

2008 CAHPS<sup>®</sup>  
OHIO'S MEDICAID  
MANAGED CARE PROGRAM  
MEMBER SATISFACTION SURVEY

Methodology Report



March 2009

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# Introduction

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## 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®) Surveys is to provide performance feedback that will be used to improve member satisfaction with the MCPs.<sup>1</sup> The standardized survey instruments selected were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set). The Ohio Medicaid Managed Care Program was expanded statewide beginning in July 2006. The 2008 CAHPS survey samples included members from across the state of Ohio. This is the first year that Ohio CAHPS reports reflect statewide survey results. Seven MCPs participated in the 2008 CAHPS Medicaid Surveys. Adult members and the parents or caretakers of child members from each MCP completed the surveys from March to May 2008. All MCP members sampled received English versions of the surveys. Table A-1 provides a list of the MCPs that participated in the surveys.

<b>Table A-1 Participating MCPs</b>	
<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.

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

Per National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) 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 Methodology Report is one of four separate reports. These four reports have been 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 Surveys: (1) the *Introduction* section provides an overview of the survey administration and response-rate information; (2) the *Demographics* section depicts the characteristics of respondents to the CAHPS Surveys, as well as demographic data for adult members who completed a survey and child members whose parents or caretakers completed a survey; (3) the *Respondent/Non-Respondent Analysis* section compares the demographic characteristics of the CAHPS Survey respondents to the non-respondents; (4) the *NCQA Comparisons* section analyzes the CAHPS results using the HEDIS CAHPS methodology, comparing the results of Ohio's adult Medicaid Managed Care Program members to NCQA's 2008 CAHPS 4.0H benchmarks and thresholds, and the results of Ohio's child Medicaid Managed Care Program members to NCQA's 2008 national child Medicaid data; (5) 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; (6) the *Summary of Results* section summarizes the results in the NCQA and Ohio Comparisons sections; and (7) 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** contains three sections that provide a high-level overview of the major CAHPS results presented in Ohio's Medicaid Managed Care Program CAHPS Full Report: (1) the *Introduction* section provides an overview of the survey administration and response-rate information; (2) the *NCQA Comparisons* section analyzes the CAHPS results using the HEDIS CAHPS methodology; and (3) the *Ohio Comparisons* section analyzes the CAHPS results using ODJFS' methodology and AHRQ's analysis

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

program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings and composites.

- The **Children With Chronic Conditions (CCC) Report** contains four sections examining the results of the CAHPS 3.0H Child Medicaid Health Plan Survey: (1) the *Introduction* section provides an overview of the survey administration and response-rate information; (2) the *Demographics* section depicts the characteristics of respondents to the CAHPS 3.0H Child Medicaid Health Plan Survey, as well as demographic data for child members with and without chronic conditions whose parents or caretakers completed a survey; (3) the *Ohio CCC Comparisons* section analyzes the CAHPS results using ODJFS' methodology and AHRQ's analysis program, which enables ODJFS to identify whether there are significant differences between the CCC and non-CCC populations on the global ratings, composites, composite items, additional items, CCC composites, and CCC composite items; and (4) 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 CCC Report.
- The **Methodology Report** contains four sections that provide a detailed description of the methodology used to perform the CAHPS analyses for Ohio's Medicaid Managed Care Program: (1) the *Introduction* section provides an overview of the CAHPS Surveys and the survey administration; (2) the *Data Analysis* section describes the methodology used to calculate response rates, calculate demographic frequencies, perform the respondent/non-respondent analysis, perform the analyses within the NCQA Comparisons and Ohio Comparisons sections in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report, and perform the analyses within the Ohio CCC Comparisons section in Ohio's Medicaid Managed Care Program CAHPS CCC Report; (3) the *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in all of Ohio's Medicaid Managed Care Program CAHPS reports; and (4) the *Survey Instruments* section provides copies of 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) selected for Ohio's Medicaid Managed Care Program Member Satisfaction Survey.

## **SURVEY OVERVIEW**

The 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). These are the HEDIS versions required by NCQA for use during HEDIS measurement year 2008. The CAHPS Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by AHRQ, formerly known as the Agency for Health Care Policy and Research (AHCPR). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS. In 2002, AHRQ convened the CAHPS Instrument Panel to reevaluate and update the CAHPS Surveys and to improve the state-of-the-art methods for assessing members' experiences with care. The result of

this reevaluation and update process was the development of the CAHPS 3.0H Surveys.<sup>3</sup> In 2006, the CAHPS surveys were re-evaluated again. The result was the development of the CAHPS 4.0 Surveys. The CAHPS 4.0H Adult Survey was released for use in 2007, and the CAHPS 4.0H Child Survey will be released for use in 2009.<sup>4</sup> The overarching goal of the CAHPS Surveys is to effectively and efficiently obtain information from the person receiving care. NCQA also includes CAHPS results as part of the scoring algorithm in its accreditation program for health plans.

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

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

The CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS 3.0H Child Medicaid Health Plan Survey were fielded from March to May 2008 for MCP members who met the enrollment and age criteria during calendar year 2007. These surveys provide Ohio's Medicaid Managed Care Program and its MCPs with comprehensive survey results to enhance the communication of this important MCP satisfaction information to consumers.

The CAHPS protocol uses a rigorous methodology designed to maximize the number of responses and to facilitate comparison of results across MCPs. NCQA requires CAHPS as part of HEDIS for accreditation of managed care organizations (MCOs).

The CAHPS 4.0H Adult Medicaid Health Plan Survey includes 51 core questions that yield 11 measures of satisfaction. These measures include four global rating questions, five composite measures, and two individual item measures. The CAHPS 3.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set) includes 110 core questions that yield 15 measures of satisfaction. These measures include four global rating questions, five composite measures, and six CCC composite measures. The global ratings reflect overall satisfaction with the health plan, health care, personal physicians, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "getting needed care" or "getting care quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "health promotion and education" and "coordination of care"). Table A-2 lists the global ratings, composite measures, and individual items included in the CAHPS Medicaid Surveys.

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

<sup>4</sup> National Committee for Quality Assurance. *HEDIS Survey Vendor Training*. October 23, 2008.

<b>Table A-2 CAHPS Medicaid Measures</b>			
<b>Global Ratings</b>	<b>Composite Scores</b>	<b>Individual Items*</b>	<b>CCC Composite Scores**</b>
Rating of Health Plan	Getting Needed Care	Health Promotion and Education	Access to Prescription Medicines
Rating of All Health Care	Getting Care Quickly	Coordination of Care	Access to Specialized Services
Rating of Personal Doctor	How Well Doctors Communicate		Family Centered Care (FCC): Personal Doctor Who Knows Child
Rating of Specialist Seen Most Often	Courteous and Helpful Office Staff (Child Only)		FCC: Shared Decision Making
	Customer Service		FCC: Getting Needed Information
	Shared Decision Making (Adult Only)		Coordination of Care

\* Please note, the individual items are only present in the CAHPS 4.0H Adult Medicaid Health Plan Survey.  
\*\* Please note, the CCC composite scores are only present in the CAHPS 3.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).

## SAMPLING PROCEDURES

### Sample Frame

The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2007. The adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2007). The child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2007). Table A-3 provides a breakout of the sample frames for each MCP.

