

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

Full 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 Ohio's CFC Medicaid Managed Care Program.¹ The standardized survey instruments selected for 2009 for the CFC population were the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).² Seven MCPs participated in the 2009 CFC CAHPS Medicaid Health Plan Surveys, as listed in Table A-1 below. Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2009.

Table A-1 Participating MCPs	
MCP Name	MCP Abbreviation
AMERIGROUP Ohio, Inc.	AMERIGROUP
Buckeye Community Health Plan	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
Paramount Advantage	Paramount
Unison Health Plan of Ohio, Inc.	Unison
WellCare of Ohio, Inc.	WellCare

¹ Please refer to Ohio's ABD Medicaid Managed Care Program CAHPS reports for detailed information regarding the ABD population.

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

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 Full Report is one of four separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2009 CAHPS results.

- The **Full Report** contains seven sections examining the results of the CAHPS Health Plan Surveys: (A) The *Introduction* section provides an overview of the survey administration and response rate information; (B) The *Demographics* section depicts the characteristics of respondents to the CAHPS Surveys, as well as demographic data for CFC adult members who completed a survey and child members whose parents or caretakers completed a survey; (C) The *Respondent/Non-Respondent Analysis* section compares the demographic characteristics of the CAHPS survey CFC respondents to the non-respondents; (D) The *National Committee for Quality Assurance (NCQA) Comparisons* section analyzes the CAHPS results using the Healthcare Effectiveness Data and Information Set (HEDIS[®]) CAHPS methodology;³ (E) The *Ohio Comparisons* section analyzes the CAHPS results using ODJFS' methodology and the Agency for Healthcare Research and Quality's (AHRQ's) analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composites, composite items, additional items, Children with Chronic Conditions (CCC) composites, and CCC composite items; (F) The *Summary of Results* section summarizes the results in the NCQA and Ohio Comparisons sections; and (G) The *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report.
- The **Executive Summary Report** provides a high-level overview of the major CAHPS results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report.
- The **CCC Report** compares the CAHPS results of the CCC population to the children without chronic conditions (non-CCC) population.
- The **Methodology Report** provides a detailed description of the methodology used to perform the CAHPS analyses for ODJFS and the MCPs.

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

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, NCQA developed new HEDIS versions of the Adult and Child Medicaid Health Plan Surveys. NCQA introduced the CAHPS 4.0H Adult Medicaid Health Plan Survey for use in 2007, but did not introduce the CAHPS 4.0H Child Medicaid Health Plan Survey for use until 2009.⁴ With this change in 2009, the adult and child data can now be combined; however, these combined results are not trendable. Trending is limited to the adult population.

The following is a summary of the changes resulting from the transition from CAHPS 3.0H to the new CAHPS 4.0H Child Medicaid Health Plan Survey (with the 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.

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.

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

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 surveys. The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2008. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2008). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2008). Table A-2 provides a breakout of the sample frames for each MCP.

Table A-2		
MCP Sample Frame Sizes		
MCP	Adult Sample Frame	Child Sample Frame
AMERIGROUP	10,096	29,539
Buckeye	29,194	71,307
CareSource	144,471	367,667
Molina	37,311	92,861
Paramount	17,568	41,391
Unison	23,897	55,717
WellCare	22,991	57,134

Sample Size

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

In deriving the CAHPS results presented in this report, a random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample to represent the general population of children. Child members in the CAHPS 4.0H child sample could have a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.⁵ A total of 11,550 child surveys for children in the CAHPS 4.0H child sample were mailed out for the seven participating MCPs. After selecting child members for the CAHPS 4.0H child sample, a random sample of up to 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. A total of 12,880 child surveys for children in the CCC supplemental sample were mailed out. For additional information on the CCC population, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. In total, 24,430 child surveys were mailed to child members in the CAHPS 4.0H child sample and CCC supplemental sample of participating MCPs, with 3,490 child members per participating MCP. Please note, child members in both the CAHPS 4.0H child sample and CCC supplemental sample received the same CAHPS 4.0H Child Medicaid Survey (with CCC measurement set) instrument. The child results presented in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report are based on the responses of parents or caretakers of children from the CAHPS 4.0H child sample. This random sample of members from each MCP represents the general child population. The CAHPS 4.0H Child Medicaid Health Plan Survey also included a number of questions used to screen for CCC. These questions were used to identify children with chronic conditions from both the CAHPS 4.0H child sample and CCC supplemental sample. The results derived from the responses of parents or caretakers of children with chronic conditions are presented in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report. For additional information on the CCC population and CCC screener, please refer to *Children with Chronic Conditions Profiles* in Section B.

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

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

SURVEY PROTOCOL

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allowed members two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. All sampled members received an English version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.⁶

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

- Were 18 years of age or older (for adult members), or were 17 years of age or younger (for child members) as of December 31, 2008
- Were currently enrolled in an 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 (adult and child) were passed through the United States Postal Service's National Change of Address (NCOA) system in order to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Following NCQA requirements, the survey samples were randomly selected with no more than one member being identified per household.

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

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

⁶ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2009 Survey Measures*. Washington, DC: NCQA Publication, 2008.

Table A-3 CAHPS Health Plan Surveys Time Frame⁷	
Basic Tasks for Conducting the Surveys	Time Frame
Send first questionnaire with cover letter to the member	0 days
Send a postcard reminder to non-respondents 4 to 10 days after mailing the first questionnaire	4 – 10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Send a second postcard reminder to non-respondents 4 to 10 days after mailing the second questionnaire	39 – 45 days
Initiate CATI for non-respondents approximately 21 days after mailing the second questionnaire	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation	70 days

RESPONSE RATES

The administration of the CAHPS Health Plan Surveys was comprehensive and designed to garner the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP’s population. The response rate is the total number of completed surveys divided by all eligible members of the sample.⁸ A member’s survey was assigned a disposition code of “completed” if any one question was answered within the survey. Eligible members included the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met at least one of the following criteria: were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated,⁹ 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.

⁷ National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

⁸ Ibid.

⁹ The mentally or physically incapacitated designation is not valid for the CAHPS 4.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

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

Table A-4			
CAHPS 4.0H Medicaid Response Rates			
Ohio's CFC Medicaid Managed Care Program			
	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio's CFC Medicaid Managed Care Program	39.54%	37.13%	42.07%
AMERIGROUP	32.98%	31.13%	34.93%
Buckeye	42.72%	39.76%	45.83%
CareSource	41.54%	39.17%	44.02%
Molina	39.37%	37.00%	41.89%
Paramount	43.39%	41.70%	45.17%
Unison	42.97%	39.26%	46.88%
WellCare	33.74%	31.86%	35.71%

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

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

Table A-5			
CAHPS 4.0H Medicaid Completed Surveys			
Ohio's CFC Medicaid Managed Care Program			
	Total Number of Completed Surveys	Number of Adult Completed Surveys	Number of Child Completed Surveys
Ohio's CFC Medicaid Managed Care Program	9,149	4,411	4,738
AMERIGROUP	1,087	527	560
Buckeye	1,417	676	741
CareSource	1,372	662	710
Molina	1,289	625	664
Paramount	1,440	711	729
Unison	1,427	669	758
WellCare	1,117	541	576

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

Demographics

This Demographics section depicts the characteristics of respondents and members who completed the CAHPS 4.0H Adult Medicaid Health Plan Survey or the CAHPS 4.0H Child Medicaid Health Plan Survey.¹ 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.

BACKGROUND

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

CASE-MIX ADJUSTMENT

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

The demographic data in this section are presented in two subsections. The first subsection consists of four tables, Table B-1 through Table B-4. These tables depict respondent-level and member-level demographic data for CFC adult and general child members. Member age, gender, and race and ethnicity information were derived from ODJFS administrative data. General health status and respondent age, gender, education, and relationship to child information were derived

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

² Agency for Healthcare Research and Quality. "Article 3: NCQA's Use of the CAHPS Survey." *CAHPS 3.0 Survey and Reporting Kit*. Rockville, MD: US Department of Health and Human Services, October 2002.

from responses to the CAHPS surveys. The second subsection contains two tables, Table B-5 and Table B-6, which present the CCC population and how this population was identified.

ADULT AND GENERAL CHILD PROFILES

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

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

Table B-1 Respondent Profiles								
	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Age								
Under 18	5.9%	7.7%	6.4%	4.7%	6.4%	5.4%	6.4%	4.6%
18 to 24	34.4%	34.9%	35.7%	34.1%	33.7%	35.1%	36.0%	30.3%
25 to 34	33.3%	31.5%	32.8%	34.5%	33.3%	33.7%	32.2%	35.4%
35 to 44	18.3%	18.2%	16.9%	18.7%	18.2%	18.3%	18.3%	20.0%
45 to 54	6.6%	5.7%	6.9%	6.8%	7.0%	6.2%	5.8%	8.0%
55 or older	1.5%	2.0%	1.3%	1.2%	1.5%	1.2%	1.3%	1.8%
Gender								
Male	15.7%	15.4%	14.1%	14.3%	18.3%	16.1%	17.8%	13.2%
Female	84.3%	84.6%	85.9%	85.7%	81.7%	83.9%	82.2%	86.8%
Education								
Not a High School Graduate	19.8%	23.9%	19.5%	21.1%	20.0%	15.9%	19.0%	20.3%
High School Graduate	43.2%	41.5%	42.1%	42.6%	47.5%	44.8%	45.4%	37.3%
Some College	32.0%	30.3%	33.9%	31.7%	27.1%	33.6%	31.3%	36.6%
College Graduate	4.9%	4.3%	4.5%	4.6%	5.3%	5.7%	4.4%	5.8%
* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS 4.0H Child Medicaid Survey on behalf of child members. Respondents to the CAHPS 4.0H Adult Medicaid Survey did not have this response choice. Please note, percentages may not total 100% due to rounding.								

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

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

Table B-2
Adult and General Child Member Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Race and Ethnicity								
White	72.5%	70.0%	73.7%	65.9%	84.2%	71.7%	85.9%	51.9%
Black	23.8%	27.0%	23.0%	30.0%	12.6%	22.7%	12.2%	42.7%
Hispanic	2.9%	1.7%	2.6%	3.3%	1.9%	4.7%	1.6%	4.7%
Asian	0.8%	1.0%	0.6%	0.8%	1.2%	0.9%	0.2%	0.7%
Native American	0.1%	0.2%	0.1%	0.0%	0.1%	0.0%	0.1%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Status								
Excellent	24.9%	23.2%	24.1%	26.8%	23.9%	23.5%	27.2%	25.1%
Very Good	34.6%	34.9%	35.7%	31.6%	36.5%	35.6%	33.2%	35.3%
Good	28.6%	30.1%	29.7%	29.0%	26.7%	29.3%	27.8%	27.1%
Fair	9.7%	9.9%	8.5%	9.9%	10.2%	9.7%	9.4%	10.7%
Poor	2.2%	2.0%	2.0%	2.7%	2.7%	1.9%	2.3%	1.8%
<i>Please note, percentages may not total 100% due to rounding.</i>								

Table B-3, on page B-5, presents the demographic characteristics of the adult members who completed the CAHPS 4.0H Adult Medicaid Survey. Age, gender, and race and ethnicity were derived from ODJFS administrative data while education and health status were derived from responses to the Adult Medicaid Survey.

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

Table B-3
Adult Member Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Age								
18 to 24	28.9%	33.8%	29.3%	27.0%	28.5%	28.1%	29.7%	26.2%
25 to 34	36.8%	33.4%	37.6%	36.7%	38.2%	38.3%	36.2%	36.8%
35 to 44	24.3%	24.9%	23.1%	24.9%	24.0%	24.1%	25.0%	24.6%
45 to 54	8.7%	6.6%	8.7%	10.0%	8.3%	8.3%	7.9%	10.9%
55 or older	1.3%	1.3%	1.3%	1.4%	1.0%	1.3%	1.2%	1.5%
Gender								
Male	22.6%	19.4%	21.9%	22.1%	25.3%	22.2%	27.4%	19.0%
Female	77.4%	80.6%	78.1%	77.9%	74.7%	77.8%	72.6%	81.0%
Education								
Not a High School Graduate	21.2%	26.1%	21.0%	24.5%	19.9%	16.8%	20.2%	21.1%
High School Graduate	44.2%	40.6%	40.8%	43.5%	47.4%	48.6%	48.0%	38.1%
Some College	30.8%	29.3%	34.6%	28.4%	28.9%	30.7%	28.0%	36.1%
College Graduate	3.9%	4.0%	3.6%	3.6%	3.8%	3.9%	3.8%	4.7%
Race and Ethnicity								
White	73.5%	71.5%	74.4%	67.1%	84.8%	71.9%	87.7%	53.6%
Black	23.4%	27.3%	21.6%	29.8%	13.1%	23.2%	10.5%	42.3%
Hispanic	2.5%	0.8%	3.1%	2.7%	0.8%	4.5%	1.5%	3.5%
Asian	0.6%	0.4%	0.6%	0.5%	1.3%	0.4%	0.3%	0.6%
Native American	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Status								
Excellent	10.6%	10.3%	11.5%	15.1%	7.0%	10.7%	9.1%	10.3%
Very Good	30.4%	31.1%	30.1%	26.2%	32.0%	30.0%	30.1%	34.1%
Good	38.4%	38.2%	41.5%	37.0%	37.3%	39.6%	39.4%	34.5%
Fair	16.4%	16.6%	12.9%	16.2%	18.7%	16.2%	16.5%	18.1%
Poor	4.3%	3.8%	3.9%	5.4%	5.0%	3.5%	4.9%	3.1%

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

Table B-4, on page B-7, presents the demographic characteristics of the general child members whose parents or caretakers completed the CAHPS 4.0H Child Medicaid Health Plan Survey, as well as the relationship of the parents or caretakers to the child members. Age, gender, and race and ethnicity were derived from ODJFS administrative data while health status and respondent relationship to the child were derived from responses to the Child Medicaid Survey.

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

Table B-4
General Child Profiles

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Age								
Less than 2	12.4%	14.6%	11.7%	11.0%	14.0%	12.1%	12.9%	10.6%
2 to 4	19.5%	19.3%	20.8%	18.7%	18.4%	21.1%	19.4%	18.1%
5 to 7	16.6%	18.0%	16.5%	18.3%	16.4%	16.3%	15.8%	15.1%
8 to 10	16.4%	17.0%	17.0%	17.0%	15.8%	16.5%	15.6%	16.0%
11 to 13	15.0%	11.6%	15.0%	15.5%	14.9%	14.8%	14.6%	18.4%
14 to 17	20.1%	19.5%	19.0%	19.4%	20.5%	19.2%	21.6%	21.9%
Gender								
Male	50.8%	53.4%	50.6%	49.4%	48.2%	51.2%	51.6%	51.4%
Female	49.2%	46.6%	49.4%	50.6%	51.8%	48.8%	48.4%	48.6%
Race and Ethnicity								
White	71.5%	68.6%	73.0%	64.8%	83.6%	71.5%	84.3%	50.3%
Black	24.1%	26.8%	24.3%	30.3%	12.2%	22.2%	13.7%	43.1%
Hispanic	3.4%	2.7%	2.2%	3.8%	3.0%	4.9%	1.7%	5.7%
Asian	0.9%	1.6%	0.5%	1.1%	1.1%	1.4%	0.1%	0.9%
Native American	0.1%	0.4%	0.0%	0.0%	0.2%	0.0%	0.1%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Health Status								
Excellent	38.1%	35.5%	35.6%	37.5%	39.6%	35.8%	43.1%	38.8%
Very Good	38.6%	38.5%	40.7%	36.6%	40.7%	41.0%	35.9%	36.4%
Good	19.5%	22.4%	18.9%	21.7%	16.7%	19.4%	17.7%	20.3%
Fair	3.6%	3.5%	4.4%	4.1%	2.3%	3.5%	3.2%	4.0%
Poor	0.3%	0.2%	0.3%	0.2%	0.6%	0.3%	0.1%	0.6%
Respondent Relationship to Child								
Parent	90.3%	88.5%	90.8%	90.8%	88.4%	91.5%	90.2%	91.4%
Grandparent	6.3%	7.8%	5.5%	6.6%	7.7%	5.2%	6.0%	6.1%
Other	3.4%	3.7%	3.7%	2.6%	3.9%	3.3%	3.8%	2.6%
<i>Please note, percentages may not total 100% due to rounding.</i>								

CHILDREN WITH CHRONIC CONDITIONS PROFILES

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

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

The survey responses for child members in the CAHPS 4.0H child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 4.0H child sample) included children with chronic conditions based on the responses to the survey questions. For each category, except for the "Mental Health Services" category, the first question was a gate item for the second question, which asked whether the child's use, need, or limitations were due to a health condition. Respondents who selected "No" to the first question were instructed to skip subsequent questions in that category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the second question were instructed to skip the third question in the category. For the "Mental Health Services" category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the first question were instructed to skip the second question in this category. Table B-5 displays the responses to the five categories of questions for all children sampled. Additional information on the CAHPS 4.0H child sample and the CCC supplemental sample can be found beginning on page A-7.

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

	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Prescription Medicine								
Needs/Uses Prescription Medicine	45.0%	43.2%	47.6%	47.5%	42.5%	46.2%	43.0%	44.6%
Due to Health Condition	88.3%	87.1%	90.7%	87.6%	88.3%	89.7%	86.5%	87.8%
Condition Duration of at Least 12 Months	92.3%	91.0%	93.9%	93.4%	91.4%	92.7%	91.3%	91.6%
More Care								
Needs/Uses More Care	25.8%	24.6%	27.4%	26.4%	24.4%	25.8%	26.0%	25.6%
Due to Health Condition	92.3%	91.0%	92.0%	94.1%	92.5%	93.7%	90.9%	91.5%
Condition Duration of at Least 12 Months	96.6%	96.4%	96.8%	96.7%	96.4%	96.9%	96.4%	96.6%
Functional Limitations								
Limited Abilities	17.0%	16.1%	18.2%	16.9%	17.1%	15.9%	16.9%	17.5%
Due to Health Condition	84.7%	83.5%	84.4%	84.3%	86.9%	86.3%	85.3%	81.6%
Condition Duration of at Least 12 Months	97.6%	96.7%	97.8%	97.6%	99.5%	96.4%	97.8%	97.5%
Special Therapy								
Needs/Gets Therapy	12.0%	13.2%	12.2%	12.5%	11.0%	11.3%	12.9%	10.8%
Due to Health Condition	72.1%	70.5%	67.6%	73.8%	73.5%	75.6%	70.2%	74.8%
Condition Duration of at Least 12 Months	93.4%	91.3%	97.5%	92.3%	91.6%	93.4%	92.1%	96.6%
Mental Health Services								
Needs/Gets Counseling	23.2%	22.0%	24.0%	23.6%	21.7%	24.6%	23.5%	22.4%
Condition Duration of at Least 12 Months	93.4%	91.8%	92.3%	94.4%	92.5%	95.8%	94.0%	91.5%

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.

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-5.³ Table B-6 depicts the percentage of children with chronic conditions who had affirmative responses to all questions in each of the five categories. Please note a child member can appear in more than one category.

Table B-6								
Distribution of Categories for Children with Chronic Conditions								
	Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Prescription Medicine	80.6%	78.4%	81.8%	83.1%	79.4%	80.5%	78.8%	81.2%
More Care	50.3%	49.3%	49.3%	51.2%	50.9%	48.7%	52.0%	50.7%
Functional Limitations	30.4%	29.7%	29.8%	29.6%	33.8%	27.1%	32.6%	31.3%
Special Therapy	17.3%	19.1%	15.6%	17.6%	17.1%	16.3%	19.1%	16.8%
Mental Health Services	47.1%	45.6%	45.3%	46.8%	45.3%	49.1%	51.3%	45.5%

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

³ The 41.1 percent is derived from the number of individuals who responded “Yes” to all of the questions in at least one of the five CCC categories (as described in Table B-5) divided by the total number of individuals in the entire child CAHPS sample (general child sample plus the CCC supplemental sample).

Respondent/Non-Respondent Analysis

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

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

DESCRIPTION

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

ANALYSIS

The respondent and non-respondent populations were also analyzed for statistically significant differences at the MCP and program levels. Respondents within one MCP were compared to non-respondents within the same MCP to identify any statistically significant differences for any of the demographic categories. Also, respondents within the entire Ohio CFC Medicaid Managed Care Program were compared to non-respondents within the entire program to identify statistically significant differences. Statistically significant differences are noted with arrows. MCP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (↑) arrows. MCP-level and program-level percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (↓) arrows. MCP-level and program-level percentages for the respondent population that were not statistically different than the non-respondent population are not noted with arrows.

SUMMARY

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

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

Respondent/Non-Respondent Analysis
Full Report

ADULT RESPONDENT AND NON-RESPONDENT PROFILES

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

Table C-1 Adult Respondent and Non-Respondent Profiles									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Age of Adult									
18 to 24	R	28.9% ↓	33.8%	29.3% ↓	27.0% ↓	28.5% ↓	28.1% ↓	29.7% ↓	26.2% ↓
	NR	36.2%	38.4%	34.6%	32.3%	38.0%	35.2%	36.7%	37.5%
25 to 34	R	36.8% ↓	33.4%	37.6%	36.7%	38.2%	38.3%	36.2%	36.8%
	NR	38.8%	38.3%	39.5%	40.3%	37.8%	40.7%	39.0%	36.4%
35 to 44	R	24.3% ↑	24.9% ↑	23.1%	24.9%	24.0% ↑	24.1% ↑	25.0% ↑	24.6% ↑
	NR	19.1%	17.0%	19.9%	21.2%	18.8%	18.9%	18.3%	19.8%
45 to 54	R	8.7% ↑	6.6%	8.7% ↑	10.0% ↑	8.3% ↑	8.3% ↑	7.9% ↑	10.9% ↑
	NR	5.4%	5.8%	5.6%	5.6%	4.8%	4.8%	5.4%	6.0%
55 or older	R	1.3% ↑	1.3%	1.3% ↑	1.4%	1.0%	1.3% ↑	1.2%	1.5% ↑
	NR	0.5%	0.6%	0.5%	0.6%	0.6%	0.4%	0.5%	0.3%
Gender									
Male	R	22.6%	19.4%	21.9%	22.1%	25.3%	22.2%	27.4%	19.0%
	NR	23.7%	22.9%	23.8%	22.7%	26.5%	23.9%	25.2%	21.2%
Female	R	77.4%	80.6%	78.1%	77.9%	74.7%	77.8%	72.6%	81.0%
	NR	76.3%	77.1%	76.2%	77.3%	73.5%	76.1%	74.8%	78.8%
Race and Ethnicity									
White	R	73.5% ↑	71.5%	74.4% ↑	67.1% ↑	84.8% ↑	71.9% ↑	87.7% ↑	53.6% ↑
	NR	65.2%	69.6%	67.2%	59.0%	78.1%	64.5%	79.9%	40.3%
Black	R	23.4% ↓	27.3%	21.6% ↓	29.8% ↓	13.1% ↓	23.2% ↓	10.5% ↓	42.3% ↓
	NR	31.2%	29.2%	29.6%	36.3%	20.2%	27.9%	17.7%	55.1%
Hispanic	R	2.5%	0.8%	3.1%	2.7%	0.8%	4.5% ↓	1.5%	3.5%
	NR	3.0%	1.0%	2.6%	3.8%	1.2%	7.2%	1.5%	4.2%
Asian	R	0.6%	0.4%	0.6%	0.5%	1.3%	0.4%	0.3%	0.6%
	NR	0.6%	0.2%	0.6%	0.7%	0.6%	0.5%	0.9%	0.4%
Native American	R	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
Other	R	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

CHILD RESPONDENT AND NON-RESPONDENT PROFILES

Table C-2 presents the demographic characteristics of the child members whose parents or caretakers did or did not respond to the CAHPS 4.0H Child Medicaid Health Plan Survey.¹

Table C-2 Child Respondent and Non-Respondent Profiles									
		Ohio's CFC Medicaid Managed Care Program	AMERI- GROUP	Buckeye	CareSource	Molina	Paramount	Unison	WellCare
Age of Child									
Less than 2	R	12.7% ↓	16.4%	12.8%	10.9%	13.2%	12.0%	14.0%	10.1%
	NR	15.0%	17.5%	13.9%	13.1%	15.7%	14.7%	16.3%	13.8%
2 to 4	R	18.6% ↓	19.1%	19.2%	17.6%	17.8%	20.3%	18.8%	17.4%
	NR	21.1%	21.5%	19.5%	21.1%	22.0%	22.8%	19.0%	21.2%
5 to 7	R	16.3% ↓	15.3%	15.9%	18.4%	15.4%	17.5%	15.8%	15.3%
	NR	17.9%	17.8%	18.5%	17.1%	18.1%	18.1%	17.2%	18.5%
8 to 10	R	16.5%	16.3%	16.9%	17.3%	17.2%	16.2%	16.0%	15.7%
	NR	15.9%	15.2%	16.7%	16.7%	14.9%	15.6%	16.4%	16.3%
11 to 13	R	15.3% ↑	13.6%	14.8%	15.7%	15.0%	14.9%	14.9%	18.2%
	NR	13.2%	12.0%	13.9%	14.6%	13.1%	12.9%	13.6%	12.4%
14 to 17	R	20.6% ↑	19.3%	20.4%	20.2%	21.4%	19.1%	20.5%	23.3%
	NR	16.9%	16.0%	17.5%	17.4%	16.3%	15.9%	17.4%	17.9%
Gender									
Male	R	54.4%	54.7%	54.9%	53.2%	53.5%	54.5%	55.3%	54.4%
	NR	53.1%	53.2%	52.9%	53.4%	54.2%	53.1%	52.0%	53.2%
Female	R	45.6%	45.3%	45.1%	46.8%	46.5%	45.5%	44.7%	45.6%
	NR	46.9%	46.8%	47.1%	46.6%	45.8%	46.9%	48.0%	46.8%
Race and Ethnicity									
White	R	72.2% ↑	67.6%	74.1%	65.5%	83.8%	72.6%	85.0%	52.0%
	NR	59.6%	57.6%	62.0%	52.3%	72.5%	61.7%	77.7%	37.7%
Black	R	23.9% ↓	28.5%	23.4%	29.4%	12.5%	22.1%	13.5%	42.5%
	NR	35.4%	36.4%	34.5%	42.4%	22.8%	31.3%	20.4%	56.4%
Hispanic	R	3.2% ↓	2.7%	2.3%	3.9%	2.8%	4.5%	1.2%	5.2%
	NR	4.5%	5.1%	3.2%	4.6%	4.2%	6.9%	1.1%	5.6%
Asian	R	0.6%	1.0%	0.2%	1.0%	0.8%	0.8%	0.2%	0.4%
	NR	0.5%	0.8%	0.3%	0.7%	0.5%	0.2%	0.6%	0.3%
Native American	R	0.1%	0.2%	0.0%	0.1%	0.1%	0.0%	0.2%	0.0%
	NR	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%
Other	R	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	NR	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>									

¹ Please note, the characteristics of parents or caretakers (who were the actual respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey) were not available in the administrative data provided by ODJFS.

NCQA Comparisons

This NCQA Comparisons section reports on the CAHPS Survey results, which were calculated in accordance with HEDIS specifications for survey measures.¹ Per HEDIS specifications, results for the adult and child populations are reported separately and no weighting, trending, or case-mix adjustment is performed on the results. General child and adult members from Ohio's CFC Medicaid Managed Care Program were included in this analysis. In 2009, Ohio's CFC Medicaid Managed Care Program had 4,411 completed adult surveys (37.1 percent response rate) and 4,738 completed general child surveys (42.1 percent response rate) from seven participating MCPs. These 9,149 surveys were used to calculate the results presented in this section.

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

When reviewing these results, it should be noted that NCQA's averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

¹ National Committee for Quality Assurance. *HEDIS 2009, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2008.

GENERAL CHILD RESULTS

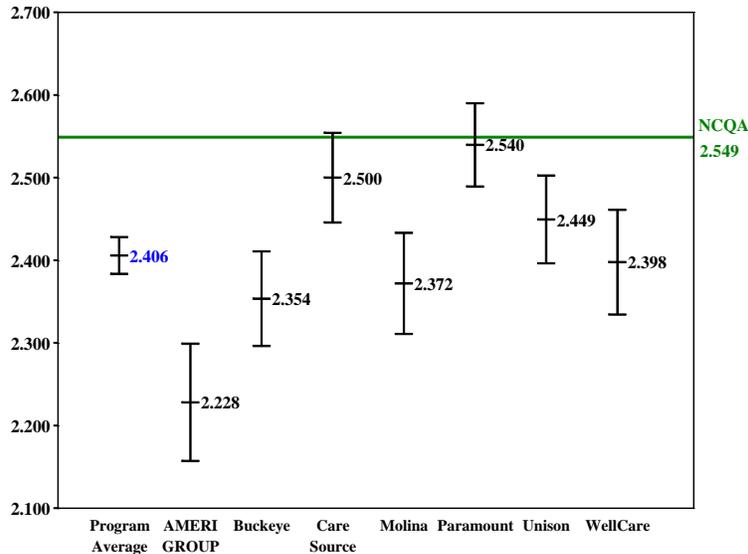
General Child Three-Point Means on the Global Ratings

Figures D-1-D-4 on pages D-3 and D-4 depict the 2009 results of the four global ratings for general child members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

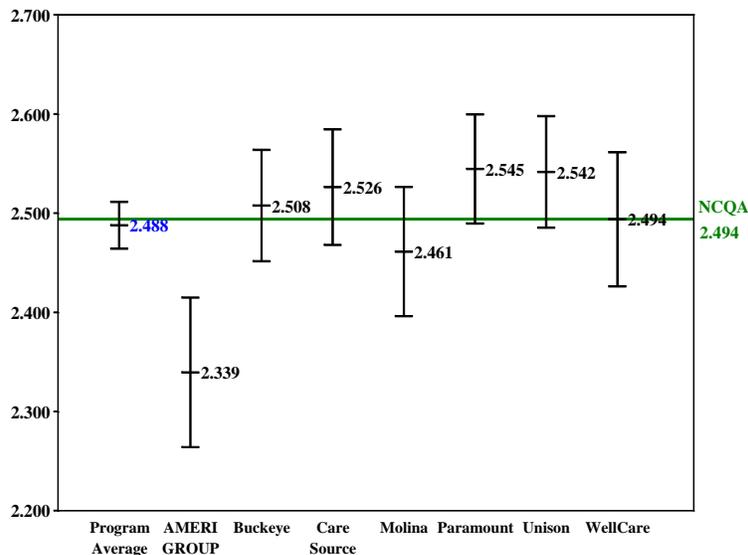
General Child Three-Point Mean Figures on the Global Ratings

Figure D-1
Rating of Health Plan



Rating of Health Plan

Figure D-2
Rating of All Health Care



Rating of All Health Care

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

Figure D-3
Rating of Personal Doctor

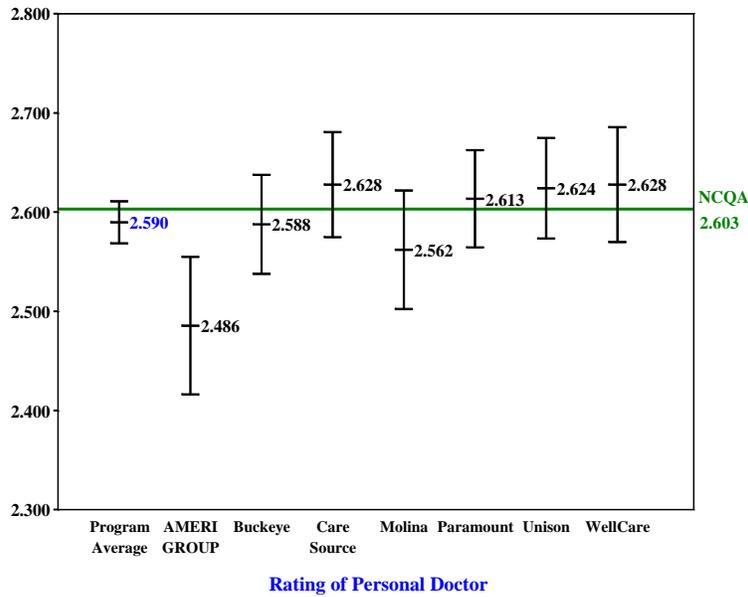
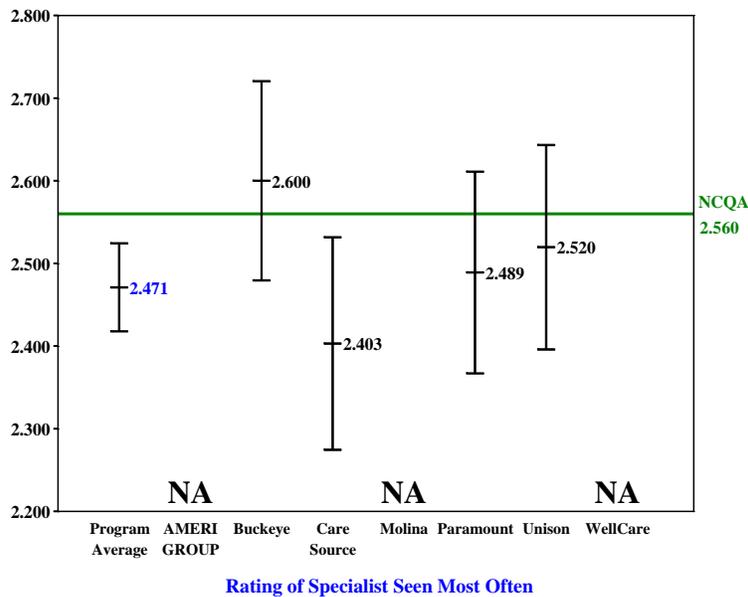


Figure D-4
Rating of Specialist Seen Most Often



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

General Child Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-1–D-4. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

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

Rating of Health Plan (Figure D-1)

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

Rating of All Health Care (Figure D-2)

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

Rating of Personal Doctor (Figure D-3)

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

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

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

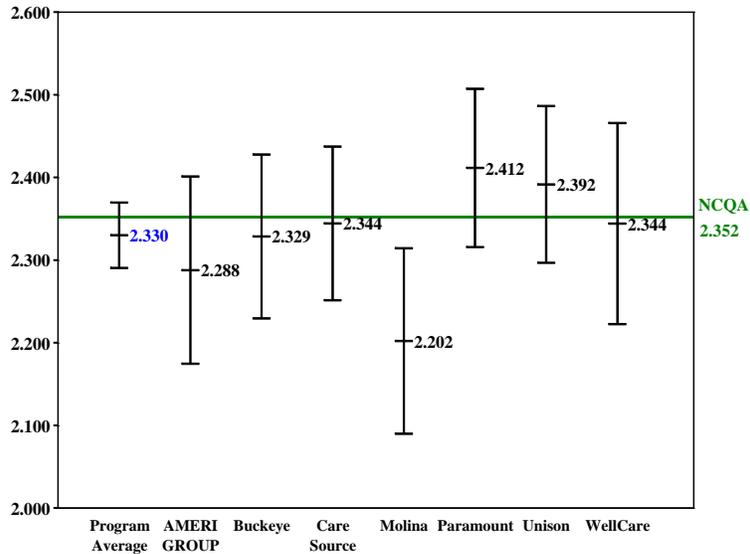
General Child Three-Point Means on the Composite Measures

Figures D-5-D-9 on pages D-7-D-9 depict the 2009 results of the five composite scores for general child members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of "Always" are given a score of 3, responses of "Usually" are given a score of 2, and responses of "Sometimes/Never" are given a score of 1. For the Shared Decision Making composite, responses of "Definitely Yes" are given a score of 3, responses of "Somewhat Yes" are given a score of 2, and responses of "Somewhat No/Definitely No" are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

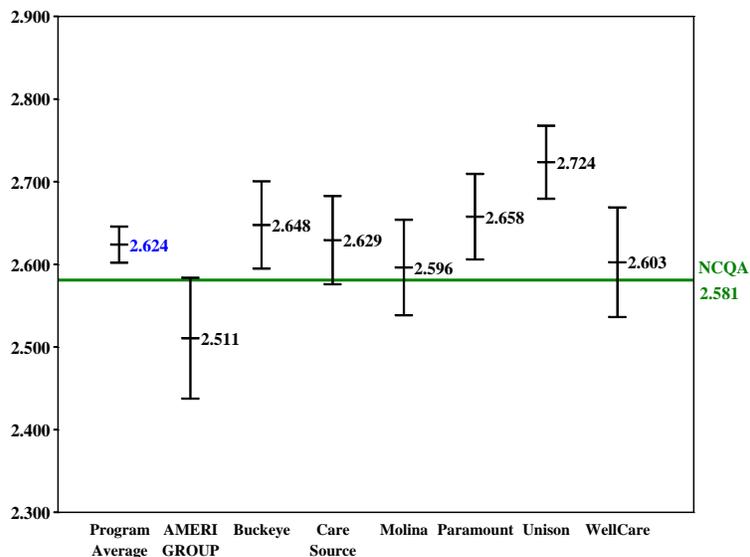
General Child Three-Point Mean Figures on the Composite Measures

