

2009 CAHPS®  
OHIO'S COVERED FAMILIES AND  
CHILDREN MEDICAID  
MANAGED CARE PROGRAM  
MEMBER SATISFACTION SURVEY

Children with Chronic Conditions Report



May 2010

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# Introduction

## OVERVIEW

The Ohio Department of Job and Family Services (ODJFS) conducts a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high quality health care services. These activities include annual surveys of member satisfaction. Survey results provide important feedback on MCP performance which is used to improve overall member satisfaction with managed care programs.

ODJFS administers member satisfaction surveys for all MCPs in Ohio's Covered Families and Children (CFC) and Aged, Blind, or Disabled (ABD) Medicaid Managed Care Programs. In 2009, the ABD and CFC Medicaid Managed Care Programs were surveyed independently. This report presents survey results for child members in Ohio's CFC Medicaid Managed Care Program.<sup>1</sup> The standard survey instrument selected for 2009 for the CFC child population was the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).<sup>2</sup> Seven MCPs participated in the 2009 CAHPS 4.0H Child Medicaid Health Plan Survey, as listed in Table A-1 below. The parents or caretakers of child members from each MCP completed the survey from February through May 2009.

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

ODJFS administered the 2009 CAHPS surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. This Ohio CFC Medicaid Managed Care Program CAHPS Children with Chronic Conditions (CCC) Report is one of four separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2009 Ohio CFC Medicaid Managed Care Program CAHPS results. Information on all four reports can

<sup>1</sup> Please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report for detailed information regarding the CFC adult population and to Ohio's ABD Medicaid Managed Care Program CAHPS reports for detailed information regarding the ABD population.

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

be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. Similar reports were created to provide ODJFS with a comprehensive analysis of the 2009 Ohio ABD Medicaid Managed Care Program CAHPS results. Information on these reports can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

## **CHANGES TO THE CHILD SURVEY FOR 2009**

In November 2006, the Agency for Healthcare Research and Quality (AHRQ) released the CAHPS 4.0 Health Plan Surveys. Based on the CAHPS 4.0 versions, the National Committee for Quality Assurance (NCQA) introduced new Healthcare Effectiveness Data and Information Set (HEDIS®) versions of the Child Health Plan Survey for use in 2009, which are referred to as the CAHPS 4.0H Child Medicaid Health Plan Surveys.<sup>3,4</sup> The following is a summary of the changes resulting from the transition from the CAHPS 3.0H to the new CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set).

### **Composite Measures**

#### ***Getting Needed Care***

Changes were made to the response choices, question language, and number of questions for the Getting Needed Care composite measure. All response choices were revised from "A Big Problem," "A Small Problem," and "Not a Problem" to "Never," "Sometimes," "Usually," and "Always." Question language was changed in order to accommodate these new responses. Also, three questions were dropped from the composite that addressed two composite items: "Finding a Personal Doctor" and "Getting Plan Approval." These changes now allow the combining of adult and child data; however, these results are not trendable. Therefore, trending is limited to the adult population.

#### ***Getting Care Quickly***

For the Getting Care Quickly composite measure, changes were made to the question language and number of questions included in the composite. Two questions were dropped that addressed the following items: "Taken to Exam Room Within 15 Minutes" and "Getting Help by Phone." These changes now allow the combining of adult and child data; however, these results are not trendable. Therefore, trending is limited to the adult population.

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

<sup>4</sup> National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

### ***How Well Doctors Communicate***

All items in the How Well Doctors Communicate composite were reworded to ask about experiences with “your child’s personal doctor,” where previously the items had asked about “your child’s doctors or other health providers.” The rewording is anticipated to have minimal impact on trending; therefore, a trending analysis was performed for the 2009 CAHPS Survey.

### ***Courteous and Helpful Office Staff***

The Courteous and Helpful Office Staff composite was dropped upon implementation of the CAHPS 4.0H Health Plan Surveys. Therefore, this measure is no longer reported.

### ***Customer Service***

Changes were made to the response choices, question language, and number of questions for the Customer Service composite measure. All responses were revised from “A Big Problem,” “A Small Problem,” and “Not a Problem” to “Never,” “Sometimes,” “Usually,” and “Always.” Question language was changed in order to accommodate these new responses. One question was removed from the composite; however, an additional question item was added: “Being Treated with Courtesy and Respect.” These changes now allow the combining of adult and child data; however, these results are not trendable. Therefore, trending is limited to the adult population.

## **Global Ratings**

### ***Rating of All Health Care***

There were no changes made to the question language for this global rating; however, the item was moved from the third section of the survey after “Your Child’s Personal Doctor or Nurse” and “Getting Health Care From a Specialist” to the first section titled “Your Child’s Health Care in the Last 6 Months.” Negligible impact on trending is expected due to this reordering; therefore, a trend analysis was performed for the 2009 CAHPS Survey.

### ***Rating of Health Plan***

There were no changes made to the language or the placement of the question. The question is still in the fourth section titled “Your Child’s Health Plan.” Negligible impact on trending is expected for this global rating; therefore, a trend analysis was performed for the 2009 CAHPS Survey.

### ***Rating of Personal Doctor***

Changes were made to the question language for this global rating. Question language was changed to ask respondents to only rate their child’s “personal doctor” instead of their child’s “personal doctor or nurse.” The question is still in the section titled “Your Child’s Personal Doctor.” Minimal impact on trending is expected due to the changes in wording; therefore, a trend analysis was performed for the 2009 CAHPS Survey.

### ***Rating of Specialist Seen Most Often***

A minor change was made to the question language for this global rating. The wording of the question changed from asking members to rate “the specialist” to “that specialist.” The question is still in the section titled “Getting Health Care From Specialists.” Minimal impact on trending is expected due to the changes in wording; therefore, a trend analysis was performed for the 2009 CAHPS Survey.

## **CCC Composites**

### ***Access to Prescription Medicines***

Changes were made to the response choices, question language, and number of questions for the Access to Prescription Medicines CCC composite measure. One question was removed from the composite. The remaining questions’ responses were revised from “Problem, Not Helped,” “Problem, Helped,” and “Not a Problem” to “Never,” “Sometimes,” “Usually,” and “Always.” Question language was changed in order to accommodate these new responses. Due to these changes, this measure is not trendable between the scores in 2009 and the scores in 2008.

### ***Access to Specialized Services***

Changes were made to the response choices, question language, and number of questions for the Access to Specialized Services CCC composite measure. The questions responses were revised from “Problem, Not Helped,” “Problem, Helped,” and “Not a Problem” to “Never,” “Sometimes,” “Usually,” and “Always.” Three questions were removed from the composite. Question language was changed in order to accommodate these new responses. Due to these changes, this measure is not trendable between the scores in 2009 and the scores in 2008.

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

A minor change was made to the question language for this CCC composite. The wording of the question changed from asking about a child’s “personal doctor or nurse” to his/her “personal doctor.” Minimal impact on trending is expected due to the changes in wording; therefore, a trend analysis was performed for the 2009 CAHPS Survey.

### ***FCC: Shared Decision Making***

The FCC: Shared Decision Making CCC composite was dropped upon the implementation of the CAHPS 4.0H Health Plan Surveys; therefore, this measure is no longer reported.

### ***FCC: Getting Needed Information***

Two questions were removed from the FCC: Getting Needed Information composite measure. Due to this change, this measure is not trendable between the scores in 2009 and the scores in 2008.

***Coordination of Care for Children with Chronic Conditions***

The Coordination of Care CCC composite measure was renamed to Coordination of Care for Children With Chronic Conditions. This change does not impact the trend results. Therefore, a trend analysis was performed for the 2009 CAHPS Survey.

**New Content Areas**

One additional composite measure was added to the CAHPS 4.0H Child Medicaid Health Plan Survey: Shared Decision Making. The Shared Decision Making composite includes two questions that have response choices of “Definitely Yes,” “Somewhat Yes,” “Somewhat No,” and “Definitely No.”

Furthermore, two individual item measures were added for further analysis: Coordination of Care and Health Promotion and Education. Both items have responses of “Never,” “Sometimes,” “Usually,” and “Always.”

## **SAMPLING PROCEDURES**

### **Sample Frame**

HSAG followed NCQA HEDIS Specifications for Survey Measures in conducting the CAHPS 4.0H Child Medicaid Health Plan Survey.<sup>5</sup> The members eligible for sampling included those who were MCP members at the time the sample was drawn, who were 17 years of age or younger (as of December 31, 2008), and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2008. A sample frame of 715,616 child members was produced by ODJFS and provided to HSAG.

### **Sample Size**

A random sample of up to 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample, which represents the general population of children. Child members in the CAHPS 4.0H child sample were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.<sup>6</sup> A total of 11,550 child surveys for children in the CAHPS 4.0H child sample were mailed out for the seven participating MCPs in the State of Ohio. After selecting child members for the CAHPS 4.0H child sample, a random sample of 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represents the population of children who are more likely to have a chronic condition. A total of 12,880 child surveys for children in the CCC supplemental sample were mailed out for the participating MCPs. There were 3,490 child members selected from each participating MCP, and a total of 24,430 child surveys for children in the CAHPS 4.0H child sample and the CCC supplemental sample were mailed for the seven participating MCPs. Please note, child members in both the CAHPS 4.0H child sample and CCC supplemental sample received the same CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set) instrument. The CAHPS 4.0H Child Medicaid Health Plan Survey included a number of questions comprising a CCC screener. This screener is used to identify children with chronic conditions from both the CAHPS 4.0H child sample and CCC supplemental sample. The results presented in this Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with and without chronic conditions. Additional information on the CCC population and CCC screener can be found beginning on page B-4.

NCQA protocol permits oversampling in 5 percent increments. Given the large number of child members sampled from each MCP, no oversampling was performed on the child population.

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<sup>5</sup> National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

<sup>6</sup> Ibid.

## **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 allows for two methods by which members can complete the survey. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. For Ohio's CFC 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 second 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 at least three CATI calls was made to each non-respondent.<sup>7</sup>

HEDIS specifications require that HSAG be provided a list of all eligible members for the sampling frame.

Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2008
- Were currently enrolled in the MCP
- Had been continuously enrolled for at least five of the last six months of 2008
- Had Medicaid as the primary payer

HSAG inspected a sample of the records to check for any apparent problems with the files such as missing address elements. All sampled records from each MCP were 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 Postal Service a new address). Following NCQA requirements, the survey samples were randomly selected with no more than one member being selected per household.

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<sup>7</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® 2009 Survey Measures*. Washington, DC: NCQA Publication, 2008.

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

According to HEDIS specifications for the CAHPS 4.0H Health Plan Surveys, this survey was completed using the time frame shown in Table A-2.

<b>Table A-2 CAHPS 4.0H Survey Time Frame<sup>8</sup></b>	
<b>Basic Tasks for Conducting the Survey</b>	<b>Time Frame</b>
Send first questionnaire with cover letter to the member	0 days
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire	39 – 45 days
Initiate CATI 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 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

## RESPONSE RATES

The administration of the CAHPS 4.0H Health Plan 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>9</sup> A member's survey is assigned a disposition code of "completed" if any one question was answered within the survey. Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the eligible population criteria described on page A-7), or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

A total of 10,597 parents or caretakers of child members returned a completed survey.<sup>10</sup> Of the 10,597 completed surveys, 4,355 were from children identified as having a chronic condition (CCC population) and 6,242 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 43.38 percent for Ohio's CFC Medicaid Managed Care Program.

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<sup>9</sup> National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

<sup>10</sup> Please note, this includes all children sampled (both the CAHPS 4.0H child sample and the CCC supplemental sample). Per NCQA protocol, children in the CCC supplemental sample are not included in NCQA's standard child response rate calculations. Therefore, the overall child response rates reported in this section should not be compared to the NCQA response rates provided in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report.

# Demographics

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This Demographics section depicts the characteristics of child members with chronic conditions (the CCC population) and child members without chronic conditions (the non-CCC population). It also depicts the characteristics of respondents who completed the CAHPS 4.0H Child Medicaid Health Plan Survey.<sup>1</sup> In general, the demographics of a response group influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.<sup>2</sup>

The demographic data are presented in two sections. The first section consists of two tables, Table B-1 and Table B-2, which depict respondent-level and member-level demographic data. Member age, gender, and race and ethnicity information were derived from ODJFS administrative data. Member general health status and respondent age, gender, education, and relationship to child information were derived from responses to the Child Medicaid Survey. The second section contains two tables, Table B-3 and Table B-4, and discusses the CCC population and how this population was identified.

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

<sup>2</sup> Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

## RESPONDENT PROFILES

Respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table B-1 depicts the demographic characteristics of the respondents who completed the CAHPS 4.0H Child Medicaid Health Plan Survey on behalf of child members in the CCC and non-CCC populations. Respondent relationship to child, age, gender, and education were derived from responses to the Child Medicaid Survey.

<b>Table B-1 Respondent Profiles</b>		
	<b>Ohio's CFC Medicaid Managed Care Program CCC</b>	<b>Ohio's CFC Medicaid Managed Care Program Non-CCC</b>
<b>Respondent Relationship to Child</b>		
Parent	87.5%	90.8%
Grandparent	7.9%	6.5%
Other	4.6%	2.7%
<b>Age</b>		
Under 18	6.8%	15.9%
18 to 24	38.6%	41.1%
25 to 34	32.0%	26.8%
35 to 44	14.7%	10.7%
45 to 54	5.8%	3.5%
55 or older	2.1%	2.0%
<b>Gender</b>		
Male	7.7%	9.1%
Female	92.3%	90.9%
<b>Education</b>		
Not a HS Graduate	17.9%	19.0%
HS Graduate	41.0%	43.4%
Some College	35.2%	32.0%
College Graduate	6.0%	5.6%
<i>Please note, percentages may not total 100% due to rounding.</i>		

## MEMBER PROFILES

Table B-2 presents the demographic characteristics of the child members with and without chronic conditions in Ohio's CFC Medicaid Managed Care Program whose parents or caretakers completed the CAHPS 4.0H Child Medicaid Health Plan Survey. Age, gender, and race and ethnicity were derived from ODJFS administrative data. Health status was derived from responses to the Child Medicaid Survey.

<b>Table B-2 Child Member Profiles</b>		
	<b>Ohio's CFC Medicaid Managed Care Program CCC</b>	<b>Ohio's CFC Medicaid Managed Care Program Non-CCC</b>
<b>Age</b>		
Less than 2	5.6%	17.8%
2 to 4	13.6%	22.1%
5 to 7	16.3%	16.2%
8 to 10	21.3%	13.2%
11 to 13	19.4%	12.4%
14 to 17	23.9%	18.2%
<b>Gender</b>		
Male	60.2%	50.3%
Female	39.8%	49.7%
<b>Race and Ethnicity</b>		
White	74.9%	70.3%
Black	22.4%	25.0%
Hispanic	2.4%	3.7%
Asian	0.2%	0.9%
Native American	0.1%	0.1%
Other	0.0%	0.0%
<b>Health Status</b>		
Excellent	14.4%	43.6%
Very Good	37.9%	39.2%
Good	35.3%	15.3%
Fair	11.3%	1.7%
Poor	1.1%	0.2%
<i>Please note, percentages may not total 100% due to rounding.</i>		

## **CHRONIC CONDITIONS CLASSIFICATION**

Meeting the health care needs of children with chronic conditions is costly, and the majority of national health care funds spent on children are spent on the CCC population.<sup>3</sup> Children with chronic conditions often access more services and different types of services than the non-CCC population. The parents or caretakers of children with chronic conditions also have different needs than the caregivers of children without chronic conditions. Assessing member satisfaction for the CCC population versus the non-CCC population can provide valuable information to MCPs regarding quality improvement activities they can implement to address the needs of both populations. The State of Ohio wants to ensure that the needs of families with children with chronic conditions are being met. One way to evaluate whether or not these needs are being met is to compare the satisfaction ratings of families with children with chronic conditions to the satisfaction ratings of families that have children without chronic conditions. The State of Ohio can then determine whether there are significant differences between the satisfaction ratings of the two populations and address these differences.