<b>Table A-3 MCP Sample Frames</b>			
<b>MCPs</b>	<b>Adult Sample Frames</b>		<b>Child Sample Frames</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**

A random sample of 1,755 adult members was selected from each participating MCP, and a total of 12,285 adult surveys were mailed out for the seven participating MCPs in the State of Ohio.

A random sample of up to 1,650 child members was selected from each participating MCP for the NCQA CAHPS 3.0H child sample, which represented 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 that the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested that the member had a greater probability of having a chronic condition.<sup>5</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 in the State of Ohio. 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. For additional information on the CCC population, please refer to Ohio's Medicaid Managed Care Program CAHPS CCC Report. A total of 12,434 child surveys for children in the CCC supplemental sample were mailed out for the seven participating MCPs in the State of Ohio. Therefore, a total of up to 3,490 child members was selected from each participating MCP, and a total of 23,984 child surveys for children in the CAHPS 3.0H child sample and the CCC supplemental sample were mailed for the seven participating MCPs in the State of Ohio. Please note, child members in both the CAHPS 3.0H child sample and CCC supplemental sample received the same CAHPS 3.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set) instrument. The child results presented in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from the CAHPS 3.0H child sample. This random sample of members (the CAHPS 3.0H child sample) from each MCP represents the general child population. The CAHPS 3.0H Child Medicaid Health Plan Survey also includes a number of questions that make up a CCC screener. This screener is used to identify children with chronic conditions from both the CAHPS 3.0H child sample and CCC supplemental sample. The results presented in Ohio's Medicaid Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with and without chronic conditions.

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

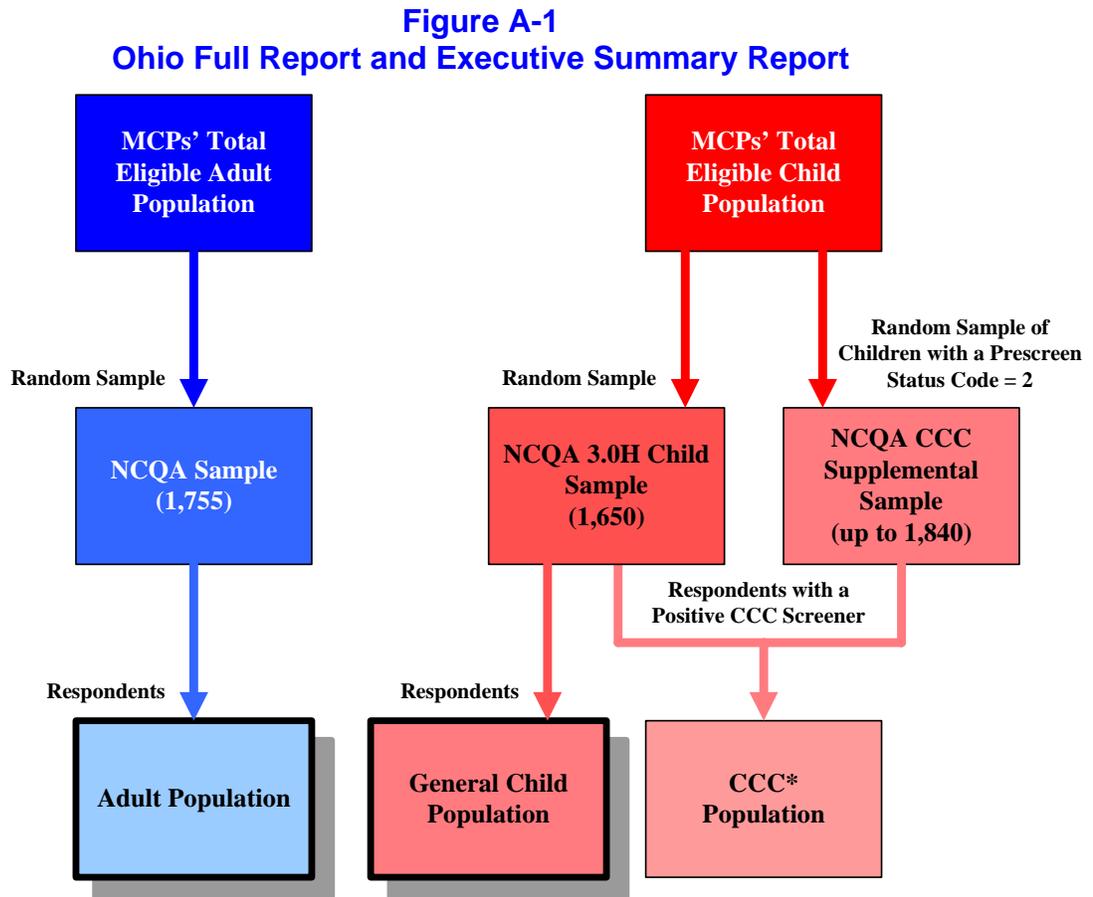
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<sup>5</sup> National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

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.

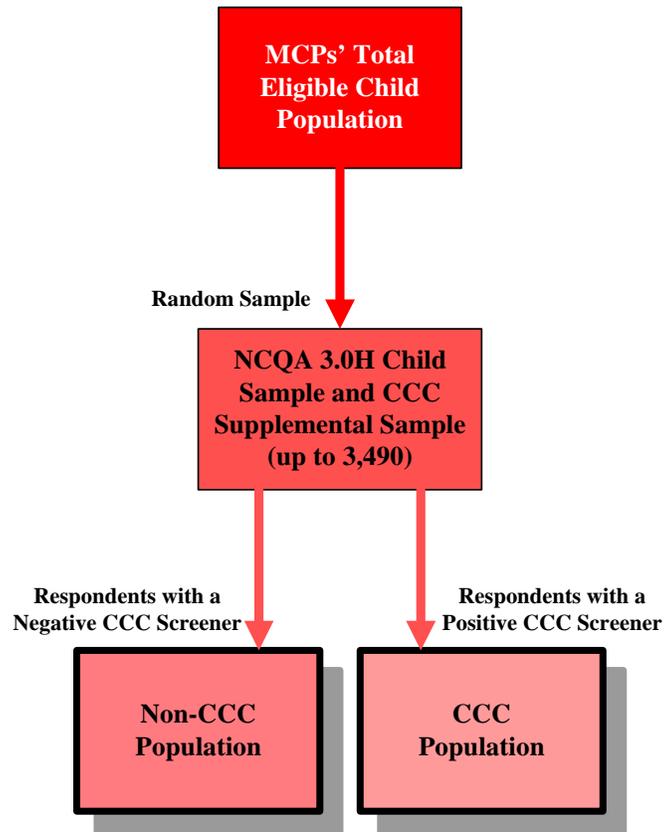
### Sampling Scheme

The following diagrams depict the overall sampling scheme and the pertinent populations in each of the reports.