**Figure D-5
Getting Needed Care**



Getting Needed Care Composite

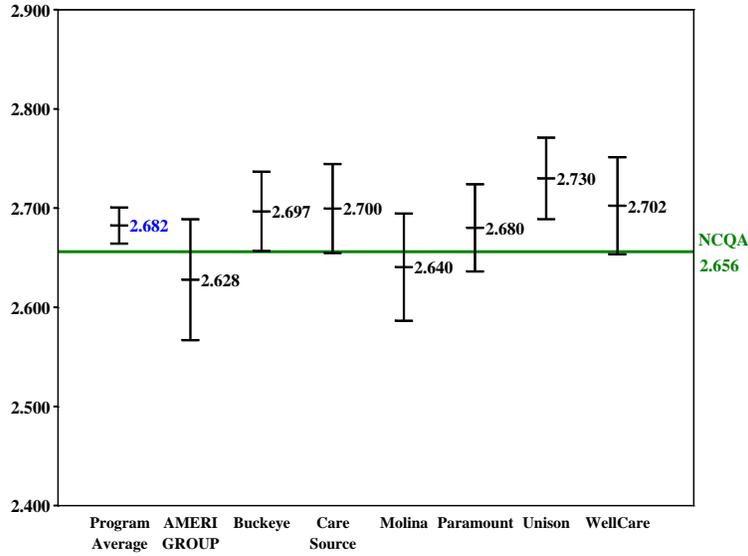
**Figure D-6
Getting Care Quickly**



Getting Care Quickly Composite

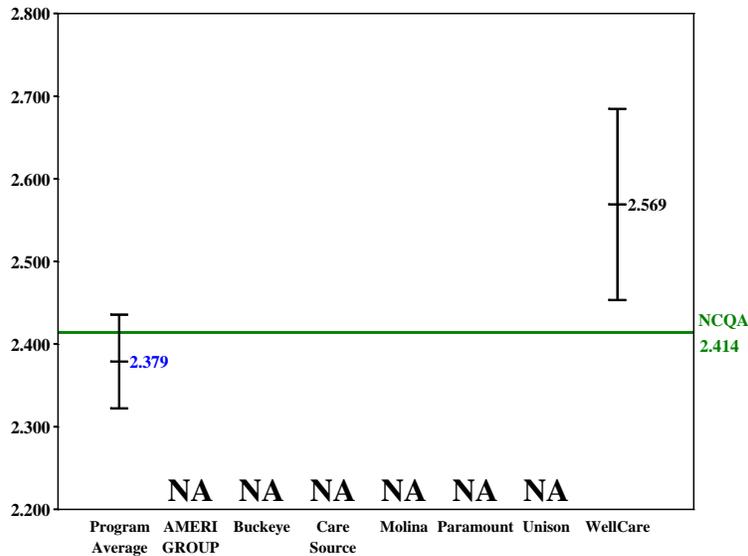
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-7
How Well Doctors Communicate



How Well Doctors Communicate Composite

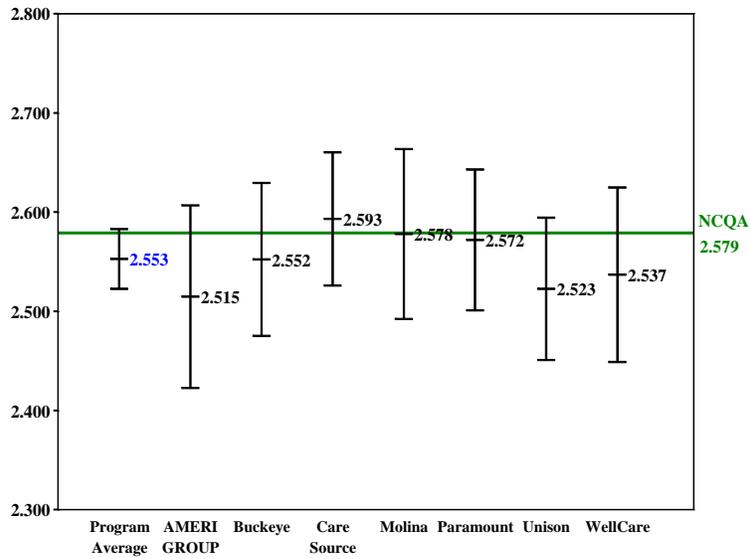
Figure D-8
Customer Service



Customer Service Composite

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

**Figure D-9
Shared Decision Making**



Shared Decision Making Composite

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

General Child Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-5–D-9. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the national average for four of the composite measures. All of the MCPs’ and the program’s three-point means encompass or exceed the national average for Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

Getting Needed Care (Figure D-5)

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

Getting Care Quickly (Figure D-6)

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

How Well Doctors Communicate (Figure D-7)

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

Customer Service (Figure D-8)

- The lower confidence limit for WellCare is above the NCQA average.
- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The results for AMERIGROUP, Buckeye, CareSource, Molina, Paramount, and Unison could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-9)

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

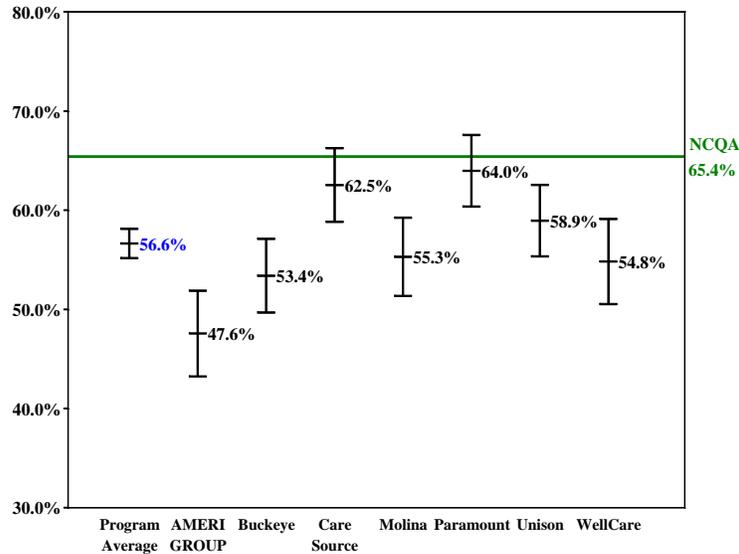
General Child Top-Box Responses on the Global Ratings

Figures D-10–D-13 on pages D-13 and D-14 depict the 2009 top-box question summary rates for the four global ratings for general child members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. For the global ratings, a top-box response is defined as a response value of “9 or 10.” Additional information on the calculation of question summary rates can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

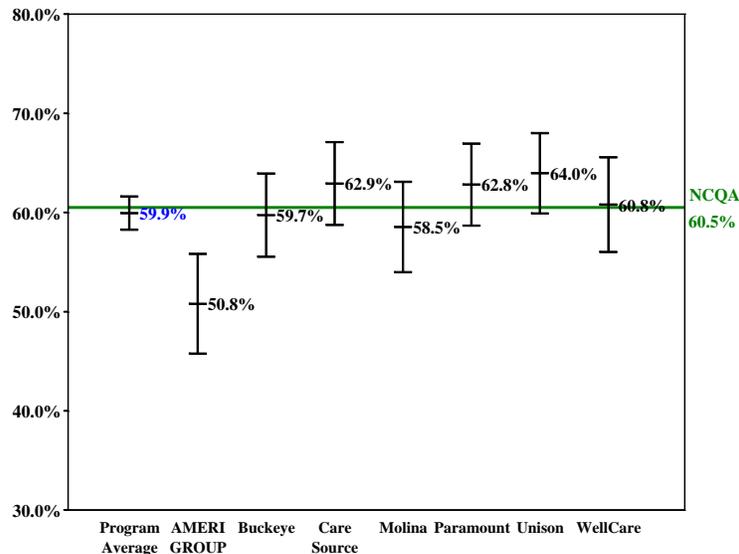
General Child Top-Box Response Figures on the Global Ratings

Figure D-10
Rating of Health Plan



Rating of Health Plan

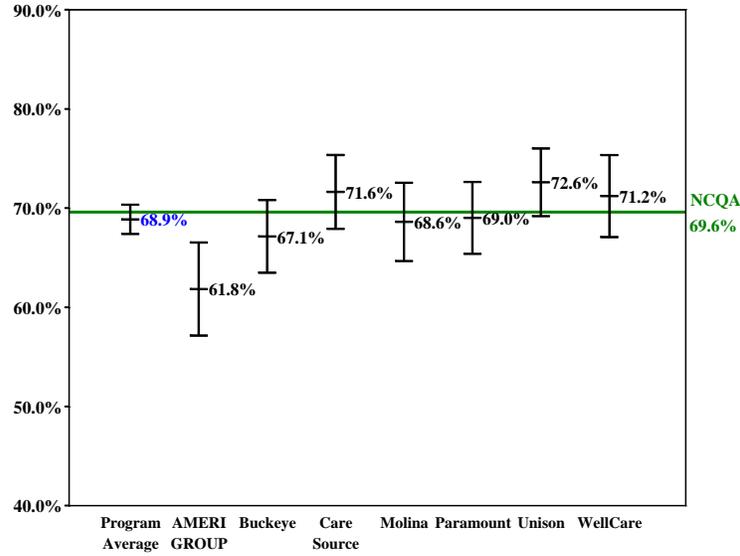
Figure D-11
Rating of All Health Care



Rating of All Health Care

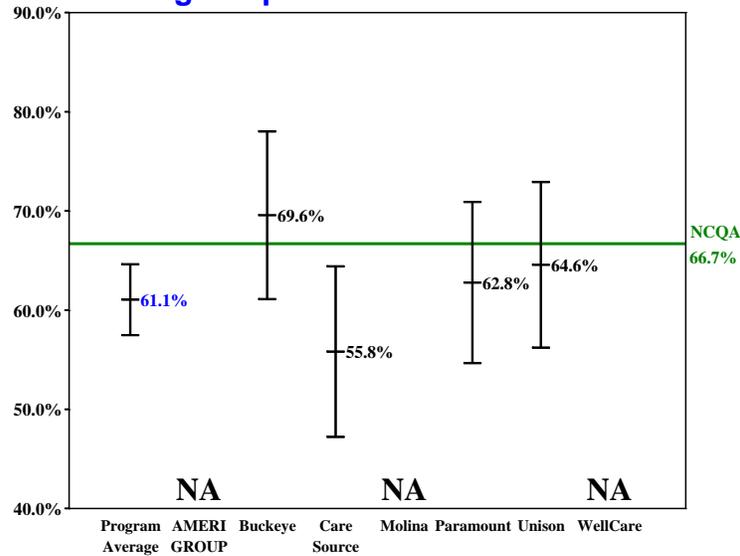
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-12
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-13
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

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

General Child Top-Box Response Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-10–D-13. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

For the general child population, six of the MCPs' and the program's top-box responses encompass the national average for two of the four global ratings. Neither the program nor the MCPs exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure D-10)

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

Rating of All Health Care (Figure D-11)

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

Rating of Personal Doctor (Figure D-12)

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

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

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

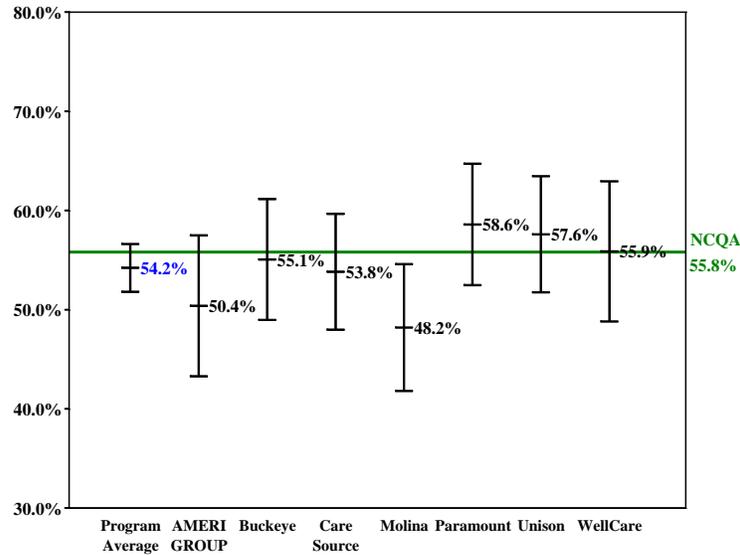
General Child Top-Box Responses on the Composite Measures

Figures D-14–D-18 on pages D-17–D-19 depict the 2009 top-box global proportions for the five composite scores for general child members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. A top-box response is defined as a response of “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites. For the Shared Decision Making composite, a top-box response is defined as a response of “Definitely Yes.” Additional information on the calculation of global proportions can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

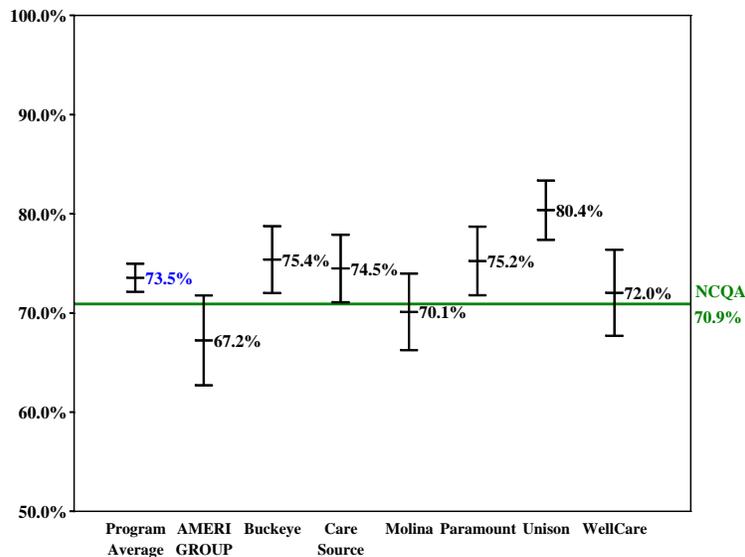
General Child Top-Box Response Figures on the Composite Measures

Figure D-14
Getting Needed Care



Getting Needed Care Composite

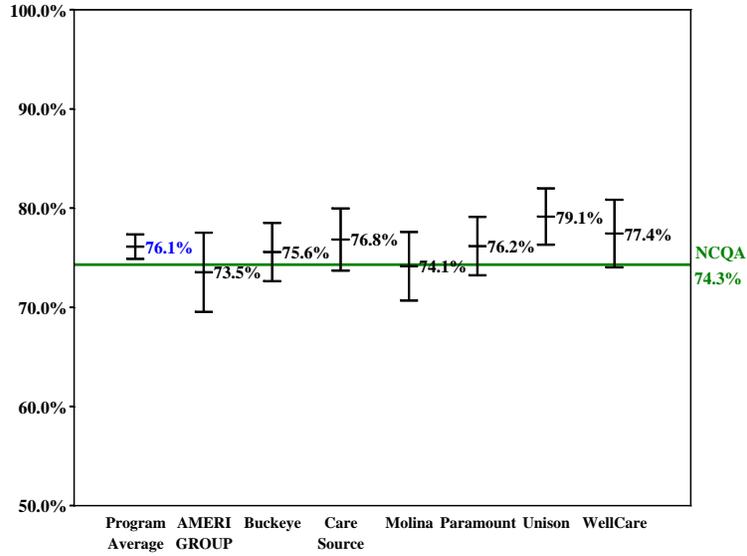
Figure D-15
Getting Care Quickly



Getting Care Quickly Composite

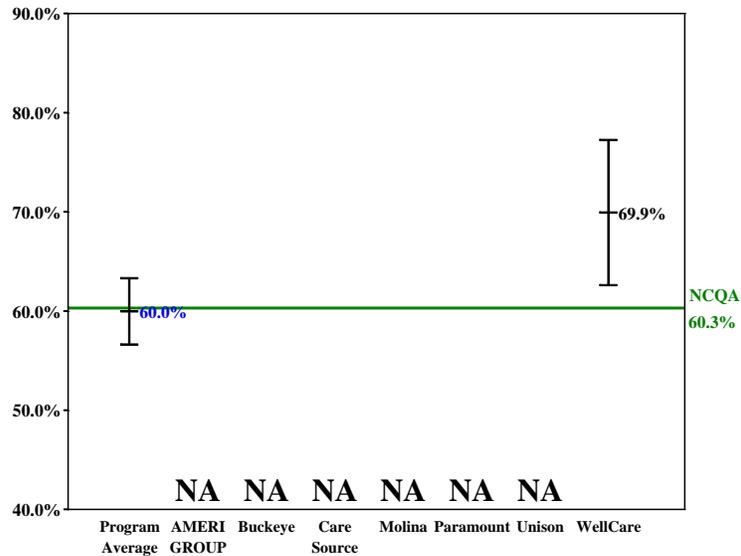
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-16
How Well Doctors Communicate



How Well Doctors Communicate Composite

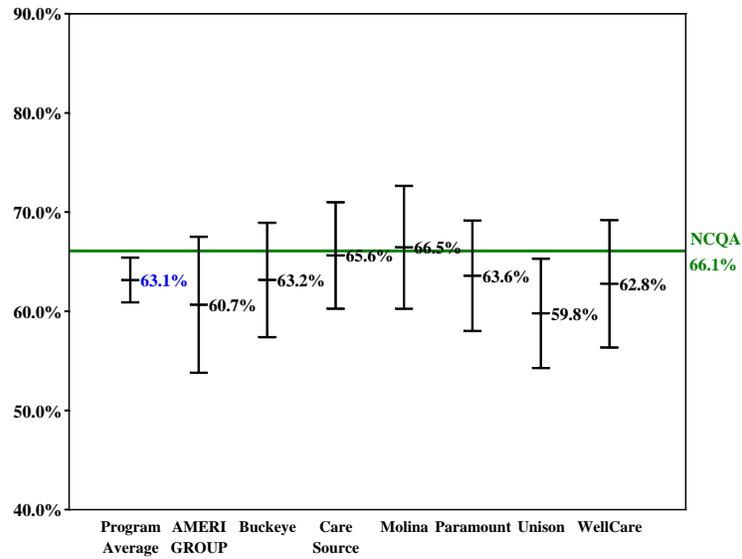
Figure D-17
Customer Service



Customer Service Composite

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

**Figure D-18
Shared Decision Making**



Shared Decision Making Composite

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

General Child Top-Box Response Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-14–D-18. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

For the general child population, all of the MCPs with reportable scores and the program's top-box responses encompass or exceed the national average on at least three of the five composite measures. The program's and all MCPs' top-box responses encompass or exceed the national average for Getting Care Quickly, How Well Doctors Communicate, and Customer Service.

Getting Needed Care (Figure D-14)

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

Getting Care Quickly (Figure D-15)

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

How Well Doctors Communicate (Figure D-16)

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

Customer Service (Figure D-17)

- The lower confidence limit for WellCare is above the NCQA average.
- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The results for AMERIGROUP, Buckeye, CareSource, Molina, Paramount, and Unison could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure D-18)

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

ADULT RESULTS

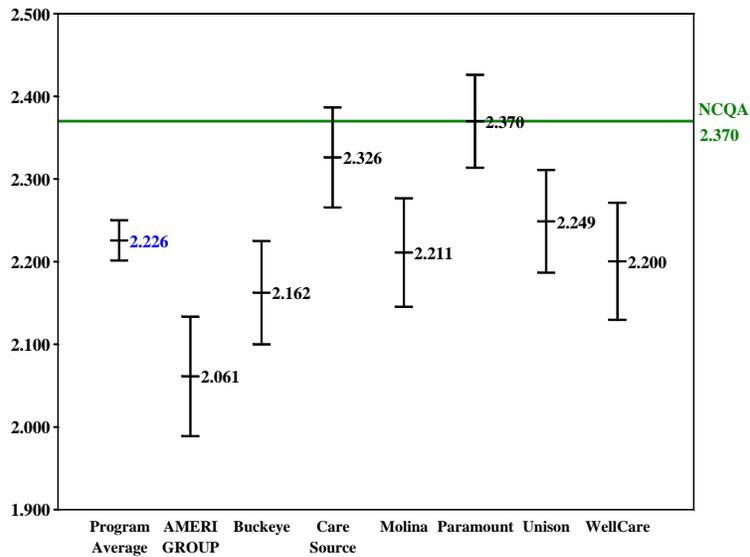
Adult Three-Point Means on the Global Ratings

Figures D-19–D-22 on pages D-23 and D-24 depict the 2009 results of the four global ratings for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

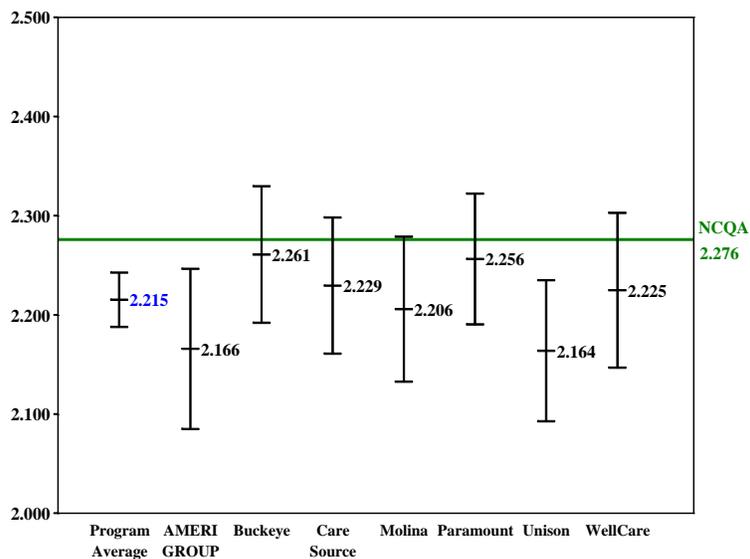
Adult Three-Point Mean Figures on the Global Ratings

Figure D-19
Rating of Health Plan



Rating of Health Plan

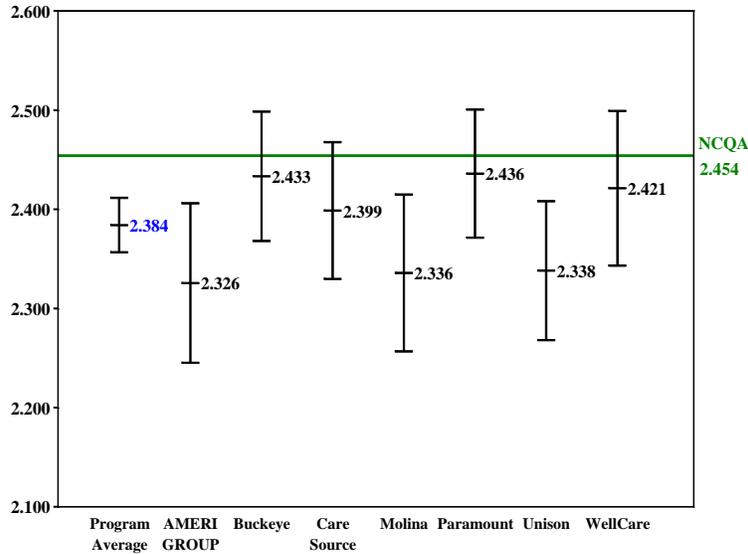
Figure D-20
Rating of All Health Care



Rating of All Health Care

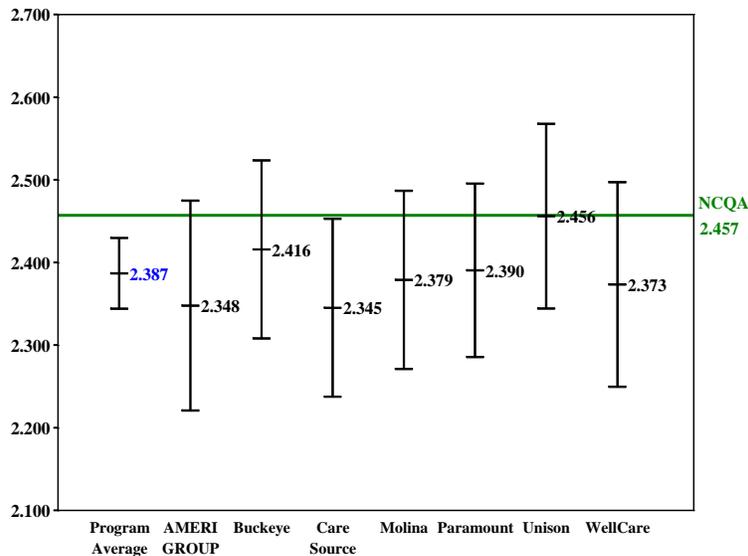
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-21
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-22
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

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

Adult Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-19–D-22. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

Neither the program’s nor the MCPs’ three-point means exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure D-19)

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

Rating of All Health Care (Figure D-20)

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

Rating of Personal Doctor (Figure D-21)

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

Rating of Specialist Seen Most Often (Figure D-22)

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

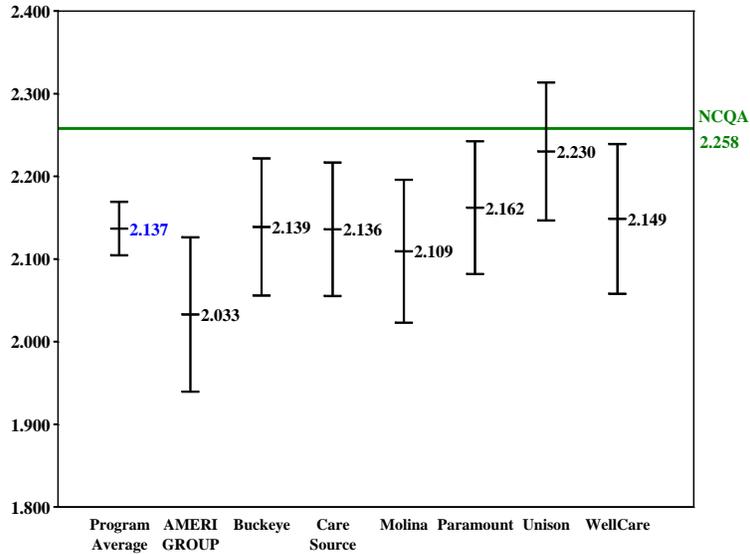
Adult Three-Point Means on the Composite Measures

Figures D-23–D-27 on pages D-27–D-29 depict the 2009 results of the five composite scores for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of “Always” are given a score of 3, responses of “Usually” are given a score of 2, and responses of “Sometimes/Never” are given a score of 1. For the Shared Decision Making composite, responses of “Definitely Yes” are given a score of 3, responses of “Somewhat Yes” are given a score of 2, and responses of “Somewhat No/Definitely No” are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

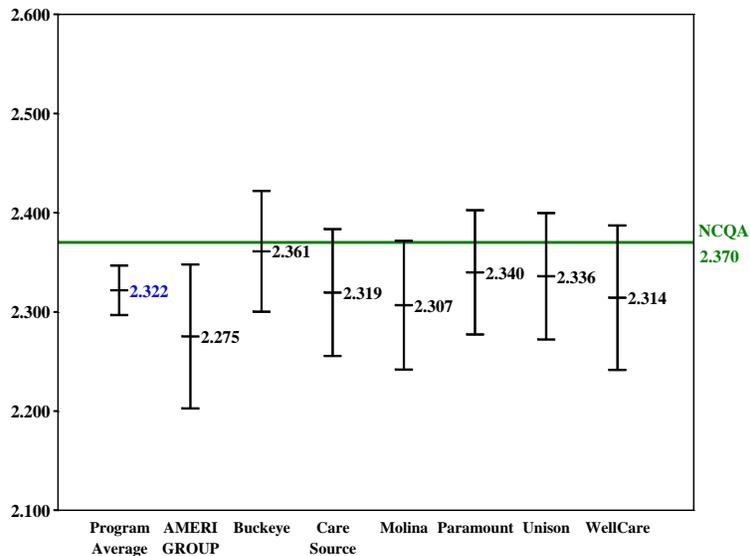
Adult Three-Point Mean Figures on the Composite Measures

**Figure D-23
Getting Needed Care**



Getting Needed Care Composite

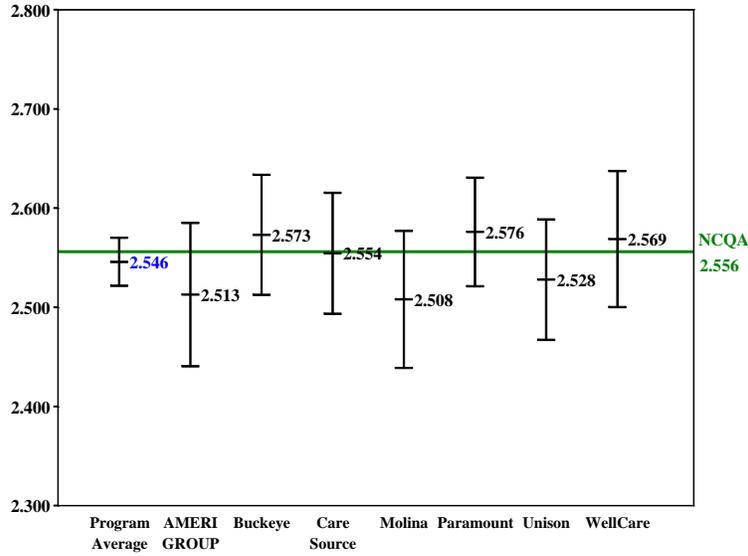
**Figure D-24
Getting Care Quickly**



Getting Care Quickly Composite

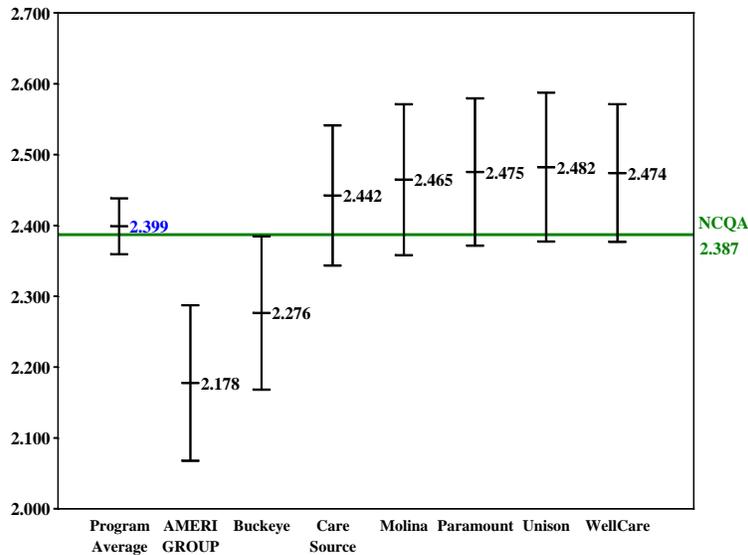
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

**Figure D-25
How Well Doctors Communicate**



How Well Doctors Communicate Composite

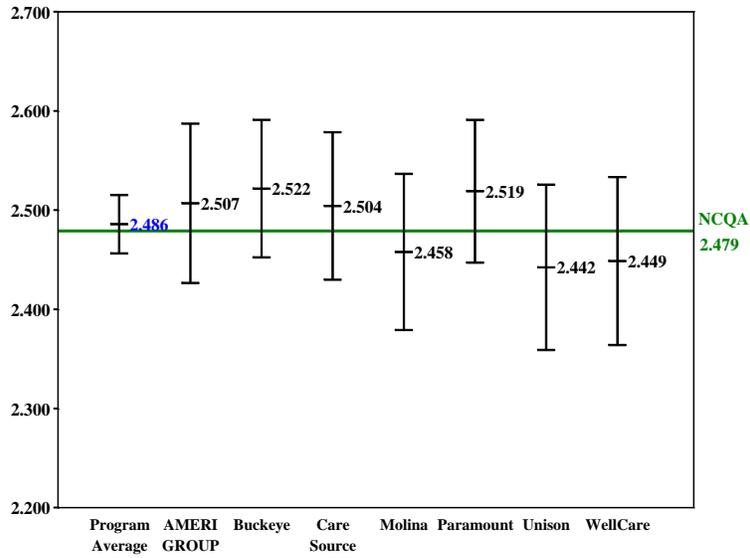
**Figure D-26
Customer Service**



Customer Service Composite

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

Figure D-27
Shared Decision Making



Shared Decision Making Composite

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

Adult Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-23–D-27. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2009 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2009 NCQA average.

For the adult population, all of the MCPs’ and the program’s three-point means encompass the national average for two of the five composite measures. The program and all of the MCPs encompass the NCQA average for the How Well Doctors Communicate and Shared Decision Making composites.

