

2008 CAHPS®
OHIO'S MEDICAID
MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY

Executive Summary



March 2009

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Introduction

The Ohio Department of Job and Family Services (ODJFS) administers member satisfaction surveys for all managed care plans (MCPs) in Ohio's Covered Families and Children (CFC) and Aged, Blind, or Disabled (ABD) Medicaid Managed Care Programs. The goal of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ surveys is to provide performance feedback that will be used to improve member satisfaction. The standardized survey instruments selected were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set). The Ohio Medicaid Managed Care Program was expanded statewide beginning in July 2006. The 2008 CAHPS survey samples included members from across the state of Ohio. This is the first year that Ohio CAHPS reports reflect statewide survey results. Seven MCPs participated in the 2008 CAHPS Medicaid Surveys. Adult members and the parents or caretakers of child members from each MCP completed the surveys from March to May 2008. All MCP members sampled received an English version of the surveys. The following MCPs participated in the CAHPS surveys: AMERIGROUP Ohio, Inc. (AMERIGROUP); Buckeye Community Health Plan, Inc. (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount Advantage (Paramount); Unison Health Plan of Ohio, Inc. (Unison), and WellCare of Ohio, Inc. (WellCare).

Some caveats are worth noting when reviewing these findings. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Ohio's Medicaid Managed Care Program was expanded to cover ABD consumers beginning in December 2006. Due to these changes, a significant portion of respondents to the 2008 CAHPS survey were relatively new to managed care. Many had previously received services through the Medicaid Fee-for-Service delivery system. During the expansion, most participating MCPs expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the MCPs participating in the 2008 CAHPS survey and most of the service areas covered by the survey were relatively new to managed care in Ohio. The potential impact of these changes on member satisfaction should be considered when interpreting the survey results.

PERFORMANCE HIGHLIGHTS

- For the year 2008, Ohio Medicaid Managed Care Program results for three of the five general child composite measures are above or similar to the national average.
- For the year 2008, Ohio Medicaid Managed Care Program results for four of the five adult composite measures are above or similar to the national average.
- For the year 2008, Ohio Medicaid Managed Care Program results for two of the four general child and adult global ratings are above or similar to the national average.

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

Per National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Specifications for Survey Measures, for those Ohio Medicaid MCPs serving both CFC and ABD members, the NCQA Adult Medicaid CAHPS 4.0H Survey samples included both CFC and ABD members.² Although both CFC and ABD members were surveyed for MCPs serving both populations, the number of ABD respondents was insufficient to warrant an independent analysis of this population. Therefore, it should be noted that the NCQA Comparisons section include MCP-level results derived from all adult Medicaid respondents (i.e., it includes both CFC and ABD respondents). However, given the limited number of ABD respondents, the Ohio Comparisons section is limited to an evaluation of the CFC population.

Table A-1 depicts the total response rates (combining adult and general child members) and the response rates by population (adult or general child) for Ohio’s Medicaid Managed Care Program (CFC and ABD) and all participating MCPs.

Table A-1			
CAHPS 3.0H/4.0H Medicaid Response Rates			
Ohio’s Medicaid Managed Care Program			
	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio’s Medicaid Managed Care Program	35.91%	39.00%	32.62%
AMERIGROUP	33.97%	41.50%	25.93%
Buckeye	38.18%	42.62%	33.52%
CareSource	37.55%	38.47%	36.57%
Molina	35.57%	38.45%	32.52%
Paramount	33.66%	33.18%	34.18%
Unison	39.59%	40.93%	38.16%
WellCare	32.77%	37.89%	27.32%
<i>Please note, children in the CCC supplemental sample are not included in the response rates.</i>			

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Table A-2 depicts the total number of completed surveys (combining adult and general child members) and the number of completed surveys by population (adult or general child) for Ohio's Medicaid Managed Care Program (CFC and ABD) and all participating MCPs.

Table A-2			
CAHPS 3.0H/4.0H Medicaid Completed Surveys			
Ohio's Medicaid Managed Care Program			
	Total Number of Completed Surveys	Number of Adult Completed Surveys	Number of Child Completed Surveys
Ohio's Medicaid Managed Care Program	8,307	4,649	3,658
AMERIGROUP	1,119	706	413
Buckeye	1,263	722	541
CareSource	1,246	662	584
Molina	1,170	651	519
Paramount	1,121	569	552
Unison	1,319	702	617
WellCare	1,069	637	432
<i>Please note, children in the CCC supplemental sample are not included in the number of completed surveys.</i>			

SUMMARY OF FINDINGS

Areas Above National Averages

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

- General child composite for Getting Care Quickly
- General child composite for Courteous and Helpful Office Staff
- Adult composite for How Well Doctors Communicate

Areas Consistent With National Averages

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

- General child Rating of All Health Care
- General child and adult Rating of Personal Doctor
- General child composite for How Well Doctors Communicate
- Adult Rating of Specialist Seen Most Often
- Adult composite for Getting Care Quickly
- Adult composite for Customer Service
- Adult composite for Shared Decision Making

Areas Below National Averages

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

- General child and adult Rating of Health Plan
- General child Rating of Specialist Seen Most Often
- General child and adult composite for Getting Needed Care
- General child composite for Customer Service
- Adult Rating of All Health Care

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

BACKGROUND

The CAHPS surveys were administered in accordance with NCQA specifications. 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 2007. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2007). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2007).

This Ohio's Medicaid Managed Care Program CAHPS Executive Summary Report is one of four separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2008 Ohio CAHPS results. Information on all four reports can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

NCQA Comparisons

This NCQA Comparisons section reports on the CAHPS Survey results, which were calculated in accordance with HEDIS specifications for survey measures.¹ Per HEDIS specifications, results for the adult and child populations are reported separately, and no weighting, trending, or case-mix adjustment is performed on the results. General child members from Ohio's CFC Medicaid Managed Care Program and adult members from Ohio's ABD and CFC Medicaid Managed Care Programs were included in this analysis. In 2008, Ohio's ABD and CFC Medicaid Managed Care Programs had 4,649 completed adult surveys (39.0 percent response rate) and 3,658 completed general child surveys (32.6 percent response rate) from seven participating MCPs. These 8,307 surveys (35.9 percent response rate) were combined to calculate the 2008 NCQA results presented in this section.

Some caveats are worth noting when reviewing these findings. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Ohio's Medicaid Managed Care Program was expanded to cover ABD consumers beginning in December 2006. Due to these changes, a significant portion of respondents to the 2008 CAHPS survey were relatively new to managed care. Many had previously received services through the Medicaid Fee-for-Service delivery system. During the expansion, most participating MCPs expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the MCPs participating in the 2008 CAHPS survey and most of the service areas covered by the survey were relatively new to managed care in Ohio. The potential impact of these changes on member satisfaction should be considered when interpreting the survey results.

An additional factor that should be considered when making comparisons to NCQA data is that NCQA's national averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

¹ National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

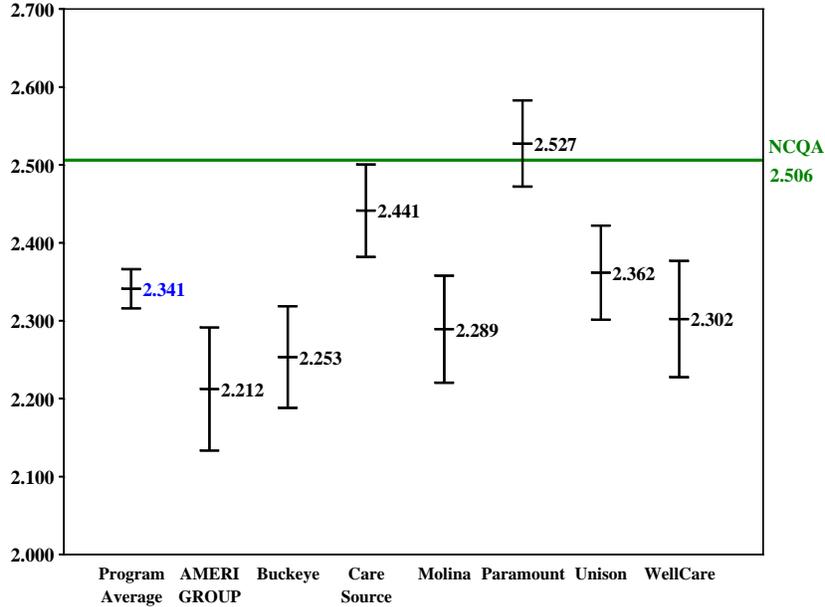
GENERAL CHILD RESULTS

General Child Three-Point Means on the Global Ratings

Figures B-1-B-4 on pages B-3 and B-4 depict the 2008 results of the four global ratings for general child members in all participating MCPs in Ohio's Medicaid Managed Care Program. The 2008 program averages and the 2008 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. Since CAHPS results are based on a sample of Ohio's Medicaid Managed Care Program population, confidence intervals give a range in which the true value for a CAHPS item (if all population members were surveyed) is 95 percent likely to fall. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

