

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

Full Report



March 2009

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# Introduction

## BACKGROUND

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®)<sup>1</sup> surveys is to provide performance feedback that will be used to improve member satisfaction with MCPs. 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 Health Plan 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 English versions of the surveys. Table A-1 provides a list of the MCPs that participated in the surveys.

<b>MCP Name</b>	<b>MCP Abbreviation</b>
AMERIGROUP Ohio, Inc.	AMERIGROUP
Buckeye Community Health Plan, Inc.	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
Paramount Advantage	Paramount
Unison Health Plan of Ohio, Inc.	Unison
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.

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

Per the 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.<sup>2</sup> 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 includes 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. 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.

This Ohio Medicaid Managed Care Program CAHPS Full Report is one of four separate reports. These reports were created to provide ODJFS with a comprehensive analysis of the 2008 CAHPS results.

- The **Full Report** contains seven sections examining the results of the CAHPS Health Plan Surveys: (A) The *Introduction* section provides an overview of the survey administration and response rate information; (B) The *Demographics* section depicts the characteristics of respondents to the CAHPS Surveys, as well as demographic data for CFC adult members who completed a survey and child members whose parents or caretakers completed a survey; (C) The *Respondent/Non-Respondent Analysis* section compares the demographic characteristics of the CAHPS survey CFC respondents to the non-respondents; (D) The *NCQA Comparisons* section analyzes the CAHPS results using the HEDIS CAHPS methodology; (E) The *Ohio Comparisons* section analyzes the CAHPS results using ODJFS' methodology and the Agency for Healthcare Research and Quality's (AHRQ's) analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composites, composite items, additional items, Children with Chronic Conditions (CCC) composites, and CCC composite 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 Medicaid Managed Care Program CAHPS Full Report.
- The **Executive Summary Report** provides a high-level overview of the major CAHPS results presented in Ohio's Medicaid Managed Care Program CAHPS Full Report.
- The **CCC Report** compares the CAHPS results of the CCC population to the children without chronic conditions (non-CCC) population.
- The **Methodology Report** provides a detailed description of the methodology used to perform the CAHPS analyses for ODJFS and the MCPs.

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

## 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 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). Table A-2 provides a breakout of the sample frames for each MCP.

<b>Table A-2 MCP Sample Frame Sizes</b>			
<b>MCP</b>	<b>Adult Sample Frame</b>		<b>Child Sample Frame</b>
	<b>CFC</b>	<b>ABD</b>	
AMERIGROUP	8,664	5,766	26,120
Buckeye	25,808	17,687	65,359
CareSource	121,637	25,081	323,090
Molina	26,467	12,363	68,407
Paramount	13,299	0	33,526
Unison	17,199	5,129	41,137
WellCare	6,782	7,507	16,762

## **Sample Size**

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

In deriving the CAHPS results presented in this report, a random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 3.0H child sample to represent the general population of children. Child members in the CAHPS 3.0H child sample could have a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.<sup>3</sup> A total of 11,550 child surveys for children in the CAHPS 3.0H child sample were mailed out for the seven participating MCPs. After selecting child members for the CAHPS 3.0H child sample, a random sample of up to 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. Please note, one MCP was unable to identify 1,840 children with a prescreen code of 2; therefore, the CCC supplemental sample for this MCP was less than 1,840. A total of 12,434 child surveys for children in the CCC supplemental sample were mailed out. For additional information on the CCC population, please refer to Ohio's Medicaid Managed Care Program CAHPS CCC Report. In total, 23,984 child surveys were mailed to child members in the CAHPS 3.0H child sample and CCC supplemental sample of participating MCPs, with up to 3,490 child members per participating MCP. Please note, child members in both the CAHPS 3.0H child sample and CCC supplemental sample received the same CAHPS 3.0H Child Medicaid Survey (with CCC measurement set) instrument. The child results presented in Ohio's Medicaid Managed Care Program CAHPS Full Report are based on the responses of parents or caretakers of children from the CAHPS 3.0H child sample. This random sample of members from each MCP represents the general child population. The CAHPS 3.0H Child Medicaid Health Plan Survey also included a number of questions used to screen for CCC. These questions were used to identify children with chronic conditions from both the CAHPS 3.0H child sample and CCC supplemental sample. The results derived from the responses of parents or caretakers of children with chronic conditions are presented in Ohio's Medicaid Managed Care Program CAHPS CCC Report. For additional information on the CCC population and CCC screener, please refer to *Children with Chronic Conditions Profiles* in Section B.

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

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

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

## **SURVEY PROTOCOL**

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allowed members two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. All sampled members received an English version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.<sup>4</sup>

HEDIS specifications required that Health Services Advisory Group, Inc. (HSAG) be provided a list of all eligible members for the sampling frame. Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 18 years of age or older (for adult members), or were 17 years of age or younger (for child members) as of December 31, 2007
- Were currently enrolled in an MCP
- Had been continuously enrolled for at least five of the last six months of 2007
- Had Medicaid as the primary payer

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

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

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

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<sup>4</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2008 Survey Measures*. Washington, DC: NCQA Publication, 2007.

<b>Table A-3 CAHPS Health Plan Surveys Time Frame<sup>5</sup></b>	
<b>Basic Tasks for Conducting the Surveys</b>	<b>Time Frame</b>
Send first questionnaire with cover letter to the respondent	0 days
Send a postcard reminder to non-respondents 4 to 10 days after mailing the first questionnaire	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire	39 – 45 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

## RESPONSE RATES

The administration of the CAHPS Health Plan Surveys was comprehensive and designed to garner the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP’s population. The response rate is the total number of completed surveys divided by all eligible members of the sample.<sup>6</sup> For the adult surveys, a member’s survey was assigned a disposition code of “completed” if any one question was answered within the survey. For the child surveys, a member’s survey was assigned a disposition code of “completed” when question No. 1 and 80 percent of the total pertinent questions were answered. Questions that were appropriately skipped (i.e., items skipped per skip pattern instructions) did not count against the required 80 percent. Eligible members included the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met at least one of the following criteria: were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated,<sup>7</sup> or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to Ohio’s Medicaid Managed Care Program CAHPS Methodology Report.

<sup>5</sup> National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

<sup>6</sup> National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

<sup>7</sup> The mentally or physically incapacitated designation is not valid for the CAHPS 3.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

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

<b>Table A-4</b>			
<b>CAHPS 3.0H/4.0H Medicaid Response Rates</b>			
<b>Ohio's Medicaid Managed Care Program</b>			
	<b>Total Response Rate</b>	<b>Adult Response Rate</b>	<b>General Child Response Rate</b>
<b>Ohio's Medicaid Managed Care Program</b>	<b>35.91%</b>	<b>39.00%</b>	<b>32.62%</b>
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%

*Please note, children in the CCC supplemental sample are not included in the response rates.*

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

<b>Table A-5</b>			
<b>CAHPS 3.0H/4.0H Medicaid Completed Surveys</b>			
<b>Ohio's Medicaid Managed Care Program</b>			
	<b>Total Number of Completed Surveys</b>	<b>Number of Adult Completed Surveys</b>	<b>Number of Child Completed Surveys</b>
<b>Ohio's Medicaid Managed Care Program</b>	<b>8,307</b>	<b>4,649</b>	<b>3,658</b>
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

*Please note, children in the CCC supplemental sample are not included in the number of completed surveys.*

# Demographics

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This Demographics section depicts the characteristics of respondents and members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey or the CAHPS 3.0H Child Medicaid Health Plan Survey.<sup>1</sup> In general, the demographics of a response group influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction. NCQA does not recommend case-mix-adjusting CAHPS results to account for these differences.<sup>2</sup>

## BACKGROUND

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

## CASE-MIX ADJUSTMENT

The purpose of case-mix adjustment is to answer the question: What would the MCPs' CAHPS scores look like if each MCP's population had the same demographic make-up? NCQA elects not to case-mix-adjust the results they provide for two principal reasons: 1) Different experts recommend different approaches to case-mix-adjustment, and the choice of method will affect the results obtained; and 2) If a plan provides poor service to a specific subpopulation, and this subpopulation represents a large proportion of the total members, then case-mix adjustment could bias a plan's results and overestimate the quality of care that the plan provides. Therefore, NCQA does not recommend case-mix-adjusting CAHPS results to account for plan or state differences in demographic make-up.<sup>3</sup> However, AHRQ and the CAHPS Consortium do recommend adjusting for differences in case-mix. Specifically, they recommend case-mix-adjusting plan scores for self-reported health status, educational level, and age. In this report, both unadjusted (NCQA Comparisons section) and adjusted (Ohio Comparisons section) results are presented. For additional information about the CAHPS analyses used in this report, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

The demographic data in this section are presented in two subsections. The first subsection consists of four tables, Table B-1 through Table B-4. These tables depict respondent-level and member-level demographic data for CFC adult and general child members. Member age, gender,

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<sup>1</sup> The parents or caretakers of child members completed the CAHPS 3.0H Child Medicaid Health Plan Survey on behalf of child members.

<sup>2</sup> 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.

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

and race and ethnicity information were derived from ODJFS administrative data. General health status and respondent age, gender, education, and relationship to child information were derived from responses to the CAHPS surveys. The second subsection contains two tables, Table B-5 and Table B-6, which presents the CCC population and how this population was identified.

## **ADULT AND GENERAL CHILD PROFILES**

Respondents to the CAHPS 3.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table B-1 combines the CFC adult and general child information to display the demographic characteristics of respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey. Age and gender for respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey were derived from ODJFS administrative data. Age and gender for respondents to the CAHPS 3.0H Child Medicaid Health Plan Survey were derived from responses to the Child Medicaid Survey. Respondent education was based on responses to the CAHPS Surveys.

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

<b>Table B-1 Respondent Profiles</b>								
	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Age</b>								
Under 18	<b>6.6%</b>	7.0%	6.7%	5.7%	6.5%	5.8%	7.0%	8.2%
18 to 24	<b>35.0%</b>	36.5%	35.2%	34.5%	37.0%	34.0%	33.9%	35.1%
25 to 34	<b>33.4%</b>	32.4%	35.9%	32.4%	31.6%	34.5%	35.0%	30.3%
35 to 44	<b>17.1%</b>	14.9%	16.2%	19.1%	16.5%	17.7%	16.8%	17.4%
45 to 54	<b>6.3%</b>	7.2%	4.3%	6.8%	6.8%	6.6%	5.8%	7.2%
55 or older	<b>1.6%</b>	2.0%	1.6%	1.5%	1.5%	1.4%	1.4%	1.8%
<b>Gender</b>								
Male	<b>13.0%</b>	12.1%	10.7%	13.2%	14.4%	12.8%	14.6%	12.5%
Female	<b>87.0%</b>	87.9%	89.3%	86.8%	85.6%	87.2%	85.4%	87.5%
<b>Education</b>								
Not a High School Graduate	<b>20.2%</b>	25.3%	17.9%	21.8%	20.6%	17.4%	18.0%	23.4%
High School Graduate	<b>41.8%</b>	42.5%	43.6%	38.6%	44.5%	38.8%	42.9%	43.4%
Some College	<b>33.4%</b>	27.8%	34.6%	34.1%	30.2%	37.9%	35.2%	30.5%
College Graduate	<b>4.6%</b>	4.4%	3.9%	5.6%	4.6%	5.9%	3.9%	2.7%
<p><i>* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS 3.0H Child Medicaid Survey on behalf of child members. Respondents to the CAHPS 4.0H Adult Medicaid Survey did not have this response choice.</i></p> <p><i>Please note, percentages may not total 100% due to rounding.</i></p>								

Table B-2 combines the adult and general child information to display the demographic characteristics of the adult and general child members. Race and ethnicity were derived from ODJFS administrative data while health status was derived from responses to the CAHPS surveys.

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

<b>Table B-2</b>								
<b>Adult and General Child Member Profiles</b>								
	<b>Ohio's CFC Medicaid Managed Care Program</b>	<b>AMERI- GROUP</b>	<b>Buckeye</b>	<b>CareSource</b>	<b>Molina</b>	<b>Paramount</b>	<b>Unison</b>	<b>WellCare</b>
<b>Race and Ethnicity</b>								
White	<b>74.1%</b>	70.2%	72.8%	65.6%	86.0%	70.9%	86.3%	62.3%
Black	<b>22.3%</b>	27.0%	24.6%	30.0%	11.2%	23.6%	12.0%	31.7%
Hispanic	<b>2.9%</b>	1.9%	2.0%	3.5%	1.8%	4.7%	1.4%	5.4%
Asian	<b>0.6%</b>	0.7%	0.4%	0.8%	0.8%	0.7%	0.4%	0.6%
Native American	<b>0.1%</b>	0.1%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%
Other	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Health Status</b>								
Excellent	<b>28.3%</b>	27.8%	29.9%	28.4%	29.8%	25.6%	27.7%	30.6%
Very Good	<b>33.6%</b>	34.9%	32.9%	32.0%	33.3%	34.1%	34.2%	34.6%
Good	<b>25.9%</b>	25.0%	25.9%	26.6%	24.8%	26.4%	26.9%	24.9%
Fair	<b>9.8%</b>	9.9%	8.6%	10.2%	9.5%	11.8%	9.5%	8.3%
Poor	<b>2.3%</b>	2.5%	2.7%	2.8%	2.6%	2.1%	1.8%	1.6%
<i>Please note, percentages may not total 100% due to rounding.</i>								

Table B-3, on page B-6, presents the demographic characteristics of the adult members who completed the CAHPS 4.0H Adult Medicaid Survey. Age, gender, and race and ethnicity were derived from ODJFS administrative data while education and health status were derived from responses to the Adult Medicaid Survey.

Table B-3 reveals differences in the demographics of adult members of Ohio's CFC Medicaid Managed Care Program. AMERIGROUP, Buckeye, Molina, Paramount, and WellCare had a higher percentage of respondents age 18 to 24 years than Ohio's CFC Medicaid Managed Care Program. Molina, Unison, and WellCare had a higher percentage of Male respondents than the program average. AMERIGROUP, CareSource, Molina, and WellCare had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than the program average. AMERIGROUP, Buckeye, CareSource, Paramount, and WellCare had a higher percentage of respondents who were Black than Ohio's CFC Medicaid Managed Care Program average. In addition, CareSource, Paramount, and WellCare had a higher percentage of respondents who were Hispanic when compared to the program average. AMERIGROUP, Buckeye, Paramount, and WellCare had a higher percentage of respondents whose self-reported health status was Excellent or Very Good when compared to Ohio's CFC Medicaid Managed Care Program.

Table B-4, on page B-7, presents the demographic characteristics of the general child members whose parents or caretakers completed the CAHPS 3.0H Child Medicaid Health Plan Survey, as well as the relationship of the parents or caretakers to the child members. Age, gender, and race

and ethnicity were derived from ODJFS administrative data while health status and respondent relationship to child were derived from responses to the Child Medicaid Survey.

Table B-4 reveals differences in demographics of child members of Ohio's CFC Medicaid Managed Care Program. CareSource, Paramount, Unison, and WellCare had a higher percentage of child members age 4 years and younger than Ohio's CFC Medicaid Managed Care Program average. AMERIGROUP, CareSource, and WellCare had a higher percentage of Female child members than the program average. The differences in racial composition for child members in AMERIGROUP, Buckeye, CareSource, Paramount, and WellCare when compared to Ohio's CFC Medicaid Managed Care Program average mirror the differences found in the adult population. Molina, Paramount, and Unison had a higher percentage of respondents whose reported health status was Excellent or Very Good when compared to the program average. AMERIGROUP, Molina, Paramount, and WellCare had a higher percentage of respondents indicate their relationship to the child member was a Grandparent when compared to Ohio's CFC Medicaid Managed Care Program.

**Table B-3**  
**Adult Member Profiles**

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Age</b>								
18 to 24	27.6%	31.1%	27.9%	22.8%	29.8%	27.8%	27.1%	30.2%
25 to 34	37.2%	36.9%	38.0%	37.0%	36.0%	38.5%	38.3%	32.6%
35 to 44	23.9%	19.6%	24.2%	27.7%	23.8%	23.4%	23.6%	22.8%
45 to 54	9.9%	10.9%	7.3%	11.1%	8.9%	9.7%	9.5%	13.0%
55 or older	1.5%	1.6%	2.5%	1.4%	1.6%	0.7%	1.4%	1.4%
<b>Gender</b>								
Male	19.3%	18.3%	16.3%	19.1%	21.9%	16.9%	23.0%	19.5%
Female	80.7%	81.7%	83.7%	80.9%	78.1%	83.1%	77.0%	80.5%
<b>Education</b>								
Not a High School Graduate	21.8%	28.9%	20.3%	23.3%	23.9%	18.8%	18.1%	23.2%
High School Graduate	42.2%	45.2%	42.9%	38.1%	44.4%	39.7%	44.5%	43.5%
Some College	31.6%	22.9%	32.8%	32.5%	28.5%	35.9%	33.2%	30.4%
College Graduate	4.4%	3.0%	4.1%	6.0%	3.2%	5.6%	4.3%	2.9%
<b>Race and Ethnicity</b>								
White	73.7%	70.2%	70.1%	66.3%	87.5%	69.2%	87.2%	58.6%
Black	22.8%	27.6%	27.0%	29.8%	11.5%	25.1%	10.4%	34.9%
Hispanic	2.7%	1.3%	1.7%	3.3%	0.5%	4.6%	1.9%	5.6%
Asian	0.7%	1.0%	0.6%	0.6%	0.5%	1.1%	0.6%	0.9%
Native American	0.1%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Health Status</b>								
Excellent	10.4%	13.4%	11.1%	11.1%	10.8%	8.3%	9.5%	10.2%
Very Good	30.2%	30.0%	29.7%	28.2%	29.4%	32.8%	28.4%	34.5%
Good	38.0%	34.2%	37.9%	38.5%	37.7%	37.7%	41.9%	35.4%
Fair	16.5%	17.3%	15.5%	16.5%	16.2%	17.6%	16.3%	15.0%
Poor	4.9%	5.2%	5.8%	5.8%	5.9%	3.6%	3.8%	4.9%

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

**Table B-4**  
**General Child Profiles**

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Age</b>								
Less than 2	<b>12.8%</b>	12.8%	11.8%	10.3%	12.9%	12.1%	14.9%	14.8%
2 to 4	<b>18.6%</b>	17.9%	17.6%	21.6%	18.3%	19.4%	16.9%	18.5%
5 to 7	<b>17.9%</b>	15.5%	16.6%	18.5%	18.5%	21.0%	19.0%	14.4%
8 to 10	<b>16.4%</b>	16.2%	17.2%	17.0%	16.0%	15.0%	15.9%	18.1%
11 to 13	<b>15.1%</b>	13.3%	16.3%	15.6%	16.6%	14.3%	15.4%	13.7%
14 to 17	<b>19.2%</b>	24.2%	20.5%	17.1%	17.7%	18.1%	18.0%	20.6%
<b>Gender</b>								
Male	<b>50.9%</b>	49.9%	53.0%	48.6%	51.4%	51.3%	51.2%	50.7%
Female	<b>49.1%</b>	50.1%	47.0%	51.4%	48.6%	48.7%	48.8%	49.3%
<b>Race and Ethnicity</b>								
White	<b>74.4%</b>	70.2%	74.5%	65.1%	85.0%	72.6%	85.6%	64.1%
Black	<b>21.9%</b>	26.6%	22.9%	30.1%	11.0%	22.1%	13.3%	30.1%
Hispanic	<b>3.1%</b>	2.4%	2.2%	3.8%	2.7%	4.9%	1.0%	5.3%
Asian	<b>0.5%</b>	0.5%	0.4%	1.0%	1.0%	0.4%	0.2%	0.5%
Native American	<b>0.1%</b>	0.2%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
Other	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Health Status</b>								
Excellent	<b>41.7%</b>	38.5%	41.9%	42.3%	43.5%	42.9%	41.7%	40.3%
Very Good	<b>36.2%</b>	38.5%	34.9%	35.1%	36.1%	35.5%	38.6%	34.7%
Good	<b>16.9%</b>	18.0%	18.2%	17.1%	15.5%	15.1%	15.2%	19.9%
Fair	<b>4.8%</b>	4.4%	4.3%	5.2%	4.7%	6.0%	4.3%	5.1%
Poor	<b>0.4%</b>	0.5%	0.7%	0.3%	0.2%	0.5%	0.2%	0.0%
<b>Respondent Relationship to Child</b>								
Parent	<b>91.4%</b>	88.9%	92.8%	92.1%	90.3%	89.5%	94.0%	91.1%
Grandparent	<b>5.8%</b>	7.2%	4.3%	5.4%	6.2%	7.5%	4.2%	6.7%
Other	<b>2.8%</b>	3.9%	2.9%	2.5%	3.6%	3.0%	1.8%	2.2%
<i>Please note, percentages may not total 100% due to rounding.</i>								

## **CHILDREN WITH CHRONIC CONDITIONS PROFILES**

A series of questions used to identify children with chronic conditions was included in the CAHPS 3.0H Child Medicaid Health Plan Survey distributed to parents and caretakers of Ohio's CFC Medicaid Managed Care Program child members. This series contained five sets of survey questions that focused on specific health care needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

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

The survey responses for child members in the CAHPS 3.0H child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 3.0H child sample) included children with chronic conditions based on the responses to the survey questions. For each category, except for the "Mental Health Services" category, the first question was a gate item for the second question, which asked whether the child's use need, or limitations were due to a health condition. Respondents who selected "No" to the first question were instructed to skip subsequent questions in that category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the second question were instructed to skip the third question in the category. For the "Mental Health Services" category, there were only two screener questions. The first question was a gate item for the second question, and asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the first question were instructed to skip the second question in this category. Table B-5 displays the responses to the five categories of questions for all children sampled. Additional information on the CAHPS 3.0H child sample and the CCC supplemental sample can be found beginning on page A-4.

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

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Prescription Medicine</b>								
Needs/Uses Prescription Medicine	<b>46.0%</b>	46.8%	47.2%	46.9%	46.4%	48.3%	44.4%	40.9%
Due to Health Condition	<b>91.1%</b>	90.1%	91.4%	91.6%	90.6%	92.4%	91.5%	88.8%
Condition Duration of at Least 12 Months	<b>93.0%</b>	92.6%	92.8%	92.8%	95.8%	91.6%	93.6%	91.2%
<b>More Care</b>								
Needs/Uses More Care	<b>26.1%</b>	27.0%	24.2%	26.2%	26.8%	28.0%	26.3%	23.8%
Due to Health Condition	<b>94.3%</b>	91.8%	95.6%	93.2%	95.7%	92.1%	96.3%	95.4%
Condition Duration of at Least 12 Months	<b>97.6%</b>	97.3%	97.9%	97.7%	98.6%	97.0%	97.3%	97.9%
<b>Functional Limitations</b>								
Limited Abilities	<b>16.9%</b>	17.9%	16.4%	16.7%	17.0%	17.3%	16.9%	16.6%
Due to Health Condition	<b>88.2%</b>	83.2%	88.6%	85.6%	87.7%	91.2%	90.6%	89.2%
Condition Duration of at Least 12 Months	<b>97.6%</b>	97.0%	98.3%	98.2%	98.1%	96.8%	98.0%	95.9%
<b>Special Therapy</b>								
Needs/Gets Therapy	<b>11.5%</b>	12.5%	10.4%	11.2%	13.2%	11.7%	10.9%	10.9%
Due to Health Condition	<b>74.5%</b>	79.3%	78.7%	68.6%	74.8%	73.2%	72.9%	75.3%
Condition Duration of at Least 12 Months	<b>95.1%</b>	94.3%	96.9%	96.8%	91.7%	96.0%	97.0%	92.5%
<b>Mental Health Services</b>								
Needs/Gets Counseling	<b>23.4%</b>	23.0%	22.9%	24.3%	24.9%	21.5%	25.5%	20.9%
Condition Duration of at Least 12 Months	<b>93.7%</b>	92.2%	94.2%	94.3%	93.1%	94.9%	95.2%	90.1%

*Please note, the parents or caretakers of child members in the CAHPS 3.0H child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question.*

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

A total of 46.9 percent of all child members for whom a survey was completed (30.8 percent of child members in the CAHPS 3.0H child sample and 60.6 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table B-5.<sup>4</sup> Table B-6 depicts the percentage of children with chronic conditions who had affirmative responses to all questions in each of the five categories. Please note a child member can appear in more than one category.

<b>Table B-6</b>								
<b>Distribution of Categories for Children with Chronic Conditions</b>								
	<b>Ohio's CFC Medicaid Managed Care Program</b>	<b>AMERI- GROUP</b>	<b>Buckeye</b>	<b>CareSource</b>	<b>Molina</b>	<b>Paramount</b>	<b>Unison</b>	<b>WellCare</b>
<b>Prescription Medicine</b>	<b>81.1%</b>	83.1%	82.8%	80.8%	81.9%	82.5%	80.4%	74.2%
<b>More Care</b>	<b>49.9%</b>	51.9%	47.6%	48.5%	49.6%	50.3%	52.0%	50.1%
<b>Functional Limitations</b>	<b>30.2%</b>	30.7%	30.4%	27.8%	28.5%	30.7%	31.7%	32.1%
<b>Special Therapy</b>	<b>16.7%</b>	19.5%	16.5%	15.1%	17.8%	16.5%	15.6%	17.0%
<b>Mental Health Services</b>	<b>45.5%</b>	44.8%	45.3%	46.2%	46.0%	41.3%	50.7%	42.2%

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

<sup>4</sup> The 46.9 percent is derived from the number of individuals who responded “Yes” to all of the questions in at least one of the five CCC categories (as described in Table B-5) divided by the total number of individuals in the entire child CAHPS sample (general child sample plus the CCC supplemental sample).

# Respondent/Non-Respondent Analysis

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This Respondent/Non-Respondent Analysis section compares the demographic characteristics of the CAHPS Survey respondents to the non-respondents. Non-response bias refers to a difference in how respondents answer survey questions compared to how non-respondents would have answered if they had responded. This section identifies whether any statistically significant differences exist between these two populations with respect to age, gender, and race and ethnicity. A statistically significant difference between these two populations may indicate that the potential for non-response bias exists.

It is important to determine the magnitude of non-response bias when interpreting CAHPS Survey results because the experiences and level of satisfaction of the non-respondent population may be different than that of respondents with respect to their health care services. If those who respond to a survey are statistically different from those who do not respond, non-response bias may exist that could compromise the ability to generalize survey results. If statistically significant differences between the respondents and non-respondents are identified, then caution should be exercised when interpreting the CAHPS Survey results.

## BACKGROUND

This section begins by presenting the demographic characteristics of adult respondents and non-respondents to the CAHPS 4.0H Adult Medicaid Health Plan Survey. These results are followed by the presentation of the demographic characteristics of child members whose parents or caretakers responded or did not respond to the CAHPS 3.0H Child Medicaid Health Plan Survey.

## DESCRIPTION

The demographic information analyzed in this section was derived from ODJFS administrative data. For the adult age category, members were categorized as 18 to 24, 25 to 34, 35 to 44, 45 to 54, or 55 or older. For the child age category, members were categorized as Less than 2, 2 to 4, 5 to 7, 8 to 10, 11 to 13, or 14 to 17. For the gender category, members were categorized as Male or Female. For the race and ethnicity category, members were categorized as White, Black, Hispanic, Asian, Native American, or Other.

## ANALYSIS

The respondent and non-respondent populations were also analyzed for statistically significant differences at the MCP and program levels. Respondents within one MCP were compared to non-respondents within the same MCP to identify any statistically significant differences for any of the demographic categories. Also, respondents within the entire Ohio CFC Medicaid Managed Care Program were compared to non-respondents within the entire program to identify statistically significant differences. Statistically significant differences are noted with arrows. MCP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (↑) arrows. MCP-level and program-level

percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (↓) arrows. MCP-level and program-level percentages for the respondent population that were not statistically different than the non-respondent population are not noted with arrows.

## **SUMMARY**

Overall, results of the analysis show that statistically significant demographic differences were found for the adult and child populations (Table C-1 and Table C-2). The respondents to the adult survey were significantly older than the non-respondents. For the child survey, the ages of the child members were also significantly higher for respondents than non-respondents. There were significantly more respondents than non-respondents to the adult survey who were White and statistically fewer respondents than non-respondents who were Black. For the child survey, there were statistically more respondents than non-respondents whose child was White, and statistically less respondents than non-respondents whose child was Black or Hispanic. For the adult population, there were statistically more Female respondents and statistically less Male respondents than non-respondents. There were no statistically significant program-level differences related to gender for the child population.

The demographic differences observed for Ohio's CFC Medicaid Managed Care Program surveys are consistent with those observed in other survey implementations. Since the full effect of non-response on overall satisfaction cannot be determined (due to a lack of satisfaction information from non-respondents), the potential for non-response bias should be considered when evaluating CAHPS results. However, the demographic differences in and of themselves are not necessarily an indication that significant response bias exists. The differences simply indicate that a particular subgroup or population is less likely to respond to a survey than another subgroup.

*Respondent/Non-Respondent Analysis*  
*Full Report*

**ADULT RESPONDENT AND NON-RESPONDENT PROFILES**

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

<b>Table C-1</b>									
<b>Adult Respondent and Non-Respondent Profiles</b>									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Age of Adult</b>									
18 to 24	R	<b>27.6%</b> ↓	31.1% ↓	27.9%	22.8% ↓	29.8% ↓	27.8% ↓	27.1% ↓	30.2% ↓
	NR	<b>36.5%</b>	39.0%	33.3%	33.8%	37.5%	34.3%	39.2%	39.8%
25 to 34	R	<b>37.2%</b>	36.9%	38.0%	37.0%	36.0%	38.5%	38.3%	32.6%
	NR	<b>38.5%</b>	37.3%	40.7%	40.4%	37.7%	41.6%	36.6%	32.5%
35 to 44	R	<b>23.9%</b> ↑	19.6%	24.2% ↑	27.7% ↑	23.8%	23.4% ↑	23.6%	22.8%
	NR	<b>20.0%</b>	20.1%	19.0%	21.1%	19.6%	19.3%	20.5%	20.5%
45 to 54	R	<b>9.9%</b> ↑	10.9% ↑	7.3%	11.1% ↑	8.9% ↑	9.7% ↑	9.5% ↑	13.0% ↑
	NR	<b>4.5%</b>	3.2%	6.1%	4.4%	4.6%	4.3%	3.4%	6.8%
55 or older	R	<b>1.5%</b> ↑	1.6% ↑	2.5% ↑	1.4% ↑	1.6%	0.7%	1.4% ↑	1.4%
	NR	<b>0.5%</b>	0.4%	0.9%	0.4%	0.6%	0.5%	0.3%	0.5%
<b>Gender</b>									
Male	R	<b>19.3%</b> ↓	18.3%	16.3% ↓	19.1%	21.9%	16.9% ↓	23.0%	19.5%
	NR	<b>24.3%</b>	21.6%	24.3%	23.5%	26.8%	24.7%	27.3%	20.3%
Female	R	<b>80.7%</b> ↑	81.7%	83.7% ↑	80.9%	78.1%	83.1% ↑	77.0%	80.5%
	NR	<b>75.7%</b>	78.4%	75.7%	76.5%	73.2%	75.3%	72.7%	79.7%
<b>Race and Ethnicity</b>									
White	R	<b>73.7%</b> ↑	70.2%	70.1%	66.3% ↑	87.5% ↑	69.2% ↑	87.2% ↑	58.6% ↑
	NR	<b>65.8%</b>	68.4%	66.1%	55.3%	82.1%	60.9%	80.2%	46.9%
Black	R	<b>22.8%</b> ↓	27.6%	27.0%	29.8% ↓	11.5% ↓	25.1% ↓	10.4% ↓	34.9% ↓
	NR	<b>30.9%</b>	30.4%	30.5%	40.5%	16.8%	34.0%	17.8%	47.7%
Hispanic	R	<b>2.7%</b>	1.3%	1.7%	3.3%	0.5%	4.6%	1.9%	5.6%
	NR	<b>2.8%</b>	0.5%	2.7%	3.4%	0.5%	4.9%	1.5%	5.3%
Asian	R	<b>0.7%</b>	1.0%	0.6%	0.6%	0.5%	1.1% ↑	0.6%	0.9%
	NR	<b>0.5%</b>	0.7%	0.7%	0.7%	0.5%	0.2%	0.3%	0.2%
Native American	R	<b>0.1%</b>	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	<b>0.1%</b>	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%
Other	R	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

## CHILD RESPONDENT AND NON-RESPONDENT PROFILES

Table C-2 presents the demographic characteristics of the child members whose parents or caretakers did or did not respond to the CAHPS 3.0H Child Medicaid Health Plan Survey.<sup>1</sup>

<b>Table C-2</b>									
<b>Child Respondent and Non-Respondent Profiles</b>									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
<b>Age of Child</b>									
Less than 2	R	<b>12.8%</b> ↓	14.3% ↓	12.2%	9.3% ↓	12.2% ↓	13.7%	13.7%	14.9%
	NR	<b>16.3%</b>	20.0%	14.1%	14.5%	16.8%	15.7%	16.2%	16.3%
2 to 4	R	<b>18.0%</b> ↓	17.7%	17.1%	20.5%	16.5%	19.3%	16.0% ↓	19.0%
	NR	<b>19.8%</b>	20.2%	19.5%	18.8%	19.1%	22.1%	19.3%	19.5%
5 to 7	R	<b>16.7%</b>	16.1%	15.6% ↓	17.8%	17.2%	18.8%	16.8%	13.4% ↓
	NR	<b>17.5%</b>	17.0%	18.8%	18.2%	17.2%	17.7%	16.9%	17.0%
8 to 10	R	<b>16.5%</b> ↑	16.2%	17.2%	16.9%	16.8%	15.0%	16.7%	16.4%
	NR	<b>15.4%</b>	14.0%	16.1%	16.3%	15.2%	16.2%	15.3%	14.7%
11 to 13	R	<b>15.6%</b> ↑	14.1%	16.3% ↑	16.2%	17.0% ↑	14.8% ↑	15.8%	14.1%
	NR	<b>13.1%</b>	11.9%	13.7%	13.9%	13.0%	12.4%	13.8%	13.3%
14 to 17	R	<b>20.5%</b> ↑	21.5% ↑	21.8% ↑	19.3%	20.3%	18.3%	21.0%	22.3%
	NR	<b>17.9%</b>	16.8%	17.8%	18.4%	18.7%	15.9%	18.6%	19.3%
<b>Gender</b>									
Male	R	<b>54.4%</b>	54.2%	56.2% ↑	53.3%	54.3%	54.1%	54.2%	54.1%
	NR	<b>53.2%</b>	53.0%	51.9%	53.5%	53.7%	54.2%	53.1%	53.3%
Female	R	<b>45.6%</b>	45.8%	43.8% ↓	46.7%	45.7%	45.9%	45.8%	45.9%
	NR	<b>46.8%</b>	47.0%	48.1%	46.5%	46.3%	45.8%	46.9%	46.7%
<b>Race and Ethnicity</b>									
White	R	<b>75.1%</b> ↑	70.9% ↑	75.3% ↑	65.8% ↑	86.9% ↑	72.4% ↑	86.0% ↑	63.6% ↑
	NR	<b>60.4%</b>	58.3%	60.6%	48.8%	75.8%	56.4%	77.8%	45.2%
Black	R	<b>21.6%</b> ↓	26.5% ↓	22.8% ↓	30.1% ↓	10.0% ↓	22.2% ↓	13.0% ↓	30.3% ↓
	NR	<b>34.4%</b>	37.3%	35.6%	45.0%	20.0%	36.5%	20.1%	46.4%
Hispanic	R	<b>2.8%</b> ↓	2.1% ↓	1.8% ↓	3.3% ↓	2.3%	5.0% ↓	0.7% ↓	5.7%
	NR	<b>4.5%</b>	3.7%	3.3%	5.4%	3.2%	6.9%	1.5%	7.5%
Asian	R	<b>0.4%</b>	0.4%	0.2%	0.8%	0.6%	0.4%	0.3%	0.4%
	NR	<b>0.6%</b>	0.6%	0.5%	0.8%	0.9%	0.2%	0.5%	0.8%
Native American	R	<b>0.1%</b>	0.1%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%
	NR	<b>0.1%</b>	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%
Other	R	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	<b>0.0%</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

<sup>1</sup> Please note, the characteristics of parents or caretakers (who were the actual respondents to the CAHPS 3.0H Child Medicaid Health Plan Survey) were not available in the administrative data provided by ODJFS.

# NCQA Comparisons

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This NCQA Comparisons section reports on the CAHPS Survey results, which were calculated in accordance with HEDIS specifications for survey measures.<sup>1</sup> 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.

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 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. 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.

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

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

## **GENERAL CHILD RESULTS**

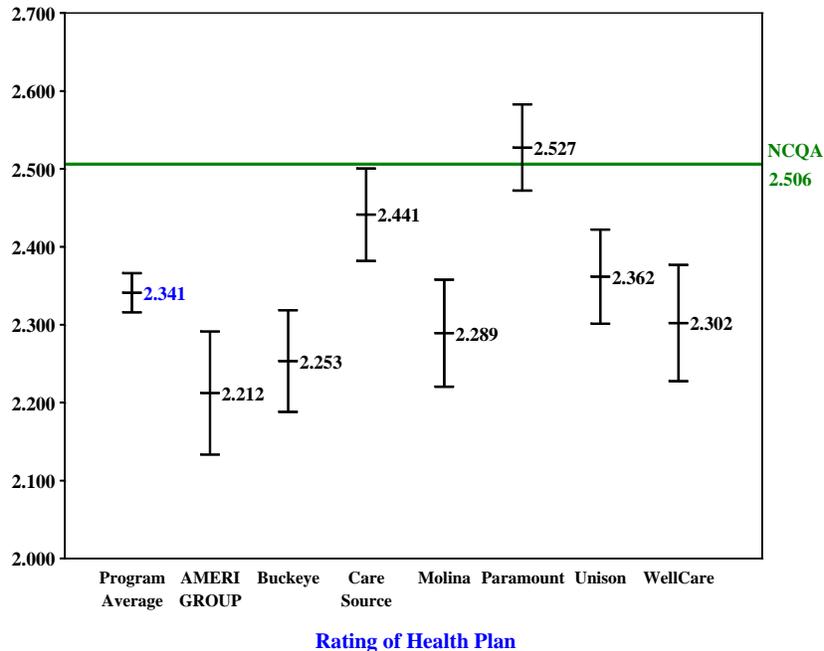
### **General Child Three-Point Means on the Global Ratings**

Figures D-1-D-4 on pages D-3 and D-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 Ohio Medicaid Managed Care 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 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.

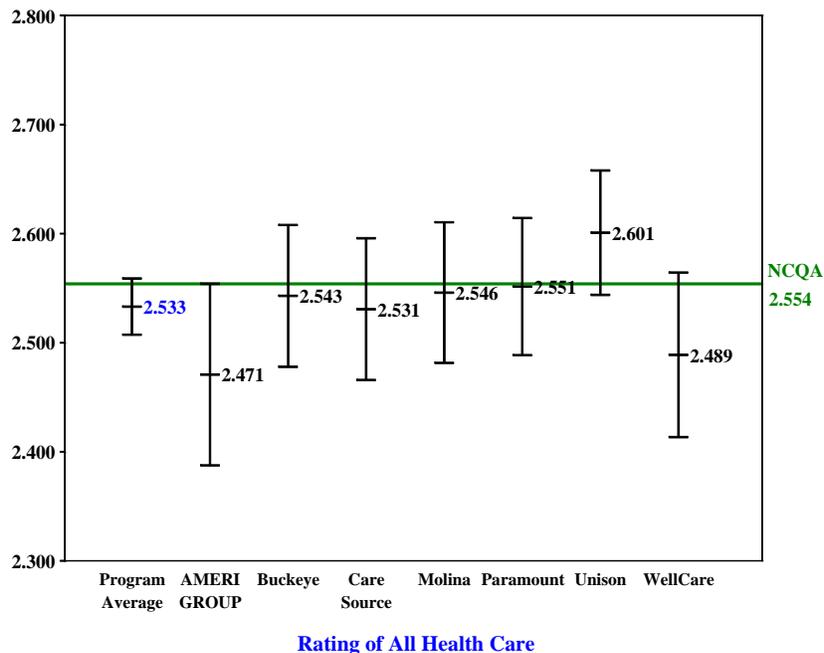
For general information on how to read the NCQA comparison figures, please refer to page G-1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page G-7.