Getting Needed Care (Figure D-23)

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

Getting Care Quickly (Figure D-24)

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

How Well Doctors Communicate (Figure D-25)

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

Customer Service (Figure D-26)

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

Shared Decision Making (Figure D-27)

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

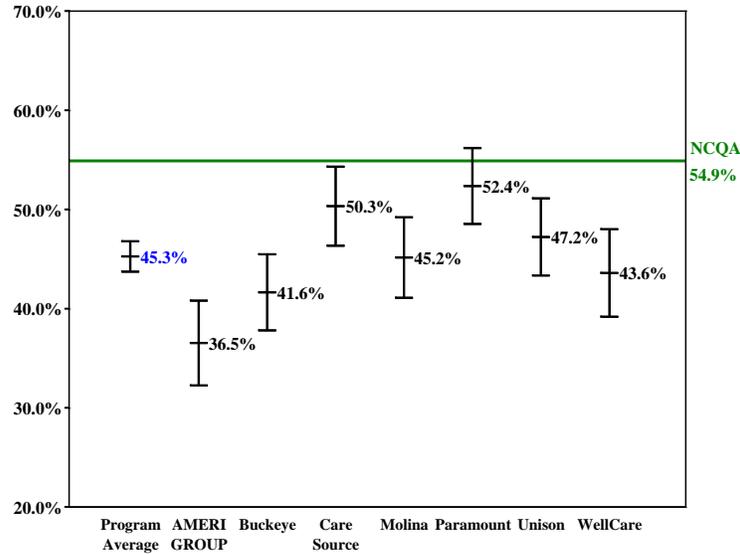
Adult Top-Box Responses on the Global Ratings

Figures D-28–D-31 on pages D-33 and D-34 depict the 2009 top-box question summary rates for the four global ratings for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. For the global ratings, a top-box response is defined as a response value of “9 or 10.” Additional information on the calculation of question summary rates can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

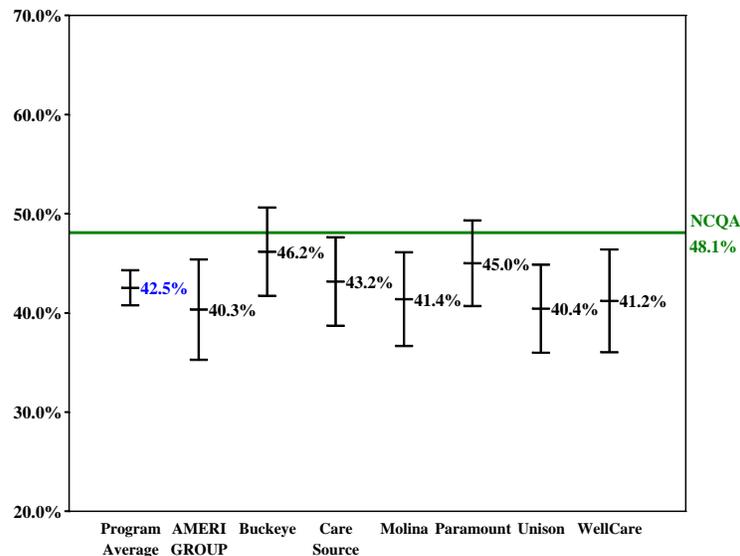
Adult Top-Box Response Figures on the Global Ratings

Figure D-28
Rating of Health Plan



Rating of Health Plan

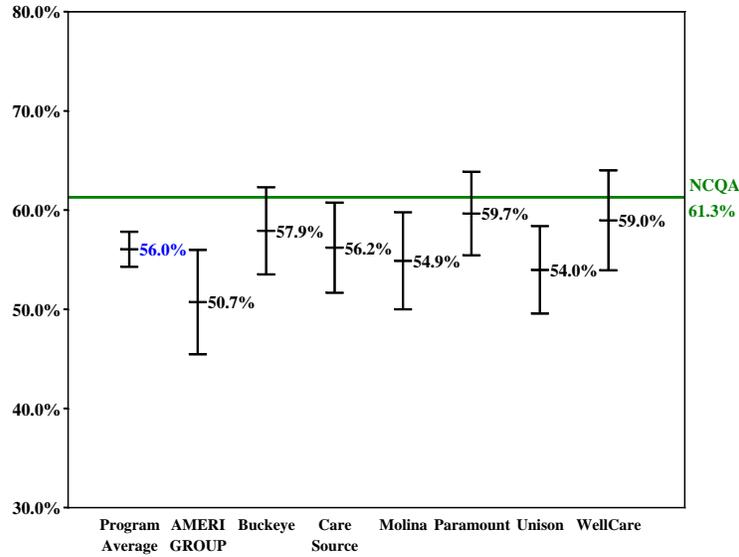
Figure D-29
Rating of All Health Care



Rating of All Health Care

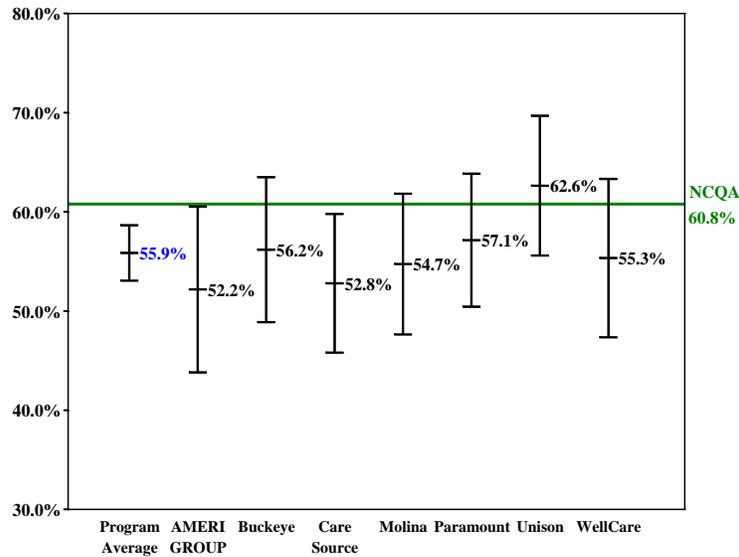
For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-30
Rating of Personal Doctor



Rating of Personal Doctor

Figure D-31
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

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

Adult Top-Box Response Discussion on the Global Ratings

The following is a summary of the results presented in Figures D-28–D-31. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

Neither the program’s nor the MCPs’ to-box responses exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure D-28)

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

Rating of All Health Care (Figure D-29)

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

Rating of Personal Doctor (Figure D-30)

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

Rating of Specialist Seen Most Often (Figure D-31)

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

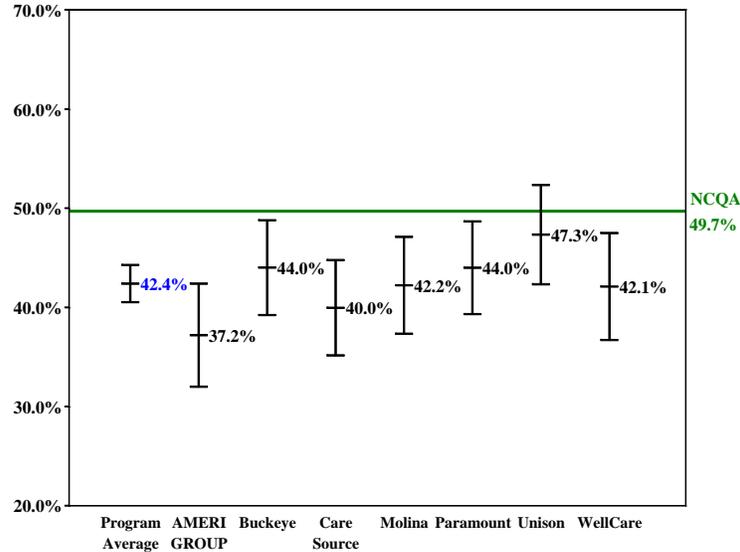
Adult Top-Box Responses on the Composite Measures

Figures D-32–D-36 on pages D-37–D-39 depict the 2009 top-box global proportions for the five composite scores for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. A top-box response is defined as a response of “Always” for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites. A top-box response is defined as a response of “Definitely Yes” for the Shared Decision Making composite. Additional information on the calculation of global proportions can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

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

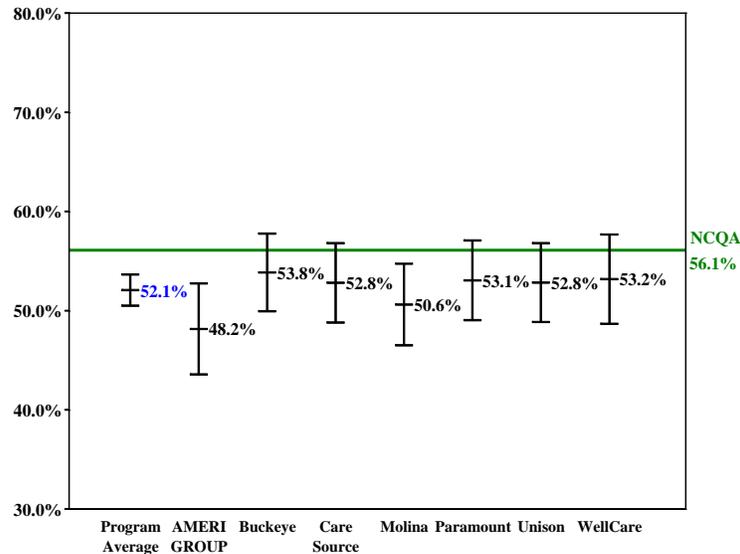
Adult Top-Box Response Figures on the Composite Measures

**Figure D-32
Getting Needed Care**



Getting Needed Care Composite

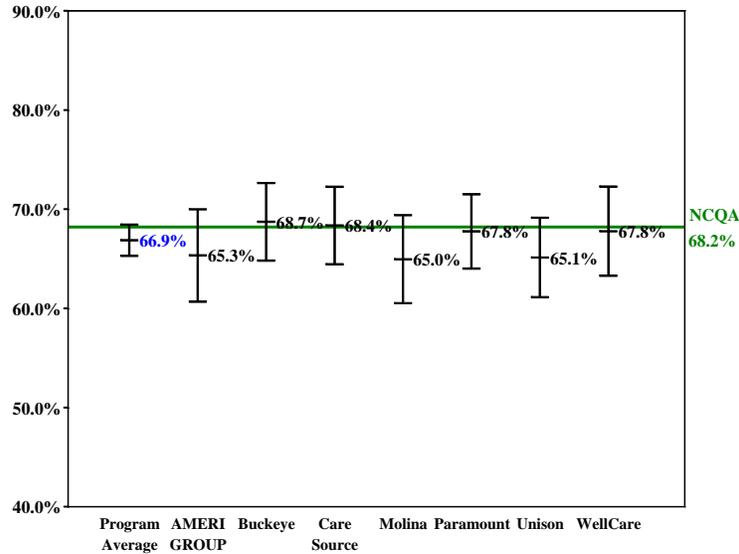
**Figure D-33
Getting Care Quickly**



Getting Care Quickly Composite

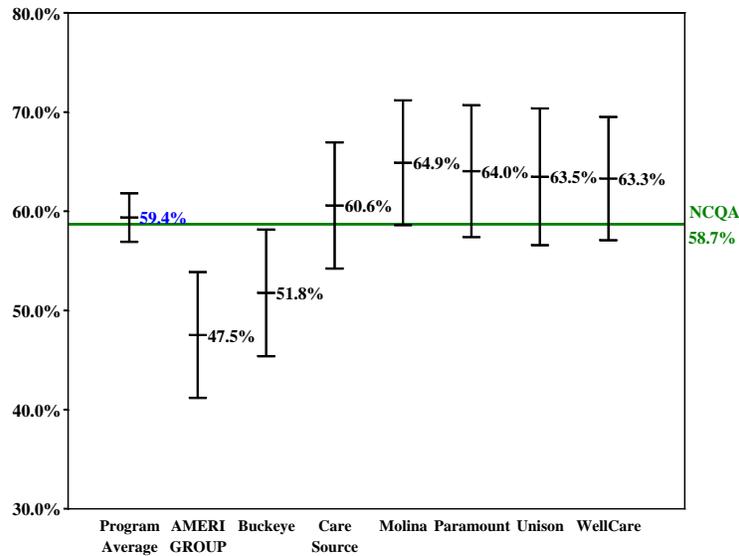
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA).

Figure D-34
How Well Doctors Communicate



How Well Doctors Communicate Composite

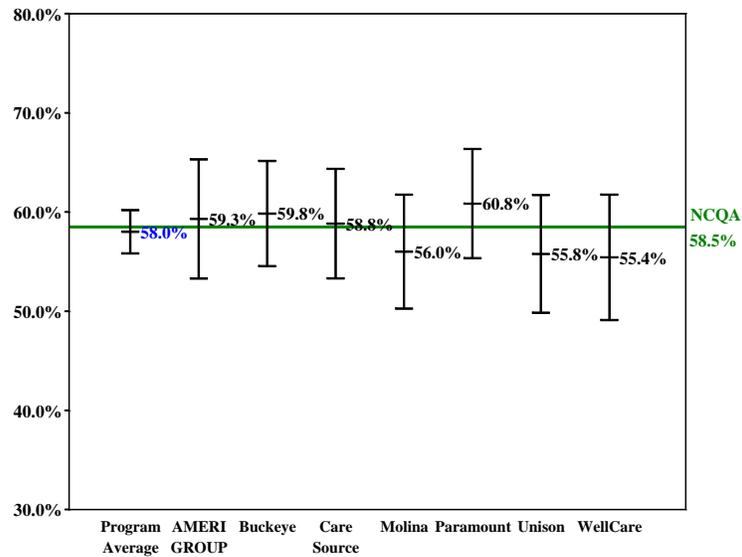
Figure D-35
Customer Service



Customer Service Composite

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

**Figure D-36
Shared Decision Making**



Shared Decision Making Composite

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

Adult Top-Box Response Discussion on the Composite Measures

The following is a summary of the results presented in Figures D-32–D-36. The discussion focuses on comparisons of the 2009 Ohio CFC Medicaid Managed Care Program and MCP results to the 2009 NCQA averages.

For the adult population, all of the MCPs' and the program's top-box responses encompass the national average for two of the five composites. The program's and all of the MCPs' top-box responses encompass the national average for How Well Doctors Communicate and Shared Decision Making.

Getting Needed Care (Figure D-32)

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

Getting Care Quickly (Figure D-33)

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

How Well Doctors Communicate (Figure D-34)

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

Customer Service (Figure D-35)

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

Shared Decision Making (Figure D-36)

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

GENERAL CHILD OVERALL MEMBER SATISFACTION RATINGS

Table D-1 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for general child members in Ohio's CFC Medicaid Managed Care Program and its seven participating MCPs.² Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2009 national child Medicaid data.³ A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page G-2.

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

³ The star assignments are determined by comparing the program's and the MCPs' three-point mean scores to the distribution of NCQA's 2009 national child Medicaid data. For additional information, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Table D-1 Overall Member Satisfaction Ratings on the Global Ratings and Composite Scores Ohio General Child Medicaid Managed Care Population								
	OHIO'S CFC MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNISON	WELLCARE
GLOBAL RATINGS								
Rating of Health Plan	★	★	★	★★	★	★★	★★	★
Rating of All Health Care	★★★★	★	★★★★	★★★★★	★★	★★★★★	★★★★★	★★★★
Rating of Personal Doctor	★★★★	★	★★★★	★★★★★	★★	★★★★	★★★★★	★★★★★
Rating of Specialist Seen Most Often	★	NA	★★★★★	★	NA	★★	★★	NA
COMPOSITE SCORES								
Getting Needed Care	★★	★★	★★	★★★★	★	★★★★★	★★★★	★★★★
Getting Care Quickly	★★★★★	★★	★★★★★	★★★★★	★★★★	★★★★★	★★★★★	★★★★
How Well Doctors Communicate	★★★★	★★	★★★★★	★★★★★	★★	★★★★	★★★★★	★★★★★
Customer Service	★★★★	NA	NA	NA	NA	NA	NA	★★★★★
Shared Decision Making	★★	★	★★	★★★★	★★★★	★★★★	★★	★★
What quintiles do the stars represent?								
80 th or Above	60 th - 79 th	40 th - 59 th	20 th - 39 th	Below 20 th	Not Applicable			
★★★★★	★★★★★	★★★★	★★	★	NA			
Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).								

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

OHIO'S CFC MEDICAID MANAGED CARE PROGRAM—GENERAL CHILD

Four- or Five-Star Ratings

- Getting Care Quickly

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Getting Needed Care
- Shared Decision Making

AMERIGROUP

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

BUCKEYE

Four- or Five-Star Ratings

- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate

One- or Two-Star Ratings

- Rating of Health Plan
- Getting Needed Care
- Shared Decision Making

CARESOURCE

Four- or Five-Star Ratings

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

One- or Two-Star Ratings

- Rating of Specialist Seen Most Often
- Rating of Health Plan

MOLINA

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

PARAMOUNT

Four- or Five-Star Ratings

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

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of Specialist Seen Most Often

UNISON

Four- or Five-Star Ratings

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

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Shared Decision Making

WELLCARE

Four- or Five-Star Ratings

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

One- or Two-Star Ratings

- Rating of Health Plan
- Shared Decision Making

ADULT OVERALL MEMBER SATISFACTION RATINGS

Table D-2 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for adult members in Ohio's CFC Medicaid Managed Care Program and its seven participating MCPs. Overall member satisfaction is depicted using a one- to five-star rating system. The star assignments are based on NCQA's 2009 Benchmarks and Thresholds, except for the Shared Decision Making composite.^{4,5} NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments are based on NCQA's 2009 National Adult Medicaid data.^{6,7} A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page G-2.

⁴ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009*. Washington, DC: NCQA.

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

⁶ NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

⁷ The star assignments for the Shared Decision Making composite are determined by comparing the program's and the MCPs' **three-point mean scores** to the distribution of NCQA's 2009 National Adult Medicaid data. For additional information, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

**Table D-2
Overall Member Satisfaction Ratings on the
Global Ratings and Composite Scores
Ohio Adult Medicaid Managed Care Population**

	OHIO'S CFC MEDICAID MANAGED CARE PROGRAM	AMERI- GROUP	BUCKEYE	CARESOURCE	MOLINA	PARAMOUNT	UNISON	WELLCARE
GLOBAL RATINGS								
Rating of Health Plan	★	★	★	★★★★	★	★★★★	★★	★
Rating of All Health Care	★★	★	★★★★	★★	★★	★★★★	★	★★
Rating of Personal Doctor	★★	★	★★★★	★★	★	★★★★	★	★★★★
Rating of Specialist Seen Most Often	★	★	★★	★	★	★★	★★★★	★
COMPOSITE SCORES								
Getting Needed Care	★★	★	★★	★★	★★	★★	★★	★★
Getting Care Quickly	★★	★★	★★★★	★★	★★	★★	★★	★★
How Well Doctors Communicate	★★★★	★★	★★★★	★★★★	★★	★★★★	★★	★★★★
Customer Service	★★★★	★	★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Shared Decision Making	★★★★	★★★★	★★★★★	★★★★	★★	★★★★	★★	★★
<i>What percentiles do the stars represent?</i>								
90 th or Above ★★★★★	75 th - 89 th ★★★★	50 th - 74 th ★★★★	25 th - 49 th ★★	Below 25 th ★	Not Applicable NA			
<i>Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).</i>								

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

OHIO'S CFC MEDICAID MANAGED CARE PROGRAM—ADULT

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

AMERIGROUP

Four- or Five-Star Ratings

- None

One- or Two-Star Ratings

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

BUCKEYE

Four- or Five-Star Ratings

- Shared Decision Making

One- or Two-Star Ratings

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

CARESOURCE

Four- or Five-Star Ratings

- Customer Service

One- or Two-Star Ratings

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

MOLINA

Four- or Five-Star Ratings

- Customer Service

One- or Two-Star Ratings

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Shared Decision Making

PARAMOUNT

Four- or Five-Star Ratings

- Customer Service

One- or Two-Star Ratings

- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

UNISON

Four- or Five-Star Ratings

- Customer Service

One- or Two-Star Ratings

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Health Plan
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Shared Decision Making

WELLCARE

Four- or Five-Star Ratings

- Customer Service

One- or Two-Star Ratings

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

Ohio Comparisons

This Ohio Comparisons section presents 2008 and 2009 CAHPS results based on ODJFS' analytic methodology, which uses AHRQ's analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio.¹ This section presents weighted and case-mix-adjusted results for all adult and general child members completing a CAHPS Health Plan Survey.² Results for Ohio's CFC Medicaid Managed Care Program were weighted based on the number of respondents per population (adult or general child) per MCP. Results for each MCP were weighted based on the number of respondents per population (adult or general child). According to AHRQ's recommendations, results were also case-mix adjusted for reported member health status, respondent educational level, and respondent age.³ Additional information on the case-mix adjustment and weighting can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported.⁴ In 2008, Ohio's CFC Medicaid Managed Care Program had 2,804 completed adult surveys and 3,658 completed general child surveys from seven participating MCPs. These 6,462 surveys were combined to calculate the 2008 CAHPS results presented in this section for trending purposes.⁵ In 2009, Ohio's CFC Medicaid Managed Care Program had 4,411 completed adult surveys (37.1 percent response rate) and 4,738 completed general child surveys (42.1 percent response rate) from seven participating MCPs. These 9,149 surveys (39.5 percent response rate) were combined 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.⁶ 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

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

² Child members in the CCC supplemental sample (those additional members sampled after the random CAHPS 4.0H child sample that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in Ohio's CFC Medicaid Managed Care Program CCC Report.

³ 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.

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

⁵ For detailed information on the 2008 Ohio CFC Medicaid Managed Care Program CAHPS Analysis, please refer to the Ohio Comparisons section in the 2008 Full Report.

⁶ Three-point means presented in this section will likely differ from the three-point means presented in the NCQA Comparisons section due to the use of dissimilar methodologies in the two sections.

“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.

For each CCC composite measure or composite item, a one-point or a three-point overall mean was calculated.^{7,8} 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 Comparisons section presents two different types of analyses. The first type of analysis involved a comparison of each MCP’s 2009 score to Ohio’s CFC Medicaid Managed Care Program 2009 average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower than the program on each measure. The second type of analysis presented in this section involved a comparison of each MCP’s and the program’s 2009 scores to its 2008 scores, if applicable. This trending analysis identified those that performed statistically higher, the same, or lower in 2009 than they did in 2008.

⁷ 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.

⁸ The CCC composite measures and CCC composite items are only included in the CAHPS 4.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the CAHPS 4.0H child sample) and CCC members completed the CAHPS 4.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC composite items. The Ohio Comparisons section only presents the results for the general child members to the CCC composites and CCC composite items.

COMPARATIVE ANALYSIS

MCP-level weighted and case-mix-adjusted mean scores in 2009 for the global ratings, composite measures, composite items, individual item measures, questions within the areas of interest, CCC composite measures, and CCC composite items were compared to Ohio's CFC Medicaid Managed Care Program (program average) mean scores in 2009 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁹ Each of the response category percentages and the overall means were compared for statistically significant differences. The program average used in the tests for statistical significance was different from the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix-adjusted, while the program average used in the tests for statistical significance was the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of the means). For additional information on these tests for statistical significance, please see Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between the 2009 MCP-level mean scores and the 2009 program average are noted with arrows. MCP-level scores that were statistically higher than the program average are noted with upward (↑) arrows.¹⁰ MCP-level scores that were statistically lower than the program average are noted with downward (↓) arrows. MCP-level scores that were not statistically different from the program average are not noted with arrows. In some instances, the mean scores for two MCPs were the same, but one was statistically different from the program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCP with a larger number of respondents.

TRENDING ANALYSIS

Where applicable, weighted and case-mix-adjusted mean scores in 2009 were compared to the weighted and case-mix-adjusted mean scores in 2008 to determine whether there were statistically significant differences between mean scores in 2009 and mean scores in 2008. For each MCP and the program, its 2009 mean scores were compared to its 2008 mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. For additional information on the tests for statistical significance used in these trend comparisons, please see Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁹ The term "mean scores" refers to the overall means and the response category percentages.

¹⁰ Please note, statistically significant differences between 2008 MCP-level mean scores and the 2008 program average are not included in this report. To obtain the 2008 comparative analysis results, please refer to the Ohio Comparisons section in the 2008 Full Report.

Statistically significant differences between mean scores in 2009 and mean scores in 2008 for each MCP and the program average are noted with directional triangles. Scores that were statistically higher in 2009 than in 2008 are noted with upward (▲) triangles. Scores that were statistically lower in 2009 than in 2008 are noted with downward (▼) triangles. Scores in 2009 that were not statistically different from scores in 2008 are not noted with triangles. A detailed description of how to read the figures within the Ohio Comparisons section can be found in the Reader's Guide (Section G).

GLOBAL RATINGS

Rating of Health Plan

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

Comparative Analysis

Overall, there were 11 *statistically significant* differences observed for this measure.

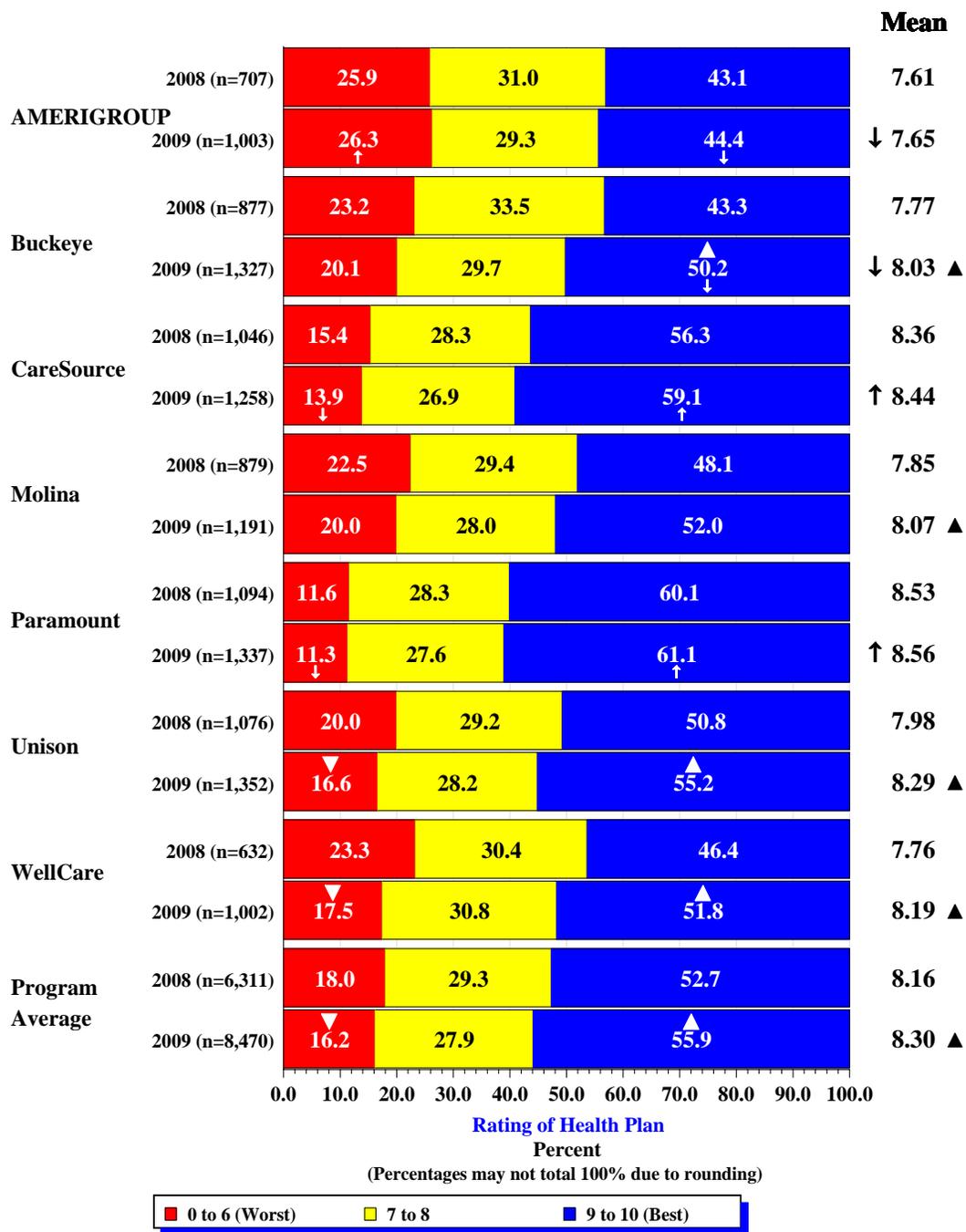
- CareSource's and Paramount's overall means were significantly higher than the program average. The percentage of their respondents who gave a response of 0 to 6 was significantly lower than the program average, whereas the percentage of their respondents who gave a response of 9 to 10 was significantly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

Trending Analysis

Overall, there were 12 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Unison's, WellCare's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of 0 to 6 was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.
- Buckeye's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Buckeye's respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.
- Molina's overall mean was significantly higher in 2009 than in 2008.

Figure E-1
Rating of Health Plan



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

Rating of All Health Care

Ohio's CFC Medicaid Managed Care Program members were asked to rate all their 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 question on a member's overall rating of his or her health care, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure E-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

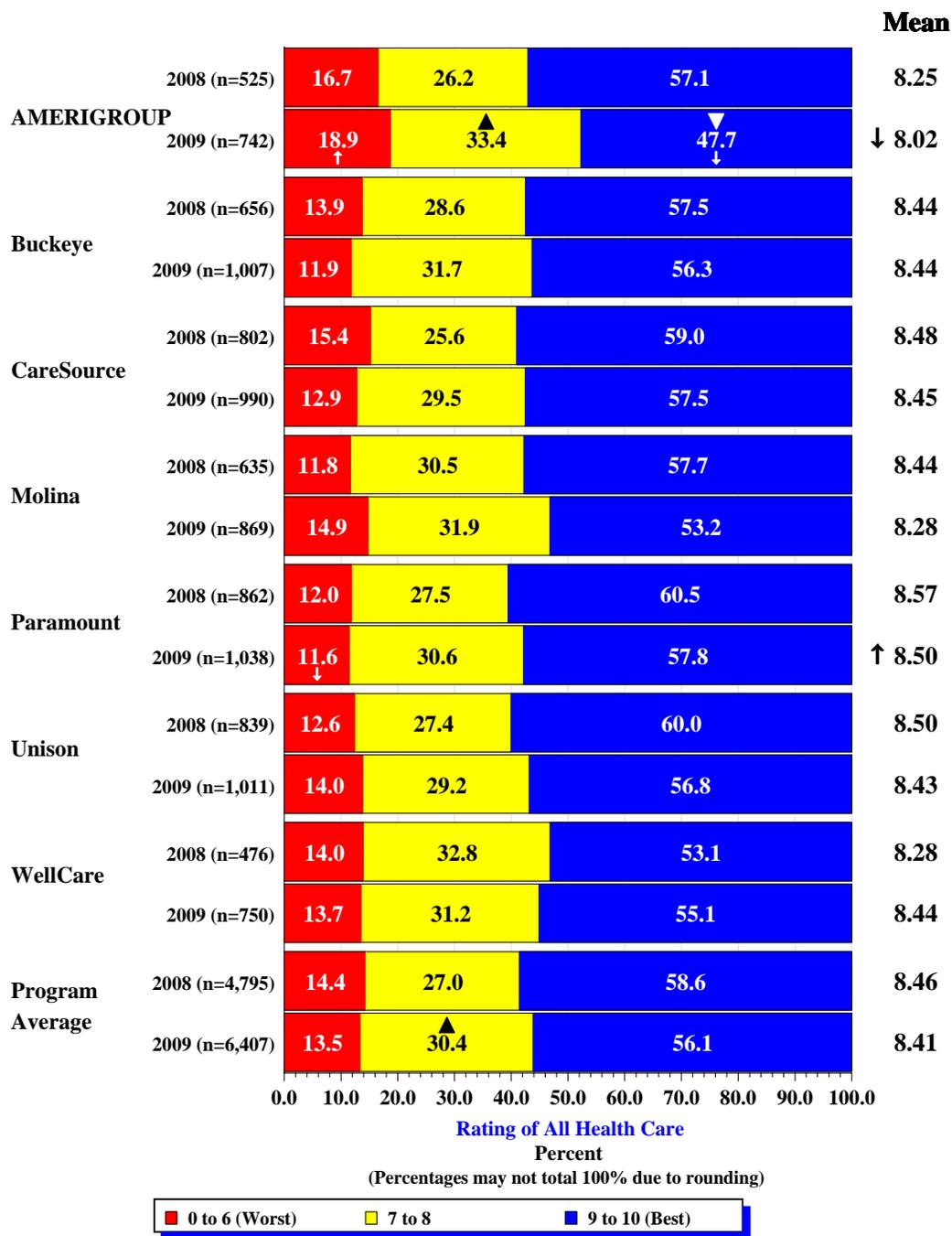
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly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

Trending Analysis

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

- The percentage of AMERIGROUP's respondents who gave a response of 7 to 8 was significantly higher in 2009 than in 2008, whereas the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly lower in 2009 than in 2008.
- The percentage of the program's respondents who gave a response of 7 to 8 was significantly higher in 2009 than in 2008.

Figure E-2
Rating of All Health Care



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

Rating of Personal Doctor

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

Comparative Analysis

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

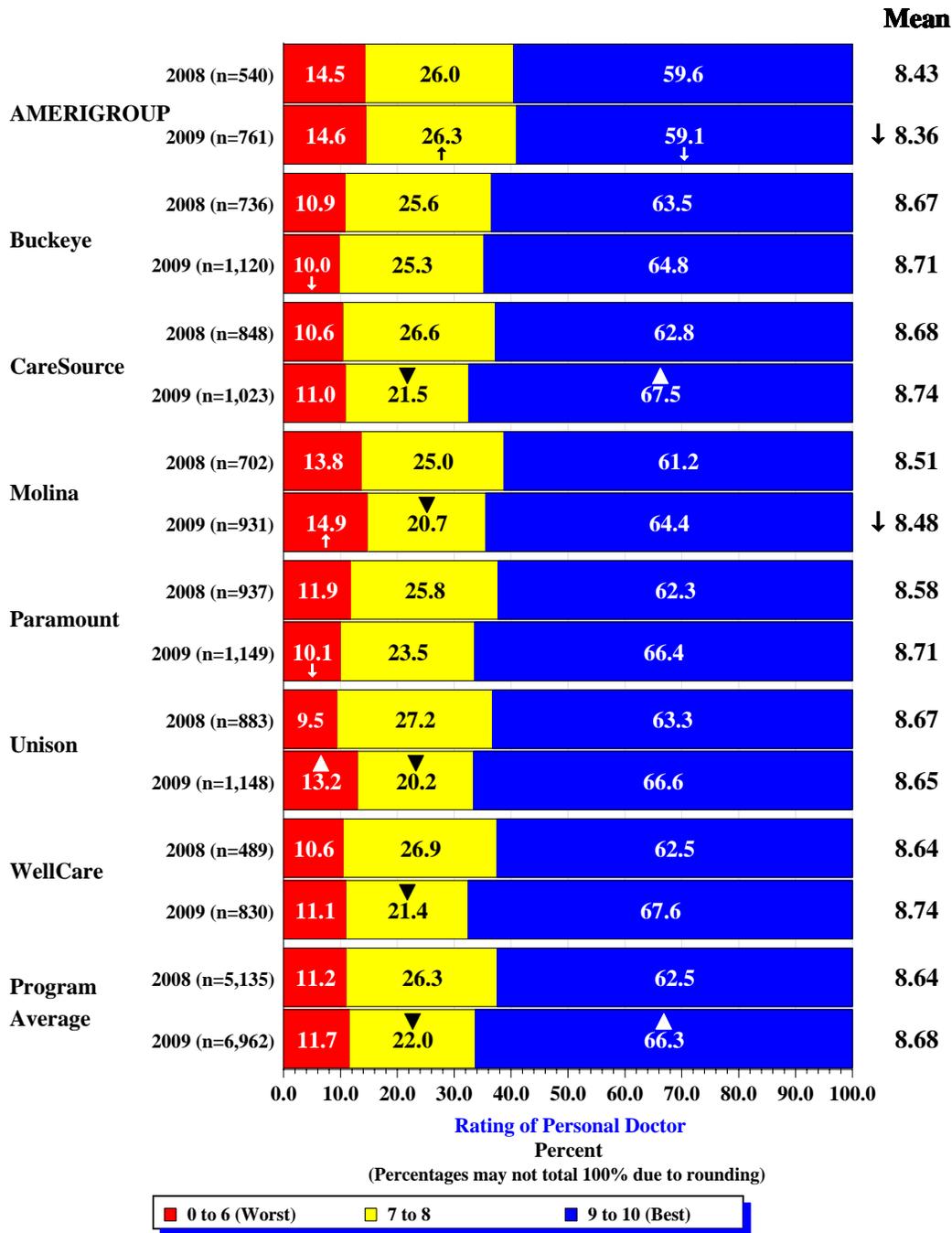
- The percentage of Buckeye's and Paramount's respondents who gave a response of 0 to 6 was significantly lower than the program average.
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 7 to 8 was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly lower than the program average.
- Molina's overall mean was significantly lower than the program average. The percentage of Molina's respondents who gave a response of 0 to 6 was significantly higher than the program average.

Trending Analysis

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

- The percentage of CareSource's and the program's respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008, whereas the percentage of CareSource's and the program's respondents who gave a response of 9 to 10 was significantly higher in 2009 than in 2008.
- The percentage of Molina's and WellCare's respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of 0 to 6 was significantly higher in 2009 than in 2008, whereas the percentage of Unison's respondents who gave a response of 7 to 8 was significantly lower in 2009 than in 2008.

Figure E-3
Rating of Personal Doctor



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

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

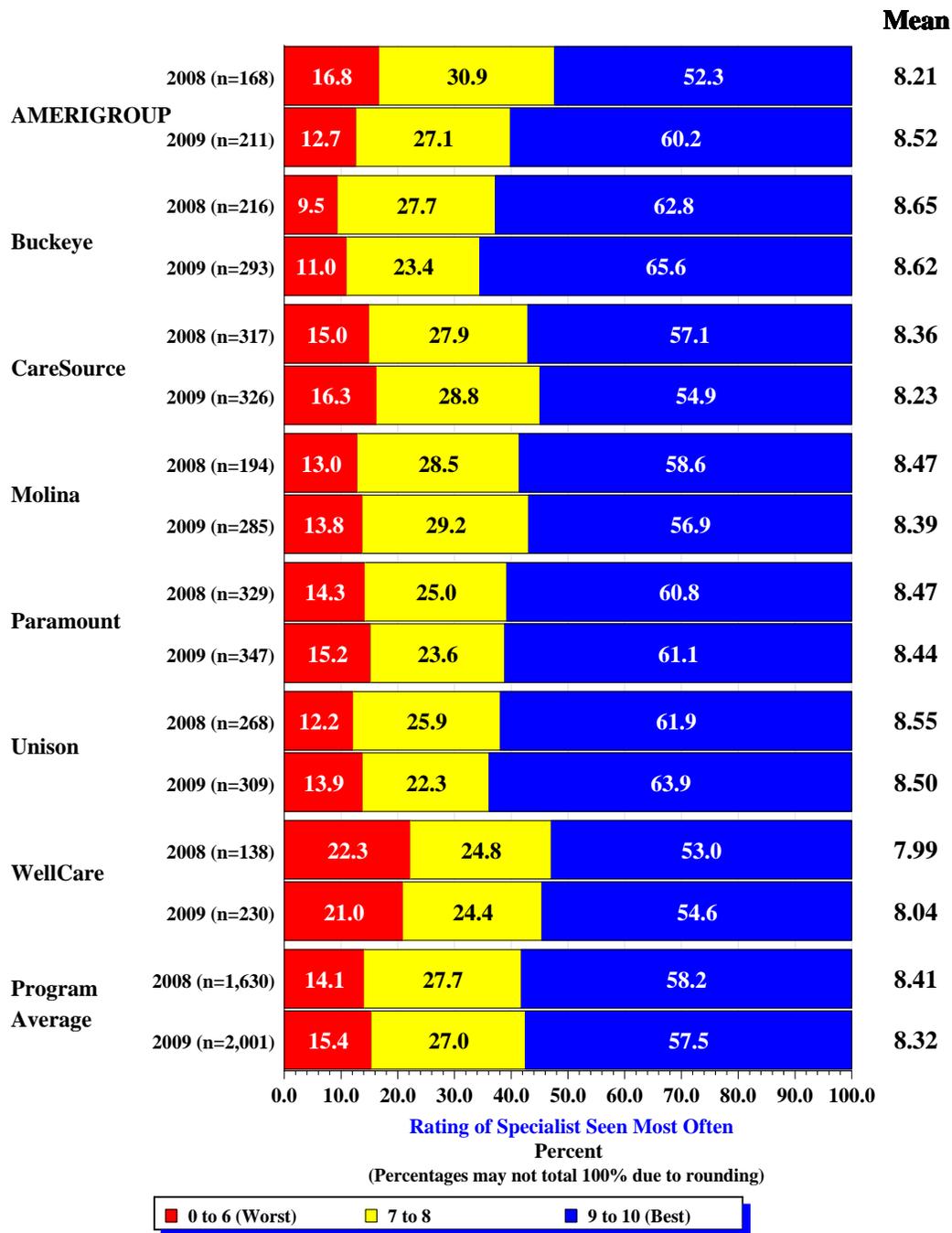
Comparative Analysis

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

Trending Analysis

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

Figure E-4
Rating of Specialist Seen Most Often



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

COMPOSITE MEASURES AND COMPOSITE ITEMS

Getting Needed Care

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Getting Needed Care composite measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

A series of two questions was asked to assess how often it was easy to get needed care. For each of these questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey and 44 and 48 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."