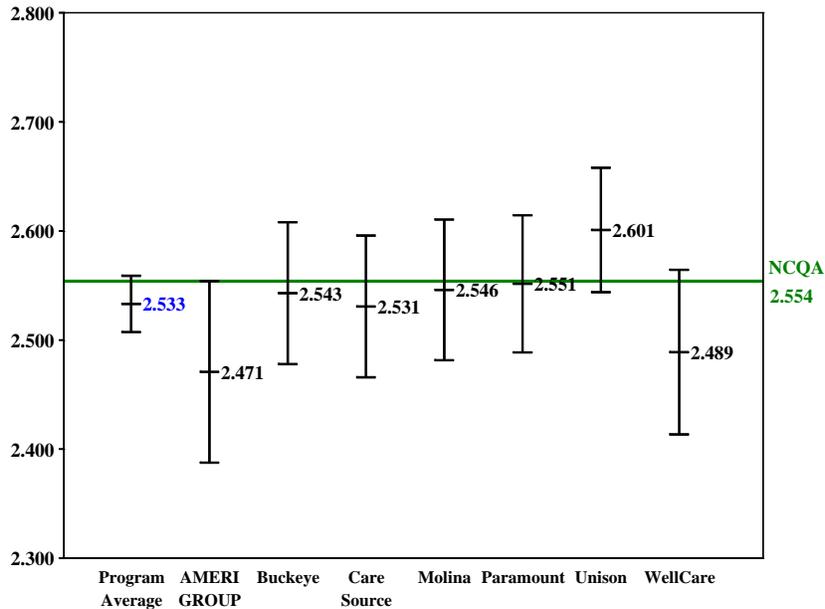
General Child Three-Point Mean Figures on the Global Ratings

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



Rating of Health Plan

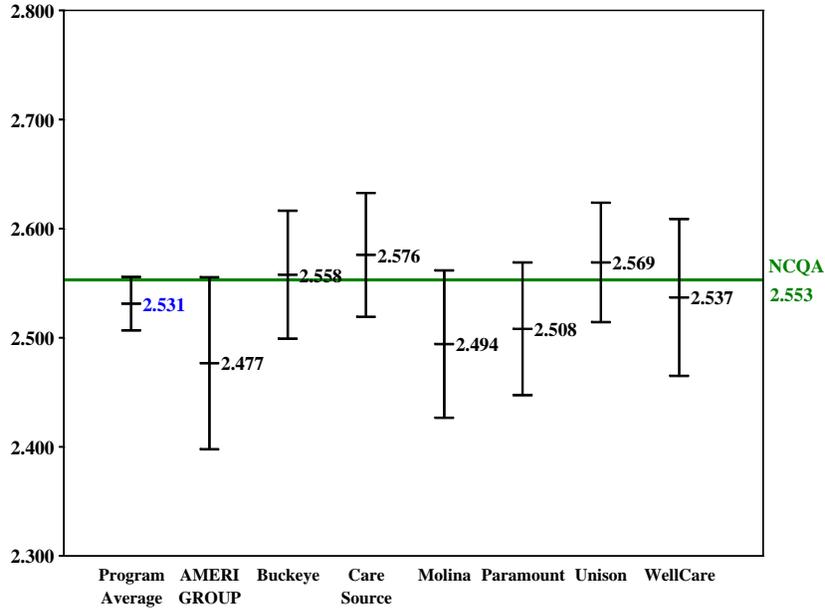
**Figure B-2
Rating of All Health Care**



Rating of All Health Care

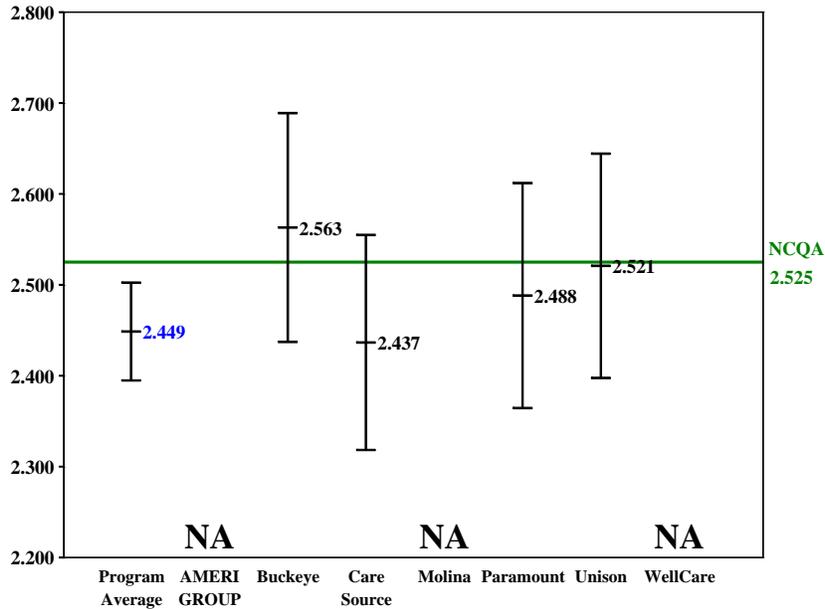
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

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



Rating of Personal Doctor

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



Rating of Specialist Seen Most Often

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

General Child Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B-1–B-4. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s Medicaid Managed Care Program or a participating MCP is wide enough to include the 2008 NCQA average. In these instances, this indicates that the score for Ohio’s Medicaid Managed Care Program or a participating MCP is statistically similar to the 2008 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass the national average on two of the four global ratings. Neither the program nor the MCPs exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure B-1)

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

Rating of All Health Care (Figure B-2)

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

Rating of Personal Doctor (Figure B-3)

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

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

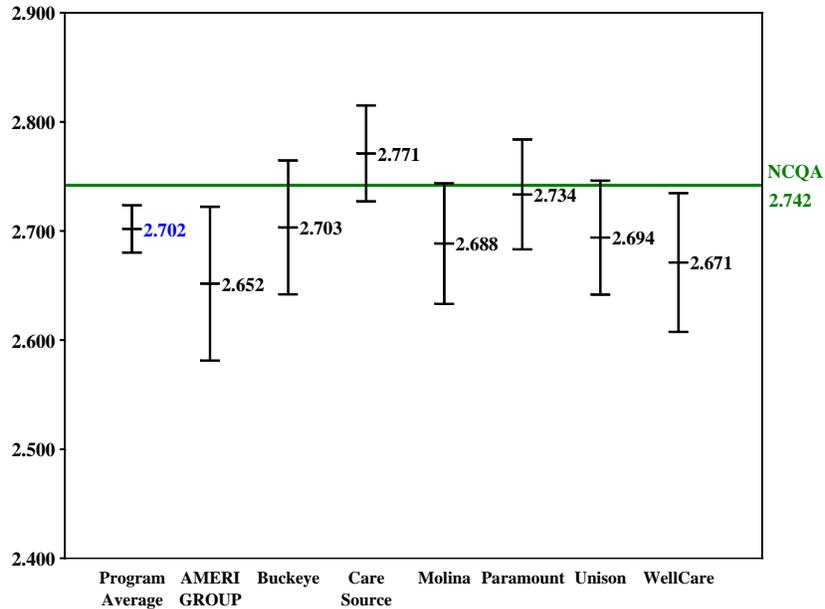
- The confidence intervals for Buckeye, CareSource, Paramount, and Unison encompass the NCQA average.
- The upper confidence limit for Ohio’s Medicaid Managed Care Program is below the NCQA average.
- The results for AMERIGROUP, Molina, and WellCare could not be displayed because these populations did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

General Child Three-Point Means on the Composite Measures

Figures B-5-B-9 on pages B-7-B-9 depict the 2008 results of the five composite scores for general child members in all participating MCPs in Ohio's Medicaid Managed Care Program. The 2008 program averages and the 2008 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites, responses of "Always" are given a score of 3, responses of "Usually" are given a score of 2, and responses of "Sometimes/Never" are given a score of 1. For the Getting Needed Care and Customer Service composites, responses of "Not a Problem" are given a score of 3, responses of "A Small Problem" are given a score of 2, and responses of "A Big Problem" are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

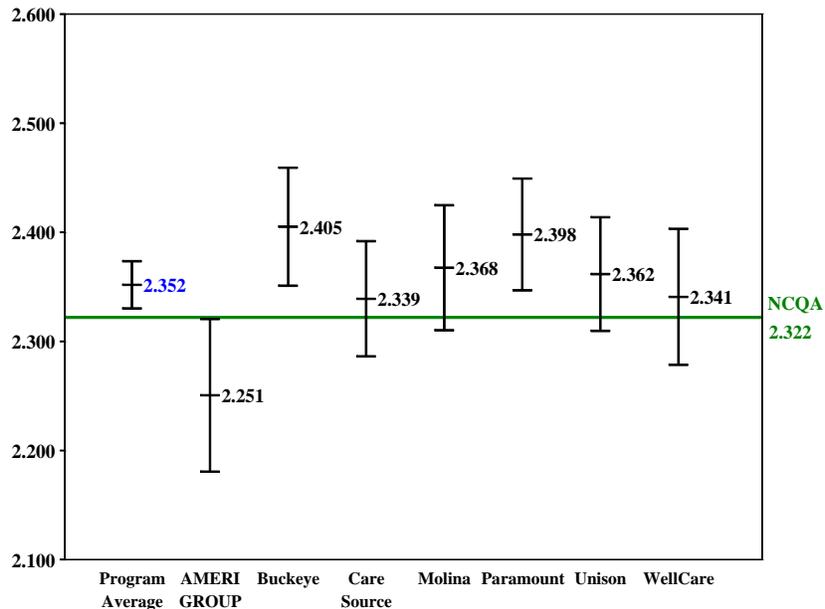
General Child Three-Point Mean Figures on the Composite Measures