**General Child Three-Point Mean Figures on the Global Ratings**

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

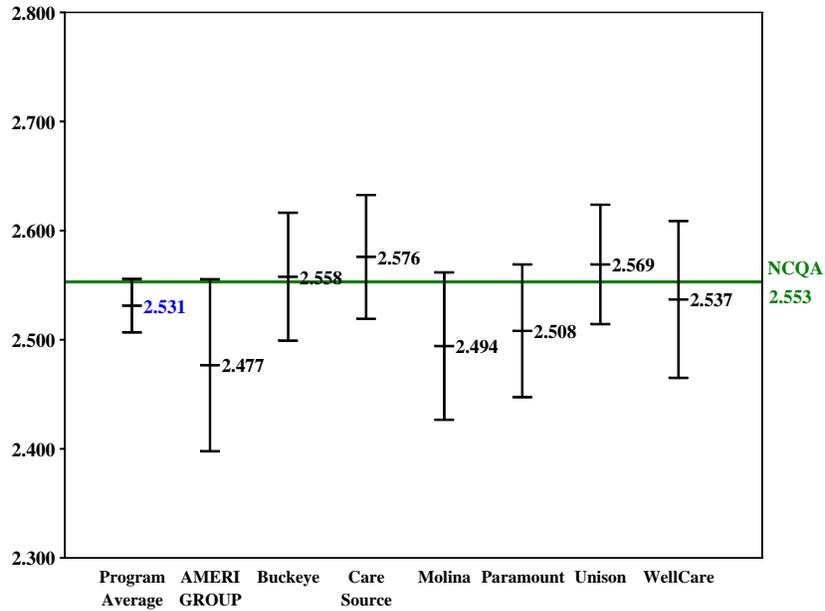


**Figure D-2  
Rating of All Health Care**



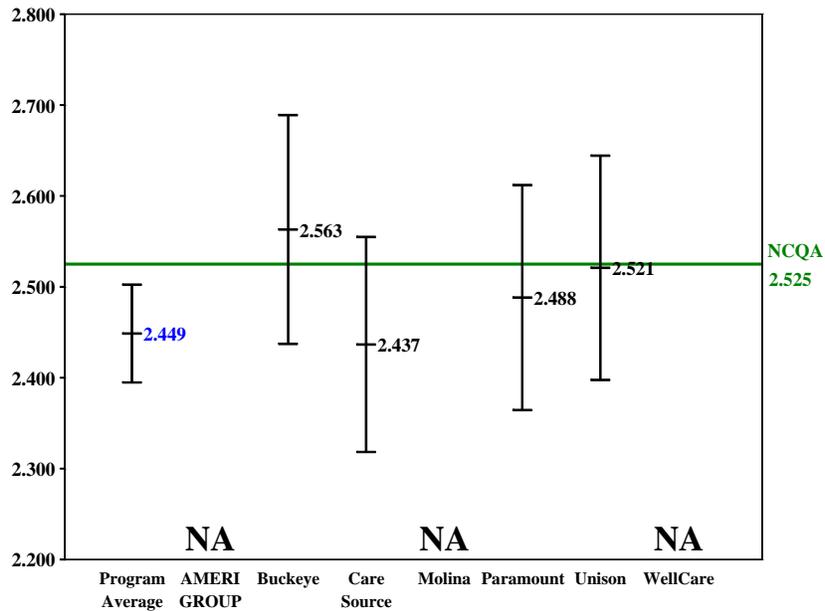
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

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



Rating of Personal Doctor

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



Rating of Specialist Seen Most Often

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

### **General Child Three-Point Mean Discussion on the Global Ratings**

The following is a summary of the results presented in Figures D-1–D-4. The discussion focuses on comparisons of the 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 D-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 D-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 D-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 D-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.

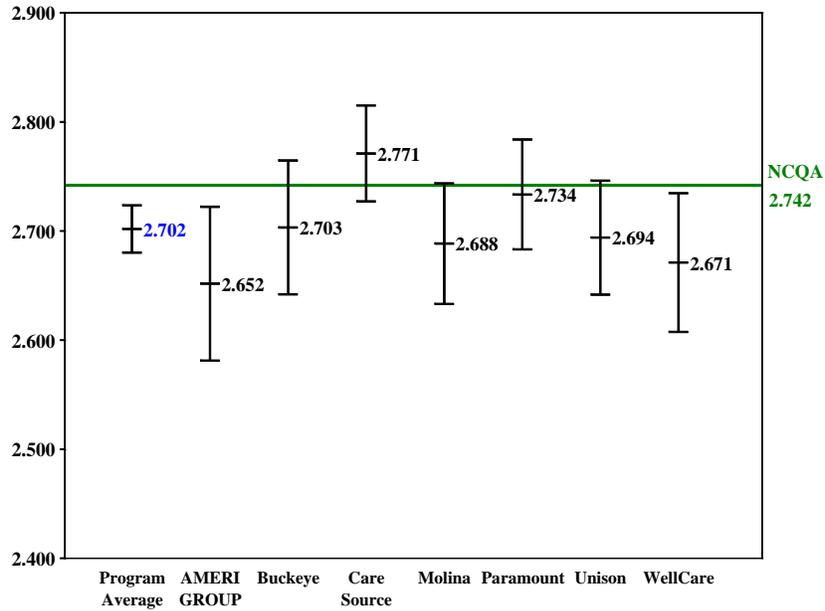
## **General Child Three-Point Means on the Composite Measures**

Figures D-5-D-9 on pages D-7-D-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 Ohio Medicaid Managed Care 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.

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

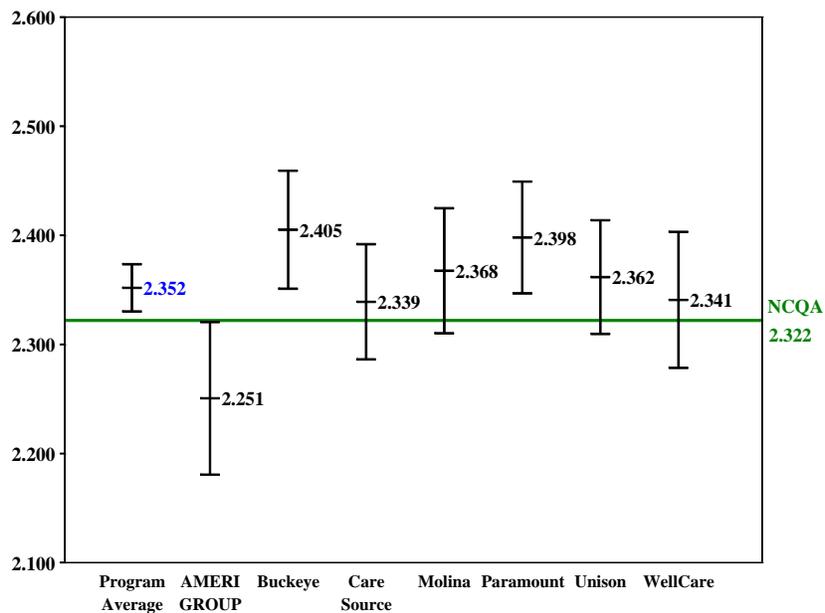
**General Child Three-Point Mean Figures on the Composite Measures**

**Figure D-5**  
**Getting Needed Care**



**Getting Needed Care Composite**

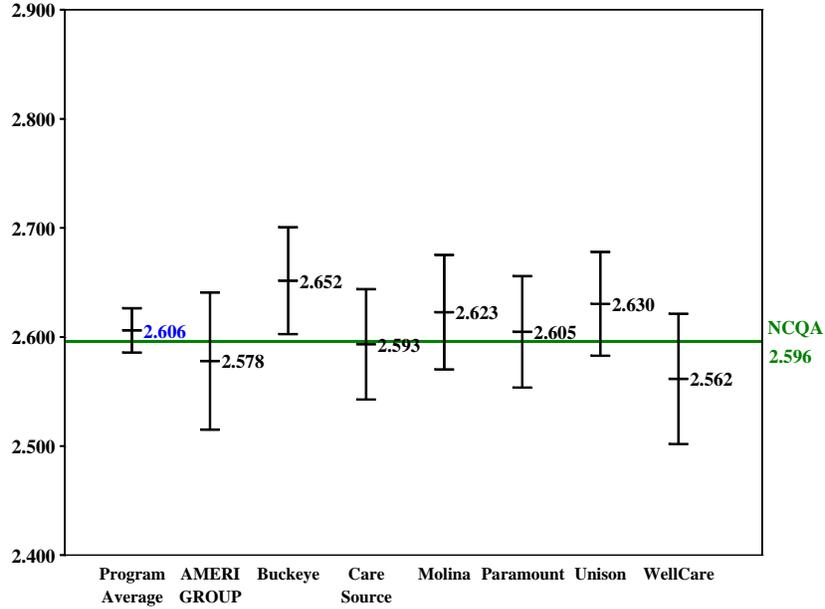
**Figure D-6**  
**Getting Care Quickly**



**Getting Care Quickly Composite**

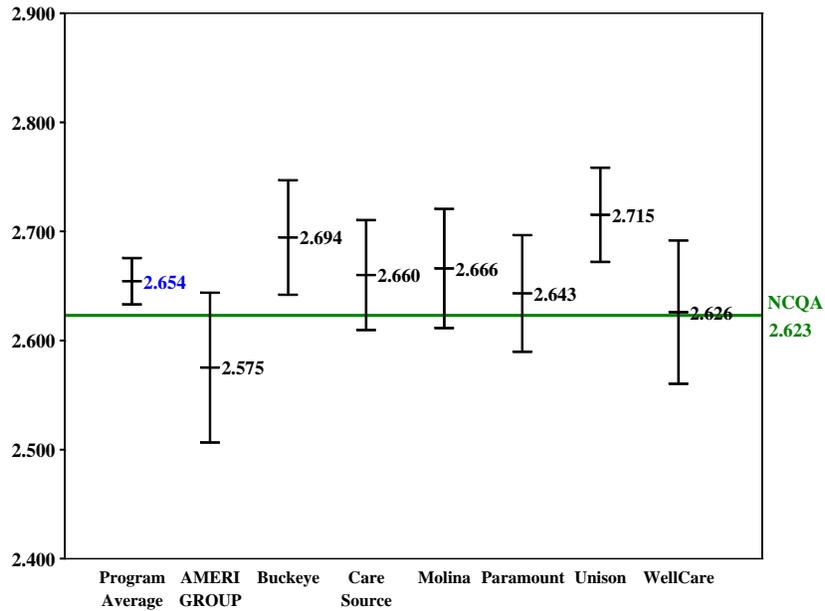
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

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



**How Well Doctors Communicate Composite**

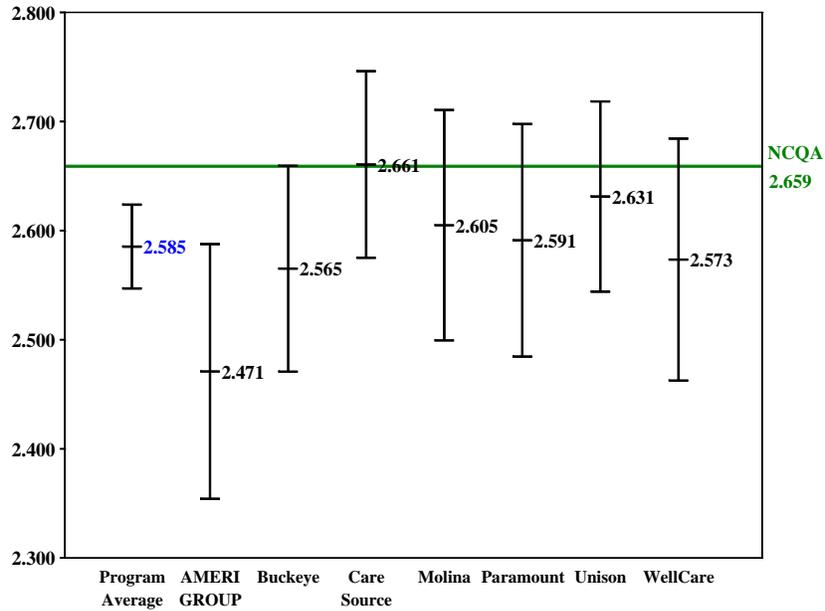
**Figure D-8  
Courteous and Helpful Office Staff**



**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 D-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 D-5–D-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 D-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 D-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 D-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 D-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 D-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.

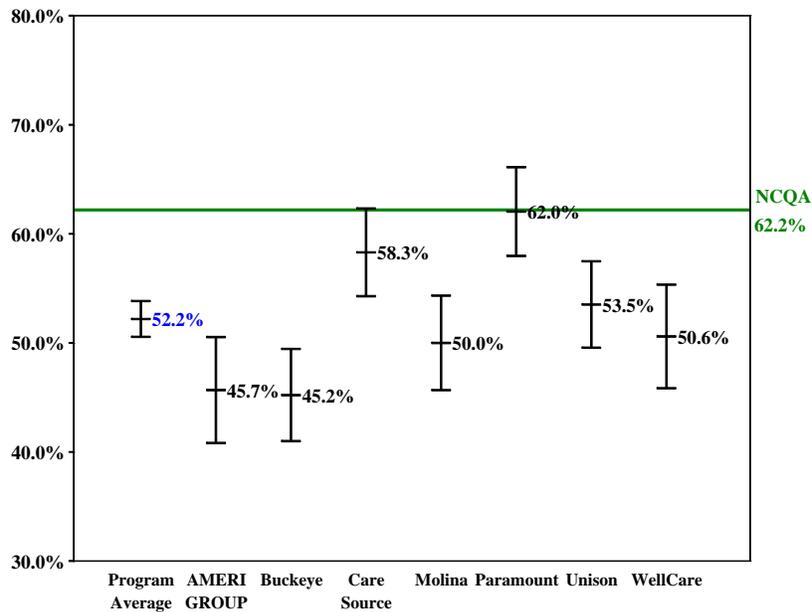
## **General Child Top-Box Responses on the Global Ratings**

Figures D-10-D-13 on pages D-13 and D-14 depict the 2008 top-box question summary rates for the four global ratings for general child 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 child Medicaid averages (green reference line) are presented for comparative purposes. For the global ratings, a top-box response is defined as a response value of "9 or 10." Additional information on the calculation of question summary rates can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

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

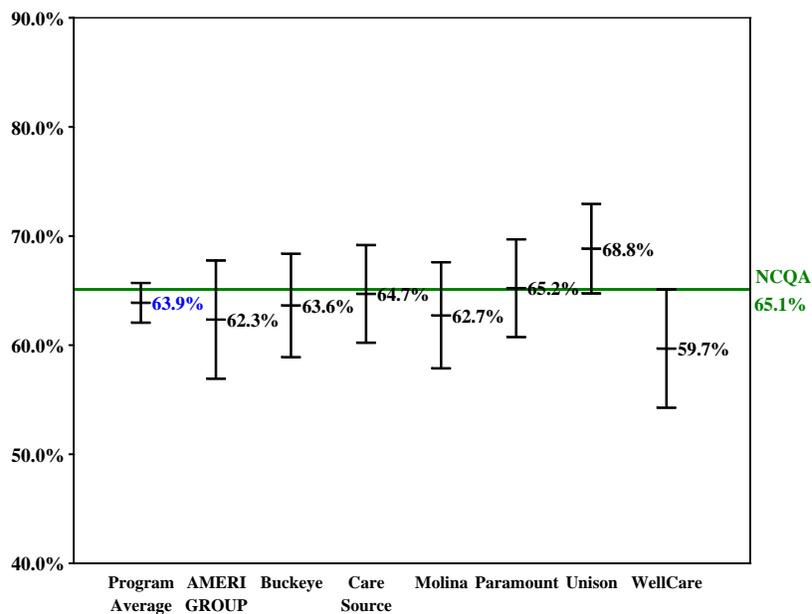
**General Child Top-Box Response Figures on the Global Ratings**

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



Rating of Health Plan

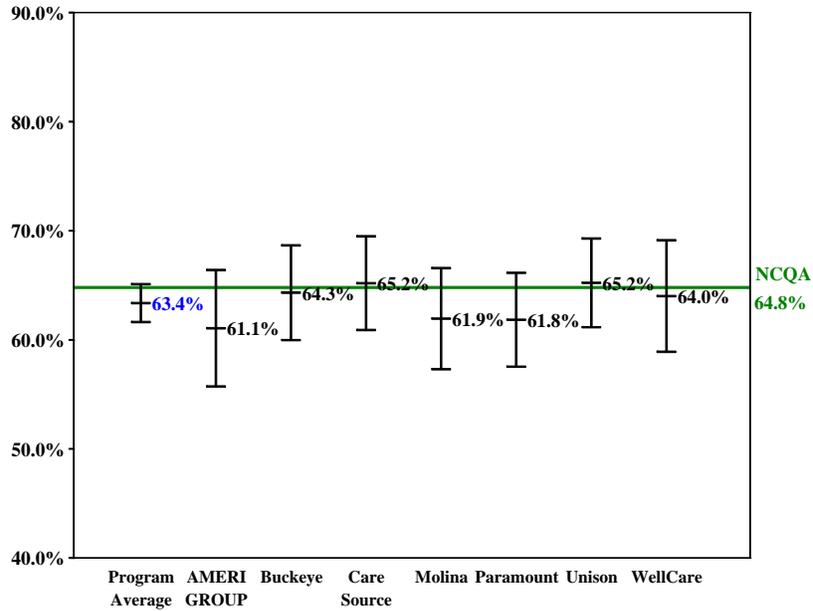
**Figure D-11**  
**Rating of All Health Care**



Rating of All Health Care

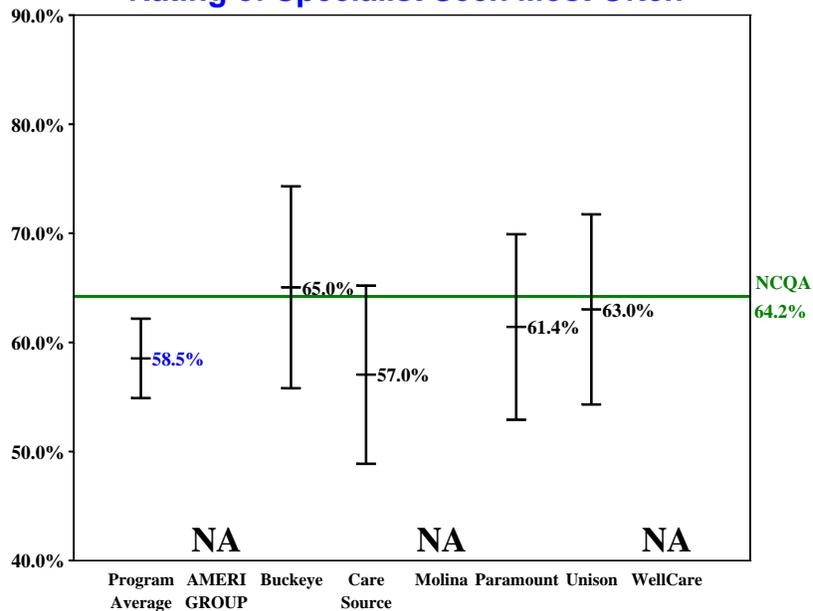
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure D-12**  
**Rating of Personal Doctor**



Rating of Personal Doctor

**Figure D-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).

### **General Child Top-Box Response Discussion on the Global Ratings**

The following is a summary of the results presented in Figures D-10–D-13. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages.

For the general child population, all of the MCPs with reportable scores and the program's top-box responses 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 D-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 D-11)**

- 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 D-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 D-13)**

- 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.

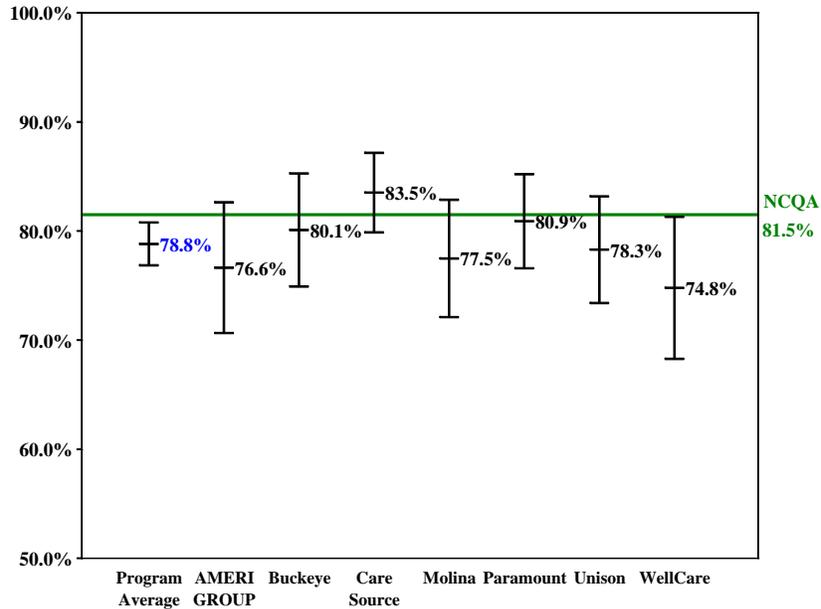
## **General Child Top-Box Responses on the Composite Measures**

Figures D-14-D-18 on pages D-17-D-19 depict the 2008 top-box global proportions for the five composite scores for general child 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 child Medicaid averages (green reference line) are presented for comparative purposes. A top-box response is defined as a response of "Always" for the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites. For the Getting Needed Care and Customer Service composites, a top-box response is defined as a response of "Not a Problem." Additional information on the calculation of global proportions can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

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

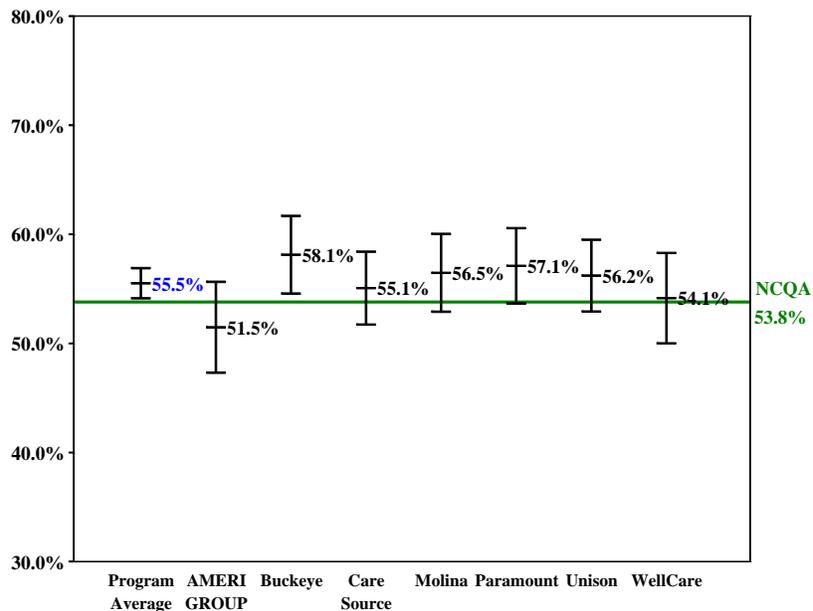
General Child Top-Box Response Figures on the Composite Measures

Figure D-14  
Getting Needed Care



Getting Needed Care Composite

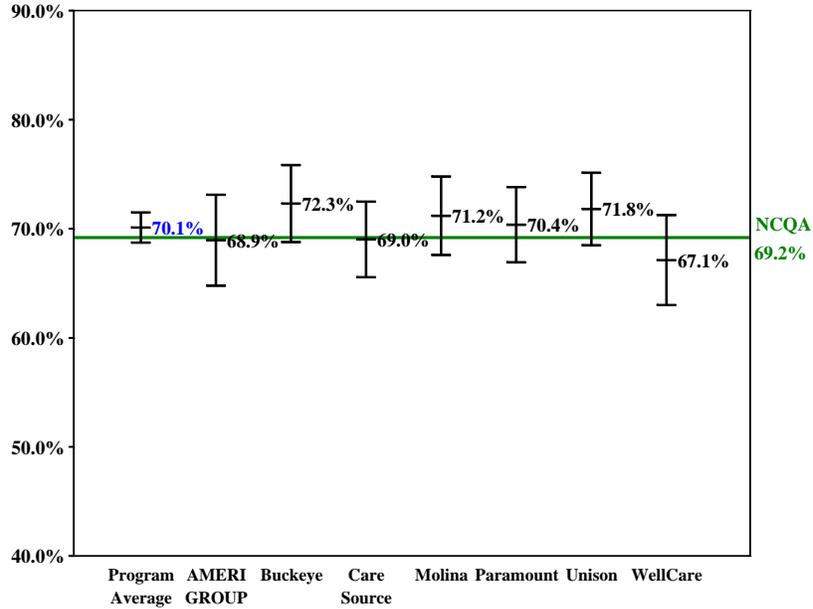
Figure D-15  
Getting Care Quickly



Getting Care Quickly Composite

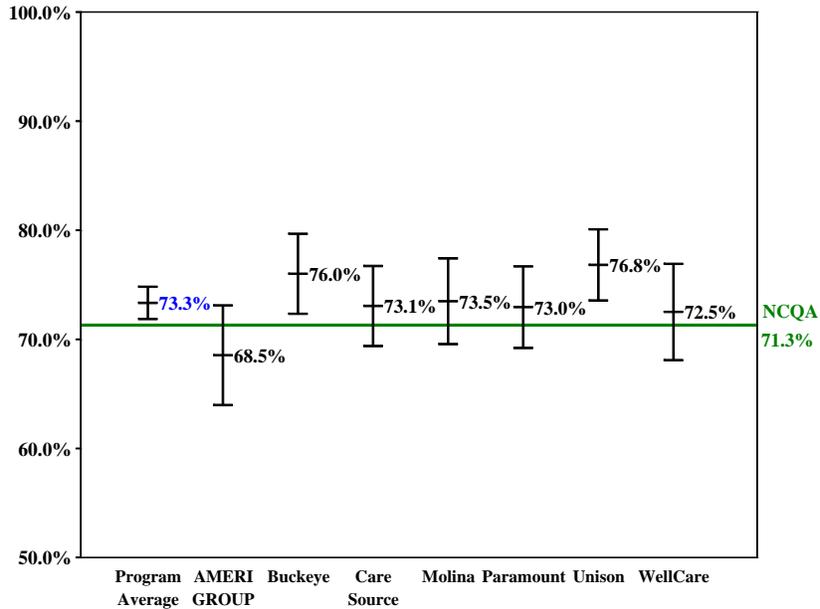
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure D-16**  
**How Well Doctors Communicate**



**How Well Doctors Communicate Composite**

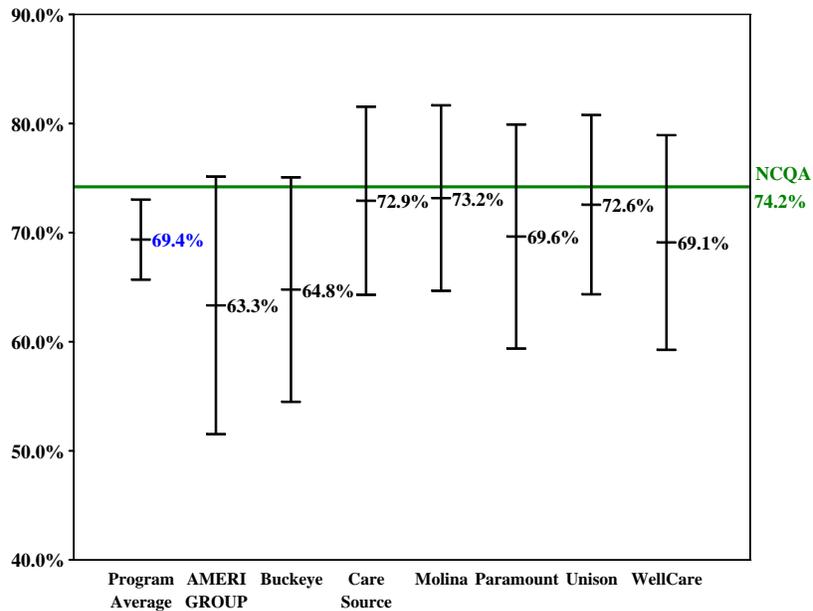
**Figure D-17**  
**Courteous and Helpful Office Staff**



**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 D-18**  
**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 Top-Box Response Discussion on the Composite Measures**

The following is a summary of the results presented in Figures D-14–D-18. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages.

For the general child population, all of the MCPs with reportable scores and the program’s top-box responses encompass or exceed the national average on three of the five composite measures. The program and one MCP exceed the NCQA average for the Getting Care Quickly composite. The program and two MCPs exceed the NCQA average for the Courteous and Helpful Office Staff composite.

#### **Getting Needed Care (Figure D-14)**

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

#### **Getting Care Quickly (Figure D-15)**

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

#### **How Well Doctors Communicate (Figure D-16)**

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

#### **Courteous and Helpful Office Staff (Figure D-17)**

- 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 D-18)**

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

## **ADULT RESULTS**

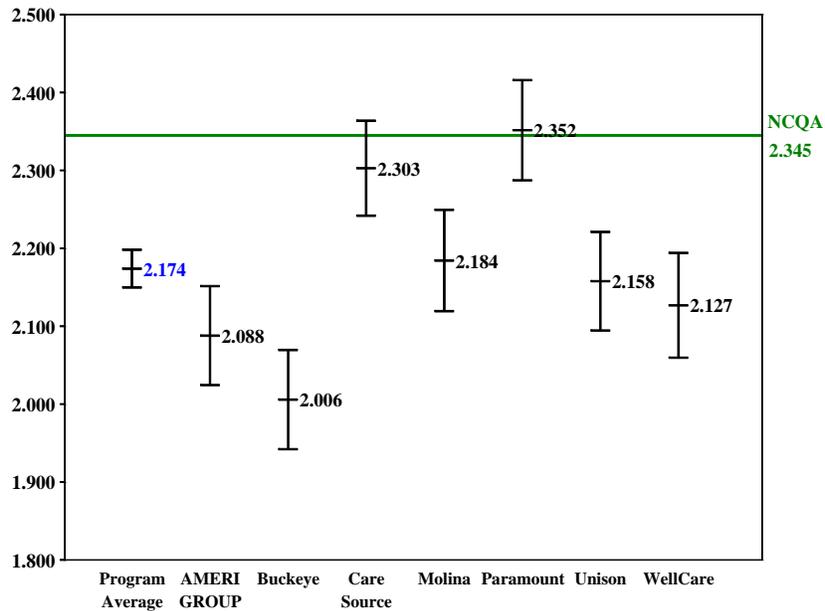
### **Adult Three-Point Means on the Global Ratings**

Figures D-19–D-22 on pages D-23 and D-24 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. 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.

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

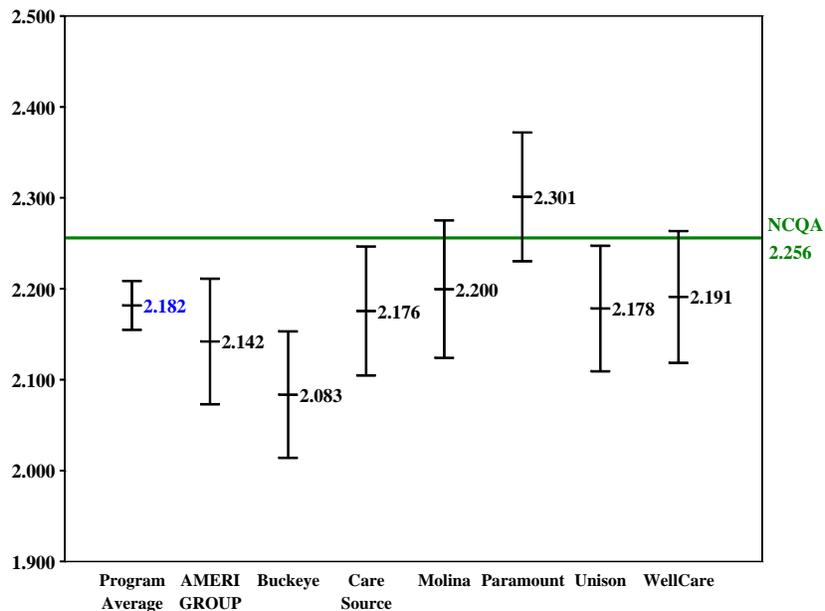
**Adult Three-Point Mean Figures on the Global Ratings**

**Figure D-19**  
**Rating of Health Plan**



**Rating of Health Plan**

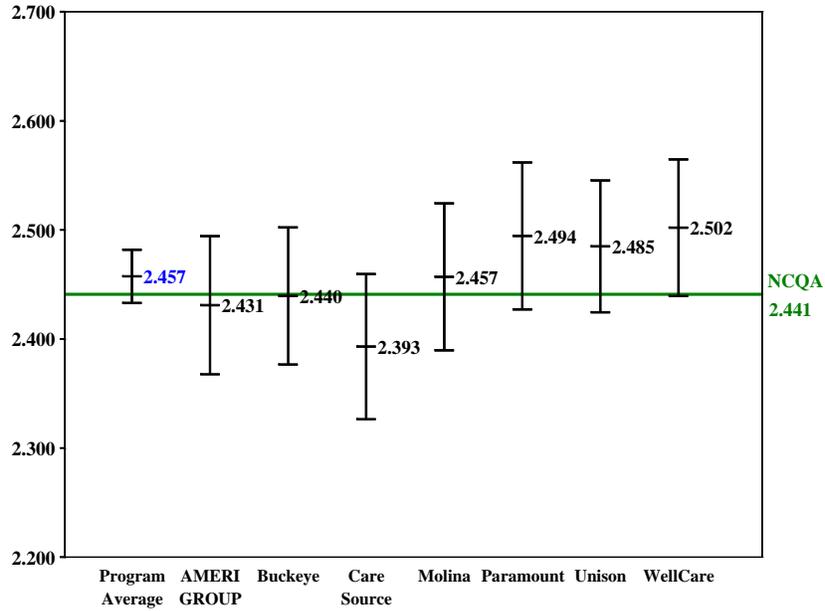
**Figure D-20**  
**Rating of All Health Care**



**Rating of All Health Care**

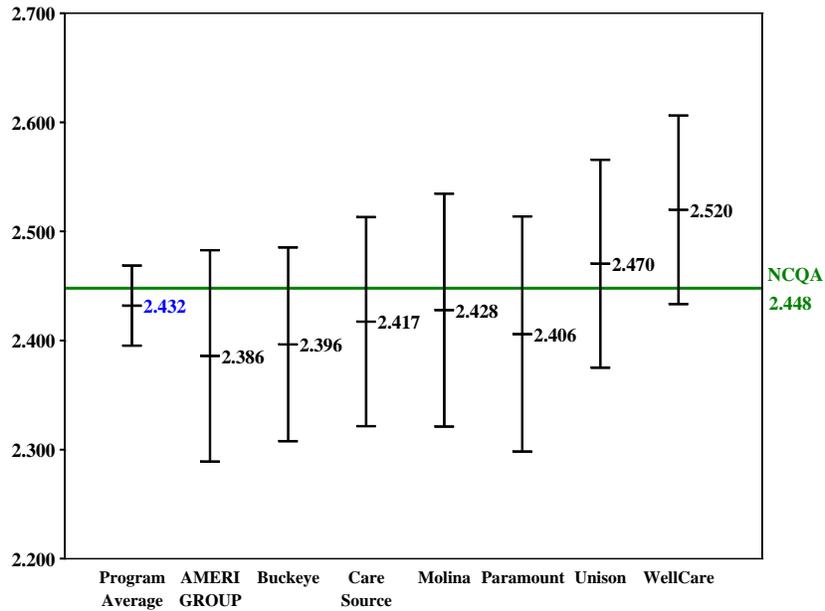
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure D-21**  
**Rating of Personal Doctor**



**Rating of Personal Doctor**

**Figure D-22**  
**Rating of Specialist Seen Most Often**



**Rating of Specialist Seen Most Often**

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

### **Adult Three-Point Mean Discussion on the Global Ratings**

The following is a summary of the results presented in Figures D-19–D-22. The discussion focuses on comparisons of the 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 ratings. Neither the program nor the MCPs exceed the NCQA average for any of the global ratings.

#### **Rating of Health Plan (Figure D-19)**

- 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 D-20)**

- 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 D-21)**

- 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 D-22)**

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

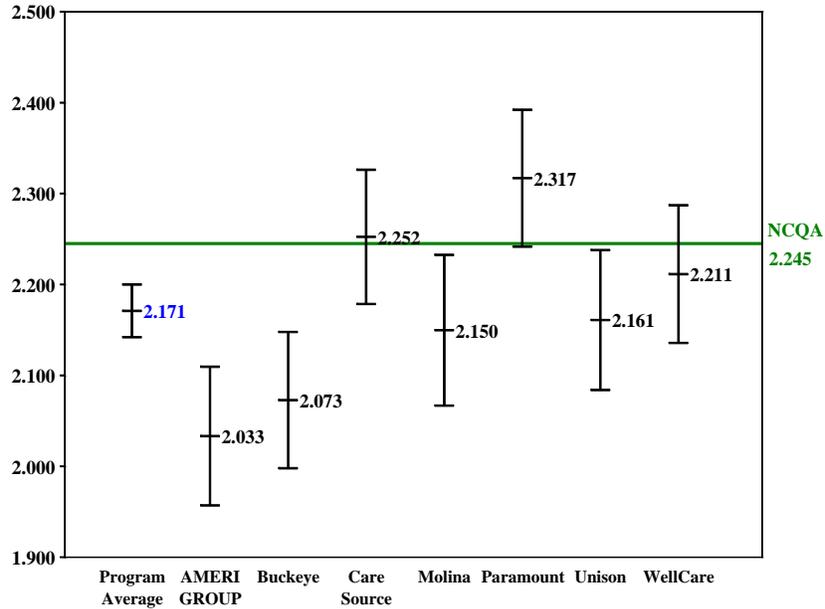
### **Adult Three-Point Means on the Composite Measures**

Figures D-23–D-27 on pages D-27–D-29 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.

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

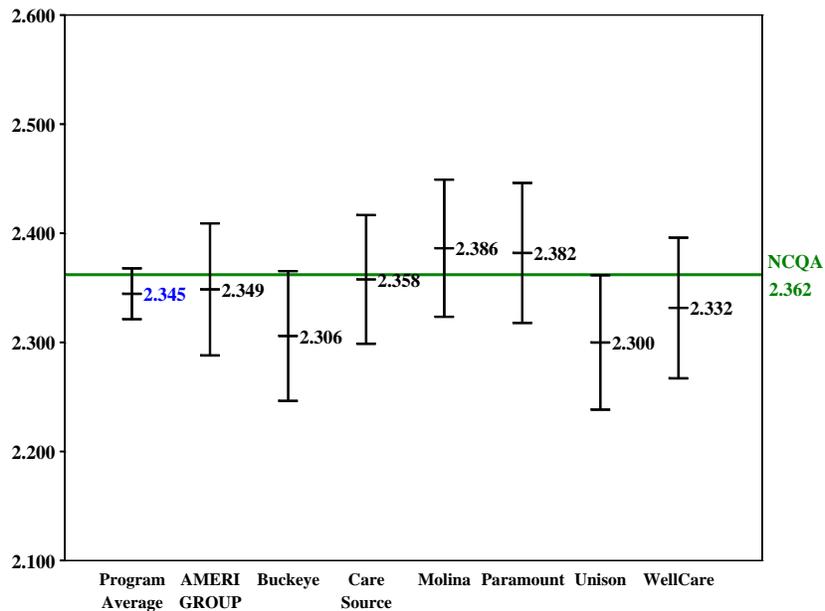
Adult Three-Point Mean Figures on the Composite Measures

Figure D-23  
Getting Needed Care



Getting Needed Care Composite

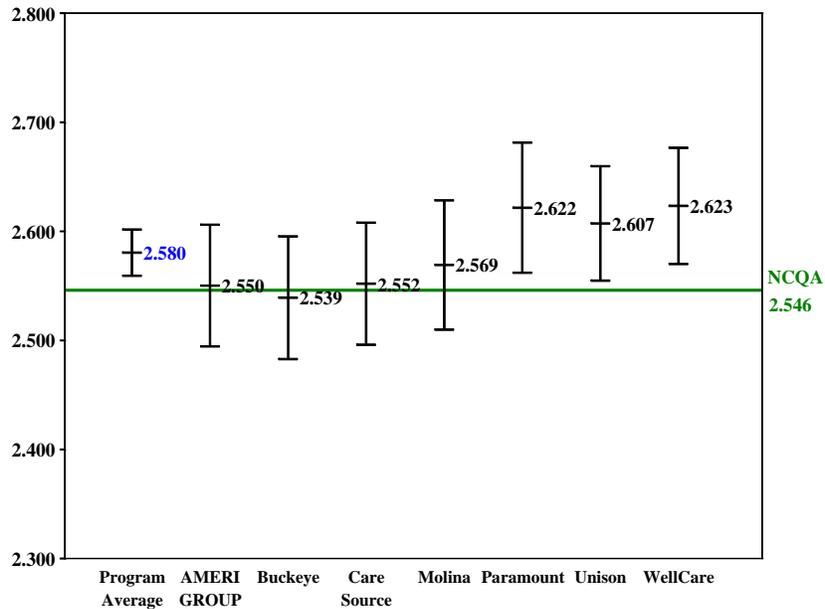
Figure D-24  
Getting Care Quickly



Getting Care Quickly Composite

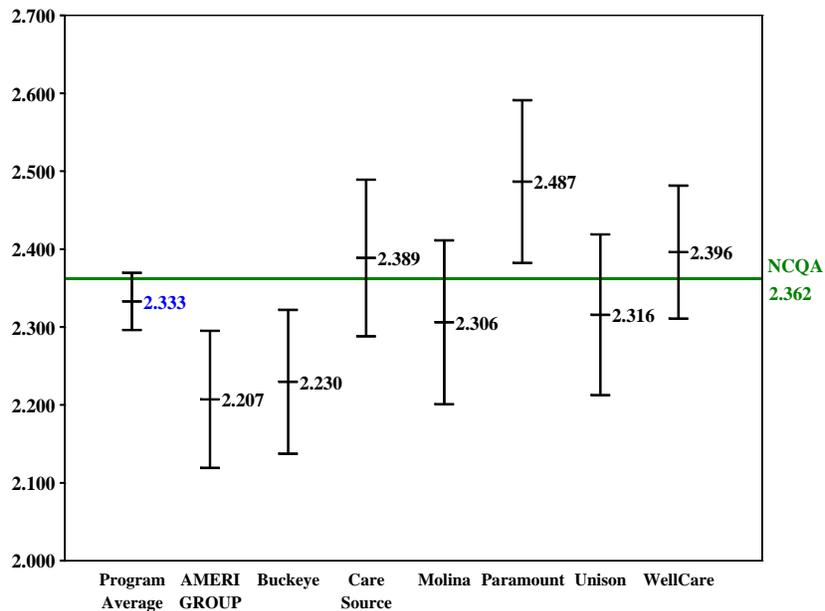
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-25  
How Well Doctors Communicate



How Well Doctors Communicate Composite

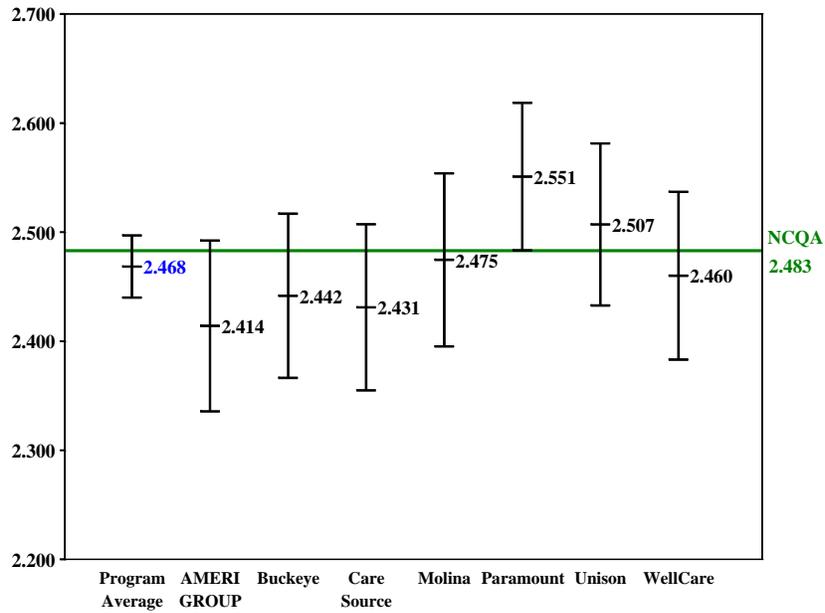
Figure D-26  
Customer Service



Customer Service Composite

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

**Figure D-27**  
**Shared Decision Making**



**Shared Decision Making Composite**

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

### **Adult Three-Point Mean Discussion on the Composite Measures**

The following is a summary of the results presented in Figures D-23–D-27. The discussion focuses on comparisons of the 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 composite, and one MCP exceeds the NCQA average for the Customer Service and Shared Decision Making composites.