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

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

The survey responses for child members in the CAHPS 4.0H child sample and the CCC supplemental sample were analyzed to determine which child members have chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 4.0H child sample) included children with and without chronic conditions based on the responses to the survey questions. For each category, the first question was a gate item for the second question, except for the "Mental Health Services" category. These questions asked whether the child's use, need, or limitations were due to a health condition. Respondents that select "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. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents that selected "No" to the second question were instructed to skip

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<sup>3</sup> National Committee for Quality Assurance. *HEDIS 2009 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

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 that asked respondents whether the condition had lasted or was 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. Table B-3 displays the responses to the five categories of questions for all children sampled. Ohio’s CFC Medicaid Managed Care Program CCC population included children in the CAHPS 4.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories. Additional information on the CAHPS 4.0H child sample and the CCC supplemental sample can be found beginning on page A-5.

**Table B-3  
Responses to CCC Screener Questions  
Response of “Yes”**

	Ohio’s CFC Medicaid Managed Care Program CCC	Ohio’s CFC Medicaid Managed Care Program Non-CCC
<b>Prescription Medicine</b>		
Needs/Uses Prescription Medicine	84.4%	14.7%
Due to Health Condition	98.6%	38.8%
Condition Duration of at Least 12 Months	98.5%	0.0%
<b>More Care</b>		
Needs/Uses More Care	54.6%	3.8%
Due to Health Condition	96.3%	41.8%
Condition Duration of at Least 12 Months	99.1%	0.0%
<b>Functional Limitations</b>		
Limited Abilities	33.4%	4.3%
Due to Health Condition	95.0%	15.6%
Condition Duration of at Least 12 Months	99.4%	0.0%
<b>Special Therapy</b>		
Needs/Gets Therapy	22.0%	4.3%
Due to Health Condition	84.6%	20.4%
Condition Duration of at Least 12 Months	97.7%	0.0%
<b>Mental Health Services</b>		
Needs/Gets Counseling	50.0%	2.6%
Condition Duration of at Least 12 Months	97.2%	0.0%

*Please note, the parents or caretakers of child members in the CAHPS 4.0H child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question. The percentage of “Yes” responses to the last question in each category of screener questions for members in Ohio’s CFC Medicaid Managed Care Program Non-CCC population is always zero percent because a “Yes” response to the final question in a category would qualify the member as having a chronic condition and therefore that member would not be part of Ohio’s CFC Medicaid Managed Care Program Non-CCC population.*

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

A total of 41.1 percent of all child members for whom a survey was completed (26.7 percent of child members in the CAHPS 4.0H child sample and 52.7 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table B-3. Table B-4 depicts the percentage of children with chronic conditions with affirmative responses to all questions in any of the five categories. A child member can appear in more than one category. For example, a child member may have affirmative responses to all of the questions within the Prescription Medicine category and also have affirmative responses to all of the questions within the Functional Limitations category.

<b>Table B-4</b>					
<b>Distribution of Categories for Children with Chronic Conditions</b>					
	<b>Prescription Medicine</b>		<b>Functional Limitations</b>	<b>Special Therapy</b>	<b>Mental Health Service</b>
<b>Ohio's CFC Medicaid Managed Care Program CCC</b>	80.6%	50.3%	30.4%	17.3%	47.1%
<i>Please note, a child member may appear in more than one category</i>					

# Ohio CCC Comparisons

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This Ohio CCC Comparisons section presents 2008 and 2009 CAHPS results based on ODJFS' analytic methodology, which uses AHRQ's CAHPS analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio and contain case-mix-adjusted results for the child members whose parents or caretakers completed a CAHPS 4.0H Child Medicaid Health Plan Survey. According to AHRQ recommendations, results were case-mix-adjusted for reported member health status, respondent educational level, and respondent age.<sup>1</sup> Additional information on the case-mix adjustment can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported. In 2008, Ohio's CFC Medicaid Managed Care Program had 3,726 completed surveys for the CCC population and 4,224 completed surveys for the non-CCC population. These 7,950 surveys were used to calculate the 2008 CAHPS results presented in this section for trending purposes.<sup>2</sup> In 2009, Ohio's CFC Medicaid Managed Care Program had 4,355 completed surveys for the CCC population and 6,242 completed surveys for the non-CCC population. These 10,597 surveys were used to calculate the 2009 CAHPS results presented in this section.

For each global rating, composite score, item within a composite measure, and individual item measure, an overall mean was calculated. For global ratings, the overall mean was provided on a scale of 0 to 10. For the composite measures, composite items, and individual item measures, the overall mean was provided on a three-point scale. Members' responses were classified into one of three response categories for each global rating, composite measure, composite item, and individual item measure. For the global ratings, the response categories were: "0 to 6," "7 to 8," and "9 to 10." The Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items response categories were: "Never/Sometimes," "Usually," and "Always." The Shared Decision Making composite measure and items response categories were: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." For the individual item measures, Coordination of Care and Health Promotion and Education, the response categories were: "Never/Sometimes," "Usually," and "Always."

Specific survey questions pertaining to the following four areas of interest were also analyzed: Satisfaction with Health Plan, Satisfaction with Health Care Providers, Access to Care, and Utilization of Services. One-point means (for "Yes/No" items) or three-point means were calculated for each of these survey questions. The scale used to calculate the overall means varied by question and is provided within the discussion of each question. Members' responses to questions within these areas of interest were also classified into response categories and are described in detail within the discussion of each of these questions.

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<sup>1</sup> Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

<sup>2</sup> For detailed information on the 2008 Ohio CFC Medicaid Managed Care Program CAHPS analysis, please refer to the Ohio CCC Comparisons section in the 2008 CCC Report.

For each CCC composite measure, composite item, or question pair, a one-point or a three-point overall mean was calculated.<sup>3</sup> Member responses were also classified into response categories. For the Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites, and the items within these CCC composites, the response categories were: “No” and “Yes.” For the Access to Prescription Medications, Access to Specialized Services, and FCC: Getting Needed Information CCC composites, and the items within these CCC composites, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

The Ohio CCC Comparisons section presents two different types of analysis. The first type of analysis involves a comparison of the 2009 results for the two populations, CCC and non-CCC. This population-to-population comparative analysis identifies whether one population performed statistically higher, the same, or lower on each measure than the other population. The second type of analysis presented in this section involves a comparison of each population’s 2009 scores to its 2008 scores. This trending analysis identifies populations that performed statistically higher, the same, or lower in 2009 than in 2008.

## **COMPARATIVE ANALYSIS**

Case-mix-adjusted mean scores for the CCC population in 2009 for the global ratings, composite measures, composite items, individual items, questions within the areas of interest, CCC composite measures, and CCC composite items were compared to the case-mix-adjusted mean scores for the non-CCC population in 2009 to determine whether there were statistically significant differences between the results for each population.<sup>4</sup> For additional information on these tests for statistical significance, please refer to Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between the 2009 mean scores for the CCC and non-CCC populations are noted with arrows.<sup>5</sup> Scores for one population that are statistically higher than scores for the other population are noted with upward (↑) arrows. Conversely, scores for one population that are statistically lower than scores for the other population are noted with downward (↓) arrows. Scores for one population that are not statistically different from the other population are not noted with arrows. If it is true that one population’s mean score is significantly higher (↑) than that of the other’s, then it follows that the other population’s mean score is

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<sup>3</sup> The Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composite measures.

<sup>4</sup> The term “mean scores” refers to the overall means and the response category proportions.

<sup>5</sup> Please note, statistically significant differences between 2008 mean scores for the CCC population and the 2008 mean scores for the non-CCC population are not included in this report. To obtain the 2008 population-to-population comparative analysis results, please refer to the Ohio CCC Comparisons section in the 2008 CCC Report.

significantly lower (↓). Therefore, in the figures presented in this section, a pair of arrows (↑ and ↓) on a mean or a response category percentage is indicative of a single statistical test and is noted as one statistically significant difference in the narrative rather than two. For example, if it is true that the percentage of CCC respondents who gave a rating of 7 to 8 was significantly lower than that of non-CCC respondents, then it must be true that the percentage of non-CCC respondents who gave a rating of 7 to 8 was significantly higher than that of CCC respondents. This represents one statistically significant difference.

## **TRENDING ANALYSIS**

For each population, its case-mix-adjusted mean scores and response category proportions in 2009 were compared to its case-mix-adjusted mean scores and response category proportions in 2008 to determine whether there were statistically significant differences. For additional information on the tests for statistical significance used in these trend comparisons, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between mean scores in 2009 and mean scores in 2008 for each population are noted with directional triangles.<sup>6</sup> Scores that are statistically higher in 2009 than in 2008 are noted with upward (▲) triangles. Scores that are statistically lower in 2009 than in 2008 are noted with downward (▼) triangles. Scores in 2009 that are not statistically different from scores in 2008 are not noted with triangles. A detailed description of how to read the figures within the Ohio CCC Comparisons section can be found in the Reader's Guide (Section D) of this report.

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

## GLOBAL RATINGS

### Rating of Health Plan

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

#### *Comparative Analysis*

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

#### *Trending Analysis*

Overall, there were seven *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. The percentage of CCC respondents who gave a response of 0 to 6 was significantly lower in 2009 than in 2008, similarly the percentage of CCC respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008 and the percentage of CCC respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly higher in 2009 than in 2008. Furthermore, the percentage of non-CCC respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008, whereas the percentage of non-CCC respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.



## **Rating of All Health Care**

The parents or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." For the overall rating of health care question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents.

### ***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The percentage of CCC respondents who gave a response of 7 to 8 was significantly higher in 2009 than in 2008, whereas the percentage of CCC respondents who gave a response of 9 to 10 was significantly lower in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly lower in 2009 than in 2008. The percentage of non-CCC respondents who gave a response of 0 to 6 was significantly higher in 2009 than in 2008, similarly the percentage of non-CCC respondents who gave a response of 7 to 8 was significantly higher in 2009 than in 2008 and the percentage of non-CCC respondents who gave a response of 9 to 10 was significantly lower in 2009 than in 2008.



## **Rating of Personal Doctor**

The parents or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." For the overall rating of personal doctor question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

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

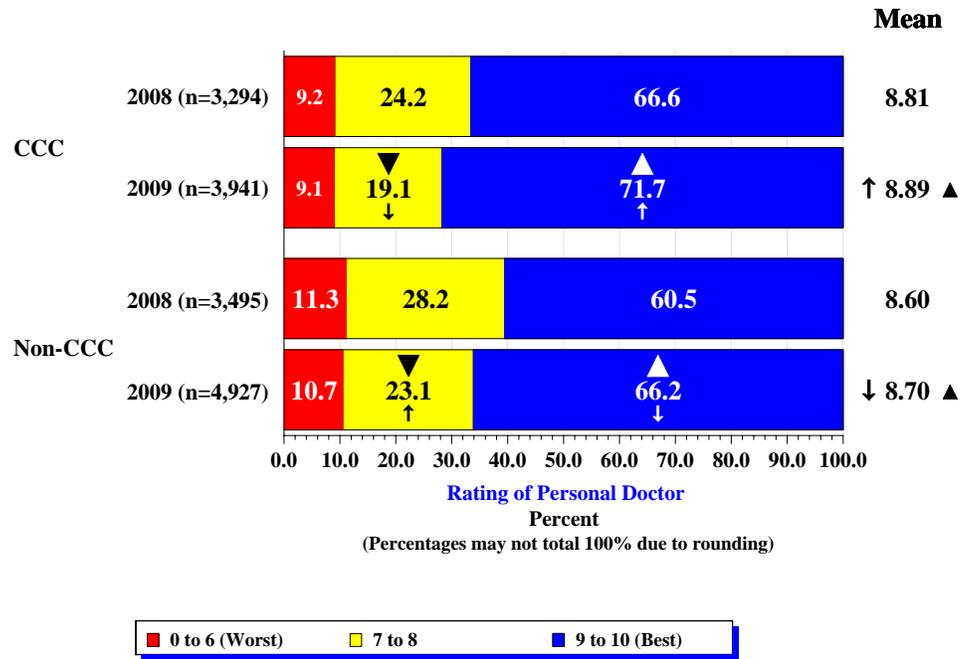
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 7 to 8 was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of 9 to 10 was significantly higher than that of non-CCC respondents.

### ***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.

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



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

## **Rating of Specialist Seen Most Often**

The parent or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." For the overall rating of specialist question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

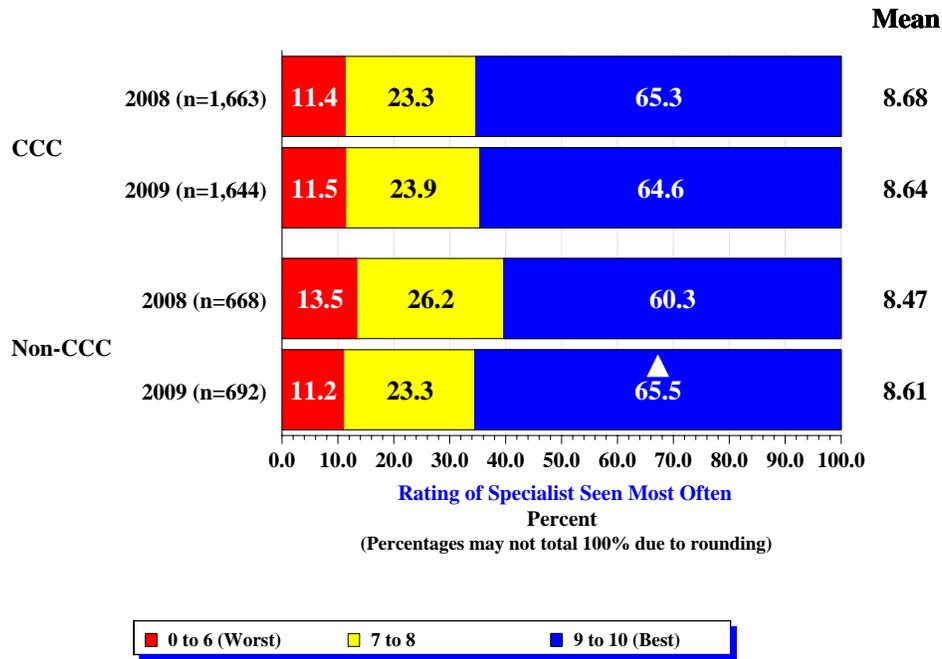
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

### ***Trending Analysis***

Overall, there was one *statistically significant* difference between scores in 2009 and scores in 2008 for this measure.

- The percentage of non-CCC respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.

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



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

## **COMPOSITES AND COMPOSITE ITEMS**

### **Getting Needed Care**

A series of two questions was asked parents or caretakers of child members to assess how often it was easy to get needed care. For each of these questions (Questions 44 and 48 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Getting Needed Care composite measure results are not trendable.

Figure C-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.



***Getting Needed Care: Seeing a Specialist***

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often it was easy for members to get appointments with specialists. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, these results are not trendable.

Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.