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

**Figure A-2**  
**Ohio CCC Report**



## **SURVEY PROTOCOL**

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allowed for two methods by which members could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. For Ohio's Medicaid Managed Care Program, 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) of sampled members who had not mailed in a completed survey. A series of up to three CATI calls was made to each non-respondent.<sup>6</sup> It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.<sup>7</sup>

HEDIS specifications require 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 17 years of age or younger for child members as of December 31, 2007
- Were currently enrolled in the 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 file records to check for any apparent problems with the files, such as missing address elements. Each MCP's sampled population (adult and child) was passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the U.S. Postal Service a new address). Following NCQA requirements, random samples were selected for each population with no more than one member being selected per household.

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

According to HEDIS specifications for the CAHPS Surveys, these surveys were completed using the time frames shown in Table A-4.

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

<sup>7</sup> Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002. 40(3): 190-200.

<b>Table A-4 CAHPS Survey Time Frames<sup>8</sup></b>	
<b>Basic Tasks for Conducting the Surveys</b>	<b>Time Frames</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 4 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

<sup>8</sup> National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

# Data Analysis

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A number of different analyses were performed to generate the Ohio CAHPS 2008 Survey results. This section provides a detailed discussion of each of the analyses used to generate the Ohio CAHPS reports.

## RESPONSE RATES

The administration of the CAHPS Surveys is comprehensive and is 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>1</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 number 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. For both the child and adult surveys, eligible members included the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were deceased, they were invalid (they did not meet criteria described on page A-10), they were mentally or physically incapacitated, or they had a language barrier.<sup>2</sup>

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

## DEMOGRAPHICS

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

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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.

<sup>2</sup> The mentally or physically incapacitated designation is not valid for the CAHPS 3.0H Child Medicaid Health Plan Survey. Children who are mentally or physically incapacitated **are** eligible for inclusion in the child results.

<b>Table B-1 Demographic Items Analyzed in the Full Report</b>			
Demographic Analysis	Demographic Category	Source of Adult Data (Adult Survey Question Number or ODJFS)	Source of Child Data (Child Survey Question Number or ODJFS)
<b>Table B-1: Respondent Profiles in Full Report</b>			
	Age	ODJFS	102
	Gender	ODJFS	103
	Education	47	104
<b>Table B-2: Adult and General Child Member Profiles in Full Report</b>			
	Race and Ethnicity	ODJFS	ODJFS
	Health Status	36	92
<b>Table B-3: Adult Member Profiles in Full Report</b>			
	Age	ODJFS	—
	Gender	ODJFS	—
	Education	47	—
	Race and Ethnicity	ODJFS	—
	Health Status	36	—
<b>Table B-4: General Child Member Profiles in Full Report</b>			
	Age	—	ODJFS
	Gender	—	ODJFS
	Race and Ethnicity	—	ODJFS
	Health Status	—	92
	Respondent Relationship	—	107
<b>Table B-5: Responses to CCC Screener Questions in Full Report</b>			
	Prescription Medicine	—	93, 93a, 93b
	More Care	—	94, 94a, 94b
	Functional Limitations	—	95, 95a, 95b
	Special Therapy	—	96, 96a, 96b
	Mental Health Services	—	97, 97a
<b>Table B-6: Distribution of Categories for Children with Chronic Conditions in Full Report</b>			
	Prescription Medicine	—	93, 93a, 93b
	More Care	—	94, 94a, 94b
	Functional Limitations	—	95, 95a, 95b
	Special Therapy	—	96, 96a, 96b
	Mental Health Services	—	97, 97a

<b>Table B-2 Demographic Items Analyzed in the CCC Report</b>		
Demographic Analysis	Demographic Category	Source of Child Data (Child Survey Question Number or ODJFS)
<b>Table B-1: Respondent Profiles in CCC Report</b>		
	Respondent Relationship	107
	Age	102
	Gender	103
	Education	104
<b>Table B-2: Child Member Profiles in CCC Report</b>		
	Age	ODJFS
	Gender	ODJFS
	Race and Ethnicity	ODJFS
	Health Status	92
<b>Table B-3: Responses to CCC Screener Questions in CCC Report</b>		
	Prescription Medicine	93, 93a, 93b
	More Care	94, 94a, 94b
	Functional Limitations	95, 95a, 95b
	Special Therapy	96, 96a, 96b
	Mental Health Services	97, 97a
<b>Table B-4: Distribution of Categories for Children with Chronic Conditions in CCC Report</b>		
	Prescription Medicine	93, 93a, 93b
	More Care	94, 94a, 94b
	Functional Limitations	95, 95a, 95b
	Special Therapy	96, 96a, 96b
	Mental Health Services	97, 97a

## RESPONDENT/NON-RESPONDENT ANALYSIS

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

### Hypothesis Test

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

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

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

The variance of  $\Delta_p$  was:

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

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

### Assignment of Arrows

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

## NCQA ANALYSIS

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

### Three-Point Mean Calculations

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

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

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

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

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

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

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

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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.

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

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

Three-point means, variances, and 95 percent confidence intervals were calculated for the composite scores. In general, scoring was based on a three-point scale: responses of “Always,” “Not a Problem,” or “Definitely Yes” were given a score of 3, responses of “Usually,” “A Small Problem,” or “Somewhat Yes” were given a score of 2, and all other responses were given a score of 1. Table B-3, on page B-7, illustrates how the three-point composite score values were determined.

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

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = score of member j on question i (either 1, 2, or 3)*

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

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

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

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

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

<b>Table B-3</b>	
<b>Determining Three-Point Score Values</b>	
Response Category	Score Values
<b><i>Global Ratings: 0–10 Format</i></b>	
0 - 6	1
7 - 8	2
9 - 10	3
<b><i>Composite Scores &amp; Individual Items: Never/Sometimes/Usually/Always Format</i></b>	
Never	1
Sometimes	1
Usually	2
Always	3
<b><i>Composite Scores &amp; Individual Items: A Big Problem/A Small Problem/Not a Problem Format</i></b>	
A Big Problem	1
A Small Problem	2
Not a Problem	3
<b><i>Composite Scores &amp; Individual Items: Definitely No/Somewhat No/Somewhat Yes/Definitely Yes</i></b>	
Definitely No	1
Somewhat No	1
Somewhat Yes	2
Definitely Yes	3

## Question Summary Rate Calculations

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

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

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

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

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

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

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

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

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

## Global Proportion Calculations

In addition to the three-point means, global proportions and their corresponding variances and 95 percent confidence intervals were calculated for each composite score. For the Adult Survey's Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of "Always" were assigned a score value of 1, and all other response choices were assigned a score value of 0. For the Adult Survey's Shared Decision Making composite, responses of "Definitely Yes" were assigned a score value of 1, and all other response choices were assigned a score value of 0.

For the Child Survey's Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites, responses of "Always" were assigned a score value of 1, and all other response choices were assigned a score value of 0. For the Child Survey's Getting Needed Care and Customer Service composites, responses of "Not a Problem" were assigned a score value of 1, and all other response choices were assigned a score value of 0. Table B-4, on page B-10, illustrates how the global proportion score values were determined.