#### **Getting Needed Care (Figure D-23)**

- 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 D-24)**

- 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 D-25)**

- 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 D-26)**

- 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 D-27)**

- 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.

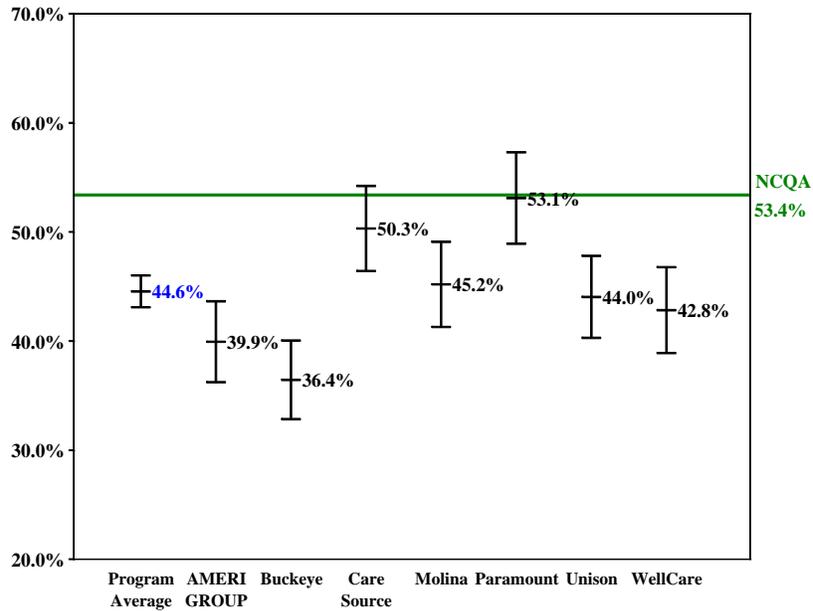
## **Adult Top-Box Responses on the Global Ratings**

Figures D-28–D-31 on pages D-33 and D-34 depict the 2008 top-box question summary rates for 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. For the global ratings, a top-box response is defined as a response value of “9 or 10.” Additional information on the calculation of question summary rates can be found in Ohio’s Medicaid Managed Care Program CAHPS Methodology Report.

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

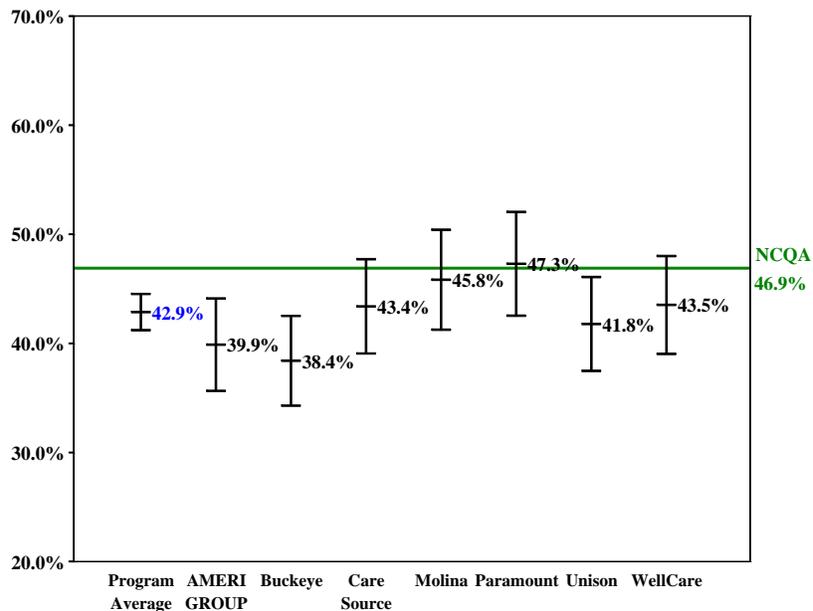
**Adult Top-Box Response Figures on the Global Ratings**

**Figure D-28**  
**Rating of Health Plan**



**Rating of Health Plan**

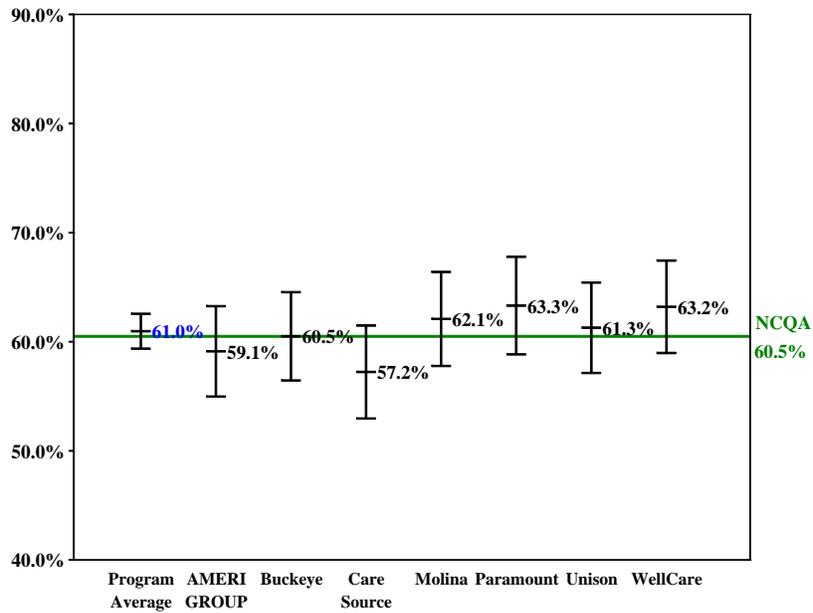
**Figure D-29**  
**Rating of All Health Care**



**Rating of All Health Care**

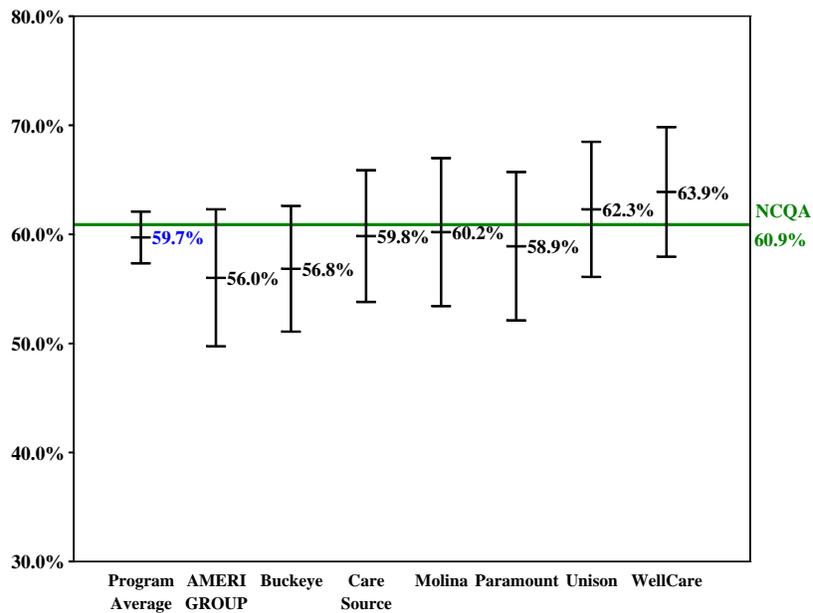
*For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).*

**Figure D-30**  
**Rating of Personal Doctor**



Rating of Personal Doctor

**Figure D-31**  
**Rating of Specialist Seen Most Often**



Rating of Specialist Seen Most Often

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

### **Adult Top-Box Response Discussion on the Global Ratings**

The following is a summary of the results presented in Figures D-28–D-31. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages.

For the adult population, all of the MCPs with reportable scores and the program's top-box responses encompass the NCQA average for two global ratings. Neither the program nor the MCPs exceed the NCQA average for any of the global ratings.

#### **Rating of Health Plan (Figure D-28)**

- 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 D-29)**

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

#### **Rating of Personal Doctor (Figure D-30)**

- 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 D-31)**

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

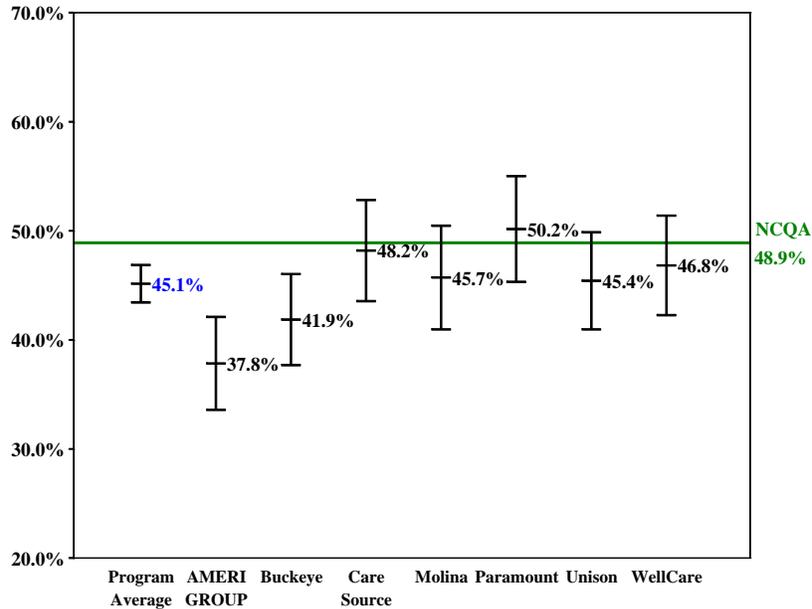
## **Adult Top-Box Responses on the Composite Measures**

Figures D-32–D-36 on pages D-37–D-39 depict the 2008 top-box global proportions for 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. A top-box response is defined as a response of “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites. A top-box response is defined as a response of “Definitely Yes” for the Shared Decision Making composite. Additional information on the calculation of global proportions can be found in Ohio’s Medicaid Managed Care Program CAHPS Methodology Report.

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

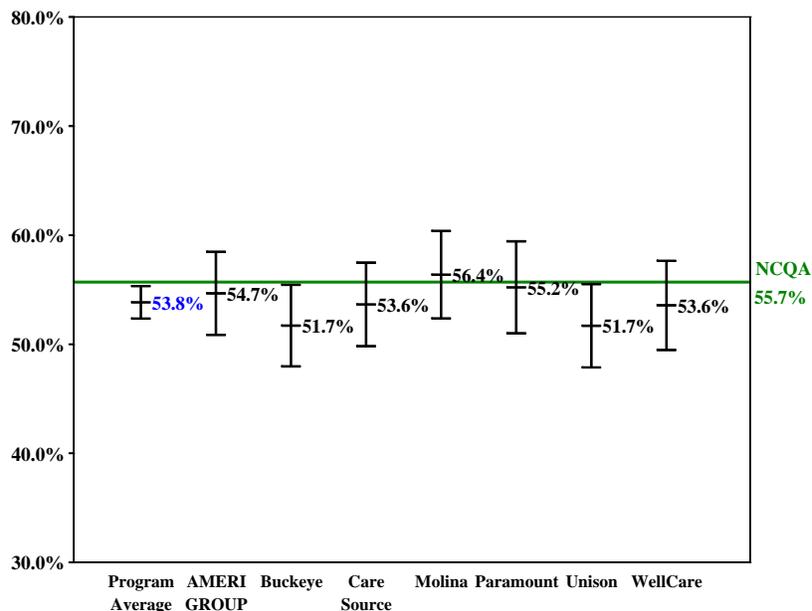
**Adult Top-Box Response Figures on the Composite Measures**

**Figure D-32**  
**Getting Needed Care**



Getting Needed Care Composite

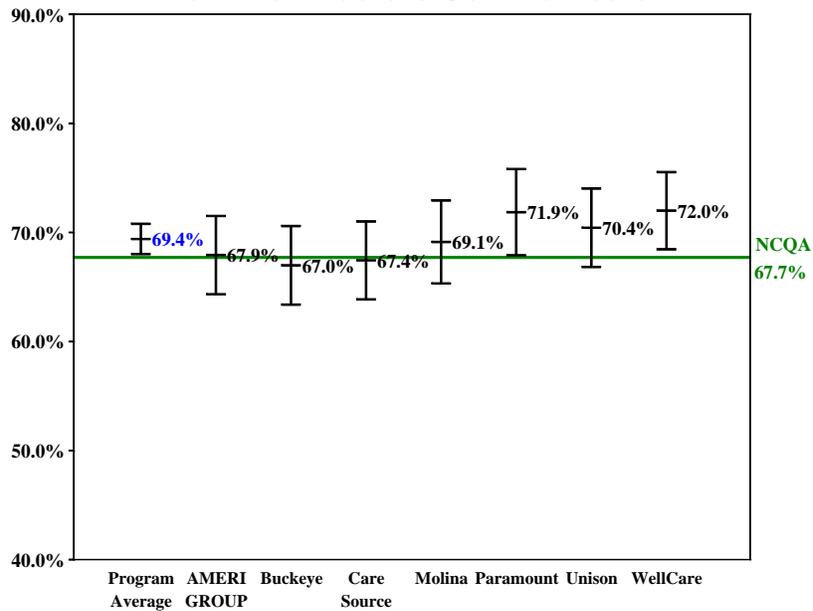
**Figure D-33**  
**Getting Care Quickly**



Getting Care Quickly Composite

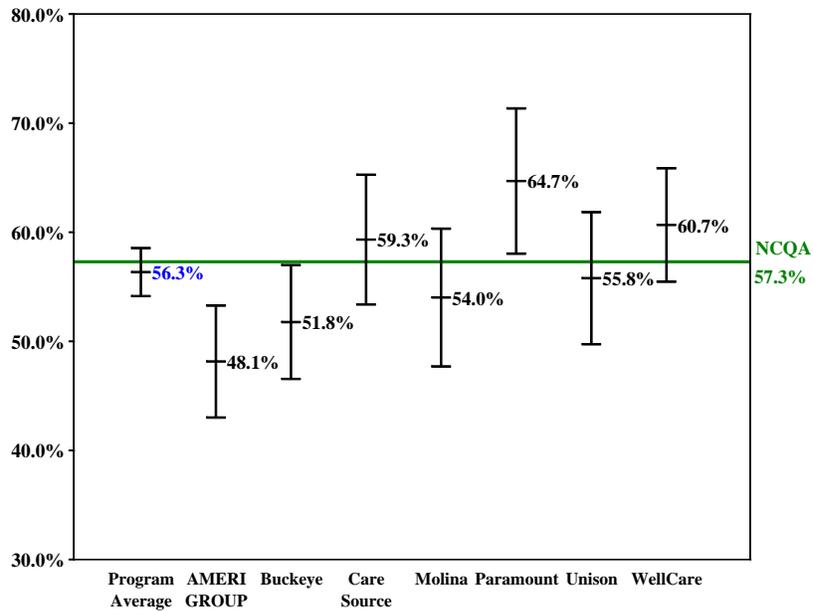
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure D-34**  
**How Well Doctors Communicate**



**How Well Doctors Communicate Composite**

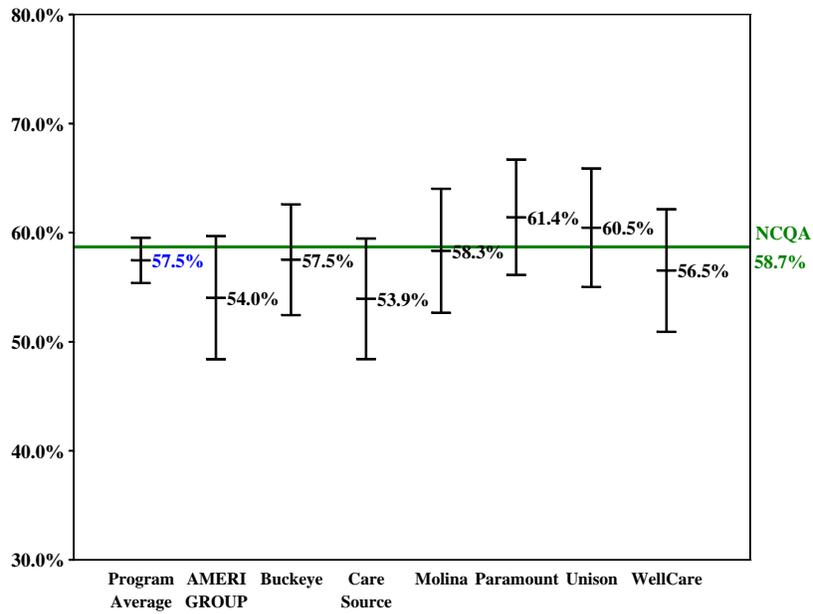
**Figure D-35**  
**Customer Service**



**Customer Service Composite**

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

**Figure D-36  
Shared Decision Making**



**Shared Decision Making Composite**

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

### **Adult Top-Box Response Discussion on the Composite Measures**

The following is a summary of the results presented in Figures D-32–D-36. The discussion focuses on comparisons of the 2008 Ohio Medicaid Managed Care Program and MCP results to the 2008 NCQA averages.

For the adult population, all of the MCPs with reportable scores and the program’s top-box responses encompass or exceed the national average for two of the composites. The program and two MCPs exceed the NCQA average for the How Well Doctors Communicate composite, and one MCP exceeds the NCQA average for the Customer Service composite.

#### **Getting Needed Care (Figure D-32)**

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

#### **Getting Care Quickly (Figure D-33)**

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

#### **How Well Doctors Communicate (Figure D-34)**

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

#### **Customer Service (Figure D-35)**

- 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 D-36)**

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

## **GENERAL CHILD OVERALL MEMBER SATISFACTION RATINGS**

Table D-1 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for general child members in Ohio's Medicaid Managed Care Program and its seven participating MCPs.<sup>2</sup> Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2008 national child Medicaid data.<sup>3</sup> A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page G-2.

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

<sup>3</sup> The star assignments are determined by comparing the program's and the MCPs' three-point mean scores to the distribution of NCQA's 2008 national child Medicaid data. For additional information, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

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

OHIO'S MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNISON	WELLCARE	
<b>GLOBAL RATINGS</b>								
Rating of Health Plan	★	★	★	★★	★	★★★★	★	★
Rating of All Health Care	★★	★	★★★★	★★	★★★★	★★★★	★★★★★	★
Rating of Personal Doctor	★★	★	★★★★	★★★★★	★	★★	★★★★★	★★
Rating of Specialist Seen Most Often	★	NA	★★★★	★	NA	★★	★★★★	NA
<b>COMPOSITE SCORES</b>								
Getting Needed Care	★★	★	★★	★★★★★	★	★★★★	★	★
Getting Care Quickly	★★★★	★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★★	★★★★
How Well Doctors Communicate	★★★★	★★	★★★★	★★	★★★★	★★★★	★★★★★	★★
Courteous and Helpful Office Staff	★★★★	★★	★★★★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★
Customer Service	★★	★	★	★★★★	★★	★★	★★★★	★
<b>What quintiles do the stars represent?</b>								
80 <sup>th</sup> or Above ★★★★★	60 <sup>th</sup> - 79 <sup>th</sup> ★★★★	40 <sup>th</sup> - 59 <sup>th</sup> ★★★★	20 <sup>th</sup> - 39 <sup>th</sup> ★★	Below 20 <sup>th</sup> ★	Not Applicable NA			
<i>Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).</i>								

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

## **OHIO'S MEDICAID MANAGED CARE PROGRAM**

### **Four- or Five-Star Ratings**

- None

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Customer Service

## **AMERIGROUP**

### **Four- or Five-Star Ratings**

- None

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Customer Service
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

## **BUCKEYE**

### **Four- or Five-Star Ratings**

- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Getting Care Quickly
- Courteous and Helpful Office Staff

### **One- or Two-Star Ratings**

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

## **CARESOURCE**

### **Four- or Five-Star Ratings**

- Rating of Personal Doctor
- Getting Needed Care
- Courteous and Helpful Office Staff

### **One- or Two-Star Ratings**

- Rating of Specialist Seen Most Often
- Rating of Health Plan
- Rating of All Health Care
- How Well Doctors Communicate

## **MOLINA**

### **Four- or Five-Star Ratings**

- Getting Care Quickly
- Courteous and Helpful Office Staff

### **One- or Two-Star Ratings**

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

## **PARAMOUNT**

### **Four- or Five-Star Ratings**

- Getting Care Quickly

### **One- or Two-Star Ratings**

- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Customer Service

## **UNISON**

### **Four- or Five-Star Ratings**

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Getting Needed Care

## **WELLCARE**

### **Four- or Five-Star Ratings**

- None

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- Customer Service
- Rating of Personal Doctor
- How Well Doctors Communicate

## ADULT OVERALL MEMBER SATISFACTION RATINGS

Table D-2 depicts the overall member satisfaction ratings for the four global ratings and four composite scores for adult members in Ohio's Medicaid Managed Care Program and its seven participating MCPs. Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2008 Benchmarks and Thresholds.<sup>4,5</sup> A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page G-2.

<b>Table D-2</b>								
<b>Overall Member Satisfaction Ratings on the Global Ratings and Composite Scores Ohio Adult Medicaid Managed Care Population</b>								
	OHIO'S MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNISON	WELLCARE
<b>GLOBAL RATINGS</b>								
Rating of Health Plan	★	★	★	★★	★	★★★★	★	★
Rating of All Health Care	★★	★	★	★★	★★	★★★★	★★	★★
Rating of Personal Doctor	★★★★	★★★★	★★★★	★★	★★★★	★★★★	★★★★	★★★★
Rating of Specialist Seen Most Often	★★	★	★★	★★	★★	★★	★★★★	★★★★
<b>COMPOSITE SCORES</b>								
Getting Needed Care	★★	★	★	★★★★	★★	★★★★	★★	★★
Getting Care Quickly	★★	★★	★★	★★★★	★★★★	★★★★	★★	★★
How Well Doctors Communicate	★★★★	★★★★	★★	★★★★	★★★★	★★★★	★★★★	★★★★
Customer Service	★★★★	★★	★★	★★★★	★★★★	★★★★	★★★★	★★★★
<b>What percentiles do the stars represent?</b>								
90 <sup>th</sup> or Above	★★★★★	★★★★	★★★★	★★★	★★	★	Not Applicable NA	
Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).								

<sup>4</sup> National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008*. Washington, DC: NCQA, Updated April 15, 2008.

<sup>5</sup> The star assignments are determined by comparing the program's and the MCPs' **three-point mean scores** to NCQA benchmarks. For additional information, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

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

## **OHIO'S MEDICAID MANAGED CARE PROGRAM**

### **Four- or Five-Star Ratings**

- How Well Doctors Communicate
- Customer Service

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

## **AMERIGROUP**

### **Four- or Five-Star Ratings**

- None

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Customer Service

## **BUCKEYE**

### **Four- or Five-Star Ratings**

- None

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service

## **CARESOURCE**

### **Four- or Five-Star Ratings**

- Customer Service

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

## **MOLINA**

### **Four- or Five-Star Ratings**

- Customer Service

### **One- or Two-Star Ratings**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care

## **PARAMOUNT**

### **Four- or Five-Star Ratings**

- Rating of All Health Care
- Rating of Personal Doctor
- How Well Doctors Communicate
- Customer Service

### **One- or Two-Star Ratings**

- Rating of Specialist Seen Most Often

## **UNISON**

### **Four- or Five-Star Ratings**

- Rating of Personal Doctor
- How Well Doctors Communicate
- Customer Service

### **One- or Two-Star Ratings**

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

## **WELLCARE**

### **Four- or Five-Star Ratings**

- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Customer Service

### **One- or Two-Star Ratings**

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

# Ohio Comparisons

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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 AHRQ's analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio.<sup>1</sup> This section presents weighted and case-mix-adjusted results for all adult and general child members completing a CAHPS Health Plan Survey.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> In 2008, Ohio's CFC Medicaid Managed Care Program had 2,804 completed adult surveys (33.2 percent response rate) and 3,658 completed general child surveys (32.6 percent response rate) from seven participating MCPs. These

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

<sup>2</sup> Child members in the CCC supplemental sample (those additional members sampled after the random CAHPS 3.0H child sample that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in Ohio's Medicaid Managed Care Program CCC Report.

<sup>3</sup> 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.

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

6,462 surveys (32.9 percent response rates) were combined to calculate the 2008 CAHPS results presented in this section.<sup>5</sup>

For each global rating, composite score, items within a composite measure, and individual item measures, an overall mean was calculated. For global ratings, the overall mean was provided on a scale of 0 to 10. For the composite measures, composite items, and individual item measures, the overall mean was provided on a three-point scale.<sup>6</sup> Members' responses were also classified into one of three response categories for each global rating, composite measure, composite item, and individual item measure. For the global ratings, the response categories were: 0 to 6, 7 to 8, and 9 to 10. For the general child surveys, the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composite measures and items response categories were: "Never/Sometimes," "Usually," and "Always." The Getting Needed Care and Customer Service composite measures and items response categories were: "Big Problem," "Small Problem," and "Not a Problem." For the adult surveys, the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items response categories were: "Never/Sometimes," "Usually," and "Always." The Shared Decision Making composite measure and items response categories were: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." For the individual item measures in the adult survey, Health Promotion and Education and Coordination of Care, the response categories were: "Never/Sometimes," "Usually," and "Always."

Specific survey questions pertaining to the following four areas of interest were also analyzed: satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services. Three-point means were calculated for each of these survey questions with one exception. For items being presented as Yes/No items, a one-point mean was calculated. The scale used to calculate the overall means varied by question and was provided within the discussion of each question. Members' responses to questions within these areas of interest were also classified into response categories and are described in detail within the discussion of each of these questions.

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<sup>5</sup> Certain questions analyzed in this section are only applicable to one population (either adult or general child). In these instances, only responses from the relevant population were analyzed and discussed.

<sup>6</sup> 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.

For each CCC composite measure, composite item, or question pair, a three-point overall mean was calculated.<sup>7,8</sup> Member responses were also classified into response categories. For the Access to Prescription Medicines and Access to Specialized Services CCC composite measures, items within each of these CCC composites were paired to create constructed variables which were then used to score these composites. Half of the questions within these two CCC composites had response categories of “Big Problem,” “Small Problem,” and “Not a Problem,” and half had response categories of “No” and “Yes.” A question with “Big Problem,” “Small Problem,” and “Not a Problem” response categories was paired with a question with “No” and “Yes” response categories. These paired questions were then classified into one of three response categories: “Problem, Not Helped,” “Problem, Helped,” and “No Problem.” For the Family Centered Care (FCC): Personal Doctor Who Knows Child, the Coordination of Care CCC composites, and the items within these CCC composites, the response categories were: “No” and “Yes.” For the FCC: Shared Decision Making and FCC: Getting Needed Information CCC composites, and the items within these CCC composites, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

The Ohio Comparisons section involved 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 than the program on each measure.

## **COMPARATIVE ANALYSIS**

MCP-level weighted and case-mix-adjusted mean scores in 2008 for the global ratings, composite measures, composite items, individual item measures, questions within the areas of interest, CCC composite measures, and CCC composite items were compared to Ohio’s CFC Medicaid Managed Care Program (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.<sup>9</sup> Each of the response category percentages discussed above and the overall means were compared for statistically significant differences. The program average used in the tests for statistical significance was different from the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix-adjusted, while the program average used in the tests for statistical significance was the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of the means). For additional information

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

<sup>8</sup> The CCC composite measures and CCC composite items are only included in the CAHPS 3.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the CAHPS 3.0H child sample) and CCC members completed the CAHPS 3.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC composite items. The Ohio Comparisons section only presents the results for the general child members to the CCC composites and CCC composite items.

<sup>9</sup> The term “mean scores” refers to the overall means and the response category percentages.

on these tests for statistical significance, please see 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 were statistically higher than the program average are noted with upward (↑) arrows. MCP-level scores that were statistically lower than the program average are noted with downward (↓) arrows. MCP-level scores that were not statistically different from the program average are not noted with arrows. In some instances, the mean scores for two MCPs were the same, but one was statistically different from the program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCP with a larger number of respondents.

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.

## **GLOBAL RATINGS**

### **Rating of Health Plan**

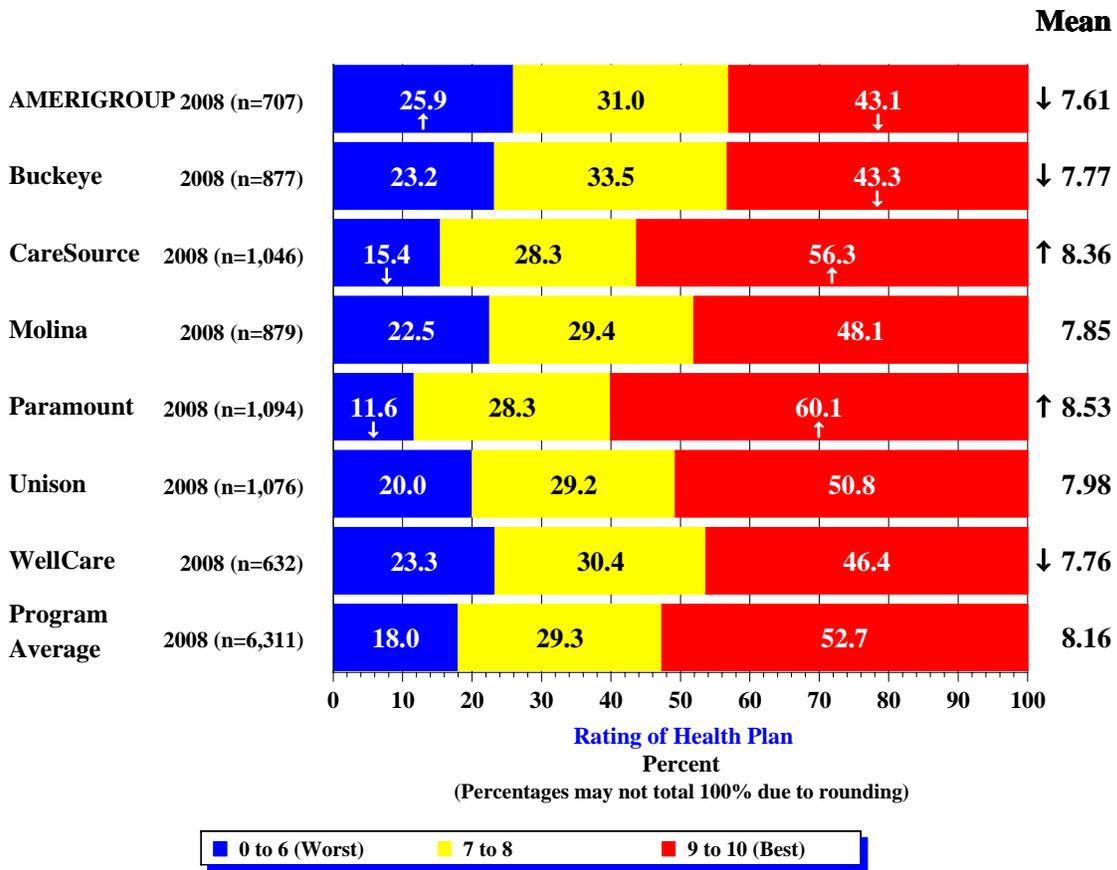
Ohio's CFC Medicaid Managed Care Program members were asked to rate their health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." For the question on a member's overall rating of his or her health plan, an overall mean was calculated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



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





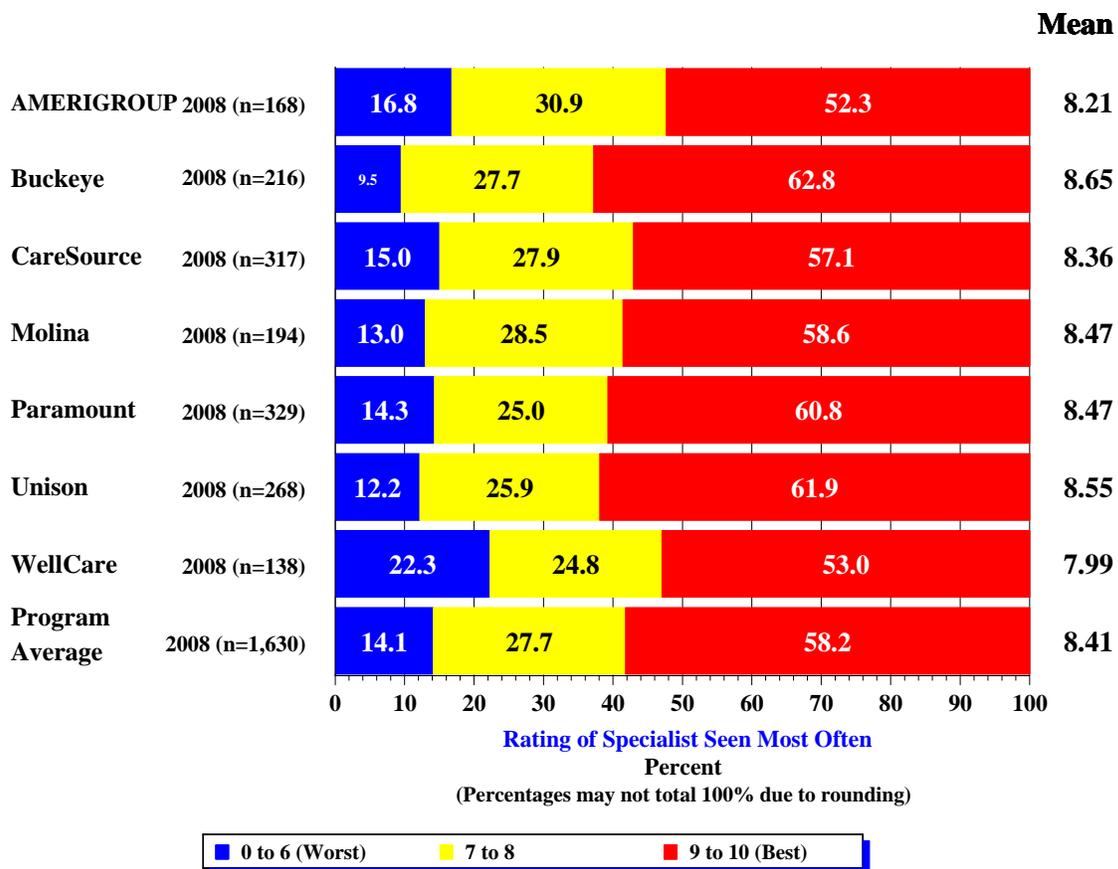
### Rating of Specialist Seen Most Often

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

#### *Comparative Analysis*

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

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



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

## **COMPOSITE MEASURES AND COMPOSITE ITEMS**

### **Getting Needed Care**

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**

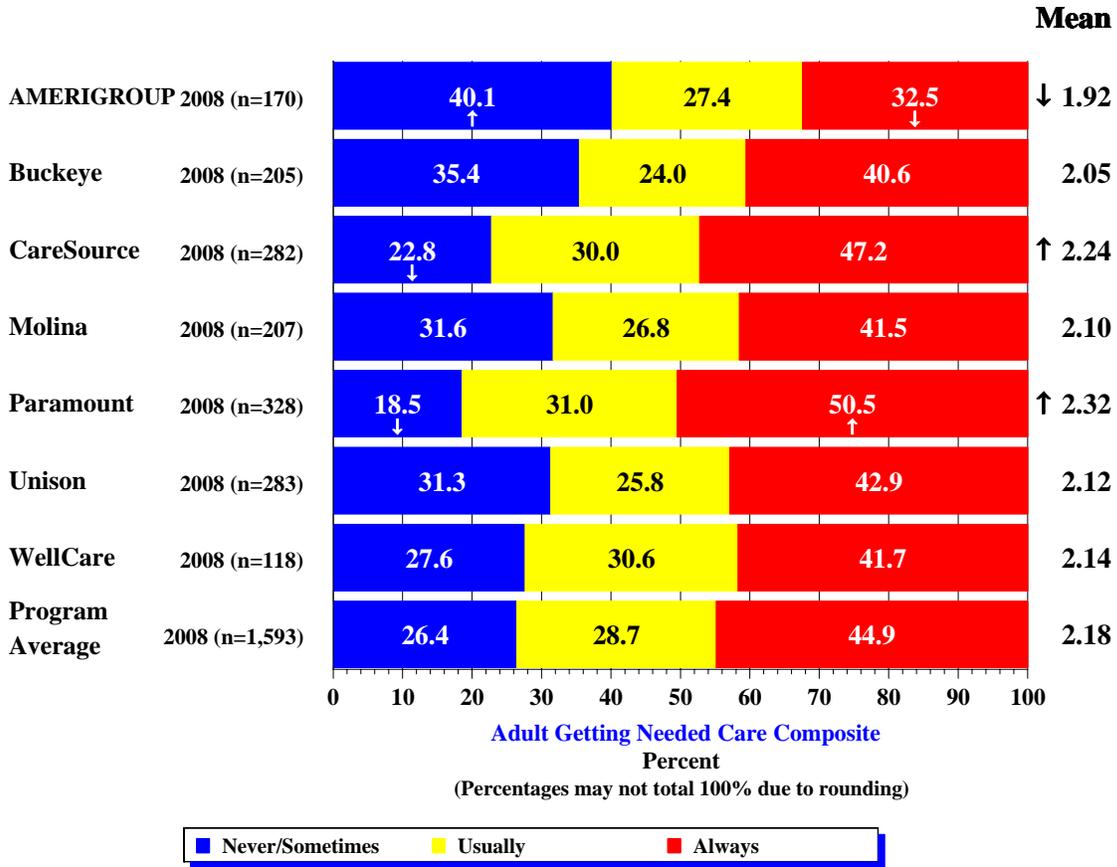
A series of two questions was asked to assess how often it was easy to get needed care. For each of these questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified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

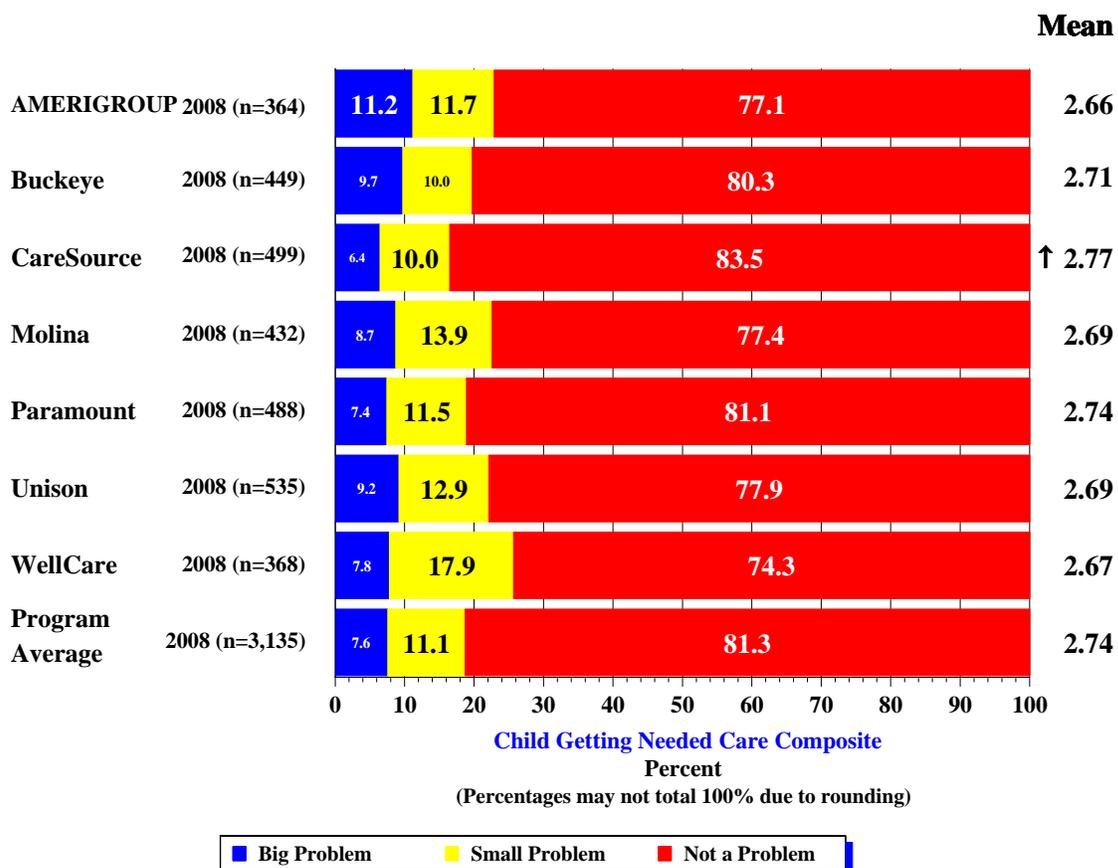
A series of five questions was asked to assess whether or not child members had a problem getting needed care. For each of these questions (Questions 7, 13, 28, 29, and 30 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio’s CFC Medicaid Managed Care Program and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

### Comparative Analysis

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

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

**Figure E-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 Needed Care: Seeing a Specialist***

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

#### **Adult Medicaid**

Question 23 in the CAHPS Adult Medicaid Health Plan Survey asked members how often it was easy to get appointments with a specialist. Figure E-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 three *statistically significant* differences observed for this measure.

