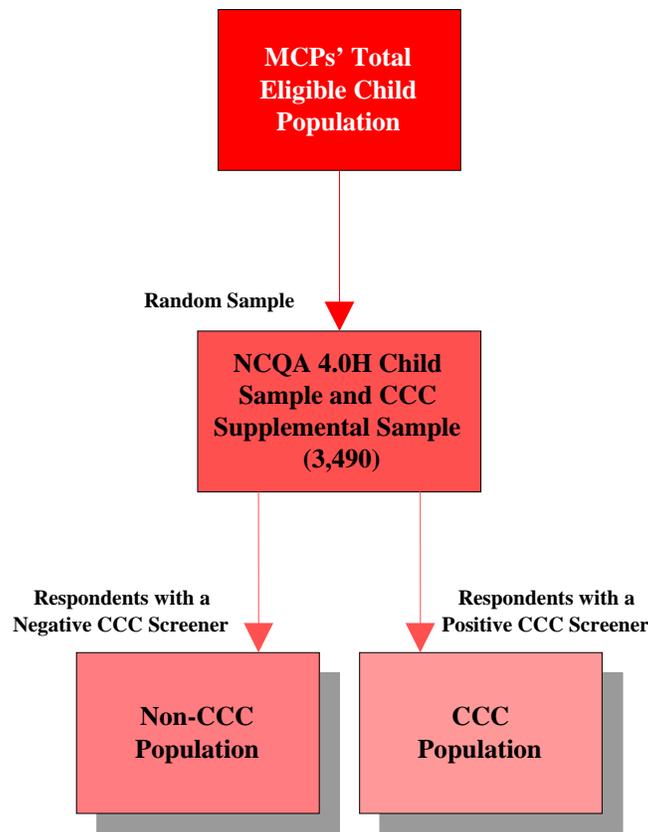
Figure A-1
Ohio’s CFC Full Report and Executive Summary Report



* Please note, the results of the CCC population are described in the CCC Report.

As depicted in Figure A-2, a total of 3,490 child members was selected from each participating MCP. The CAHPS 4.0H Child Medicaid Health Plan Survey includes a number of questions that make up a CCC screener. This screener is used to identify children with chronic conditions from both the NCQA CAHPS 4.0H child sample and CCC supplemental sample. The results presented in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with (CCC population) and without (non-CCC population) chronic conditions.

Figure A-2
Ohio CCC Report



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 all sampled members. All sampled members received an English version of the survey. A second survey mailing was sent out to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.⁹ It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.¹⁰

HSAG followed NCQA HEDIS Specifications for Survey Measures in conducting the CAHPS Surveys. HEDIS specifications require 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 17 years of age or younger for child members as of December 31, 2011
- Were currently enrolled in the MCP
- Had been continuously enrolled for at least five of the last six months of 2011

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Each MCP's sampled population (adult and child) was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the U.S. 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, random samples were selected for each population with no more than one member being selected per household.

The HEDIS specifications for CAHPS require that the name of the health plan appear in the questionnaires, letters, and postcards; that the letters and cards 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 Surveys, these surveys were completed using the time frames shown in Table A-4.

⁹ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2012 Survey Measures*. Washington, DC: NCQA Publication, 2011.

¹⁰ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002. 40(3): 190-200.

Table A-4 CAHPS Survey Time Frames¹¹	
Basic Tasks for Conducting the Surveys	Time Frames
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 interviews 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

¹¹ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

Data Analysis

A number of different analyses were performed to generate the Ohio CFC Medicaid Managed Care Program CAHPS 2012 Survey results. This section provides a detailed discussion of each of the analyses used to generate the Ohio CFC Medicaid Managed Care Program CAHPS Reports.

RESPONSE RATES

The administration of the CAHPS Surveys was comprehensive and is designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.¹ For both the adult and child surveys, 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 one or more of the following criteria: they were deceased, they were invalid (they did not meet criteria described on page A-10 of this report), they were mentally or physically incapacitated, or they had a language barrier.²

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

DEMOGRAPHICS

For Ohio's CFC Medicaid Managed Care Program CAHPS Full Report, six separate analyses were performed on a series of survey questions focusing on demographic and health-related items. These analyses examined the adult, general child, and CCC populations. Table B-1, on page B-2, depicts the table numbers in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report that correspond to these six analyses and the source of the data (either the adult and child surveys or administrative data) used in calculating the frequencies for the demographic and health-related items in the analyses. For Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report, four separate analyses were performed on a series of survey questions focusing on demographic and health-related items. These analyses examined child members with and without chronic conditions. Table B-2, on page B-3, depicts the table numbers in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report that correspond to these four analyses and the source of the data (either the child survey or administrative data) used in calculating the frequencies for the demographic and health-related items in the analyses.

¹ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

² The mentally or physically incapacitated designation is not valid for the CAHPS 4.0H Child Medicaid Health Plan Survey. Children who are mentally or physically incapacitated **are** eligible for inclusion in the child results.

Table B-1 Demographic Items Analyzed in the Full Report			
Demographic Analysis	Demographic Category	Source of Adult Data (Adult Survey Question Number or Administrative)	Source of Child Data (Child Survey Question Number or Administrative)
Table B-1: Respondent Profiles in Full Report			
	Age	Administrative	77
	Gender	Administrative	78
	Education	52	79
Table B-2: Adult and General Child Member Profiles in Full Report			
	Race and Ethnicity	Administrative	Administrative
	Health Status	36	58
Table B-3: Adult Member Profiles in Full Report			
	Age	Administrative	—
	Gender	Administrative	—
	Education	52	—
	Race and Ethnicity	Administrative	—
	Health Status	36	—
Table B-4: General Child Profiles in Full Report			
	Age	—	Administrative
	Gender	—	Administrative
	Race and Ethnicity	—	Administrative
	Health Status	—	58
	Respondent Relationship	—	80
Table B-5: Responses to CCC Screener Questions in Full Report			
	Prescription Medicine	—	59, 60, 61
	More Care	—	62, 63, 64
	Functional Limitations	—	65, 66, 67
	Special Therapy	—	68, 69, 70
	Mental Health Services	—	71, 72
Table B-6: Distribution of Categories for Children with Chronic Conditions in Full Report			
	Prescription Medicine	—	59, 60, 61
	More Care	—	62, 63, 64
	Functional Limitations	—	65, 66, 67
	Special Therapy	—	68, 69, 70
	Mental Health Services	—	71, 72