Figure B-5
Getting Needed Care



Getting Needed Care Composite

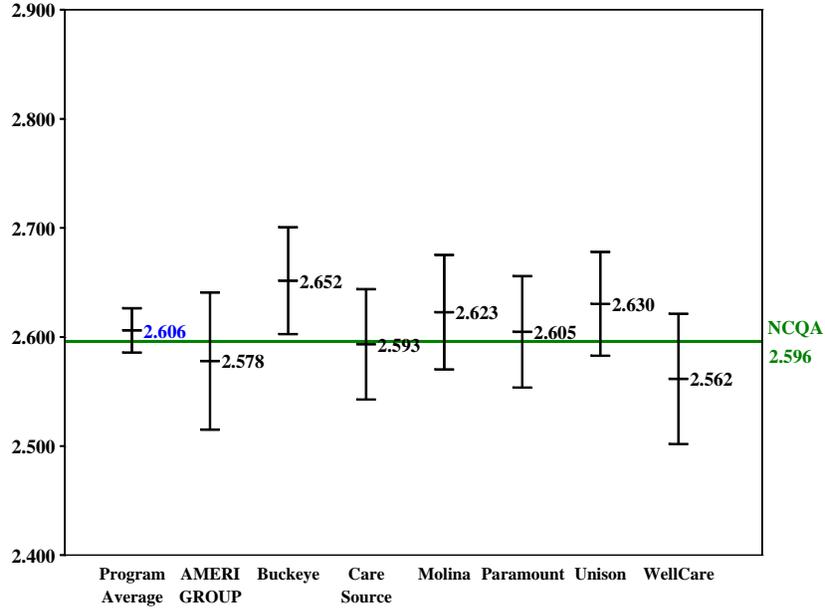
Figure B-6
Getting Care Quickly



Getting Care Quickly Composite

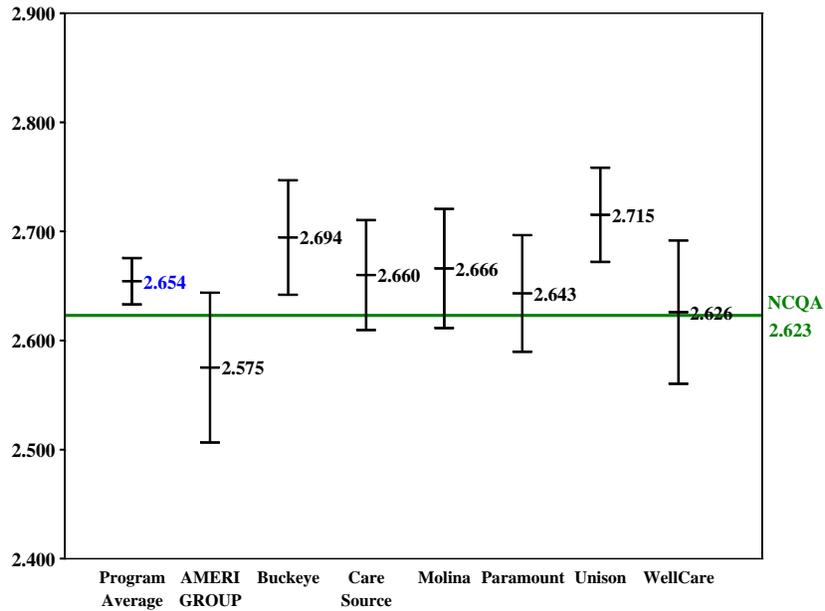
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure B-7
How Well Doctors Communicate



How Well Doctors Communicate Composite

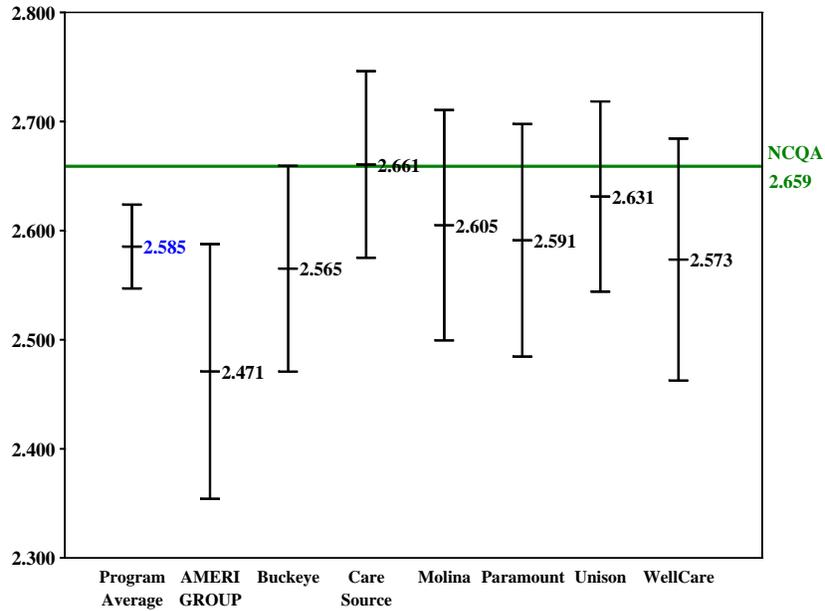
Figure B-8
Courteous and Helpful Office Staff



Courteous and Helpful Office Staff Composite

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

Figure B-9
Customer Service



Customer Service Composite

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

General Child Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B-5–B-9. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s Medicaid Managed Care Program or a participating MCP is wide enough to include the 2008 NCQA average. In these instances, this indicates that the score for Ohio’s Medicaid Managed Care Program or a participating MCP is statistically similar to the 2008 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the national average for two of the composite measures. The program and two MCPs exceed the NCQA average for the Getting Care Quickly and Courteous and Helpful Office Staff composites. One MCP exceeds the NCQA average for the How Well Doctors Communicate composite.

Getting Needed Care (Figure B-5)

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

Getting Care Quickly (Figure B-6)

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

How Well Doctors Communicate (Figure B-7)

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

Courteous and Helpful Office Staff (Figure B-8)

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

Customer Service (Figure B-9)

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

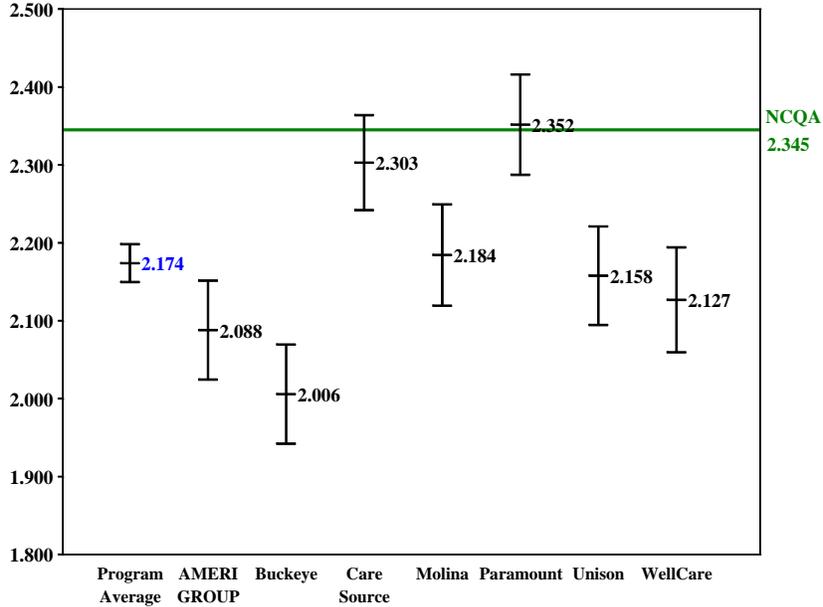
ADULT RESULTS

Adult Three-Point Means on the Global Ratings

Figures B-10-B-13 on pages B-13 and B-13 depict the 2008 results of the four global ratings for adult members in all participating MCPs in Ohio's Medicaid Managed Care Program. The 2008 Ohio Medicaid Managed Care Program averages and the 2008 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. Since CAHPS results are based on a sample of Ohio's Medicaid Managed Care Program population, confidence intervals give a range in which the true value for a CAHPS item (if all population members were surveyed) is 95 percent likely to fall. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

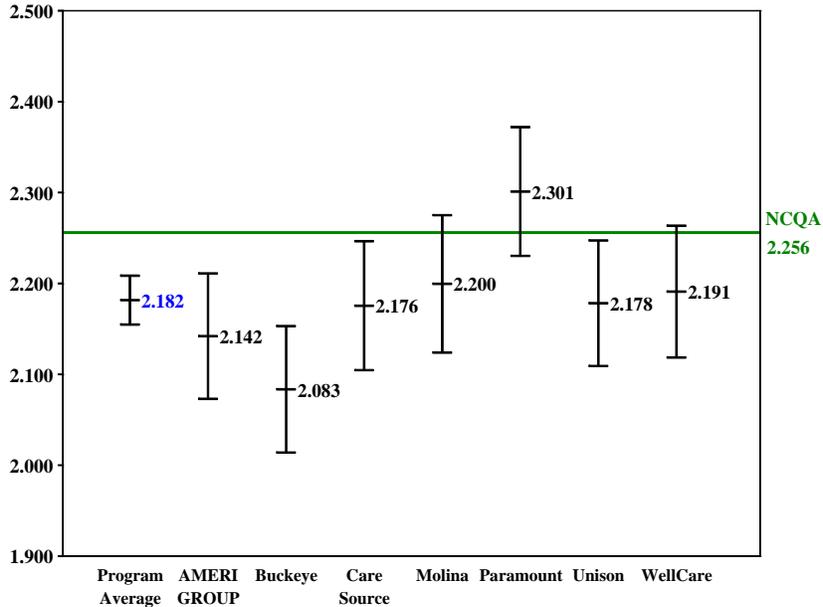
Adult Three-Point Mean Figures on the Global Ratings