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



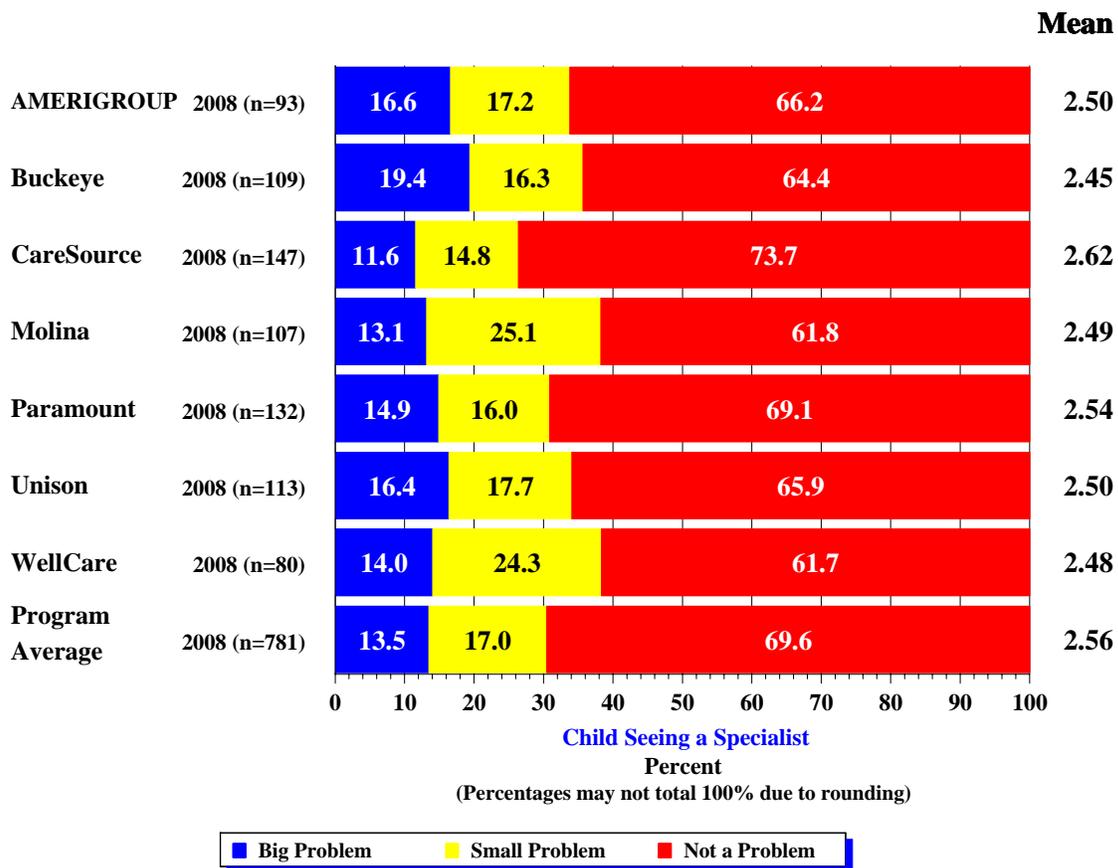
## Child Medicaid

Question 13 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem it was for their child to see a specialist. Figure E-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

### *Comparative Analysis*

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

**Figure E-9**  
**Getting Needed Care Composite:**  
**Child Seeing a Specialist**



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

***Getting Needed Care: Getting Care Believed Necessary***

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

**Adult Medicaid**

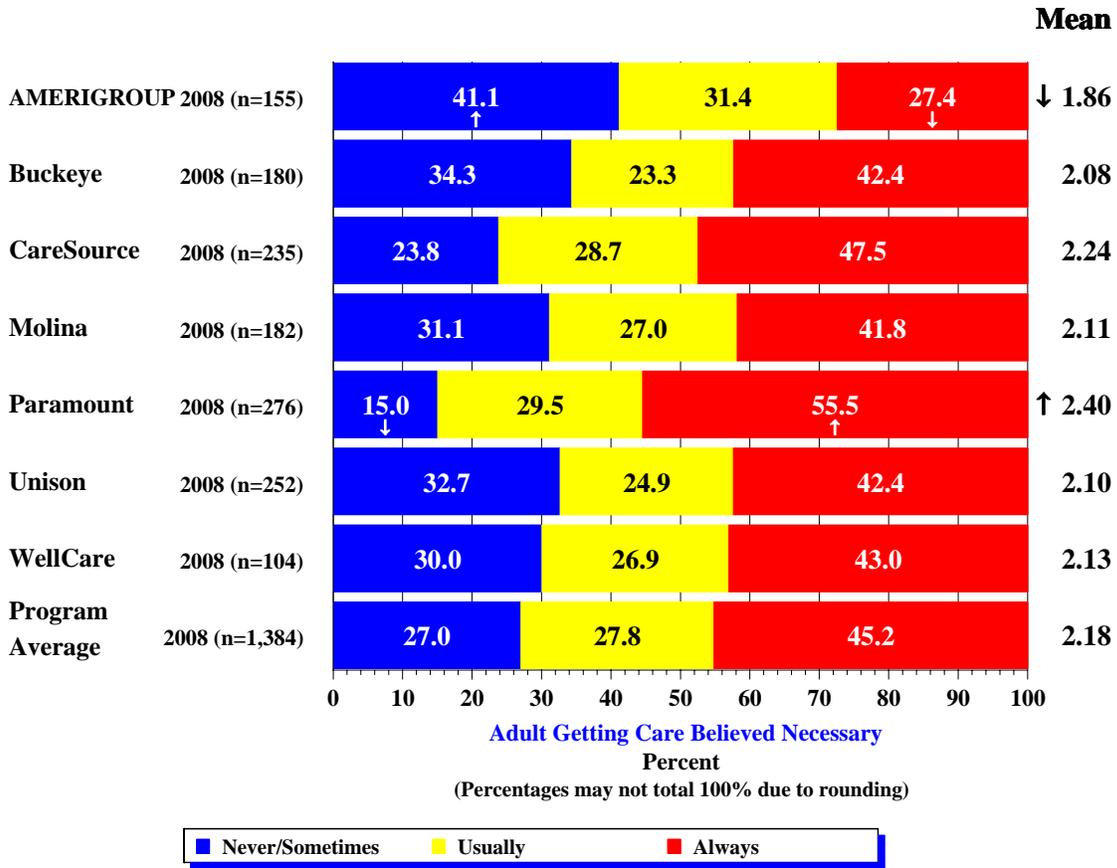
Question 27 in the CAHPS Adult Medicaid Health Plan Survey asked members how often it was easy to get the care, tests, or treatment they thought they needed. Figure E-10 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

***Comparative Analysis***

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

- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- 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 E-10**  
**Getting Needed Care Composite:**  
**Adult Getting Care Believed Necessary**



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



***Getting Needed Care: Child Delays in Health Care While Waiting for Health Plan Approval***

Question 30 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem were delays in their child's health care while waiting for approval from their health plan.<sup>11,12</sup> Figure E-12 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.

- Buckeye's overall mean was significantly lower than the program average.
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Not a Problem was significantly higher than the program average.

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<sup>11</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>12</sup> Please note, Question 29 in the CAHPS Child Medicaid Health Plan Survey is a gate item for Question 30. Respondents that select "No" to Question 29 are instructed to skip Question 30. As a result of the skip pattern, respondents who appropriately skip Question 30 (i.e., who select "No" to Question 29) are scored as "Not a Problem" for Question 30.



## **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 E-13 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 child 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 MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-14 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.



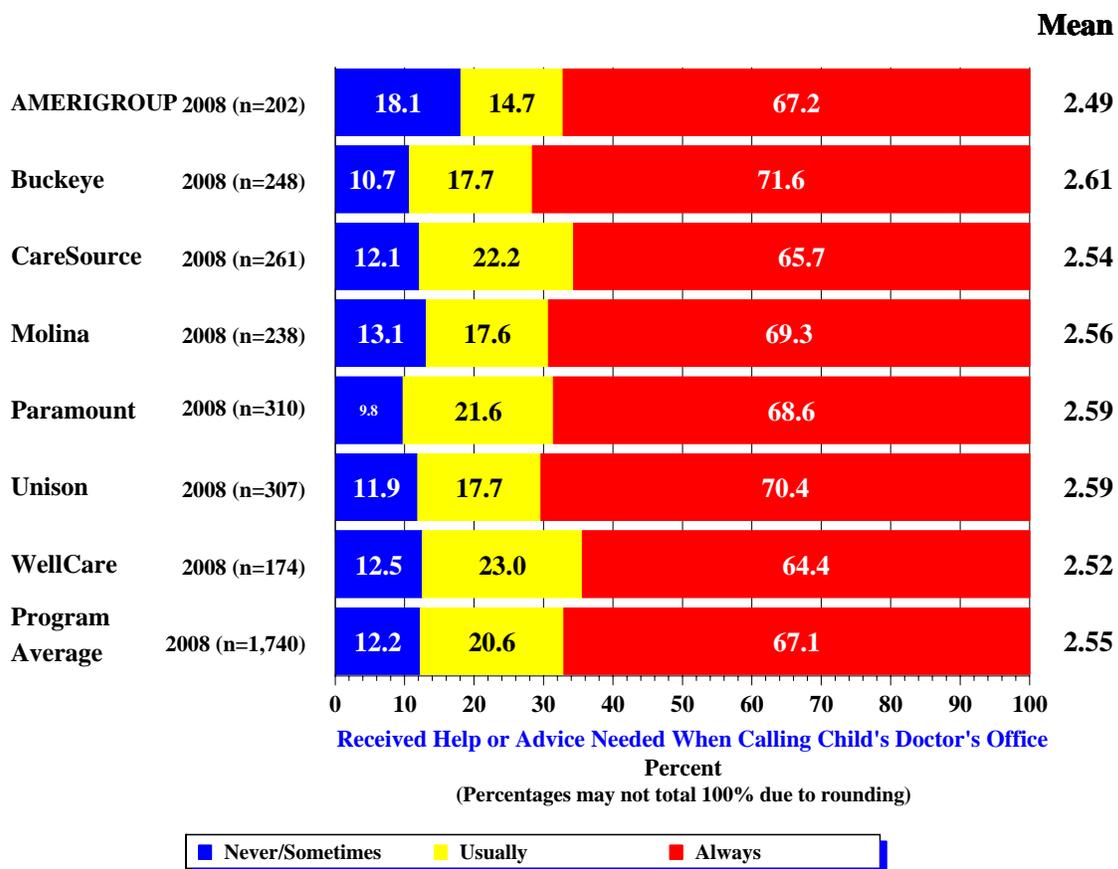
**Getting Care Quickly: Received Help or Advice Needed When Calling Child’s Doctor’s Office**

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked members to rate how often they received the help or advice they needed for their child when calling the doctor’s office during regular office hours.<sup>13</sup> Figure E-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-15**  
**Getting Care Quickly Composite:**  
**Received Help or Advice Needed When Calling Child’s Doctor’s Office**



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

<sup>13</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

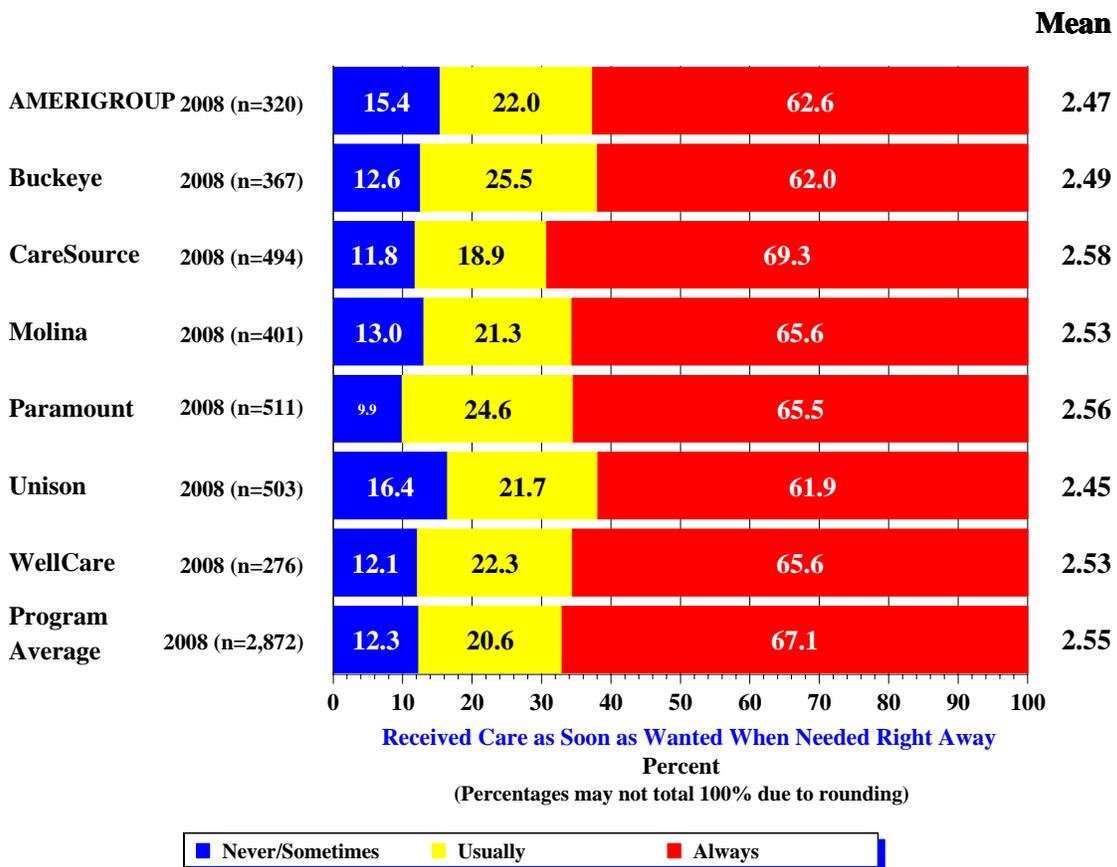
***Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away***

Question 4 in the CAHPS Adult Medicaid Health Plan Survey (and Question 20 in the CAHPS Child Medicaid Health Plan Survey) asked members to rate how often they received care as soon as they wanted when they needed care right away. Figure E-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

***Comparative Analysis***

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

**Figure E-16**  
**Getting Care Quickly Composite:**  
**Received Care as Soon as Wanted When Needed Right Away**



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

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

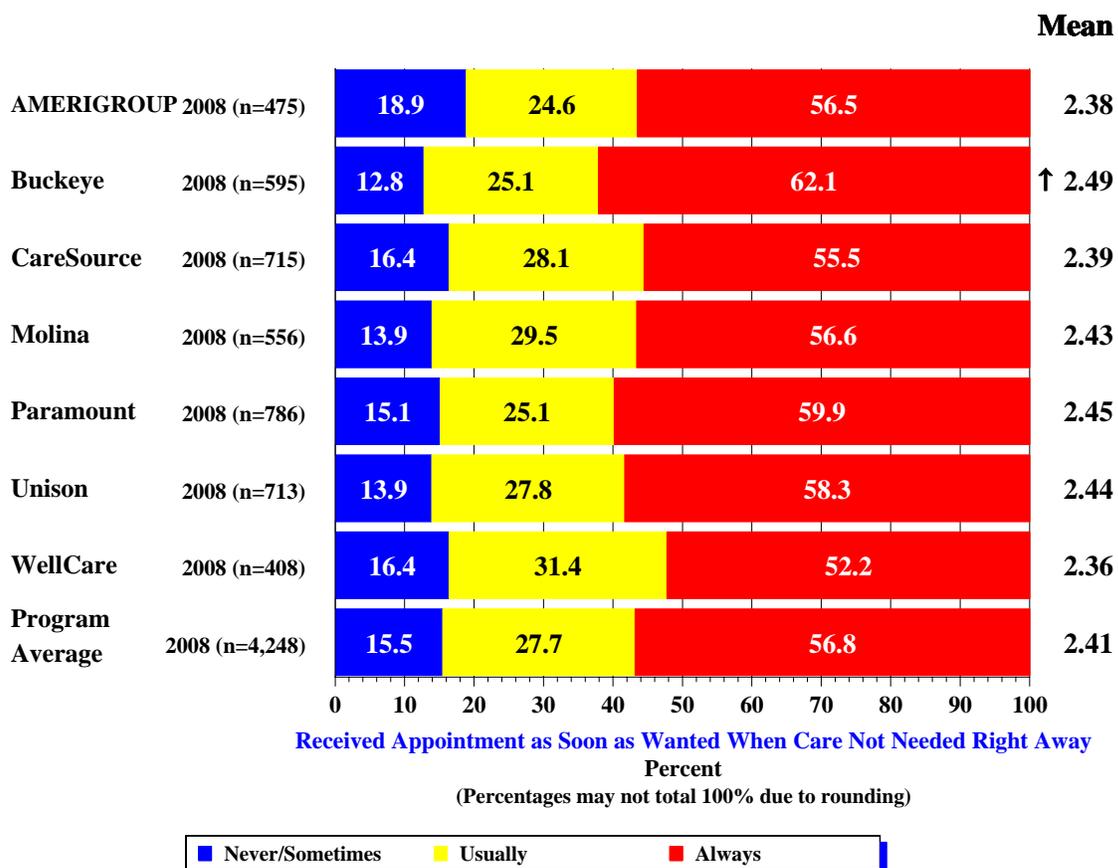
Question 6 in the CAHPS Adult Medicaid Health Plan Survey (and Question 23 in the CAHPS Child Medicaid Health Plan Survey) asked members to rate how often they received an appointment as soon as they wanted when they did not need care right away. Figure E-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

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

**Figure E-17**  
**Getting Care Quickly Composite:**  
**Received Appointment as Soon as Wanted When Care Not Needed Right Away**



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

***Getting Care Quickly: Child Taken to Exam Room Within 15 Minutes***

Question 31 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their child was taken to an exam room within 15 minutes of an appointment.<sup>14</sup> Figure E-18 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***

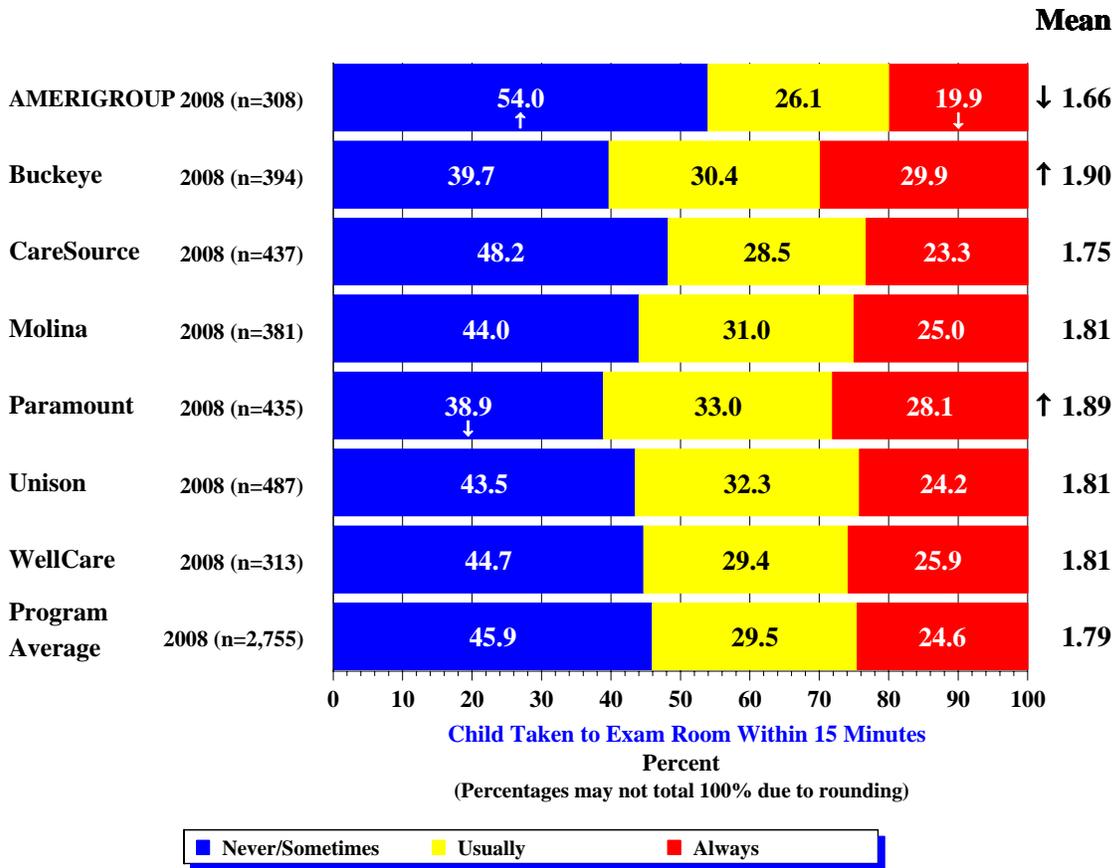
Overall, there were six *statistically significant* differences observed for this measure.

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

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<sup>14</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-18**  
**Getting Care Quickly Composite:**  
**Child Taken to Exam Room Within 15 Minutes**



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



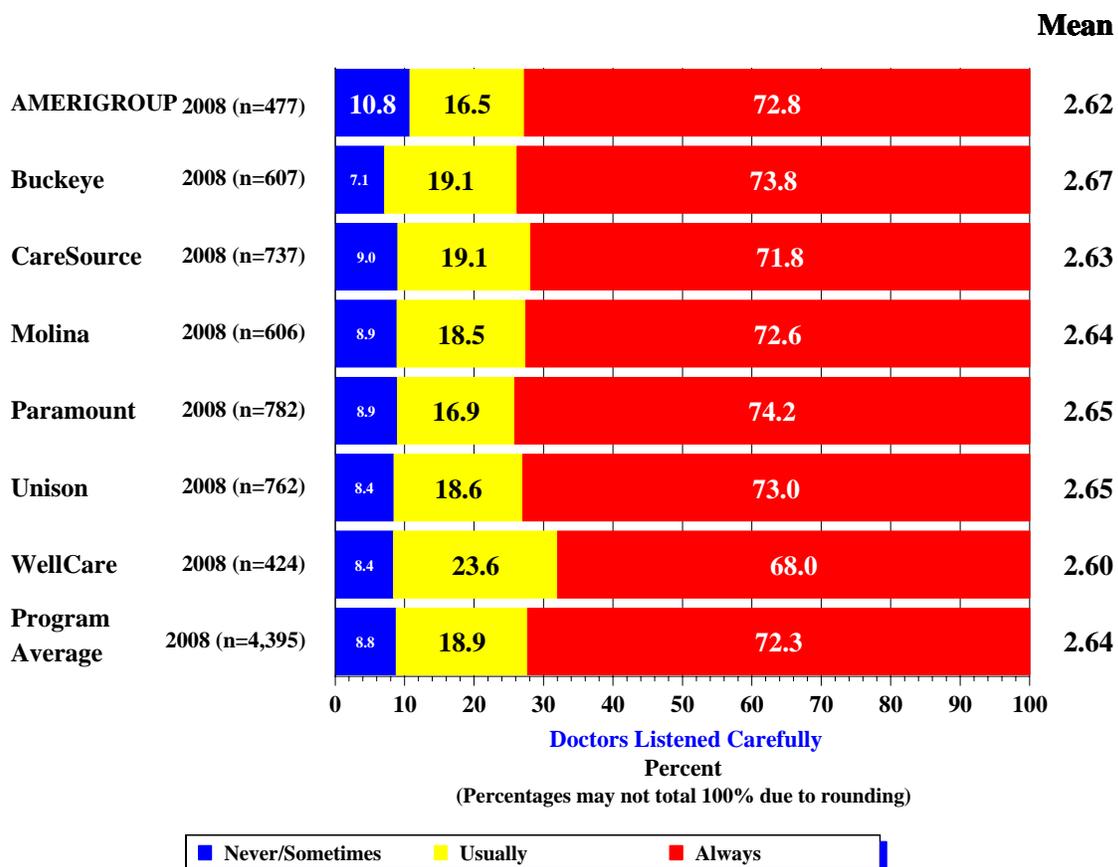
**How Well Doctors Communicate: Doctors Listened Carefully**

Question 16 in the CAHPS Adult Medicaid Health Plan Survey (and Question 34 in the CAHPS Child Medicaid Health Plan Survey) asked adult members and the parents or caretakers of child members to rate how often doctors or other health providers listened carefully to them. Figure E-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-20**  
**How Well Doctors Communicate Composite:**  
**Doctors Listened Carefully**



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

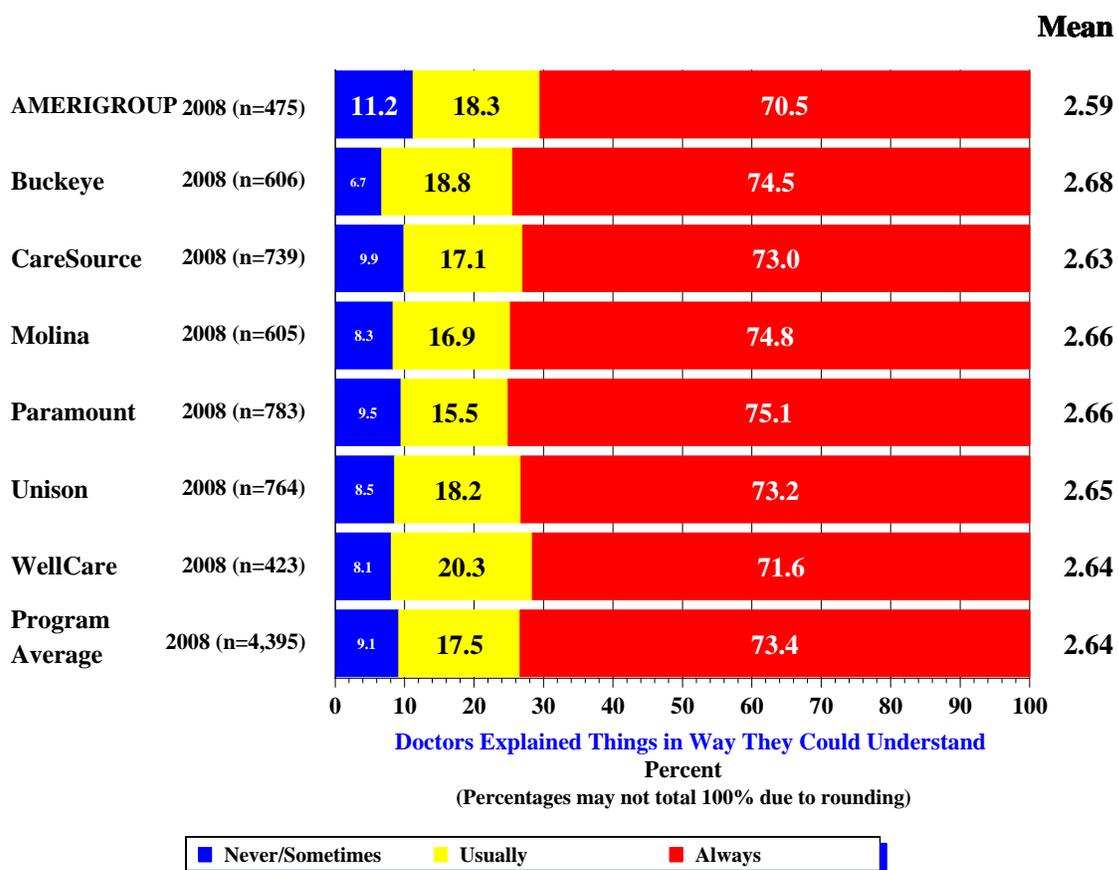
***How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand***

Question 15 in the CAHPS Adult Medicaid Health Plan Survey (and Question 36 in the CAHPS Child Medicaid Health Plan Survey) asked adult members and the parents or caretakers of child members to rate how often doctors or other health providers explained things in a way they could understand. Figure E-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

***Comparative Analysis***

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

**Figure E-21**  
**How Well Doctors Communicate Composite:**  
**Doctors Explained Things in Way They Could Understand**



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

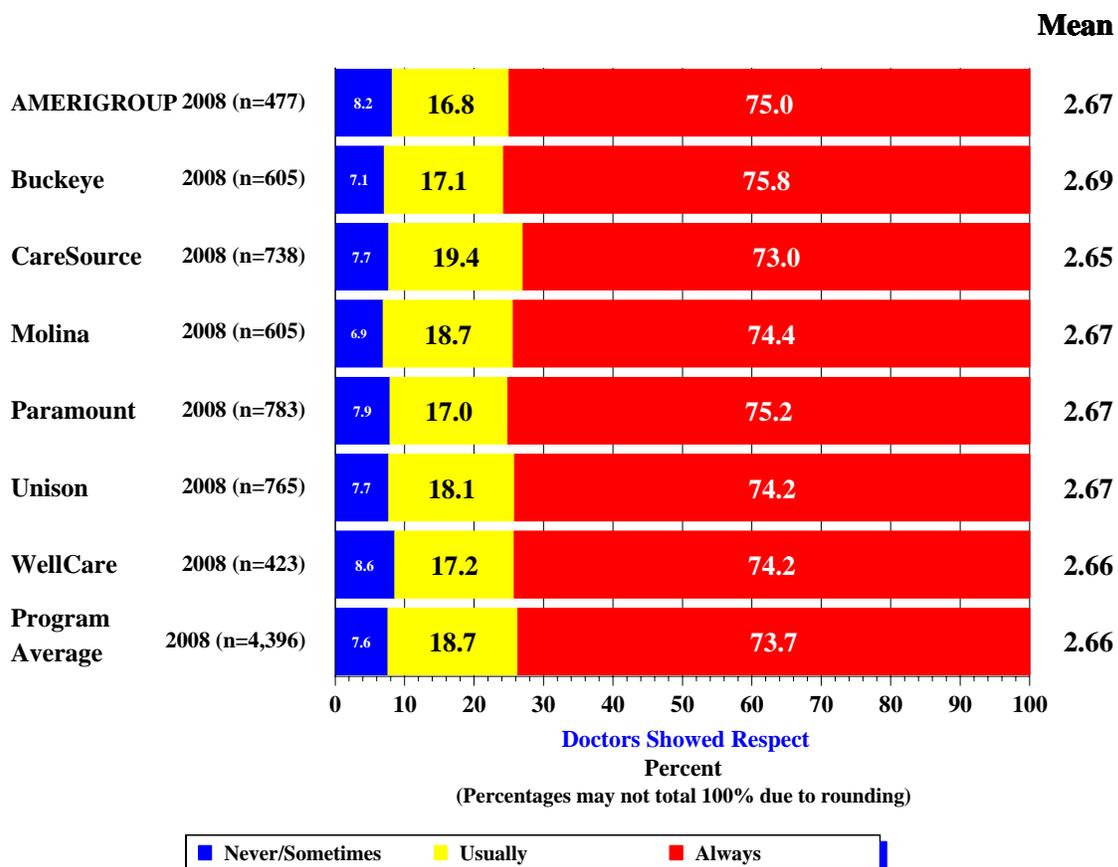
**How Well Doctors Communicate: Doctors Showed Respect**

Question 17 in the CAHPS Adult Medicaid Health Plan Survey (and Question 37 in the CAHPS Child Medicaid Health Plan Survey) asked adult members and the parents or caretakers of child members to rate how often doctors or other health providers showed respect for what they had to say. Figure E-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-22**  
**How Well Doctors Communicate Composite:**  
**Doctors Showed Respect**



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

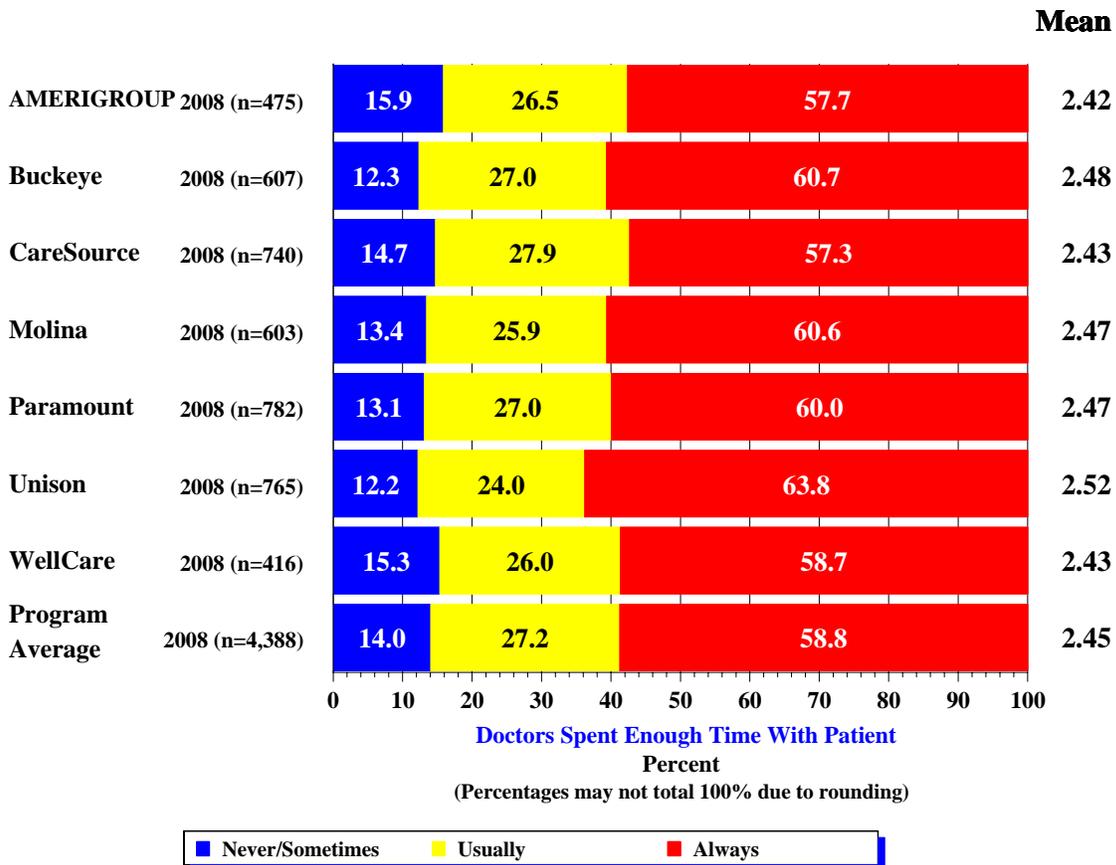
**How Well Doctors Communicate: Doctors Spent Enough Time With Patient**

Question 18 in the CAHPS Adult Medicaid Health Plan Survey (and Question 41 in the CAHPS Child Medicaid Health Plan Survey) asked members to rate how often doctors or other health providers spent enough time with them. Figure E-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-23**  
**How Well Doctors Communicate Composite:**  
**Doctors Spent Enough Time With Patient**



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

## **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.<sup>15</sup> 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 E-24 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.

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<sup>15</sup> This composite is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.





***Courteous and Helpful Office Staff: Child Office Staff as Helpful as Should Be***

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents and caretakers of child members to rate how often office staff at a child's doctor's office were as helpful as they thought staff should be.<sup>17</sup> Figure E-26 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***

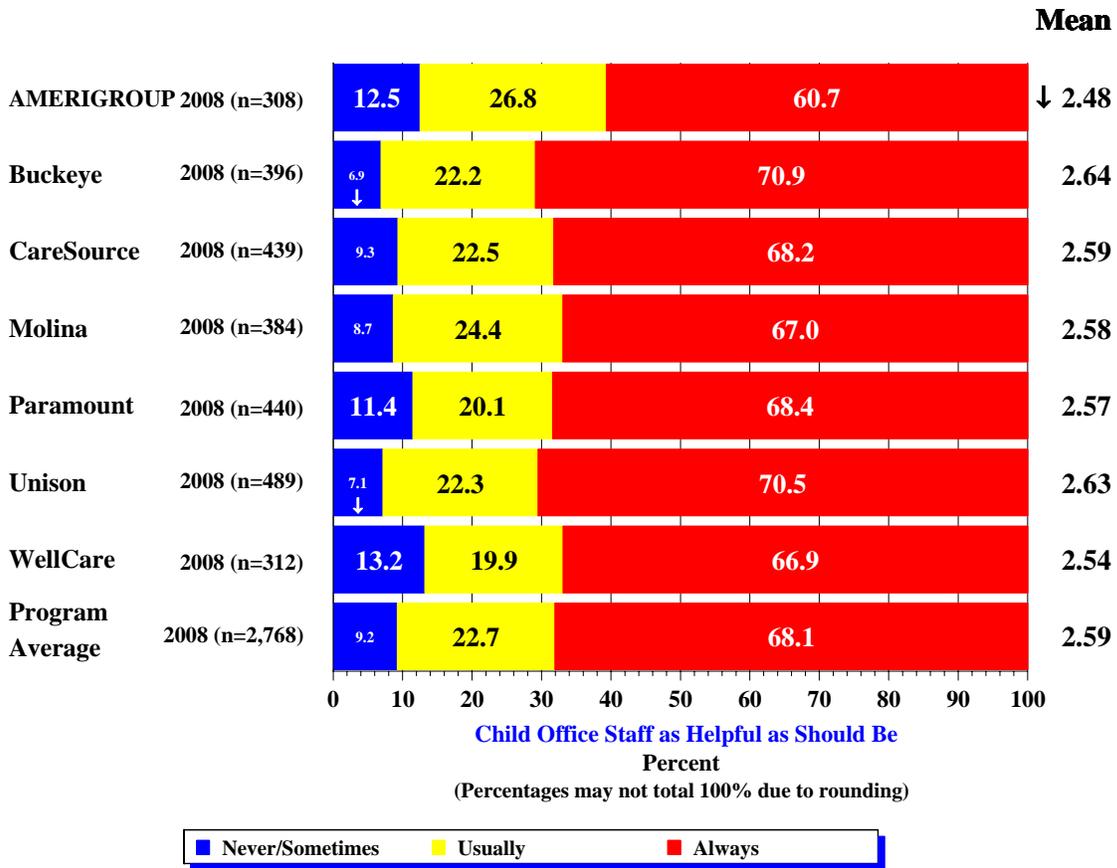
Overall, there were three *statistically significant* differences observed for this measure.