Table B-2 Demographic Items Analyzed in the CCC Report		
Demographic Analysis	Demographic Category	Source of Child Data (Child Survey Question Number or Administrative)
Table B-1: Respondent Profiles in CCC Report		
	Respondent Relationship	80
	Age	77
	Gender	78
	Education	79
Table B-2: Child Member Profiles in CCC Report		
	Age	Administrative
	Gender	Administrative
	Race and Ethnicity	Administrative
	Health Status	58
Table B-3: Responses to CCC Screener Questions in CCC Report		
	Prescription Medicine	59, 60, 61
	More Care	62, 63, 64
	Functional Limitations	65, 66, 67
	Special Therapy	68, 69, 70
	Mental Health Services	71, 72
Table B-4: Distribution of Categories for Children with Chronic Conditions Population in CCC Report		
	Prescription Medicine	59, 60, 61
	More Care	62, 63, 64
	Functional Limitations	65, 66, 67
	Special Therapy	68, 69, 70
	Mental Health Services	71, 72

RESPONDENT/NON-RESPONDENT ANALYSIS

For Ohio's CFC Medicaid Managed Care Program CAHPS Full Report, an analysis of the demographic characteristics of the respondents and non-respondents to the Ohio CAHPS Surveys was conducted. This analysis examined the adult and general child populations. The demographic information analyzed was derived from administrative data. Member age, gender, and race and ethnicity were broken into categories and analyzed for statistically significant differences between the respondent and non-respondent populations.

Hypothesis Test

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

$$\Delta_p = \hat{\mu}_p - \hat{\mu}_{p'}$$

In this equation, $\hat{\mu}_p$ was the percentage of respondents and $\hat{\mu}_{p'}$ was the percentage of non-respondents.

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The t statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a t distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences between the respondent and non-respondent percentages was less likely.

Assignment of Arrows

Arrows were assigned to each MCP's respondent percentages to indicate whether there were statistically significant differences between the respondent percentages within a particular demographic category and the non-respondent percentages for that MCP. Arrows were also assigned to Ohio's CFC Medicaid Managed Care Program's respondent percentages to indicate whether there were statistically significant differences between the respondent percentages within a particular demographic category and the non-respondent percentages for Ohio's CFC Medicaid Managed Care Program. The difference between the respondent and non-respondent percentages was considered significant if the two-sided p value of the t test was less than 0.05. MCP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (\uparrow) arrows. MCP-level and program-level percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (\downarrow) 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.

NCQA ANALYSIS

The analysis of the Ohio CAHPS Survey results was conducted using NCQA protocol for Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. The results were calculated in accordance with HEDIS specifications for survey measures.³ Per HEDIS specifications, results for the adult and child populations were reported separately, and no weighting, trending, or case-mix adjustment was performed on the results. NCQA also requires a minimum of 100 responses on each measure in order to report the measure as a CAHPS/HEDIS result. The following methodology was used to perform the NCQA analysis. General child and adult members in Ohio's CFC Medicaid Managed Care Program were included in this analysis.

Three-Point Mean Calculations

Three-point means, variances, and 95 percent confidence intervals were calculated for each of the four global rating questions (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often). Scoring was based on a three-point scale: response values of 0 through 6 were given a score of 1; response values of 7 and 8 were given a score of 2; and response values of 9 and 10 were given a score of 3.

The three-point global rating mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question. A minimum of 100 responses to the global rating question was required in order for the three-point global rating mean to be reported.

$$\text{Global Rating Mean (GRM)} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (either 1, 2, or 3)

An unbiased variance was calculated for each three-point global rating mean using a standard, unbiased variance formula where x was the score value (1, 2, or 3).

$$\text{Global Rating Variance (GRV)} = \sum_i^n \frac{(x - \bar{x})^2}{n - 1}$$

i = 1, ..., n members responding to question
x = score of member on question (either 1, 2, or 3)
 \bar{x} = mean global rating score

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

The unbiased mean and variance were used to calculate a 95 percent confidence interval for each three-point global rating mean. The following formula was used to calculate the 95 percent confidence interval for the three-point global rating means:

$$\text{Global Rating 95\% Confidence Interval} = (GRM) \pm 1.96 \sqrt{\frac{GRV}{n}}$$

Three-point means, variances, and 95 percent confidence intervals were calculated for the composite measures. In general, scoring was based on a three-point scale: responses of “Always” or “Definitely Yes” were given a score of 3, responses of “Usually” or “Somewhat Yes” were given a score of 2, and all other responses were given a score of 1. Table B-3, on page B-7, illustrates how the three-point composite score values were determined.

The three-point composite mean was the average of the mean score for each question included in the composite measure. That is, each question contributed equally to the average, regardless of the number of respondents to the question. An average number of at least 100 responses across all questions within the composite was required in order for the three-point composite mean to be reported.

$$\text{Composite Measure Mean (CMM)} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 1, 2, or 3)

An unbiased variance was calculated for each three-point composite mean. The following formula was used to calculate the composite variance:

$$\text{Composite Measure Variance (CMV)} = \frac{N}{N-1} \sum_{j=1}^N \left(\sum_{i=1}^m \frac{1}{m} * \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 1, 2, or 3)
 \bar{x}_i = average score for question i
N = number of members responding to at least one question in the composite

The unbiased mean and variance were used to calculate a 95 percent confidence interval for each three-point composite mean. The following formula was used to calculate the 95 percent confidence interval for the three-point composite means:

$$\text{Composite 95\% Confidence Interval} = (CMM) \pm 1.96\sqrt{CMV}$$

Table B-3 Determining Three-Point Score Values	
Response Category	Score Values
<i>Global Ratings: 0–10 Format</i>	
0 – 6	1
7 – 8	2
9 – 10	3
<i>Composite Measures: Never/Sometimes/Usually/Always Format</i>	
Never	1
Sometimes	1
Usually	2
Always	3
<i>Composite Measure: Definitely No/Somewhat No/Somewhat Yes/Definitely Yes Format</i>	
Definitely No	1
Somewhat No	1
Somewhat Yes	2
Definitely Yes	3

Question Summary Rate Calculations

In addition to the three-point means, question summary rates and their corresponding variances and 95 percent confidence intervals were calculated for each global rating question. Response choices of 9 or 10 were assigned a score value of 1, and all other response choices were assigned a score value of 0. Table B-4, on page B-10, illustrates how the question summary rate score values were determined.