**Figure B-10
Rating of Health Plan**



Rating of Health Plan

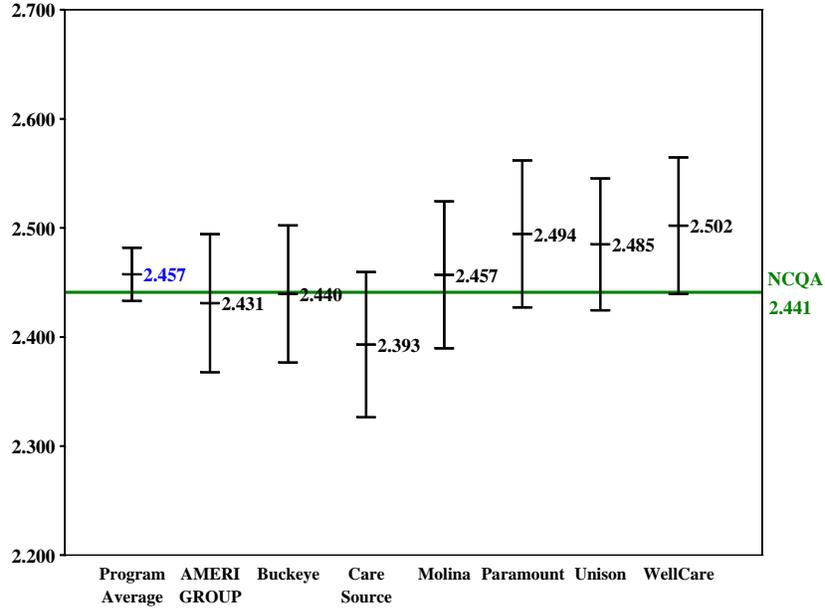
**Figure B-11
Rating of All Health Care**



Rating of All Health Care

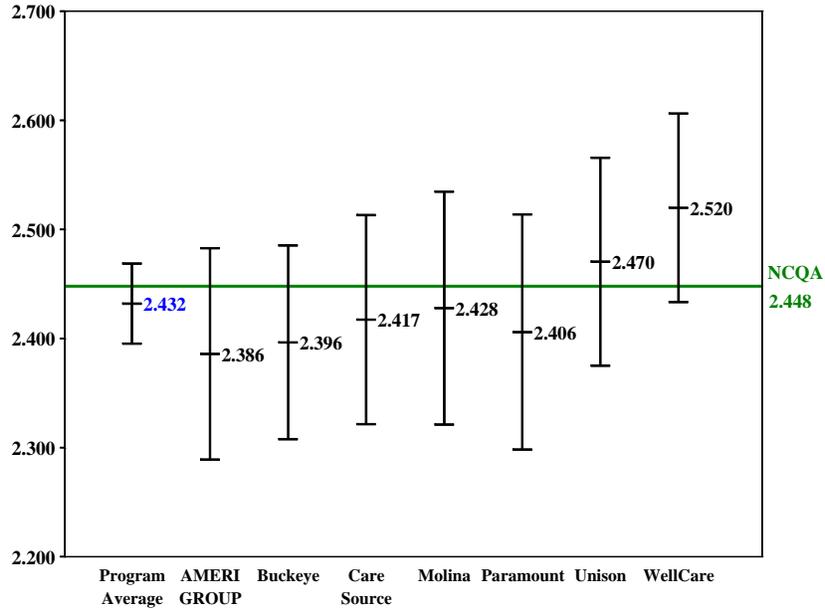
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure B-12
Rating of Personal Doctor



Rating of Personal Doctor

Figure B-13
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

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

Adult Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B-10–B-13. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s Medicaid Managed Care Program or a participating MCP is wide enough to include the 2008 NCQA average. In these instances, this indicates that the score for Ohio’s Medicaid Managed Care Program or a participating MCP is statistically similar to the 2008 NCQA average.

For the adult population, all of the MCPs with reportable scores and the program’s three-point means encompass the NCQA average for two global rating. Neither the program nor the MCPs exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure B-10)

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

Rating of All Health Care (Figure B-11)

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

Rating of Personal Doctor (Figure B-12)

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

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

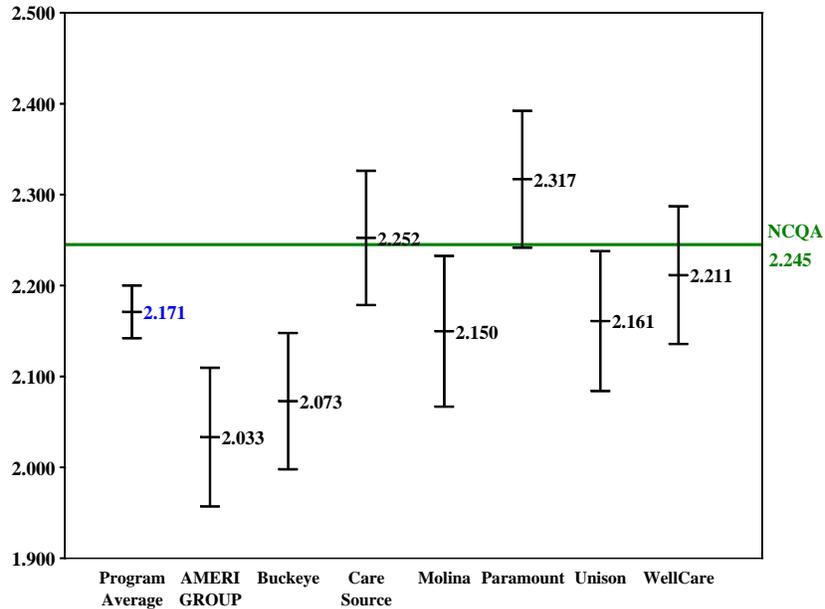
- The confidence intervals for Ohio’s Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, Unison, and WellCare encompass the NCQA average.

Adult Three-Point Means on the Composite Measures

Figures B-14-B-18 on pages B-17-B-19 depict the 2008 results of the five composite scores for adult members in all participating MCPs in Ohio's Medicaid Managed Care Program. The 2008 Ohio Medicaid Managed Care Program averages and the 2008 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of "Always" are given a score of 3, responses of "Usually" are given a score of 2, and responses of "Sometimes/Never" are given a score of 1. For the Shared Decision Making composite, responses of "Definitely Yes" are given a score of 3, responses of "Somewhat Yes" are given a score of 2, and responses of "Somewhat No/Definitely No" are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

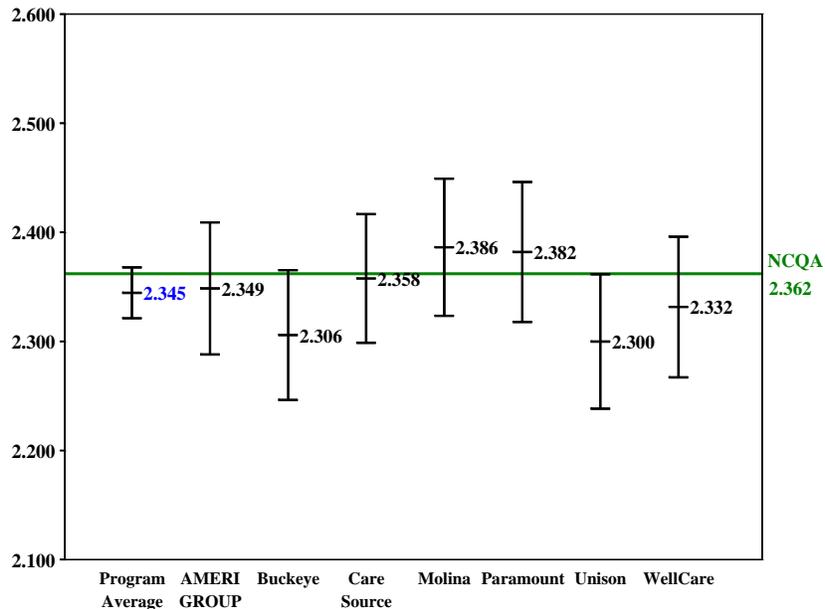
Adult Three-Point Mean Figures on the Composite Measures