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

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<sup>17</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-26**  
**Courteous and Helpful Office Staff Composite:**  
**Child Office Staff as Helpful as Should Be**



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**

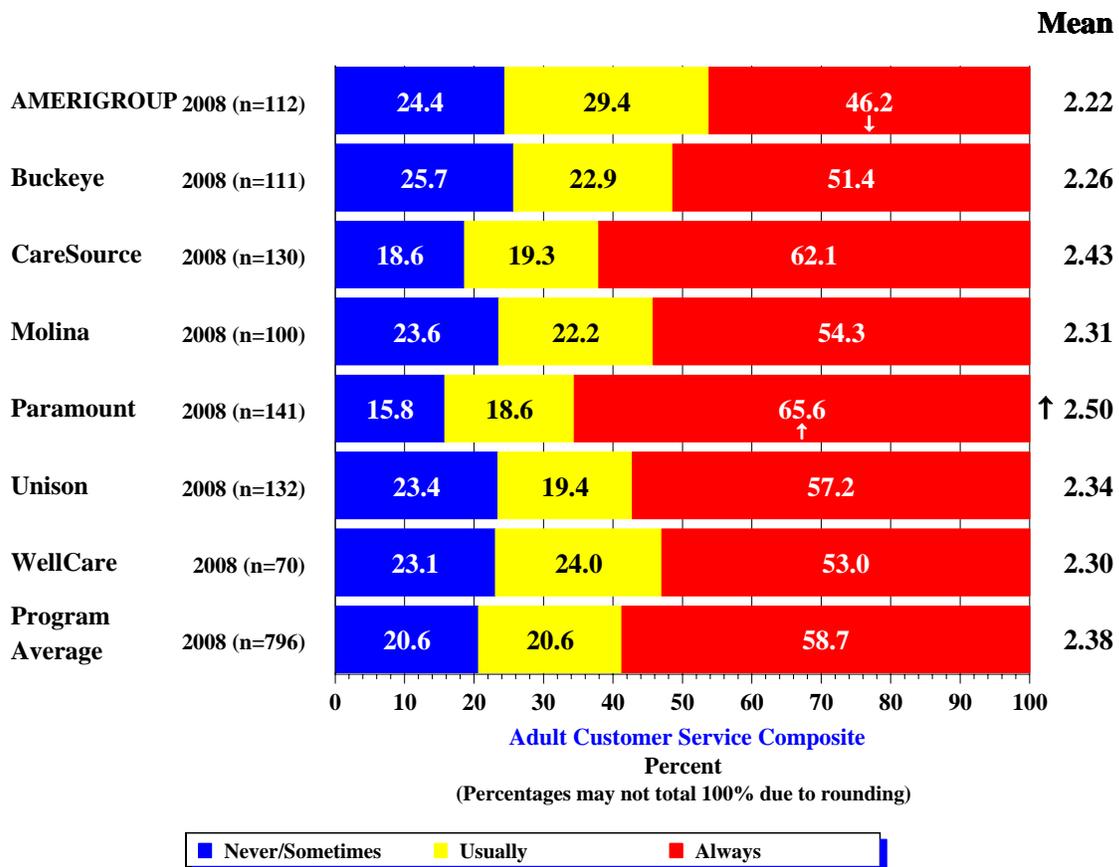
Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-27 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.

Figure E-27  
Adult Customer Service Composite



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

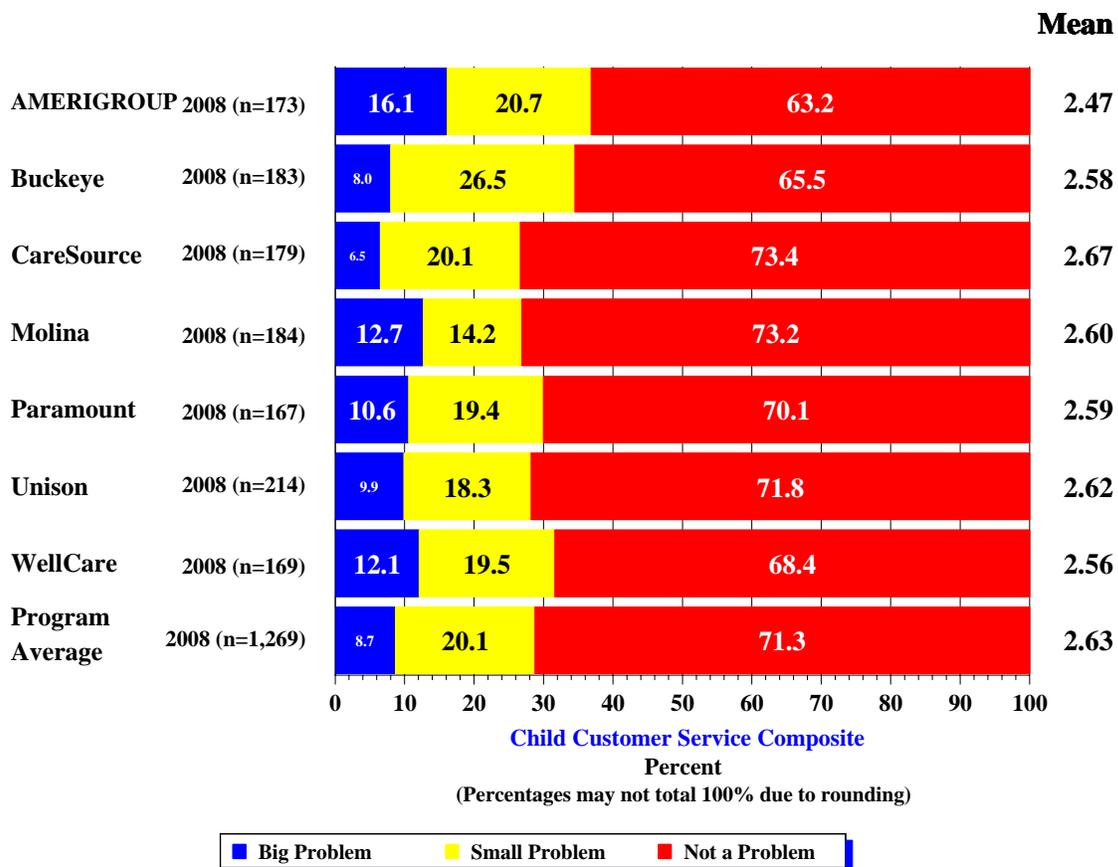
### Child Medicaid

Two questions were asked to assess whether or not parents or caretakers of child members had a problem with customer service. For each of these questions (Questions 79 and 81 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 E-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

#### *Comparative Analysis*

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

**Figure E-28**  
**Child Customer Service Composite**



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



***Customer Service: Obtaining Help Needed When Calling Customer Service***

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

**Adult Medicaid**

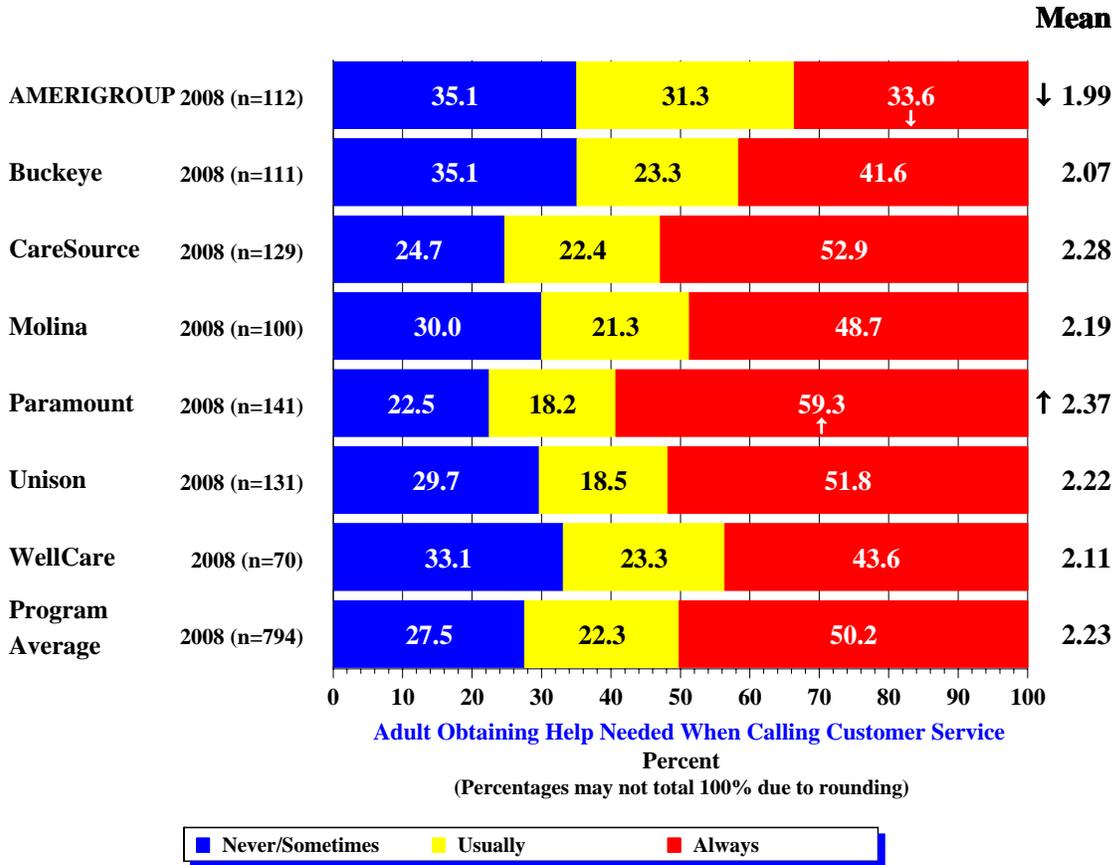
Question 31 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often their health plan's customer service gave them the information or help they needed. Figure E-30 on the following page depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

***Comparative Analysis***

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

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

**Figure E-30**  
**Customer Service Composite:**  
**Adult Obtaining Help Needed When Calling Customer Service**



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

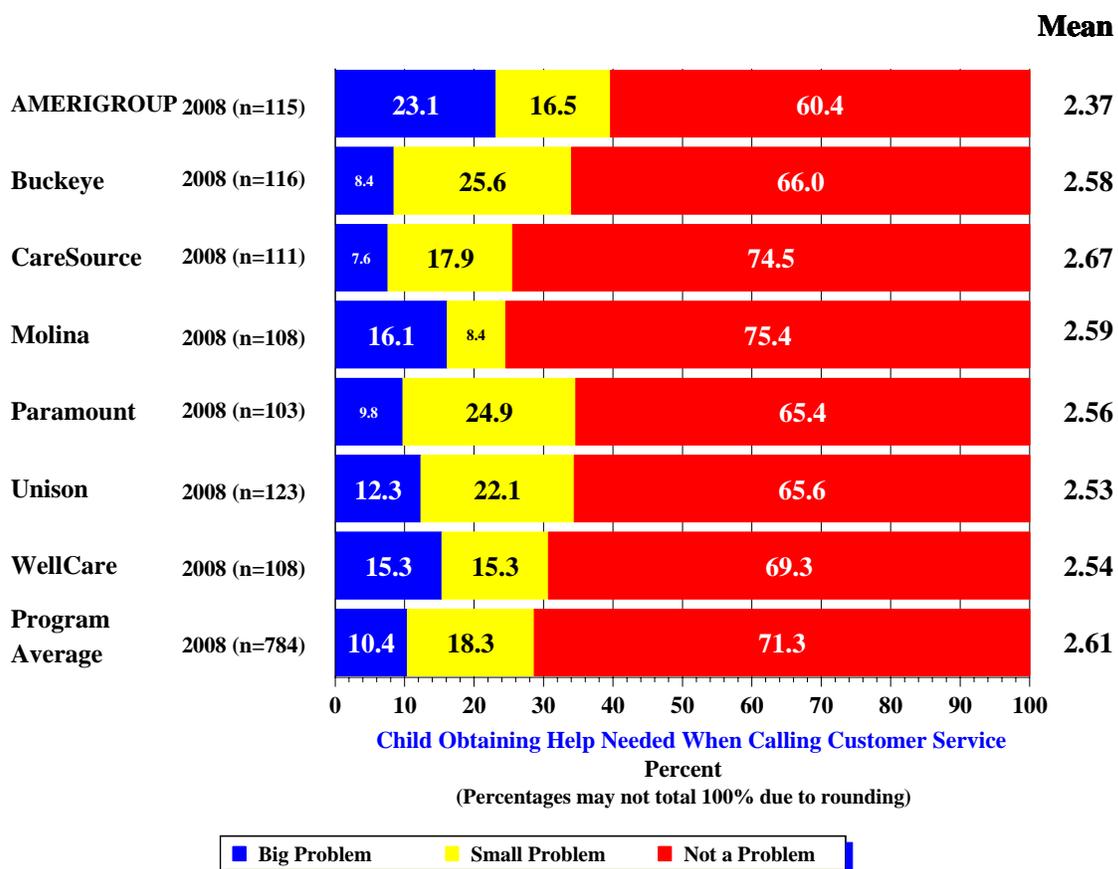
## Child Medicaid

Question 81 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem it was obtaining the help they needed when calling their child’s health plan’s customer service. Figure E-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

### Comparative Analysis

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

**Figure E-31**  
**Customer Service Composite:**  
**Child Obtaining Help Needed When Calling Customer Service**



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

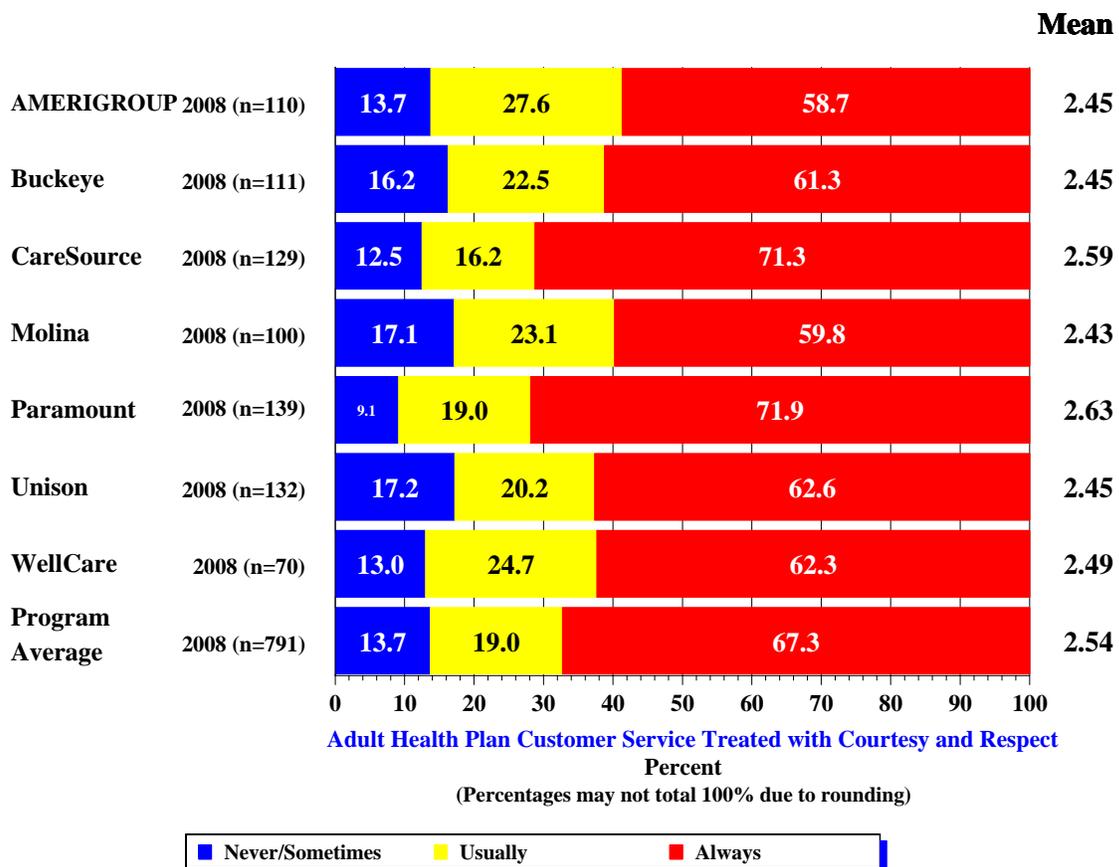
**Customer Service: Adult Health Plan Customer Service Treated with Courtesy and Respect**

Question 32 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often their health plan’s customer service staff treated them with courtesy and respect.<sup>19</sup> Figure E-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-32**  
**Customer Service Composite:**  
**Adult Health Plan Customer Service Treated with Courtesy and Respect**



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

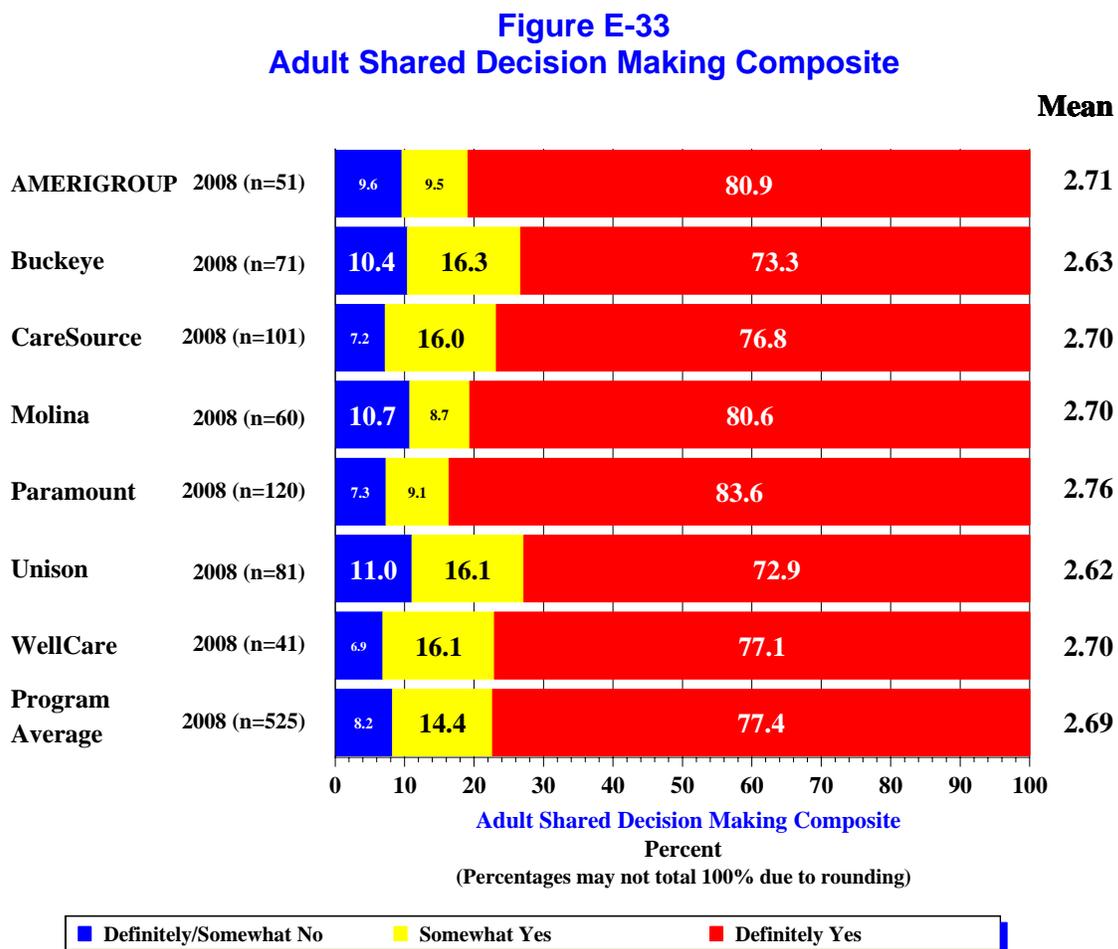
<sup>19</sup> This item is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.

## 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.<sup>20</sup> 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 E-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

### *Comparative Analysis*

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



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

<sup>20</sup> This composite is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.

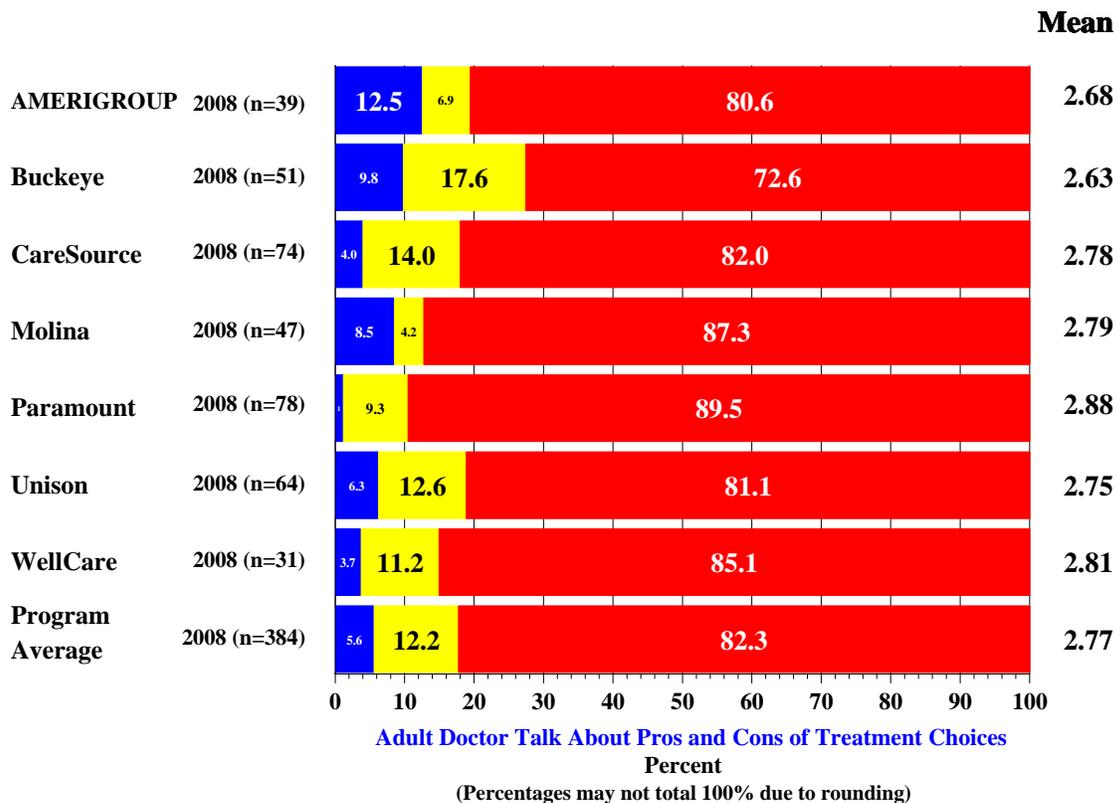
**Shared Decision Making: Adult Doctor Talk About Pros and Cons of Treatment Choices**

Question 10 in the CAHPS Adult Medicaid Health Plan Survey asked members if their doctor talked with them about the pros and cons of each choice for their treatment or health care.<sup>21</sup> Figure E-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

**Figure E-34**  
**Shared Decision Composite:**  
**Adult Doctor Talk About Pros and Cons of Treatment Choices**



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

<sup>21</sup> This item is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.



## ADULT INDIVIDUAL ITEM MEASURES

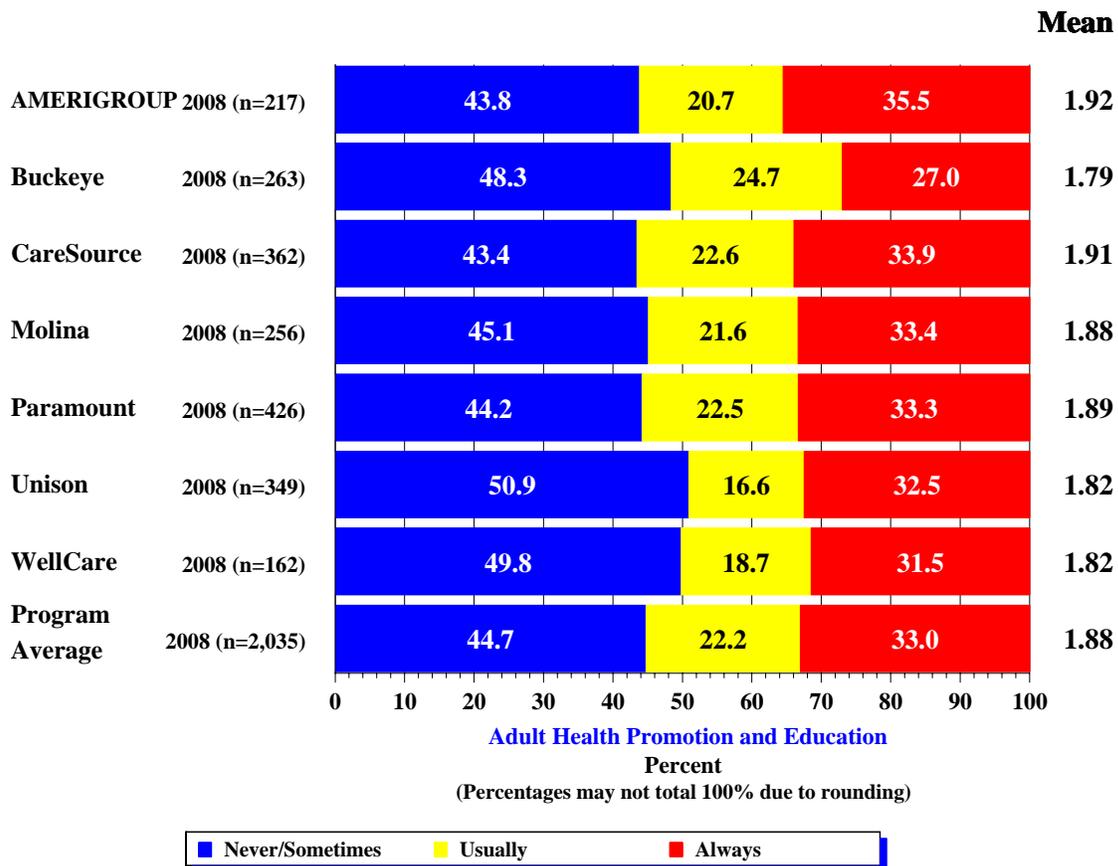
### Adult Health Promotion and Education

Question 8 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often their doctor talked with them about specific things they could do to prevent illness.<sup>23</sup> Figure E-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

#### *Comparative Analysis*

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

**Figure E-36**  
**Adult Health Promotion and Education**



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

<sup>23</sup> This item is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.

## Adult Coordination of Care

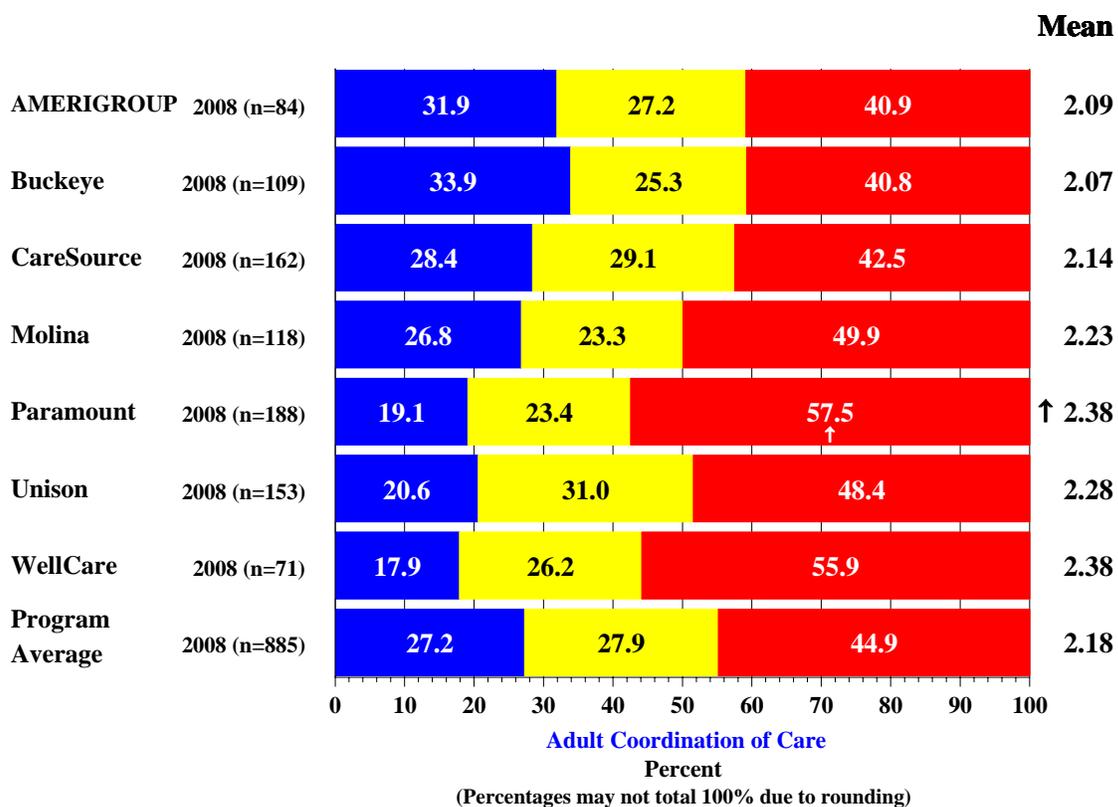
Question 20 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often their doctor seemed informed and up-to-date about care received from other doctors.<sup>24</sup> Figure E-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

### Comparative Analysis

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

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

**Figure E-37**  
**Adult Coordination of Care**



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

<sup>24</sup> This item is only included in the CAHPS 4.0H Adult Medicaid Health Plan Survey.

## **SATISFACTION WITH HEALTH PLAN**

### ***Satisfaction with Health Plan: Child Same Doctor or Nurse***

Several questions were asked to assess members' satisfaction with their health plans. Question 6 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had the same personal doctor or nurse before they joined their current health plan.<sup>25</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes."<sup>26</sup> Figure E-38 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 six *statistically significant* differences observed for this measure.

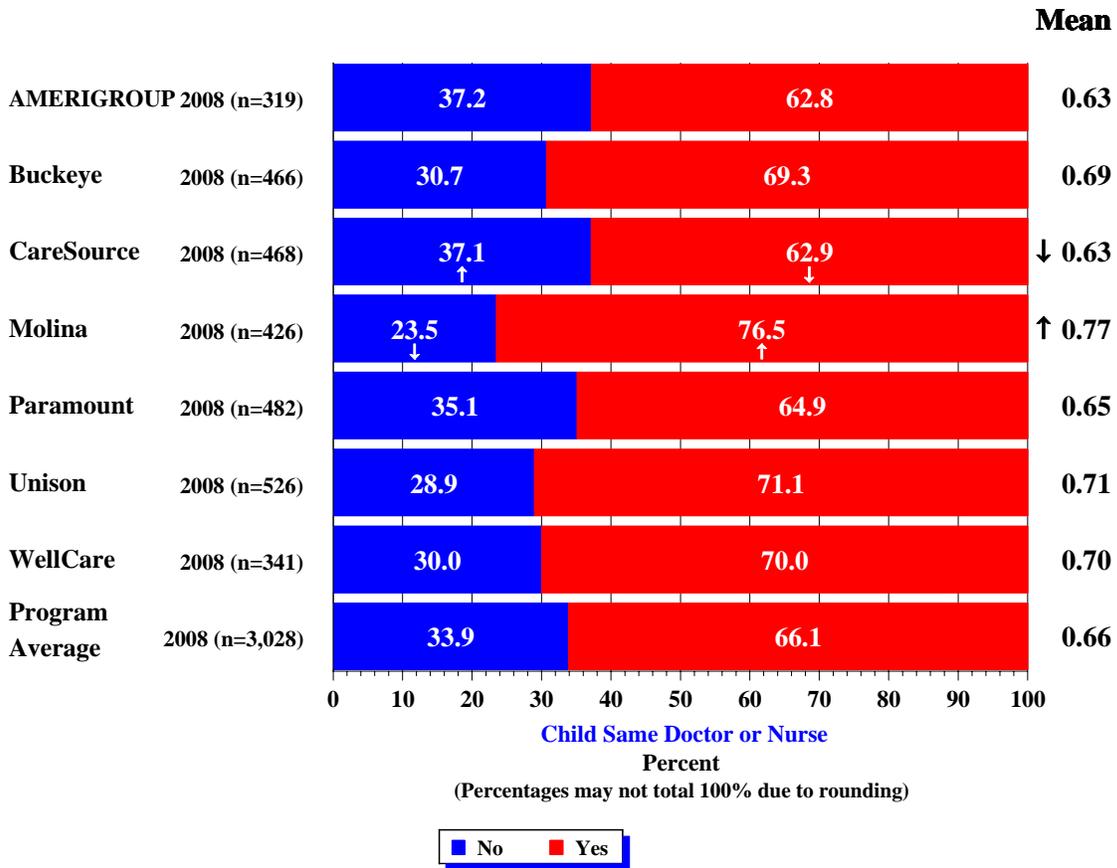
- CareSource's overall mean was significantly lower than the program average. The percentage of CareSource's respondents who gave a response of No was significantly higher than the program average, whereas the percentage of CareSource's respondents who gave a response of Yes was significantly lower than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

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<sup>25</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>26</sup> For questions with "No" and "Yes" response categories, responses of "No" were given a score of 0 and responses of "Yes" were given a score of 1. The one exception is displayed beginning on page E-64.

**Figure E-38  
Satisfaction with Health Plan:  
Child Same Doctor or Nurse**



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

***Satisfaction with Health Plan: Child Received Information About Health Plan Before Signing Up***

Question 76 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members had received information about their child's health plan before signing up for the plan.<sup>27</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-39 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***

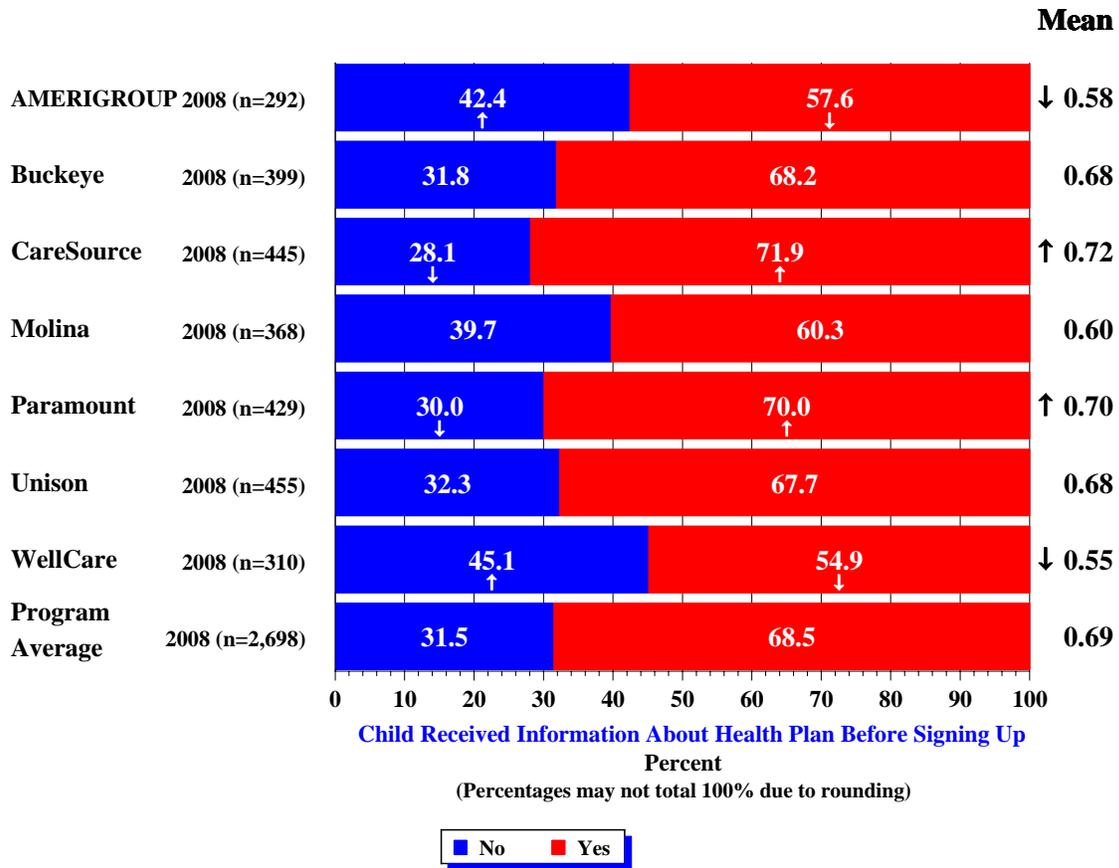
Overall, there were 12 *statistically significant* differences observed for this measure.

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

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<sup>27</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-39**  
**Satisfaction with Health Plan:**  
**Child Received Information About Health Plan Before Signing Up**



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

***Satisfaction with Health Plan: Child Health Plan Information Given Was Correct***

Question 77 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members who had received information about their child's health plan before signing up how much of the information was correct.<sup>28</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "None/Some," "Most," and "All."<sup>29</sup> Figure E-40 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 two *statistically significant* differences observed for this measure.

- CareSource's and Paramount's overall means were significantly higher than the program average.

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<sup>28</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>29</sup> For this question, responses of "None/Some" were given a score of 1, responses of "Most" were given a score of 2, and responses of "All" were given a score of 3.



***Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials***

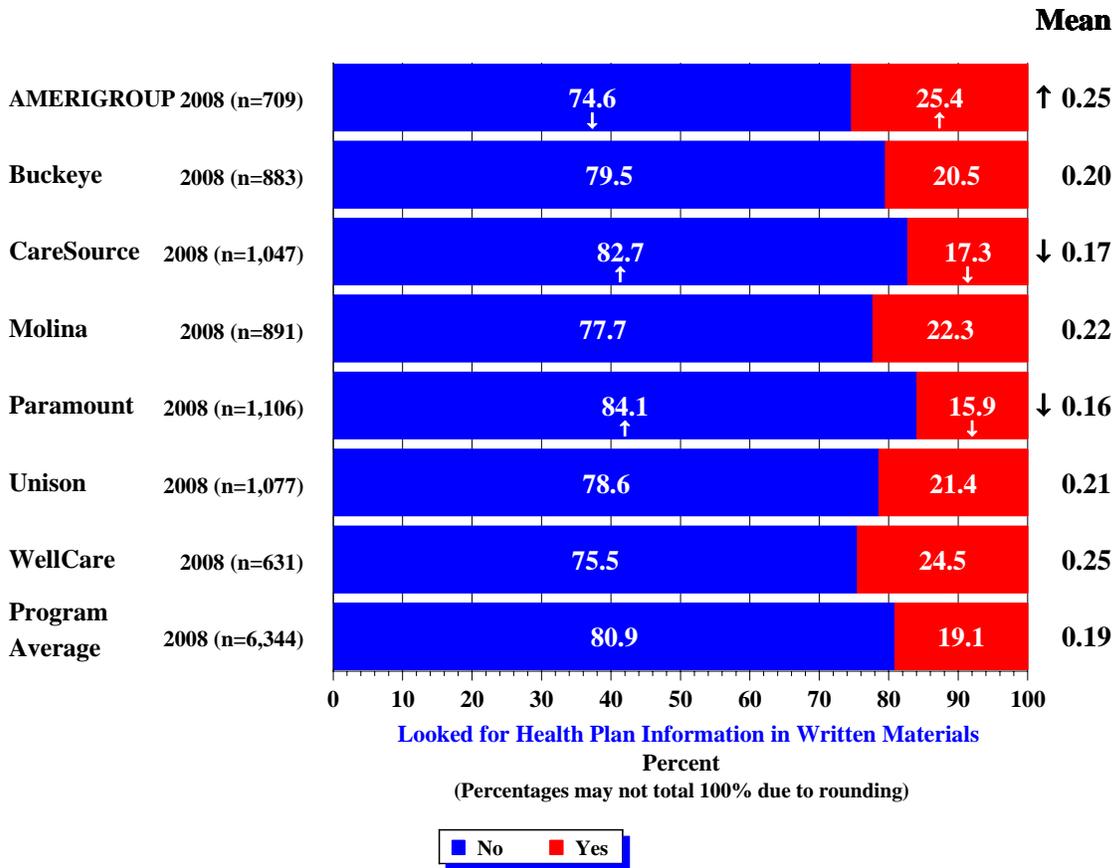
Question 28 in the CAHPS Adult Medicaid Health Plan Survey (and Question 78 in the CAHPS Child Medicaid Health Plan Survey) asked whether members had looked for information about how their health plan works in written materials or on the Internet. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-41 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 nine *statistically significant* differences observed for this measure.

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

**Figure E-41**  
**Satisfaction with Health Plan:**  
**Looked for Health Plan Information in Written Materials**



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

***Satisfaction with Health Plan: Called Customer Service for Information or Help***

Question 30 in the CAHPS Adult Medicaid Health Plan Survey (and Question 80 in the CAHPS Child Medicaid Health Plan Survey) asked whether members had called their health plan's customer service to obtain information or help. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-42 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 nine *statistically significant* differences observed for this measure.