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

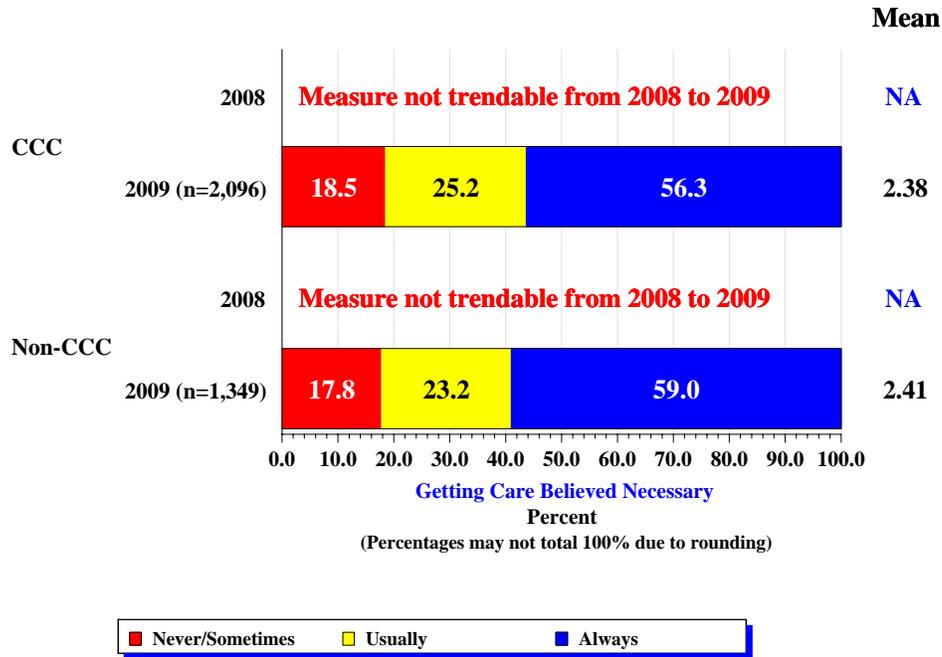
Question 48 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often it was easy to get the care, tests, or treatment they thought their child needed. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, these results are not trendable.

Figure C-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

**Figure C-7**  
**Getting Needed Care Composite:**  
**Getting Care Believed Necessary**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population

## **Getting Care Quickly**

A series of two questions was asked in order to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, these results are not trendable.

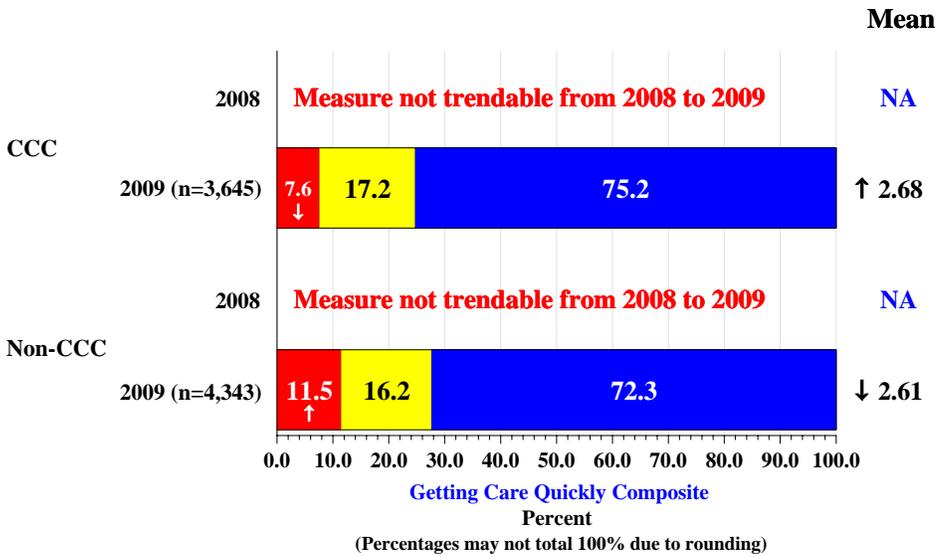
Figure C-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents.

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



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

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

Question 4 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often they received care as soon as they wanted for their child when they needed care right away. Figure C-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

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

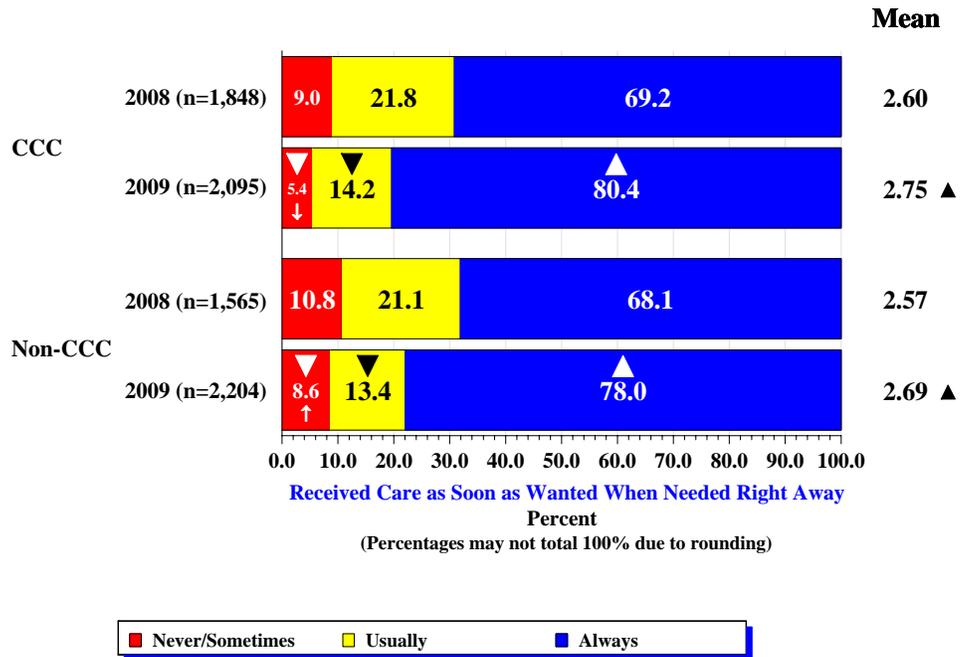
- The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents.

***Trending Analysis***

Overall, there were eight *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. The percentage of CCC respondents and non-CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of CCC respondents and non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of CCC respondents and non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-9**  
**Getting Care Quickly Composite:**  
**Received Care as Soon as Wanted**  
**When Needed Right Away**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 6 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often they received an appointment as soon as they wanted for their child when their child did not need care right away. Figure C-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.



## **How Well Doctors Communicate**

A series of four questions was asked in order to assess how often doctors communicated well. For each of these questions (Questions 30, 31, 32, and 35 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### *Comparative Analysis*

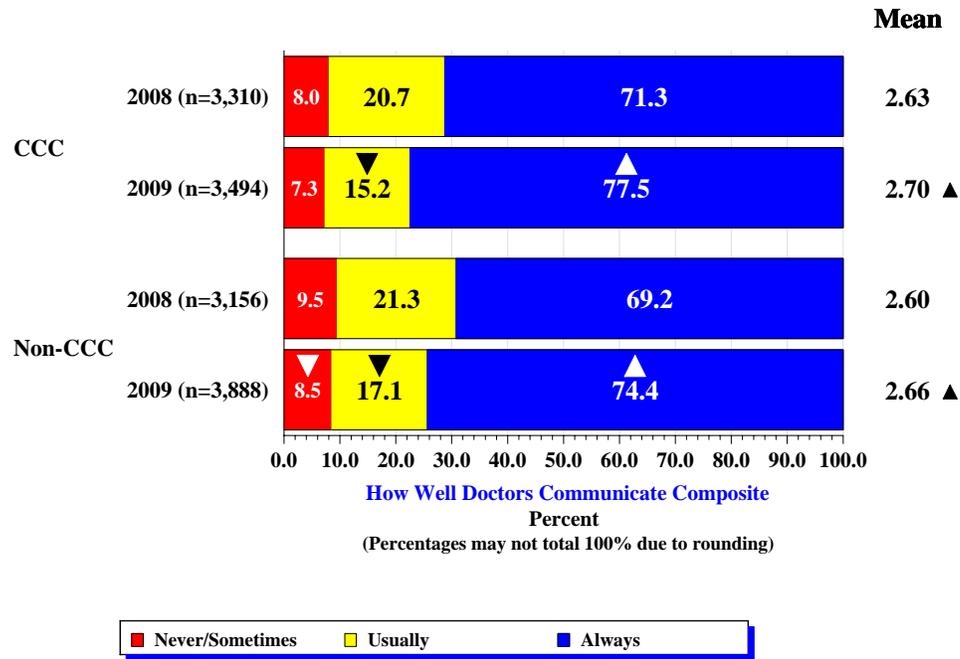
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

### *Trending Analysis*

Overall, there were seven *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly higher in 2009 than in 2008. The percentage of non-CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-11**  
**How Well Doctors Communicate Composite**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 31 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors listened carefully to them. Figure C-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

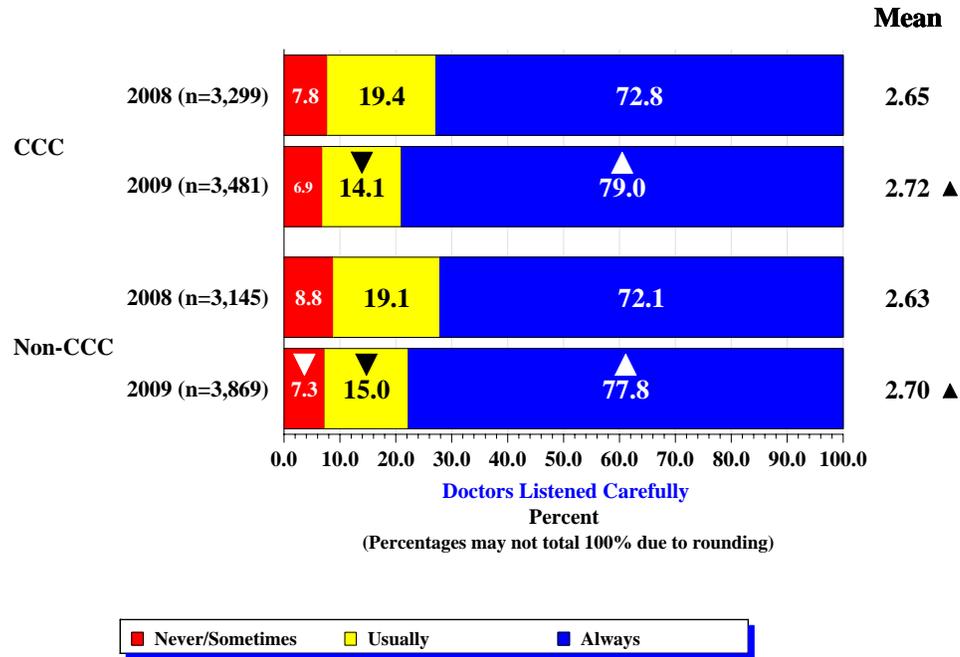
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

#### ***Trending Analysis***

Overall, there were seven *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly higher in 2009 than in 2008. The percentage of non-CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-12**  
**How Well Doctors Communicate Composite:**  
**Doctors Listened Carefully**



Statistical Significance Note:   
 ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 30 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors explained things in a way they could understand. Figure C-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

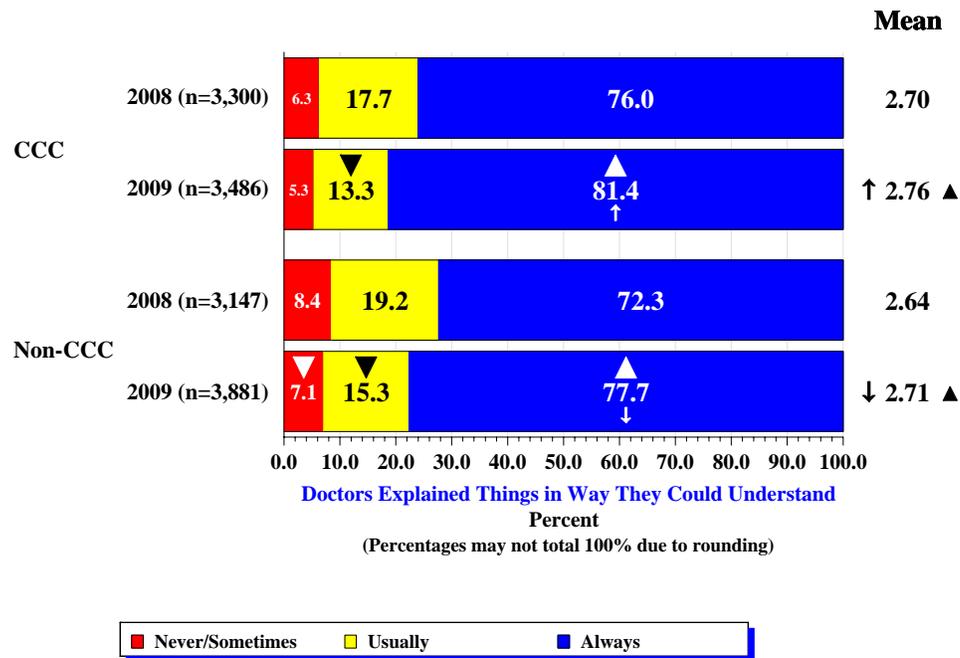
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

Overall, there were seven *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly higher in 2009 than in 2008. The percentage of non-CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-13**  
**How Well Doctors Communicate Composite:**  
**Doctors Explained Things in Way They Could Understand**



Statistical Significance Note:  
 ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors showed respect for what they had to say. Figure C-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

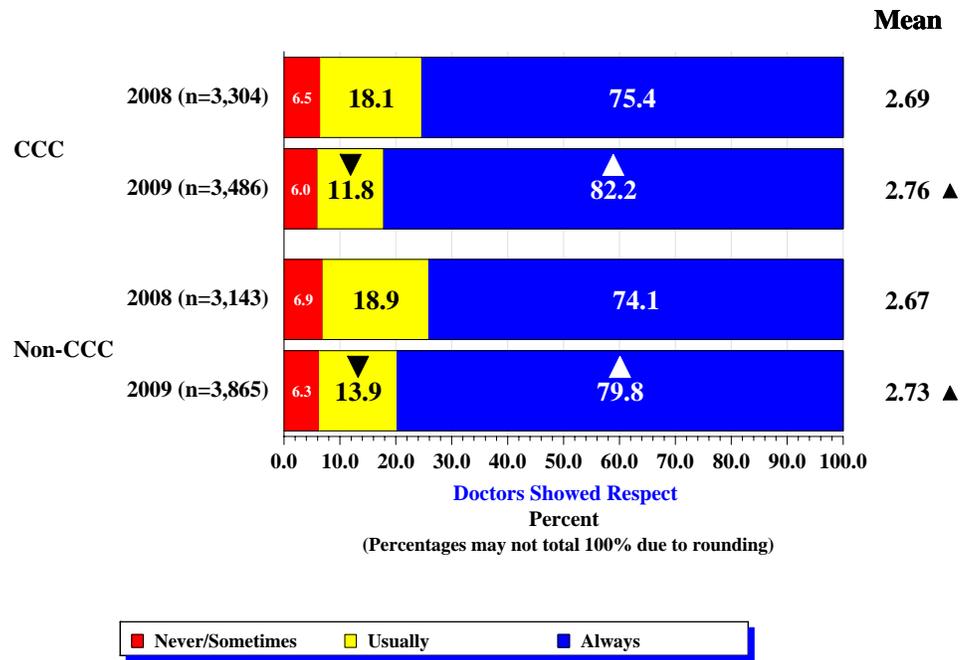
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-14**  
**How Well Doctors Communicate Composite:**  
**Doctors Showed Respect**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 35 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors spent enough time with their child. Figure C-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