Adult and Child Medicaid

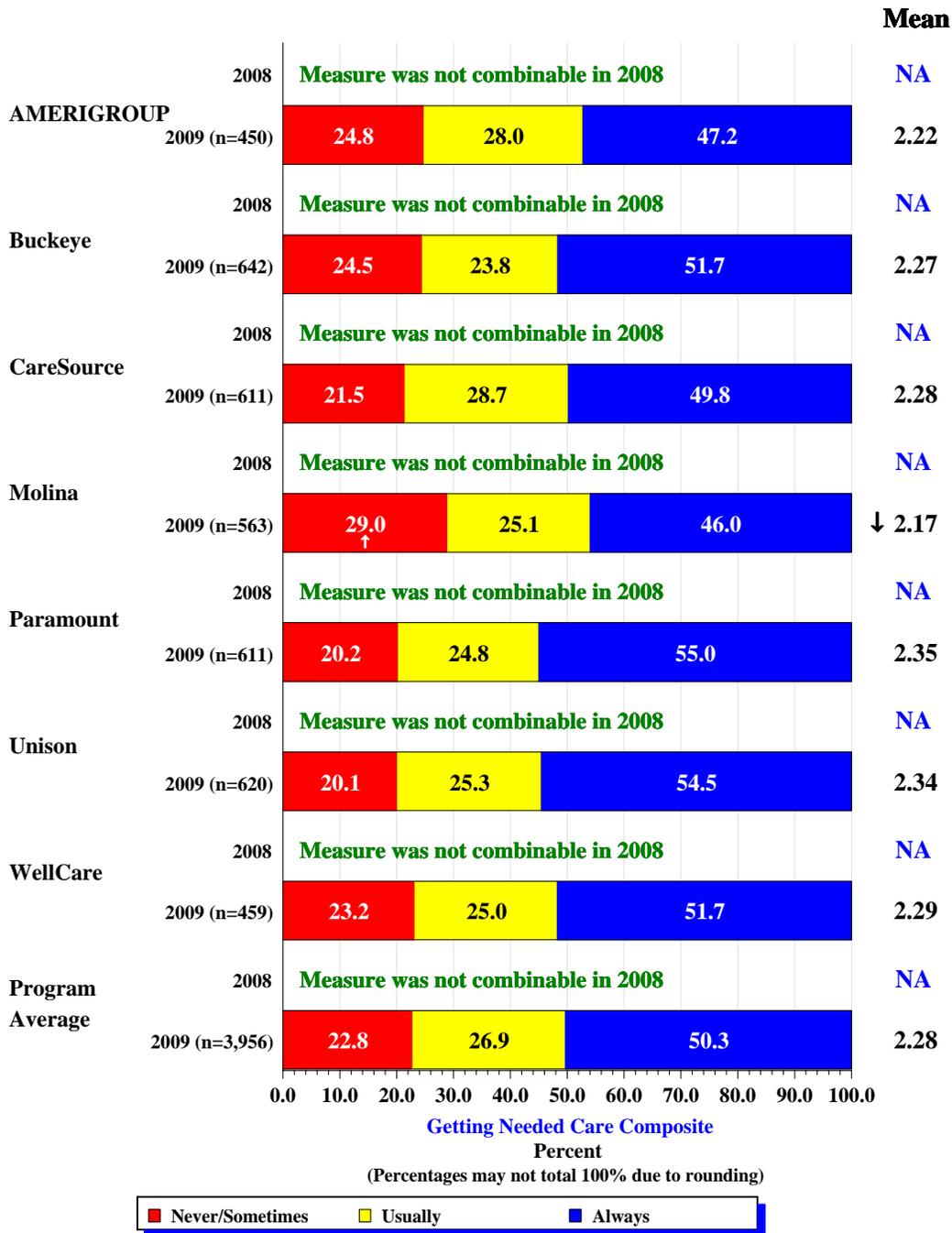
Figure E-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs in 2009. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-5
Getting Needed Care Composite



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

Adult Medicaid

Figure E-6 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs in 2009.

Comparative Analysis

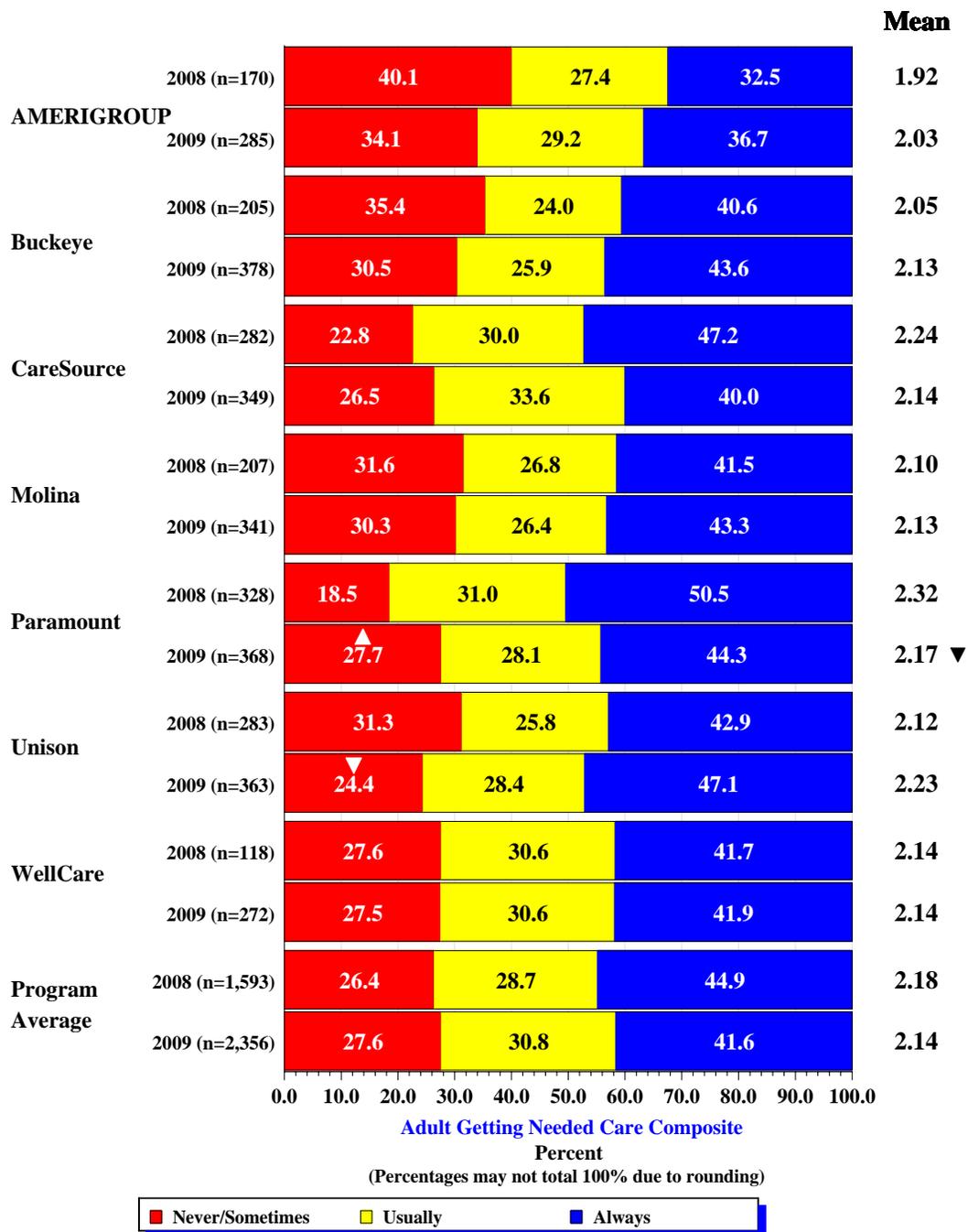
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- Paramount's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008.

Figure E-6
Adult Getting Needed Care Composite



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

Getting Needed Care: Seeing a Specialist

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Getting Needed Care: Seeing a Specialist measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 23 in the CAHPS Adult Medicaid Health Plan Survey and Question 44 in the CAHPS Child Medicaid Health Plan Survey asked how often it was easy for members to get appointments with a specialist.

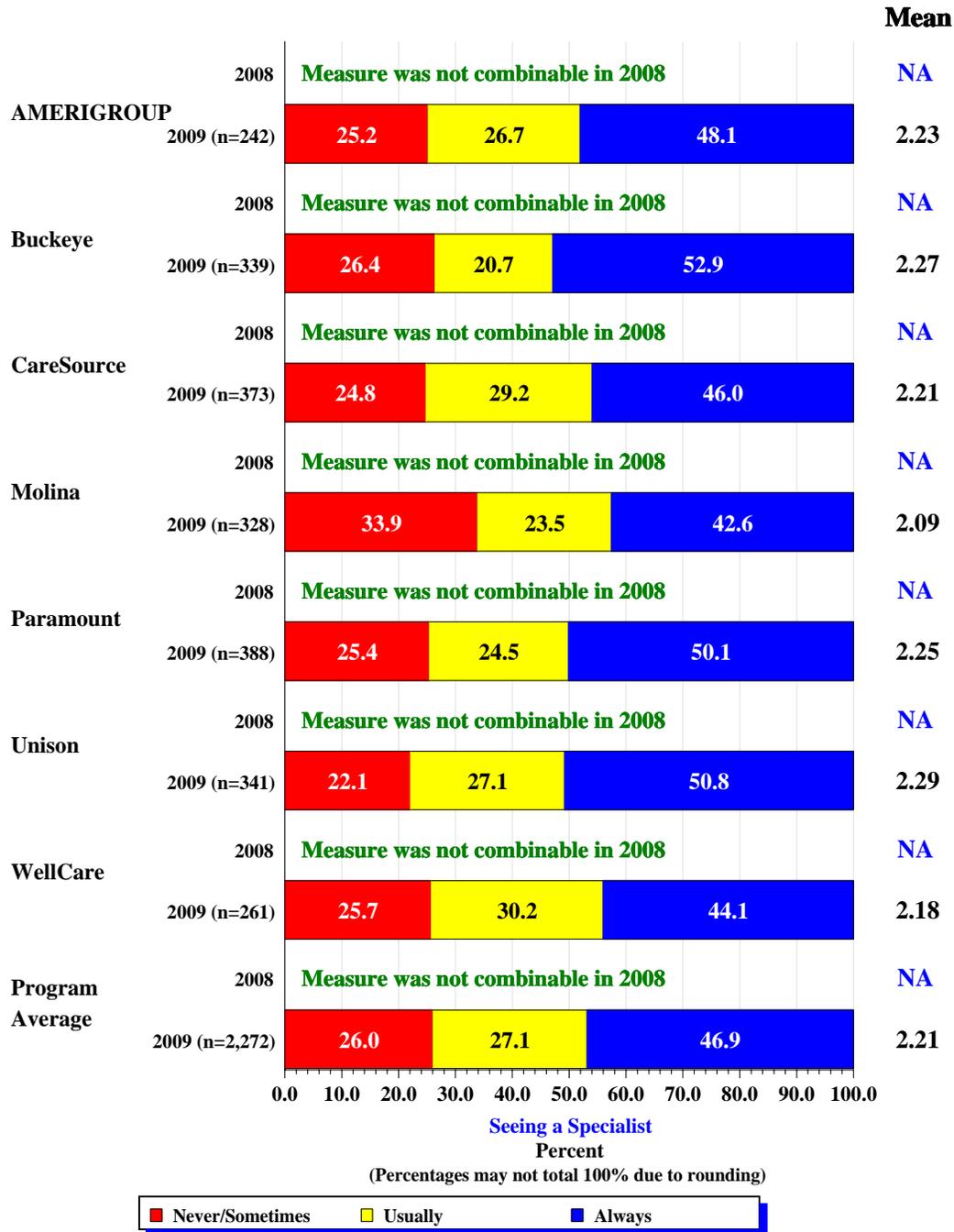
Adult and Child Medicaid

Figure E-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-7
Getting Needed Care Composite:
Seeing a Specialist



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

Adult Medicaid

Figure E-8 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

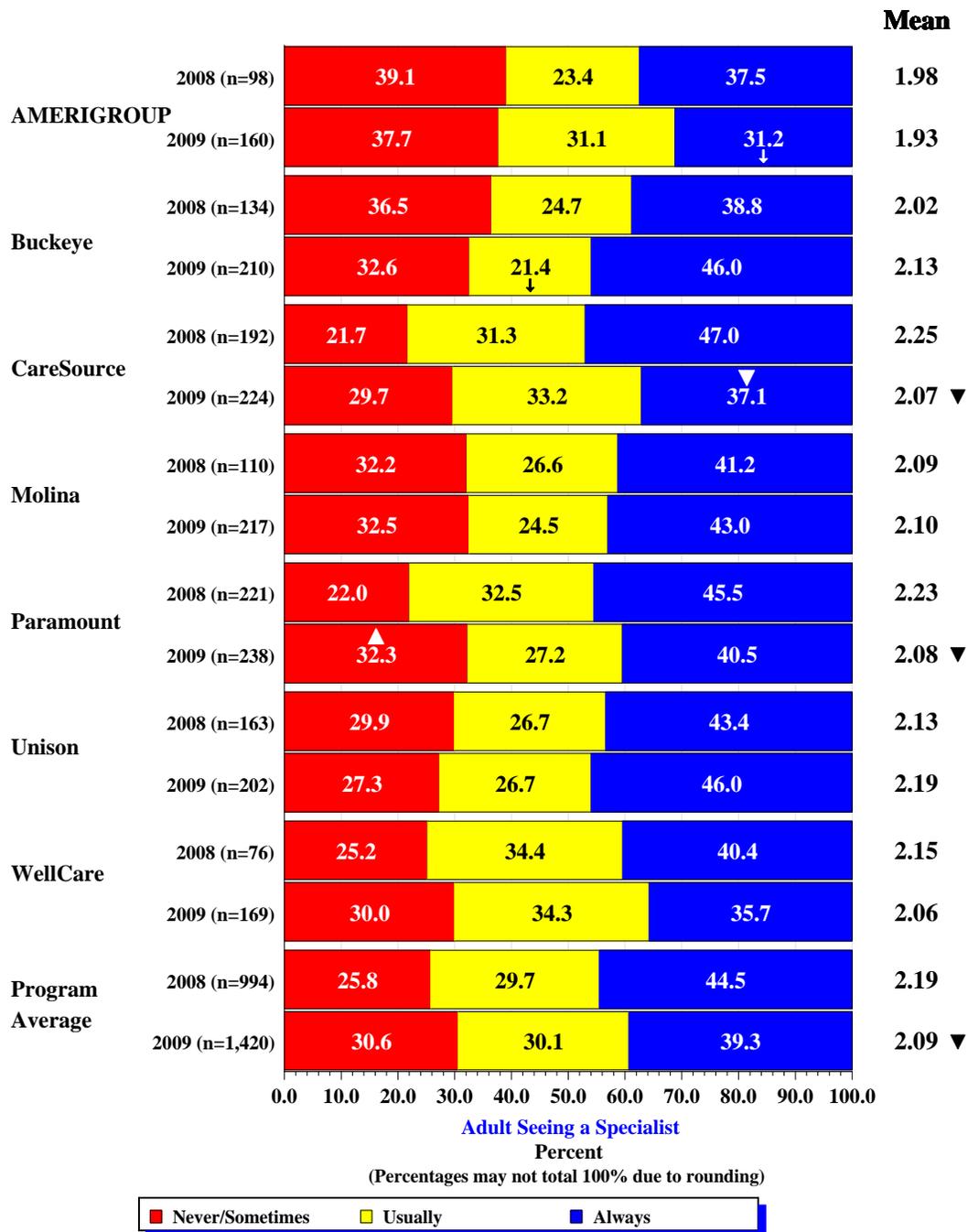
- The percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- The percentage of Buckeye's respondents who gave a response of Usually was significantly lower than the program average.

Trending Analysis

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

- CareSource's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of CareSource's respondents who gave a response of Always was significantly lower in 2009 than in 2008.
- Paramount's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008.
- The program's overall mean was significantly lower in 2009 than in 2008.

Figure E-8
Getting Needed Care Composite:
Adult Seeing a Specialist



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

Getting Needed Care: Getting Care Believed Necessary

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Getting Needed Care: Getting Care Believed Necessary measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 27 in the CAHPS Adult Medicaid Health Plan Survey and Question 48 in the CAHPS Child Medicaid Health Plan Survey asked how often it was easy for members to get the care, tests, or treatment they thought they needed through their health plan.

Adult and Child Medicaid

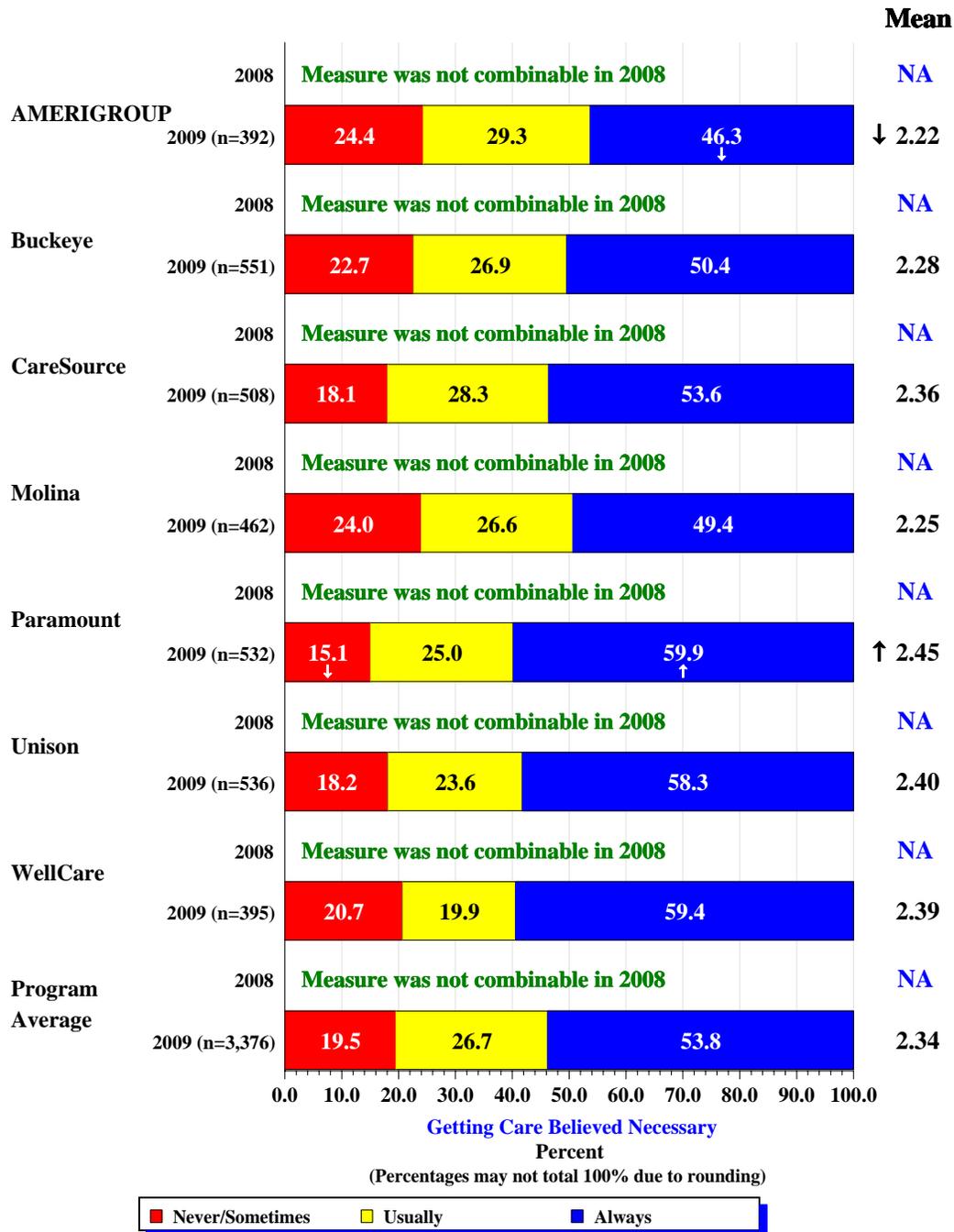
Figure E-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-9
Getting Needed Care Composite:
Getting Care Believed Necessary



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

Adult Medicaid

Figure E-10 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

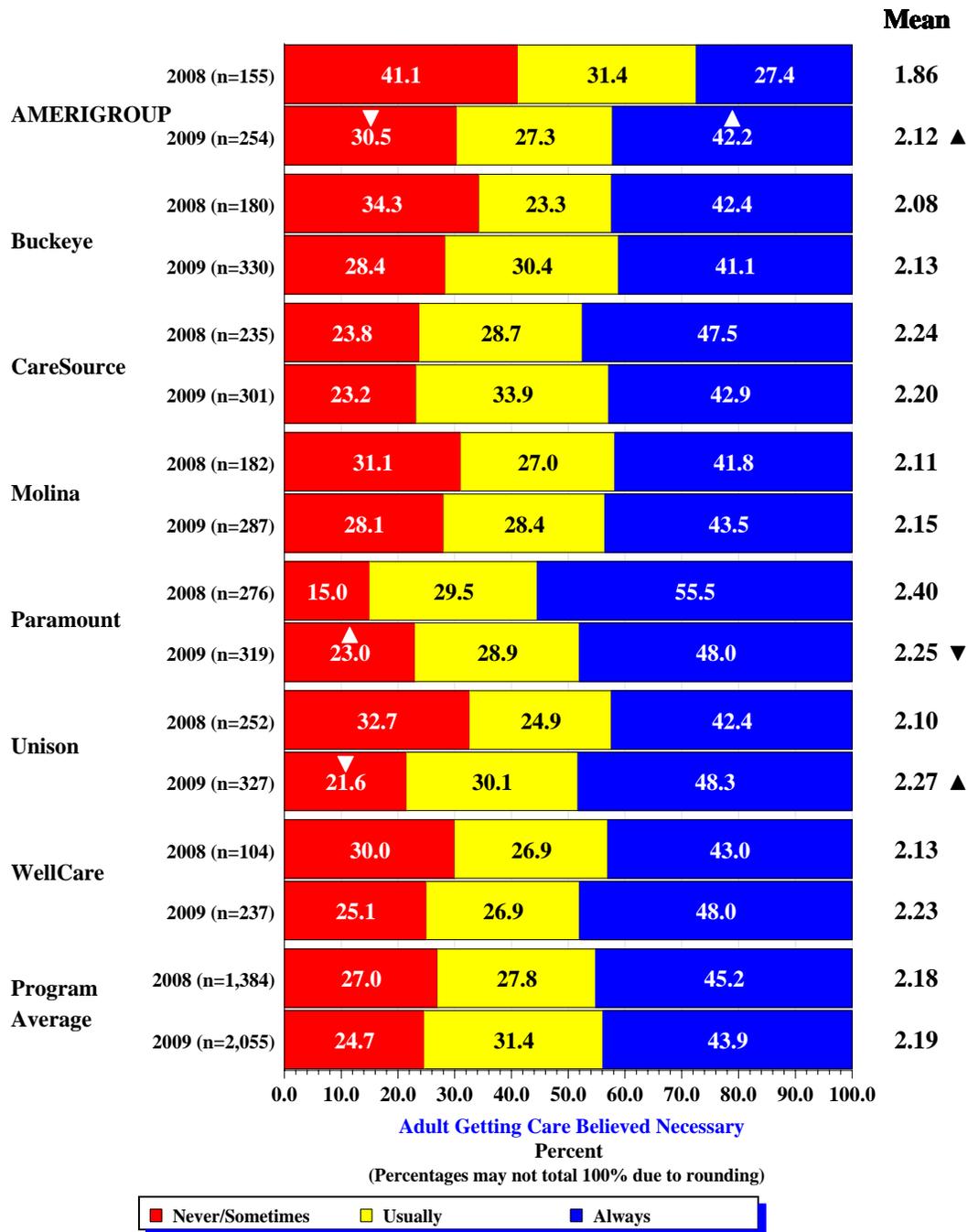
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- AMERIGROUP's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- Paramount's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008.
- Unison's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008.

Figure E-10
Getting Needed Care Composite:
Adult Getting Care Believed Necessary



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

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Getting Care Quickly composite measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

A series of two questions was asked to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."

Adult and Child Medicaid

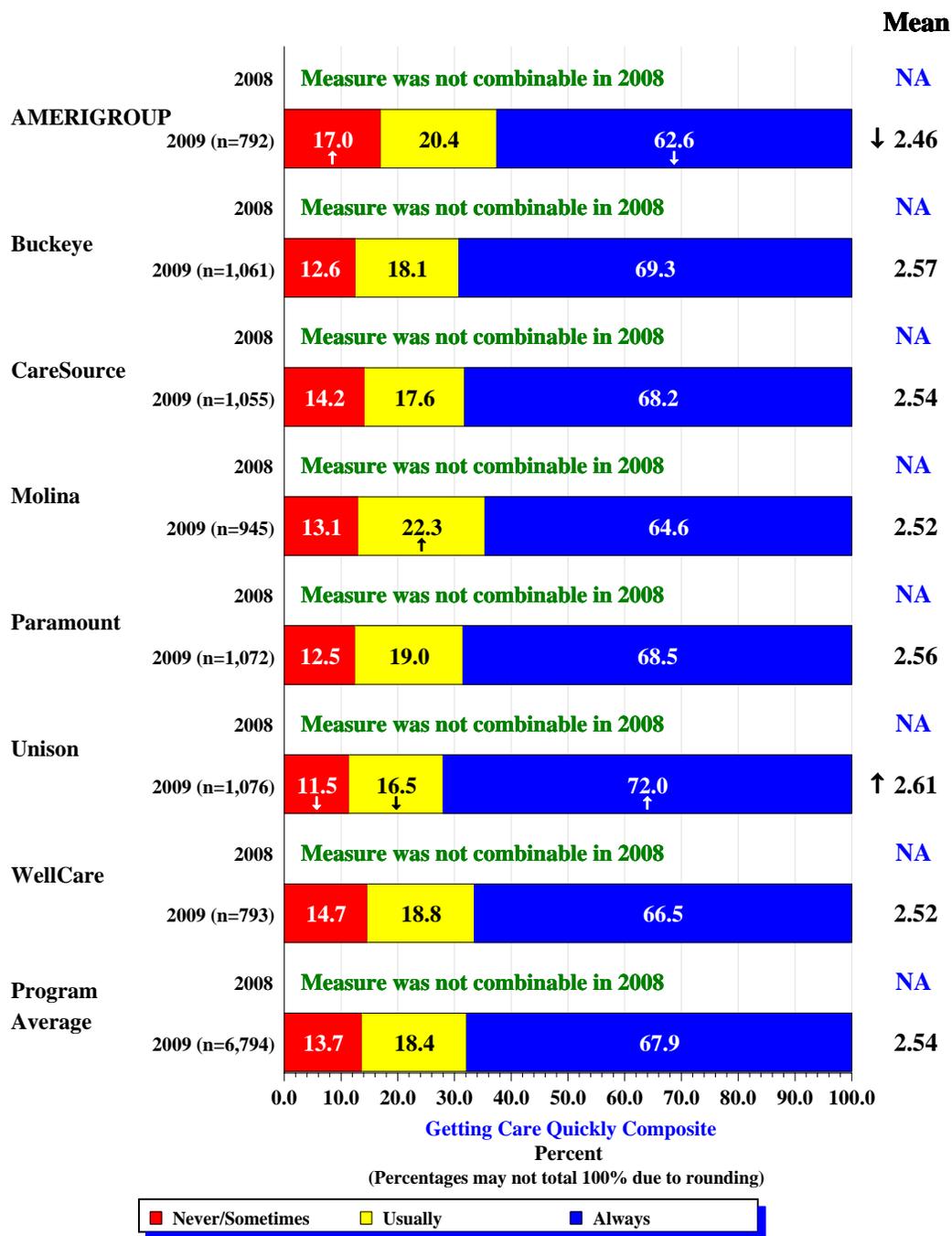
Figure E-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-11
Getting Care Quickly Composite



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

Adult Medicaid

Figure E-12 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

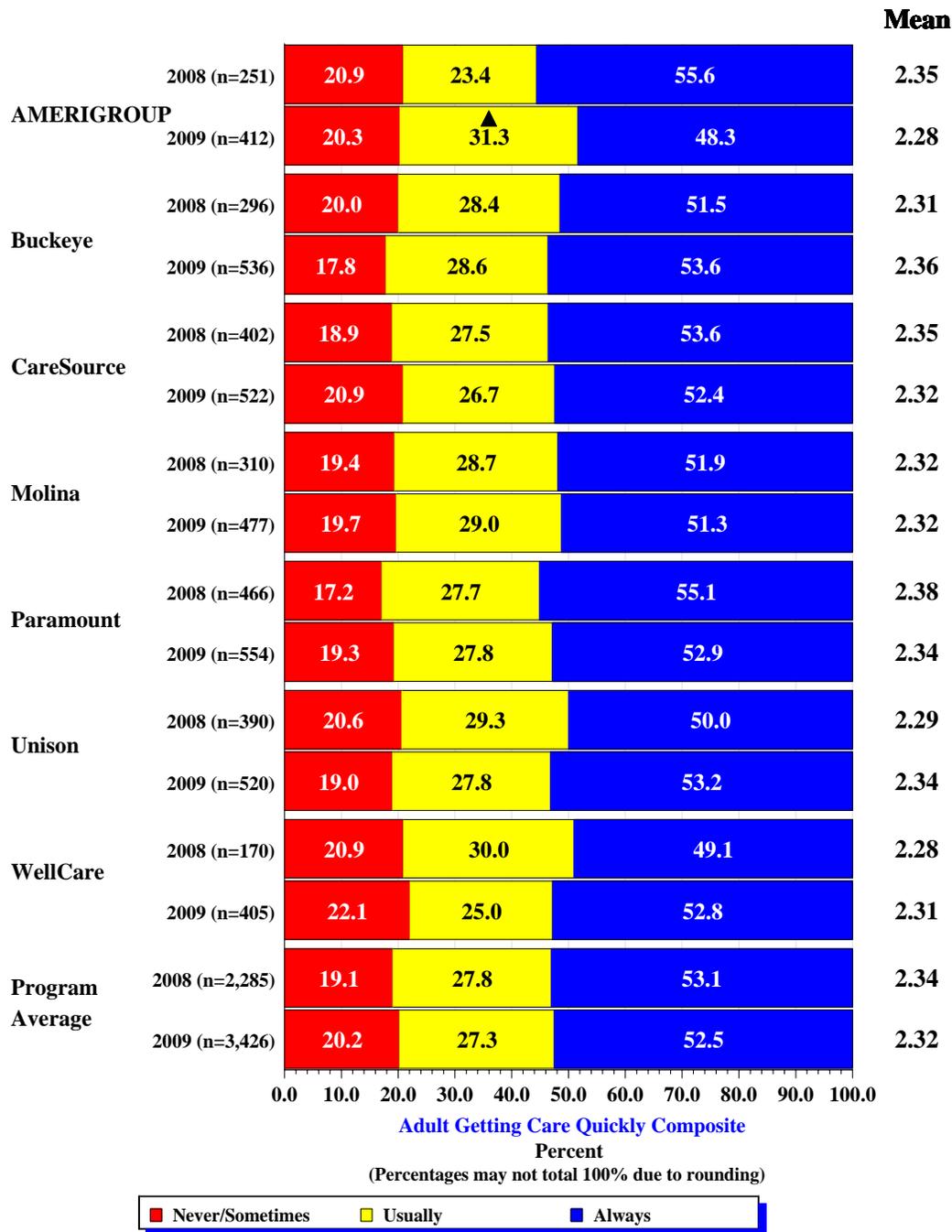
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- The percentage of AMERIGROUP's respondents who gave a response of Usually was significantly higher in 2009 than in 2008.