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



***Satisfaction with Health Plan: Child Contacted Health Plan with Complaint or Problem***

Question 82 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members had called or written their child's health plan with a complaint or problem.<sup>30</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "Yes" and "No."<sup>31</sup> Figure E-43 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***

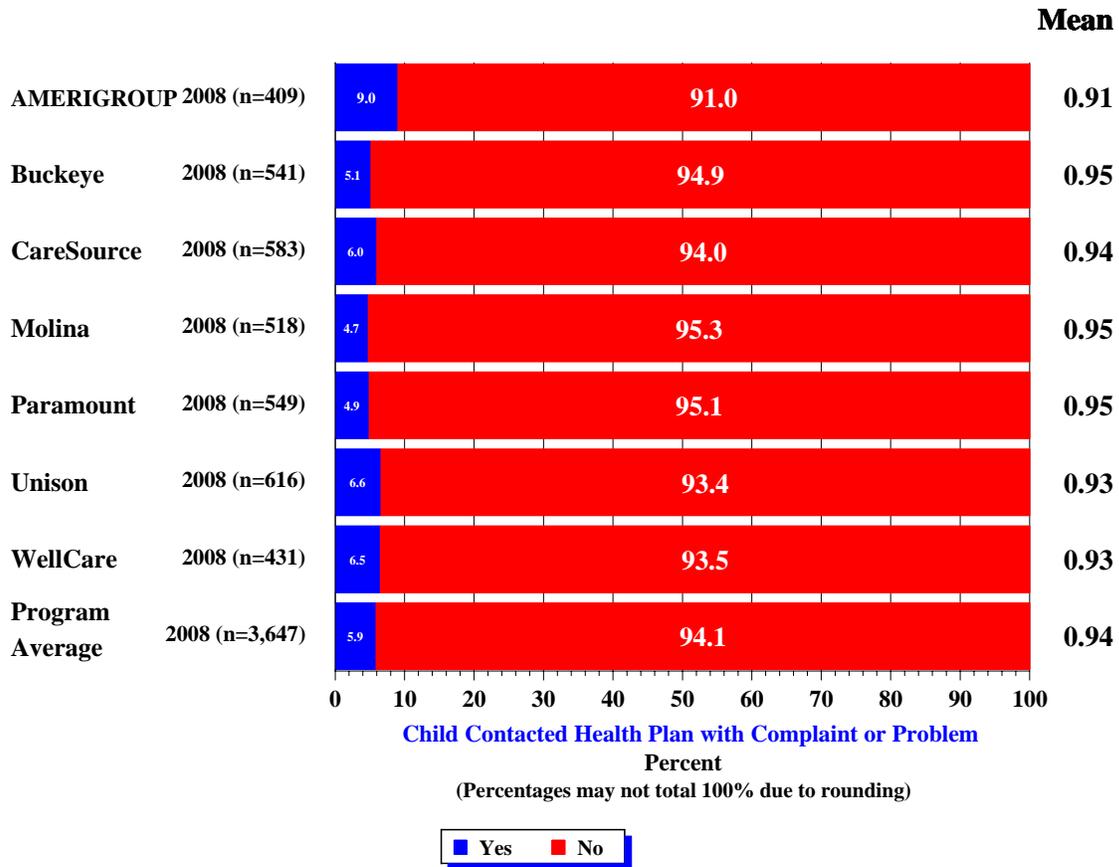
Overall, there were no *statistically significant* differences observed for this measure.

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<sup>30</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>31</sup> For this question, responses of "Yes" were given a score of 0 and responses of "No" were given a score of 1.

**Figure E-43**  
**Satisfaction with Health Plan:**  
**Child Contacted Health Plan with Complaint or Problem**



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

***Satisfaction with Health Plan: Child Time to Resolve Complaint or Problem***

Question 83 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers who had called or written their child’s health plan with a complaint or problem how long it took for the complaint or problem to be resolved.<sup>32</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: “8 or More Days,” “2 to 7 Days,” and “Same Day.”<sup>33</sup> Figure E-44 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***

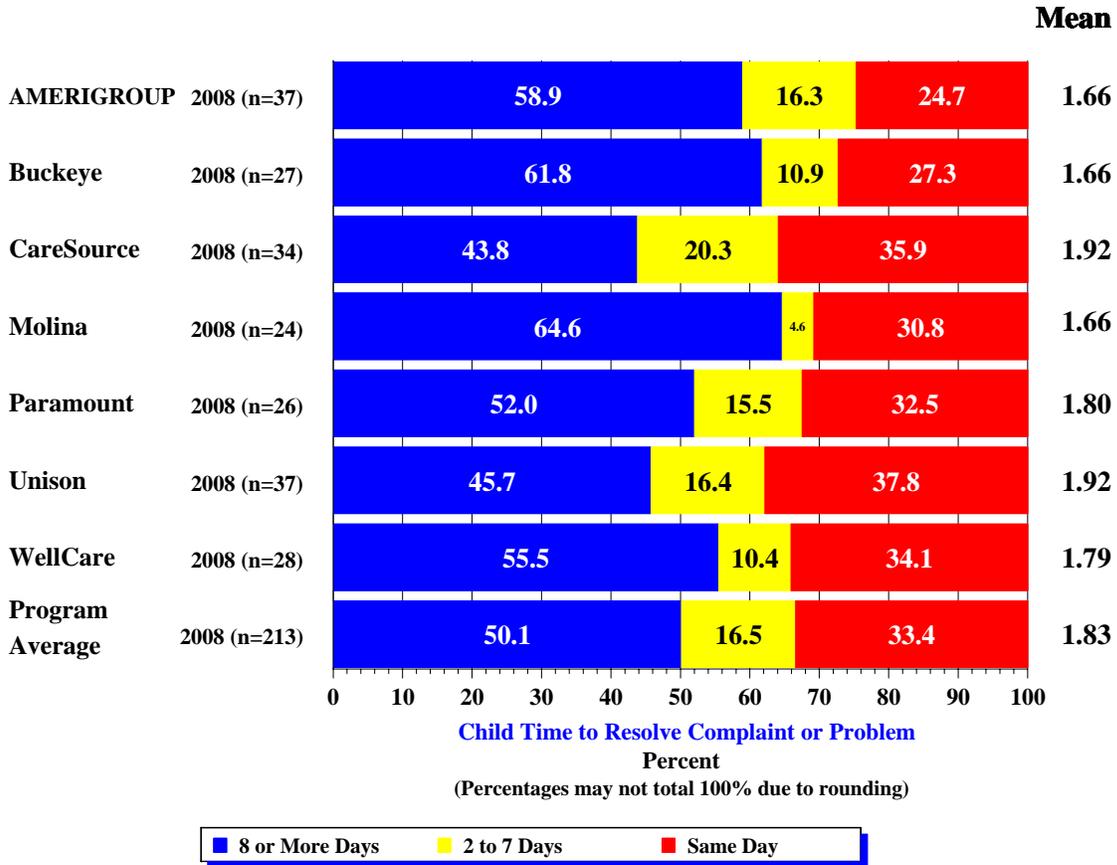
Overall, there were no *statistically significant* differences observed for this measure.

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<sup>32</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>33</sup> For this question, responses of “8 or More Days” were given a score of 1, responses of “2 to 7 Days” were given a score of 2, and responses of “Same Day” were given a score of 3.

**Figure E-44**  
**Satisfaction with Health Plan:**  
**Child Time to Resolve Complaint or Problem**



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

***Satisfaction with Health Plan: Child Complaint or Problem Settled to Their Satisfaction***

Question 84 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers who had their complaint or problem resolved whether the complaint or problem was settled to their satisfaction.<sup>34</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-45 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.

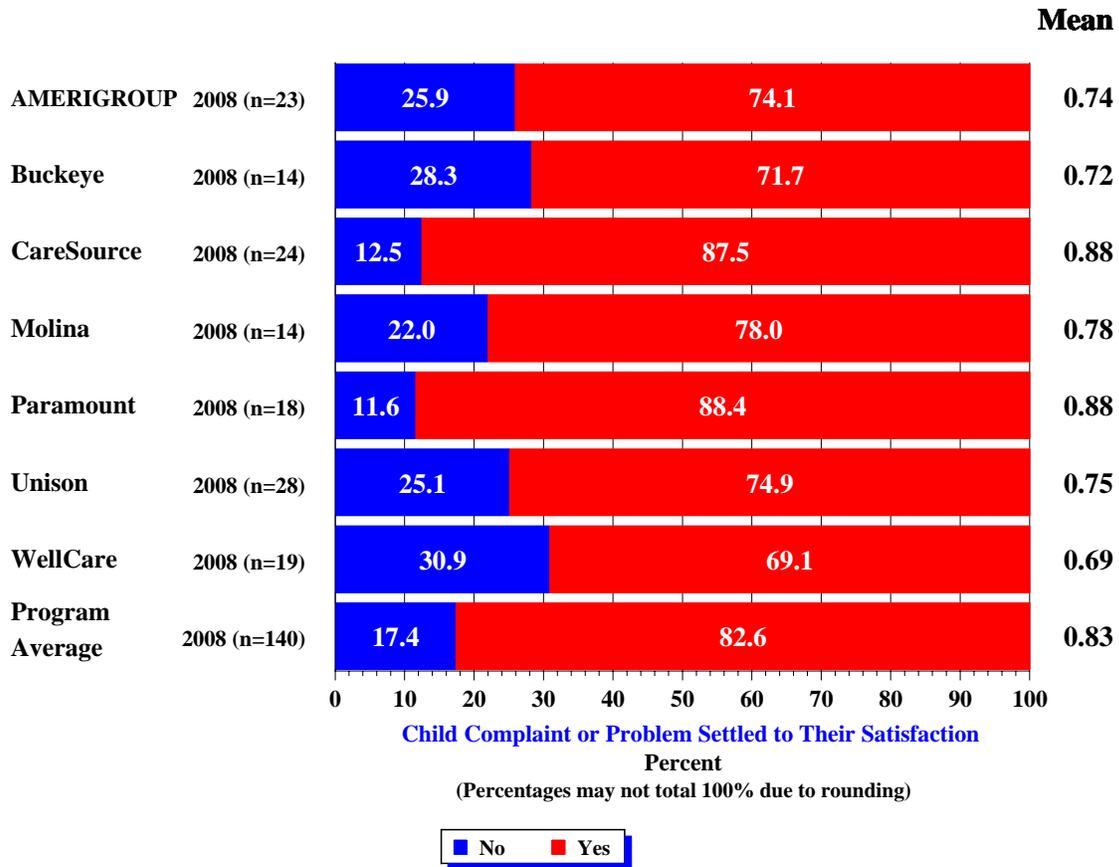
***Comparative Analysis***

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

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<sup>34</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-45**  
**Satisfaction with Health Plan:**  
**Child Complaint or Problem Settled to Their Satisfaction**



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

***Satisfaction with Health Plan: Filled Out Paperwork***

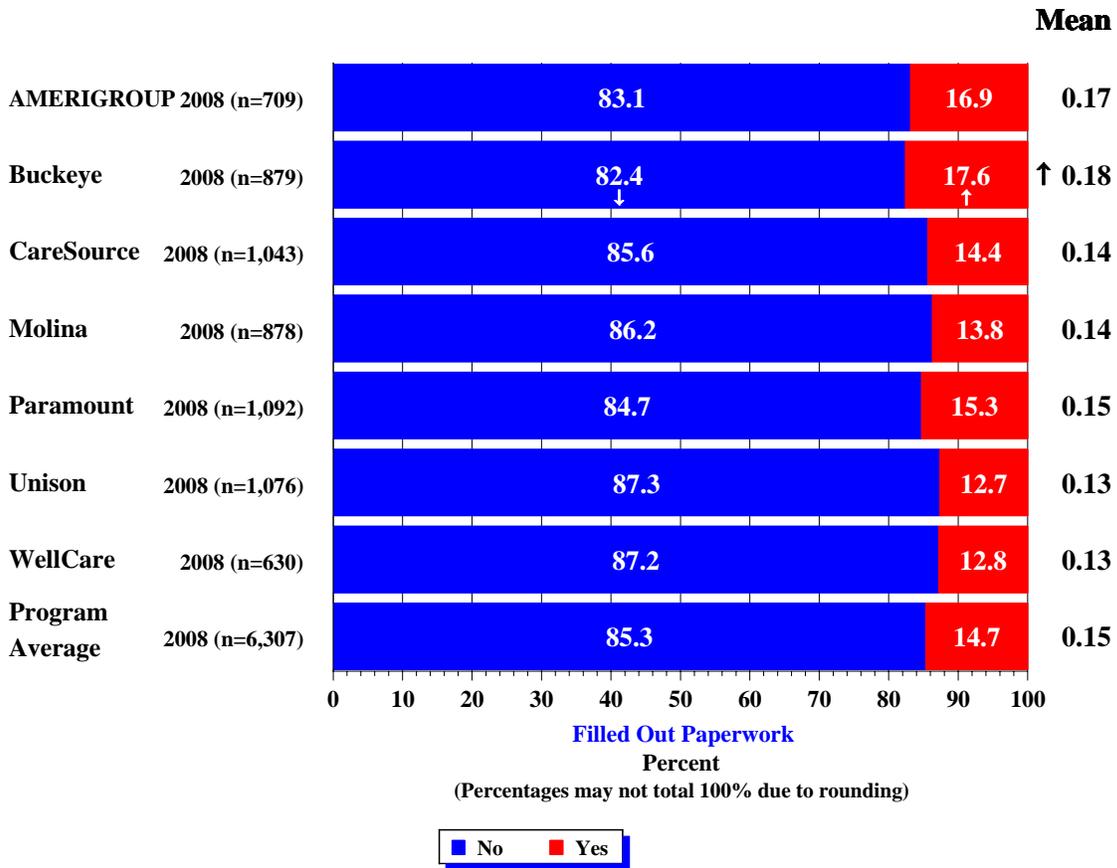
Question 33 in the CAHPS Adult Medicaid Health Plan Survey (and Question 86 in the CAHPS Child Medicaid Health Plan Survey) asked members if they had filled out paperwork for their health plan. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-46 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.

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

**Figure E-46**  
**Satisfaction with Health Plan:**  
**Filled Out Paperwork**



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

***Satisfaction with Health Plan: Problem with Paperwork for Health Plan***

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

**Adult Medicaid**

Question 34 in the CAHPS Adult Medicaid Health Plan Survey asked members how often forms were easy to fill out for their health plan. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."<sup>35</sup> Figure E-47 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.

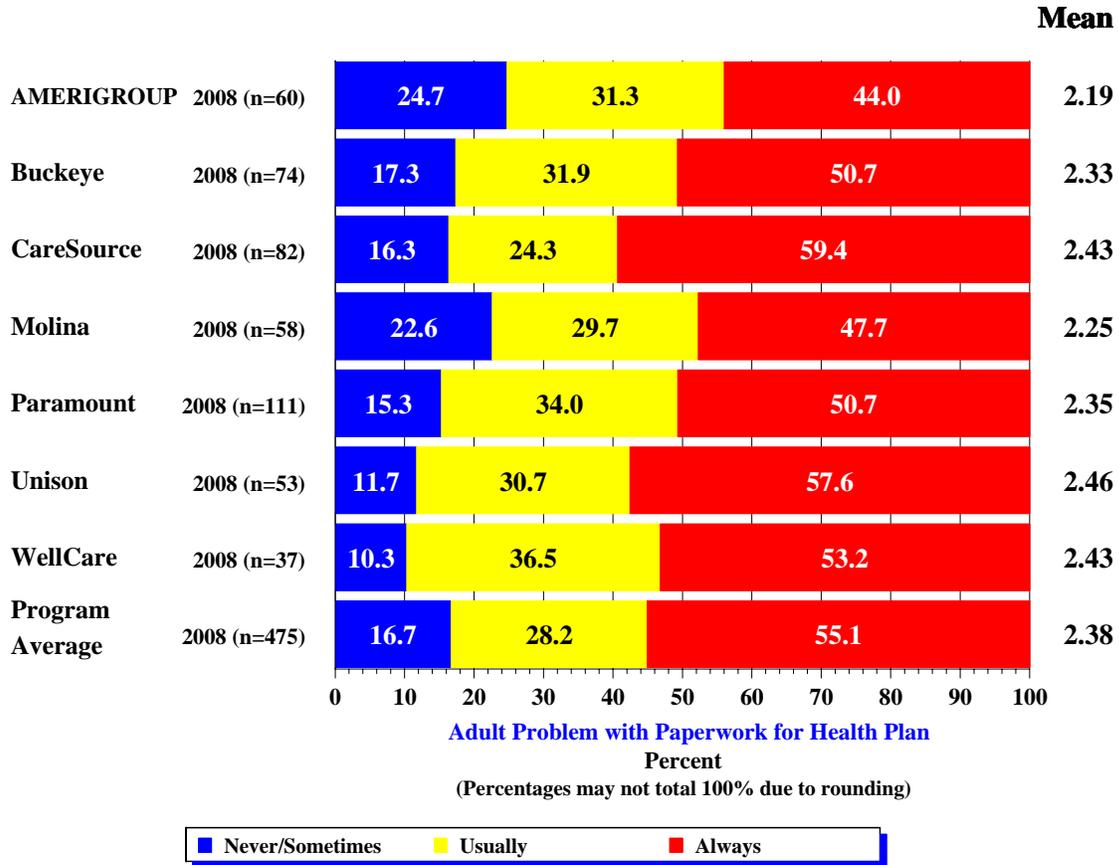
***Comparative Analysis***

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

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<sup>35</sup> For questions with "Never/Sometimes," "Usually," and "Always" response categories, responses of "Never/Sometimes" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Always" were given a score of 3.

**Figure E-47**  
**Satisfaction with Health Plan:**  
**Adult Problem with Paperwork for Health Plan**



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

## **Child Medicaid**

Question 87 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem it was filling out paperwork for their child's health plan. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Big Problem," "Small Problem," and "Not a Problem."<sup>36</sup> Figure E-48 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.

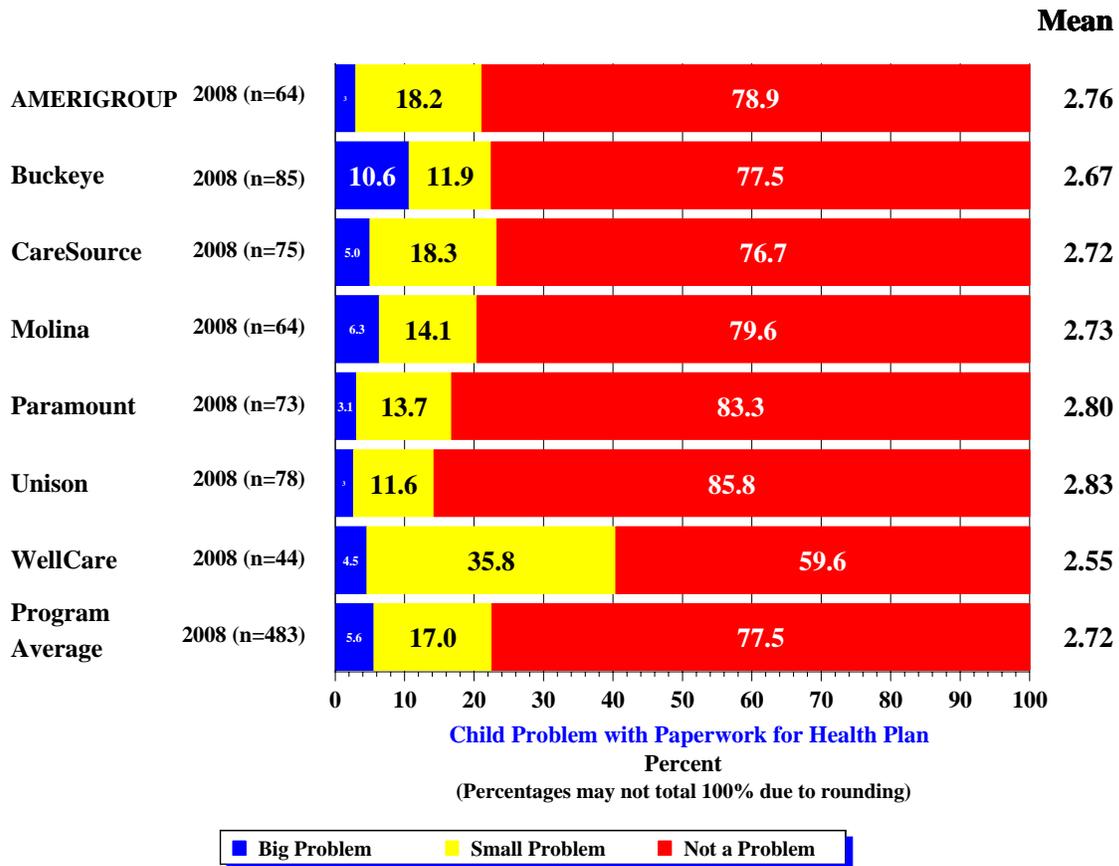
### *Comparative Analysis*

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

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<sup>36</sup> For questions with "Big Problem," "Small Problem," and "Not a Problem" response categories, responses of "Big Problem" were given a score of 1, responses of "Small Problem" were given a score of 2, and responses of "Not a Problem" were given a score of 3.

**Figure E-48**  
**Satisfaction with Health Plan:**  
**Child Problem with Paperwork for Health Plan**



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

## **SATISFACTION WITH HEALTH CARE PROVIDERS**

### ***Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse***

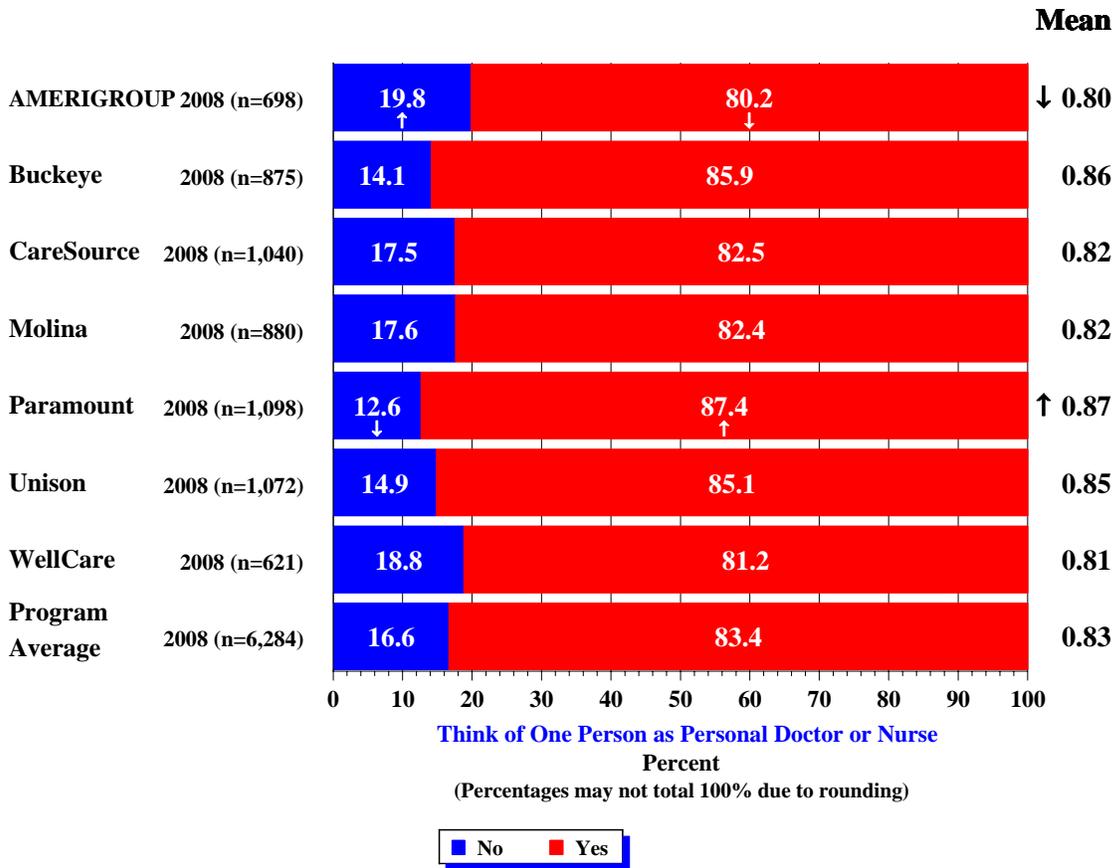
Several questions were asked to assess member satisfaction with health care providers. Question 13 in the CAHPS Adult Medicaid Health Plan Survey (and Question 4 in the CAHPS Child Medicaid Health Plan Survey) asked whether members had one person who they thought of as their personal doctor or nurse. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-49 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 six *statistically significant* differences observed for this measure.

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

**Figure E-49  
Satisfaction with Health Care Providers  
Think of One Person as Personal Doctor or Nurse**



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

***Satisfaction with Health Care Providers: Child Called Doctor's Office for Help or Advice***

Question 17 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had called their child's doctor's office during regular office hours for help or advice.<sup>37</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-50 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***

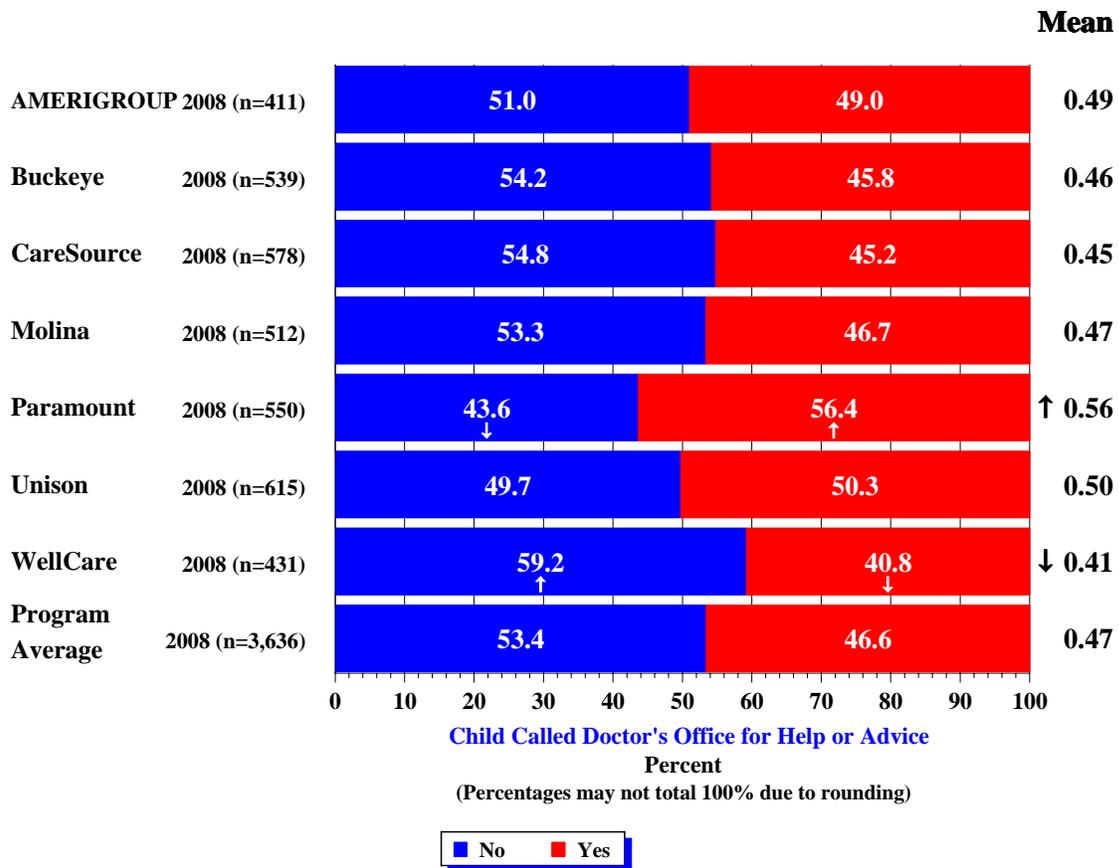
Overall, there were six *statistically significant* differences observed for this measure.

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

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<sup>37</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-50**  
**Satisfaction with Health Care Providers:**  
**Child Called Doctor's Office for Help or Advice**



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

***Satisfaction with Health Care Providers: Child Difficulty Speaking With or Understanding Doctors***

Question 35 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often they had difficulty speaking with or understanding doctors or other health providers. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Always," "Usually," and "Sometimes/Never."<sup>38,39</sup> Figure E-51 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***

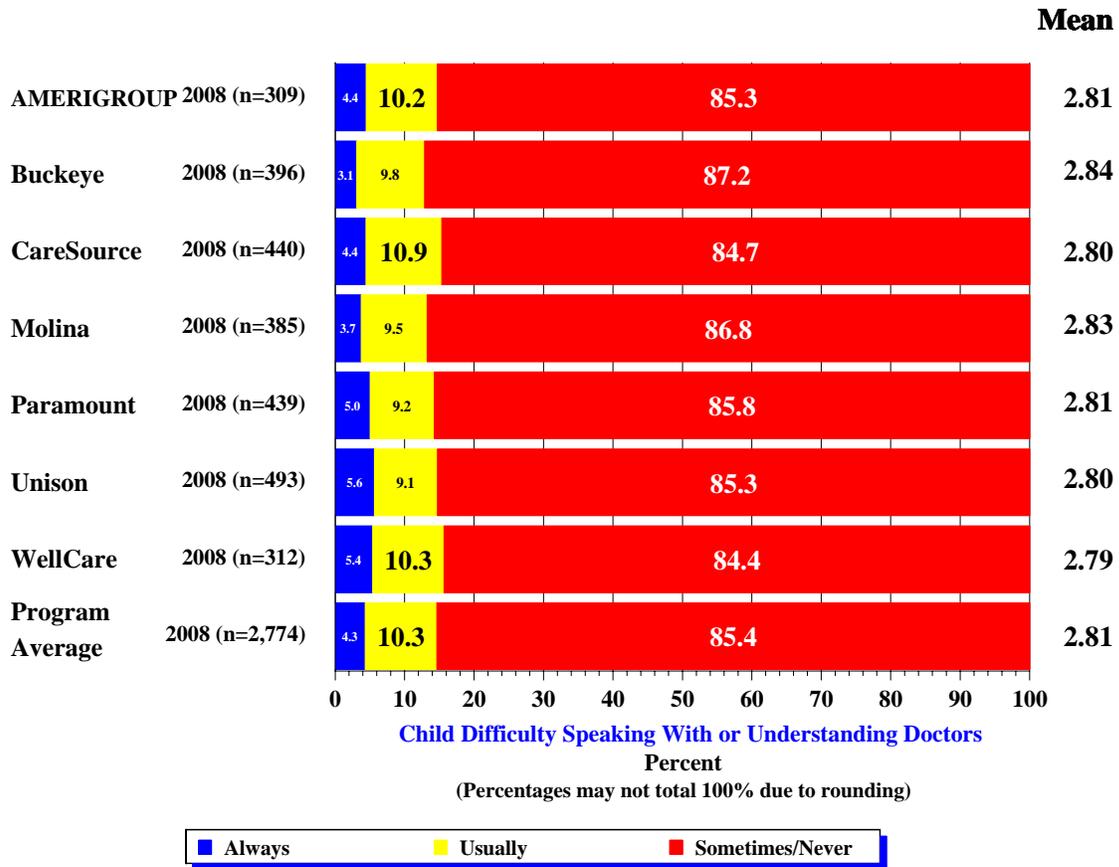
Overall, there were no *statistically significant* differences observed for this measure.

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<sup>38</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>39</sup> For this question, responses of "Always" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Sometimes/Never" were given a score of 3.

**Figure E-51**  
**Satisfaction with Health Care Providers:**  
**Child Difficulty Speaking With or Understanding Doctors**



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

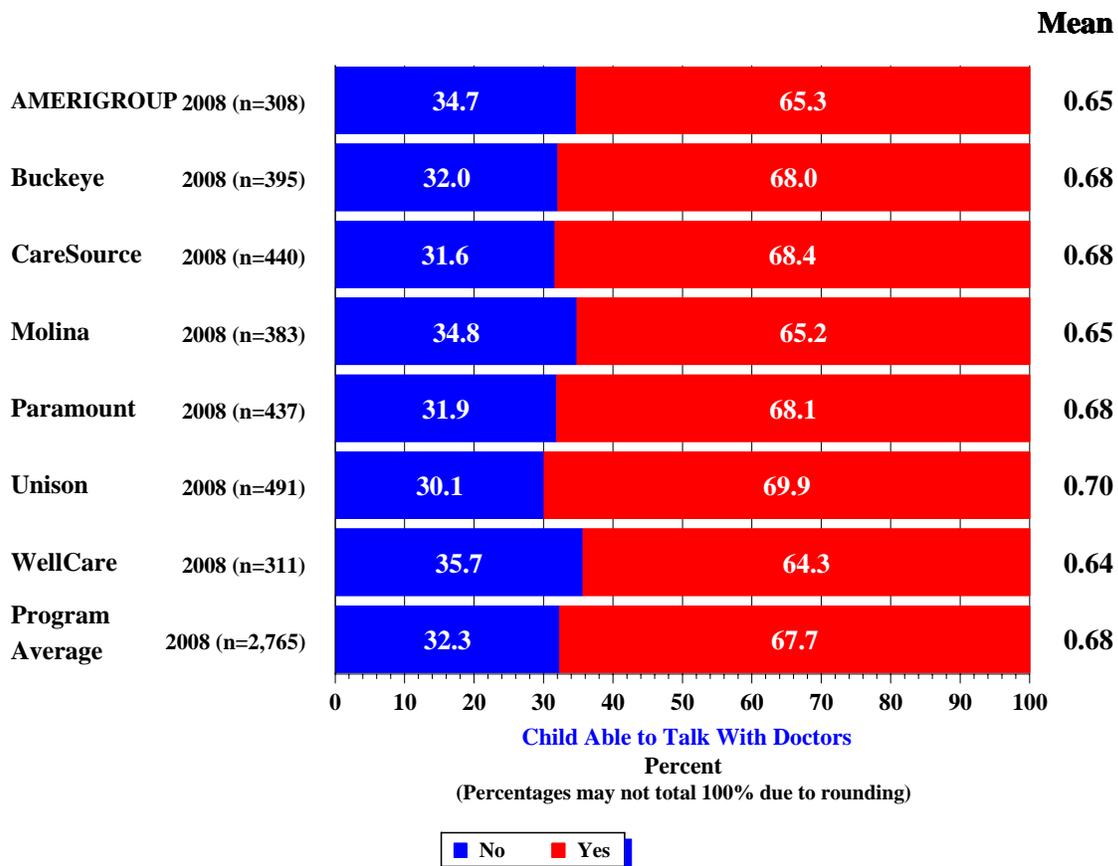
**Satisfaction with Health Care Providers: Child Able to Talk With Doctors**

Question 38 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether child members were able to talk with doctors about their health care.<sup>40</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure E-52 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 E-52**  
**Satisfaction with Health Care Providers:**  
**Child Able to Talk With Doctors**



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

<sup>40</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

***Satisfaction with Health Care Providers: Child Had Difficulty Speaking With or Understanding Doctors***

Question 39 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often child members had difficulty speaking with or understanding doctors or other health providers.<sup>41</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Always," "Usually," and "Sometimes/Never."<sup>42</sup> Figure E-53 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***

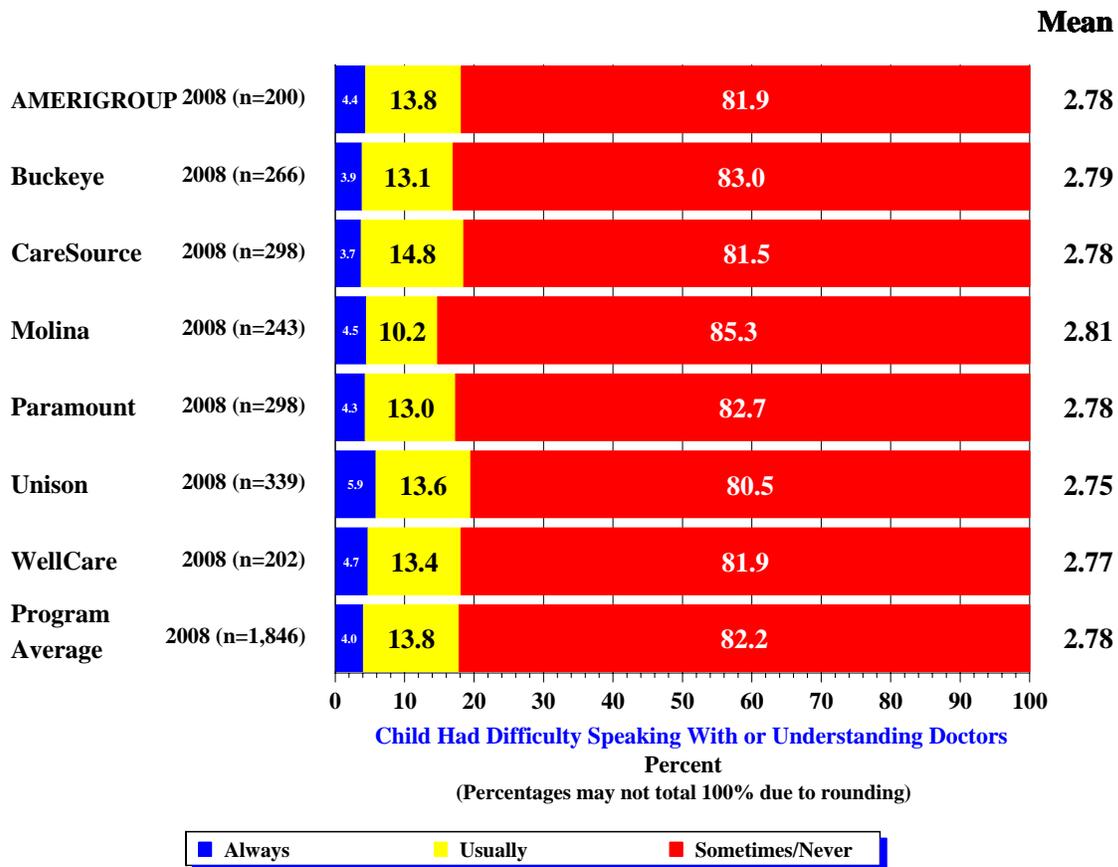
Overall, there were no *statistically significant* differences observed for this measure.

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<sup>41</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>42</sup> For this question, responses of "Always" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Sometimes/Never" were given a score of 3.

**Figure E-53**  
**Satisfaction with Health Care Providers:**  
**Child Had Difficulty Speaking With or Understanding Doctors**



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

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

Question 40 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often health providers explained things to child members in a way they could understand.<sup>43</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."<sup>44</sup> Figure E-54 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 two *statistically significant* differences observed for this measure.

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

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<sup>43</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>44</sup> For this question, responses of "Never/Sometimes" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Always" were given a score of 3.



## **ACCESS TO CARE**

### ***Access to Care: Thought Member Needed to See a Specialist***

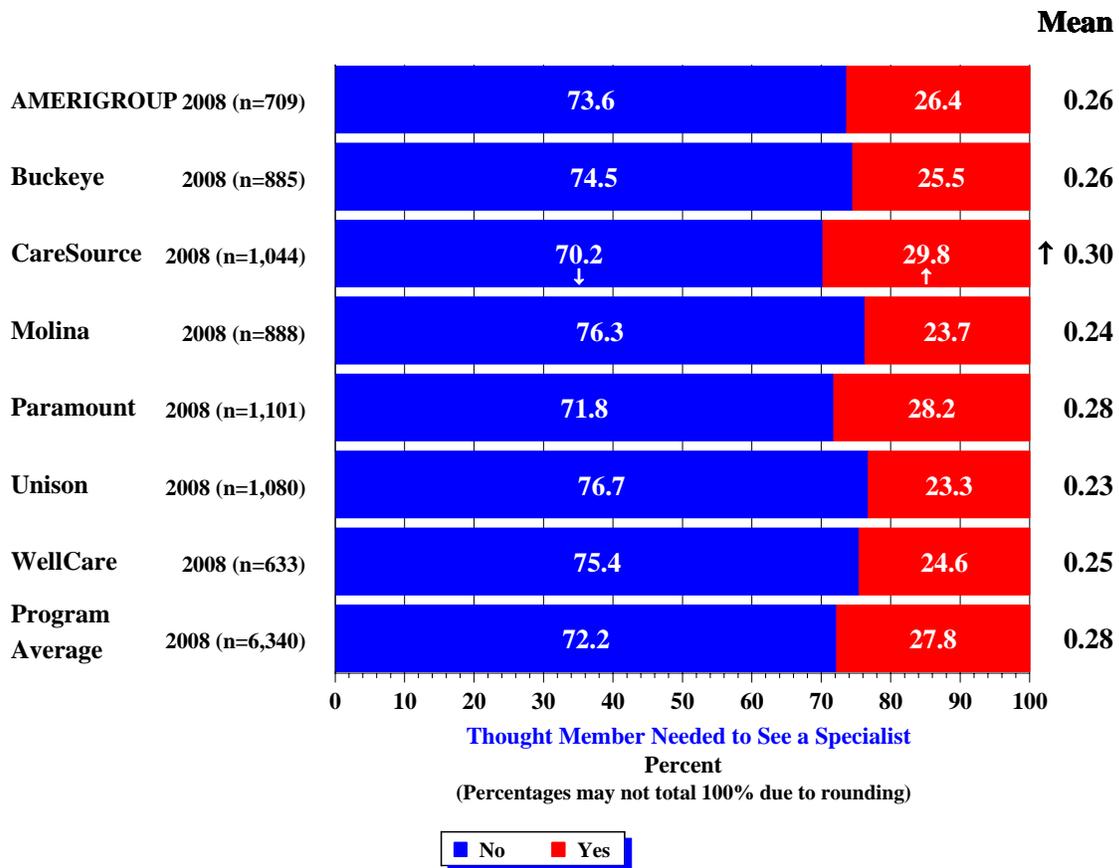
Several questions were asked to assess member perceptions of access to care. Question 22 in the CAHPS Adult Medicaid Health Plan Survey (and Question 12 in the CAHPS Child Medicaid Health Plan Survey) asked whether the member needed to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were classified into two categories: "No" and "Yes." Figure E-55 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.