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

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = score of member j on question i (either 0 or 1)*

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

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

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

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

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

<b>Table B-4</b>	
<b>Determining Question Summary Rate and Global Proportion Score Values</b>	
Response Category	Score Values
<i>Global Ratings: 0–10 Format</i>	
0 - 8	0
9 - 10	1
<i>Composite Scores &amp; Individual Items: Never/Sometimes/Usually/Always Format</i>	
Never	0
Sometimes	0
Usually	0
Always	1
<i>Composite Scores &amp; Individual Items: A Big Problem/A Small Problem/Not a Problem Format</i>	
A Big Problem	0
A Small Problem	0
Not a Problem	1
<i>Composite Scores &amp; Individual Items: Definitely No/Somewhat No/Somewhat Yes/Definitely Yes</i>	
Definitely No	0
Somewhat No	0
Somewhat Yes	0
Definitely Yes	1

## Overall Member Satisfaction Tables

The Overall Member Satisfaction Tables in the NCQA Comparisons section of Ohio's Medicaid Managed Care Program CAHPS Full Report depict member satisfaction using a one- to five-star rating system. For adult members, star assignments were based on NCQA's 2008 CAHPS 4.0H Benchmarks and Thresholds for Accreditation.<sup>4</sup> For general child members, star assignments were based on the distribution of MCP-level global ratings and composite scores compared to NCQA's 2008 National Child Medicaid data.<sup>5</sup>

Each year, NCQA releases the national benchmarks and thresholds for the HEDIS/CAHPS survey results required for NCQA's accreditation of MCOs for the Medicaid population.<sup>6</sup> NCQA requires MCOs to submit HEDIS and CAHPS data as part of the MCO accreditation process. Using these data submissions, NCQA recalculates the summary statistics annually for each HEDIS measure. These recalculated national results are compared to prior year's accreditation benchmarks and thresholds. If there is minimal change to the national performance, accreditation benchmarks and thresholds are held constant. If performance changes, NCQA considers updating the benchmarks and thresholds. In addition, should changes to the measures impact trending, NCQA will recalculate the benchmarks and thresholds and update as necessary to hold plans harmless. In 2008, NCQA received a total of 108 adult Medicaid CAHPS submissions and a total of 64 child Medicaid CAHPS submissions. The 2008 NCQA national numbers presented in Ohio's Medicaid Managed Care Program CAHPS Full Report were based on the NCQA data submissions of these health plans.<sup>7</sup>

The child Medicaid overall member satisfaction (i.e., star) ratings provided in Ohio's Medicaid Managed Care Program CAHPS Full Report were based on the distribution of the 2008 Child Medicaid CAHPS data.<sup>8</sup> The stars were assigned based on a comparison of an MCP's score on each measure to the NCQA national distributions. NCQA provided these data to HSAG in the form of quintiles. The use of quintiles, where the highest quintile (i.e., greater than or equal to 80 percent) was the equivalent of five stars, provided a more conservative estimate of the stars on the child data than using a top category of greater than or equal to 90 percent, as was done for the adult data. HSAG used these child data in this format because NCQA does not provide accreditation benchmarks and thresholds for the child Medicaid population. In contrast, NCQA does publish national accreditation benchmarks and thresholds for the adult Medicaid population. Given the availability of these benchmarks and thresholds, the adult Medicaid overall member

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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.

<sup>5</sup> NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.

<sup>6</sup> National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008*. Washington, DC: NCQA, Updated April 15, 2008.

<sup>7</sup> The actual number of plan submissions on which the national benchmarks and thresholds, as well as the national numbers, are based varies for each global rating and composite.

<sup>8</sup> NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.

satisfaction ratings provided in Ohio's Medicaid Managed Care Program CAHPS Full Report were based on these national benchmarks and thresholds, with the top category being greater than or equal to 90 percent.<sup>9</sup> For additional information, please refer to NCQA's Quality Compass<sup>®</sup>.<sup>10</sup>

Table B-5, on the following page, was obtained from NCQA and displays the 2008 CAHPS adult Medicaid submissions to NCQA by state. A total of 108 adult Medicaid submissions were received by NCQA from 30 states in 2008. In 2007, 127 adult submissions were received from 28 states. Kansas and Nevada submitted data in 2008, but not in 2007. The decrease of adult submissions received from California in 2008 (from 31 in 2007 to 7 in 2008) explains most of the decrease in adult submissions.

Table B-6, on page B-14, displays the 2008 CAHPS general child Medicaid submissions by state. NCQA reports that in 2008 there were a total of 65 CAHPS general child Medicaid submissions and 46 CAHPS CCC child Medicaid submissions (using the CAHPS Child Survey with the CCC measurement set). In 2007, a total of 85 CAHPS general child Medicaid submissions and 46 CAHPS CCC child Medicaid submissions (using the CAHPS Child Survey with the CCC measurement set) were received by NCQA.

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<sup>9</sup> National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008*. Washington, DC: NCQA, Updated April 15, 2008.

<sup>10</sup> National Committee for Quality Assurance. *2008 Quality Compass<sup>®</sup>*. Washington, DC: NCQA, 2008. Quality Compass is a registered trademark of NCQA.

<b>Table B-5</b> <b>2008 NCQA CAHPS Adult Medicaid Submissions</b> <b>by State</b>	
State	Number of Plans
Arizona	1
California	7
Colorado	3
District of Columbia	3
Delaware	1
Florida	4
Georgia	2
Hawaii	1
Indiana	3
Kansas	1
Kentucky	1
Massachusetts	3
Maryland	7
Michigan	13
Minnesota	2
Nebraska	1
Nevada	1
New Jersey	2
New Mexico	3
New York	8
Ohio	7
Pennsylvania	7
Rhode Island	3
Tennessee	9
Texas	2
Utah	1
Virginia	5
Washington	1
Wisconsin	2
West Virginia	2
<i>Note: Two plans did not have a state identified.</i>	

<b>Table B-6</b> <b>2008 NCQA CAHPS General Child Medicaid</b> <b>Submissions by State</b>	
<b>State</b>	<b>Number of Plans</b>
Arizona	1
California	4
Colorado	2
District of Columbia	3
Delaware	1
Georgia	1
Indiana	3
Kansas	1
Kentucky	1
Maryland	6
Michigan	2
Missouri	7
Nevada	1
New Mexico	3
Ohio	7
Pennsylvania	7
Tennessee	9
Texas	1
Virginia	1
Wisconsin	1
West Virginia	2
<i>Note: One plan did not have a state identified.</i>	

**Overall Adult Member Satisfaction Table**

The Overall Adult Member Satisfaction Table depicts adult member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2008 CAHPS 4.0H Benchmarks and Thresholds.<sup>11</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 B-7, on page B-16, 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>11</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 B-7 Overall Adult Member Satisfaction Ratings Crosswalk</b>					
<b>NUMBER OF STARS</b>					
<b>AREA RATED</b>	★	★★	★★★	★★★★	★★★★★
<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
<small>Note: Source of star benchmarks: National Committee for Quality Assurance. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2008. Washington, DC: NCQA, Updated April 15, 2008.</small>					

**Overall General Child Member Satisfaction Table**

The Overall General Child Member Satisfaction Table depicts child member satisfaction using a one- to five-star rating system. The star assignments are based on the distribution of MCP-level global ratings and composite scores from NCQA's 2008 National Distribution of Child Medicaid data.<sup>12</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 B-8, on page B-18, 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>12</sup> NCQA National Distribution of 2008 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on November 11, 2008.

**Table B-8**  
**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>					

## OHIO COMPARISONS ANALYSIS

An analysis of the Ohio CAHPS results was conducted for the Ohio Comparisons section of Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. 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.