Figure E-12
Adult Getting Care Quickly Composite



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 Care as Soon as Wanted When Needed Right Away

Question 4 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked how often members received care as soon as they wanted when they needed care right away. Figure E-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

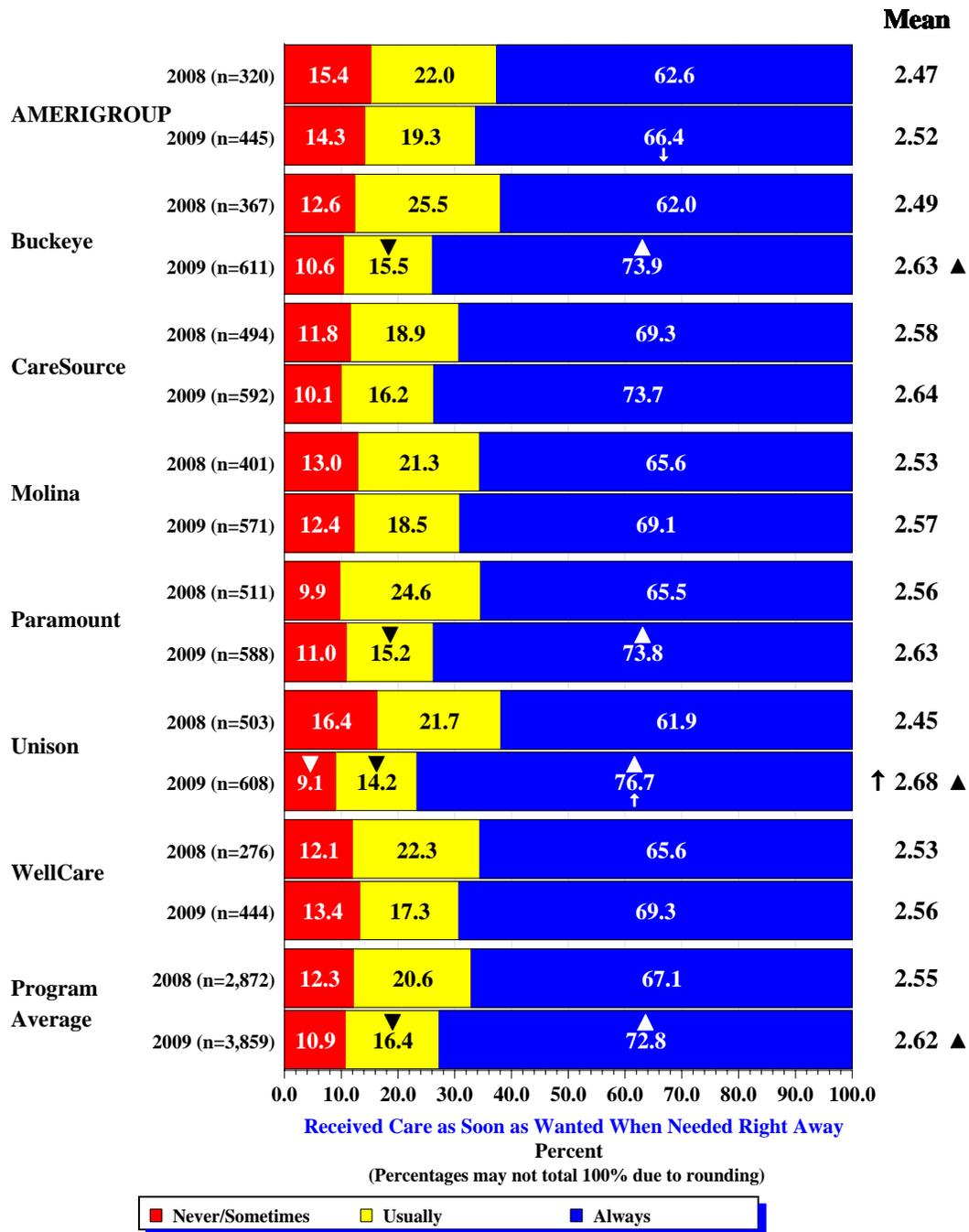
- The percentage of AMERIGROUP's respondents who gave a response of Always was significantly lower than the program average.
- Unison's overall mean was significantly higher than the program average. The percentage of Unison's respondents who gave a response of Always was significantly higher than the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

Trending Analysis

Overall, there were 12 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Buckeye's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of Paramount's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of Paramount's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- Unison's overall mean was significantly higher in 2009 than in 2008. The percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of Unison's respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-13
Getting Care Quickly Composite:
Received Care as Soon as Wanted When Needed Right Away



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 Adult and Child Medicaid Health Plan Surveys asked how often members received an appointment as soon as they wanted when they did not need care right away. Figure E-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

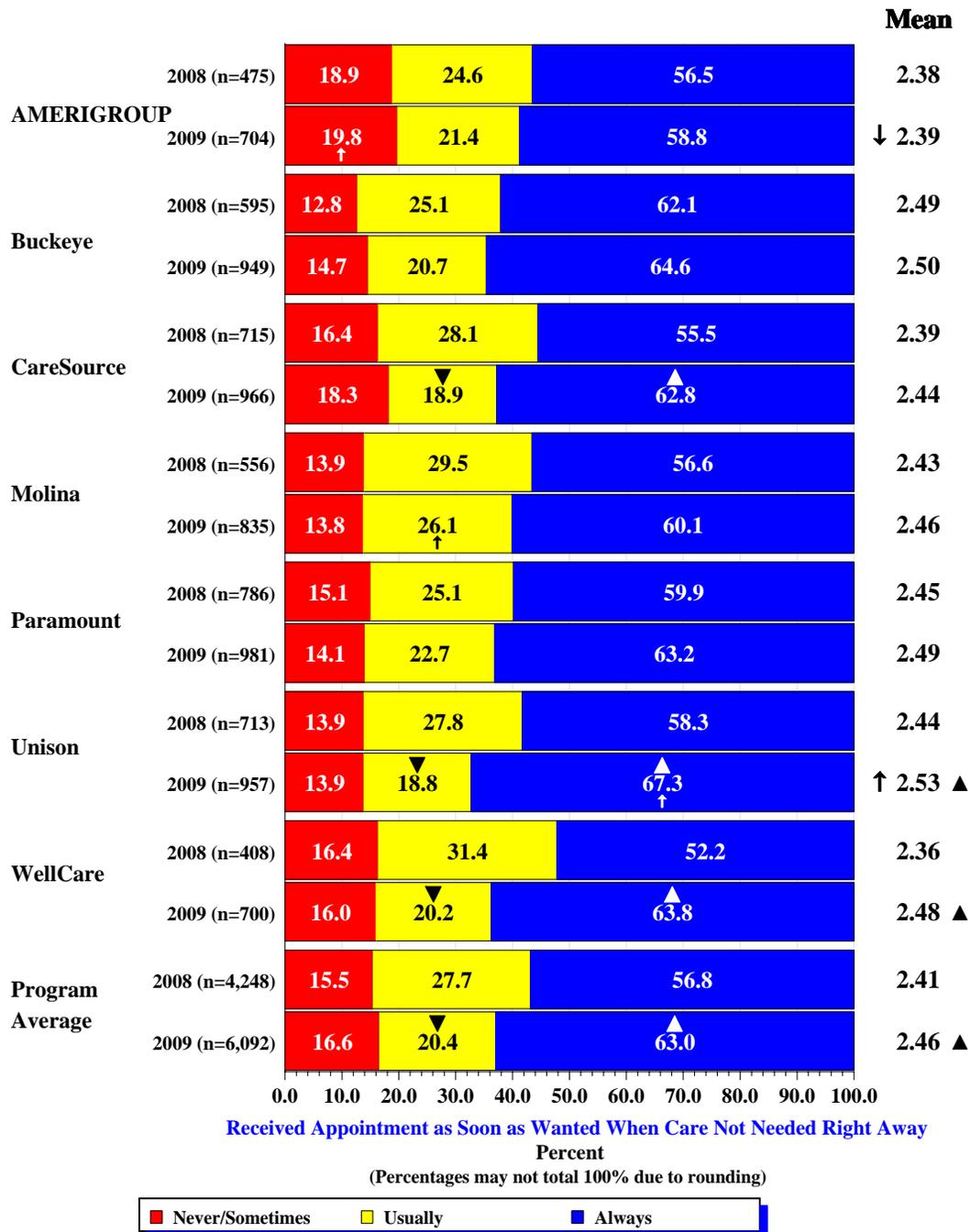
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- The percentage of Molina's respondents who gave a response of Usually was significantly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

Trending Analysis

Overall, there were 11 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Unison's, WellCare's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of CareSource's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of CareSource's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-14
Getting Care Quickly Composite:
Received Appointment as Soon as Wanted When Care Not Needed Right Away



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

A series of four questions was asked to assess how often doctors communicated well. For each of these questions (Questions 15, 16, 17, and 18 in the CAHPS Adult Medicaid Health Plan Survey and Questions 30, 31, 32, and 35 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

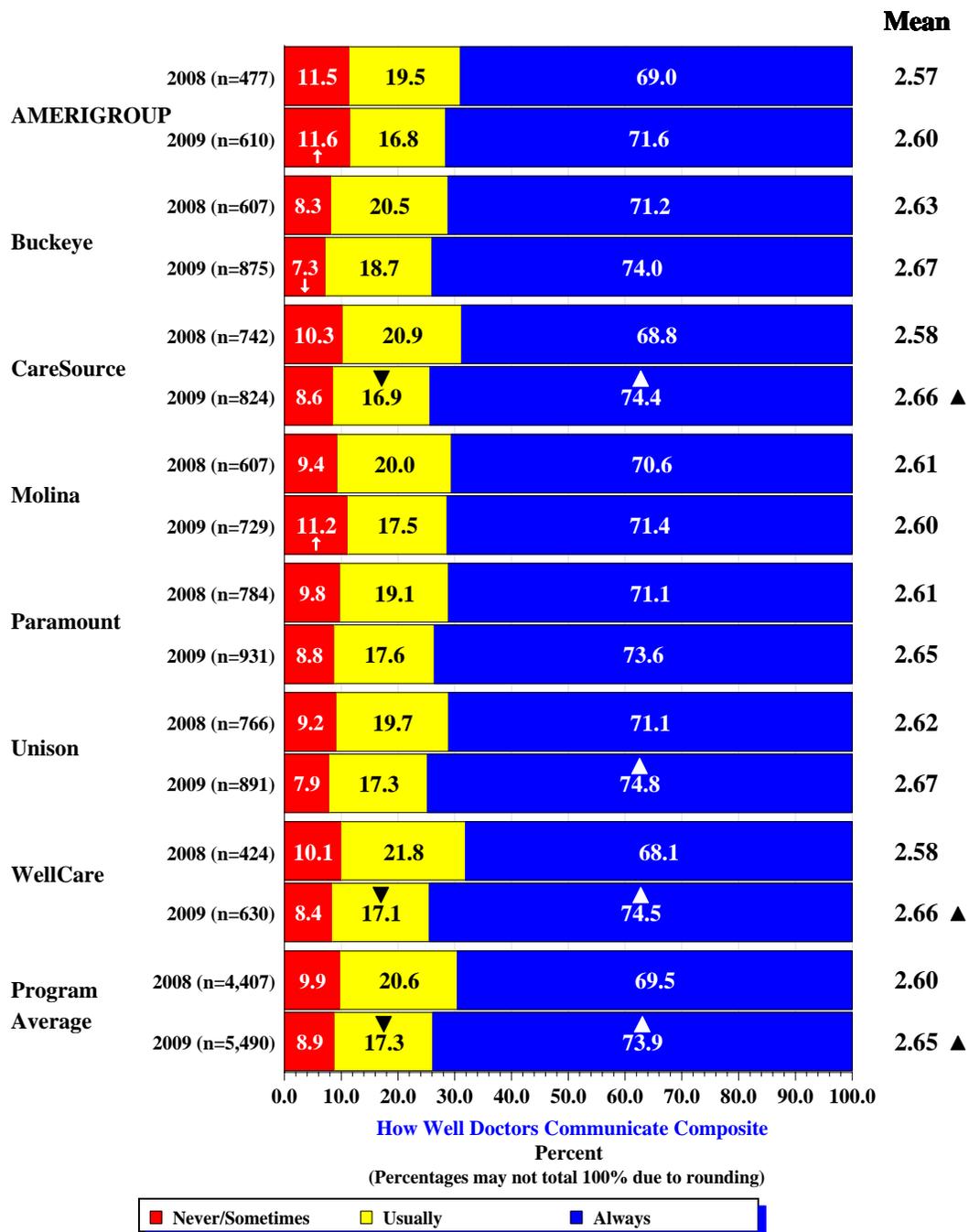
- The percentage of AMERIGROUP's and Molina's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- The percentage of Buckeye's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Trending Analysis

Overall, there were 10 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- CareSource's, WellCare's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-15
How Well Doctors Communicate Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 16 in the CAHPS Adult Medicaid Health Plan Survey and Question 31 in the CAHPS Child Medicaid Health Plan Survey asked members and the parents or caretakers of child members to rate how often doctors listened carefully to them. Figure E-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

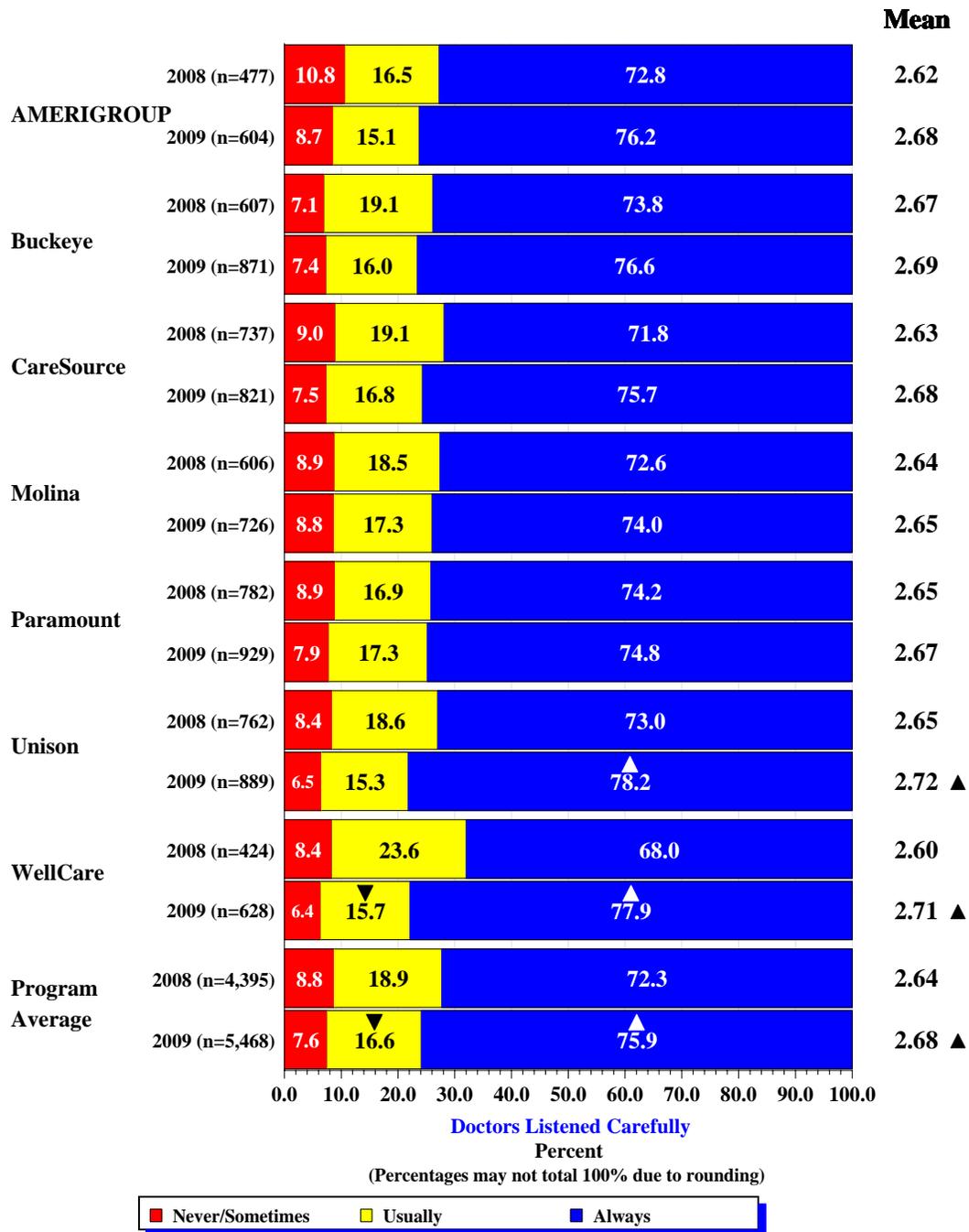
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- WellCare's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- Unison's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-16
How Well Doctors Communicate Composite:
Doctors Listened Carefully



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 15 in the CAHPS Adult Medicaid Health Plan Survey and Question 30 in the CAHPS Child Medicaid Health Plan Survey asked adult members and the parents or caretakers of child members to rate how often doctors explained things in a way they could understand. Figure E-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

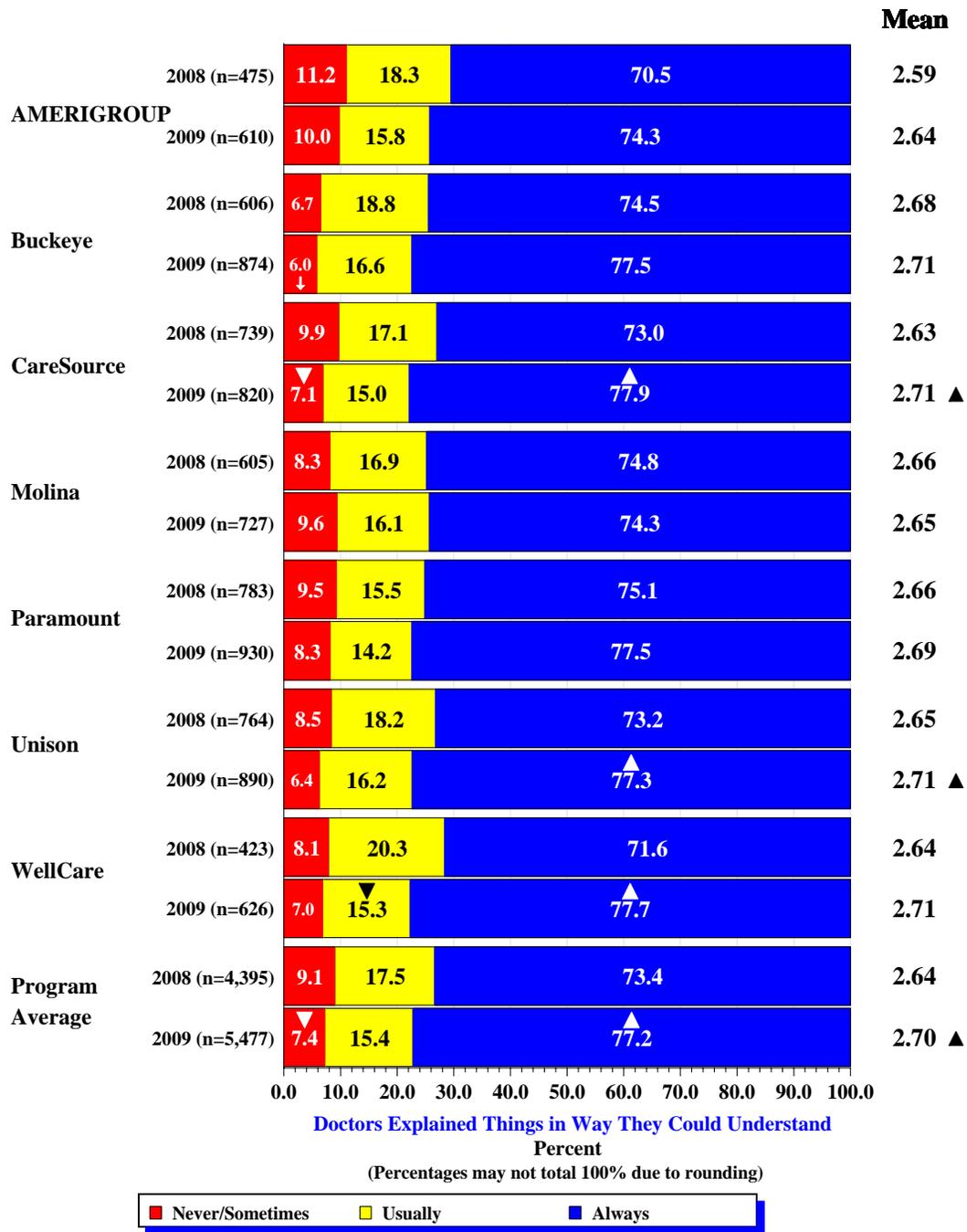
- The percentage of Buckeye's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Trending Analysis

Overall, there were 10 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- CareSource's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- Unison's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of WellCare's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of WellCare's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-17
How Well Doctors Communicate Composite:
Doctors Explained Things in Way They Could Understand



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 17 in the CAHPS Adult Medicaid Health Plan Survey and Question 32 in the CAHPS Child Medicaid Health Plan Survey asked adult members and the parents or caretakers of child members to rate how often doctors showed respect for what they had to say. Figure E-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

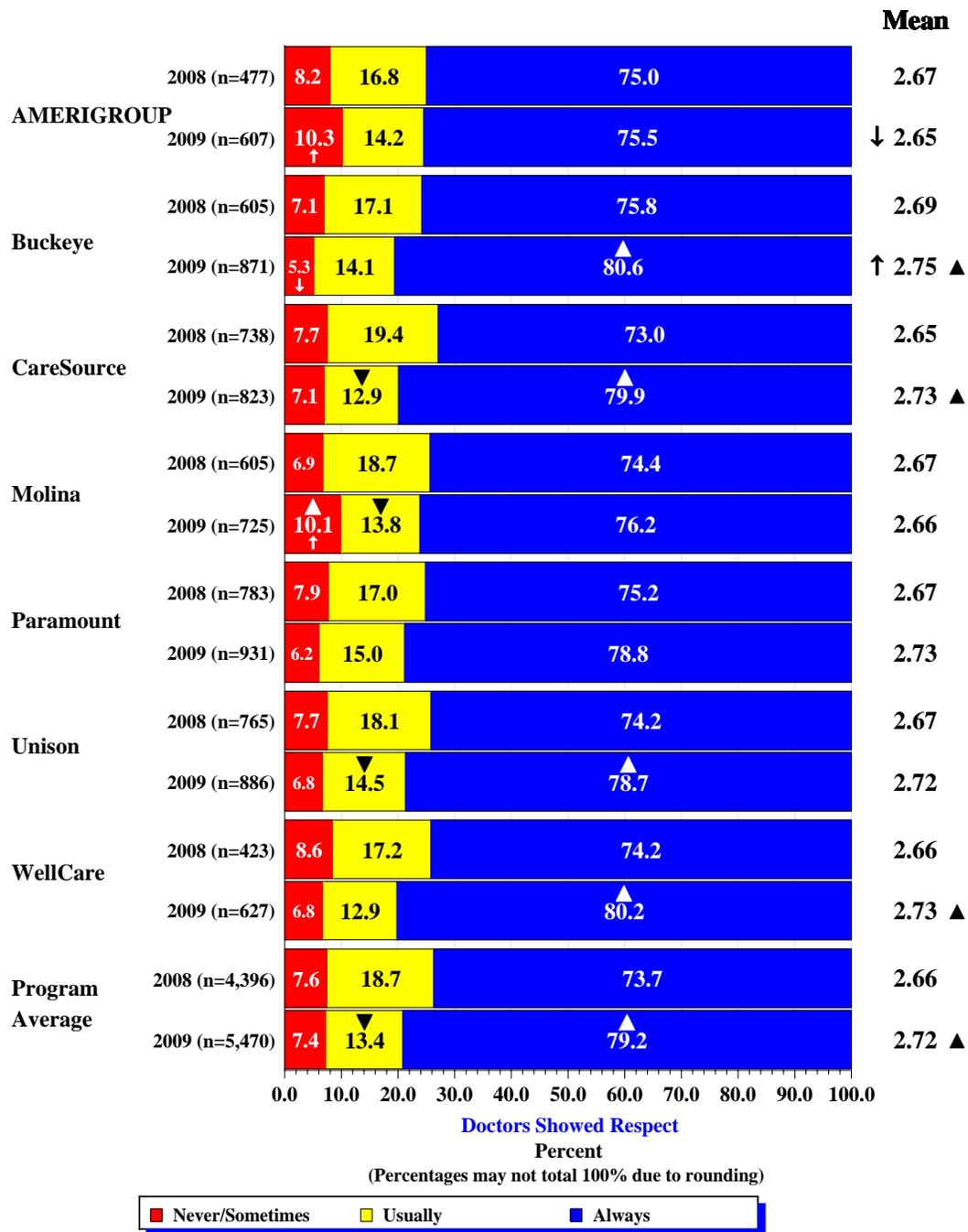
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- Buckeye's overall mean was significantly higher than the program average. The percentage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

Trending Analysis

Overall, there were 14 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Buckeye's and WellCare's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- CareSource's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008, whereas the percentage of Molina's respondents who gave a response of Usually was significantly lower in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-18
How Well Doctors Communicate Composite:
Doctors Showed Respect



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
↓ indicates the score is significantly lower than the program average
▲ 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 18 in the CAHPS Adult Medicaid Health Plan Survey and Question 35 in the CAHPS Child Medicaid Health Plan Survey asked members and the parents or caretakers of child members to rate how often doctors spent enough time with them. Figure E-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

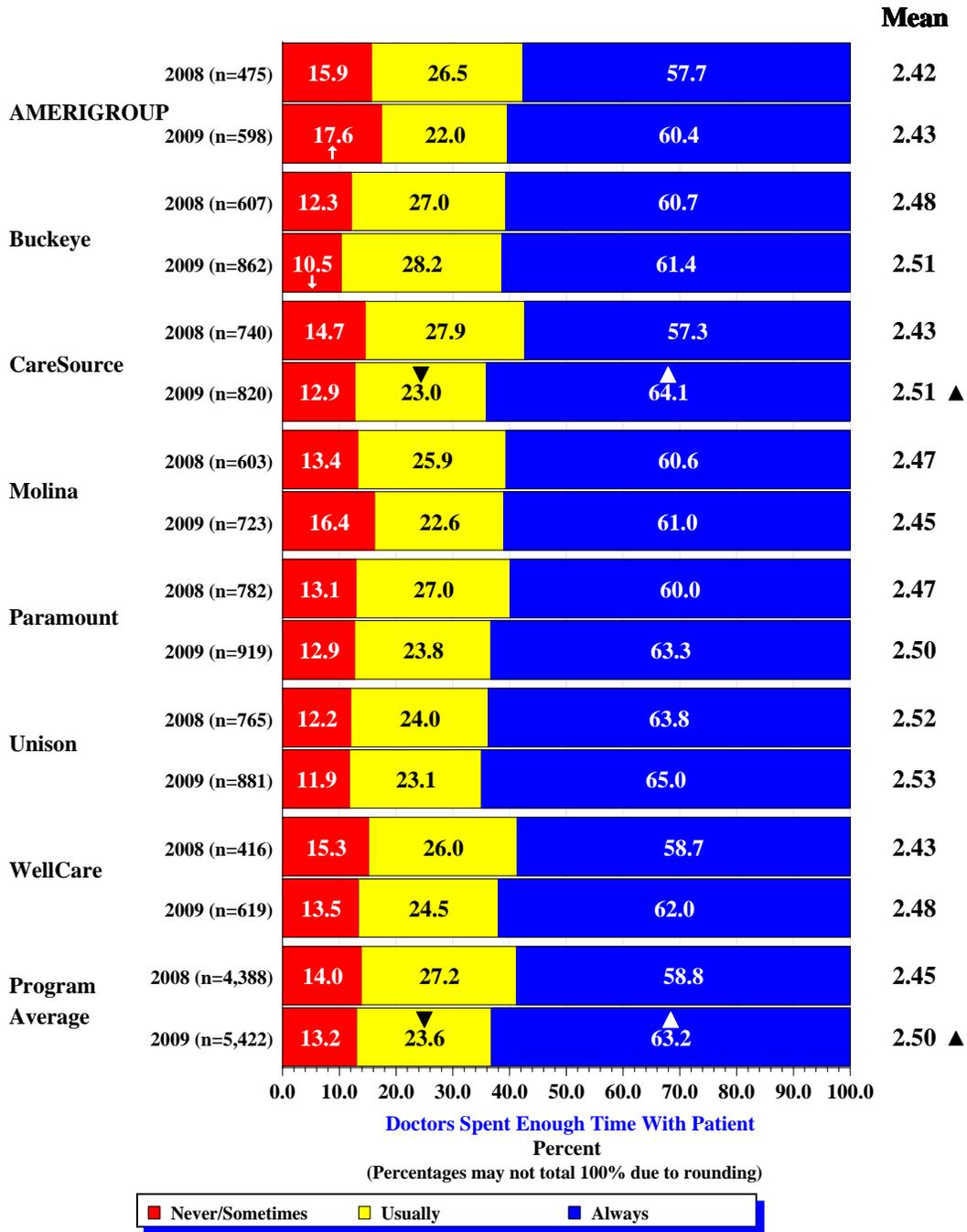
- The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- The percentage of Buckeye's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Trending Analysis

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

- CareSource's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-19
How Well Doctors Communicate Composite:
Doctors Spent Enough Time With Patient



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

Customer Service

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Customer Service composite measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always."

Adult and Child Medicaid

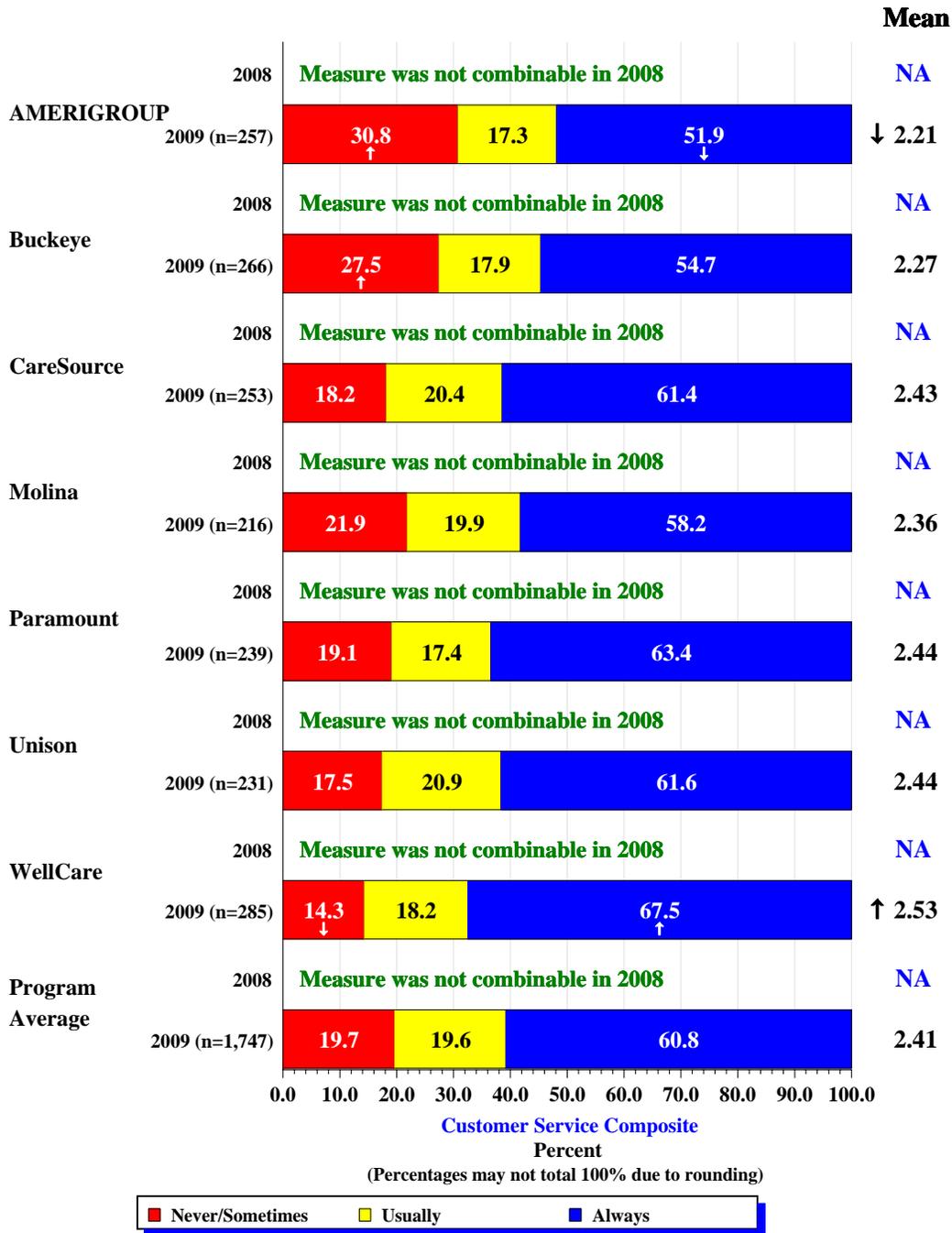
Figure E-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-20
Customer Service Composite



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

Adult Medicaid

Figure E-21 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

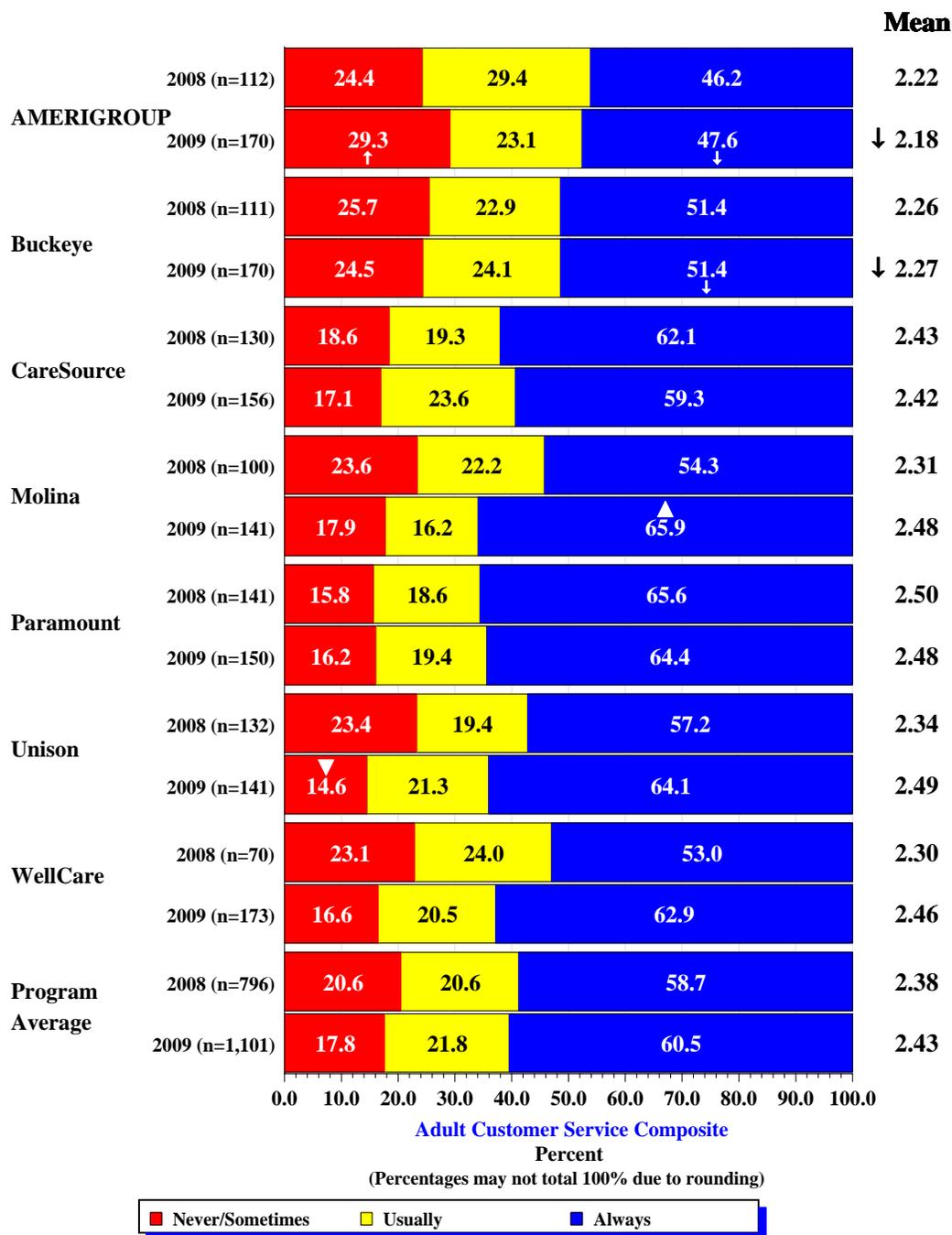
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly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

Trending Analysis

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

- The percentage of Molina's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008.

Figure E-21
Adult Customer Service Composite



Statistical Significance Note: [↑] indicates the score is significantly higher than the program average
[↓] indicates the score is significantly lower than the program average
[▲] indicates the 2009 score is significantly higher than the 2008 score
[▼] indicates the 2009 score is significantly lower than the 2008 score

Customer Service: Obtaining Help Needed From Customer Service

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Customer Service: Obtaining Help Needed From Customer Service measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 31 in the CAHPS Adult Medicaid Health Plan Survey and Question 50 in the CAHPS Child Medicaid Health Plan Survey asked how often the health plan's customer service gave members the information or help they needed.

Adult and Child Medicaid

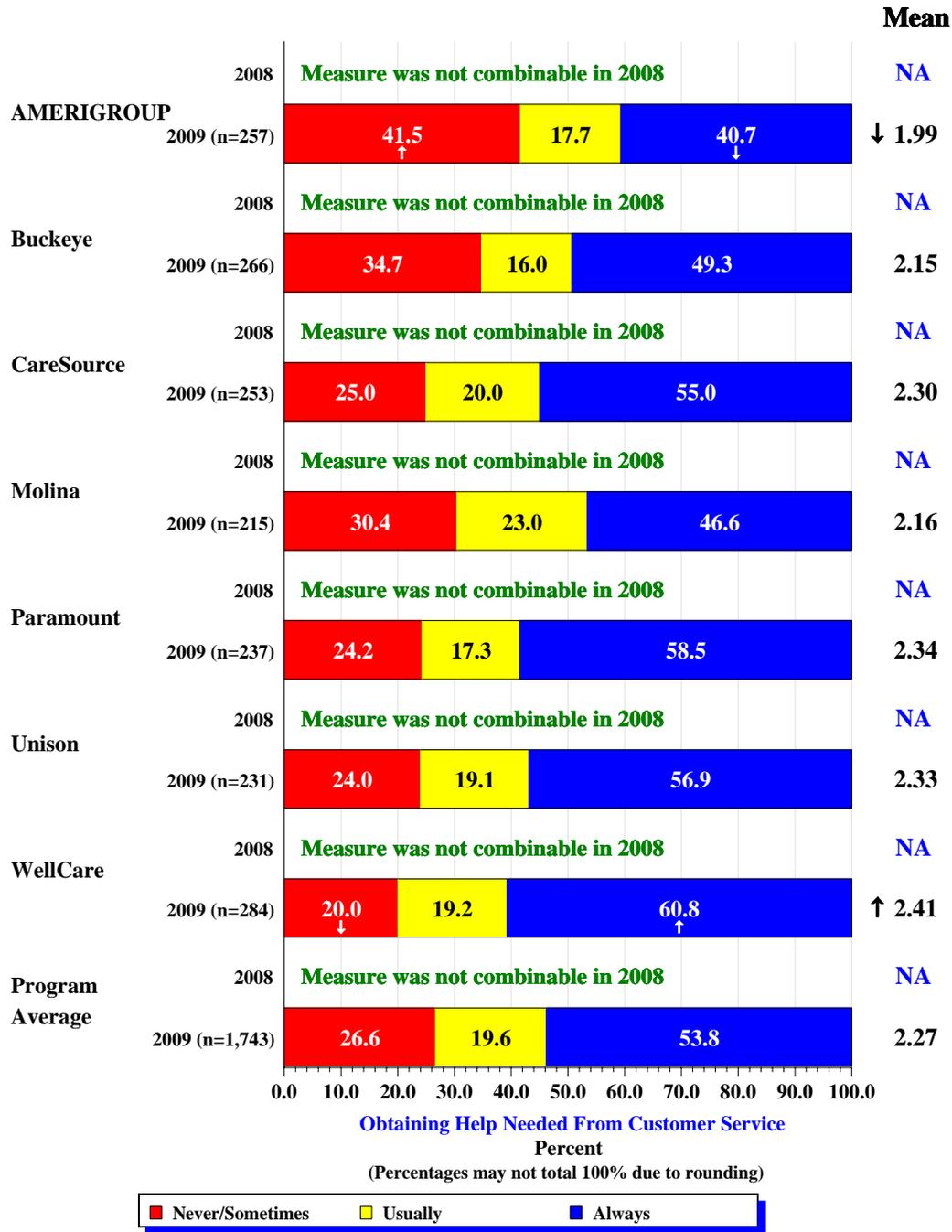
Figure E-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-22
Customer Service Composite:
Obtaining Help Needed From Customer Service



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

Adult Medicaid

Figure E-23 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

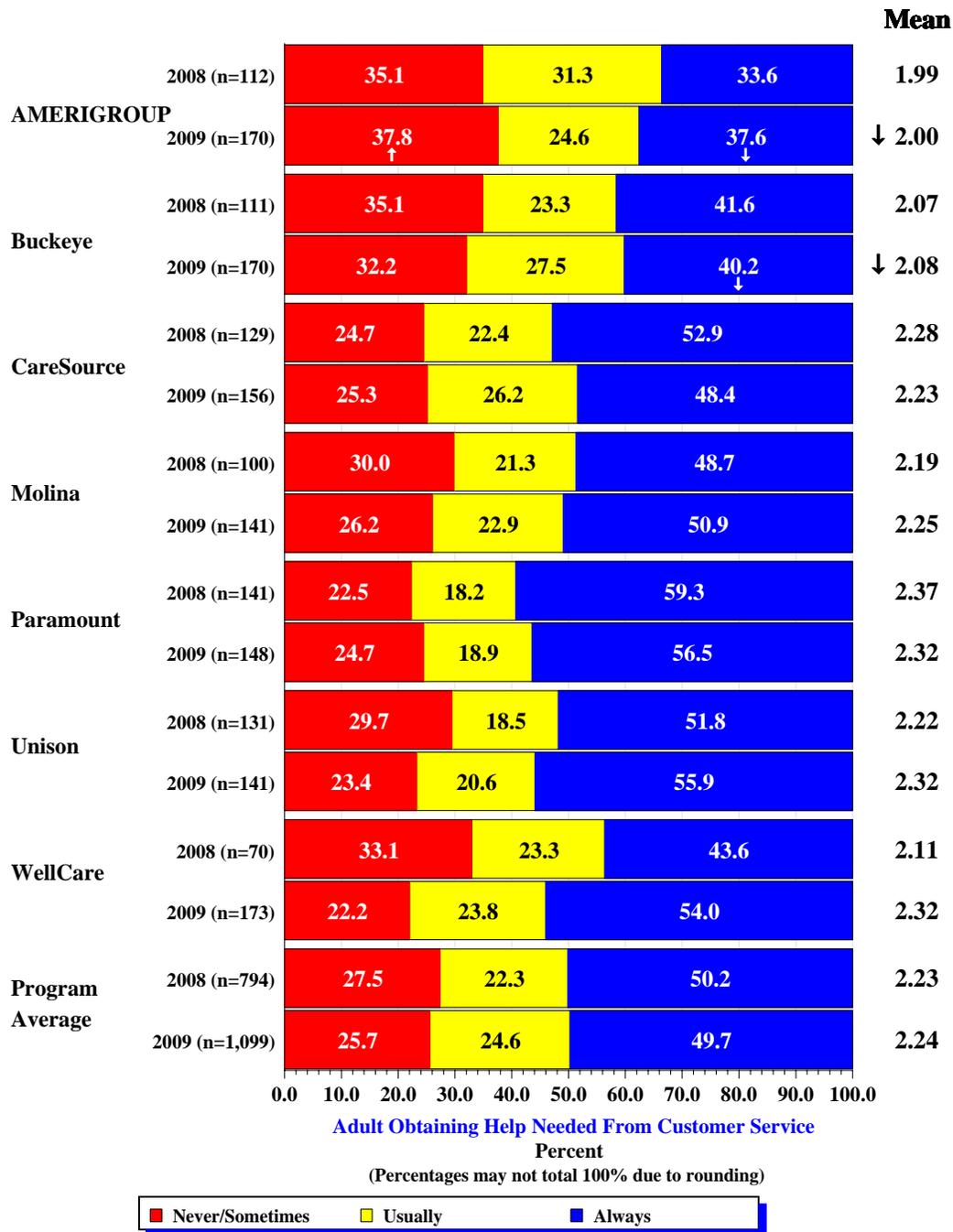
Overall, there were five *statistically significant* differences observed for this measure.