**Figure B-14
Getting Needed Care**



Getting Needed Care Composite

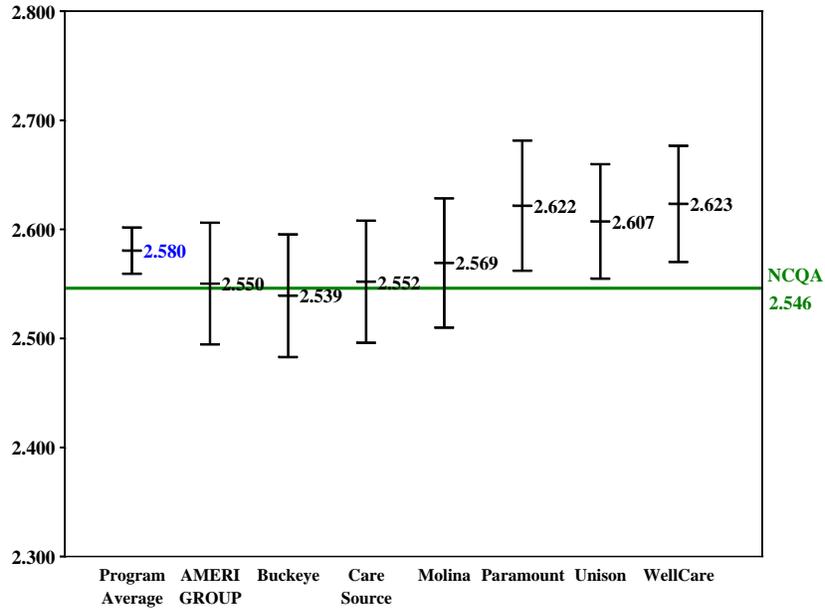
**Figure B-15
Getting Care Quickly**



Getting Care Quickly Composite

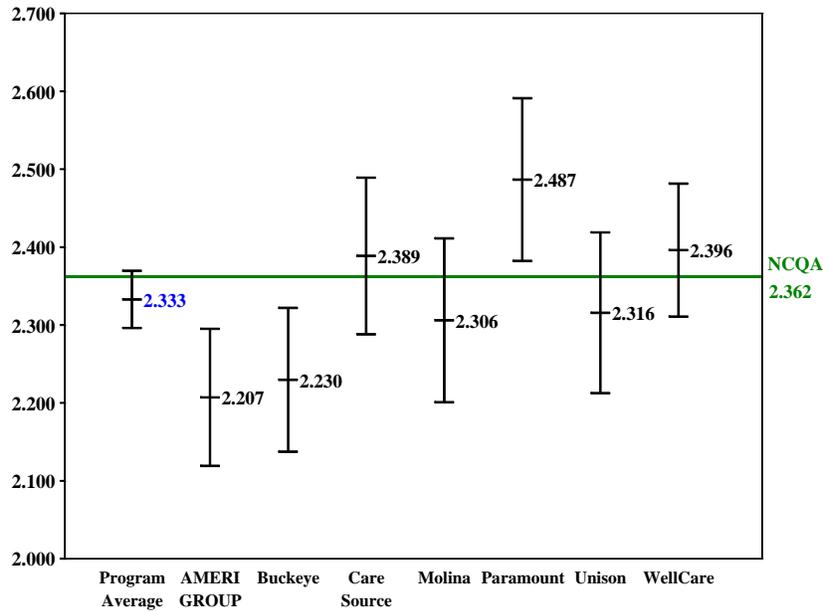
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure B-16
How Well Doctors Communicate



How Well Doctors Communicate Composite

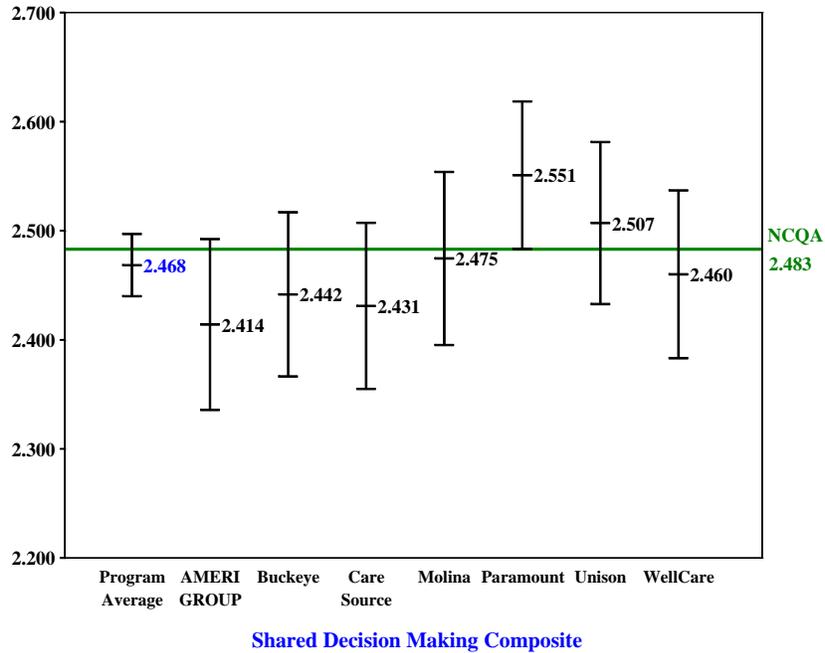
Figure B-17
Customer Service



Customer Service Composite

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

Figure B-18
Shared Decision Making



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

Adult Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B-14–B-18. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s Medicaid Managed Care Program or a participating MCP is wide enough to include the 2008 NCQA average. In these instances, this indicates that the score for Ohio’s Medicaid Managed Care Program or a participating MCP is statistically similar to the 2008 NCQA average.

For the adult population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the national average on two of the composite measures. The program and three MCPs exceed the NCQA average for the How Well Doctors Communicate measure, and one MCP exceeds the NCQA average for the Customer Service and Shared Decision Making composites.

Getting Needed Care (Figure B-14)

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

Getting Care Quickly (Figure B-15)

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

How Well Doctors Communicate (Figure B-16)

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

Customer Service (Figure B-17)

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

Shared Decision Making (Figure B-18)

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

Ohio Comparisons

The Ohio Comparisons section, in the past, has presented two types of analysis: 1) a comparison of each MCP's mean score to Ohio's CFC Medicaid Managed Care Program average and 2) a trend comparison of each mean score to the prior year's mean score. The trend comparison identified whether performance was statistically higher, the same, or lower than the previous year. For the reasons outlined below, this trending analysis is not included in the 2008 CAHPS reports.

The Ohio CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. With the exception of one county, this expansion was complete in December 2006. During this time, service delivery was extended from 17 (mostly urban) counties to 87 counties in Ohio (including many rural areas). Given the timing of this expansion and the survey sampling criteria, the 2007 CAHPS survey data were derived primarily from respondents in the original 17 counties, while the 2008 CAHPS survey data were derived by respondents from across the state. The potential differences in respondent characteristics and/or program operations in 2007 and 2008 render trend comparisons from 2007 to 2008 unreliable. Therefore, trending analysis has been excluded from the 2008 CAHPS reports.

This Ohio Comparisons section presents 2008 CAHPS results based on ODJFS' analytic methodology, which uses the Agency for Healthcare Research and Quality's (AHRQ's) CAHPS analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio.¹ This section presents weighted and case-mix-adjusted results for all CFC adult and general child members completing a CAHPS Medicaid Health Plan Survey.² Results for Ohio's CFC Medicaid Managed Care Program were weighted based on the number of respondents per population (adult or general child) per MCP. Results for each MCP were also weighted based on the number of respondents per population (adult or general child). According to AHRQ's recommendations, results were also case-mix-adjusted for reported member health status, respondent educational level, and respondent age.³ Additional information on the case-mix adjustment and weighting can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported.⁴ In 2008, Ohio's CFC Medicaid Managed Care Program had 2,804 completed CFC adult surveys (33.2 percent response rate) and 3,658 completed general child surveys (32.6 percent response rate) from seven participating MCPs. These 6,462 surveys (32.9 percent response rate) were combined to calculate the 2008 CAHPS results presented in this section.

¹ The Ohio Comparisons methodology differs from that of NCQA/HEDIS. Therefore, results presented in this section should **not** be compared to results based on the 2008 HEDIS specifications for survey measures. For additional information, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

² Child members in the Children with Chronic Conditions (CCC) supplemental sample (those additional members sampled after the random CAHPS 3.OH child sample that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in Ohio's Medicaid Managed Care Program CAHPS CCC Report.

³ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2007*. Rockville, MD: US Department of Health and Human Services, July 2007.

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

For each global rating, composite score, and individual item measure an overall mean was calculated. For global ratings, the overall mean is provided on a scale of 0-to-10. For composite and individual item scores, the overall mean is provided on a three-point scale.⁵ Member responses were also classified into response categories for each global rating, composite score, and individual item measure.

The Ohio Comparisons section involves a comparison of each MCP's 2008 score to Ohio's CFC Medicaid Managed Care Program average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower on each measure.

COMPARATIVE ANALYSIS

MCP-level weighted and case-mix-adjusted mean scores in 2008 were compared to the program average mean scores in 2008 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁶ The program average used in the tests for statistical significance was different than the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix adjusted. However, the program average used in the tests for statistical significance was the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of the means). For additional information on the derivation of program-level averages, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report. Statistically significant differences between the 2008 MCP-level mean scores and the 2008 program average are noted with arrows. MCP-level scores that are statistically higher than the program average are noted with an upward (↑) arrow. MCP-level scores that are statistically lower than the program average are noted with a downward (↓) arrow. MCP-level scores that are not statistically different from the program average are not noted with arrows.