The Ohio Comparisons section presents results based on ODJFS' analytic methodology using AHRQ's analysis program. This section reports the weighted and case-mix-adjusted results for all CFC adult and general child members completing a CAHPS Survey. No threshold number of responses was required for the results to be reported in the Ohio Comparisons section.<sup>13</sup> The following methodology was used in performing this analysis.

### Overall Mean Calculations

For each global rating, composite score, item within each composite, and item within four specific areas of interest, an overall mean was calculated. For the global ratings, the overall mean was provided on a scale of 0 to 10. For the composites and composite items, the overall mean was provided on a three-point scale.<sup>14</sup> Additional information on how the composites and composite items were scored to compute the overall means can be found in Table B-3 on page B-7. For the items within the four areas of interest, the overall mean was provided on a three-point scale or on a scale of 0 to 1, depending on the item.

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

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

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

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<sup>13</sup> NCQA requires a minimum of 100 responses on each measure in order to report the measure as a CAHPS/HEDIS result.

<sup>14</sup> The Family Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care CCC composites consist of questions with Yes/No response categories where a response of "Yes" is given a score of "1" and a response of "No" is given a score of "0." Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means could not be calculated for these CCC composites.

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

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = score of member j on question i (from 1 to 3)*

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

$$\text{Item Overall Mean} = \sum_i^n \frac{x}{n}$$

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

## Response Category Proportions

Response category proportions were calculated for each global rating, composite score, item within each composite, and item within four specific areas of interest. For the global ratings, responses were classified into three categories: 9 to 10 (best), 7 to 8, and 0 to 6 (worst). For the composite scores and composite items with a top-box score of “Not a Problem,” responses were classified into three categories: “Not a Problem,” “A Small Problem,” and “A Big Problem.” For the composite scores and composite items with a top-box score of “Always,” responses were classified into three categories: “Always,” “Usually,” and “Sometimes/Never.” For the composite score and composite items with a top-box score of “Definitely Yes,” responses were classified into three categories: “Definitely Yes,” “Somewhat Yes,” “Somewhat No/Definitely No.” For the Access to Prescription Medicines and Access to Specialized Services CCC composites, items within each of these CCC composites were paired to create constructed variables which were then used to score these CCC composites. Half of the questions within these two CCC composites had response categories of “Not a Problem,” “A Small problem,” and “A Big Problem,” and half had response categories of “No” and “Yes.” A question with “Not a Problem,” “A Small Problem,” and “A Big 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: “Did Not Have a Problem,” “Had a Problem, Was Helped,” and “Had a Problem, Was Not Helped.” For the Family Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care CCC composites, and the items within these 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 “Always,” “Usually,”

and “Sometimes/Never.” For the items within the four areas of interest, the response categories varied depending on the item.

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

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

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

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

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = score of member j on question i (either 0 or 1)*

## **Case-Mix Adjustment**

CAHPS Surveys can identify differences in the quality of care provided by MCPs or differences in the perceptions of care of various population subgroups within MCPs. However, the characteristics of respondents can influence CAHPS results. Certain characteristics, such as reported member health status, age, and education, have been shown to impact members’ responses to questions regarding the quality of their health care.<sup>15</sup> Healthier people typically report fewer problems and greater satisfaction with their health care. Older people also tend to be more satisfied with their care. However, people with higher levels of education are more likely to report problems and lower satisfaction with their health care. Given that differences in MCP case mix may lead to varied CAHPS results among MCPs that are not due to differences in quality, the data were adjusted to minimize the effect of these respondent characteristics on the MCP-level results. By accounting for differences in respondent characteristics, case-mix adjustment enhances the comparability of CAHPS results among different MCPs.

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<sup>15</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.

Case-mix adjustment was performed on the Ohio CFC adult and general child populations using member health status, respondent educational level, and respondent age.<sup>16,17</sup> The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, an MCP's mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

MCP-level weighted and case-mix-adjusted mean scores in 2008 for the global ratings, composite scores, composite items, and items within the areas of interest were compared to the program average mean scores in 2008 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.<sup>18</sup> Each of the response category proportions and the overall means were compared for statistically significant differences. The program average used in the tests for statistical significance was different from the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix adjusted. However, the program average used in the tests for statistical significance was the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of the means).

## Weighting

The results in the Ohio Comparisons section presented in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report were weighted to reflect the total eligible population size for each MCP participating in the 2008 CAHPS Medicaid Surveys. The eligible population size of each MCP was based on the total number of members included in the MCP's sample frame (i.e., the eligible population) at the time the CAHPS sample was drawn. Respondent-level weights were calculated using the following formula:

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

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

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).

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<sup>16</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>17</sup> Member health status is derived from responses to question 36 in the adult survey (question 92 in the child survey). Respondent educational level is derived from responses to question 47 in the adult survey (question 104 in the child survey). Respondent age is derived from responses to question 45 in the adult survey (question 102 in the child survey).

<sup>18</sup> The term "mean scores" refers to the overall means and the response category proportions.

## Supplemental Detailed Analytic Discussion

This supplemental section provides additional detail on the approach used to analyze the CAHPS Survey results in the Ohio Comparisons section of Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. Please note that this approach is the standard analytic approach recommended by AHRQ and is discussed in greater detail in the CAHPS *Health Plan Survey and Reporting Kit 2007*.<sup>19</sup>

### **Case-Mix Adjustment**

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

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

In this equation,  $y_{ipj}$  represented the response of respondent  $j$ , who was a member of MCP  $p$ , to item  $i$ ;  $\beta_i$  was a regression coefficient vector;  $x_{ipj}$  was a covariate vector which consisted of the three adjuster covariates of general health status, education, and age;  $\mu_{ip}$  was an intercept parameter for MCP  $p$ ; and  $\varepsilon_{ipj}$  was the error term.

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

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

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

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

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

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

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

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<sup>19</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.

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

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

### **Variance Estimation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Comparative Hypothesis Tests**

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

The weighted mean was:

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

The  $F$  statistic was determined using the formula below:

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

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

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

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

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

The variance of  $\Delta_p$  was:

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

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

### ***Assignment of Arrows***

Arrows were assigned to each MCP's 2008 case-mix-adjusted and weighted overall means and case-mix-adjusted and weighted response category proportions to indicate whether there were statistically significant differences between 2008 MCP-level mean scores and response category proportions and the 2008 program average mean scores and response category proportions. The difference in MCP performance from the program average was considered significant if the two-sided  $p$  value of the  $t$  test was less than 0.05. MCP-level scores and response category proportions that were statistically higher than the program average were noted with upward ( $\uparrow$ ) arrows. MCP-level scores and response category proportions that were statistically lower than the program were noted with downward ( $\downarrow$ ) arrows. MCP-level scores and category proportions that were not statistically different from the program average were not noted with arrows.

## **OHIO CCC COMPARISONS ANALYSIS**

An analysis of the Ohio CAHPS results was conducted for the Ohio CCC Comparisons section of Ohio's Medicaid Managed Care Program CAHPS CCC Report. 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.