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

Trending Analysis

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

Figure E-23
Customer Service Composite:
Adult Obtaining Help Needed From Customer Service



Statistical Significance Note: [↑] indicates the score is significantly higher than the program average
[↓] indicates the score is significantly lower than the program average
[▲] indicates the 2009 score is significantly higher than the 2008 score
[▼] indicates the 2009 score is significantly lower than the 2008 score

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

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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 32 in the CAHPS Adult Medicaid Health Plan Survey and Question 51 in the CAHPS Child Medicaid Health Plan Survey asked how often the health plan's customer service staff treated members with courtesy and respect.

Adult and Child Medicaid

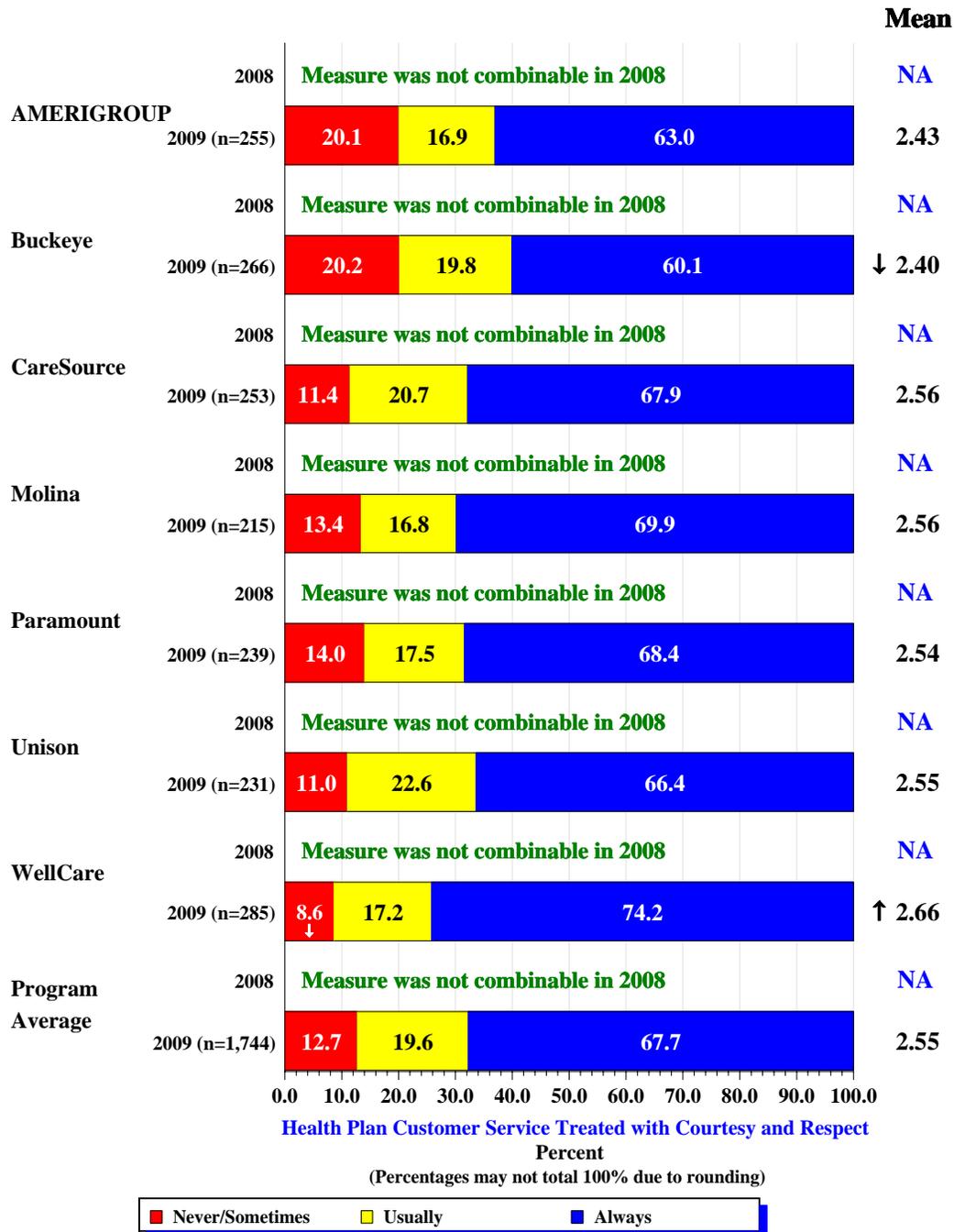
Figure E-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

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

Figure E-24
Customer Service Composite:
Health Plan Customer Service Treated with Courtesy and Respect



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

Adult Medicaid

Figure E-25 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

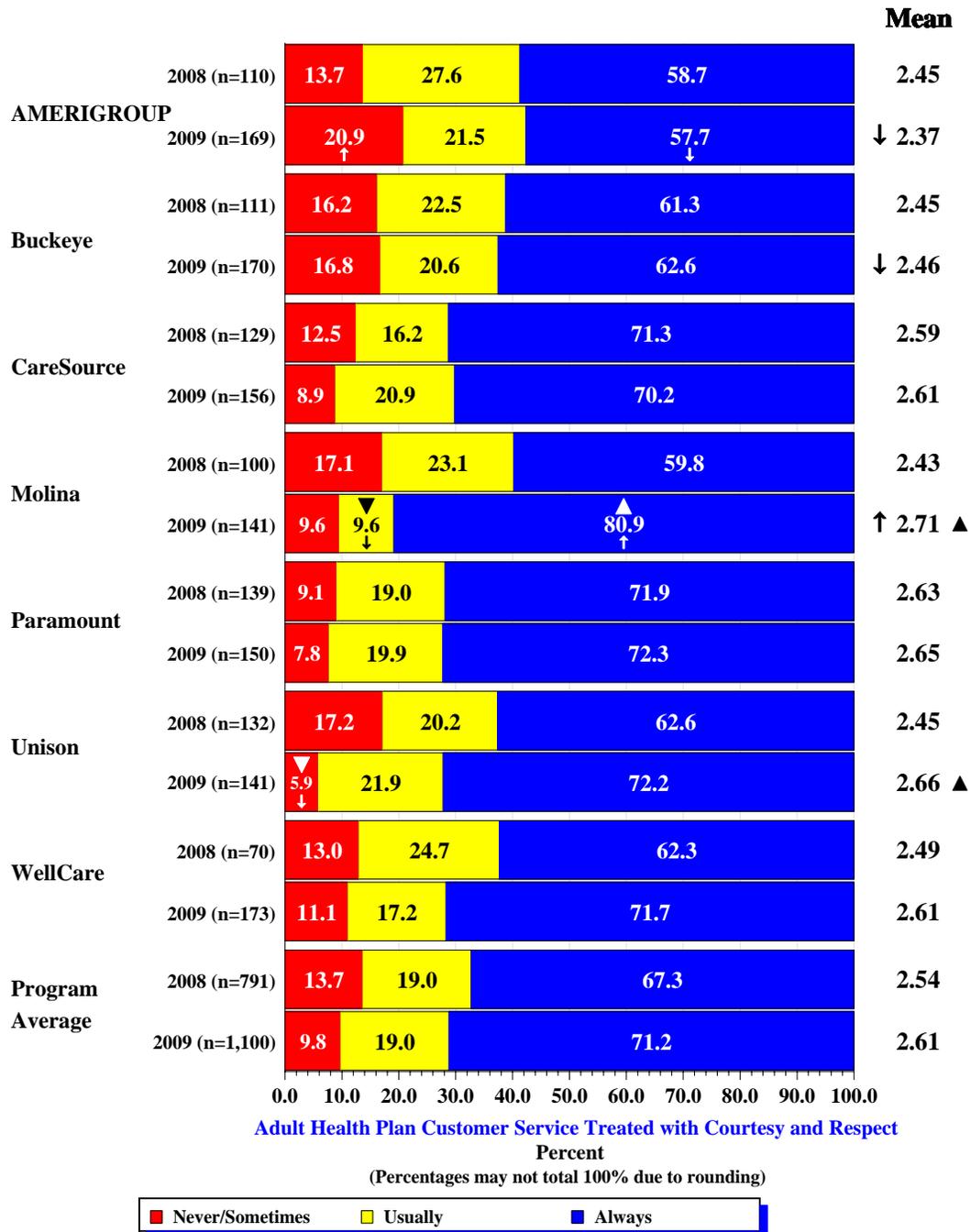
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Always was significantly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

Trending Analysis

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

- Molina's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Molina's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of Molina's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- Unison's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008.

Figure E-25
Customer Service Composite:
Adult Health Plan Customer Service Treated with Courtesy and Respect



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

Shared Decision Making

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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Two questions were asked regarding the involvement of members in decision making when there was more than one choice for treatment or health care. For each of these questions (Questions 10 and 11 in the CAHPS Adult Medicaid Health Plan Survey and Questions 11 and 12 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes."

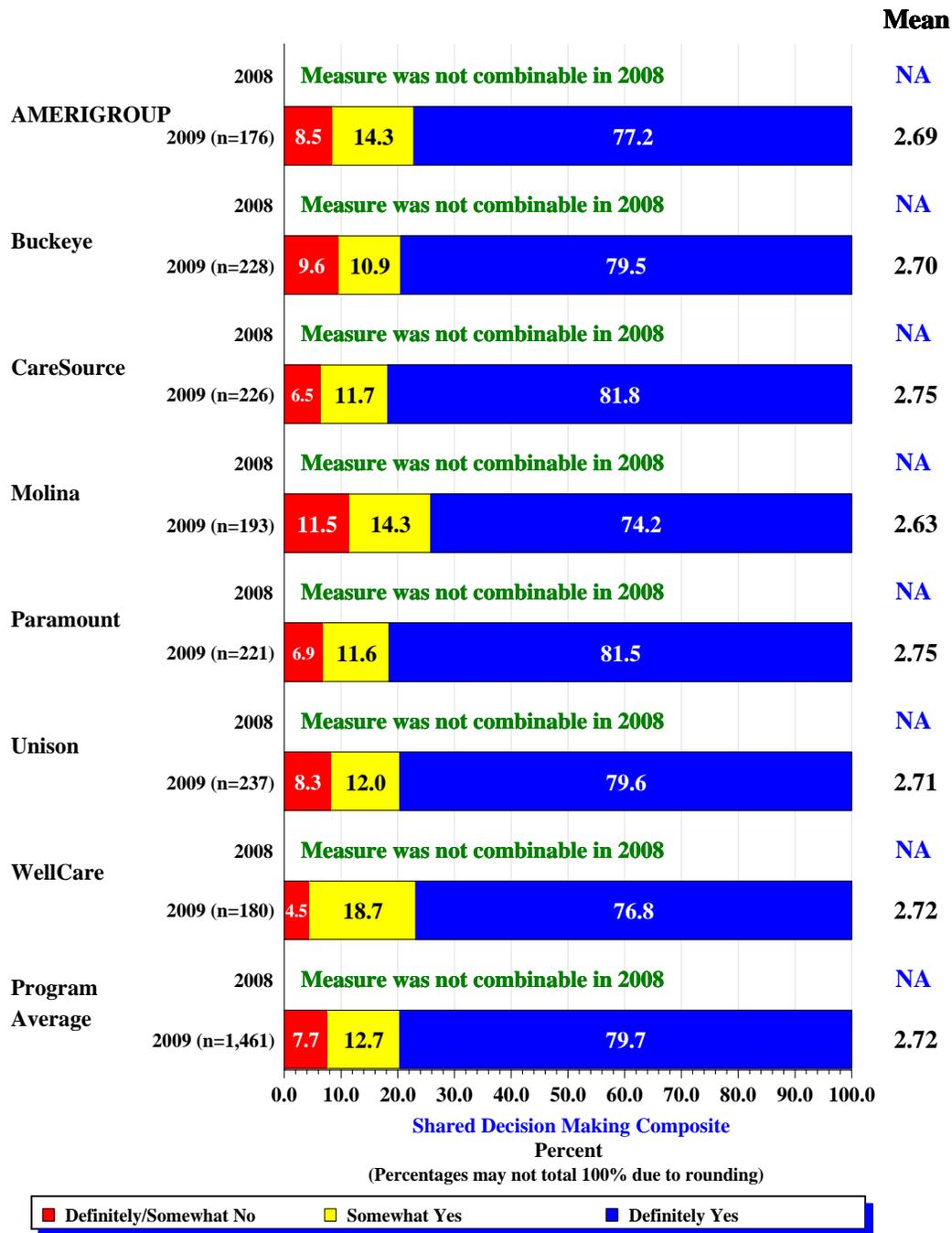
Adult and Child Medicaid

Figure E-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-26
Shared Decision Making Composite



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

Adult Medicaid

Figure E-27 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

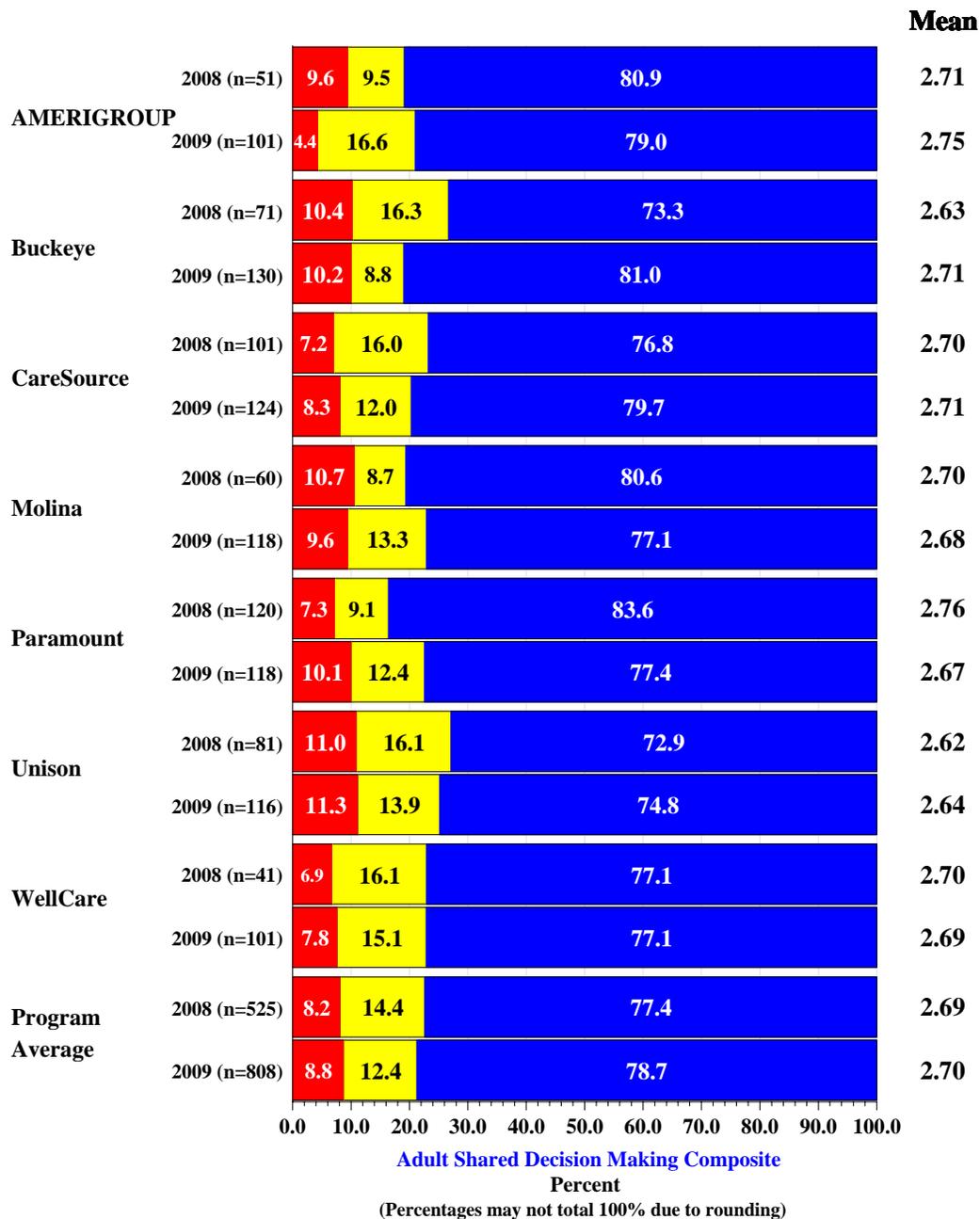
Comparative Analysis

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

Trending Analysis

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

Figure E-27
Adult Shared Decision Making Composite



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

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

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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 10 in the CAHPS Adult Medicaid Health Plan Survey and Question 11 in the CAHPS Child Medicaid Health Plan Survey asked members if a doctor or other health provider talked with them about the pros and cons of each choice for their treatment or health care.

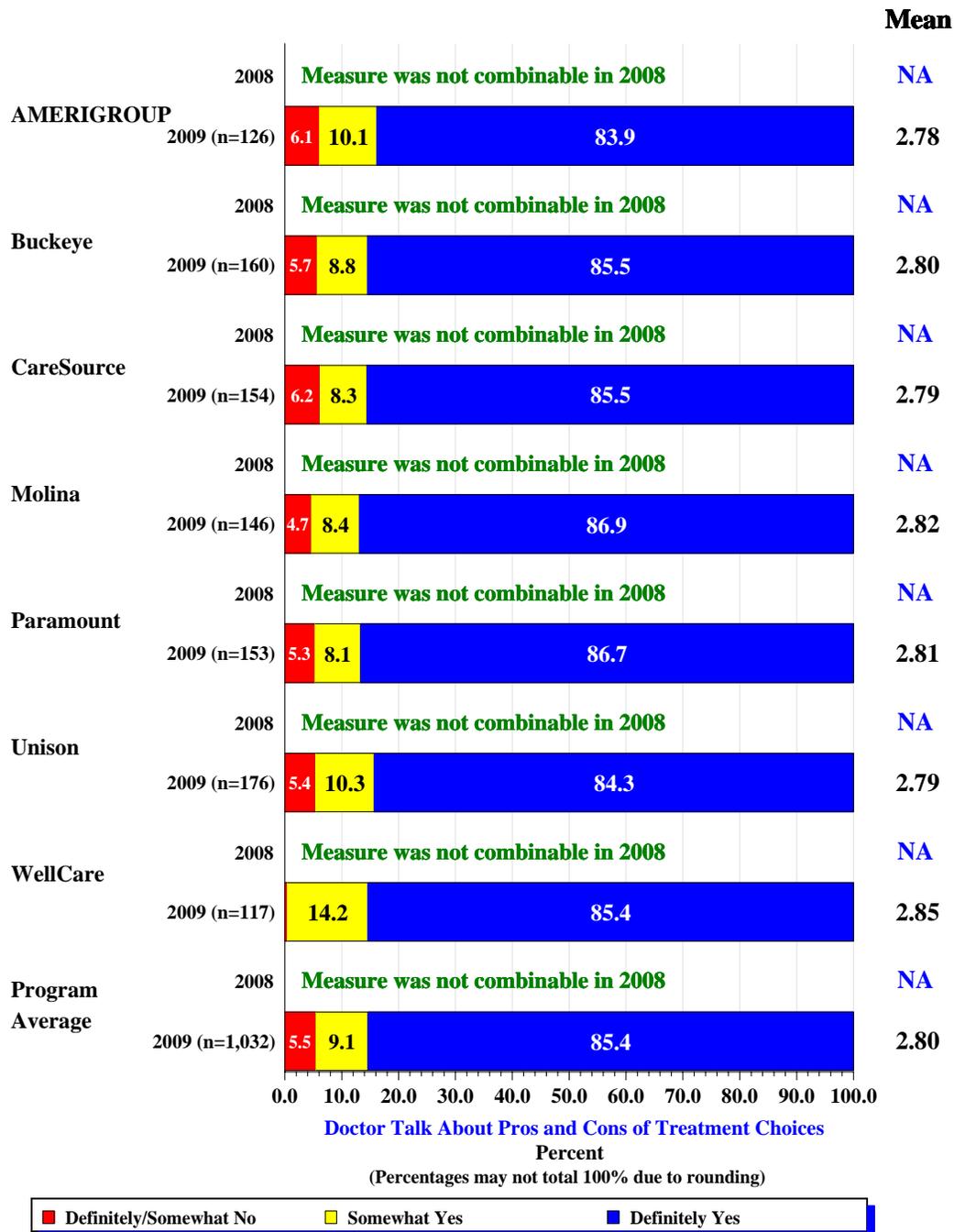
Adult and Child Medicaid

Figure E-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-28
Shared Decision Composite:
Doctor Talk About Pros and Cons of Treatment Choices



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

Adult Medicaid

Figure E-29 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

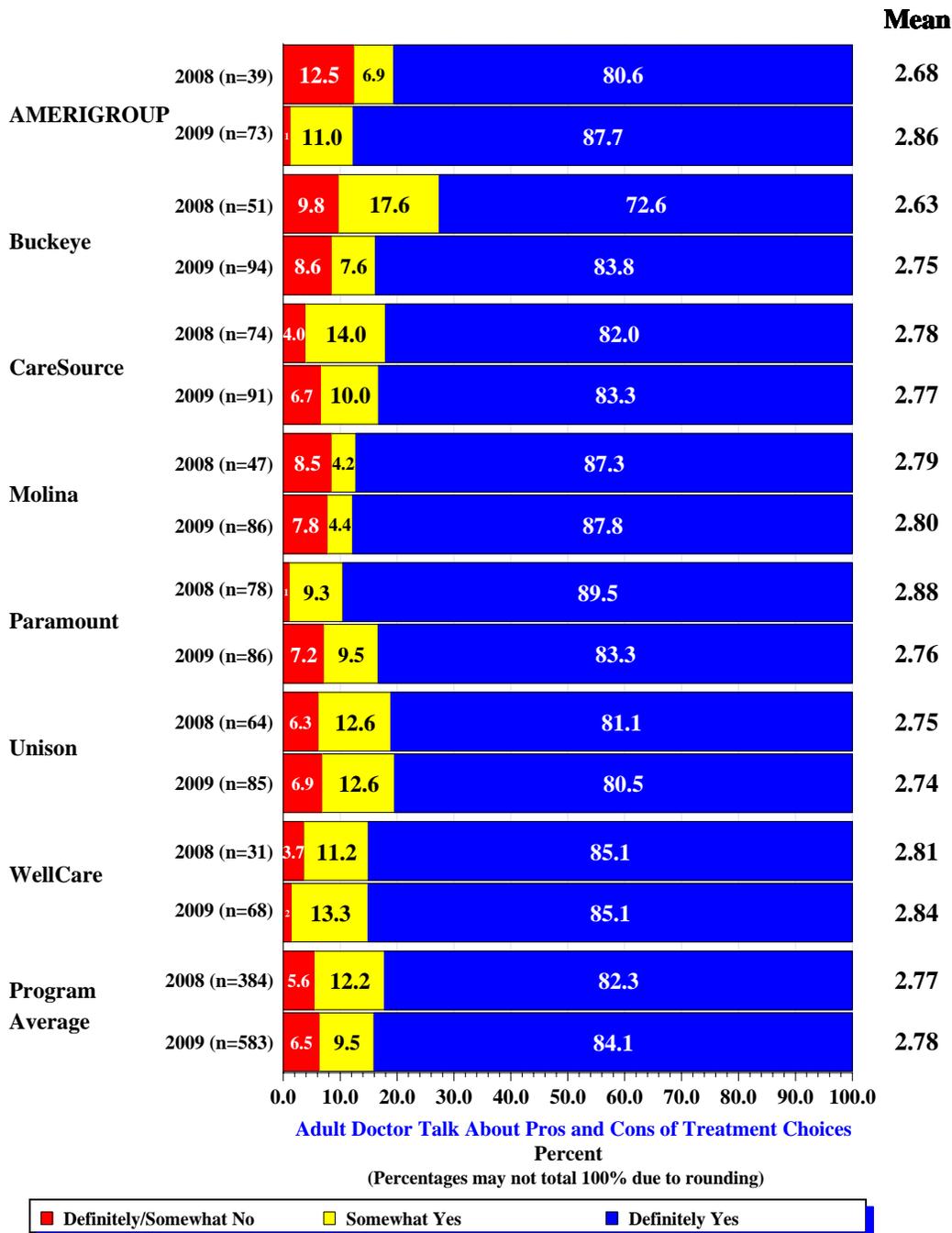
Comparative Analysis

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

Trending Analysis

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

Figure E-29
Shared Decision Composite:
Adult Doctor Talk About Pros and Cons of Treatment Choices



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

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

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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 11 in the CAHPS Adult Medicaid Health Plan Survey and Question 12 in the CAHPS Child Medicaid Health Plan Survey asked members if a doctor or other health provider asked which treatment choice was best for them.

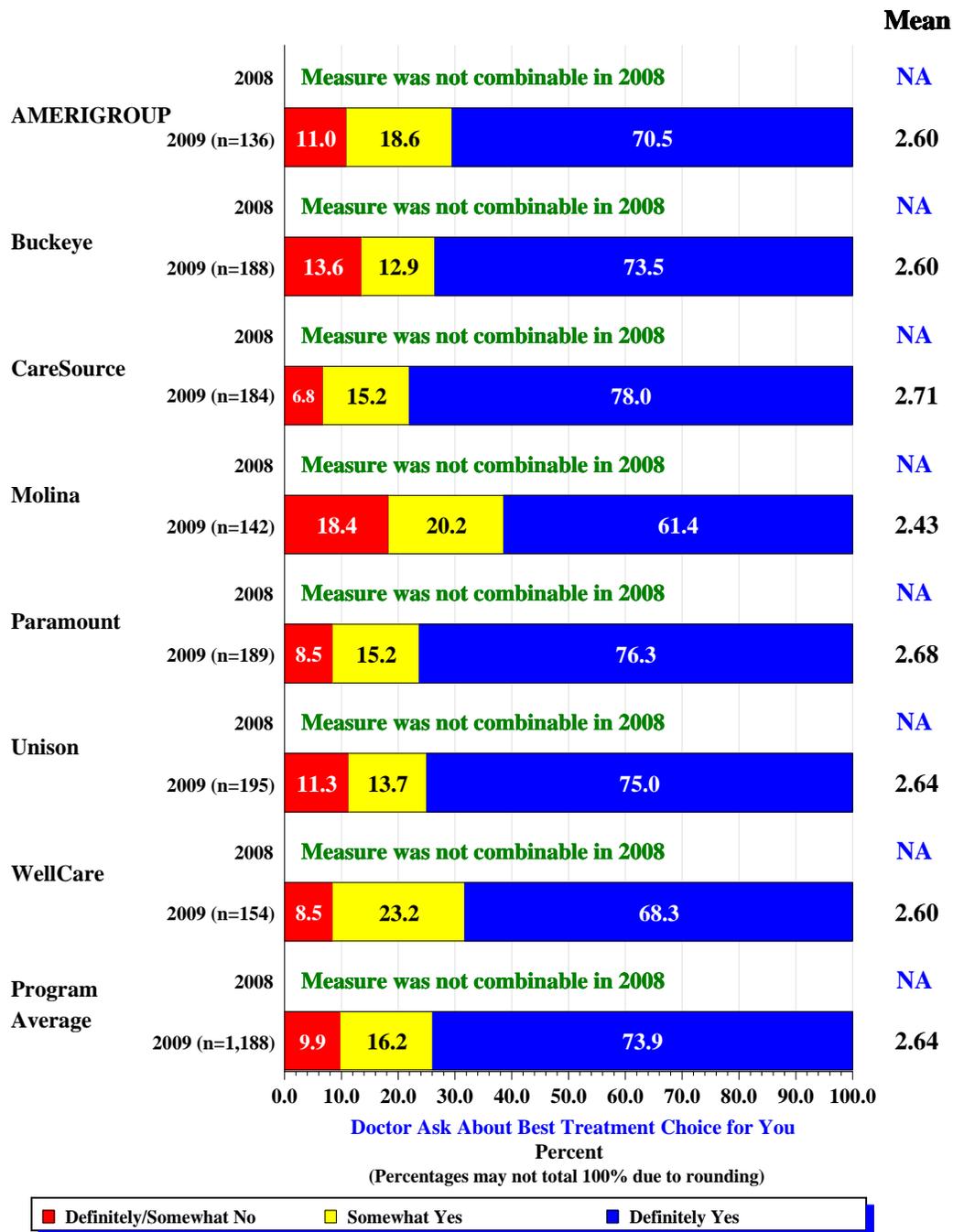
Adult and Child Medicaid

Figure E-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-30
Shared Decision Composite:
Doctor Ask About Best Treatment Choice for You



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

Adult Medicaid

Figure E-31 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

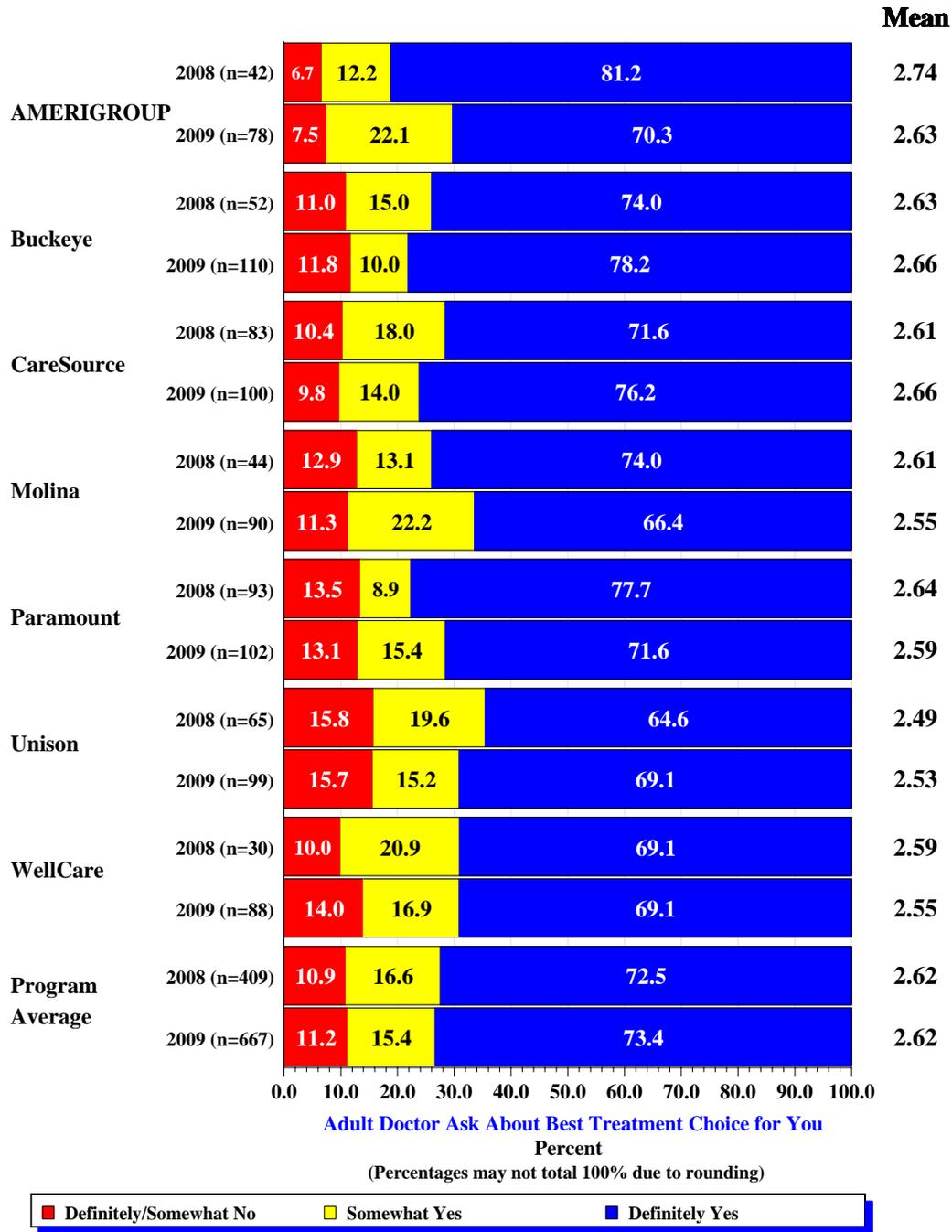
Comparative Analysis

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

Trending Analysis

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

Figure E-31
Shared Decision Composite:
Adult Doctor Ask About Best Treatment Choice for You



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the program average
- ↓ indicates the score is significantly lower than the program average
- ▲ indicates the 2009 score is significantly higher than the 2008 score
- ▼ indicates the 2009 score is significantly lower than the 2008 score

INDIVIDUAL ITEM MEASURES

Health Promotion and Education

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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 8 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked members to rate how often their doctor or other health provider talked with them about specific things they could do to prevent illness. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always."