The question summary rate was the sum of the score values (0 or 1) divided by the total number of responses to the rating question. A minimum of 100 responses to the global rating question was required for the question summary rate to be reported.

$$\text{Question Summary Rate (QSR)} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)

An unbiased variance was calculated for each question summary rate using a standard, unbiased variance formula where *x* was the score value (0 or 1).

$$\text{Question Summary Rate Variance (QSRV)} = \sum_i^n \frac{(x - \bar{x})^2}{n-1}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)
 \bar{x} = mean question summary rate

The unbiased mean and variance were used to calculate a 95 percent confidence interval for each question summary rate. The following formula was used to calculate the 95 percent confidence interval for each question summary rate:

$$\text{Question Summary Rate 95\% Confidence Interval} = (\text{QSR}) \pm 1.96 \sqrt{\frac{\text{QSRV}}{n}}$$

Global Proportion Calculations

In addition to the three-point means, global proportions and their corresponding variances and 95 percent confidence intervals were calculated for each composite measure. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures, responses of “Always” were assigned a score value of 1, and all other response choices were assigned a score value of 0. For the Shared Decision Making composite measure, responses of “Definitely Yes” were assigned a score value of 1, and all other response choices were assigned a score value of 0. Table B-4, on page B-10, illustrates how the global proportion score values were determined.

The composite global proportion was calculated by first determining the average score (i.e., proportion responding with a score of 1 for each question). This step was repeated for each of the questions in the composite. Finally, the average proportion responding with a score of 1 was determined across all of the questions in the composite. This average was the composite global proportion. That is, each question contributed equally to the average regardless of the number of respondents to the question. An average of at least 100 responses across all questions within the composite was required for the composite global proportion to be reported.

$$\text{Composite Global Proportion (GP)} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

An unbiased variance was calculated for each composite global proportion. The following formula was used to calculate the composite global proportion variance:

$$\text{Composite GP Variance (GPV)} = \frac{N}{N-1} \sum_{j=1}^N \left(\sum_{i=1}^m \frac{1}{m} * \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)
 \bar{x}_i = average score for question i
N = number of members responding to at least one question in the composite

The unbiased mean and variance were used to calculate a 95 percent confidence interval for each composite global proportion. The following formula was used to calculate the 95 percent confidence interval for each composite global proportion:

$$\text{Composite GP 95\% Confidence Interval} = (GP) \pm 1.96\sqrt{GPV}$$

Table B-4	
Determining Question Summary Rate and Global Proportion Score Values	
Response Category	Score Values
<i>Global Ratings: 0–10 Format</i>	
0 – 8	0
9 – 10	1
<i>Composite Measures: Never/Sometimes/Usually/Always Format</i>	
Never	0
Sometimes	0
Usually	0
Always	1
<i>Composite Measure: Definitely No/Somewhat No/Somewhat Yes/Definitely Yes Format</i>	
Definitely No	0
Somewhat No	0
Somewhat Yes	0
Definitely Yes	1

Overall Member Satisfaction Tables

The Overall Member Satisfaction Tables in the NCQA Comparisons section of Ohio's CFC Medicaid Managed Care Program CAHPS Full Report depict member satisfaction using a one- to five-star rating system. For adult and child members, star assignments were based on NCQA's 2012 CAHPS 4.0H Benchmarks and Thresholds for Accreditation, except 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 were based on NCQA's 2012 National Adult and Child Medicaid data.⁵

Each year, NCQA releases the national benchmarks and thresholds for the HEDIS/CAHPS Survey results required for NCQA's accreditation of managed care organizations (MCOs) for the Medicaid population.⁶ NCQA requires MCOs to submit HEDIS and CAHPS data as part of the MCO accreditation process. Using these data submissions, NCQA recalculates the summary statistics annually for each HEDIS measure. These recalculated national results are compared to prior year's accreditation benchmarks and thresholds. If there is minimal change to the national performance, accreditation benchmarks and thresholds are held constant. If performance changes, NCQA considers updating the benchmarks and thresholds. In addition, should changes to the measures impact trending, NCQA will recalculate the benchmarks and thresholds and update as necessary to hold plans harmless. In 2012, NCQA received a total of 128 adult Medicaid CAHPS submissions and a total of 114 child Medicaid CAHPS submissions. The 2012 NCQA national numbers presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report were based on the NCQA data submissions of these health plans.⁷

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 Adult and Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

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

⁷ The actual number of plan submissions on which the national benchmarks and thresholds and national numbers are based on varies for each global rating and composite measure.

Overall Adult Member Satisfaction Table

The Overall Adult Member Satisfaction Table depicts adult member satisfaction using a one- to five-star rating system. The star assignments were based on NCQA's 2012 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.⁸ NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments were based on NCQA's 2012 National Adult Medicaid data.⁹

- ★★★★★ - 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 B-5, on page B-13, provides a crosswalk of the number of stars to the adult member three-point means on the global ratings and composite measures.

⁸ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

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

Table B-5					
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>					

Overall General Child Member Satisfaction Table

The Overall General Child Member Satisfaction Table depicts child member satisfaction using a one- to five-star rating system. The star assignments were based on NCQA's 2012 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.¹⁰ NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments were based on NCQA's 2012 National Child Medicaid data.¹¹

- ★★★★★ - 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 B-6, on page B-15, provides a crosswalk of the number of stars to the general child three-point means on the global ratings and composite measures.