The Ohio CCC Comparisons section presented results based on ODJFS' analytic methodology, which used AHRQ's CAHPS analysis program. This section presented case-mix-adjusted results for the child members whose parents or caretakers completed a CAHPS 3.0H Child Medicaid Health Plan Survey. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported. Child members in Ohio's CFC Medicaid Managed Care Program were included in this analysis. The following methodology was used in performing this analysis.

### **Chronic Conditions Classification**

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

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

The survey responses for child members in the NCQA CAHPS 3.0H child sample and the NCQA CCC supplemental sample were analyzed to determine which child members had chronic conditions (those in the CCC population) and which did not (those in the non-CCC population). Therefore, the general population of children (i.e., those in the CAHPS 3.0H child sample) could have included children with chronic conditions based on the responses to the survey questions.

For each category, except for the “Mental Health Services” category, there were three screener questions. The first question was a gate item for the second question and asked whether the child’s use or need was due to a health condition. Respondents that selected “No” to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that selected “No” to the second question were instructed to skip the third question in the category. For the “Mental Health Services” category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that selected “No” to the first question were instructed to skip the second question in this category. Ohio’s CCC population included children in the CAHPS 3.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories.

### **Overall Mean Calculations and Response Category Proportions**

The calculations performed for the Ohio CCC Comparisons section were similar to those performed for the Ohio Comparisons section of Ohio’s Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. However, the groups being compared were not MCPs; they were the CCC and the non-CCC populations. The MCPs were not compared due to insufficient sample sizes. As was done for the Ohio Comparisons section, for each global rating, composite score, item within each composite, and item within four specific areas of interest, an overall mean was calculated. Response category proportions were also calculated. Additional information on the calculation of overall means and response category proportions can be found beginning on page B-19.

### **Case-Mix Adjustment**

Case-mix adjustment was performed on the Ohio CCC and non-CCC populations using member health status, respondent educational level, and respondent age.<sup>20,21</sup> The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, a population mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

Case-mix-adjusted mean scores for the CCC population for the global ratings, composite scores, composite items, and items within the areas of interest were compared to the case-mix-adjusted mean scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. Each of the response category proportions and the overall means were compared for statistically significant differences. Additional information on

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<sup>20</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>21</sup> Member health status is derived from responses to Question 92 in the child survey. Respondent educational level is derived from responses to Question 104 in the child survey. Respondent age is derived from responses to Question 102 in the child survey.

case-mix adjustment, variance estimation, and hypothesis testing can be found beginning on page B-23.

### **Assignment of Arrows**

Arrows were assigned to each population's 2008 case-mix-adjusted overall means and response category proportions to indicate whether there were statistically significant differences between the populations. The difference between the populations was considered significant if the two-sided  $p$  value of the  $t$  test was less than 0.05. Scores for one population that were statistically higher than scores for the other population were noted with upward ( $\uparrow$ ) arrows. Scores for one population that were statistically lower than scores for the other population were noted with downward ( $\downarrow$ ) arrows. Scores for one population that were not statistically different from the other population were not noted with arrows.

# Reader's Guide

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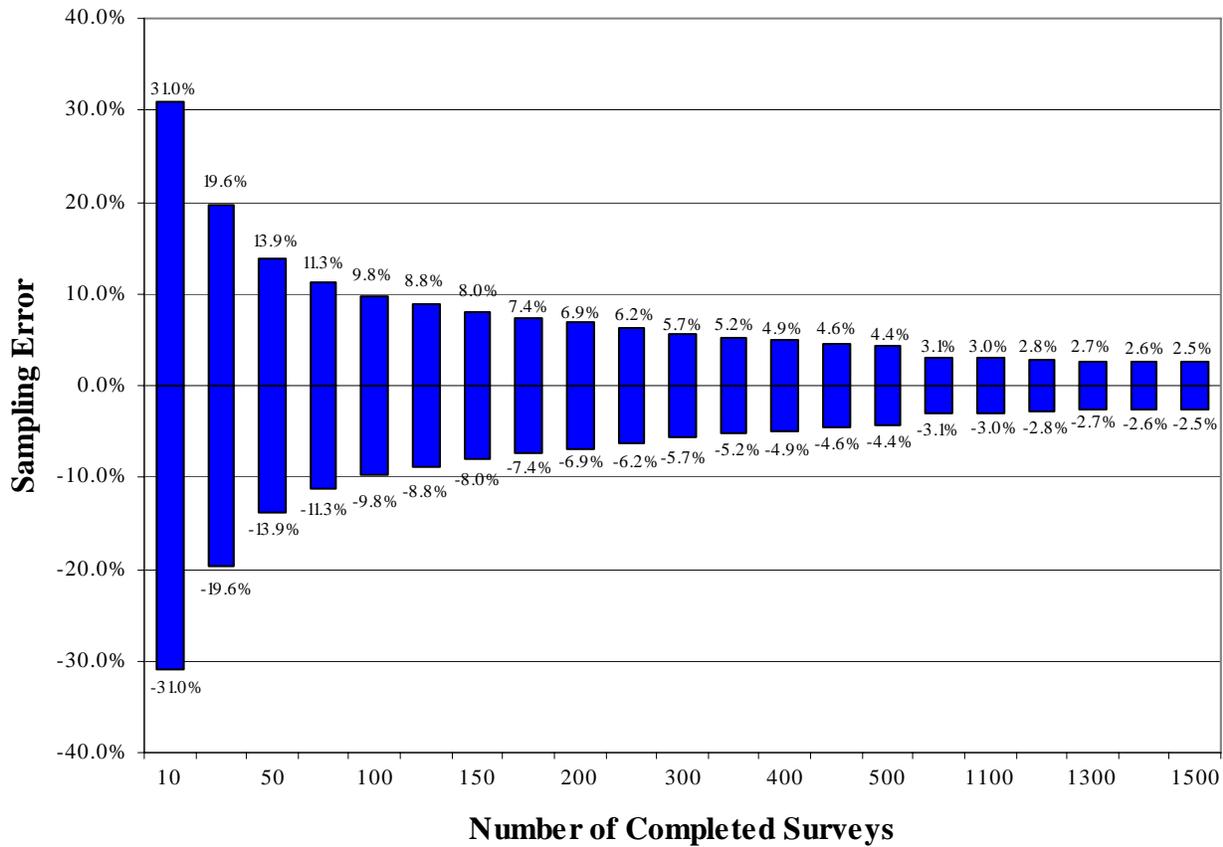
## UNDERSTANDING SAMPLING ERROR

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

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

Since every member in the MCP's total population was not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques were used to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is  $\pm 10$  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 C-1, on page C-2, was based on the number of members who completed the survey. Figure C-1 indicates that if 400 MCP members completed a survey, the margin of error would be  $\pm 4.9$  percent. Note that the calculations used in the graph assume that the size of the eligible population was greater than 2,000, as is the case with most Medicaid MCPs. The smaller the number of members completing the survey, the larger the sampling error. 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 C-1**  
**Sampling Error and the Number of Completed Surveys**



As Figure C-1 demonstrates, sampling error declines as the sample size increases.<sup>1</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 being reviewed will influence the interpretation of results.