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

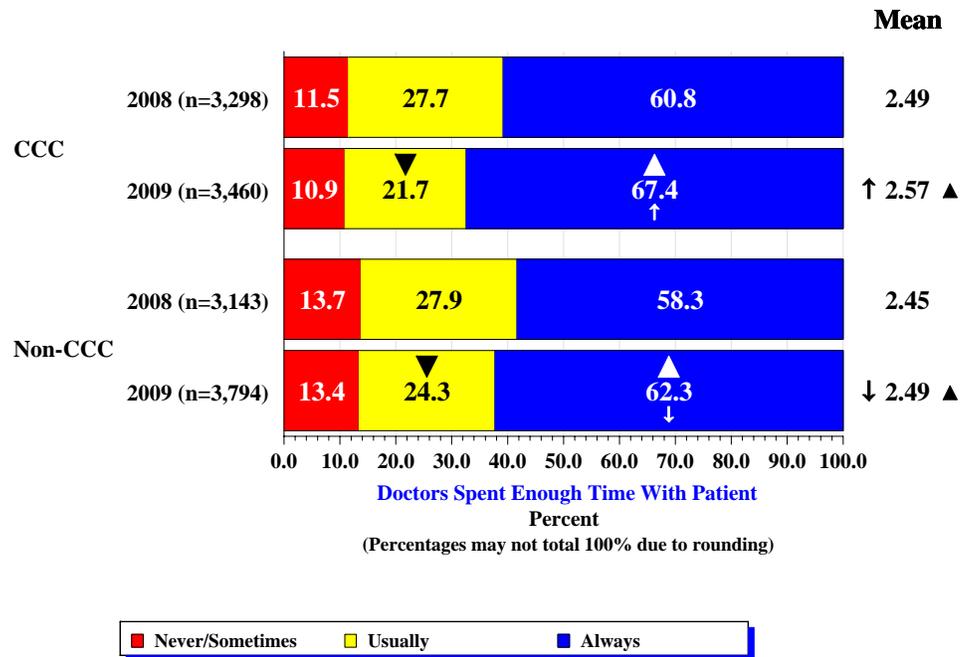
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-15**  
**How Well Doctors Communicate Composite:**  
**Doctors Spent Enough Time With Patient**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

**Customer Service**

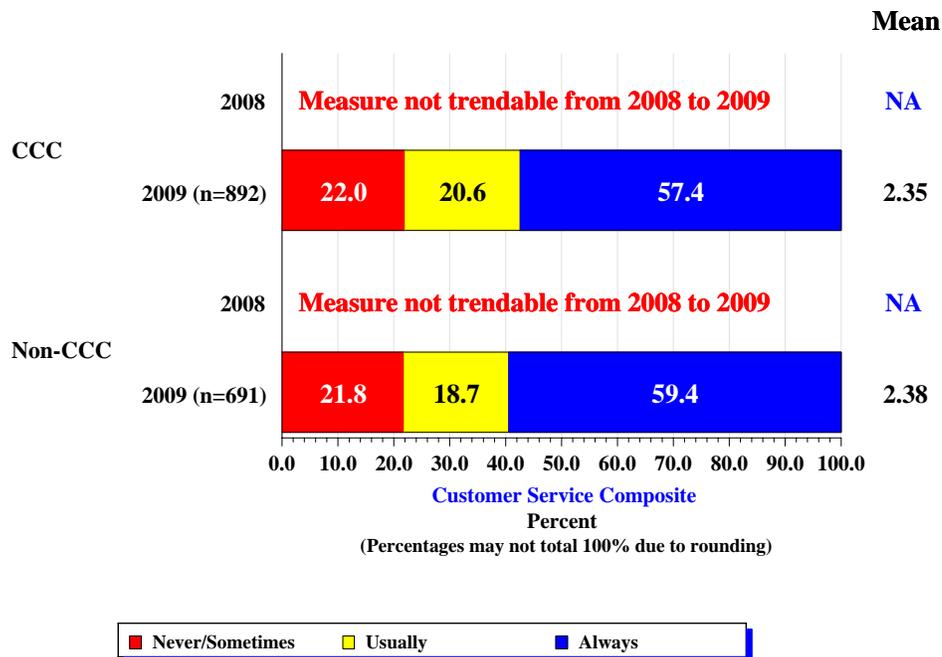
Two questions were asked in order to assess how often the parents or caretakers of child members were satisfied with customer service. For each of these questions (Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, these results are not trendable.

Figure C-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

*Comparative Analysis*

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-16**  
**Customer Service Composite**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population

**Customer Service: Obtaining Help Needed From Customer Service**

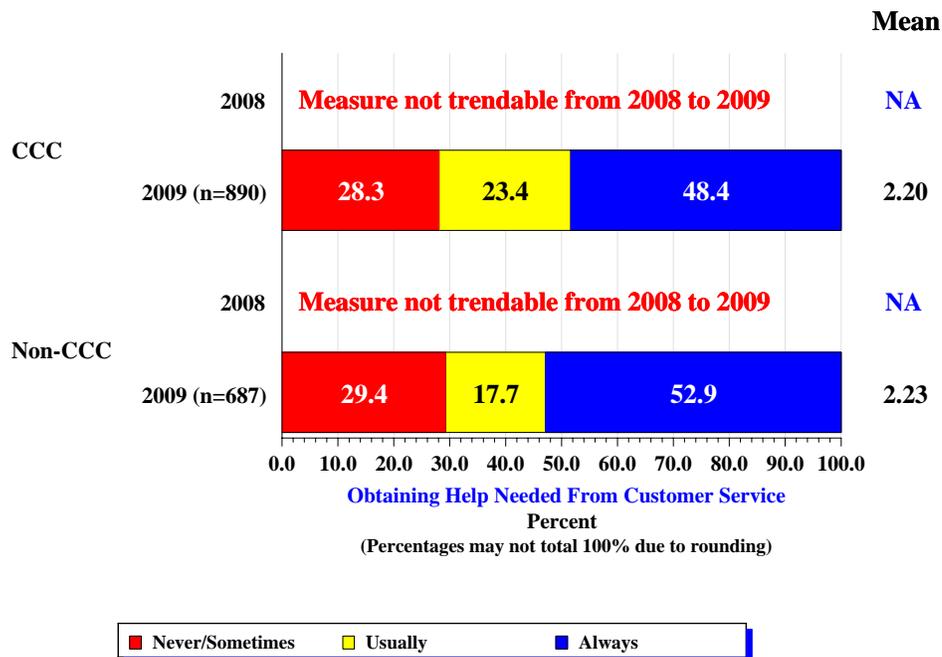
Question 50 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often the health plan’s customer service gave members the information or help they needed. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, these results are not trendable.

Figure C-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-17**  
**Customer Service Composite:**  
**Obtaining Help Needed From Customer Service**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population





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

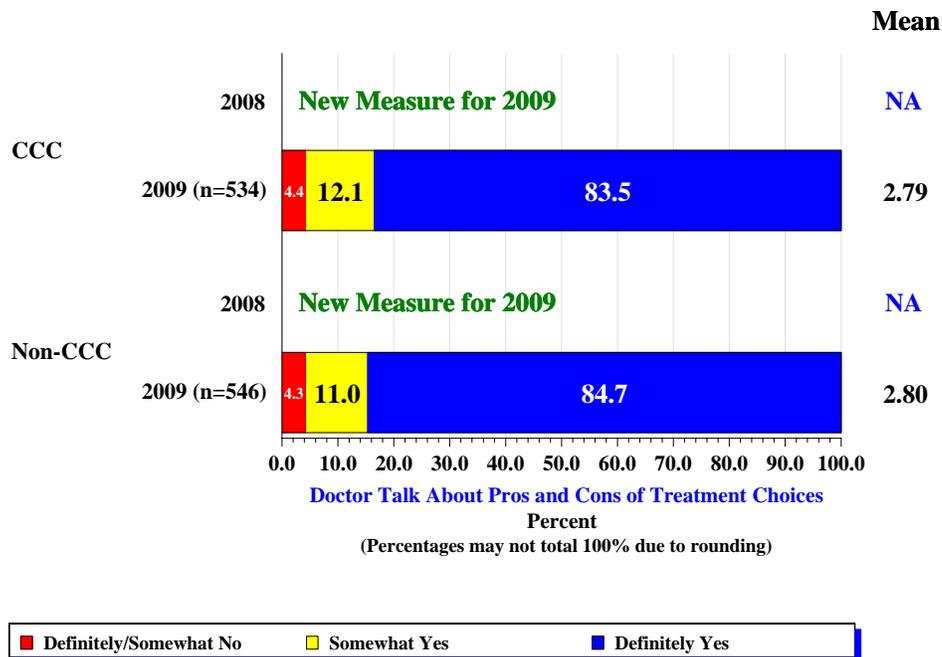
Question 11 asked parents or caretakers of child members if a doctor or other health provider talked with them about the pros and cons of each choice for their child’s treatment or health care. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is included in the CAHPS Child Medicaid Health Plan Survey for the first time. Given that this is a first year measure, trending cannot be performed.

Figure C-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-20**  
**Shared Decision Composite: Doctor Talk About Pros and Cons of Treatment Choices**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

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

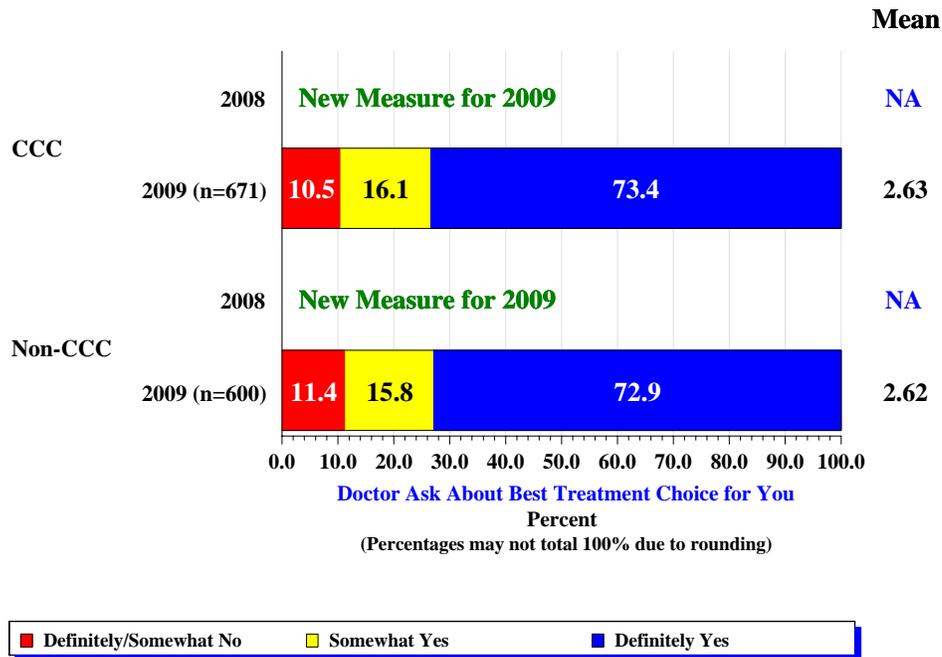
Question 12 asked parents or caretakers of child members if a doctor or other health provider talked with them about the pros and cons of each choice for their child’s treatment or health care. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is included in the CAHPS Child Medicaid Health Plan Survey for the first time. Given that this is a first year measure, trending cannot be performed.

Figure C-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-21**  
**Shared Decision Composite:**  
**Doctor Ask About Best Treatment Choice for You**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

## **INDIVIDUAL ITEM MEASURES**

### **Health Promotion and Education**

Question 8 in the CAHPS Child Medicaid Health Plan Surveys asked parents or caretakers of child members to rate how often a doctor or other health provider talked with them about specific things they could do to prevent illness in their child. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is included in the CAHPS Child Medicaid Health Plan Survey for the first time. Given that this is a first year measure, trending cannot be performed.

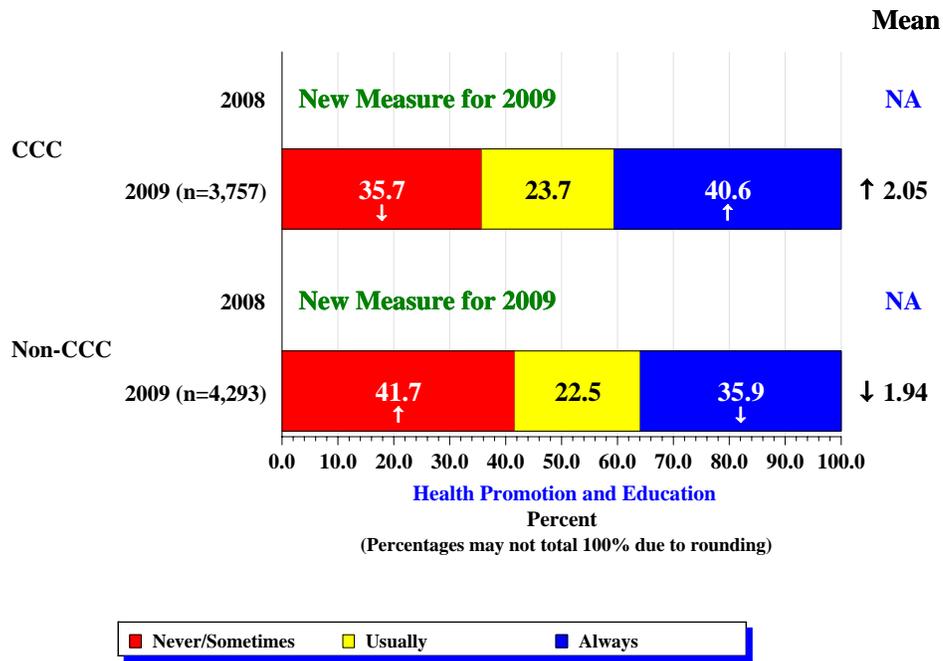
Figure C-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### *Comparative Analysis*

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

Figure C-22  
 Health Promotion and Education



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population

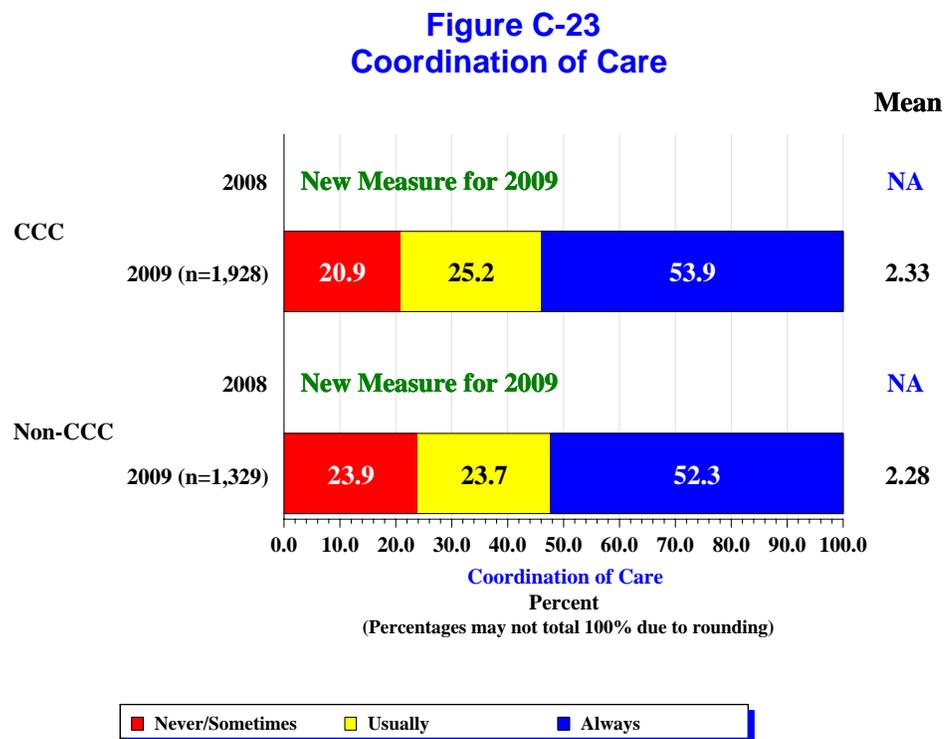
### Coordination of Care

Question 38 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their doctor seemed informed and up-to-date about care their child received from other doctors. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is included in the CAHPS Child Medicaid Health Plan Survey for the first time. Given that this is a first year measure, trending cannot be performed.