¹⁰ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2012*. Washington, DC: NCQA. August 1, 2012.

¹¹ NCQA National Distribution of 2012 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.

Table B-6					
Overall General Child Member Satisfaction Ratings Crosswalk					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
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
<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 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on January 2, 2013.</i></p>					

OHIO COMPARISONS ANALYSIS

An analysis of the Ohio CAHPS results was conducted for the Ohio Comparisons section of Ohio’s CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. The Ohio Comparisons section presents results based on ODJFS’ analytic methodology using AHRQ’s analysis program. This section reports the weighted and case-mix-adjusted results for all CFC adult and general child members completing a CAHPS Survey. No threshold number of responses was required for the results to be reported in the Ohio Comparisons section.¹² The following methodology was used in performing this analysis.

Overall Mean Calculations

For each global rating, composite measure, composite item, and question within four specific areas of interest, an overall mean was calculated. For the global ratings, the overall mean was provided on a scale of 0 to 10. For the composite measures and composite items, the overall mean was provided on a three-point scale.¹³ Additional information on how the composite measures and composite items were scored to compute the overall means can be found in Table B-3 on page B-7. For the questions within the four areas of interest, the overall mean was provided on a three-point scale or on a scale of 0 to 1, depending on the item.

The global rating overall mean was the sum of the response scores (from 0 to 10) divided by the total number of responses to the global rating question.

$$\begin{array}{l} \textit{Global Rating} \\ \textit{Overall Mean} \\ \textit{(GRM)} \end{array} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (from 0 to 10)

¹² NCQA requires a minimum of 100 responses on each measure in order to report the measure as a CAHPS/HEDIS result.

¹³ The Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions CCC composites consist of questions with Yes/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 could not be calculated for these CCC composites.

The composite measure overall mean was the average of the mean score for each question included in the composite. That is, each question contributed equally to the average regardless of the number of respondents to the question.

$$\begin{array}{l} \text{Composite Measure} \\ \text{Overall Mean} \end{array} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., *m* questions in a composite
j = 1, ..., *n_i* members responding to question *i*
x_{ij} = score of member *j* on question *i* (from 1 to 3)

The overall mean for each composite item and each question within the four specific areas of interest was the sum of the response scores divided by the total number of responses to the item.

$$\begin{array}{l} \text{Item Overall Mean} \\ \end{array} = \sum_i^n \frac{x}{n}$$

i = 1, ..., *n* members responding to item
x = score of member on item

Response Category Proportions

Response category proportions were calculated for each global rating, composite measure, composite item, and question within four specific areas of interest. For the global ratings, responses were classified into three categories: 9 to 10 (best), 7 to 8, and 0 to 6 (worst). For the composite measures and composite items with a top-box score of “Always,” responses were classified into three categories: “Always,” “Usually,” and “Sometimes/Never.” For the composite measure and composite items with a top-box score of “Definitely Yes,” responses were classified into three categories: “Definitely Yes,” “Somewhat Yes,” and “Somewhat No/Definitely No.” For the FCC: Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions CCC composite measures and composite items, the response categories were “No” and “Yes.” For the Access to Specialized Services CCC composite measure and composite items and the Access to Prescription Medicines and FCC: Getting Needed Information CCC items, the response categories were “Always,” “Usually,” and “Sometimes/Never.” For the questions within the four areas of interest, the response categories varied depending on the item.

For the global ratings, composite items, and questions within the four areas of interest, each of the response category proportions was calculated using the standard question summary rate formula. In other words, separate response category proportions (or question summary rates) were calculated for each of the response categories. Therefore, the total of these response category proportions was 100 percent.

$$\text{Question Summary Rate (QSR)} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)

For the composite measures, each of the response category proportions was calculated using the standard global proportion formula. In other words, separate response category proportions (or global proportions) were calculated for each of the response categories. Therefore, the total of these response category proportions was 100 percent.

$$\text{Composite Global Proportion (GP)} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

Case-Mix Adjustment

CAHPS Surveys can identify differences in the quality of care provided by MCPs or differences in the perceptions of care of various population subgroups within MCPs. However, the characteristics of respondents can influence CAHPS results. Certain characteristics, such as reported member health status, age, and education, have been shown to impact members' responses to questions regarding the quality of their health care.¹⁴ Healthier people typically report fewer problems and greater satisfaction with their health care. Older people also tend to be more satisfied with their care. However, people with higher levels of education are more likely to report problems and lower satisfaction with their health care. Given that differences in MCP case mix may lead to varied CAHPS results among MCPs that are not due to differences in quality, the data were adjusted to minimize the effect of these respondent characteristics on the MCP-level results. By accounting for differences in respondent characteristics, case-mix adjustment enhances the comparability of CAHPS results among different MCPs.

¹⁴ 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.

Case-mix adjustment was performed on the Ohio CFC adult and general child populations using member health status, respondent educational level, and respondent age.^{15,16} The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, an MCP's mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

MCP-level weighted and case-mix-adjusted mean scores in 2012 for the global ratings, composite measures, composite items, and questions within the areas of interest were compared to the 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.¹⁷ Each of the response category proportions 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. However, 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).

MCP-level weighted and case-mix-adjusted mean scores in 2012 were compared to the MCP-level 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, its 2012 mean scores were compared to its 2011 mean scores. For Ohio's CFC Medicaid Managed Care Program (the program average), its 2012 mean scores were compared to its 2011 mean scores. Each of the response category proportions and the overall means were compared for statistically significant differences.

Weighting

The results in the Ohio Comparisons section presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report were weighted to reflect the total eligible population size for each MCP participating in the 2012 CAHPS Medicaid Health Plan Surveys. The eligible population size of each MCP was based on the total number of members included in the MCP's sample frame (i.e., the eligible population) at the time the CAHPS sample was drawn. Respondent-level weights were calculated using the following formula:

$$\text{Weight Variable} = \frac{\text{Total Number of Members in the Managed Care Program Population}}{\text{Number of Respondents in the Managed Care Program Population}}$$

¹⁵ 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.