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

Figure E-55  
Access to Care:  
Thought Member Needed to See a Specialist



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

***Access to Care: Saw a Specialist***

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

**Adult Medicaid**

Question 24 in the CAHPS Adult Medicaid Health Plan Survey asked members how many specialists they saw. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were classified into the following number of visits: "3 or More," "1 to 2," and "None." Figure E-56 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**

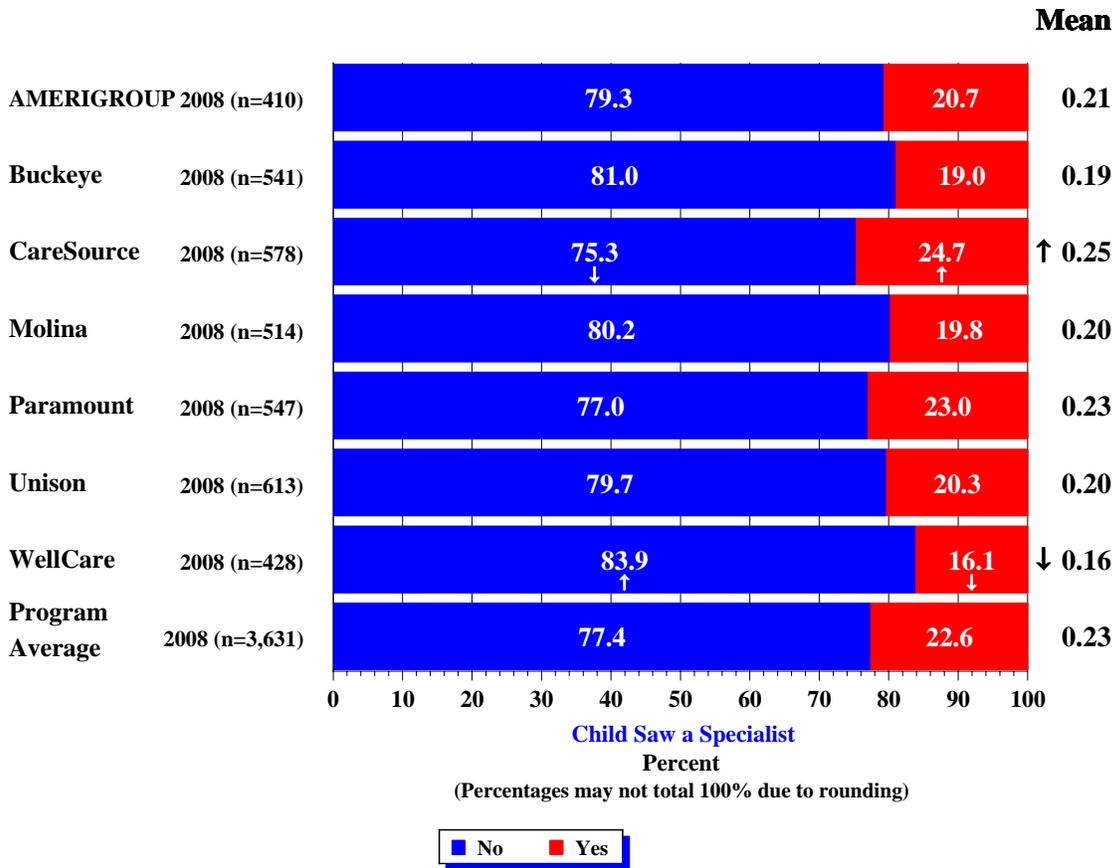
Question 14 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether their child saw a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-57 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 six *statistically significant* differences observed for this measure.

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

**Figure E-57**  
**Access to Care:**  
**Child Saw a Specialist**



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

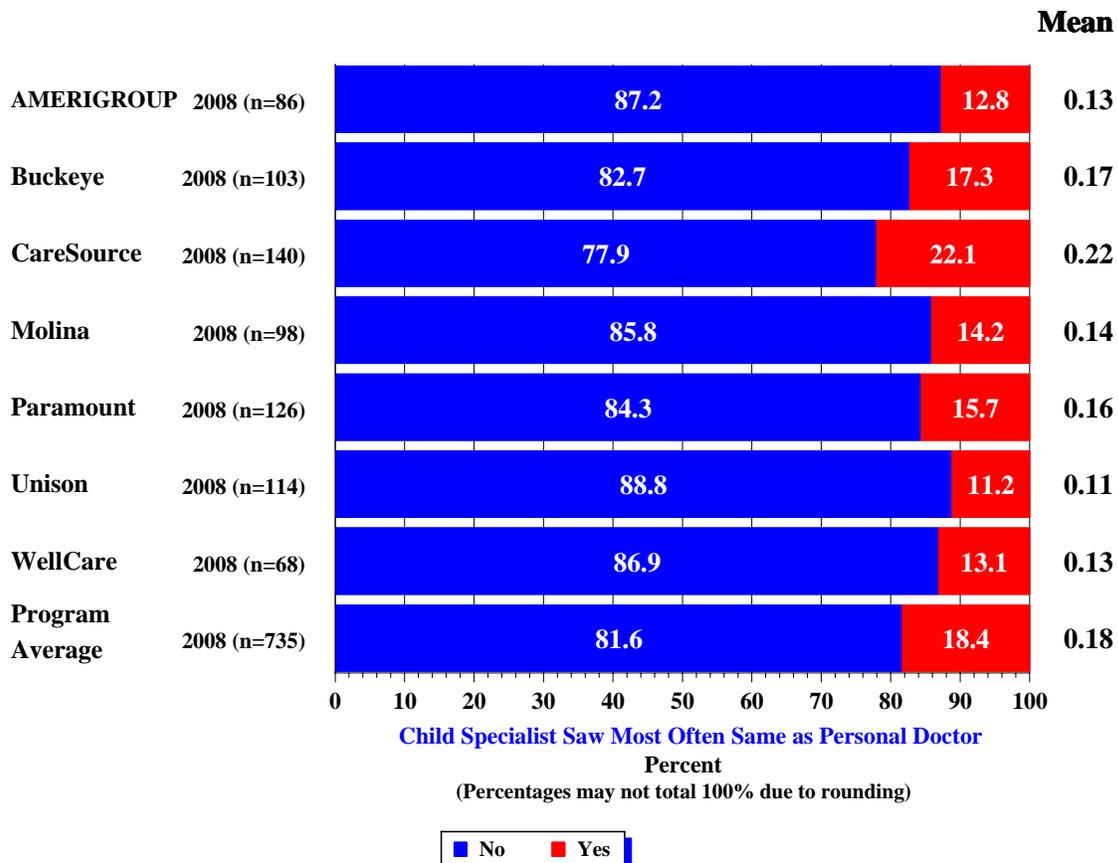
**Access to Care: Child Specialist Saw Most Often Same as Personal Doctor**

Question 16 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether the specialist their child saw most often was the same doctor as the child’s personal doctor.<sup>45</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure E-58 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 E-58**  
**Access to Care:**  
**Child Specialist Saw Most Often Same as 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

<sup>45</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

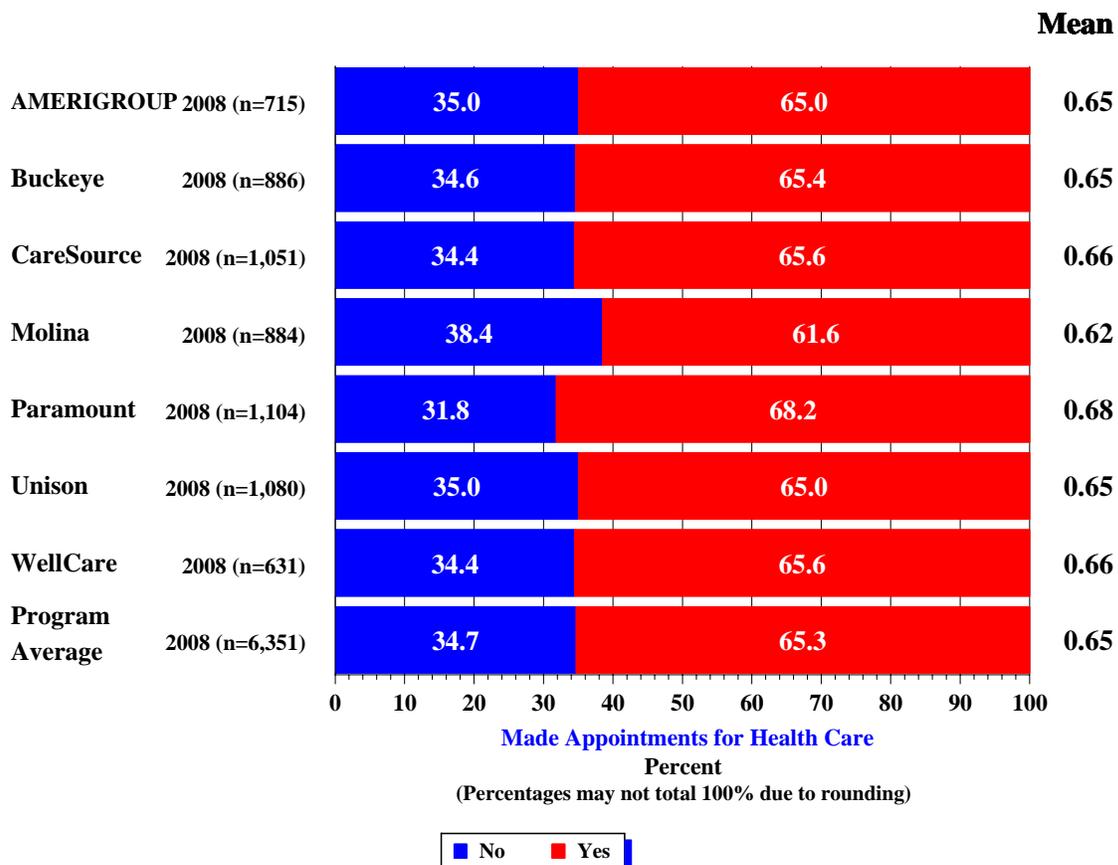
**Access to Care: Made Appointments for Health Care**

Question 5 in the CAHPS Adult Medicaid Health Plan Survey (and Question 22 in the CAHPS Child Medicaid Health Plan Survey) asked whether members had made any appointments for health care (not counting the times members needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure E-59 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 E-59**  
**Access to Care:**  
**Made Appointments for Health Care**



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

***Access to Care: Child Days Between Making Appointment and Seeing Provider***

Question 24 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members who had made appointments for health care (not counting the times members needed care right away) how many days they had to wait between making an appointment and seeing a provider.<sup>46</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "2 or More Days," "1 Day," and "Same Day."<sup>47</sup> Figure E-60 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.

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<sup>46</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>47</sup> For questions with "2 or More Days," "1 Day," and "Same Day" response categories, responses of "2 or More Days" were given a score of 1, responses of "1 Day" were given a score of 2, and responses of "Same Day" were given a score of 3.





***Access to Care: Child Days Until Seeing Provider When Care Needed Right Away***

Question 21 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whose child had an illness, injury, or condition and who needed care right away how many days they waited between trying to get care and seeing a provider.<sup>48</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "2 or More Days," "1 Day," and "Same Day." Figure E-62 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.

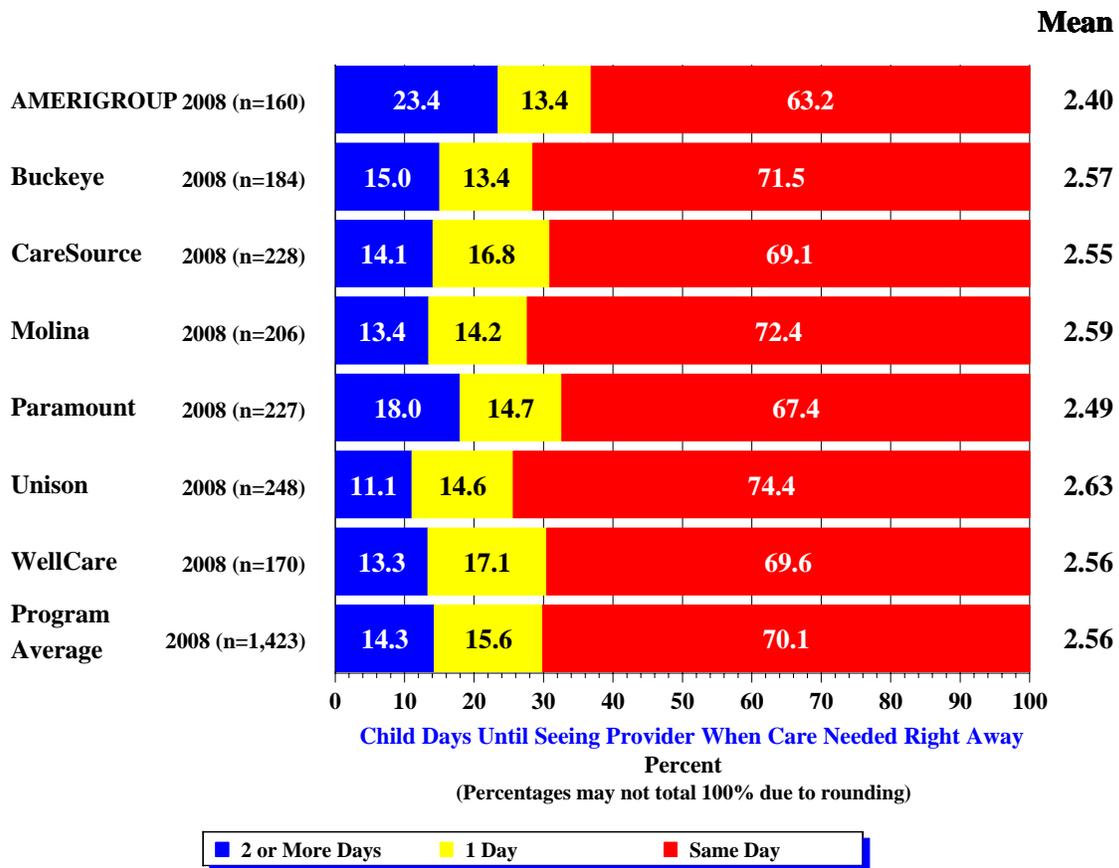
***Comparative Analysis***

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

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<sup>48</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-62**  
**Access to Care:**  
**Child Days Until Seeing Provider When Care Needed Right Away**



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

***Access to Care: Child Two Years Old or Younger***

Question 59 in the CAHPS Child Medicaid Health Plan Survey asked whether child members were two years old or younger.<sup>49</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-63 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.

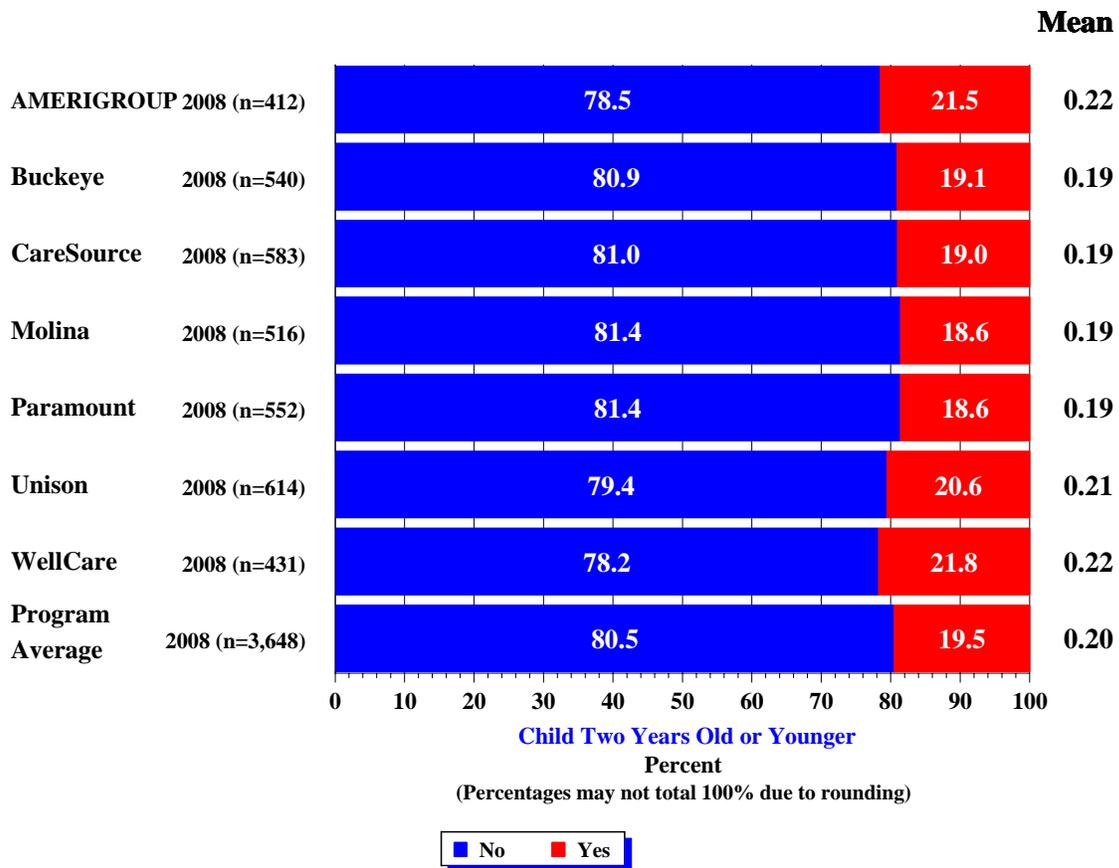
***Comparative Analysis***

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

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<sup>49</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-63**  
**Access to Care:**  
**Child Two Years Old or Younger**



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

***Access to Care: Received Reminders to Bring Child In***

Question 60 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members who were two years old or younger received reminders to bring child members in for a check-up or for shots or drops.<sup>50</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-64 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***

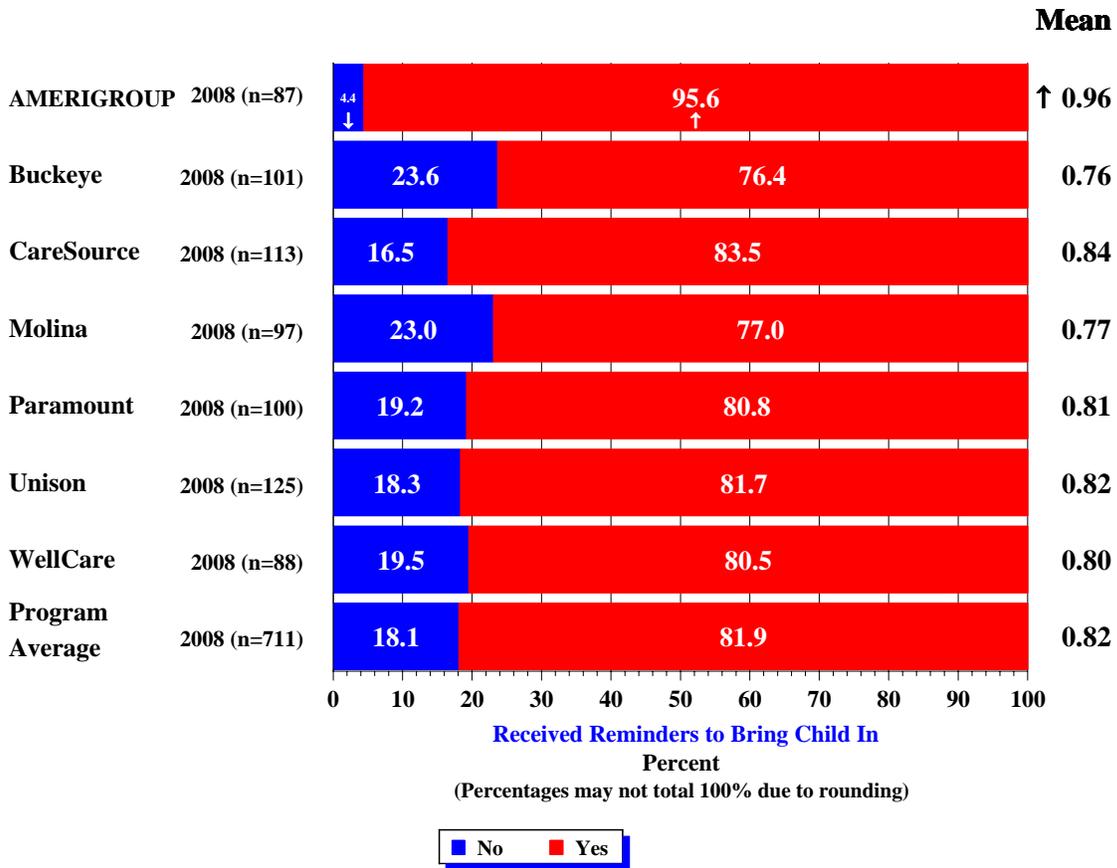
Overall, there were three *statistically significant* differences observed for this measure.

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

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<sup>50</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-64  
Access to Care:  
Received Reminders to Bring Child In**



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

***Access to Care: Child Went to Doctor's Office***

Question 61 in the CAHPS Child Medicaid Health Plan Survey asked whether child members who were two years old or younger had gone to a doctor's office for a check-up or for shots or drops.<sup>51</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-65 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.

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<sup>51</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.



***Access to Care: Received Appointment for Child as Soon as Wanted***

Question 62 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members who were two years old or younger received an appointment to bring child members in for a check-up or for shots or drops as soon as they wanted.<sup>52</sup> For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-66 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.

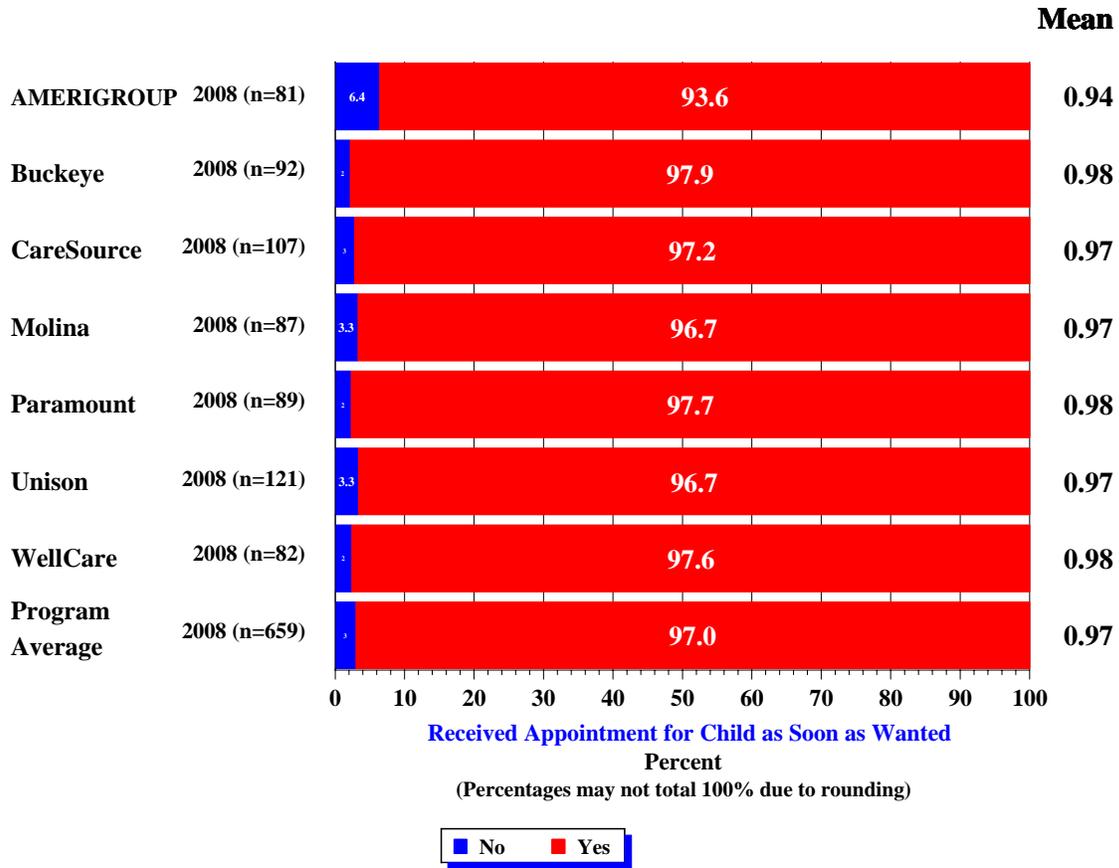
***Comparative Analysis***

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

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<sup>52</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

**Figure E-66**  
**Access to Care:**  
**Received Appointment for Child as Soon as Wanted**



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

## **UTILIZATION OF SERVICES**

### ***Utilization of Services: Child Number of Visits to the Emergency Room***

Several questions were asked in order to assess members' utilization of services. Question 25 in the CAHPS Child Medicaid Health Plan Survey asked how many times the child member visited the emergency room.<sup>53</sup> For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None."<sup>54</sup> Figure E-67 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.

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<sup>53</sup> This item is only included in the CAHPS 3.0H Child Medicaid Health Plan Survey.

<sup>54</sup> For questions with "3 or More Times," "1 to 2 Times," and "None" response categories, responses of "3 or More Times" were given a score of 1, responses of "1 to 2 Times" were given a score of 2, and responses of "None" were given a score of 3.



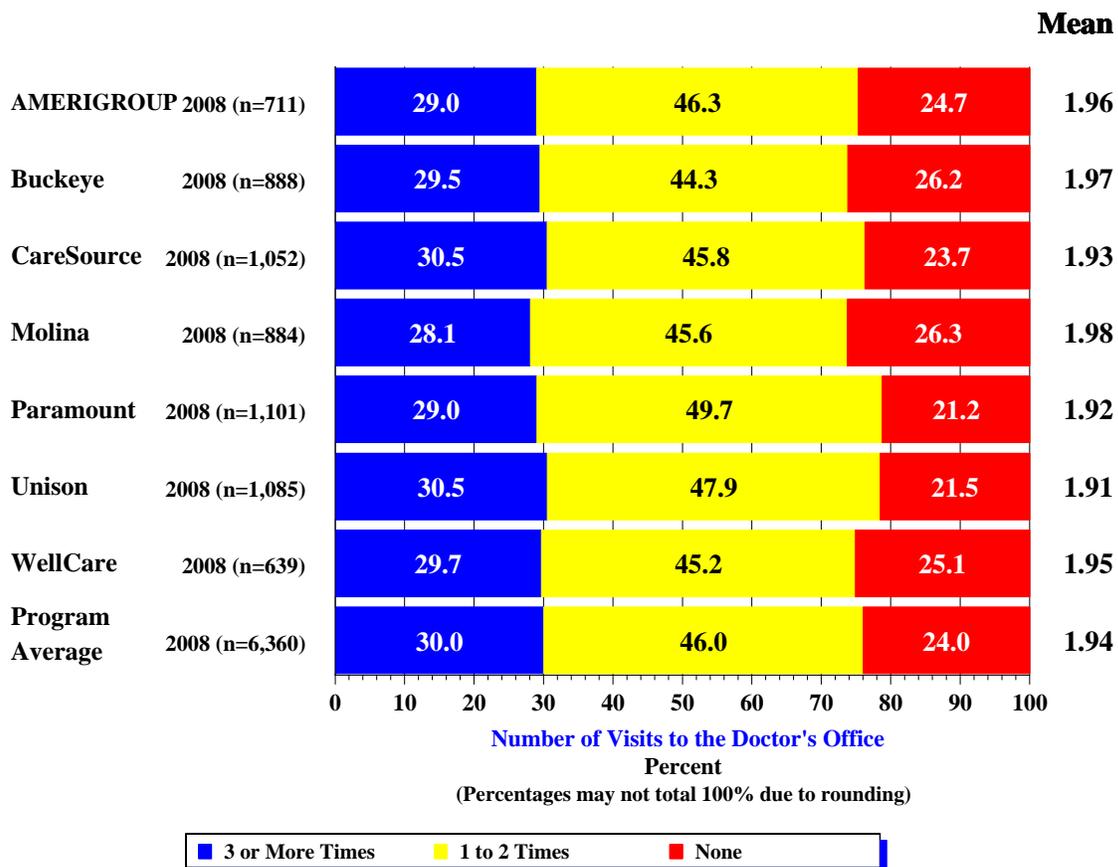
**Utilization of Services: Number of Visits to the Doctor's Office**

Question 7 in the CAHPS Adult Medicaid Health Plan Survey (and Question 26 in the CAHPS Child Medicaid Health Plan Survey) asked how many times the member visited the doctor's office (not counting times the member visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure E-68 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 E-68**  
**Utilization of Services:**  
**Number of Visits to the Doctor's Office**



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

## **CHILDREN WITH CHRONIC CONDITIONS (CCC) COMPOSITES AND CCC COMPOSITE ITEMS<sup>55</sup>**

### **Access to Prescription Medicines**

Two questions were asked in order to assess whether child members had a problem with access to prescription medicines, and if so, whether they received help with the problem. For this composite (composed of Questions 90 and 91 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: "Problem, Not Helped," "Problem, Helped," and "No Problem." Figure E-69 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*

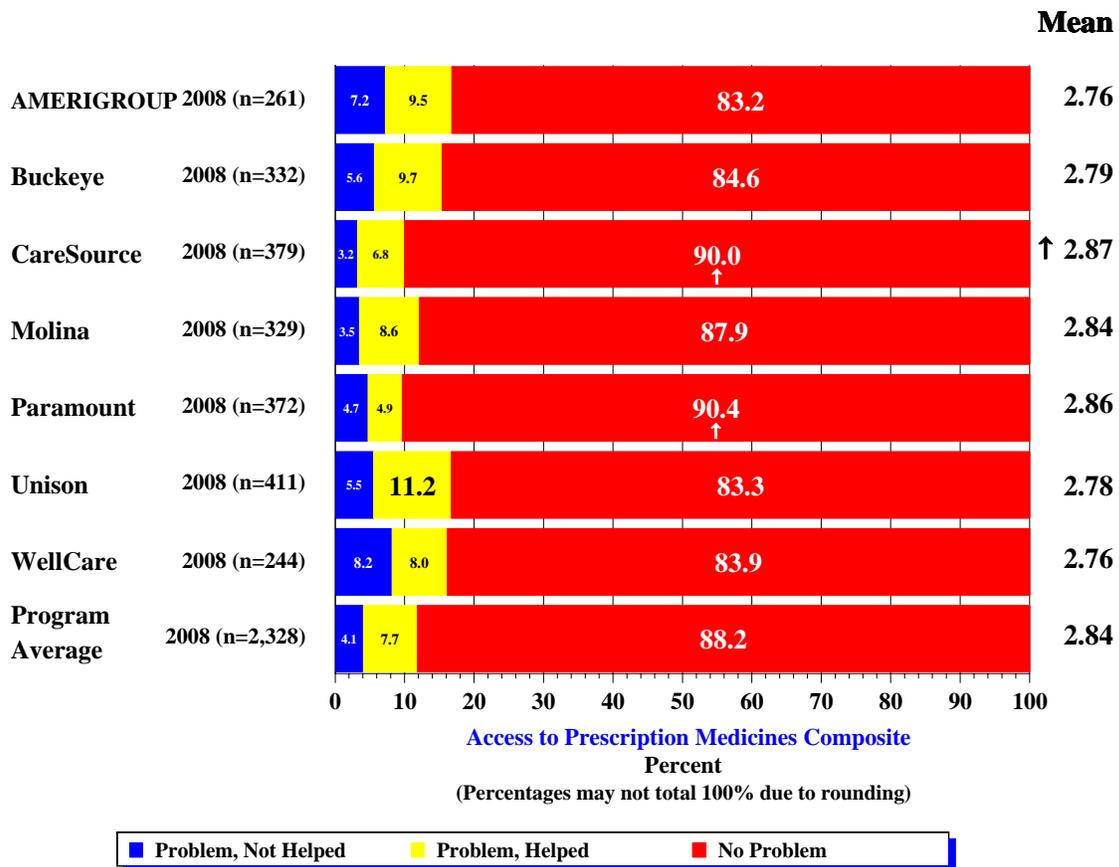
Overall, there were three *statistically significant* differences observed for this measure.

- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of No Problem was significantly higher than the program average.
- The percentage of Paramount's respondents who gave a response of No Problem was significantly higher than the program average.

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<sup>55</sup> The CCC composites and CCC composite items are only included in the CAHPS 3.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set).

Figure E-69  
Access to Prescription Medicines Composite



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







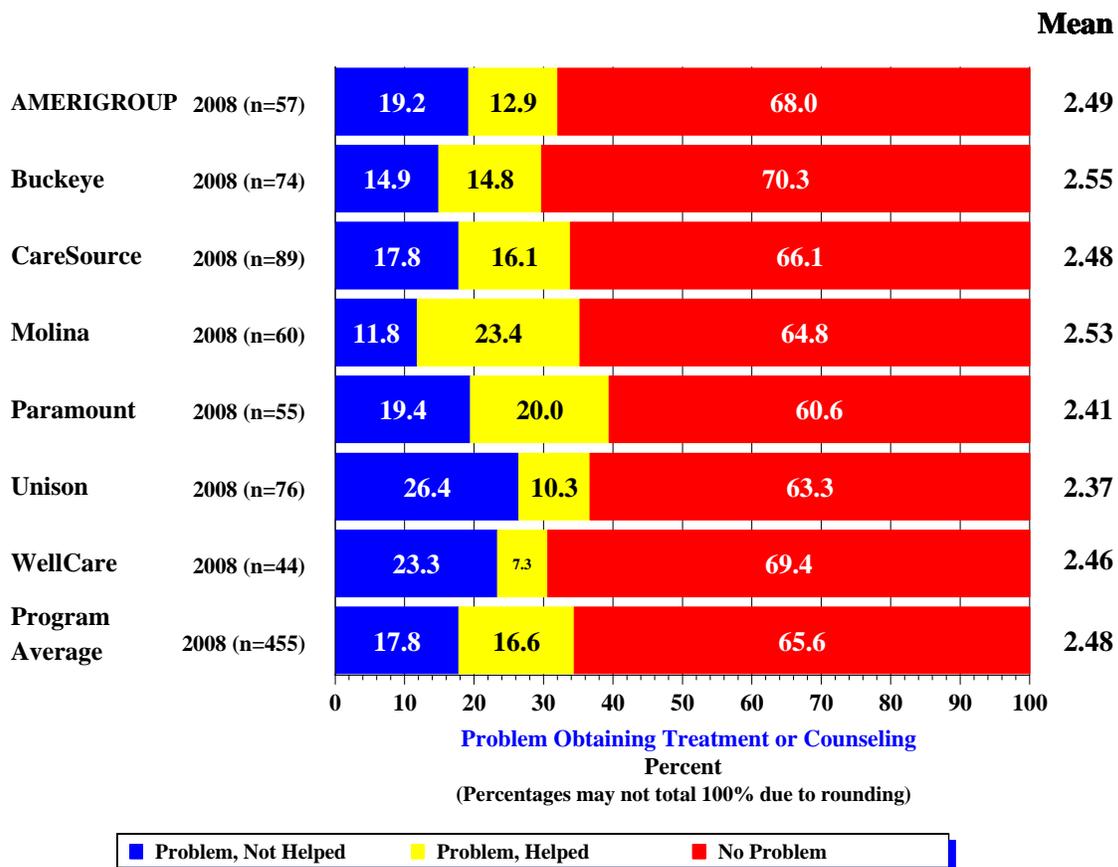
***Access to Specialized Services: Problem Obtaining Treatment or Counseling***

Question 70 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem it was obtaining treatment or counseling for their child. Question 71 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether anyone from the health plan or child’s doctor’s office helped them with problems obtaining treatment or counseling for their child. These two questions were combined to form a single item. Figure E-73 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 E-73**  
**Access to Specialized Services Composite:**  
**Problem Obtaining Treatment or Counseling**



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

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

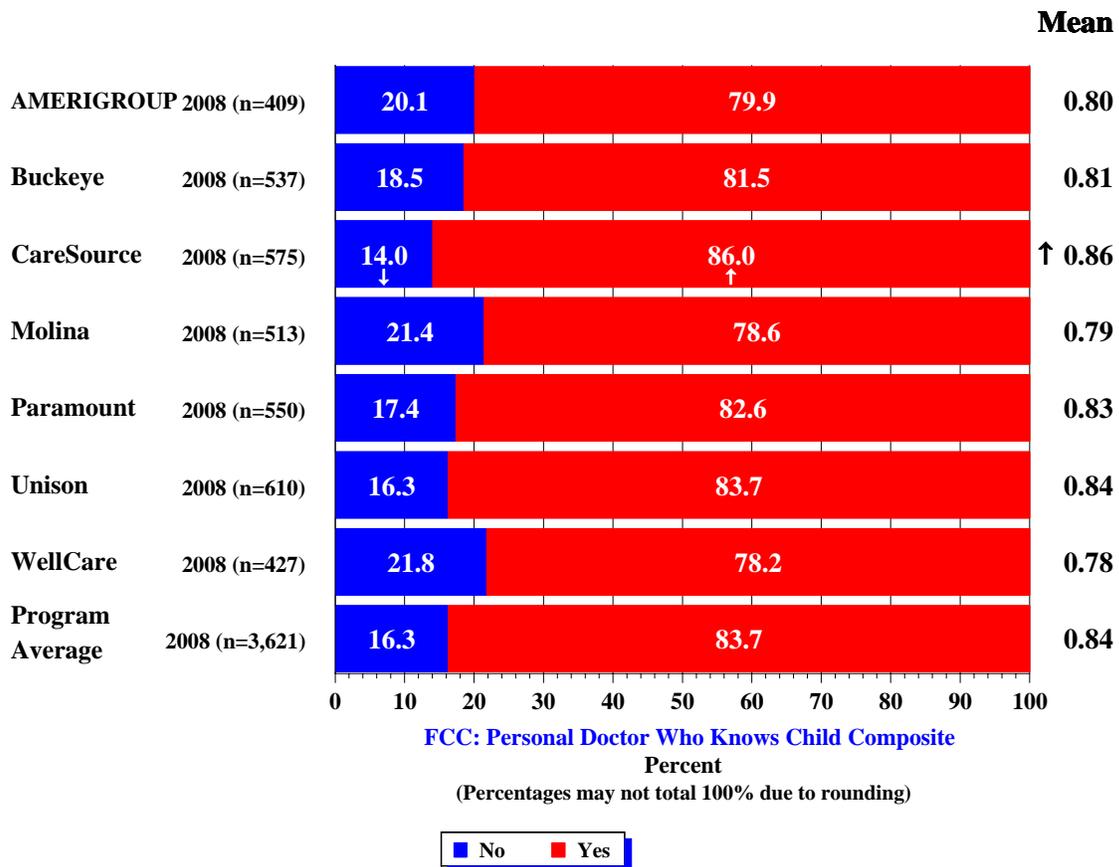
A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (Questions 8, 10, and 11 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: "No" and "Yes." Figure E-74 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.

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

**Figure E-74**  
**FCC: Personal Doctor Who Knows Child Composite**



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

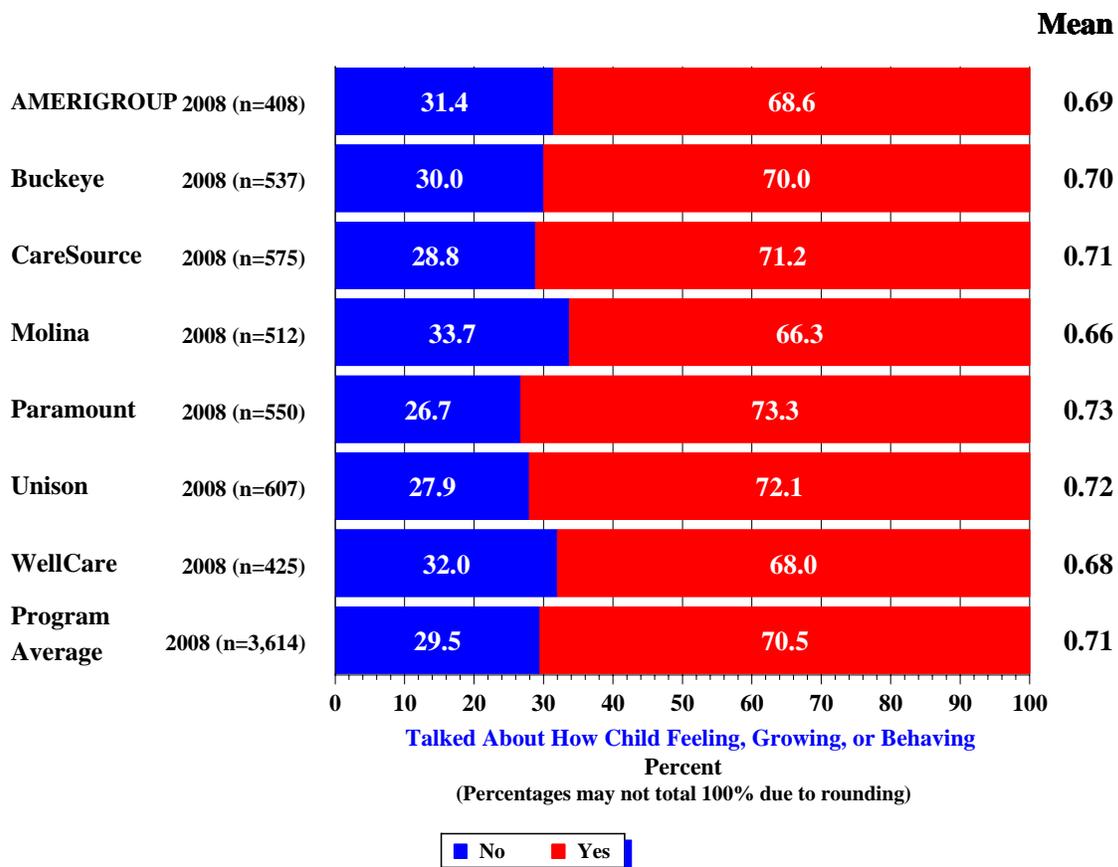
***FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving***

Question 8 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor or nurse of the child member talked with the parent or caretaker of the child member about how the child was feeling, growing, or behaving. Figure E-75 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 E-75**  
**FCC: Personal Doctor Who Knows Child Composite:**  
**Talked About How Child Feeling, Growing, or Behaving**



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

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

Question 10 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor or nurse of the child member understands how the child's medical, behavioral, or other health conditions affect the child's day-to-day life. Figure E-76 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.