Figure C-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### *Comparative Analysis*

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

## SATISFACTION WITH HEALTH PLAN

### ***Satisfaction with Health Plan: Got Information or Help from Customer Service<sup>7</sup>***

Question 49 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.”<sup>8</sup> Figure C-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

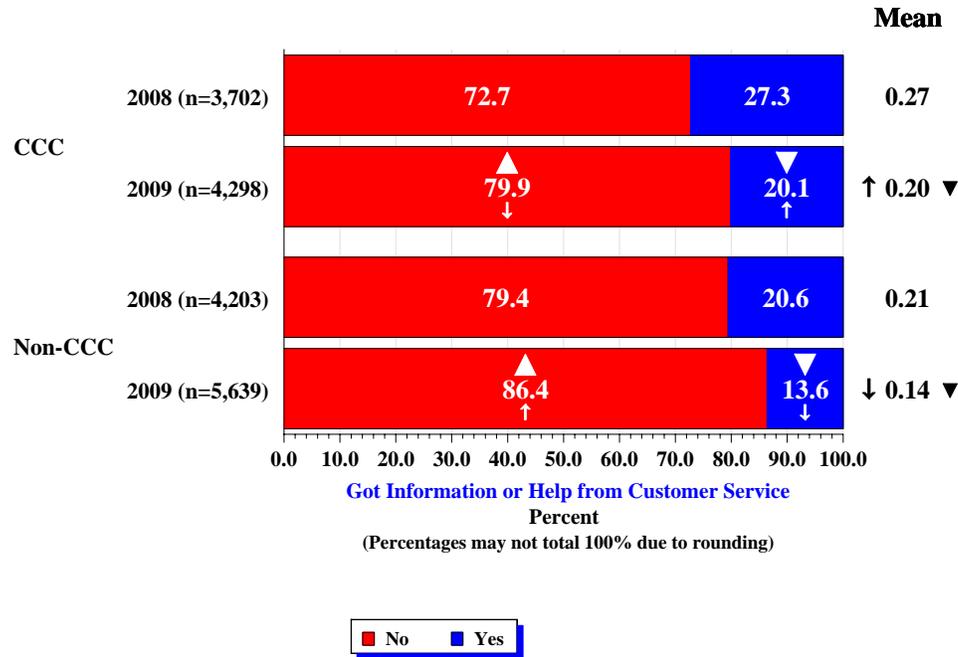
- The overall means for CCC respondents and non-CCC respondents were significantly lower in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

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<sup>7</sup> This measure was previously referred to as Satisfaction with Health Plan: Called Customer Service for Information or Help; however, the measure name was updated in 2009 to more accurately reflect the survey item. This change does not impact trending.

<sup>8</sup> For questions with “No” and “Yes” response categories, responses of “No” were given a score of 0 and responses of “Yes” were given a score of 1.

**Figure C-24**  
**Satisfaction with Health Plan:**  
**Got Information or Help from Customer Service**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 52 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if they had filled out paperwork for their child's health plan. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

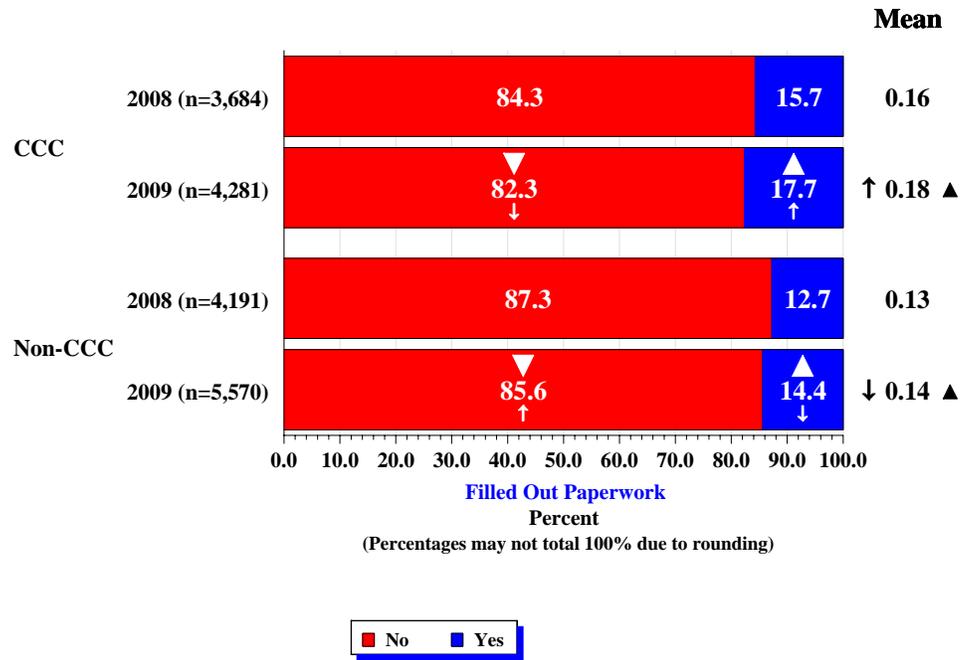
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

**Figure C-25**  
**Satisfaction with Health Plan:**  
**Filled Out Paperwork**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 53 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members how often forms were easy to fill out for their child’s health plan. For this question, an overall mean on a 1 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.”<sup>9</sup> Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

Figure C-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

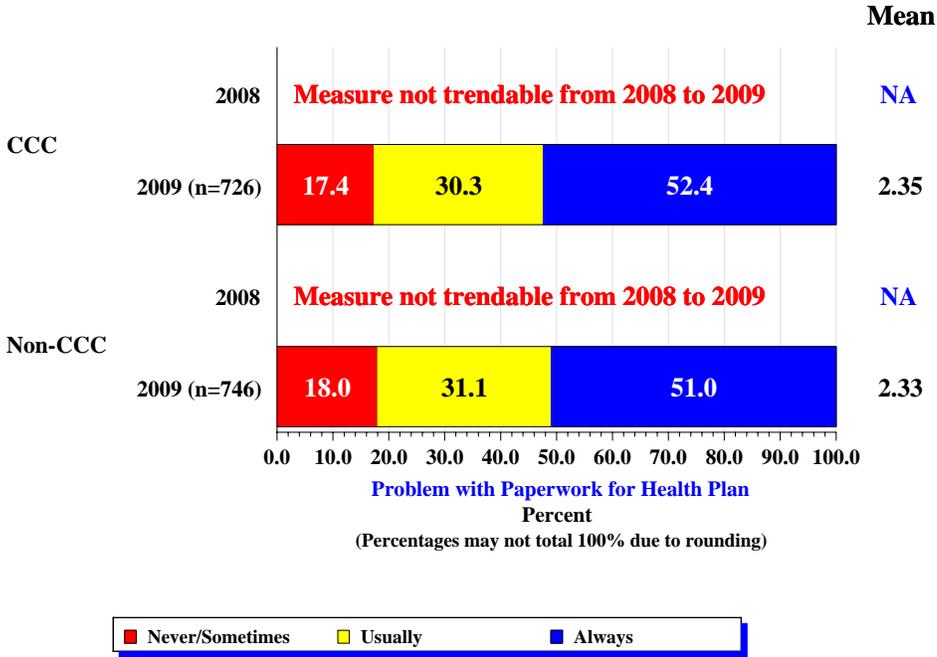
***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

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<sup>9</sup> For this question, responses of “Never/Sometimes” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

**Figure C-26**  
**Satisfaction with Health Plan:**  
**Problem with Paperwork for Health Plan**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

## SATISFACTION WITH HEALTH CARE PROVIDERS

### ***Satisfaction with Health Care Providers: Have Personal Doctor***<sup>10</sup>

Several questions were asked to assess the parents or caretakers of child members satisfaction with their child's health care providers. Question 28 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had one person as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

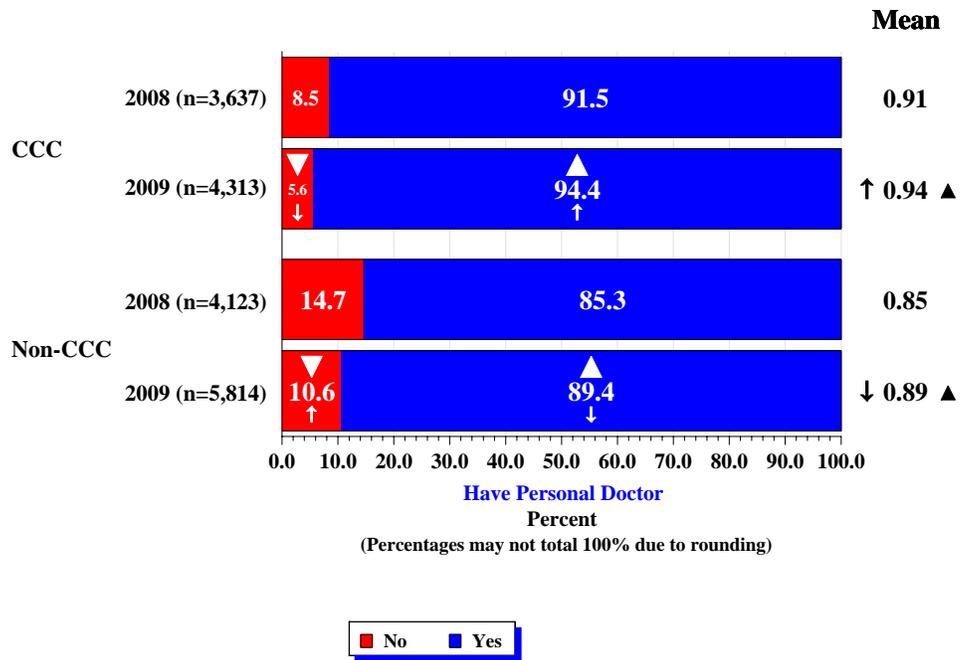
Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

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<sup>10</sup> This measure was previously referred to as Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse; however, the measure name was updated in 2009 to more accurately reflect the survey item. This change does not impact trending.

**Figure C-27**  
**Satisfaction with Health Care Providers:**  
**Have Personal Doctor**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether child members were able to talk with doctors about their health care. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

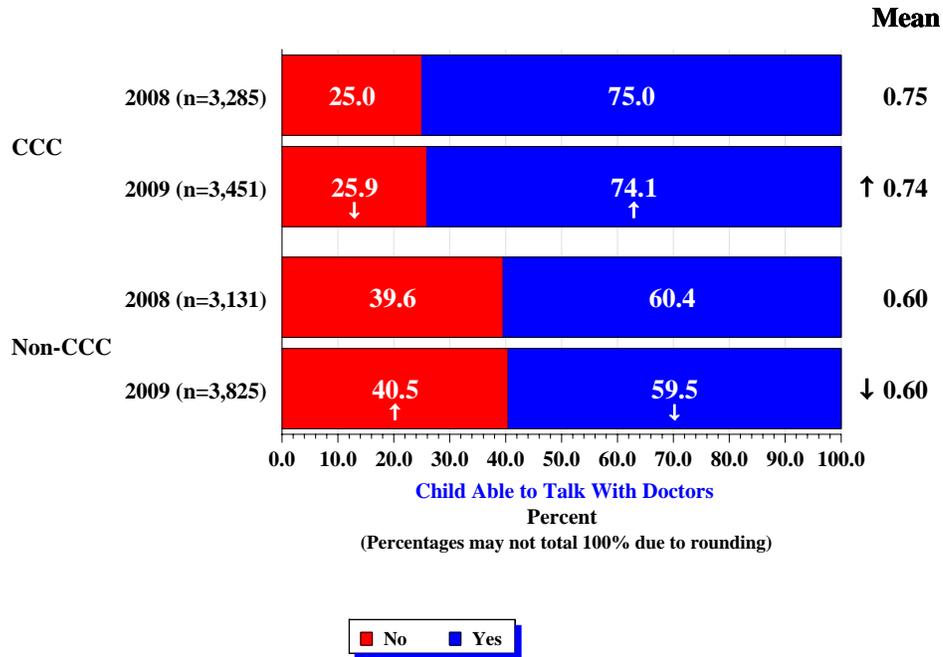
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

***Trending Analysis***

Overall, there were no *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

**Figure C-28**  
**Satisfaction with Health Care Providers:**  
**Child Able to Talk With Doctors**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population  
    ▲ indicates the 2009 score is significantly higher than the 2008 score  
    ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often their personal doctor explained things to their child in a way they could understand. For this question, an overall mean, on a 1 to 3 scale, was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.”<sup>11</sup> Figure C-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

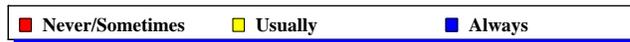
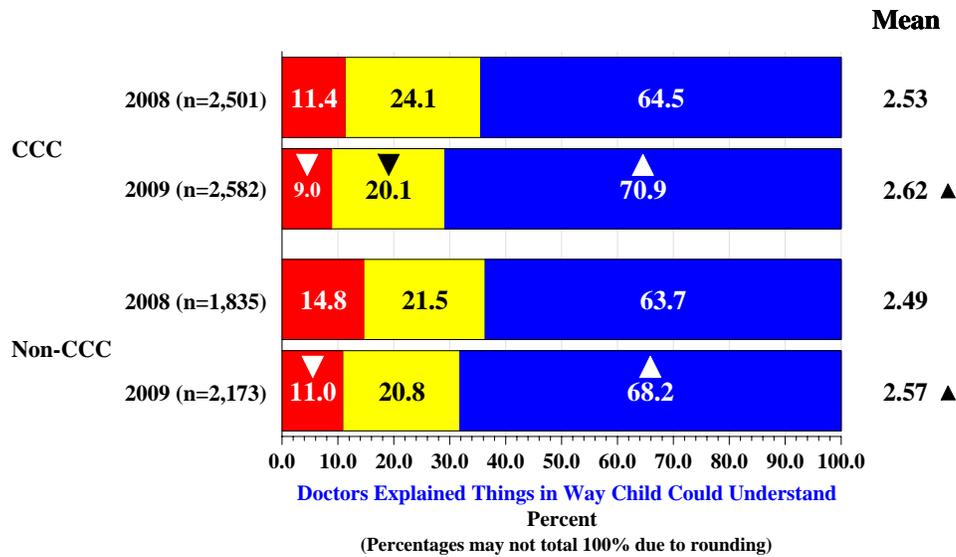
Overall, there were seven *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly higher in 2009 than in 2008. Furthermore, the percentage of non-CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, whereas the percentage of non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

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<sup>11</sup> For this question, responses of “Never/Sometimes” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

**Figure C-29**  
**Satisfaction with Health Care Providers:**  
**Doctors Explained Things in Way Child Could Understand**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
   ↓ indicates the score is significantly lower than the other population  
   ▲ indicates the 2009 score is significantly higher than the 2008 score  
   ▼ indicates the 2009 score is significantly lower than the 2008 score

## **ACCESS TO CARE**

### ***Access to Care: Tried to Make Appointment to See Specialist<sup>12</sup>***

Several questions were asked to assess the parents or caretakers of child members' perceptions of access to care. Question 43 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

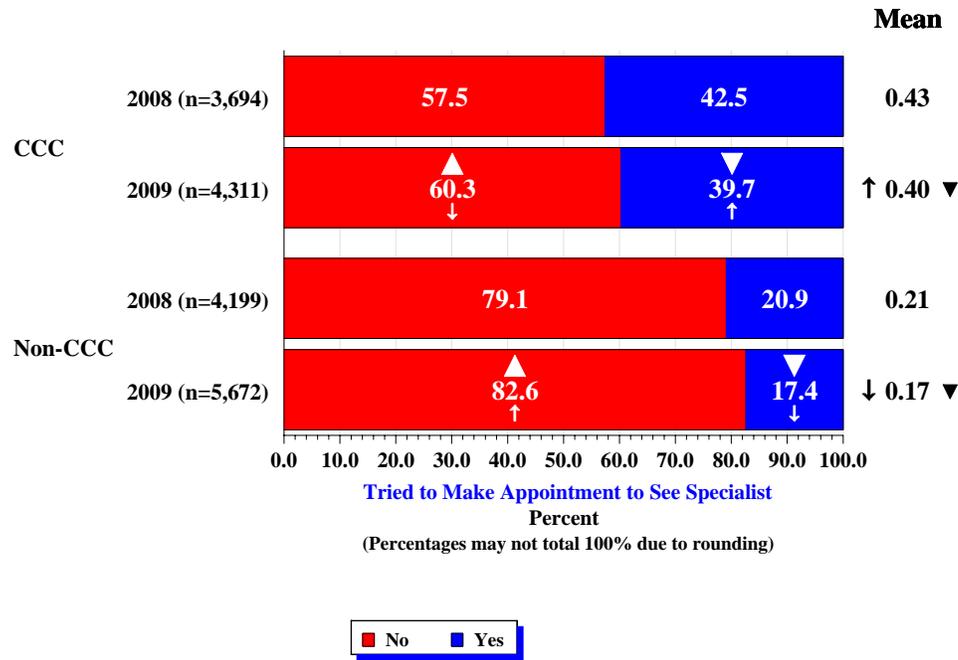
Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly lower in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

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<sup>12</sup> This measure was previously referred to as Access to Care: Though Member Needed to See a Specialist; however, the measure name was updated in 2009 to more accurately reflect the survey item. This change does not impact trending.