Some caveats are worth noting when reviewing these findings. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Due to this change, a significant portion of respondents to the 2008 CAHPS survey were relatively new to managed care. Many had previously received services through the Medicaid Fee-for-Service delivery system. During the expansion, most participating MCPs expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the MCPs participating in the 2008 CAHPS survey and most of the service areas covered by the survey were relatively new to managed care in Ohio. The potential impact of these changes on member satisfaction should be considered when interpreting the survey results.

⁵ Three-point means presented in this section will likely differ from the three-point means presented in the NCQA Comparisons section due to the use of dissimilar methodologies in the two sections.

⁶ The term "mean scores" refers to the overall means and the response category proportions.

GLOBAL RATINGS

Rating of Health Plan

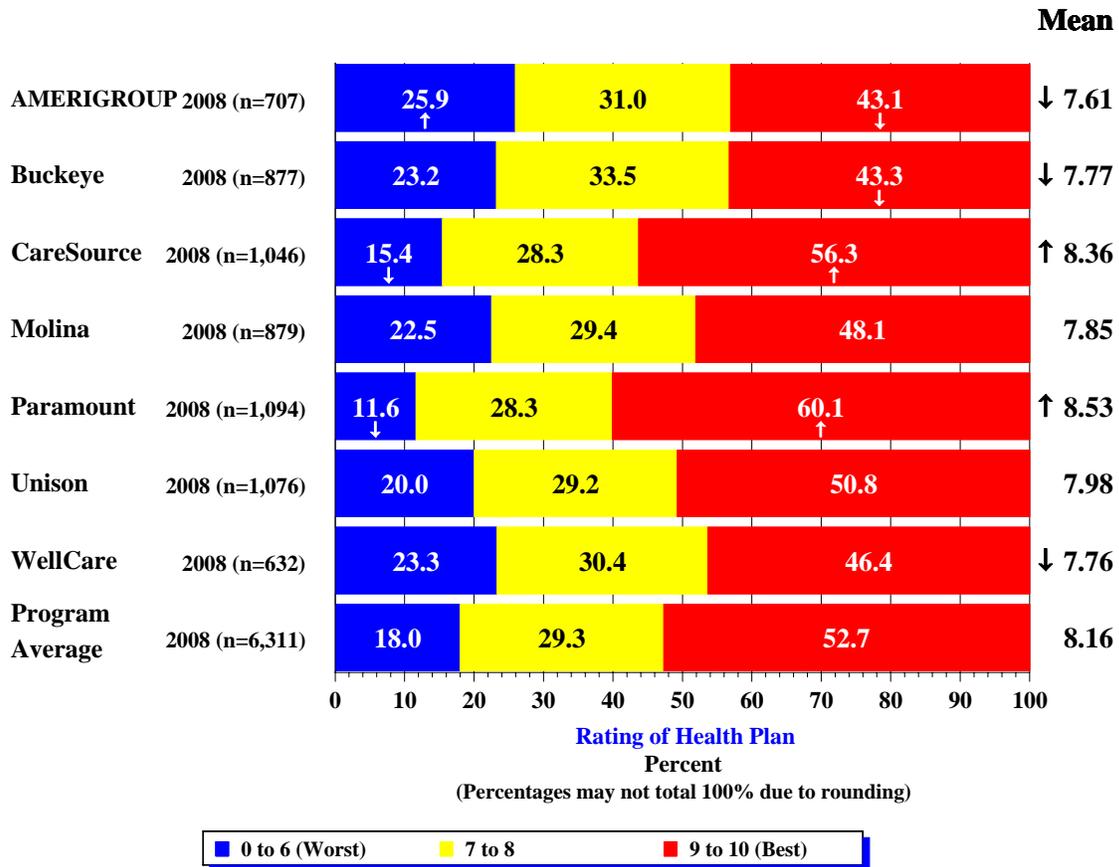
Ohio's CFC Medicaid Managed Care Program members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." For the question on the member's overall rating of his or her health plan, an overall mean was calculated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

Comparative Analysis

Overall, there were 12 *statistically significant* differences observed for this measure.

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

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



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

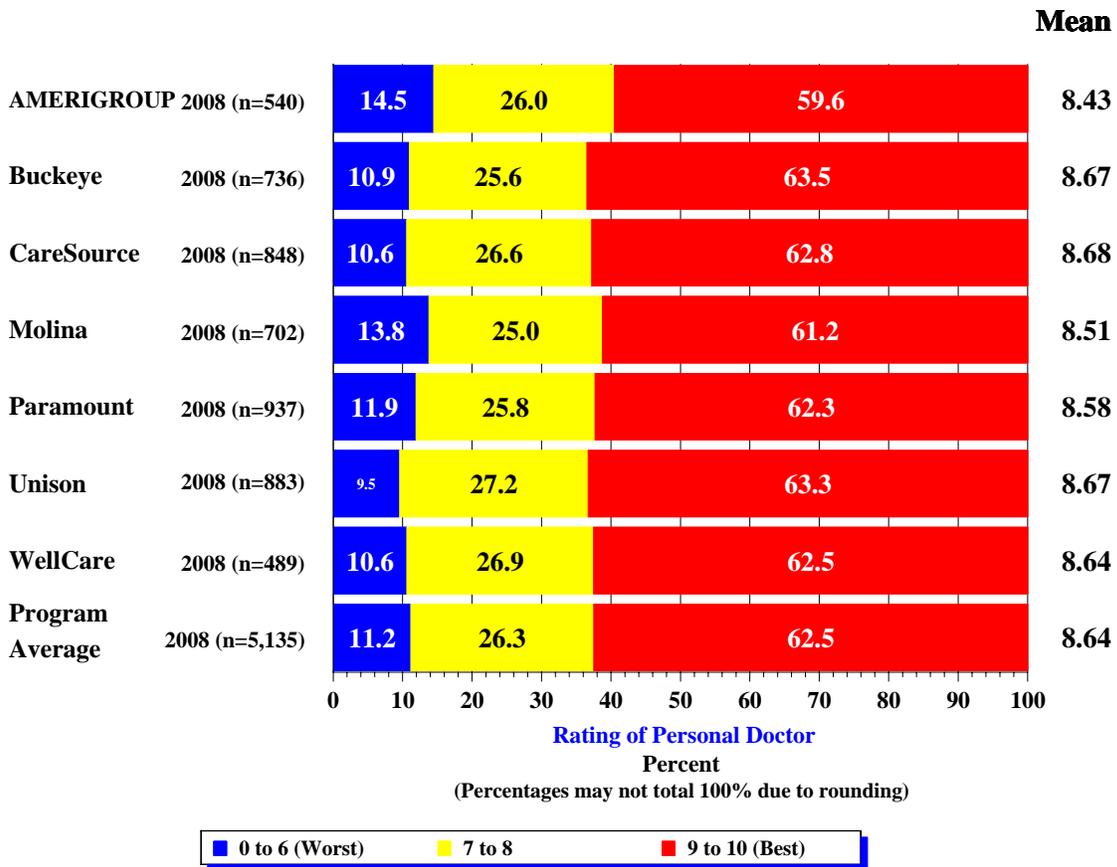
Rating of Personal Doctor

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

Comparative Analysis

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

Figure C-3
Rating of Personal Doctor



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

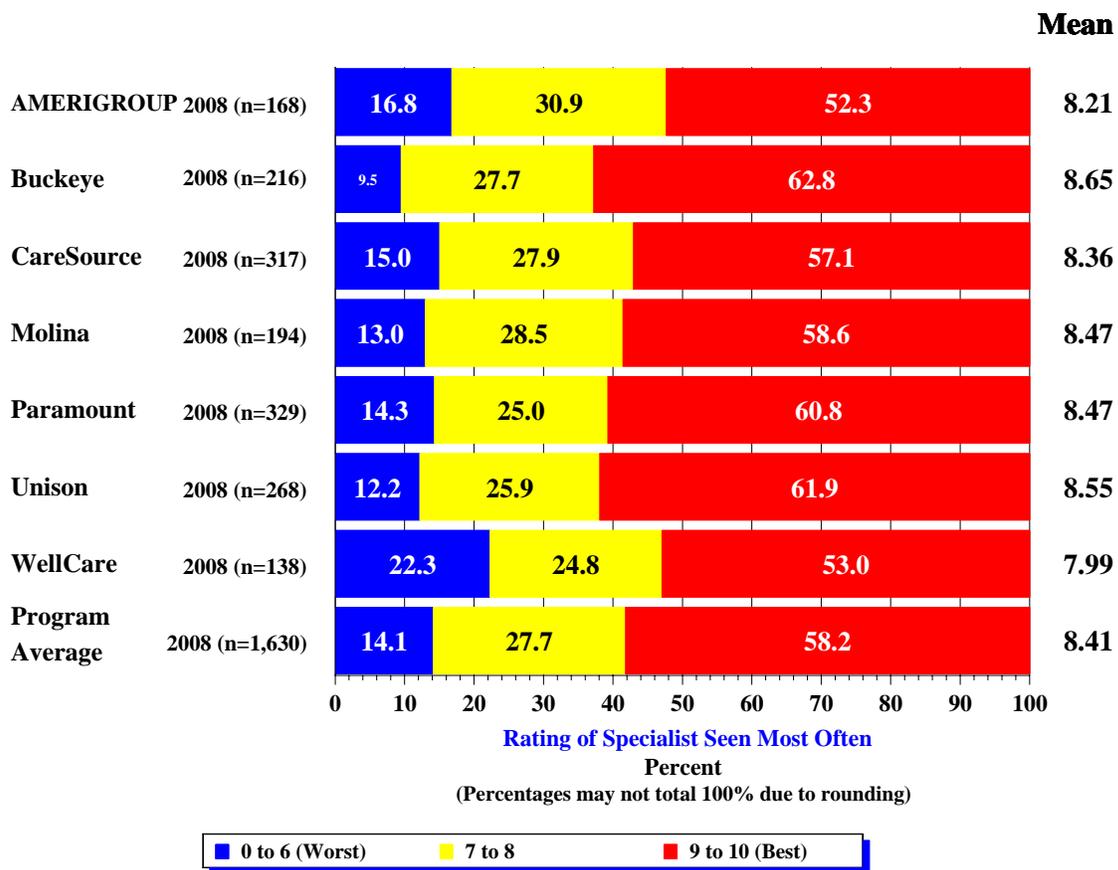
Rating of Specialist Seen Most Often

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

Comparative Analysis

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

Figure C-4
Rating of Specialist Seen Most Often



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

COMPOSITE MEASURES

Getting Needed Care

Adult Medicaid CAHPS 4.0H data and Child Medicaid CAHPS 3.0H data cannot be combined for the Getting Needed Care composite measure. Therefore, the adult and child results are reported separately.