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









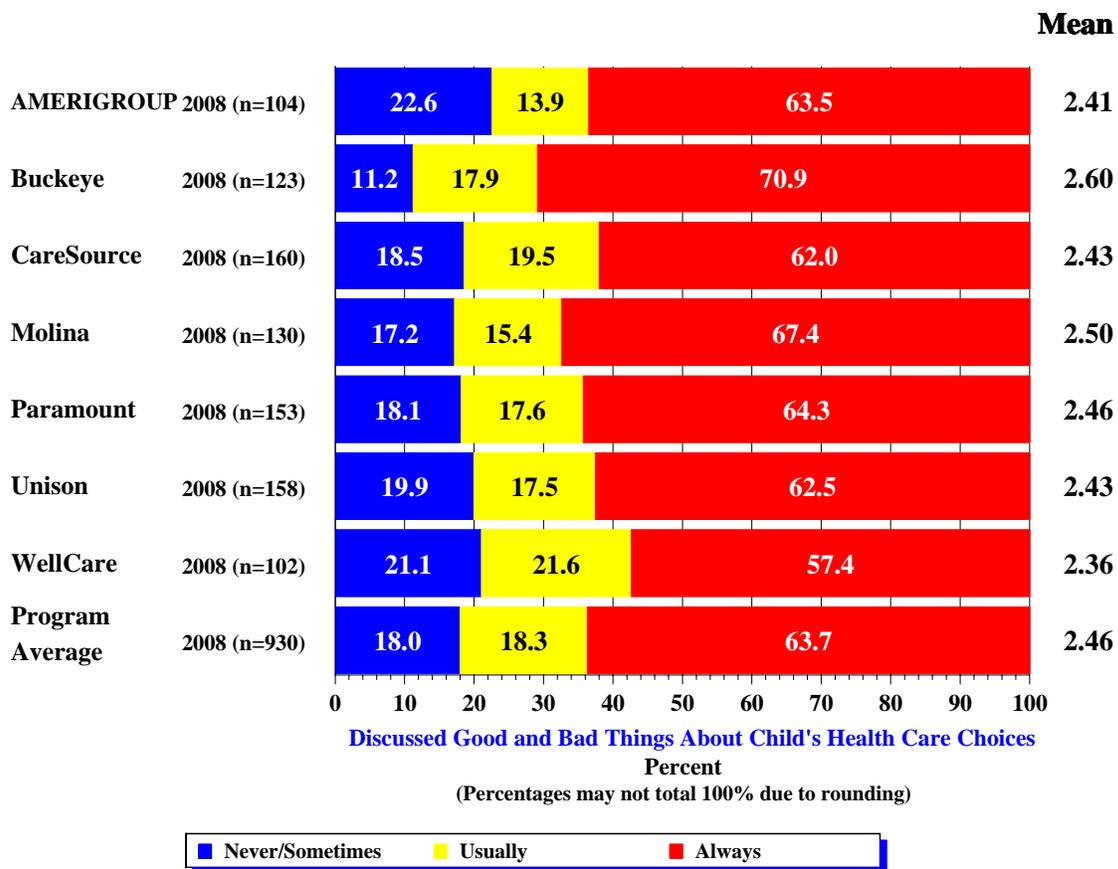
***FCC: Shared Decision Making: Discussed Good and Bad Things About Child's Health Care Choices***

Question 48 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers discussed with them the good and bad things about each of the choices for their child's health care. Figure E-80 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 E-80**  
**FCC: Shared Decision Making Composite:**  
**Discussed Good and Bad Things About Child's Health Care Choices**



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

**FCC: Shared Decision Making: Asked About Choices They Preferred**

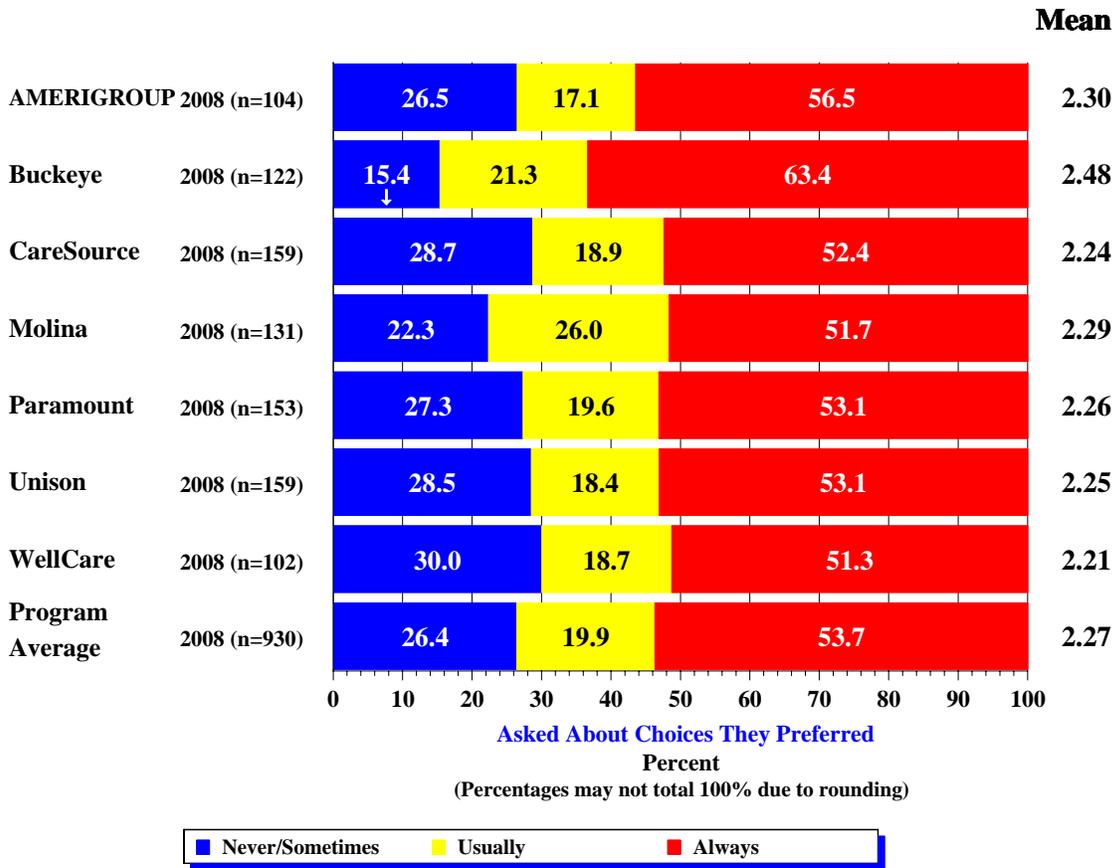
Question 49 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers asked them what choices they preferred. Figure E-81 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

**Comparative Analysis**

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

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

**Figure E-81**  
**FCC: Shared Decision Making Composite:**  
**Asked About Choices They Preferred**



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





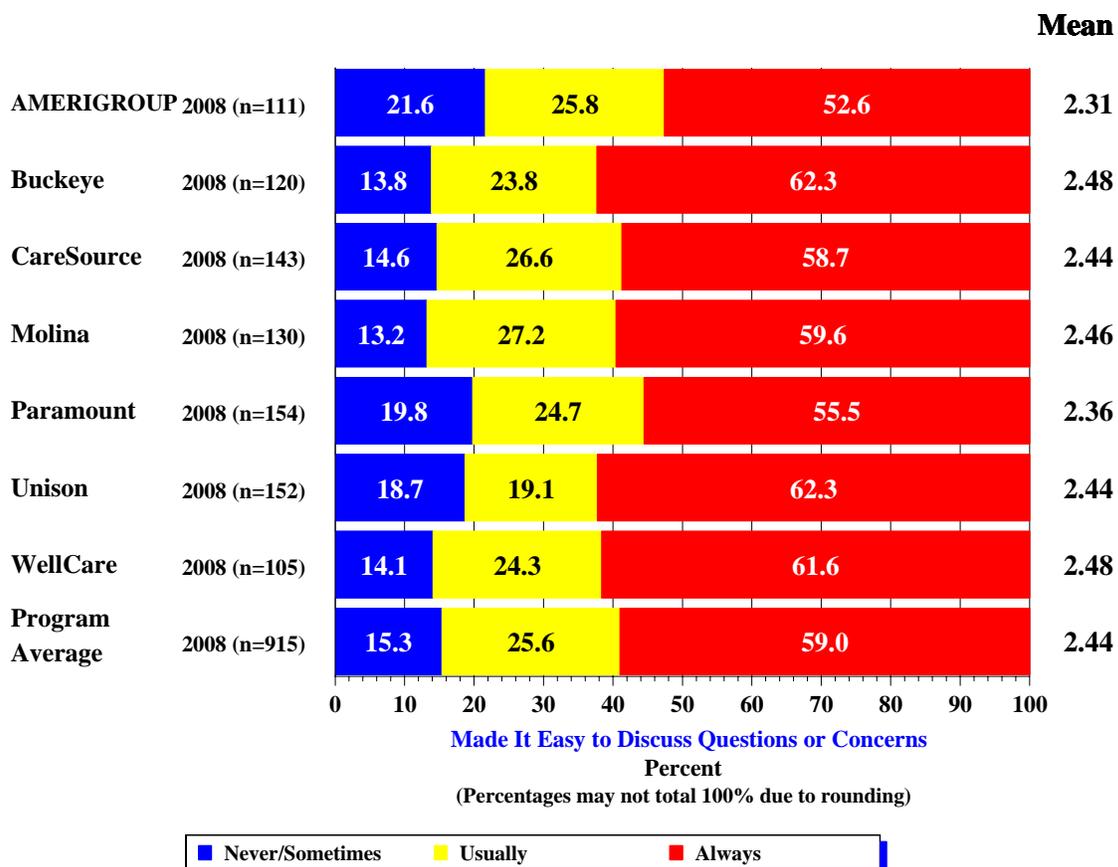
***FCC: Getting Needed Information: Made It Easy to Discuss Questions or Concerns***

Question 43 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers made it easy for them to discuss their questions or concerns. Figure E-84 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 E-84**  
**FCC: Getting Needed Information Composite:**  
**Made It Easy to Discuss Questions or Concerns**



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





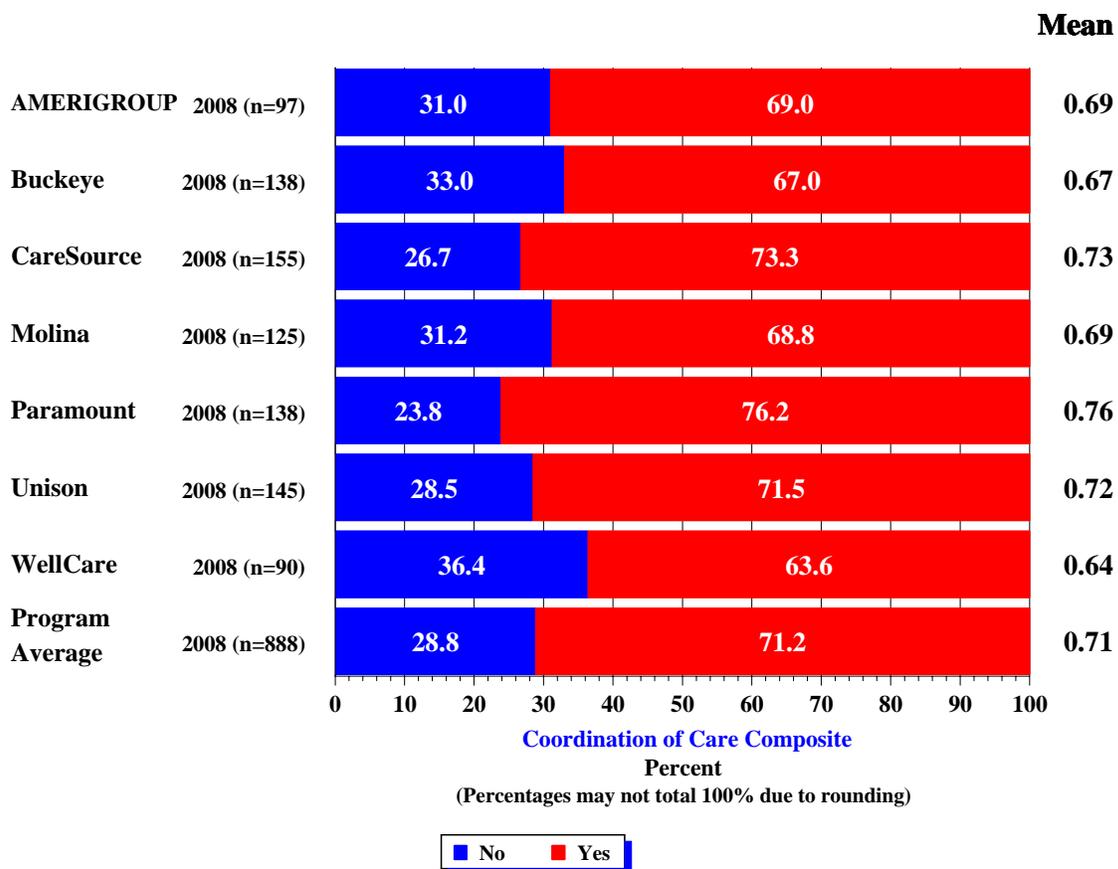
## Coordination of Care

Two questions were asked in order to assess whether parents or caretakers of child members received help in coordinating their child’s care. For each of these questions (Questions 54 and 73 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio’s CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: “No” and “Yes.” Figure E-87 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 E-87**  
**Coordination of 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

***Coordination of Care: Received Help in Contacting School or Daycare***

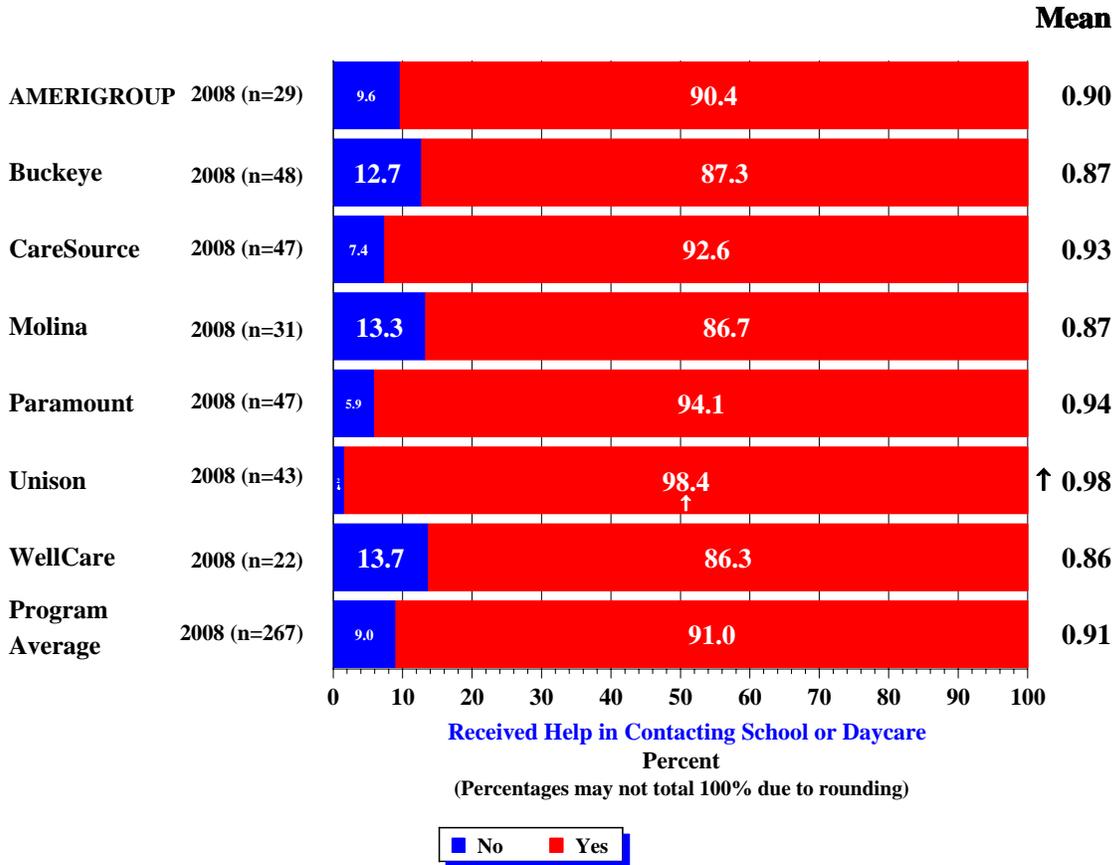
Question 54 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child's school or daycare. Figure E-88 on the following page depicts the overall mean scores and the 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.

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

**Figure E-88**  
**Coordination of Care Composite:**  
**Received Help in Contacting School or Daycare**



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

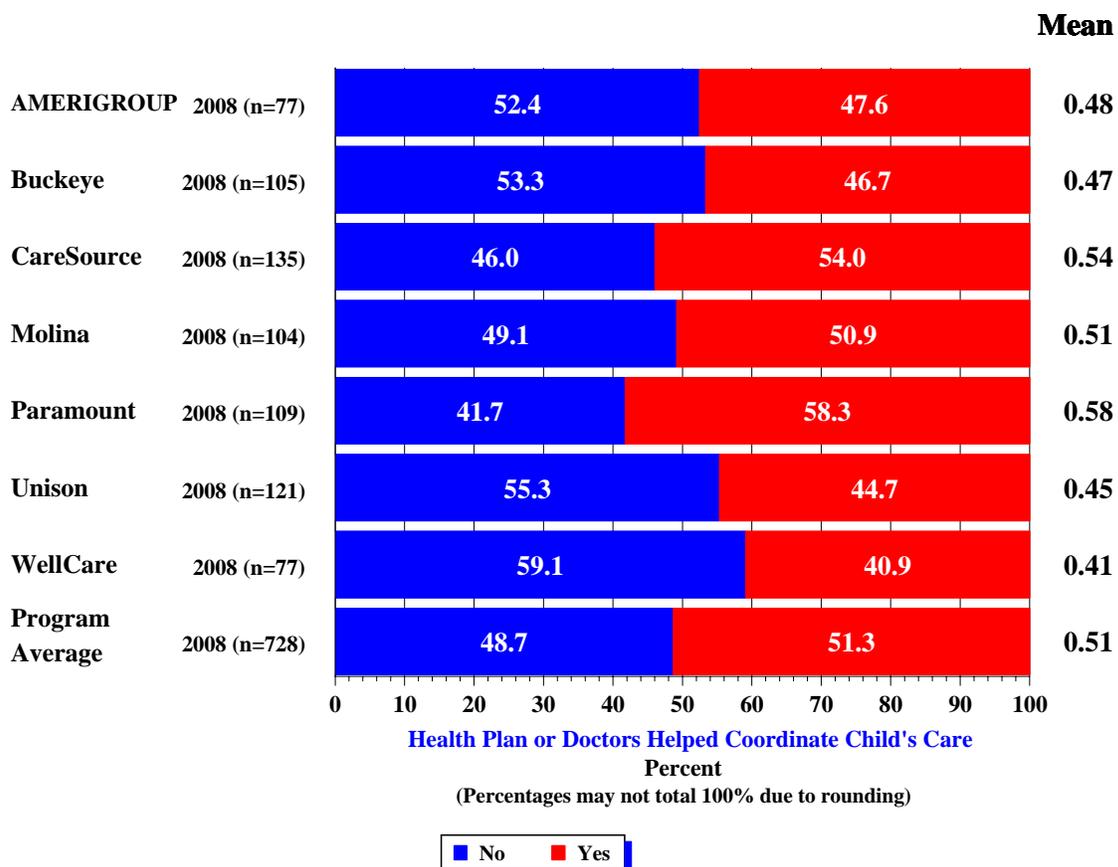
**Coordination of Care: Health Plan or Doctors Helped Coordinate Child's Care**

Question 73 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether anyone from the health plan or doctor's office helped coordinate their child's care among different providers or services. Figure E-89 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 E-89**  
**Coordination of Care Composite:**  
**Health Plan or Doctors Helped Coordinate Child's Care**



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

# Summary of Results

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A summary of results has been compiled based on the performance of the seven participating MCPs in Ohio's Medicaid Managed Care Program. First, results based on the NCQA comparisons are presented for each of the participating MCPs in Ohio's Medicaid Managed Care Program. Separate NCQA results for the adult and general child populations are provided. These results are followed by results based on the Ohio comparisons for each of the participating MCPs in Ohio's Medicaid Managed Care Program.

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

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

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

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

General child and adult members from Ohio's CFC Medicaid Managed Care Program were included in this analysis.

Pages F-2-F-15 depict a summary of the results for the participating MCPs in Ohio's Medicaid Managed Care Program, as derived from the NCQA and Ohio comparisons.

## **AMERIGROUP**

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

### ***General Child Population***

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Customer Service
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

#### **Three Stars**

- None

#### **Four or Five Stars**

- None

### ***Adult Population***

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly
- Customer Service

#### **Three Stars**

- Rating of Personal Doctor
- How Well Doctors Communicate

#### **Four or Five Stars**

- None

## **AMERIGROUP (CONTINUED)**

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

### **Significantly Lower than the Program Average**

- Rating of Health Plan
- Adult Getting Needed Care Composite
- Adult Getting Needed Care: Adult Getting Care Believed Necessary
- Child Getting Care Quickly Composite
- Child Getting Care Quickly: Child Taken to Exam Room Within 15 Minutes
- Child Courteous and Helpful Office Staff Composite
- Courteous and Helpful Office Staff: Child Office Staff as Helpful as Should Be
- Adult Customer Service: Adult Obtaining Help Needed When Calling Customer Service
- Satisfaction with Health Plan: Child Received Information About Health Plan Before Signing Up
- Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse

### **Significantly Higher than the Program Average**

- Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials
- Satisfaction with Health Plan: Called Customer Service for Information or Help
- Access to Care: Received Reminders to Bring Child In

## **BUCKEYE**

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

### ***General Child Population***

#### **One or Two Stars**

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

#### **Three Stars**

- Rating of All Health Care
- Rating of Personal Doctor

#### **Four or Five Stars**

- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Getting Care Quickly
- Courteous and Helpful Office Staff

### ***Adult Population***

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service

#### **Three Stars**

- Rating of Personal Doctor

#### **Four or Five Stars**

- None

## **BUCKEYE (CONTINUED)**

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

### **Significantly Lower than the Program Average**

- Rating of Health Plan
- Child Getting Needed Care: Child Delays in Health Care While Waiting for Health Plan Approval

### **Significantly Higher than the Program Average**

- Child Getting Needed Care: Child Obtaining a Personal Doctor or Nurse Happy With
- Child Getting Care Quickly Composite
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- Child Getting Care Quickly: Child Taken to Exam Room Within 15 Minutes
- Satisfaction with Health Plan: Filled Out Paperwork

## **CARESOURCE**

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

### ***General Child Population***

#### **One or Two Stars**

- Rating of Specialist Seen Most Often
- Rating of Health Plan
- Rating of All Health Care
- How Well Doctors Communicate

#### **Three Stars**

- Getting Care Quickly
- Customer Service

#### **Four or Five Stars**

- Rating of Personal Doctor
- Getting Needed Care
- Courteous and Helpful Office Staff

### ***Adult Population***

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

#### **Three Stars**

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

#### **Four or Five Stars**

- Customer Service

## **CARESOURCE (CONTINUED)**

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

### **Significantly Lower than the Program Average**

- Satisfaction with Health Plan: Child Same Doctor or Nurse
- Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials

### **Significantly Higher than the Program Average**

- Rating of Health Plan
- Adult Getting Needed Care Composite
- Child Getting Needed Care Composite
- Adult Getting Needed Care: Adult Seeing a Specialist
- Child Getting Needed Care: Child Delays in Health Care While Waiting for Health Plan Approval
- Satisfaction with Health Plan: Child Received Information About Health Plan Before Signing Up
- Satisfaction with Health Plan: Child Health Plan Information Given Was Correct
- Access to Care: Thought Member Needed to See a Specialist
- Access to Care: Child Saw a Specialist
- Access to Prescription Medicines Composite
- FCC: Personal Doctor Who Knows Child Composite
- FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Child's Life

## **MOLINA**

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

### **General Child Population**

#### **One or Two Stars**

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

#### **Three Stars**

- Rating of All Health Care
- How Well Doctors Communicate

#### **Four or Five Stars**

- Getting Care Quickly
- Courteous and Helpful Office Staff

### **Adult Population**

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist Seen Most Often
- Getting Needed Care

#### **Three Stars**

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

#### **Four or Five Stars**

- Customer Service

## **MOLINA (CONTINUED)**

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

### **Significantly Lower than the Program Average**

There were no measures that were significantly lower than the program average.

### **Significantly Higher than the Program Average**

- Satisfaction with Health Plan: Child Same Doctor or Nurse

## **PARAMOUNT**

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

### ***General Child Population***

#### **One or Two Stars**

- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Customer Service

#### **Three Stars**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

#### **Four or Five Stars**

- Getting Care Quickly

### ***Adult Population***

#### **One or Two Stars**

- Rating of Specialist Seen Most Often

#### **Three Stars**

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

#### **Four or Five Stars**

- Rating of All Health Care
- Rating of Personal Doctor
- How Well Doctors Communicate
- Customer Service

## **PARAMOUNT (CONTINUED)**

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

### **Significantly Lower than the Program Average**

- Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials
- Satisfaction with Health Plan: Called Customer Service for Information or Help

### **Significantly Higher than the Program Average**

- Rating of Health Plan
- Rating of All Health Care
- Adult Getting Needed Care Composite
- Adult Getting Needed Care: Adult Getting Care Believed Necessary
- Child Getting Care Quickly: Child Taken to Exam Room Within 15 Minutes
- Adult Customer Service Composite
- Adult Customer Service: Adult Obtaining Help Needed When Calling Customer Service
- Adult Coordination of Care
- Satisfaction with Health Plan: Child Received Information About Health Plan Before Signing Up
- Satisfaction with Health Plan: Child Health Plan Information Given Was Correct
- Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse
- Satisfaction with Health Care Providers: Child Called Doctor's Office for Help or Advice

## **UNISON**

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

### ***General Child Population***

#### **One or Two Stars**

- Rating of Health Plan
- Getting Needed Care

#### **Three Stars**

- Rating of Specialist Seen Most Often
- Customer Service

#### **Four or Five Stars**

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

### ***Adult Population***

#### **One or Two Stars**

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

#### **Three Stars**

- Rating of Specialist Seen Most Often

#### **Four or Five Stars**

- Rating of Personal Doctor
- How Well Doctors Communicate
- Customer Service

## **UNISON (CONTINUED)**

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

### **Significantly Lower than the Program Average**

There were no measures that were significantly lower than the program average.

### **Significantly Higher than the Program Average**

- Child Courteous and Helpful Office Staff Composite
- Coordination of Care: Received Help in Contacting School or Daycare

## **WELLCARE**

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

### ***General Child Population***

#### **One or Two Stars**

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care
- Customer Service
- Rating of Personal Doctor
- How Well Doctors Communicate

#### **Three Stars**

- Getting Care Quickly
- Courteous and Helpful Office Staff

#### **Four or Five Stars**

- None

### ***Adult Population***

#### **One or Two Stars**

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

#### **Three Stars**

- None

#### **Four or Five Stars**

- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- How Well Doctors Communicate
- Customer Service

## **WELLCARE (CONTINUED)**

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

### **Significantly Lower than the Program Average**

- Rating of Health Plan
- Satisfaction with Health Plan: Child Received Information About Health Plan Before Signing Up
- Satisfaction with Health Care Providers: Child Called Doctor's Office for Help or Advice
- Access to Care: Child Saw a Specialist

### **Significantly Higher than the Program Average**

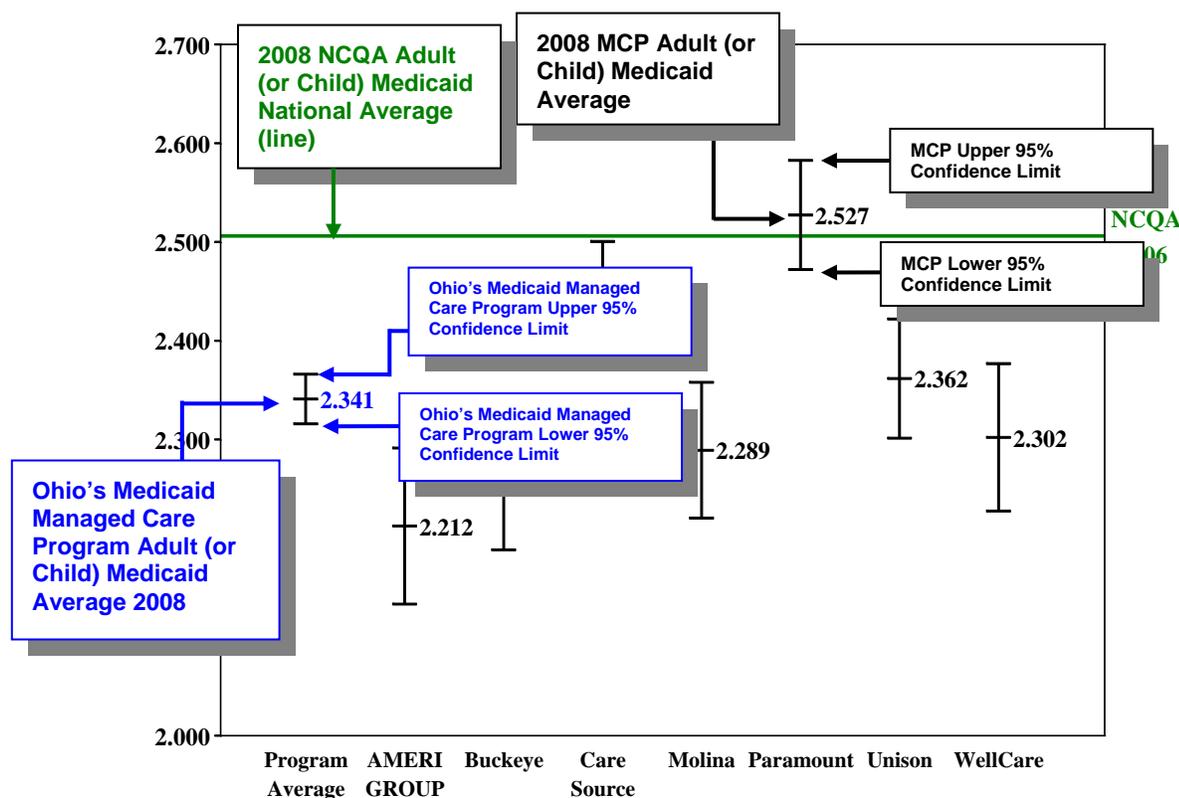
- Satisfaction with Health Plan: Called Customer Service for Information or Help

# Reader's Guide

## HOW TO READ FIGURES IN THE NCQA COMPARISONS SECTION

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

Separate figures were created for the general child and adult populations for the global ratings and composite scores. Each figure depicts the three-point means or the top-box scores for all participating MCPs in Ohio's Medicaid Managed Care Program. The 2008 Ohio Medicaid Managed Care Program averages and the 2008 NCQA national Medicaid averages are presented for comparative purposes. Within each figure, separate lines depict each MCP and Ohio's Medicaid Managed Care Program. The 2008 NCQA national Medicaid average is depicted as a green reference line. For each MCP and Ohio's Medicaid Managed Care Program, the mean score and upper and lower 95 percent confidence limits are indicated. The interpretation of the NCQA comparison figures requires an understanding of sampling error. For additional information on sampling error, please refer to the discussion beginning on page G-7.



Rating of Health Plan

## **OVERALL MEMBER SATISFACTION TABLES**

The Overall Member Satisfaction Tables in the NCQA Comparisons section depict member satisfaction using a one- to five-star rating system. For the general child members, star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2008 National Child Medicaid data.<sup>1</sup> For the adult members, star assignments are based on NCQA's 2008 CAHPS Benchmarks and Thresholds.<sup>2</sup>

### **Overall General Child Member Satisfaction Table**

The Overall General Child Member Satisfaction Table (Table D-1, on page D-42) depicts general child member satisfaction using a one- to five-star rating system. The star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2008 National Child Medicaid data.<sup>3</sup>

- ★★★★★ - indicates a score at or above the 80th percentile
- ★★★★ - indicates a score between the 60th and 79th percentiles
- ★★★ - indicates a score between the 40th and 59th percentiles
- ★★ - indicates a score between the 20th and 39th percentiles
- ★ - indicates a score below the 20th percentile

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

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<sup>1</sup> NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.

<sup>2</sup> National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008*. Washington, DC: NCQA, Updated April 15, 2008.

<sup>3</sup> NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.

**Table G-1**  
**Overall General Child Member Satisfaction Ratings Crosswalk**

NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
<b>GLOBAL RATINGS</b>					
Health Plan	0 - 2.441	2.442 - 2.494	2.495 - 2.544	2.545 - 2.590	≥ 2.591
All Health Care	0 - 2.494	2.495 - 2.543	2.544 - 2.566	2.567 - 2.603	≥ 2.604
Personal Doctor	0 - 2.508	2.509 - 2.539	2.540 - 2.561	2.562 - 2.590	≥ 2.591
Specialist Seen Most Often	0 - 2.476	2.477 - 2.508	2.509 - 2.533	2.534 - 2.566	≥ 2.567
<b>COMPOSITE SCORES</b>					
Getting Needed Care	0 - 2.701	2.702 - 2.726	2.727 - 2.746	2.747 - 2.779	≥ 2.780
Getting Care Quickly	0 - 2.239	2.240 - 2.320	2.321 - 2.360	2.361 - 2.390	≥ 2.391
How Well Doctors Communicate	0 - 2.547	2.548 - 2.596	2.597 - 2.626	2.627 - 2.656	≥ 2.657
Courteous and Helpful Office Staff	0 - 2.554	2.555 - 2.623	2.624 - 2.660	2.661 - 2.694	≥ 2.695
Customer Service	0 - 2.581	2.582 - 2.631	2.632 - 2.670	2.671 - 2.731	≥ 2.732
<i>Note: Source of national distribution: NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.</i>					

## **Overall Adult Member Satisfaction Table**

The Overall Adult Member Satisfaction Table (Table D-2, on page D-45) depicts adult member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2008 CAHPS 4.0H Benchmarks and Thresholds.<sup>4</sup>

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

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

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<sup>4</sup> National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008*. Washington, DC: NCQA, Updated April 15, 2008.

<b>Table G-2 Overall Adult Member Satisfaction Ratings Crosswalk</b>					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
<b>GLOBAL RATINGS</b>					
Health Plan	0 - 2.239	2.240 - 2.319	2.320 - 2.409	2.410 - 2.489	≥ 2.490
All Health Care	0 - 2.169	2.170 - 2.229	2.230 - 2.299	2.300 - 2.359	≥ 2.360
Personal Doctor	0 - 2.379	2.380 - 2.419	2.420 - 2.479	2.480 - 2.539	≥ 2.540
Specialist Seen Most Often	0 - 2.389	2.390 - 2.439	2.440 - 2.489	2.490 - 2.529	≥ 2.530
<b>COMPOSITE SCORES</b>					
Getting Need Care	0 - 2.099	2.100 - 2.239	2.240 - 2.319	2.320 - 2.399	≥ 2.400
Getting Care Quickly	0 - 2.259	2.260 - 2.349	2.350 - 2.409	2.410 - 2.459	≥ 2.460
How Well Doctors Communicate	0 - 2.479	2.480 - 2.539	2.540 - 2.579	2.580 - 2.639	≥ 2.640
Customer Service	0 - 2.179	2.180 - 2.249	2.250 - 2.299	2.300 - 2.389	≥ 2.390
<i>Note: Source of star benchmarks: NCQA. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008. Washington, DC: NCQA, Updated April 15, 2008.</i>					

## HOW TO READ THE OHIO COMPARISONS BAR GRAPHS

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

Separate bar graphs were created for the global ratings, composite scores, items within the composites, individual item measures, individual questions in four areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services), CCC composite scores, and items within the CCC composites. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Statistically significant differences between the MCP-level scores in 2008 and the program average in 2008 are noted within the bar graphs.

The least positive responses to the survey questions are always at the left end of the bar in **blue**. Responses that fall between the least positive and the most positive responses are always in the middle of the bar in **yellow**. The most positive responses to the survey questions are always at the right end of the bar in **red**. Overall means are shown to the right of the bar.



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

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

Arrows (↑ and ↓) within the bars and to the left of the overall means indicate statistically significant differences between an MCP's mean scores<sup>5</sup> in 2008 and the program average in 2008. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

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

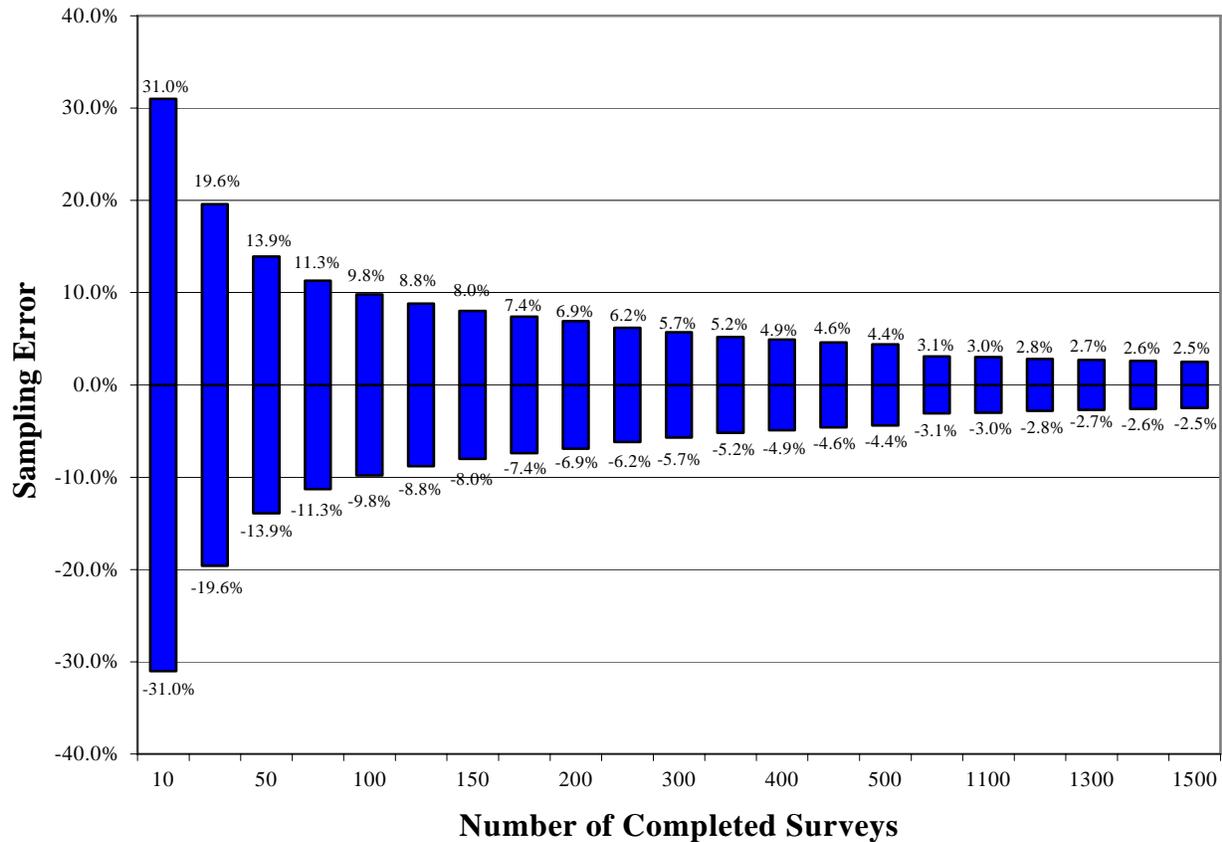
## **UNDERSTANDING SAMPLING ERROR**

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

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

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

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



As Figure G-1 demonstrates, sampling error declines as the sample size increases.<sup>6</sup> Consequently, when the sample size is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are reviewed will influence the interpretation of results.

<sup>6</sup> 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 Survey instrument was administered to those members chosen at random from the total enrollment of each participating MCP as permitted by the HEDIS/CAHPS methodology. The goal was to obtain as high a response rate as possible. As discussed in the previous section, the fewer the number of responses, the wider the sampling error. Table G-3 depicts the sampling errors for various numbers of responses.<sup>7</sup>

<b>Table G-3 Sampling Error and the Number of Survey Responses</b>								
<b>Number of Responses</b>	100	150	200	250	300	350	400	500
<b>Approximate Sampling Error (%)</b>	± 9.8	± 8.0	± 6.9	± 6.2	± 5.7	± 5.2	± 4.9	± 4.4

It is important to note that sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid respondents were 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true satisfaction rate ranges between 72 percent and 88 percent. If 100 of an MCP's members completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of 5 percentage points between the two rates as important. However, the true satisfaction rate of the MCP's respondents ranges between 77 percent and 93 percent, thereby overlapping the state Medicaid average including sampling error. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. At the same time, lack of statistical significance is not the same as lack of importance. The significance of this 5 percentage-point difference is open to interpretation at both the individual MCP level and the state level.

<sup>7</sup> Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

## **LIMITATIONS AND CAUTIONS**

The findings presented in the 2008 Ohio Medicaid Managed Care Program CAHPS reports are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

### **Managed Care Expansion**

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.

### **Case-Mix Adjustment**

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

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

### **Non-Response Bias**

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

### **Causal Inferences**

Although the 2008 Ohio Medicaid Managed Care Program CAHPS reports examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses

described in the Ohio reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist.

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