¹⁶ Self-reported health status was derived from responses to question 36 in the adult survey (question 58 in the child survey). Educational level was derived from responses to question 52 in the adult survey (question 79 in the child survey). Age was derived from responses to question 50 in the adult survey (question 77 in the child survey).

¹⁷ The term "mean scores" refers to the overall means and the response category proportions.

The population was either the adult or general child population. The number of respondents in the weighting formula was the number of responses to the global rating, composite measure, or individual item. For composites, this respondent number was the number of responses to at least one question in the composite.

Supplemental Detailed Analytic Discussion

This supplemental section provides additional detail on the approach used to analyze the CAHPS Survey results in the Ohio Comparisons section of Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. Please note that this approach is the standard analytic approach recommended by AHRQ and is discussed in greater detail in the *CAHPS Health Plan Survey and Reporting Kit 2008*.¹⁸

Case-Mix Adjustment

The model below illustrates the adjustment of a response to a single item i in the CAHPS Surveys:

$$y_{ipj} = \beta'_i x_{ipj} + \mu_{ip} + \varepsilon_{ipj}$$

In this equation, y_{ipj} represented the response of respondent j , who was a member of MCP p , to item i ; β_i was a regression coefficient vector; x_{ipj} was a covariate vector which consisted of the three adjuster covariates of self-reported health status, educational level, and age; μ_{ip} was an intercept parameter for MCP p ; and ε_{ipj} was the error term.

The equation below provided the estimates derived from the above model:

$$\left(\hat{\beta}'_i \hat{\mu}'_i \right) = (\mathbf{X}'\mathbf{X})^{-1} \mathbf{X}'\mathbf{y}_i$$

In this equation, $\mu_i = (\mu_{i1}, \mu_{i2}, \dots, \mu_{ip})'$ was the vector of intercepts, \mathbf{y}_i was the vector of responses to survey item i , and \mathbf{X} was the covariate matrix represented by the equation below:

$$\mathbf{X} = \left(\mathbf{X}_a \quad u_1 \quad u_2 \quad \dots \quad u_p \right)$$

In this equation, the vectors of values for each of the adjuster covariates were represented by the columns of \mathbf{X}_a , and $u_1 \ u_2 \ \dots \ u_p$ was a vector of indicators of membership in MCP p , $p = 1, 2, \dots, P$, with values equal to one for respondents in MCP p and values of zero for respondents not in MCP p .

¹⁸ 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.

The estimated intercepts were then shifted by a constant value in order to cause their means to equal the mean of the unadjusted MCP means, \bar{y}_{ip} . This facilitated comparability between the adjusted and unadjusted MCP means. The adjusted MCP means, \hat{a}_{ip} , were computed using the equation below:

$$\hat{a}_{ip} = \hat{\mu}_{ip} + (1/P) \sum_p \bar{y}_{ip} - (1/P) \sum_p \hat{\mu}_{ip}$$

For items that were not a composite of several items, the adjusted MCP means were reported. For composite items, the adjusted MCP means for the applicable individual items were combined using the weighted mean below:

$$\hat{a}_p = \sum_i w_i \hat{a}_{ip}$$

Variance Estimation

In addition to calculating the mean for each MCP, the variance was calculated as well. These variances were conditioned on the adjuster variables' coefficients. The process described below was used for single-item measures as well as composite measures.

First, residuals for every survey item i were calculated from the regression model:

$$z_{ipj} = y_{ipj} - \beta_i x_{pj}$$

In this model, y_{ipj} was the response to item i from respondent j , who was a member of MCP p , and β_i was the regression coefficient vector for item i .

The adjusted MCP p mean, μ_{ip} , was the mean of z_{ipj} . This was given by the following equation:

$$\mu_{ip} = \left(\sum_j z_{ipj} \right) / \left(\sum_j r_{ipj} \right)$$

In this equation, r_{ipj} was the number of non-missing responses to item i , which was not a composite measure. For a composite measure, the adjusted MCP p mean, μ_p , was given by:

$$\mu_p = \sum_i w_i \left(\sum_j z_{ipj} \right) / \left(\sum_j r_{ipj} \right)$$

Derivatives were then taken with respect to each of the above sums, $\sum_j z_{ipj}$ and $\sum_j r_{ipj}$, which resulted in the following approximation:

$$\mu_p \approx \sum_j \left(1/n_{ip} \right) \sum_i w_i \left(z_{ipj} - r_{ipj} m_{ip} \right) = \sum_j d_{pj}$$

In this equation, $n_{ip} = \sum_j r_{ipj}$ was the number of responses to item i from members of MCP p , and m_{ip} was the mean of z_{ipj} for item i for MCP p .

Finally, the formula to calculate the variance of an estimated sum was used:

$$\hat{V}_p = \text{Var}(\hat{\mu}_p) = (n_p / (n_p - 1)) \sum_j d_{pj}^2$$

In this formula, n_p was the number of respondents in MCP p . This was the variance estimation for a composite score for MCP p .

Comparative Hypothesis Tests

Two types of hypothesis tests were applied to the CAHPS Survey comparative results in the Ohio Comparisons section. First, a global F test was calculated, which determined whether the difference between MCP means was significant.

The weighted mean was:

$$\hat{\mu} = (\sum_p \hat{\mu}_p / \hat{V}_p) / (\sum_p 1 / \hat{V}_p)$$

The F statistic was determined using the formula below:

$$F = (1/(P-1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The F statistic, as calculated above, had an F distribution with $(P-1, q)$ degrees of freedom, where q was equal to n/P (i.e., the average number of respondents in an MCP). Due to these qualities, this F test produced p values that were slightly larger than they should have been; therefore, finding significant differences between MCPs was less likely. For Ohio's CFC Medicaid Managed Care Program, an alpha-level of 0.05 was used. If the F test demonstrated MCP-level differences (i.e., $p < 0.05$), then a t test was performed for each MCP.

The t test determined whether each MCP's mean was significantly different from the overall means of the other participating MCPs in the state. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P-1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

In this equation, \sum^* was the sum of all MCPs except MCP p .

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_{p'}$$

The t statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a t distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences between an MCP p and the combined results of all MCPs was less likely.