Adult Medicaid

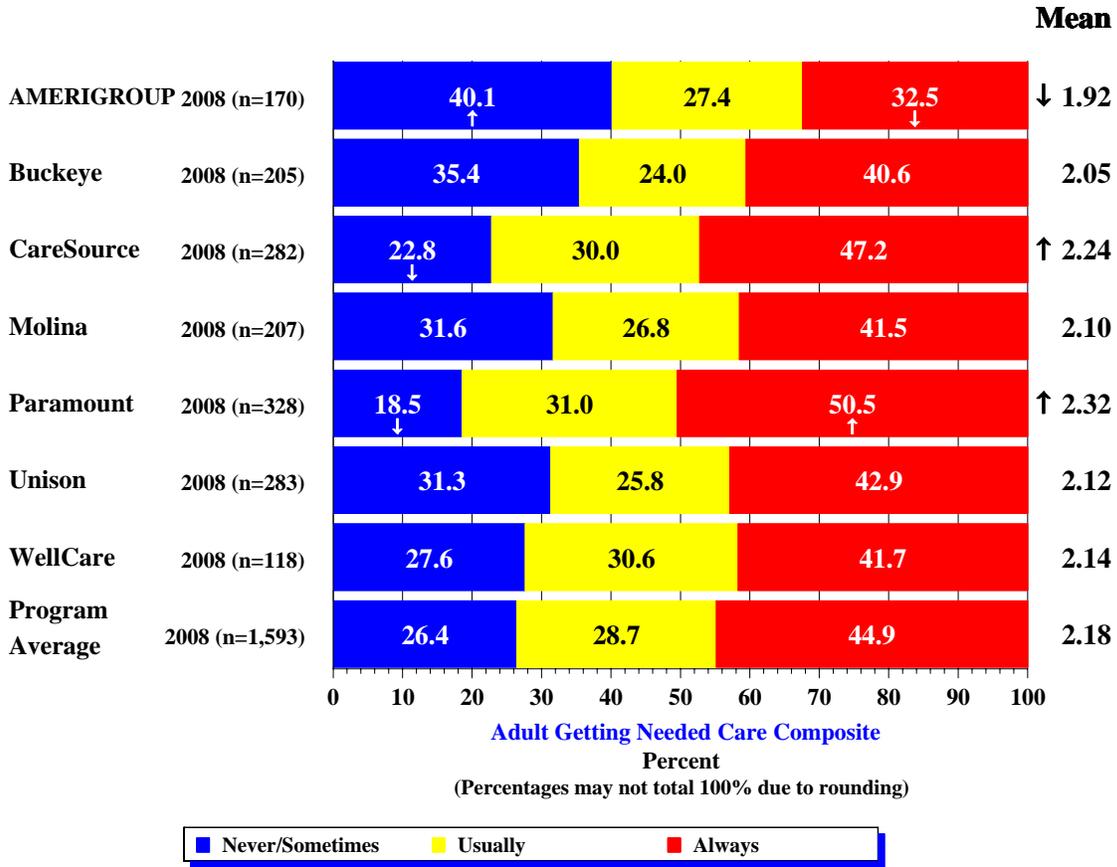
A series of two questions was asked to assess how often it was easy to get needed care. For each of these questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-5 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

**Figure C-5
Adult Getting Needed Care Composite**



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

Child Medicaid

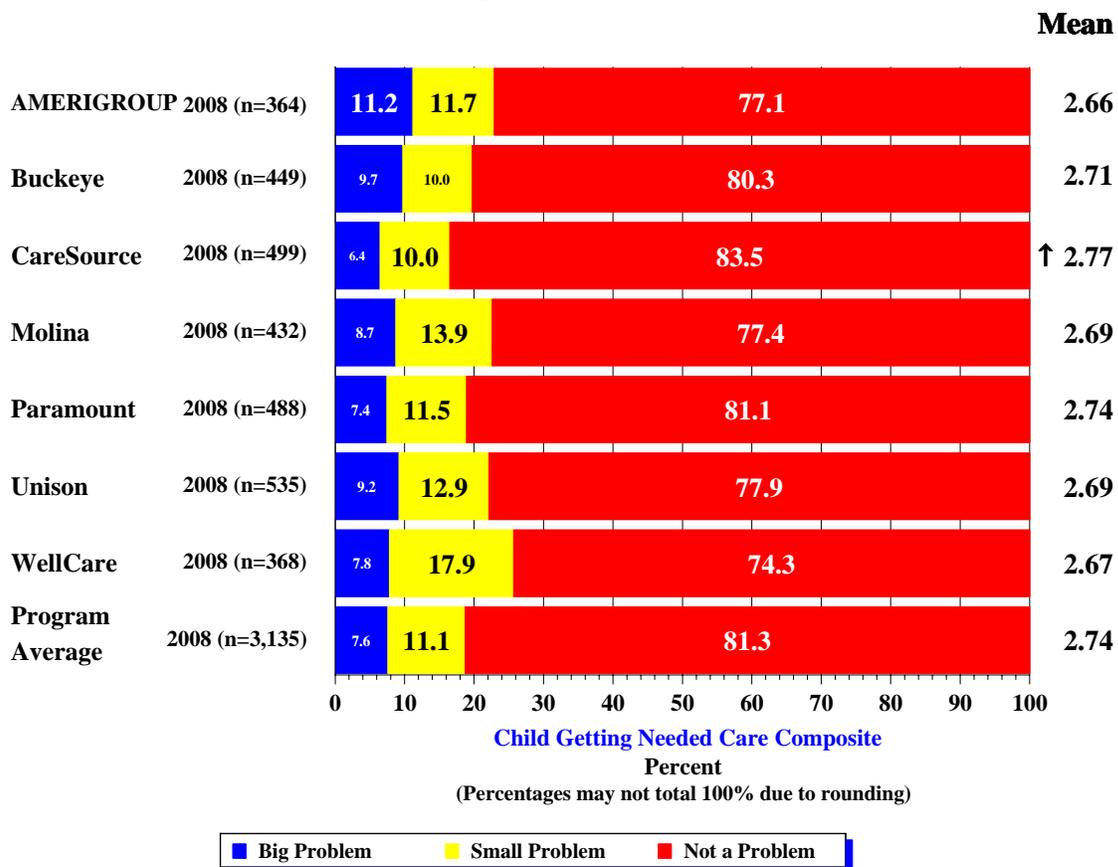
A series of five questions was asked to assess whether or not child members had a problem getting needed care. For each of these questions (Questions 7, 13, 28, 29, and 30 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio’s CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.” Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- CareSource’s overall mean was significantly higher than the program average.

Figure C-6
Child Getting Needed Care Composite



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

Getting Care Quickly

Adult Medicaid CAHPS 4.0H data and Child Medicaid CAHPS 3.0H data cannot be combined for the Getting Care Quickly composite measure. Therefore, the adult and child results are reported separately.