**Figure C-30**  
**Access to Care:**  
**Tried to Make Appointment to See Specialist**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

**Access to Care: Saw a Specialist**

Question 45 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many specialists they saw. For this question, an overall mean on a 0 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into the following number of visits: “3 or More,” “1 to 2,” and “None.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

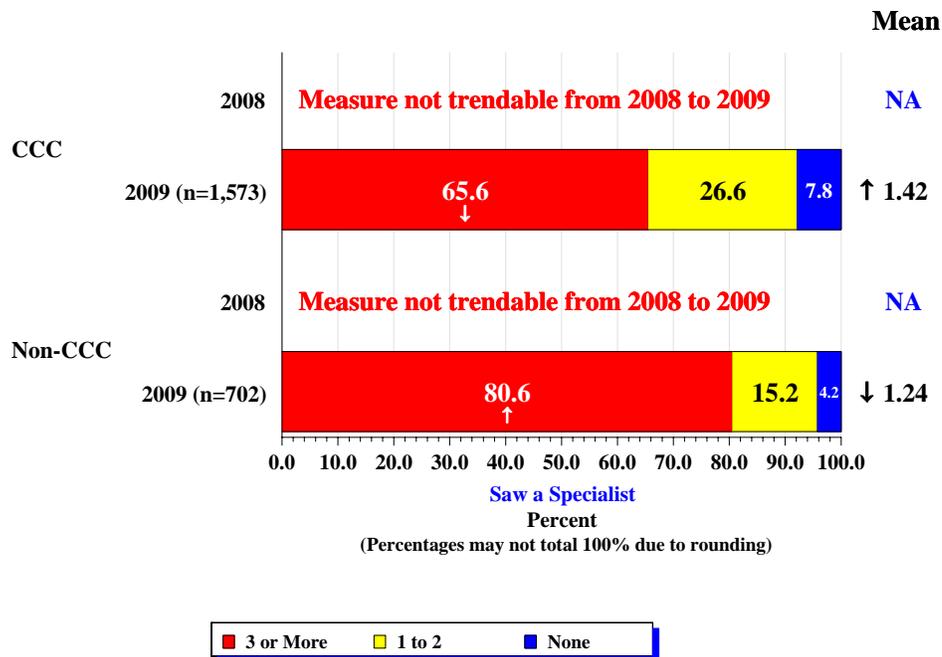
Figure C-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 3 or More was significantly lower than that of non-CCC respondents.

**Figure C-31**  
**Access to Care:**  
**Saw a Specialist**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population

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

Question 5 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had made any appointments for their child's health care (not counting the times their child needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

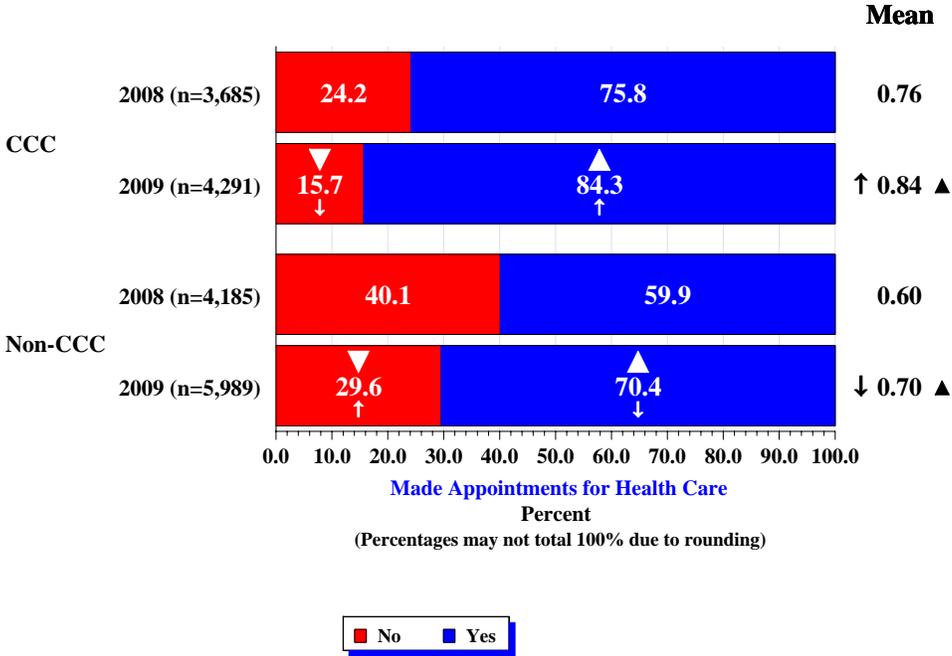
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

#### ***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

**Figure C-32**  
**Access to Care:**  
**Made Appointments for Health Care**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population  
    ▲ indicates the 2009 score is significantly higher than the 2008 score  
    ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 3 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether their child had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

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

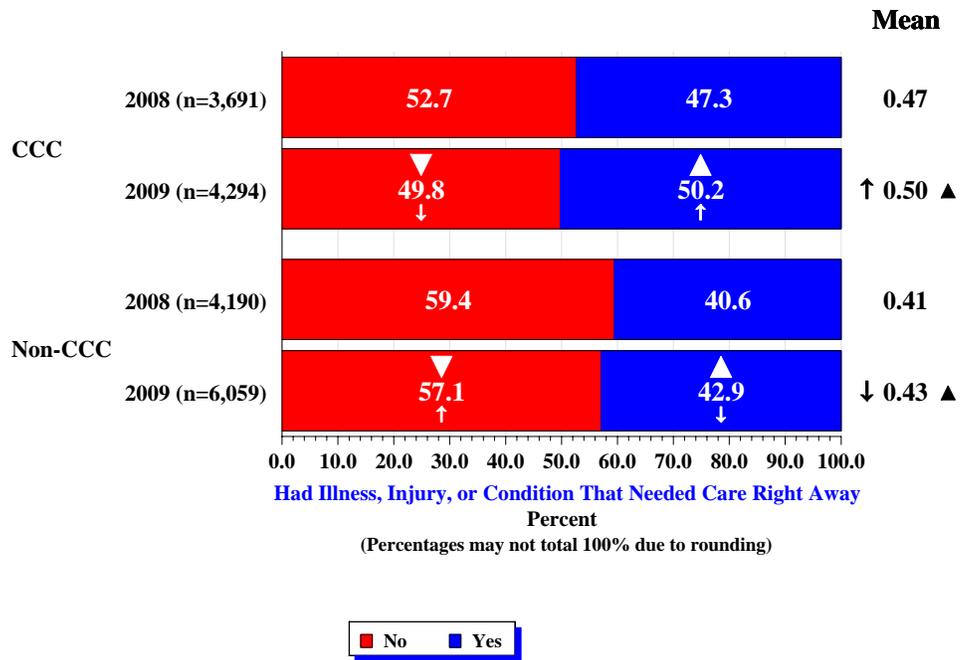
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

**Figure C-33**  
**Access to Care:**  
**Had Illness, Injury, or Condition That Needed Care Right Away**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

## UTILIZATION OF SERVICES

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

Question 7 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many times their child visited the doctor's office or clinic (not counting times the child visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure C-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### *Comparative Analysis*

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

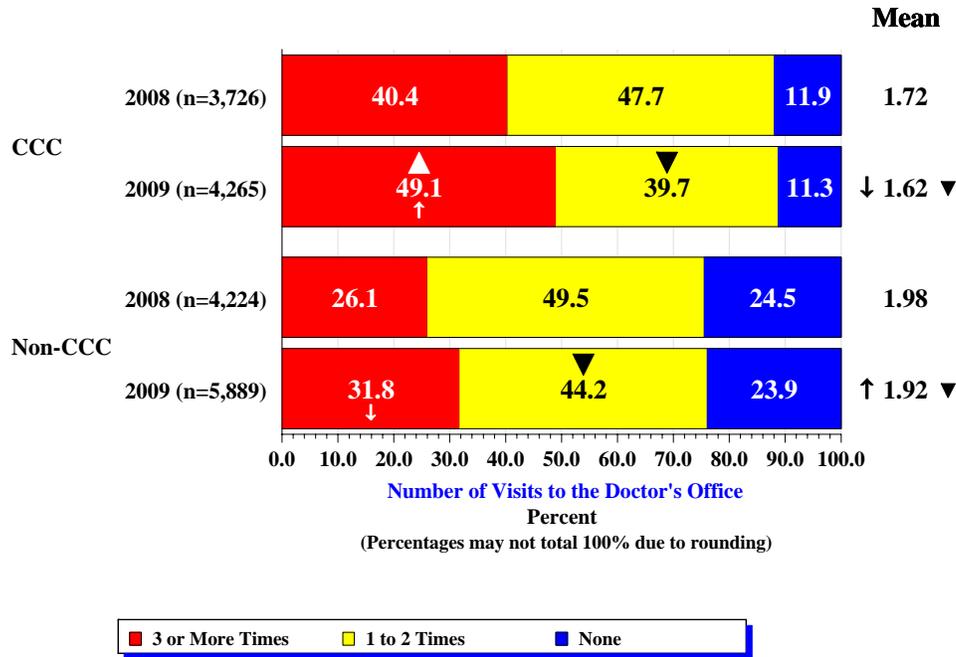
- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 3 or More Times was significantly higher than that of non-CCC respondents.

### *Trending Analysis*

Overall, there were five *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly lower in 2009 than in 2008. Furthermore, the percentage of CCC respondents who gave a response of 3 or More Times was significantly higher in 2009 than in 2008, whereas the percentage of CCC respondents who gave a response of 1 to 2 Times was significantly lower in 2009 than in 2008.
- The overall mean for non-CCC respondents was significantly lower in 2009 than in 2008. Furthermore, the percentage of non-CCC respondents who gave a response of 1 to 2 Times was significantly lower in 2009 than in 2008.

**Figure C-34**  
**Utilization of Services:**  
**Number of Visits to the Doctor's Office**



Statistical Significance Note:   ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population  
    ▲ indicates the 2009 score is significantly higher than the 2008 score  
    ▼ indicates the 2009 score is significantly lower than the 2008 score

## **CCC COMPOSITES AND CCC COMPOSITE ITEMS**

### **Access to Prescription Medicines**

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their health plan. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

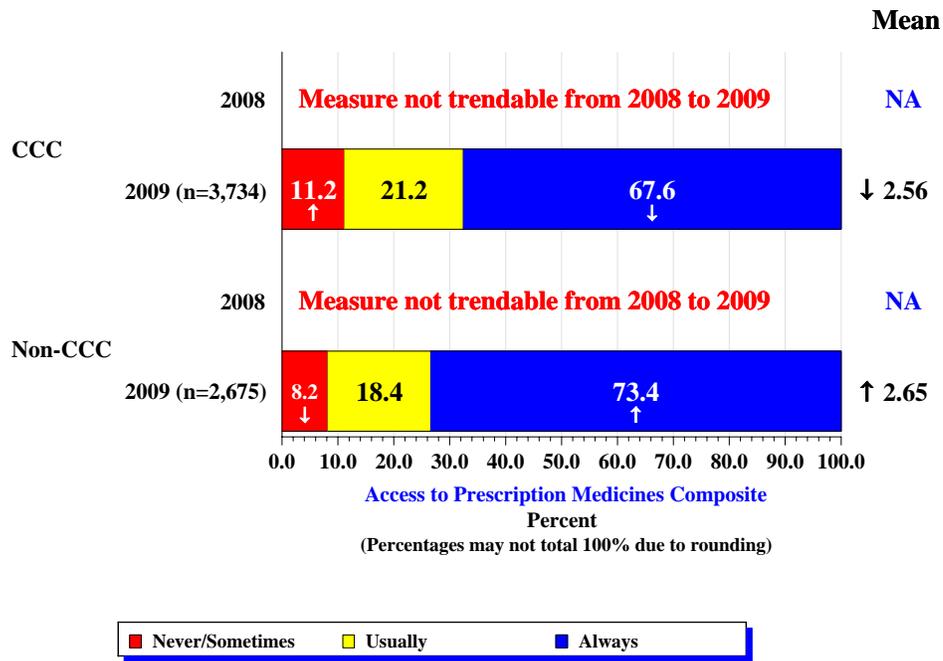
Figure C-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly higher than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly lower than that of non-CCC respondents.