Trending Hypothesis Test

One type of hypothesis test was applied to the CAHPS Survey trending results in the Ohio Comparisons section. A *t* test was performed to determine whether the MCP or program average mean in 2012 was significantly different from the MCP or program average mean in 2011. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - \hat{\mu}_{p'}$$

In this equation, $\hat{\mu}_p$ was the MCP or program average in 2012 and $\hat{\mu}_{p'}$ was the MCP or program average in 2011.

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The *t* statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a *t* distribution with $(n_p - 1)$ degrees of freedom. This statistic also produced *p* values that were slightly larger than they should have been; therefore, finding significant differences between results in 2012 and results in 2011 was less likely.

Assignment of Arrows

Arrows were assigned to each MCP's 2012 case-mix-adjusted and weighted overall means and case-mix-adjusted and weighted response category proportions to indicate whether there were statistically significant differences between 2012 MCP-level mean scores and response category proportions and the 2012 program average mean scores and response category proportions. The difference in MCP performance from the program average was considered significant if the two-sided *p* value of the *t* test was less than 0.05. MCP-level scores and response category proportions that were statistically higher than the program average were noted with upward (↑) arrows. MCP-level scores and response category proportions that were statistically lower than the program were noted with downward (↓) arrows. MCP-level scores and response category proportions that were not statistically different from the program average were not noted with arrows.

Assignment of Triangles

Directional triangles were assigned to each MCP's case-mix-adjusted and weighted overall means and case-mix-adjusted and weighted response category proportions to indicate whether there were statistically significant differences between MCP-level mean scores in 2012 and MCP-level mean scores in 2011. Directional triangles were also assigned to the program's case-mix-adjusted and weighted overall means and case-mix-adjusted and weighted response category proportions to indicate whether there were statistically significant differences between program-level mean scores in 2012 and program-level mean scores in 2011. The difference in performance from 2011 to 2012 was considered significant if the two-sided *p* value of the *t* test was less than 0.05. Scores that were statistically higher in 2012 than in 2011 were noted with upward (▲) triangles. Scores that were statistically lower in 2012 than in 2011 were noted with downward (▼) triangles. Scores in 2012 that were not statistically different from scores in 2011 were not noted with triangles.

OHIO CCC COMPARISONS ANALYSIS

An analysis of the Ohio CAHPS results was conducted for the Ohio CCC Comparisons section of Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. The Ohio CCC Comparisons section presented results based on ODJFS' analytic methodology, which used AHRQ's CAHPS analysis program. This section presented case-mix-adjusted results for the child members whose parents or caretakers completed a CAHPS 4.0H Child Medicaid Health Plan Survey. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported. The following methodology was used in performing this analysis.

Chronic Conditions Classification

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 Ohio's CFC Medicaid Managed Care Program's 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 needs or uses **prescription medicine**
- Child needs or uses **more medical care, mental health services, or educational services** than other children of the same age need or use
- Child has **limitations** in the ability to do what other children of same age do
- Child needs or uses **special therapy**
- Child needs or uses **mental health treatment or counseling**

The survey responses for child members in the NCQA CAHPS 4.0H child sample and the NCQA CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not (those in the non-CCC population). Therefore, the general population of children (i.e., those in the CAHPS 4.0H child sample) could have included children with chronic conditions based on the responses to the survey questions. For each category, except for the "Mental Health Services" category, there were three screener questions. 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 that selected "No" to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that 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 has lasted or is expected to last at least 12 months. Respondents that selected "No" to the first question were instructed to skip the second question in this category. Ohio's CCC population included children in the CAHPS 4.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories.

Overall Mean Calculations and Response Category Proportions

The calculations performed for the Ohio CCC Comparisons section were similar to those performed for the Ohio Comparisons section of Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. However, the groups being compared were not MCPs; they were the CCC and the non-CCC populations. The MCPs were not compared due to insufficient sample sizes. As was done for the Ohio Comparisons section, for each global rating, composite measure, composite item, and question within four specific areas of interest, an overall mean was calculated. Response category proportions also were calculated. Additional information on the calculation of overall means and response category proportions can be found beginning on page B-16.

Case-Mix Adjustment

Case-mix adjustment was performed on the Ohio CCC and non-CCC populations using member health status, respondent educational level, and respondent age.^{19,20} The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, a population mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

Case-mix-adjusted mean scores for the CCC population for the global ratings, composite measures, composite items, and questions within the areas of interest were compared to the case-mix-adjusted mean scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. Each of the response category proportions and the overall means were compared for statistically significant differences. Additional information on case-mix adjustment, variance estimation, and hypothesis testing can be found beginning on page B-20.

Assignment of Arrows

Arrows were assigned to each population's 2012 case-mix-adjusted overall means and response category proportions to indicate whether there were statistically significant differences between the populations. The difference between the populations was considered significant if the two-sided p value of the t test was less than 0.05. Scores for one population that were statistically higher than scores for the other population were noted with upward (↑) arrows. Scores for one population that were statistically lower than scores for the other population were noted with downward (↓) arrows. Scores for one population that were not statistically different from the other population were not noted with arrows.

¹⁹ 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.

²⁰ Member health status is derived from responses to Question 58 in the child survey. Respondent educational level is derived from responses to Question 79 in the child survey. Respondent age is derived from responses to Question 77 in the child survey.

Assignment of Triangles

Directional triangles were assigned to each population's case-mix-adjusted overall means and response category proportions to indicate whether there were statistically significant differences between population-level mean scores in 2012 and population-level mean scores in 2011. The difference in performance from 2011 to 2012 was considered significant if the two-sided p value of the t test was less than 0.05. Scores that were statistically higher in 2012 than in 2011 were noted with upward (▲) triangles. Scores that were statistically lower in 2012 than in 2011 were noted with downward (▼) triangles. Scores in 2012 that were not statistically different from scores in 2011 were not noted with triangles.