<sup>1</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 Health Plan Survey instrument was administered to members chosen at random from the total enrollment of each participating MCP as permitted by the HEDIS/CAHPS methodology. A total of 12,285 adult surveys and 23,984 child surveys were mailed out for the seven participating MCPs. These numbers took into account the loss of some potential respondents due to errors in enrollment status, death, etc. The goal was to obtain as high a response rate as possible. As discussed in the previous section, the fewer the number of responses, the wider the sampling error. Table C-1 depicts the sampling errors for various numbers of responses.<sup>2</sup>

<b>Table C-1</b>								
<b>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 may be helpful to review how sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid program respondents were 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true satisfaction rate ranges between 72 percent and 88 percent. If 100 members of an MCP completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of 5 percentage points between the two rates as important. However, the true satisfaction rate of the MCP's respondents ranges between 75 percent and 95 percent, thereby overlapping the state Medicaid program average when sampling error is included. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. At the same time, lack of statistical significance is not the same as lack of importance. The significance of this 5 percentage-point difference is open to interpretation at both the individual MCP level and the state level.

After potential sampling error has been taken into consideration, it is recommended that MCP-level results calculated using NCQA methodology be compared to the 2008 program average (using NCQA methodology), NCQA's 2008 CAHPS 4.0H benchmarks (for adult results), NCQA's 2008 national child Medicaid data, and the 2008 NCQA national Medicaid averages.

<sup>2</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 CAHPS reports were subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

### **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 educational level, and respondent age, it was not possible to adjust for differences in member or respondent characteristics that were not measured. These characteristics included income, employment, or any other characteristics that may not have been under the MCP's control.

In addition, a factor that should be considered when making comparisons to NCQA data is that NCQA's national averages do not adjust for 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 respondents may be different than those of non-respondents with respect to their health care services, and may vary by MCP. The respondent/non-respondent analysis within Ohio's Medicaid Managed Care Program CAHPS Full Report highlights differences between the demographic characteristics of the respondent and non-respondent populations. The potential for non-response bias should be considered when interpreting the results.

### **Causal Inferences**

Although Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the

MCP. The analyses described in these Ohio reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist. The analyses described in Ohio's Medicaid Managed Care Program CAHPS CCC Report identify whether members in different populations (CCC versus non-CCC) give different ratings of satisfaction.

# Survey Instruments

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The survey instruments selected for Ohio's Medicaid Managed Care Program Member Satisfaction Survey in 2008 were the CAHPS 4.0H Adult Medicaid Health Plan Survey and the CAHPS® 3.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set). This section provides copies of the survey instruments.



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

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

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

**SURVEY INSTRUCTIONS**

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



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

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

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

- Yes ➔ *Go to Question 3*
- No ➔ *Go to Question 2*

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

\_\_\_\_\_

## YOUR HEALTH CARE IN THE LAST 6 MONTHS

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

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

- Yes → *Go to Question 4*
- No → *Go to Question 5*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes → *Go to Question 6*
- No → *Go to Question 7*

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

- Never
- Sometimes
- Usually
- Always

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

- None → *Go to Question 12a*
- 1 → *Go to Question 8*
- 2 → *Go to Question 8*
- 3 → *Go to Question 8*
- 4 → *Go to Question 8*
- 5 to 9 → *Go to Question 8*
- 10 or more → *Go to Question 8*

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

- Never
- Sometimes
- Usually
- Always

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

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

- Yes → *Go to Question 10*
- No → *Go to Question 12*

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

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

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

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

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

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

12a. An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- Yes → *Go to Question 12b*
- No → *Go to Question 13*

12b. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always

### YOUR PERSONAL DOCTOR

13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes → *Go to Question 14*
- No → *Go to Question 22*

14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- None → *Go to Question 21*
- 1 → *Go to Question 15*
- 2 → *Go to Question 15*
- 3 → *Go to Question 15*
- 4 → *Go to Question 15*
- 5 to 9 → *Go to Question 15*
- 10 or more → *Go to Question 15*

15. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, how often did your personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes → *Go to Question 20*
- No → *Go to Question 21*

20. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

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

## GETTING HEALTH CARE FROM SPECIALISTS

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

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

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

- Yes → *Go to Question 23*  
 No → *Go to Question 26*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- None → *Go to Question 26*  
 1 specialist → *Go to Question 25*  
 2 → *Go to Question 25*  
 3 → *Go to Question 25*  
 4 → *Go to Question 25*  
 5 or more specialists → *Go to Question 25*

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

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

## YOUR HEALTH PLAN

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

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

- Yes → *Go to Question 27*  
 No → *Go to Question 28*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes → *Go to Question 29*  
 No → *Go to Question 30*

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

- Never  
 Sometimes  
 Usually  
 Always

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

- Yes → *Go to Question 31*  
 No → *Go to Question 33*

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

- Never  
 Sometimes  
 Usually  
 Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- Yes → *Go to Question 34*
- No → *Go to Question 35*

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

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

**ABOUT YOU**

36. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

37. Do you now smoke cigarettes every day, some days, or not at all?

- Every day → *Go to Question 38*
- Some days → *Go to Question 38*
- Not at all → *Go to Question 41*
- Don't know → *Go to Question 41*

38. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

39. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

40. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

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

- Yes → *Go to Question 42*
- No → *Go to Question 43*

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

- Yes
- No

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

- Yes → *Go to Question 44*
- No → *Go to Question 45*

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

- Yes
- No

45. What is your age?

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

46. Are you male or female?

- Male
- Female

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

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

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

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

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

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

49a. What language do you mainly speak at home?

- English
- Spanish
- Some other language

50. Did someone help you complete this survey?

- Yes → **Go to Question 51**
- No → **Thank you. Please return the survey in the postage-paid envelope**

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

- Read the questions to me
  - Wrote down the answers I gave
  - Answered the questions for me
  - Translated the questions into my language
  - Helped in some other way (please print)
- \_\_\_\_\_

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

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

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



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

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

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

### SURVEY INSTRUCTIONS

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

Correct  
Mark 

Incorrect  
Marks   

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

- Yes → *Go to Question 1*
- No

↓ START HERE ↓

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

1. Our records show that your child is now in (Health Plan Name). Is that right?

- Yes → *Go to Question 3*
- No → *Go to Question 2*

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

\_\_\_\_\_

3. How many months or years in a row has your child been in this health plan?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 5 years
- 5 or more years

## YOUR CHILD'S PERSONAL DOCTOR OR NURSE

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

4. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- Yes → *Go to Question 5*  
 No → *Go to Question 7*

5. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?