Adult Medicaid

A series of two questions was asked to assess how often adult members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-7 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Child Medicaid

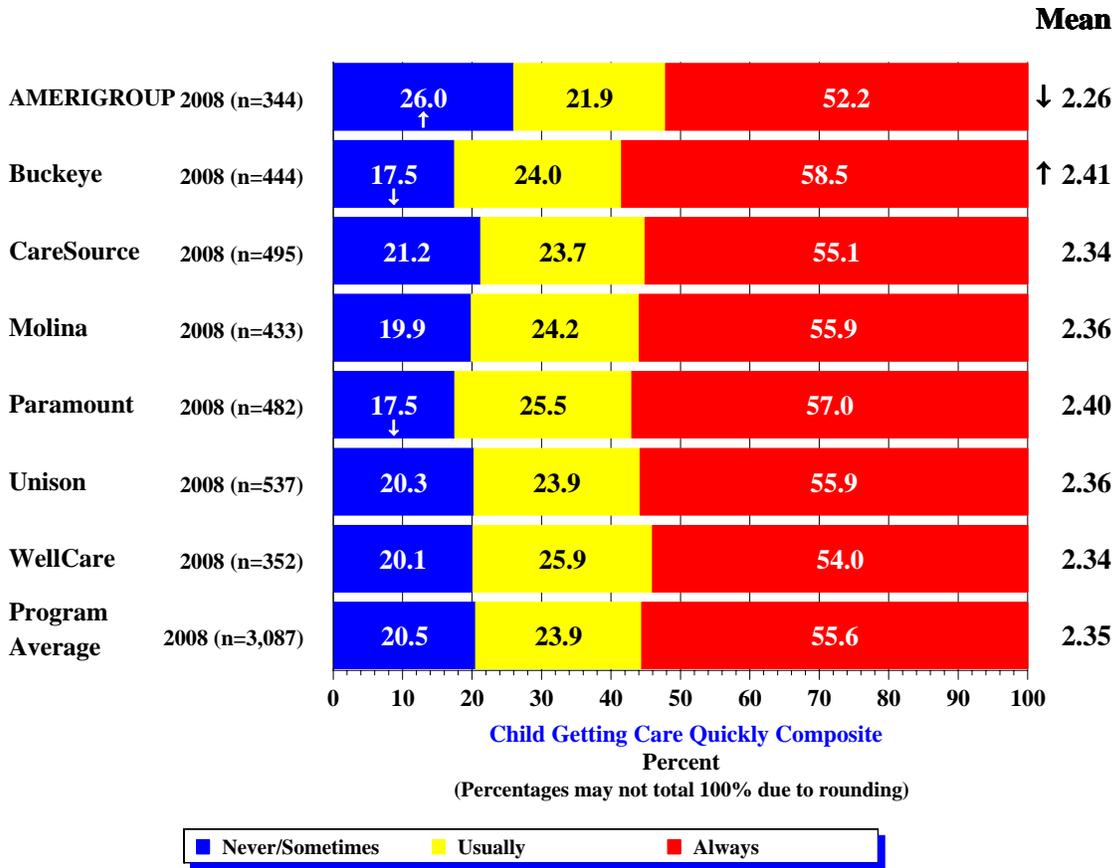
A series of four questions was asked to assess how often members received care quickly. For each of these questions (Questions 18, 20, 23, and 31 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-8 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

**Figure C-8
Child Getting Care Quickly Composite**



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

Child Courteous and Helpful Office Staff

Two questions were asked to assess how often staff at a child's doctor's office or clinic were courteous and helpful.⁷ For each of these questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-10 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

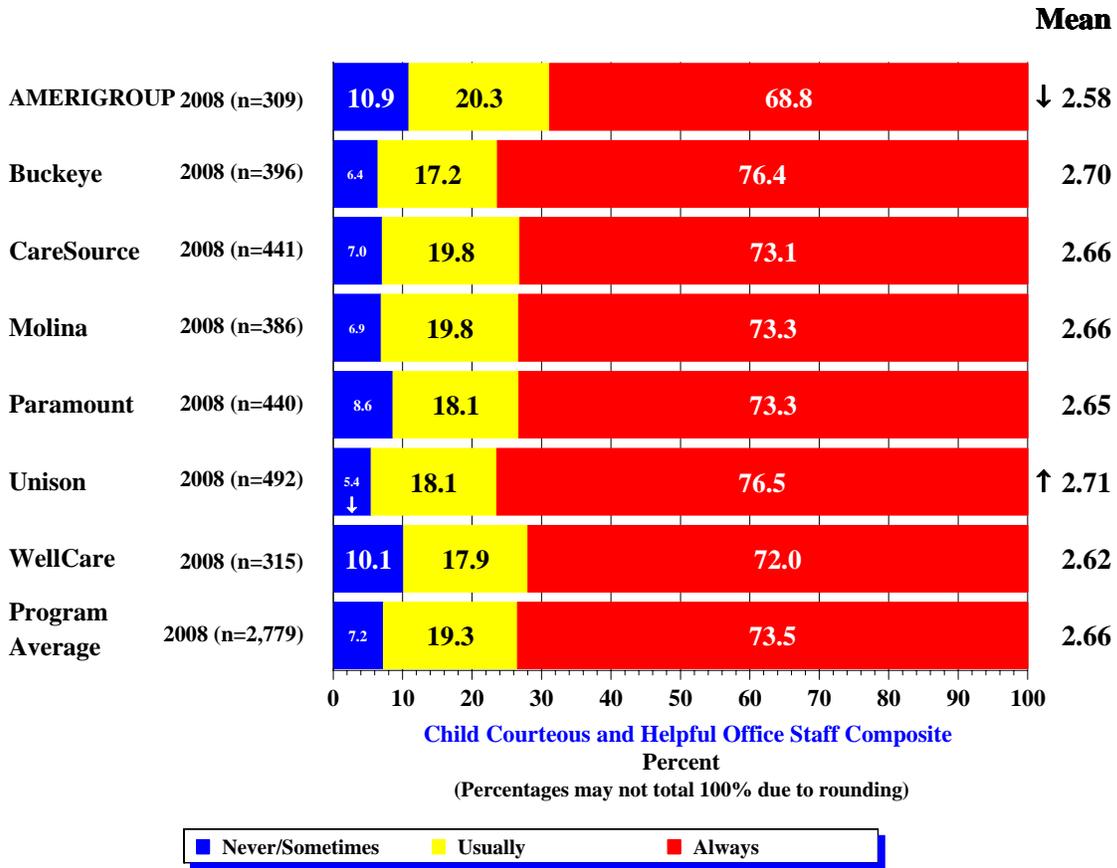
Comparative Analysis

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

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

⁷ This composite is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

Figure C-10
Child Courteous and Helpful Office Staff Composite



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

Customer Service

Adult Medicaid CAHPS 4.0H data and Child Medicaid CAHPS 3.0H data cannot be combined for this composite measure. Therefore, the adult and child results are reported separately.

Adult Medicaid

Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-11 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

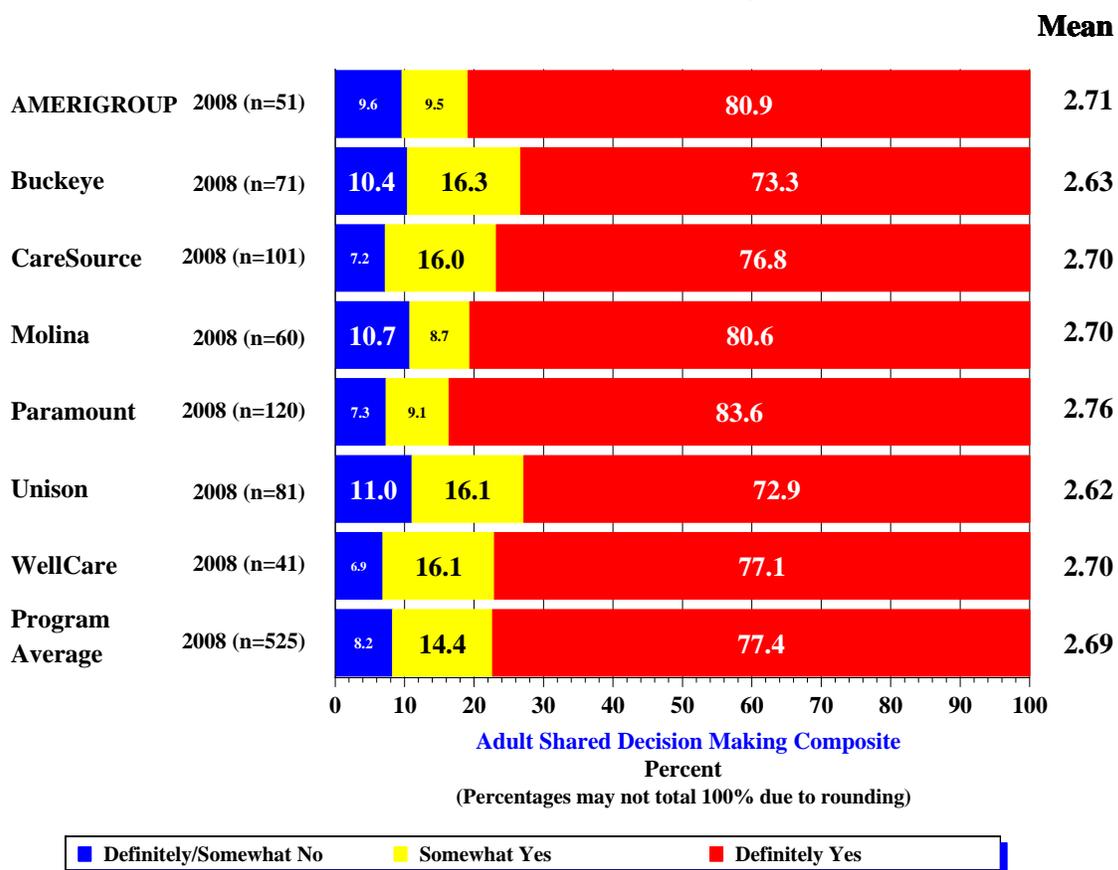
Adult Shared Decision Making

Two questions were asked regarding the involvement of members in decision making when there was more than one choice for treatment or health care.⁸ For each of these questions (Questions 10 and 11 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio’s CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: “Definitely No/Somewhat No,” “Somewhat Yes,” and “Definitely Yes.” Figure C-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Figure C-13
Adult Shared Decision Composite



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

⁸ This composite is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.