Reader's Guide

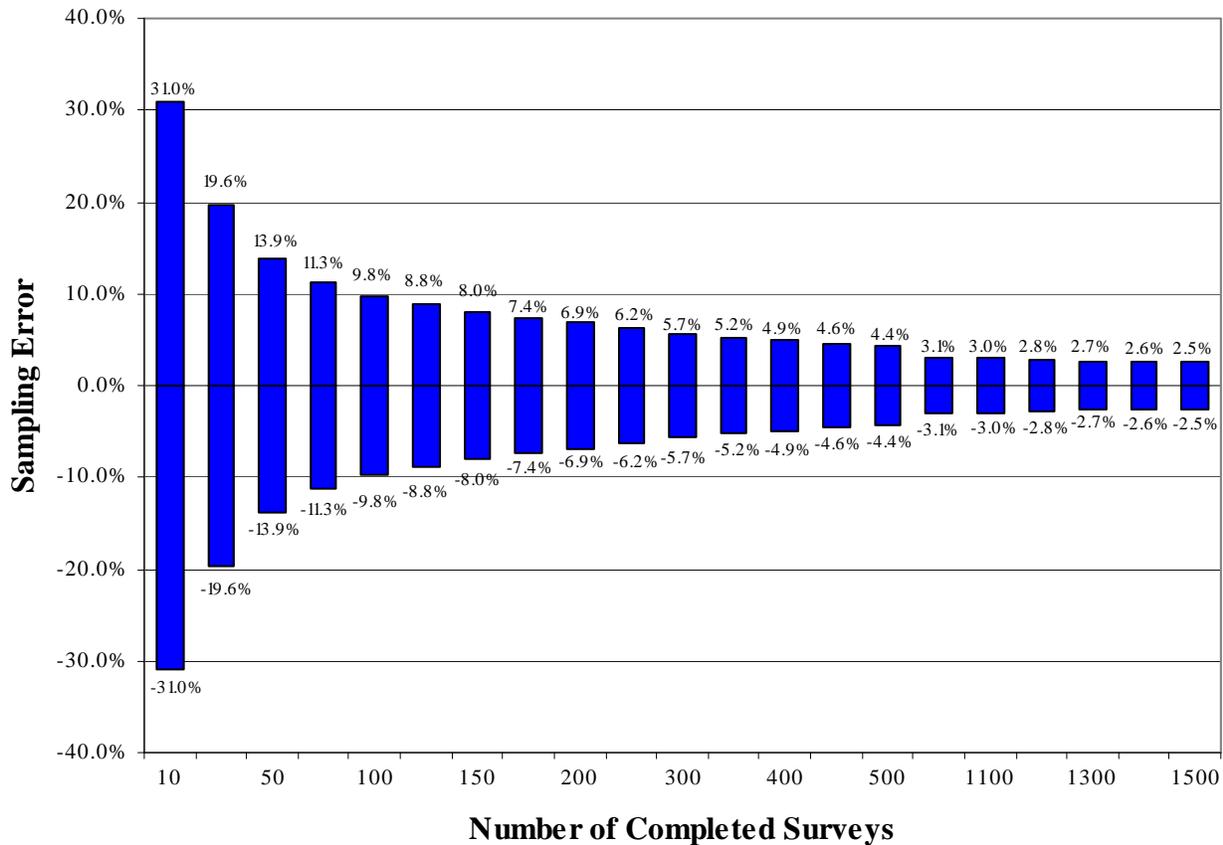
UNDERSTANDING SAMPLING ERROR

The interpretation of CAHPS results requires an understanding of sampling error. Since it is generally not feasible to survey an MCP's entire population, 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.

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 was accomplished by drawing a sample that randomly selects members from the entire MCP for inclusion. This ensured that no single group of members in the sample was over-represented relative to the entire population. For example, if there were a larger number of members surveyed between 45 to 54 years of age, their views would have a disproportionate influence on the results compared with other age groups.

Since every member in the MCP's total population was not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques were 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 C-1, on page C-2, was based on the number of completed surveys. Figure C-1 indicates that if 400 MCP members completed a survey, the margin of error would be ± 4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population was 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 C-1
Sampling Error and the Number of Completed Surveys



As Figure C-1 demonstrates, sampling error declines as the number of completed surveys increases.¹ 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 being reviewed will influence the interpretation of results.

¹ 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 members chosen at random from the total enrollment of each participating MCP as permitted by the HEDIS/CAHPS methodology. A total of 12,285 adult surveys and 24,430 child surveys were mailed out for the seven participating MCPs. These numbers took into account the loss of some potential respondents due to errors in enrollment status, death, etc. 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 C-1 depicts the sampling errors for various numbers of responses.²

Table C-1								
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 may be helpful to review how sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid program 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 members of an MCP 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 program average when sampling error is included. 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.

After potential sampling error has been taken into consideration, it is recommended that MCP-level results calculated using NCQA methodology be compared to the 2012 program average (using NCQA methodology), NCQA's 2012 CAHPS 4.0H benchmarks (for adult and child results), NCQA's 2012 national child and adult Medicaid data, and the 2012 NCQA national Medicaid averages.

² 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 were 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 educational level, and respondent age, it was not possible to adjust for differences in member or respondent characteristics that were not measured. These characteristics included income, employment, or any other characteristics that may not have been 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 respondents 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 section within Ohio's CFC Medicaid Managed Care Program CAHPS Full Report 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 Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report 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 these 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. The analyses described in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report identify whether the parents or caretakers of child members in different populations (CCC versus non-CCC) give different ratings of satisfaction.

Survey Instruments

The survey instruments selected for Ohio's CFC Medicaid Managed Care Program Member Satisfaction Survey in 2012 were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set). This section provides copies of the survey instruments.

All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-3344.