Figure C-35  
 Access to Prescription Medicines Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population

### Access to Specialized Services

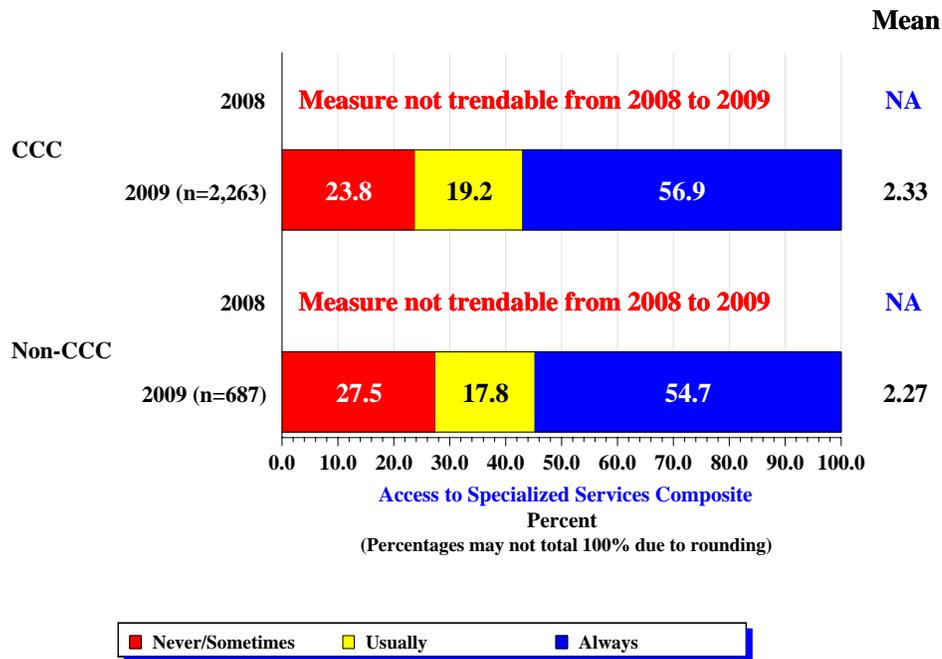
A series of three questions was asked in order to assess how often it was easy for child members to obtain access to specialized services. For each of these questions (Questions 18, 21, and 24 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

Figure C-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### *Comparative Analysis*

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-36**  
**Access to Specialized Services Composite**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population



**Access to Specialized Services: Problem Obtaining Special Therapy**

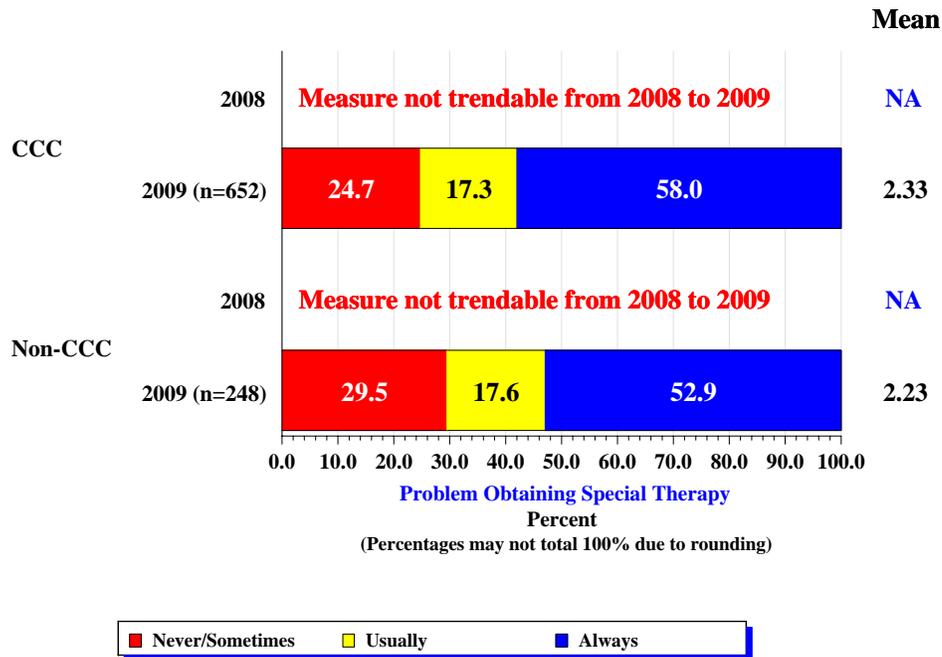
Question 21 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special therapy for their child. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

Figure C-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-38**  
**Access to Specialized Services Composite:**  
**Problem Obtaining Special Therapy**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
↓ indicates the score is significantly lower than the other population

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

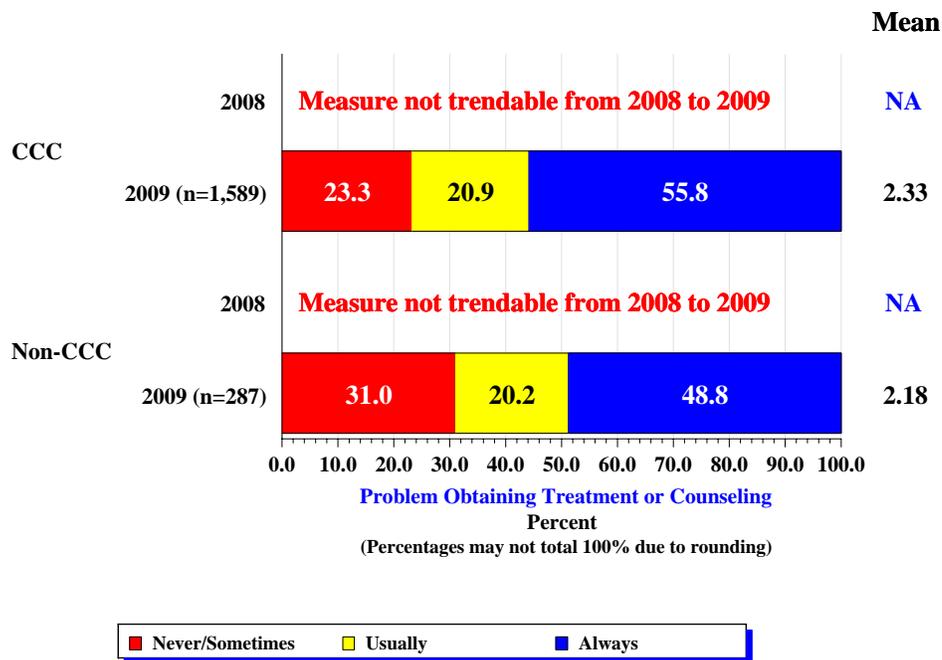
Question 24 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often it was easy obtaining treatment or counseling for their child. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this measure is not trendable.

Figure C-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Comparative Analysis**

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-39**  
**Access to Specialized Services Composite:**  
**Problem Obtaining Treatment or Counseling**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population

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

A series of three questions was asked in order to assess whether or not child members had a personal doctor who knew them. For each of these questions (Questions 36, 41, and 42 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

#### *Comparative Analysis*

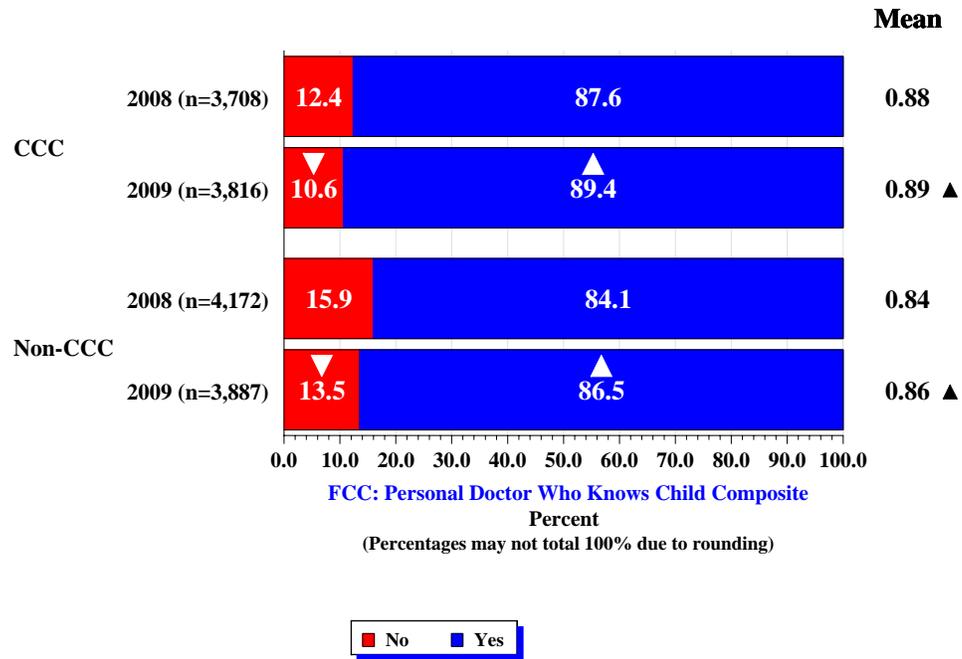
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

#### *Trending Analysis*

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

**Figure C-40**  
**FCC: Personal Doctor Who Knows Child Composite**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 36 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member talked with the parent or caretaker of the child member about how the child was feeling, growing, or behaving. Figure C-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

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

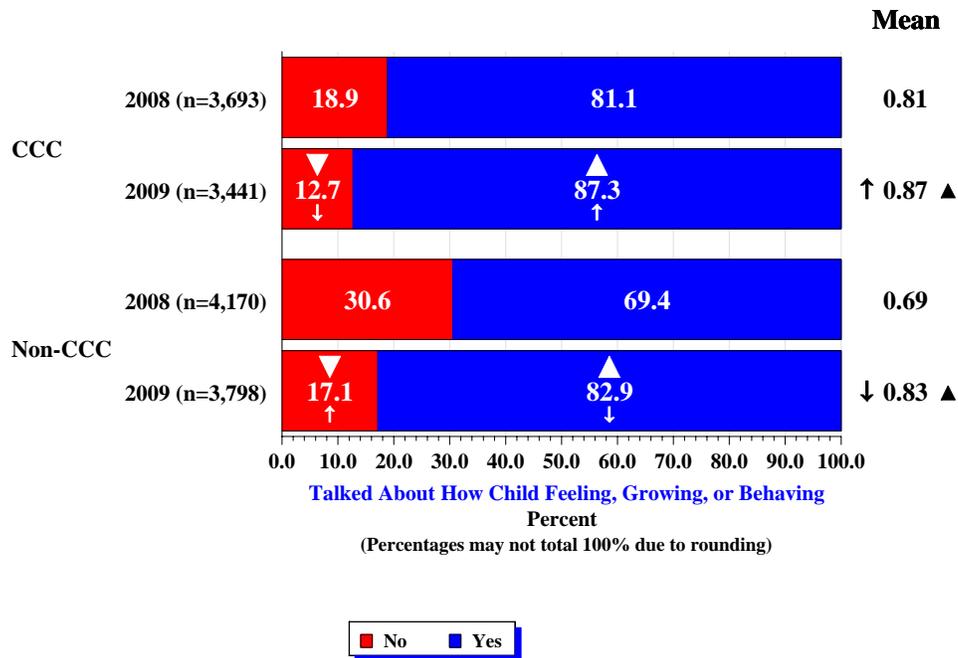
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2009 than in 2008. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

**Figure C-41**  
**FCC: Personal Doctor Who Knows Child Composite:**  
**Talked About How Child Feeling, Growing, or Behaving**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 41 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the child's day-to-day life. Figure C-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

Overall, there were no *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.



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

Question 42 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the family's day-to-day life. Figure C-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

***Comparative Analysis***

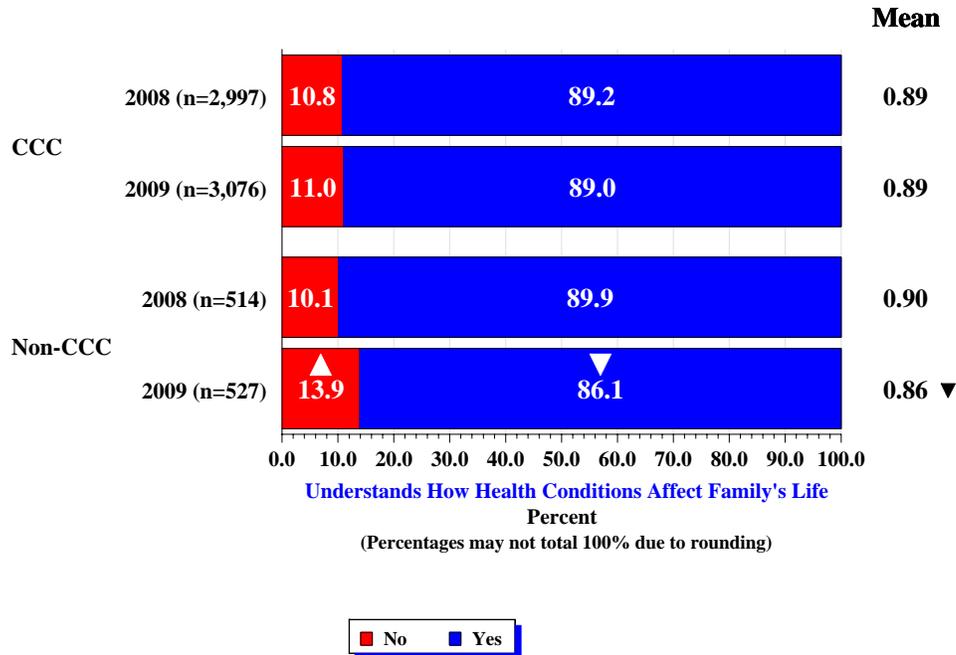
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

Overall, there were three *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for non-CCC respondents was significantly lower in 2009 than in 2008. Furthermore, the percentage of non-CCC respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of non-CCC respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

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



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population  
    ▲ indicates the 2009 score is significantly higher than the 2008 score  
    ▼ indicates the 2009 score is significantly lower than the 2008 score

## **FCC: Getting Needed Information**

One question was asked to assess whether the parents or caretakers of child members were able to get needed information (Question 9 in the CAHPS Child Medicaid Health Plan Survey). For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, this composite is not trendable. However, the individual question that comprises this composite is trendable; therefore, these results are presented separately.

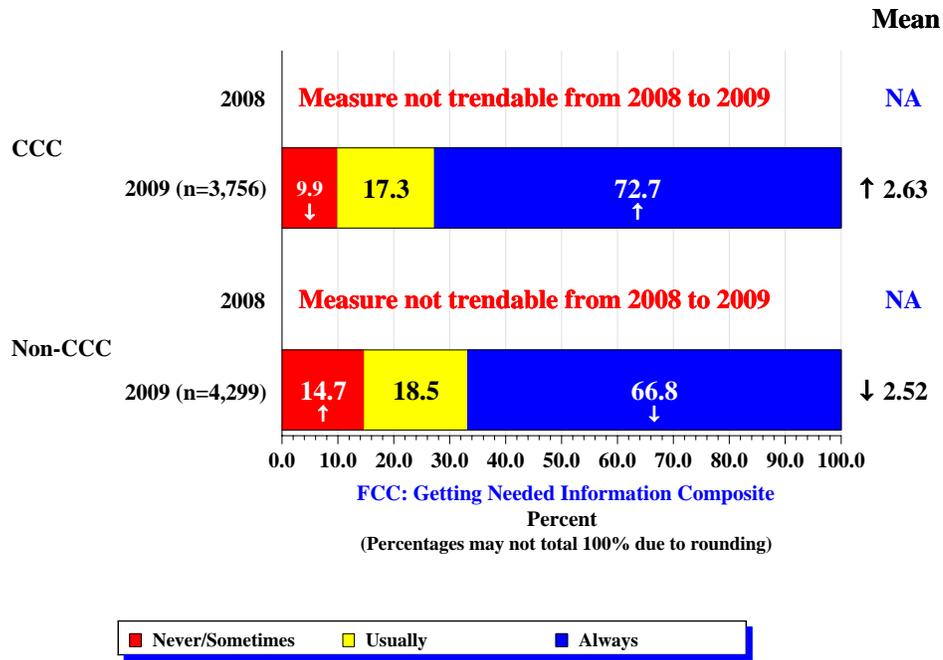
Figure C-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

**Figure C-44**  
**FCC: Getting Needed Information Composite**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population

***FCC: Getting Needed Information: Questions Answered***

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their questions were answered by doctors or other health providers. Figure C-45 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations. Although, a trending analysis is not applicable between the scores in 2008 and 2009 for the composite, the individual question that comprises the composite is trendable; therefore, these results are presented separately.