Adult and Child Medicaid

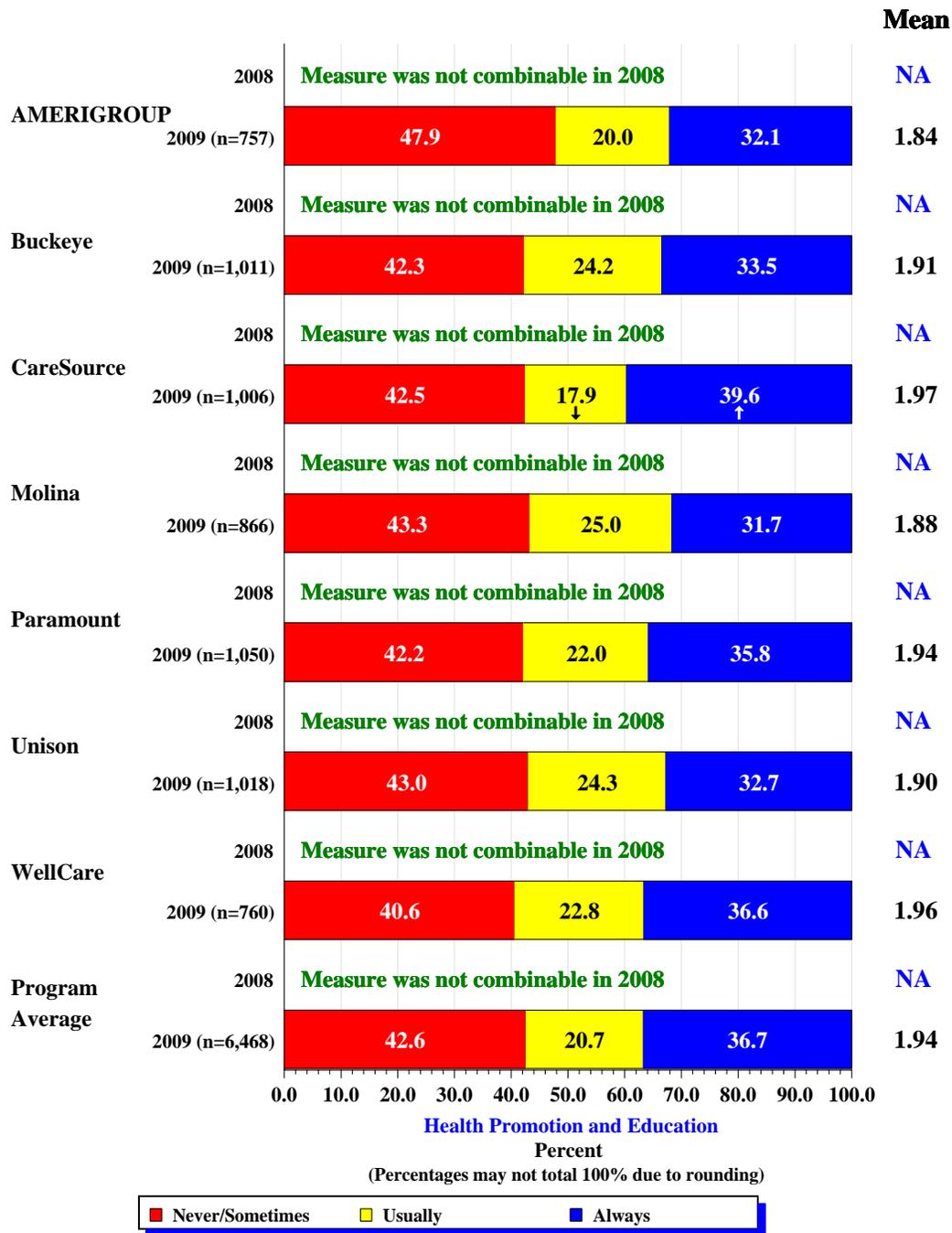
Figure E-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

- The percentage of CareSource's respondents who gave a response of Usually was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Always was significantly higher than the program average.

Figure E-32
Health Promotion and Education



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

Adult Medicaid

Figure E-33 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

Trending Analysis

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

- Molina's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008, whereas the percentage of Molina's respondents who gave a response of Always was significantly lower in 2009 than in 2008.
- The percentage of Unison's respondents who gave a response of Usually was significantly higher in 2009 than in 2008, whereas the percentage of Unison's respondents who gave a response of Always was significantly lower in 2009 than in 2008.

Coordination of 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 the first year that this measure is combinable and comparable for both the adult and child populations, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 20 in the CAHPS Adult Medicaid Health Plan Survey and Question 38 in the CAHPS Child Medicaid Health Plan Survey asked members to rate how often their doctor seemed informed and up-to-date about care received from other doctors. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always."

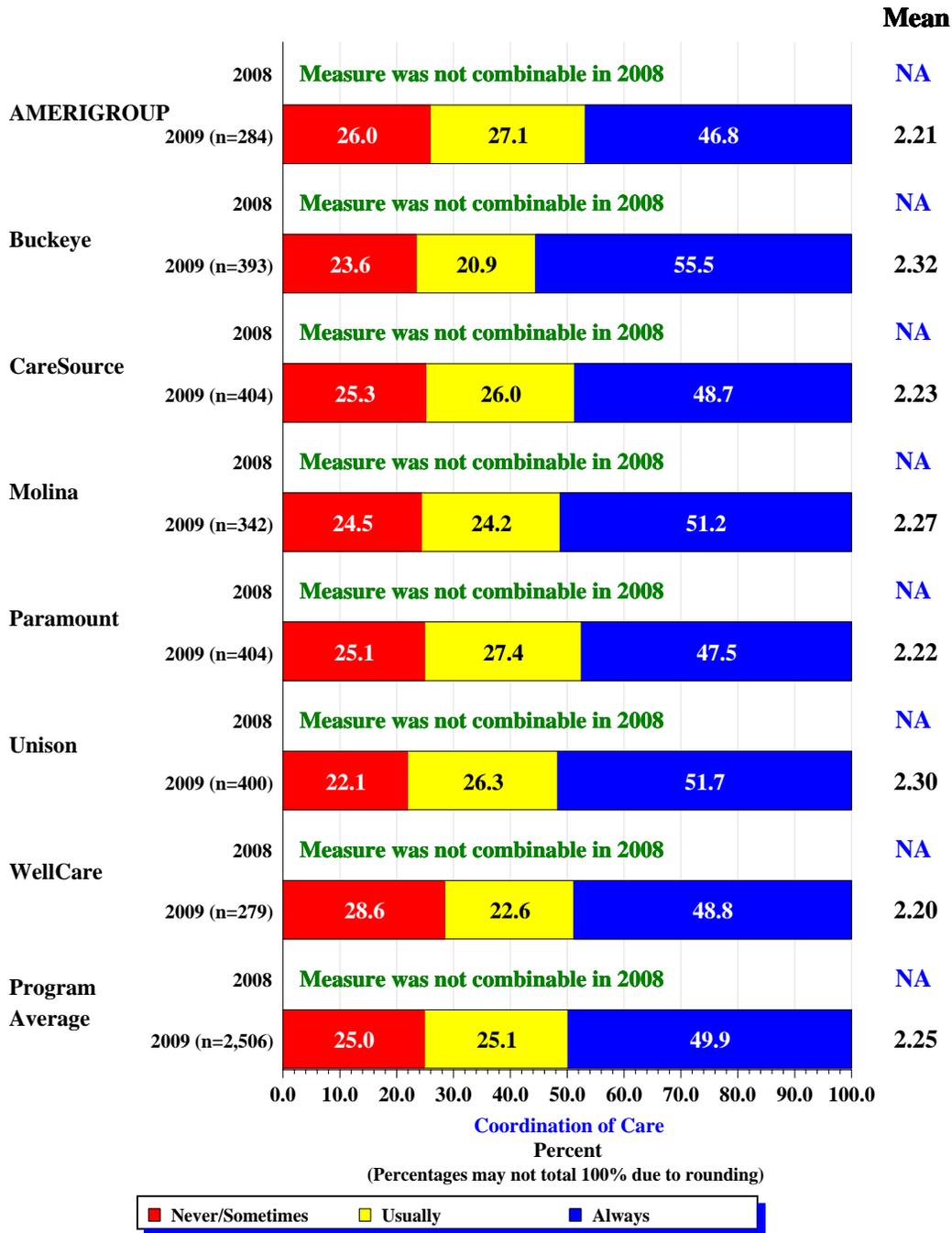
Adult and Child Medicaid

Figure E-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-34
Coordination of Care



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

Adult Medicaid

Figure E-35 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

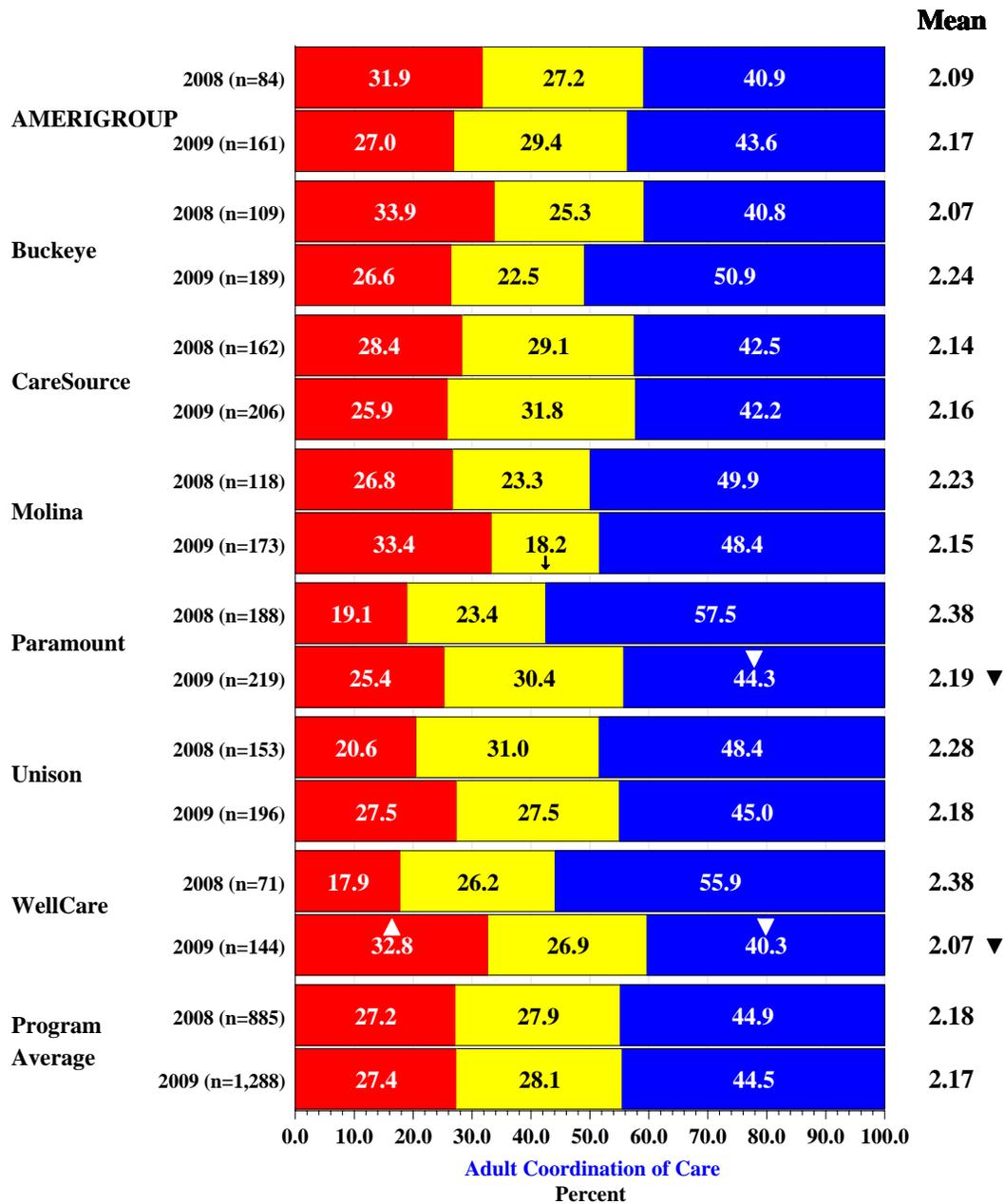
- The percentage of Molina's respondents who gave a response of Usually was significantly lower than the program average.

Trending Analysis

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

- Paramount's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Paramount's respondents who gave a response of Always was significantly lower in 2009 than in 2008.
- WellCare's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008, whereas the percentage of WellCare's respondents who gave a response of Always was significantly lower in 2009 than in 2008.

Figure E-35
Adult Coordination of Care



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

Satisfaction with Health Plan: Got Information or Help from Customer Service¹¹

Question 30 in the CAHPS Adult Medicaid Health Plan Survey and Question 49 in the CAHPS Child Medicaid Health Plan Survey asked whether members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes."¹² Figure E-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were 15 *statistically significant* differences observed for this measure.

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

Trending Analysis

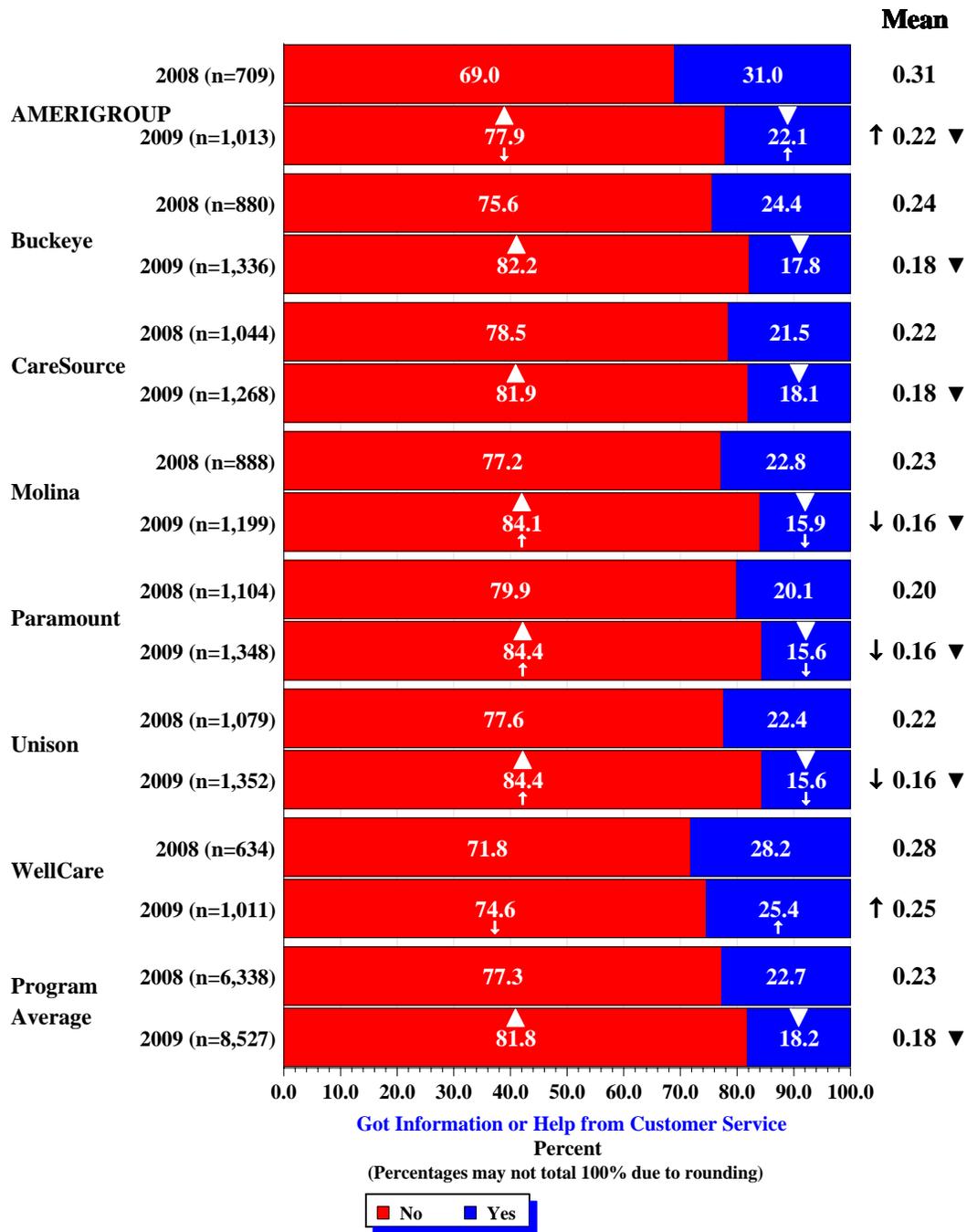
Overall, there were 21 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- AMERIGROUP's, Buckeye's, CareSource's, Molina's, Paramount's, Unison's, and the program's overall means were significantly lower in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

¹¹ 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.

¹² For questions with "No" and Yes" response categories, responses of "No" were given a score of 0 and responses of "Yes" were given as score of 1.

Figure E-36
Satisfaction with Health Plan:
Got Information or Help from Customer Service



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 33 in the CAHPS Adult Medicaid Health Plan Survey and Question 52 in the CAHPS Child Medicaid Health Plan Survey asked members if they had filled out paperwork for their health plan. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

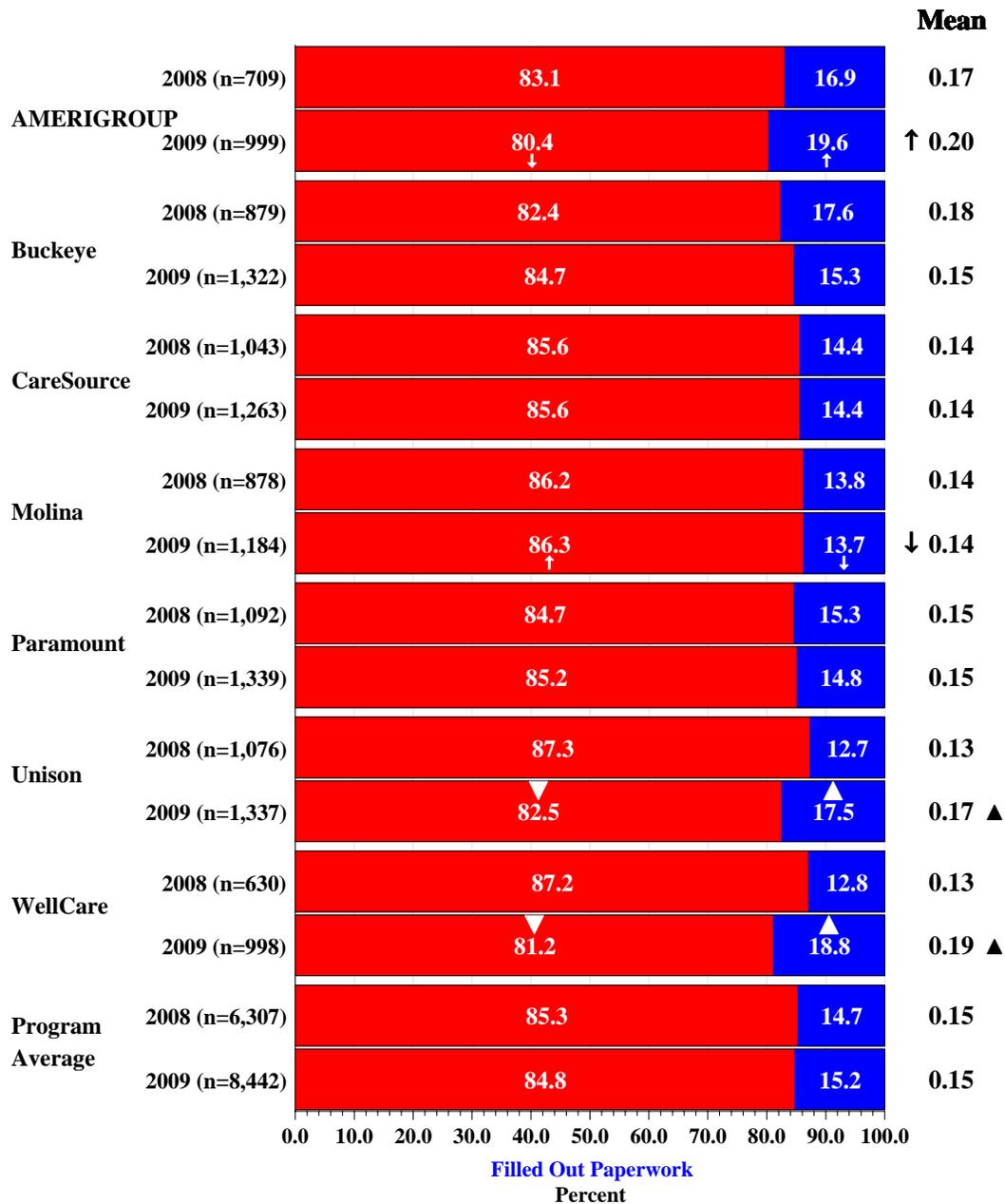
- AMERIGROUP's overall mean was significantly higher than the program average. The percentage of AMERIGROUP's respondents who gave a response of No was significantly lower than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of Yes was significantly higher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

Trending Analysis

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

- Unison's and WellCare's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

Figure E-37
Satisfaction with Health Plan:
Filled Out Paperwork



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

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Satisfaction with Health Plan: Problem with Paperwork for Health Plan measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 34 in the CAHPS Adult Medicaid Health Plan Survey and Question 53 in the CAHPS Child Medicaid Health Plan Survey asked members how often forms were easy to fill out for their health plan. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."¹³

Adult and Child Medicaid

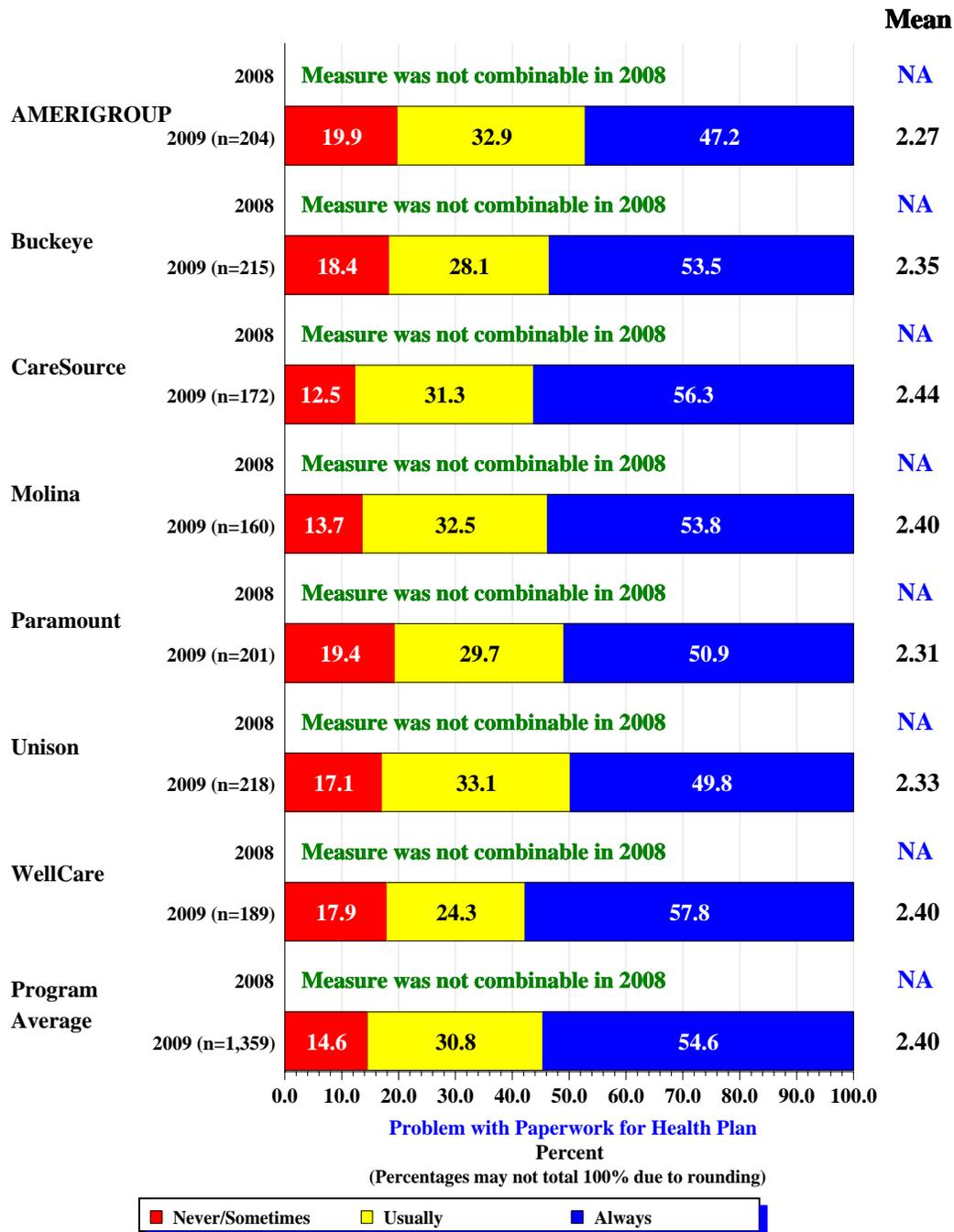
Figure E-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

¹³ For questions with "Never/Sometimes," "Usually," and "Always" response categories, responses of "Never/Sometimes" were given a score of 1, responses of "Usually" were given a score of 2, and responses of "Always" were given a score of 3.

Figure E-38
Satisfaction with Health Plan:
Problem with Paperwork for Health Plan



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

Adult Medicaid

Figure E-39 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

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

- The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008.

SATISFACTION WITH HEALTH CARE PROVIDERS

Satisfaction with Health Care Providers: Have Personal Doctor¹⁴

Several questions were asked to assess member satisfaction with health care providers. Question 13 in the CAHPS Adult Medicaid Health Plan Survey and Question 28 in the CAHPS Child Medicaid Health Plan Survey asked whether members had one person who they thought of as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

Overall, there were 15 *statistically significant* differences observed for this measure.

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

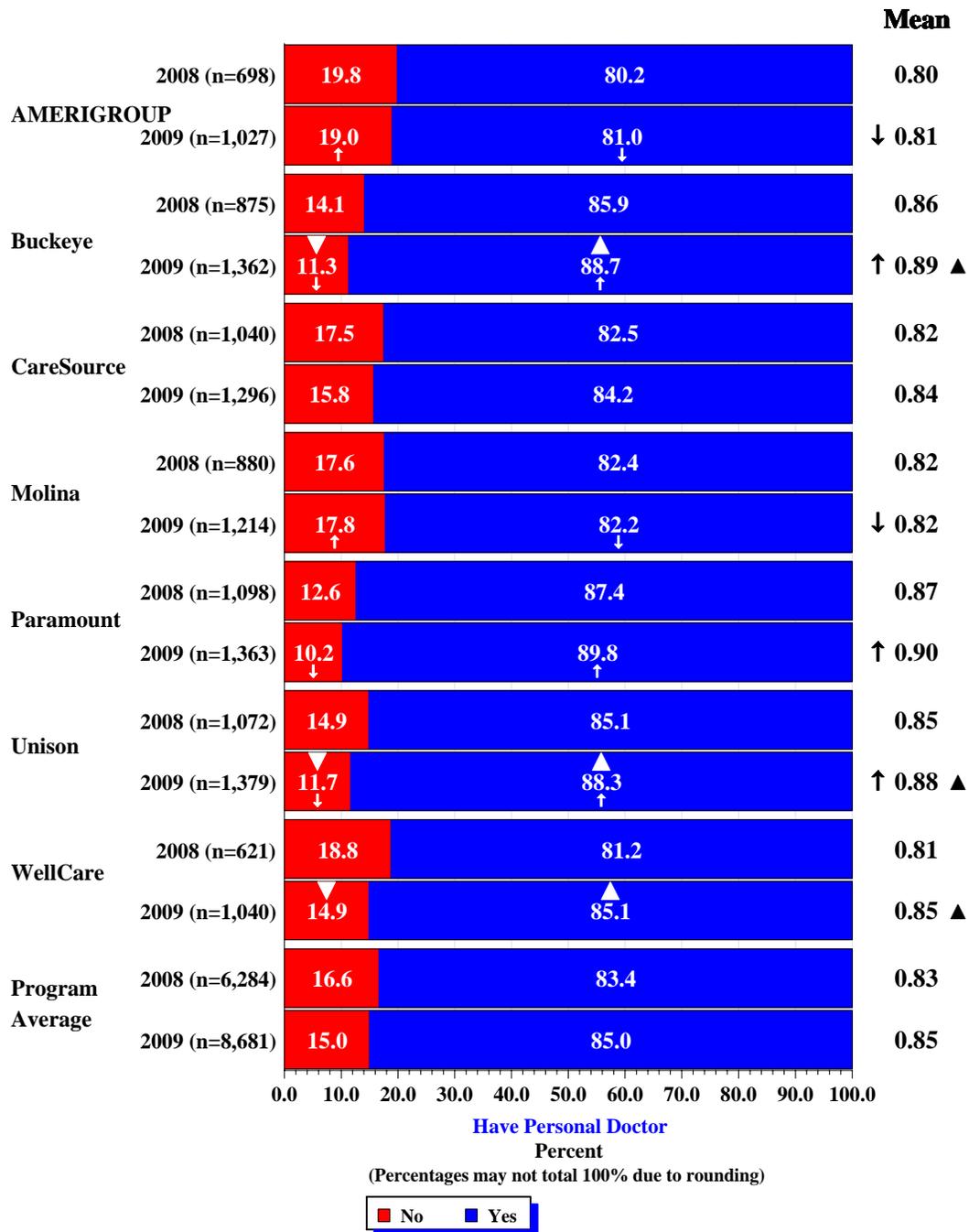
Trending Analysis

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

- Buckeye's, Unison's, and WellCare's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

¹⁴ 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 E-40
Satisfaction with Health Care Providers
Have Personal Doctor



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
↓ indicates the score is significantly lower than the program average
▲ 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 the parents or caretakers of child members whether child members were able to talk with doctors about their health care.¹⁵ For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

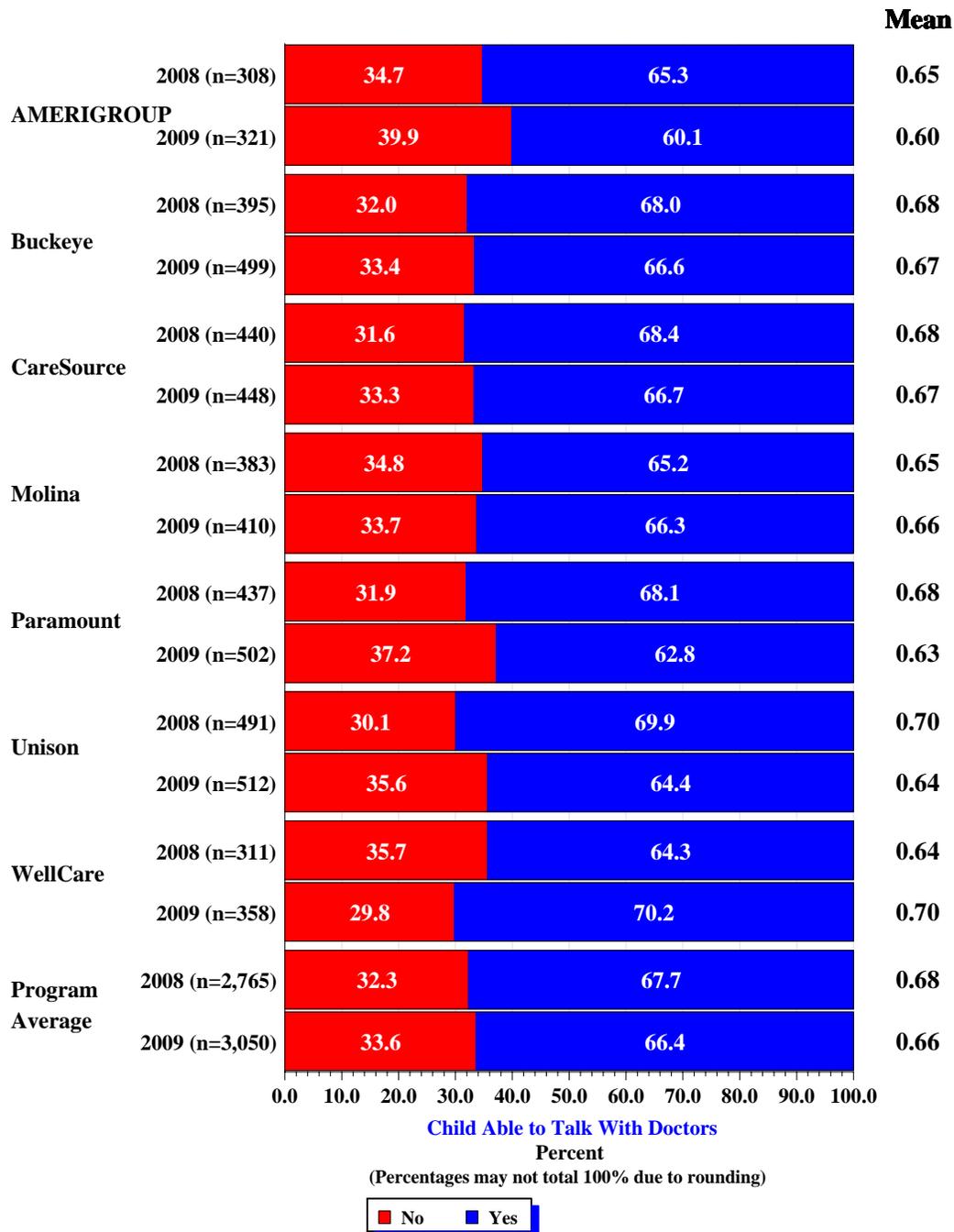
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

¹⁵ This item is only included in the CAHPS 4.0H Child Medicaid Health Plan Survey.

Figure E-41
Satisfaction with Health Care Providers:
Child Able to Talk With Doctors



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 doctors explained things to child members in a way the child could understand.¹⁶ For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always."¹⁷ Figure E-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

Trending Analysis

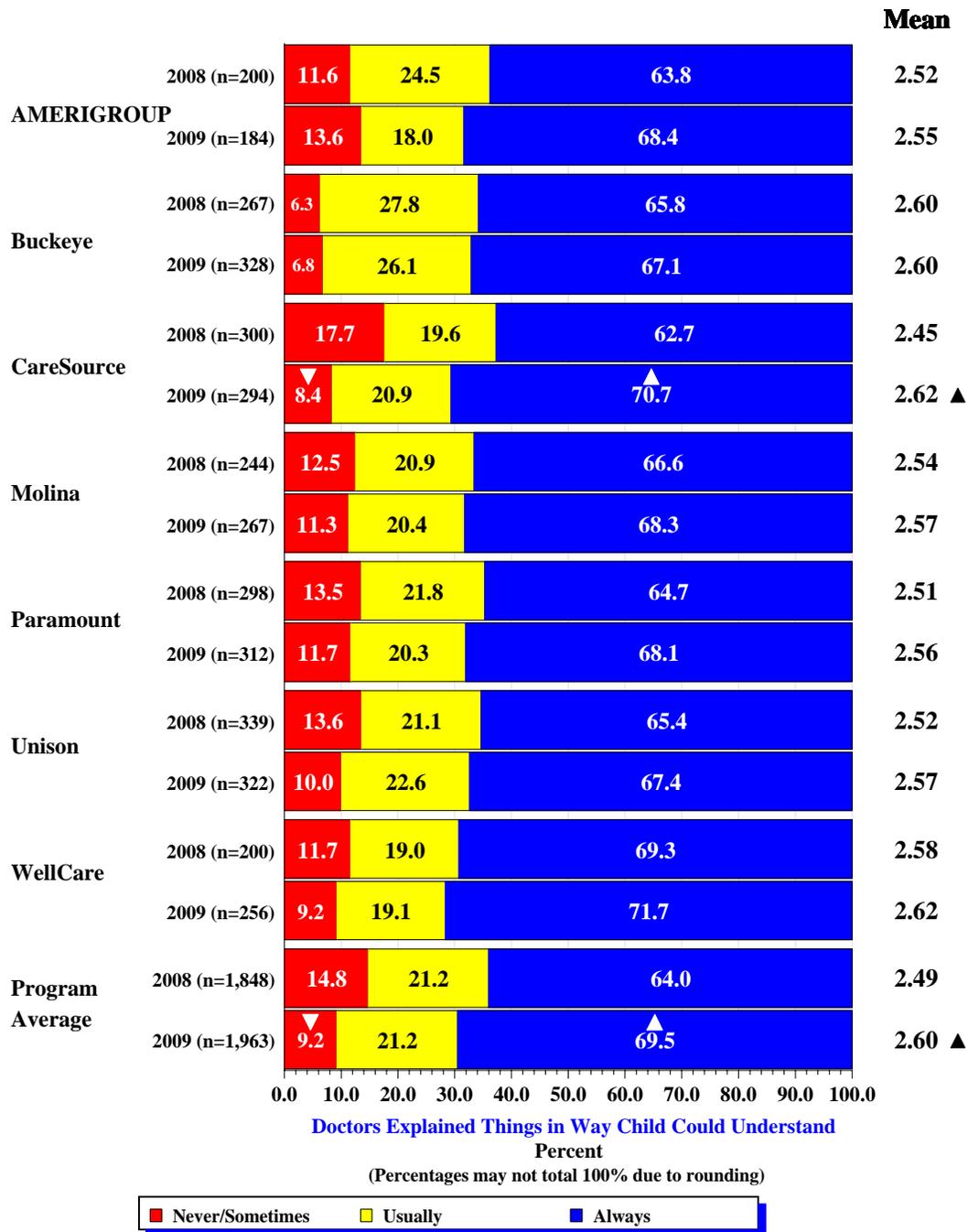
Overall, there were six *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- CareSource's and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Always was significantly higher in 2009 than in 2008.

¹⁶ This item is only included in the CAHPS 4.0H Child Medicaid Health Plan Survey.