0 1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible

6. Did your child have the same personal doctor or nurse before he or she joined this health plan?

- Yes → *Go to Question 8*  
 No → *Go to Question 7*

7. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- A big problem  
 A small problem  
 Not a problem

8. In the last 6 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing or behaving?

- Yes  
 No

9. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

- Yes → *Go to Question 10*  
 No → *Go to Question 12*

10. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

- Yes  
 No

11. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

- Yes  
 No

## GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

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

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- Yes → *Go to Question 13*  
 No → *Go to Question 14*

13. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

- A big problem  
 A small problem  
 Not a problem

14. In the last 6 months, did your child see a specialist?

- Yes → *Go to Question 15*  
 No → *Go to Question 17*



25. In the last 6 months, how many times did your child go to an emergency room?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

26. In the last 6 months (not counting the times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- None → Go to Question 52
- 1 → Go to Question 27
- 2 → Go to Question 27
- 3 → Go to Question 27
- 4 → Go to Question 27
- 5 to 9 → Go to Question 27
- 10 or more → Go to Question 27

27. In the last 6 months, did you or a doctor believe your child needed any care, tests, or treatment?

- Yes → Go to Question 28
- No → Go to Question 29

28. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment for your child that you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem

29. In the last 6 months, did your child need approval from his or her health plan for any care, tests, or treatment?

- Yes → Go to Question 30
- No → Go to Question 31

30. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

- A big problem
- A small problem
- Not a problem

31. In the last 6 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

35. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

36. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

37. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

38. Is your child able to talk with doctors about his or her health care?

- Yes → *Go to Question 39*
- No → *Go to Question 41*

39. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?

- Never
- Sometimes
- Usually
- Always

40. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often did doctors or other health providers spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, did you have any questions or concerns about your child's health or health care?

- Yes → *Go to Question 43*
- No → *Go to Question 46*

43. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- Never
- Sometimes
- Usually
- Always

44. In the last 6 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

45. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

**We want to know how you, your child's doctors and other health providers make decisions about your child's health care.**

46. In the last 6 months, were any decisions made about your child's health care?

- Yes → *Go to Question 47*
- No → *Go to Question 51*

47. When decisions were made in the last 6 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- Never
- Sometimes
- Usually
- Always

48. When decisions were made in the last 6 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- Never
- Sometimes
- Usually
- Always

49. When decisions were made in the last 6 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- Never
- Sometimes
- Usually
- Always

50. When decisions were made in the last 6 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- Never
- Sometimes
- Usually
- Always

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

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

52. Is your child now enrolled in any kind of school or daycare?

- Yes → *Go to Question 53*
- No → *Go to Question 55*

53. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- Yes → *Go to Question 54*
- No → *Go to Question 55*

54. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

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

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

- Yes → *Go to Question 56*
- No → *Go to Question 57*

56. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always

57. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

- Yes → *Go to Question 58*
- No → *Go to Question 59*

58. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

- Never
- Sometimes
- Usually
- Always

59. Is your child 2 years old or younger?

- Yes → *Go to Question 60*
- No → *Go to Question 63*

60. Reminders from the doctor's office or clinic, or from the health plan can come to you by mail, by telephone, or in person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

- Yes
- No

61. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

- Yes → Go to Question 62
- No → Go to Question 63

62. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

- Yes
- No

### SPECIALIZED SERVICES

63. In the last 6 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

- Yes → Go to Question 64
- No → Go to Question 66

64. In the last 6 months, how much of a problem, if any, was it to get special medical equipment for your child?

- A big problem → Go to Question 65
- A small problem → Go to Question 65
- Not a problem → Go to Question 66

65. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

66. In the last 6 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?

- Yes → Go to Question 67
- No → Go to Question 69

67. In the last 6 months, how much of a problem, if any, was it to get special therapy for your child?

- A big problem → Go to Question 68
- A small problem → Go to Question 68
- Not a problem → Go to Question 69

68. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

69. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?

- Yes → Go to Question 70
- No → Go to Question 72

70. In the last 6 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

- A big problem → Go to Question 71
- A small problem → Go to Question 71
- Not a problem → Go to Question 72

71. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

72. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes → Go to Question 73
- No → Go to Question 74

73. In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

### YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

74. Some states pay health plans to care for people covered by Medicaid. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

- Yes → *Go to Question 75*
- No → *Go to Question 78*

75. Did you choose your child's health plan or were you told which plan your child was in?

- I chose my child's plan
- I was told which plan my child was in

76. You can get information about your child's plan services in writing, by telephone, on the Internet, or in person.

Did you get any information about your child's health plan before you signed him or her up for it?

- Yes → *Go to Question 77*
- No → *Go to Question 78*

77. How much of the information you were given before you signed your child up for the plan was correct?

- All of it
- Most of it
- Some of it
- None of it

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

- Yes → *Go to Question 79*
- No → *Go to Question 80*

79. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem

80. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

- Yes → *Go to Question 81*
- No → *Go to Question 82*

81. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- A big problem
- A small problem
- Not a problem

82. In the last 6 months, have you called or written to your child's health plan with a complaint or problem?

- Yes → *Go to Question 83*
- No → *Go to Question 86*

83. How long did it take for your child's health plan to resolve your complaint?

- Same day → *Go to Question 84*
- 2-7 days → *Go to Question 84*
- 8-14 days → *Go to Question 84*
- 15-21 days → *Go to Question 84*
- More than 21 days → *Go to Question 84*
- I am still waiting for it to be settled → *Go to Question 85*

84. Was your complaint or problem settled to your satisfaction?

- Yes → *Go to Question 86*
- No → *Go to Question 86*

85. How long have you been waiting for your child's health plan to resolve your complaint?

- 1-7 days
- 8-14 days
- 15-21 days
- More than 21 days

86. In the last 6 months, did you have to fill out any paperwork for your child's health plan?

- Yes → **Go to Question 87**
- No → **Go to Question 88**

87. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

- A big problem
- A small problem
- Not a problem

88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

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

### PREScription MEDICINES

89. In the last 6 months, did your child get a prescription for medicine or did you refill a prescription for your child?

- Yes → **Go to Question 90**
- No → **Go to Question 92**

90. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine?

- A big problem → **Go to Question 91**
- A small problem → **Go to Question 91**
- Not a problem → **Go to Question 92**

91. Did anyone from your child's health plan, doctor's office, or clinic help you with this problem?

- Yes
- No

### ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes → **Go to Question 93a**
- No → **Go to Question 94**

93a. Is this because of any medical, behavioral or other health condition?

- Yes → **Go to Question 93b**
- No → **Go to Question 94**

93b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → **Go to Question 94a**
- No → **Go to Question 95**

94a. Is this because of any medical, behavioral or other health condition?

- Yes → **Go to Question 94b**
- No → **Go to Question 95**

94b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → **Go to Question 95a**
- No → **Go to Question 96**

95a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 95b
- No → Go to Question 96

95b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → Go to Question 96a
- No → Go to Question 97

96a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 96b
- No → Go to Question 97

96b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

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

- Yes → Go to Question 97a
- No → Go to Question 98

97a. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
- No

98. What is your child's age now?

- Less than 1 year old
- YEARS OLD (write in)

99. Is your child male or female?

- Male
- Female

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

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

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

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

102. What is your age now?

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

103. Are you male or female?

- Male
- Female

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

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

105. What language do you mainly speak at home?

- English
- Spanish
- Some other language (please print)

\_\_\_\_\_

◆ \_\_\_\_\_ ◆  
106. What language does your child mainly speak at home?

- English
- Spanish
- Some other language (please print)

\_\_\_\_\_

107. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian

108. Are you listed as the child's payee or guardian on Medicaid records?

- Yes
- No

109. Did someone help you complete this survey?

- Yes → *Go to Question 110*
- No → *Please return the survey in the postage-paid envelope*

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

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

\_\_\_\_\_

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

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

DataStat, Inc.  
3975 Research Park Drive  
Ann Arbor, MI 48108