***Comparative Analysis***

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

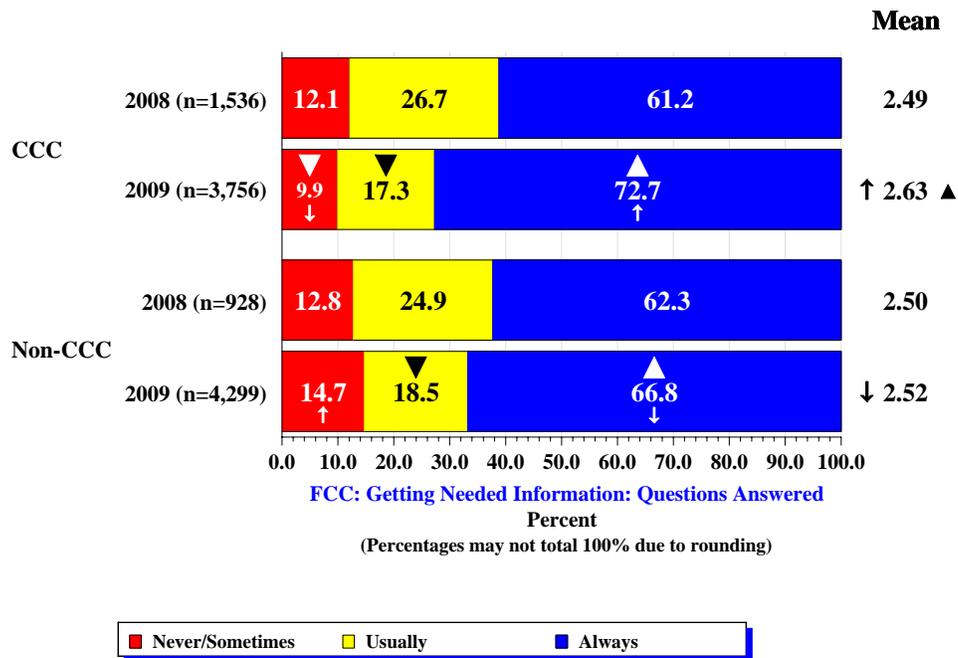
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

***Trending Analysis***

Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The overall mean for CCC respondents was significantly higher in 2009 than in 2008. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of non-CCC respondents who gave a response of Always was significantly higher in 2009 than in 2008.

**Figure C-45**  
**FCC: Getting Needed Information Composite:**  
**Questions Answered**



Statistical Significance Note:   
 ↑ indicates the score is significantly higher than the other population  
 ↓ indicates the score is significantly lower than the other population  
 ▲ indicates the 2009 score is significantly higher than the 2008 score  
 ▼ indicates the 2009 score is significantly lower than the 2008 score

## **Coordination of Care for Children With Chronic Conditions<sup>13</sup>**

Two questions were asked in order to assess whether or not parents or caretakers of child members received help in coordinating their child's care. For each of these questions (Questions 16 and 27 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

### ***Comparative Analysis***

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

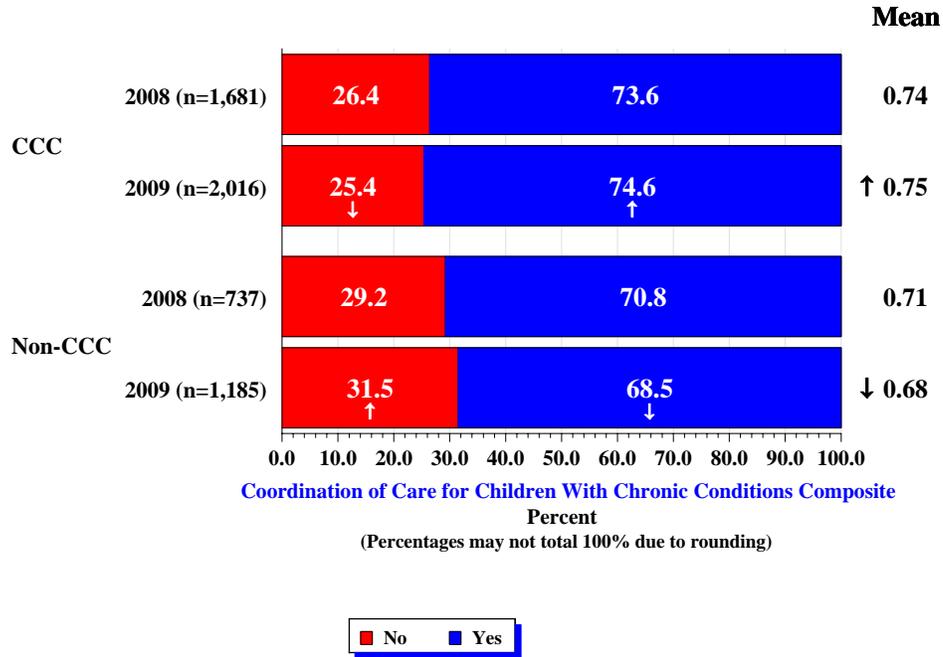
### ***Trending Analysis***

Overall, there were no *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

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<sup>13</sup> This measure was previously referred to as Coordination of Care; however, the measure name was updated in 2009 to more accurately reflect the survey item. This change does not impact trending.

**Figure C-46**  
**Coordination of Care for Children With Chronic Conditions Composite**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 16 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child's school or daycare. Figure C-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

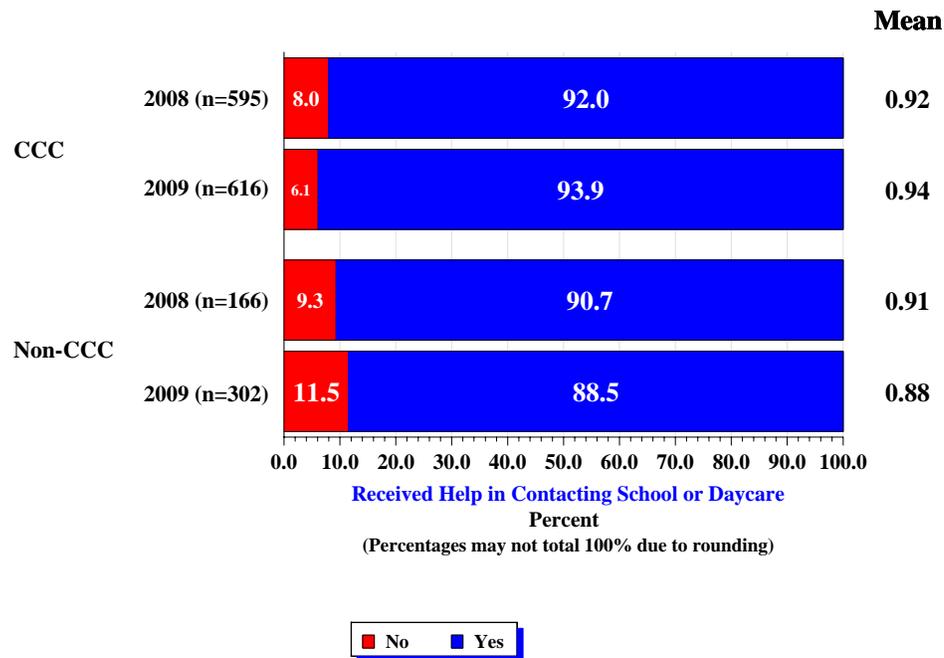
***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

Overall, there were no *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

**Figure C-47**  
**Coordination of Care for Children With Chronic Conditions Composite:**  
**Received Help in Contacting School or Daycare**



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

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

Question 27 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether anyone from the health plan or doctor's office helped coordinate their child's care among different providers or services. Figure C-48 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

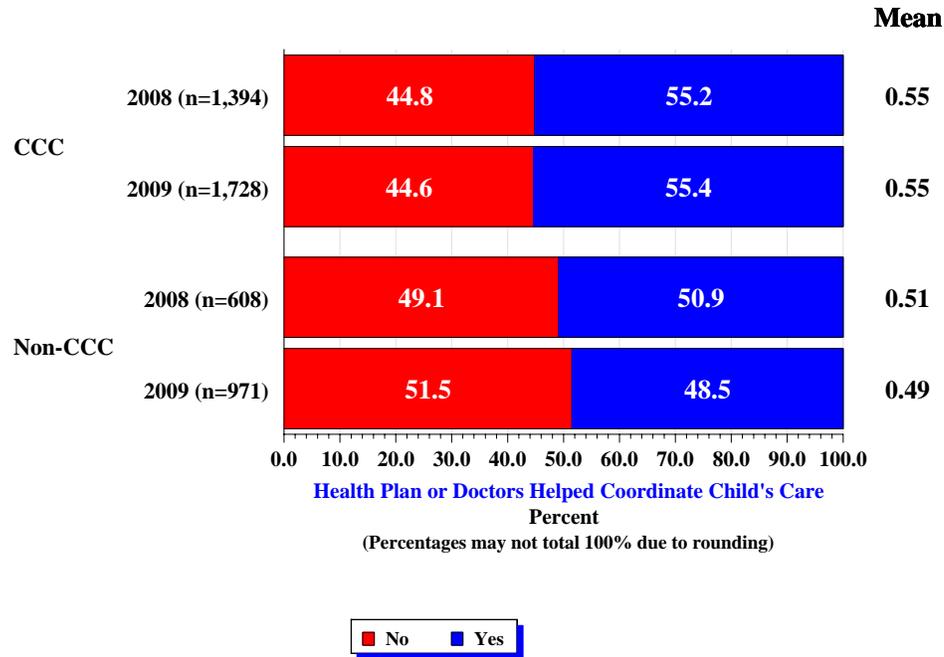
***Comparative Analysis***

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

***Trending Analysis***

Overall, there were no *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

**Figure C-48**  
**Coordination of Care for Children With Chronic Conditions Composite:**  
**Health Plan or Doctors Helped Coordinate Child's Care**



Statistical Significance Note:    ↑ indicates the score is significantly higher than the other population  
    ↓ indicates the score is significantly lower than the other population  
    ▲ indicates the 2009 score is significantly higher than the 2008 score  
    ▼ indicates the 2009 score is significantly lower than the 2008 score

## SUMMARY OF OHIO CCC COMPARISONS

The following tables summarize the results of the comparative and trending analyses presented in the Ohio CCC Comparisons section. Table C-1 through Table C-3 summarize the statistically significant differences between the two populations based on the comparative analyses and the assignment of arrows to each population. The items listed in these tables are limited to those items where statistically significant differences were identified between the two populations. Table C-4 and Table C-5 summarize the statistically significant differences between each population's results in 2009 and its results in 2008 based on the trending analyses and the assignment of directional triangles. Please note, the results presented below are based on the overall means calculated for each population on the global ratings, composites, composite items, individual items, items in the areas of interest, CCC composites, and CCC composite items.

<b>Table C-1</b> <b>Summary of Ohio CFC CCC Comparisons Comparative Results</b> <b>for the Global Ratings and Composites</b>		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Rating of All Health Care	CCC	Non-CCC
Rating of Personal Doctor	CCC	Non-CCC
Getting Care Quickly Composite	CCC	Non-CCC
Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away	CCC	Non-CCC
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand	CCC	Non-CCC
How Well Doctors Communicate: Doctors Spent Enough Time With Patient	CCC	Non-CCC
Health Promotion and Education	CCC	Non-CCC

<b>Table C-2 Summary of Ohio CFC CCC Comparisons Comparative Results for the Areas of Interest</b>		
<b>Measure</b>	<b>Population with Significantly Higher Score</b>	<b>Population with Significantly Lower Score</b>
Satisfaction with Health Plan: Got Information or Help from Customer Service	CCC	Non-CCC
Satisfaction with Health Plan: Filled Out Paperwork	CCC	Non-CCC
Satisfaction with Health Care Providers: Have Personal Doctor	CCC	Non-CCC
Satisfaction with Health Care Providers: Child Able to Talk With Doctors	CCC	Non-CCC
Access to Care: Tried to Make Appointment to See Specialist	CCC	Non-CCC
Access to Care: Saw a Specialist	CCC	Non-CCC
Access to Care: Made Appointments for Health Care	CCC	Non-CCC
Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away	CCC	Non-CCC
Utilization of Services: Number of Visits to the Doctor's Office	Non-CCC	CCC

<b>Table C-3 Summary of Ohio CFC CCC Comparisons Comparative Results for the CCC Composites</b>		
<b>Measure</b>	<b>Population with Significantly Higher Score</b>	<b>Population with Significantly Lower Score</b>
Access to Prescription Medicines Composite	Non-CCC	CCC
FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving	CCC	Non-CCC
FCC: Getting Needed Information Composite	CCC	Non-CCC
FCC: Getting Needed Information: Questions Answered	CCC	Non-CCC
Coordination of Care for Children With Chronic Conditions Composite	CCC	Non-CCC

<b>Table C-4</b> <b>Summary of Ohio CFC CCC Comparisons Trending Results</b> <b>for the Global Ratings and Composites</b>		
Measure	Population(s) with Significantly Higher Score in 2009	Population(s) with Significantly Lower Score in 2009
Rating of Health Plan	CCC Non-CCC	—
Rating of All Health Care	—	Non-CCC
Rating of Personal Doctor	CCC Non-CCC	—
Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away	CCC Non-CCC	—
Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away	CCC Non-CCC	—
How Well Doctors Communicate Composite	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Listened Carefully	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Showed Respect	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Spent Enough Time With Patient	CCC Non-CCC	—
Note: A dash (—) indicates that neither the CCC nor the non-CCC populations exhibited a statistically significant difference between 2008 and 2009.		

**Table C-5**  
**Summary of Ohio CFC CCC Comparisons Trending Results**  
**for the Areas of Interest and CCC Composites**

Measure	Population(s) with Significantly Higher Score in 2009	Population(s) with Significantly Lower Score in 2009
Satisfaction with Health Plan: Got Information or Help from Customer Service	—	CCC Non-CCC
Satisfaction with Health Plan: Filled Out Paperwork	CCC Non-CCC	—
Satisfaction with Health Care Providers: Have Personal Doctor	CCC Non-CCC	—
Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand	CCC Non-CCC	—
Access to Care: Tried to Make Appointment to See Specialist	—	CCC Non-CCC
Access to Care: Made Appointments for Health Care	CCC Non-CCC	—
Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away	CCC Non-CCC	—
Utilization of Services: Number of Visits to the Doctor's Office	—	CCC Non-CCC
FCC: Personal Doctor Who Knows Child Composite	CCC Non-CCC	—
FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving	CCC Non-CCC	—
FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Family's Life	—	Non-CCC
FCC: Getting Needed Information: Questions Answered	CCC	—

Note: A dash (—) indicates that neither the CCC nor the non-CCC populations exhibited a statistically significant difference between 2008 and 2009.

# Reader's Guide

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## HOW TO READ THE BAR GRAPHS

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

Separate bar graphs were created for the global ratings, composite scores, individual items, items within the composites, individual questions in four areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services), CCC composite scores, and items within the CCC composites. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for the CCC and non-CCC populations. Statistically significant differences between these two populations in 2009 are noted within the bar graphs as well as statistically significant differences between scores in 2009 and scores in 2008.

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



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

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

Arrows (↑ and ↓) within the bars and to the left of the overall means indicate statistically significant differences between the populations' mean scores in 2009. Only statistically significant findings are discussed within the text of the Ohio CCC Comparisons section.

Directional triangles (▲ and ▼) within the bars and to the right of the overall means indicate statistically significant differences between mean scores in 2009 and mean scores in 2008. For each population, its 2009 mean scores were compared to its 2008 mean scores. Only statistically significant findings are discussed within the text of the Ohio CCC Comparisons section.

## **LIMITATIONS AND CAUTIONS**

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

### **Case-Mix Adjustment**

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

### **Non-Response Bias**

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by MCP. The potential for non-response bias should be considered when interpreting the results.

### **Causal Inferences**

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