SURVEY INSTRUCTIONS

- ▶ Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark



Incorrect
Marks



- ▶ You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your child's health plan? (Please print)

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
- Yes
 No → *Go to Question 5*
4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as you thought he or she needed?
- Never
 Sometimes
 Usually
 Always
5. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?
- Yes
 No → *Go to Question 7*
6. In the last 6 months, not counting the times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?
- Never
 Sometimes
 Usually
 Always

7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
- None → *Go to Question 14*
 1
 2
 3
 4
 5 to 9
 10 or more
8. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
- Never
 Sometimes
 Usually
 Always
9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
- Never
 Sometimes
 Usually
 Always
10. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment.
- In the last 6 months, did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?
- Yes
 No → *Go to Question 13*
11. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?
- Definitely yes
 Somewhat yes
 Somewhat no
 Definitely no

12. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice you thought was best for your child?
- Definitely yes
 - Somewhat yes
 - Somewhat no
 - Definitely no

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?
- 0 1 2 3 4 5 6 7 8 9 10
 Worst Health Care Possible Best Health Care Possible

14. Is your child now enrolled in any kind of school or daycare?
- Yes
 - No → *Go to Question 16a*

15. In the last 6 months, did you need your child's doctor or other health providers to contact a school or daycare center about your child's health or health care?
- Yes
 - No → *Go to Question 16a*

16. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?
- Yes
 - No

- 16a. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers regarding your child's care?

- Yes
- No → *Go to Question 17*

- 16b. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers regarding your child's care, how often did you get one?
- Never
 - Sometimes
 - Usually
 - Always

SPECIALIZED SERVICES

17. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
- Yes
 - No → *Go to Question 20*

18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- Never
 - Sometimes
 - Usually
 - Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
- Yes
 - No

20. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?
- Yes
 - No → *Go to Question 23*

21. In the last 6 months, how often was it easy to get this therapy for your child?
- Never
 - Sometimes
 - Usually
 - Always



22. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- Yes
 - No
23. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
- Yes
 - No → *Go to Question 26*
24. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- Never
 - Sometimes
 - Usually
 - Always
25. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
- Yes
 - No
26. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
- Yes
 - No → *Go to Question 28*
27. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?
- Yes
 - No

YOUR CHILD'S PERSONAL DOCTOR

28. A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?
- Yes
 - No → *Go to Question 43*

29. In the last 6 months, how many times did your child visit his or her personal doctor for care?
- None → *Go to Question 39*
 - 1
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more
30. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
31. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
32. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
33. Is your child able to talk with doctors about his or her health care?
- Yes
 - No → *Go to Question 35*
34. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
- Never
 - Sometimes
 - Usually
 - Always



57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

ABOUT YOUR CHILD AND YOU

58. In general, how would you rate your child's overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

59. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes
- No → *Go to Question 62*

60. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 62*

61. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

62. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- Yes
- No → *Go to Question 65*

63. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 65*

64. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

65. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes
- No → *Go to Question 68*

66. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 68*

67. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

68. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- Yes
- No → *Go to Question 71*

69. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 71*

70. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

71. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- Yes
- No → *Go to Question 73*

72. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
- No



73. What is your child's age?

Less than 1 year old

YEARS OLD (write in)

74. Is your child male or female?

Male

Female

75. Is your child of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, not Hispanic or Latino

76. What is your child's race? Please mark one or more.

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

76a. What language does your child mainly speak at home?

English

Spanish

Some other language

77. What is your age?

Under 18

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 or older

78. Are you male or female?

Male

Female

79. What is the highest grade or level of school that you have completed?

8th grade or less

Some high school, but did not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate

More than 4-year college degree

80. How are you related to the child?

Mother or father

Grandparent

Aunt or uncle

Older sibling

Other relative

Legal guardian

81. Did someone help you complete this survey?

Yes → **Go to Question 82**

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

82. How did that person help you? Check all that apply.

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way

THANK YOU

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat, 3975 Research Park Drive, Ann Arbor, MI
48108**



All information that would let someone identify you or your family will be kept private. DataStat will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-3344.

SURVEY INSTRUCTIONS

- ▶ Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct
Mark 

Incorrect
Marks



- ▶ You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

1. Our records show that you are now in [HEALTH PLAN NAME/STATE MEDICAID PROGRAM NAME]. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your health plan? (Please print)

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do **not** include care you got when you stayed overnight in a hospital. Do **not** include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when you **needed care right away**, how often did you get care as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, **not** counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, **not** counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, **not** counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- None → *Go to Question 12a*
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

8. In the last 6 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- Never
- Sometimes
- Usually
- Always

9. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment.

In the last 6 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

- Yes
- No → *Go to Question 12*

10. In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

11. In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice you thought was best for you?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Health Care Possible Best Health Care Possible



GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you try to make any appointments to see a specialist?

- Yes
 No → *Go to Question 26*

23. In the last 6 months, how often was it easy to get appointments with specialists?

- Never
 Sometimes
 Usually
 Always

24. How many specialists have you seen in the last 6 months?

- None → *Go to Question 26*
 1 specialist
 2
 3
 4
 5 or more specialists

25. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- | | | | | | | | | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Worst Specialist Possible | | | | | | Best Specialist Possible | | | | |

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

26. In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?

- Yes
 No → *Go to Question 28*

27. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- Never
 Sometimes
 Usually
 Always

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- Yes
 No → *Go to Question 30*

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- Never
 Sometimes
 Usually
 Always

30. In the last 6 months, did you try to get information or help from your health plan's customer service?

- Yes
 No → *Go to Question 33*

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- Never
 Sometimes
 Usually
 Always



44. Are you aware that you have any of the following conditions? Check all that apply.

- High cholesterol
- High blood pressure
- Parent or sibling with heart attack before the age of 60

45. Has a doctor ever told you that you have any of the following conditions? Check all that apply.

- A heart attack
- Angina or coronary heart disease
- A stroke
- Any kind of diabetes or high blood sugar

46. In the last 6 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → Go to Question 48

47. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

48. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
- No → Go to Question 50

49. Is this to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- Yes
- No

50. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

51. Are you male or female?

- Male
- Female

52. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

53. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

54. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

54a. What language do you mainly speak at home?

- English
- Spanish
- Some other language

55. Did someone help you complete this survey?

- Yes → Go to Question 56
- No → Thank you. Please return the completed survey in the postage-paid envelope.

56. How did that person help you? Check all that apply.

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way



◆

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

**DataStat, 3975 Research Park Drive, Ann Arbor, MI
48108**