¹⁷ 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 E-42
Satisfaction with Health Care Providers:
Doctors Explained Things in Way Child Could Understand



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 Specialist¹⁸

Several questions were asked to assess member perceptions of access to care. Question 22 in the CAHPS Adult Medicaid Health Plan Survey and Question 43 in the CAHPS Child Medicaid Health Plan Survey asked whether the member tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were classified into two categories: "No" and "Yes." Figure E-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

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

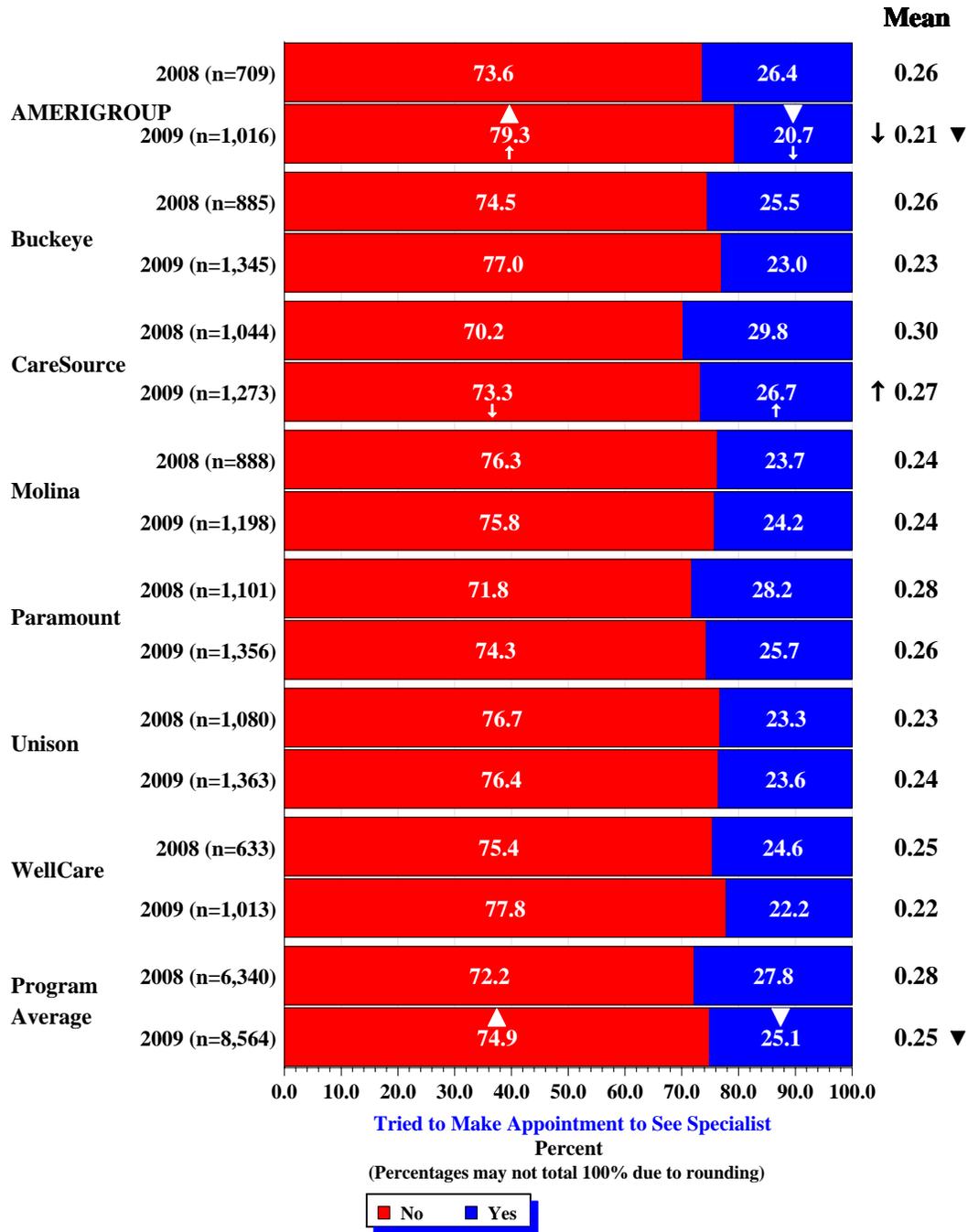
Trending Analysis

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

- AMERIGROUP's and the program's overall means were significantly lower in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

¹⁸ 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 E-43
Access to Care:
Tried to Make Appointment to See Specialist



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

Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, the Access to Care: Saw a Specialist measure results for the adult and child populations are now combinable and comparable for the first time. Given that this is the first year that the 4.0H version of the measure can be combined, these combined results for the adult and child populations are not trendable. However, trending can be performed on the adult population's results; therefore, the trended adult results are reported separately.

Question 24 in the CAHPS Adult Medicaid Health Plan Survey and Question 45 in the CAHPS Child Medicaid Health Plan Survey asked members how many specialists they saw. For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were classified into the following number of visits: "3 or More," "1 to 2," and "None."

Adult and Child Medicaid

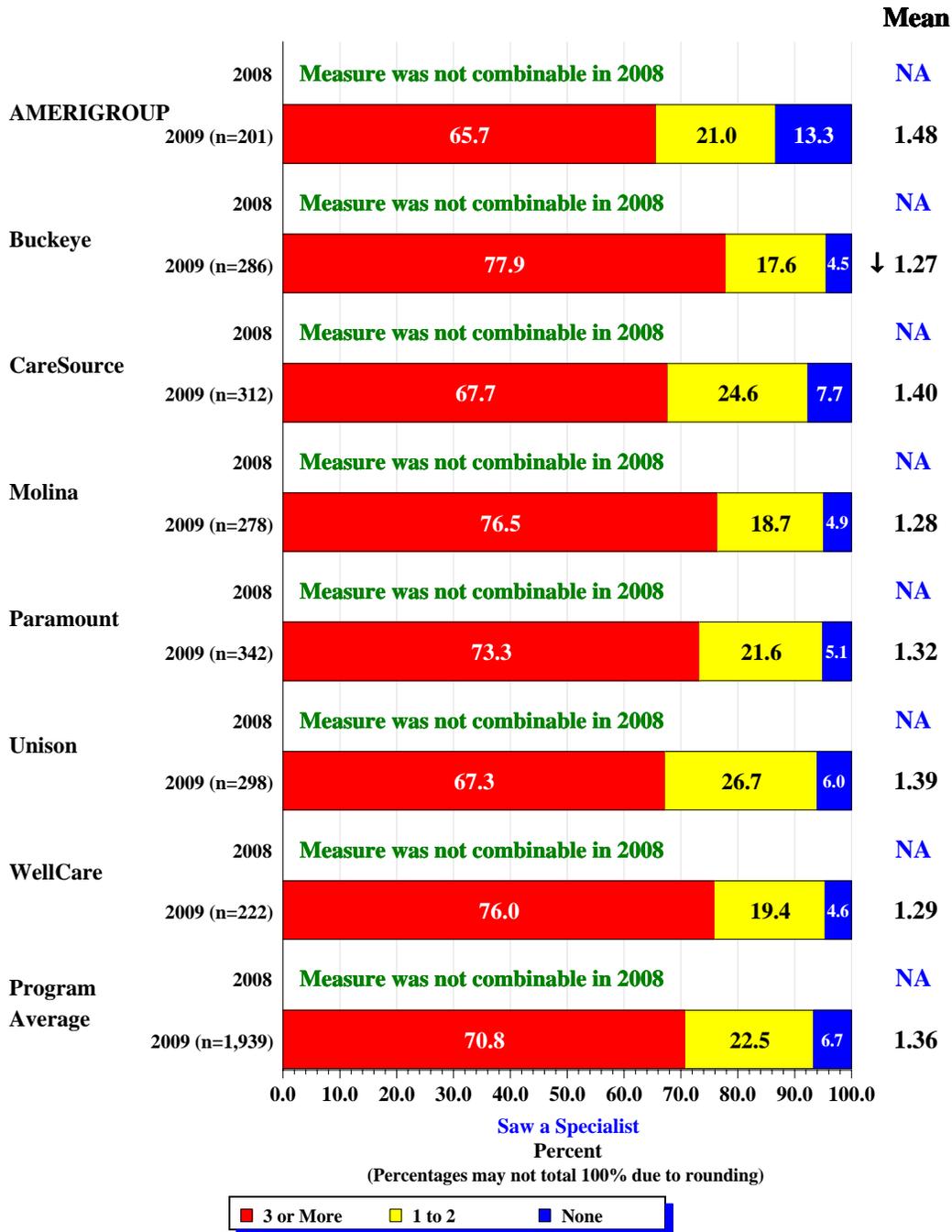
Figure E-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to the introduction of the new child survey, a trending analysis is not applicable between scores in 2009 and scores in 2008.

Comparative Analysis

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

- Buckeye's overall mean was significantly lower than the program average.

Figure E-44
Access to Care:
Saw a Specialist



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

Adult Medicaid

Figure E-45 depicts the overall mean scores and the percentage of adult respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

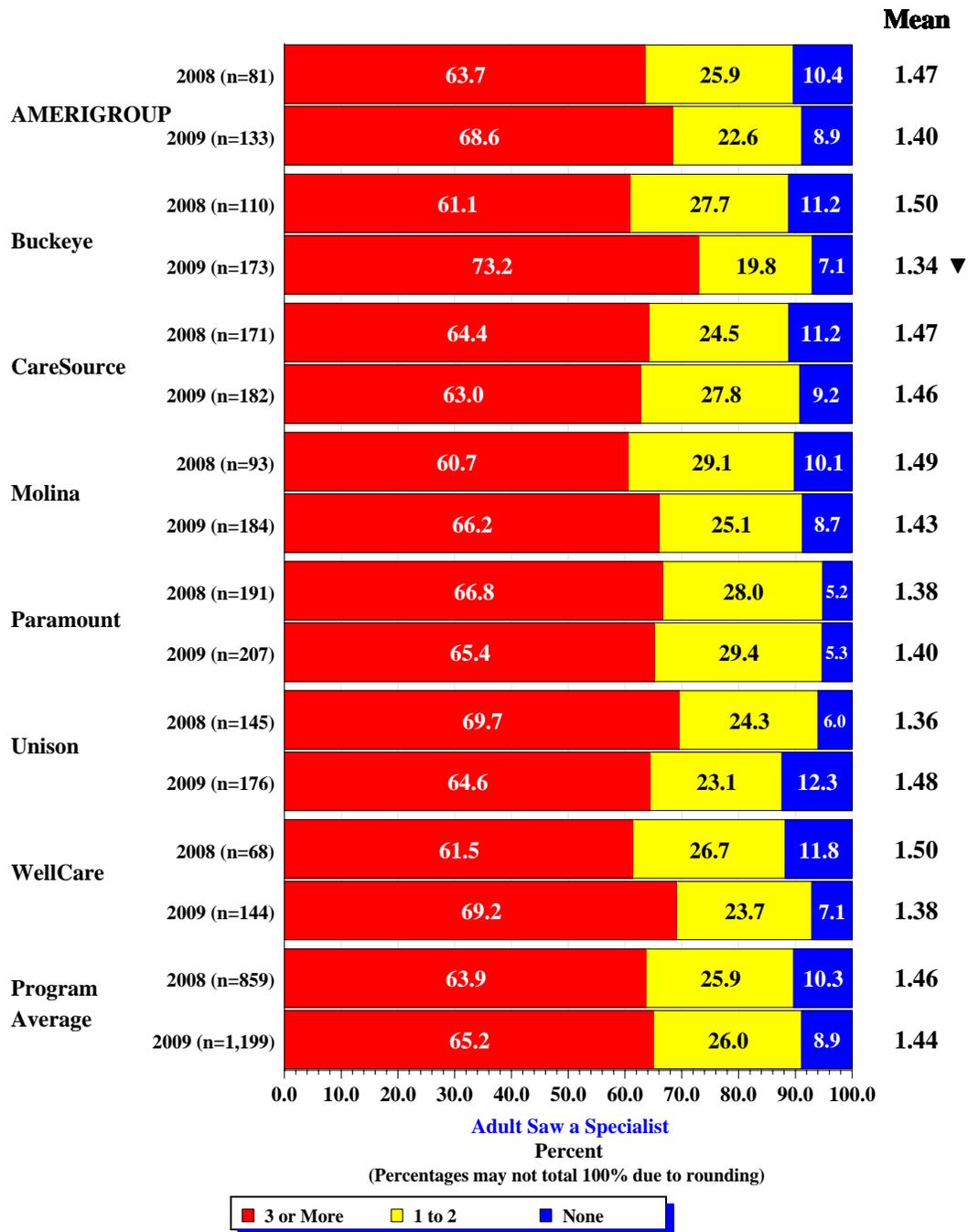
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- Buckeye's overall mean was significantly lower in 2009 than in 2008.

Figure E-45
Access to Care:
Adult Saw a Specialist



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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: Made Appointments for Health Care

Question 5 in the CAHPS Adult Medicaid and Child Health Plan Surveys asked whether members had made any appointments for health care (not counting the times members needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

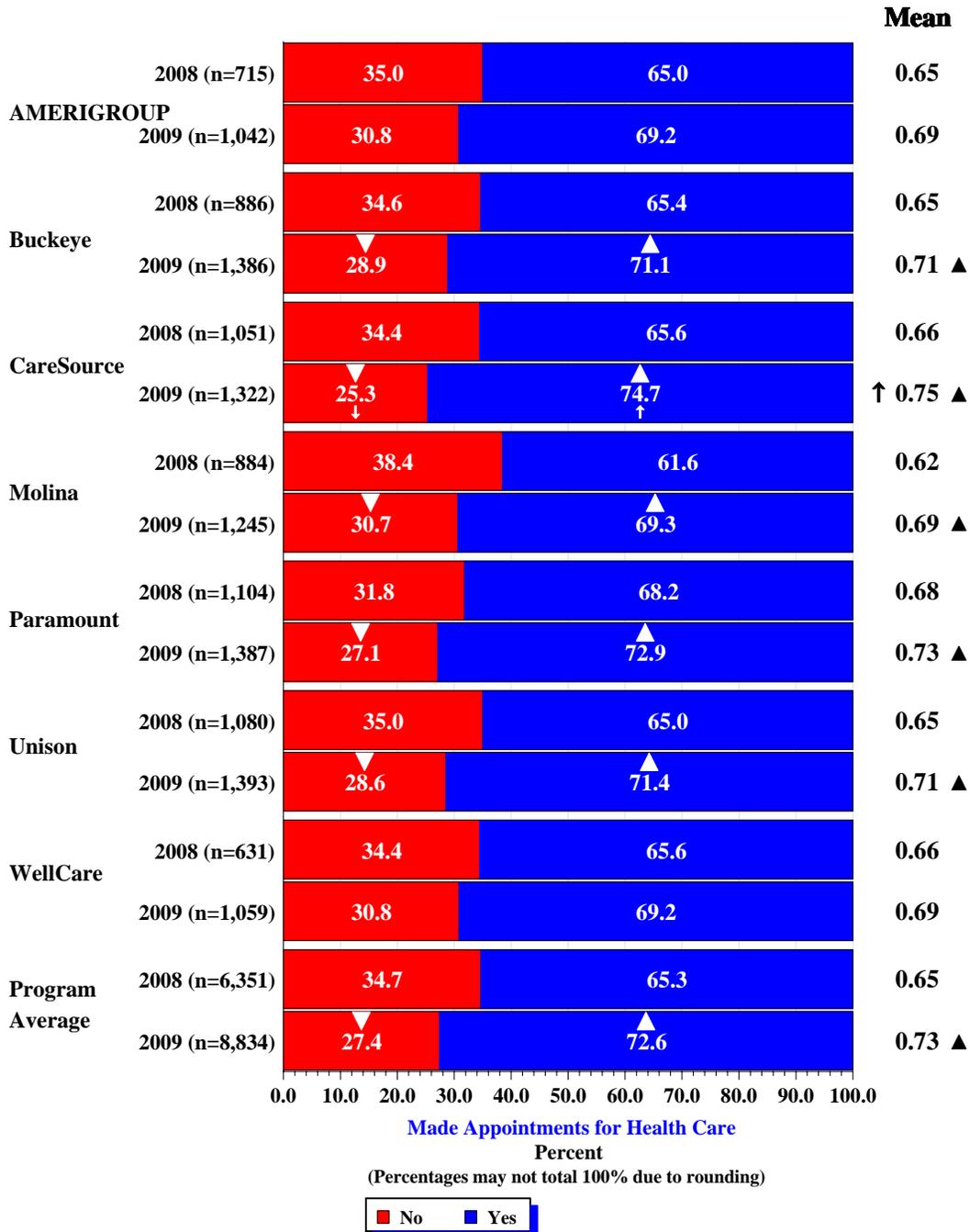
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of No was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Yes was significantly higher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

Trending Analysis

Overall, there were 18 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Buckeye's, CareSource's, Molina's, Paramount's, Unison's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

Figure E-46
Access to Care:
Made Appointments for Health Care



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
↓ indicates the score is significantly lower than the program average
▲ 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 Adult and Child Medicaid Health Plan Surveys asked whether the member 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 Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure E-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

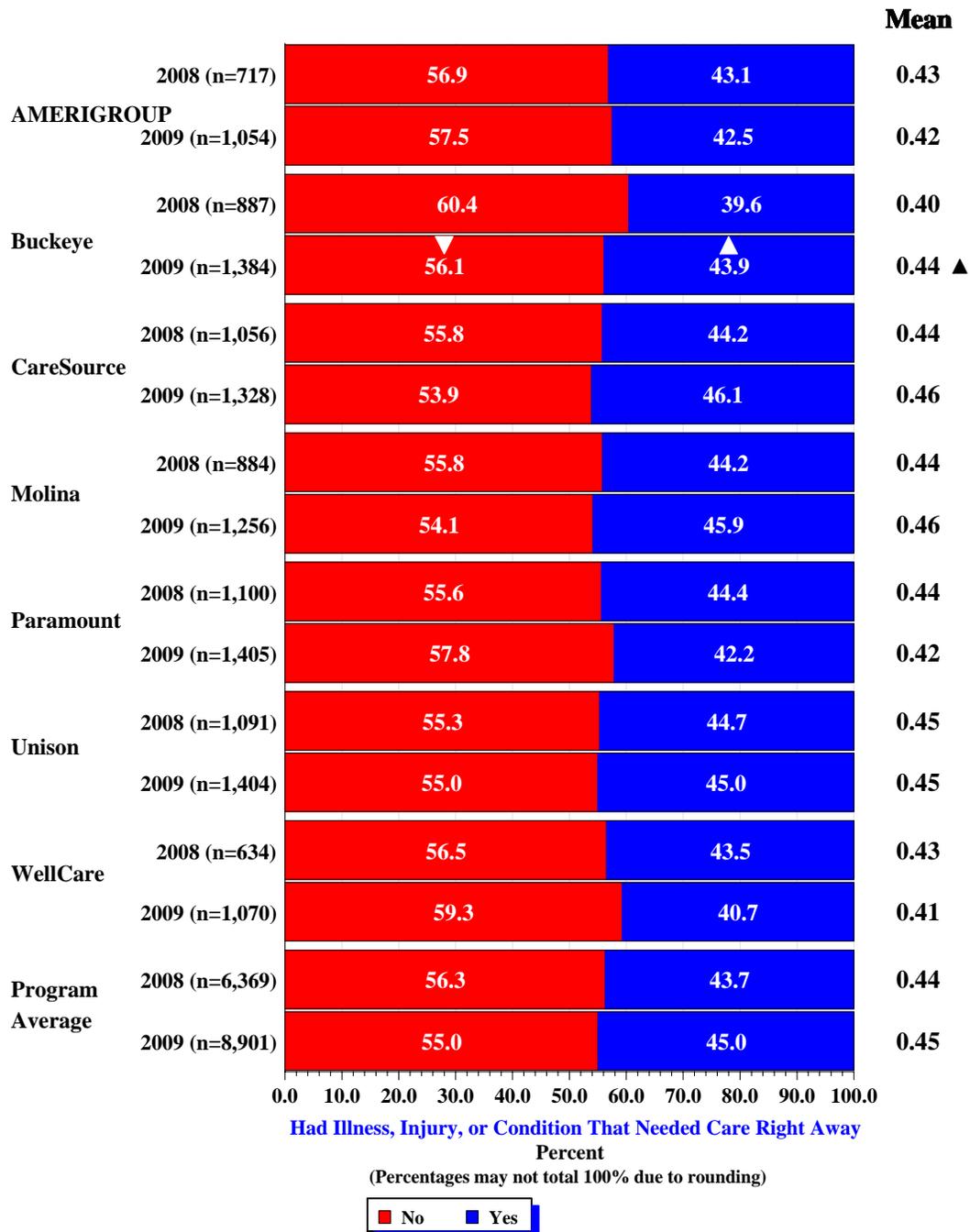
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- Buckeye's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Buckeye's respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of Buckeye's respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

Figure E-47
Access to Care:
Had Illness, Injury, or Condition That Needed Care Right Away



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 Adult and Child Medicaid Health Plan Surveys asked how many times the member visited the doctor's office or clinic (not counting times the member visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure E-48 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

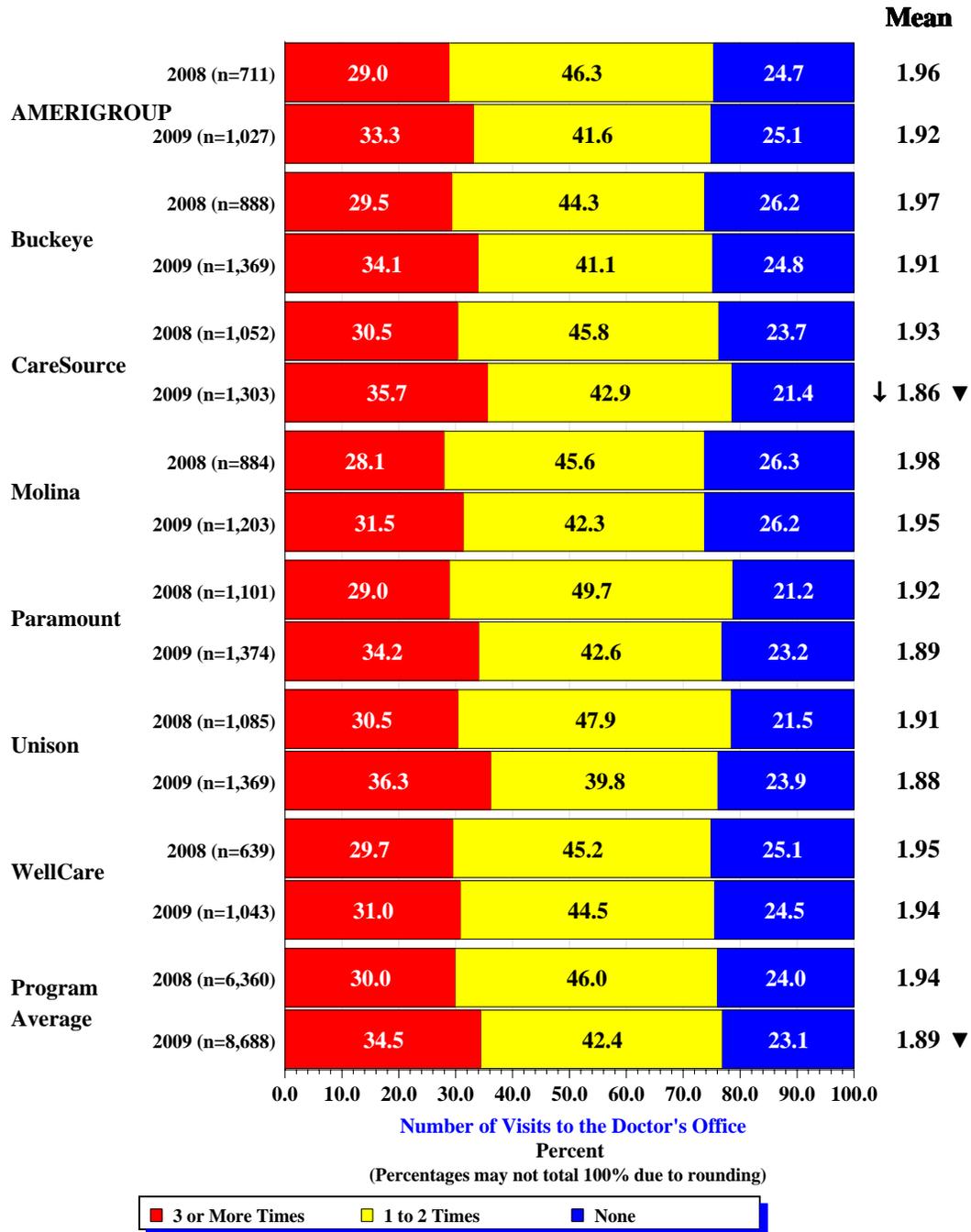
- CareSource's overall mean was significantly lower than the program average.

Trending Analysis

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

- CareSource's and the program's overall means were significantly lower in 2009 than in 2008.

Figure E-48
Utilization of Services:
Number of Visits to the Doctor's Office



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

CHILDREN WITH CHRONIC CONDITIONS (CCC) COMPOSITES AND CCC COMPOSITE ITEMS¹⁹

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked how often it was easy for child members to obtain prescription medicines through their health plan. For this composite, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-49 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis is not applicable between the scores in 2009 and scores in 2008.

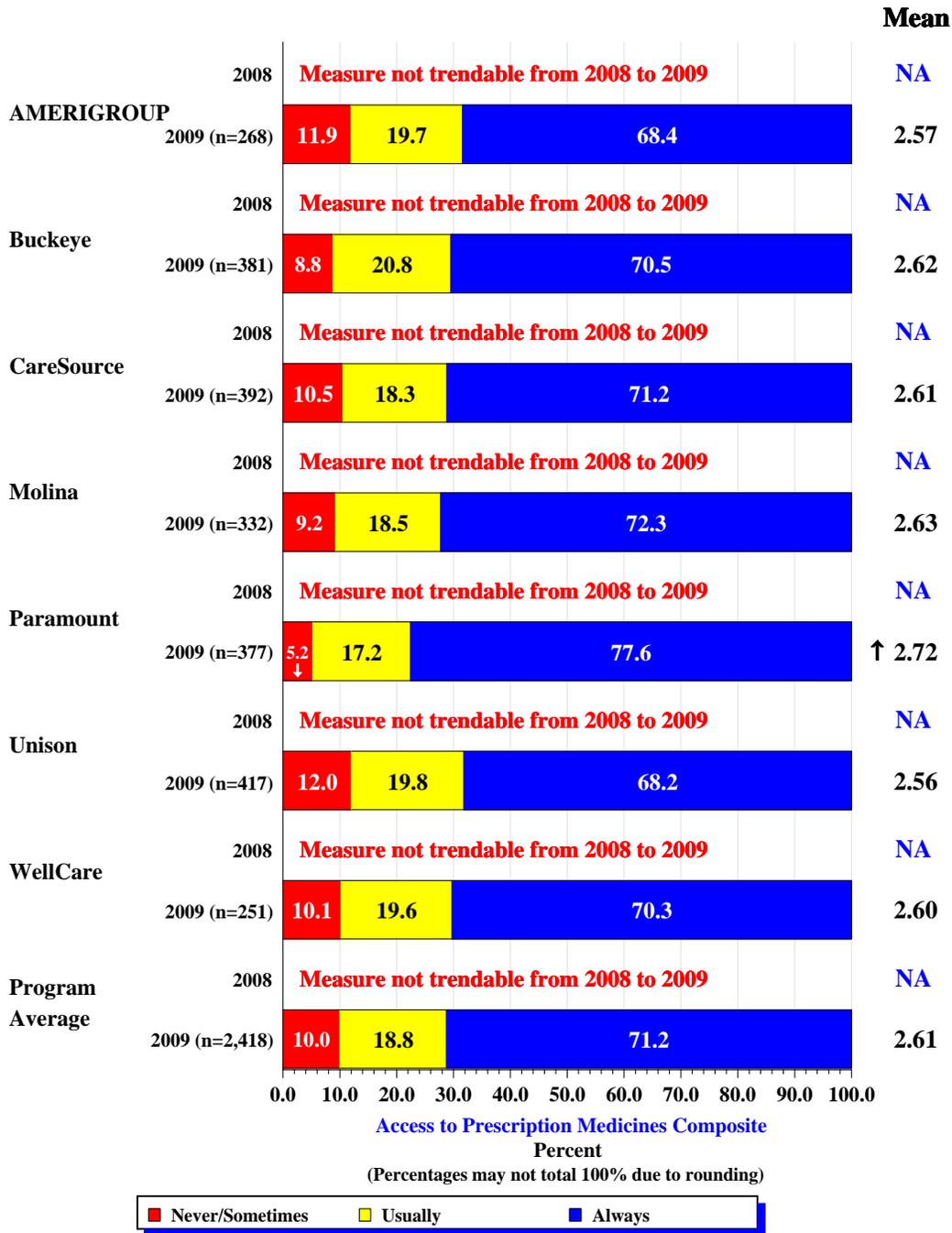
Comparative Analysis

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

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

¹⁹ The CCC composites and CCC composite items are only included in the CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set).

**Figure E-49
Access to Prescription Medicines Composite**



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

Access to Specialized Services

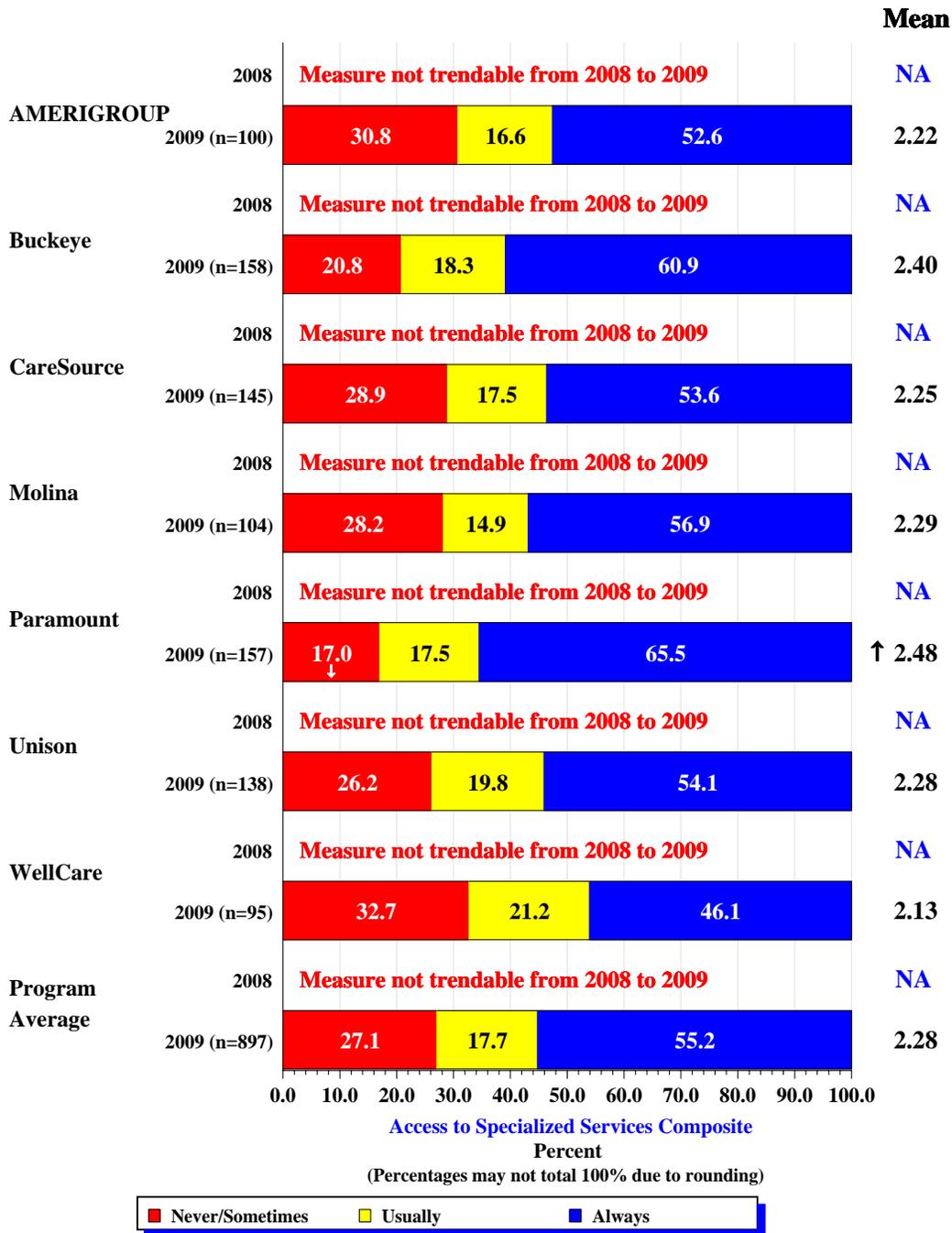
A series of three questions was asked in order to assess how often it was easy for members to obtain access to specialized services. For each of these questions (Questions 18, 21, and 24 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-50 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis is not applicable between the scores in 2009 and scores in 2008.

Comparative Analysis

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

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

**Figure E-50
Access to Specialized Services Composite**



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

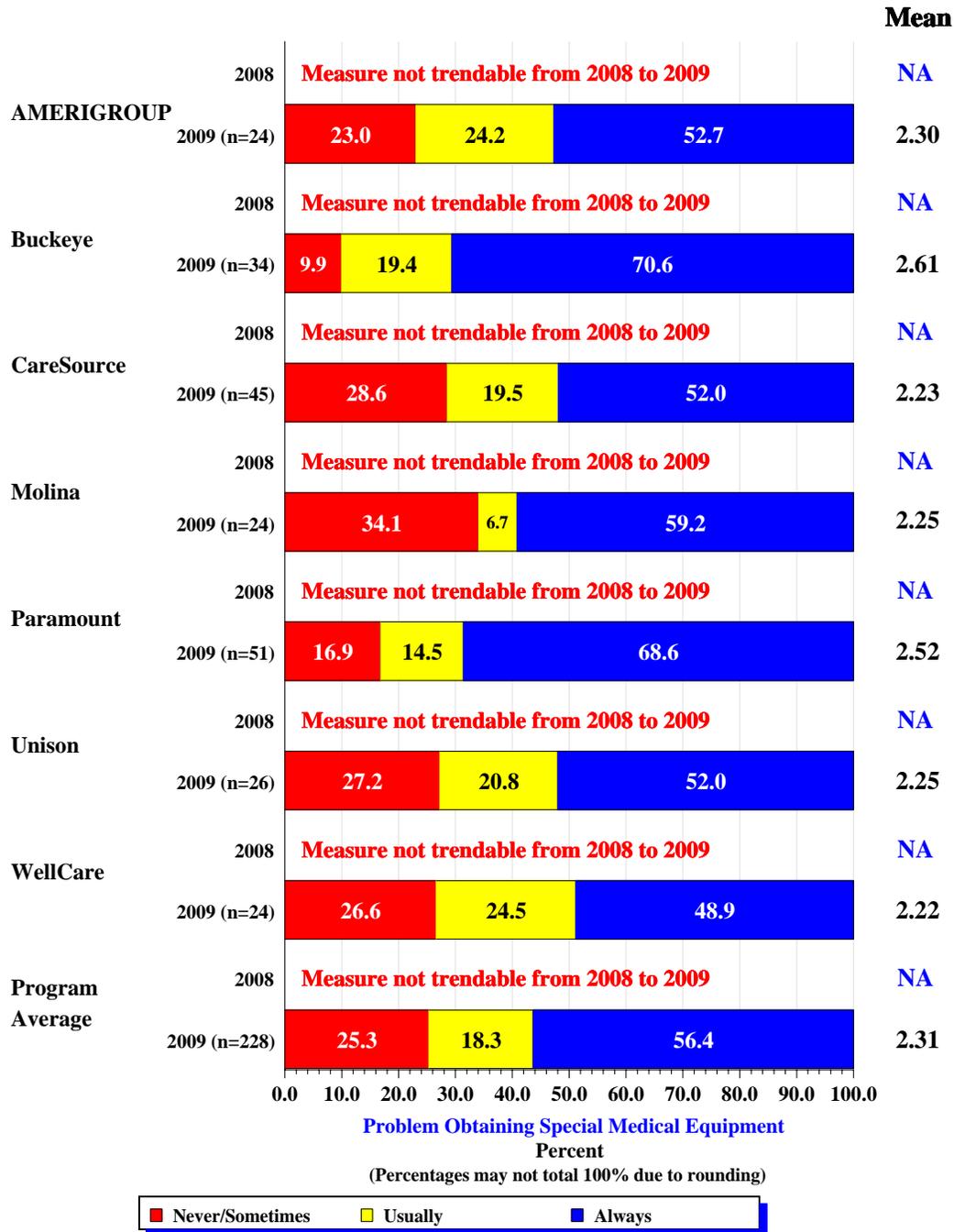
Access to Specialized Services: Problem Obtaining Special Medical Equipment

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special medical equipment or devices for their child. Figure E-51 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis is not applicable between the scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-51
Access to Specialized Services Composite:
Problem Obtaining Special Medical Equipment



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

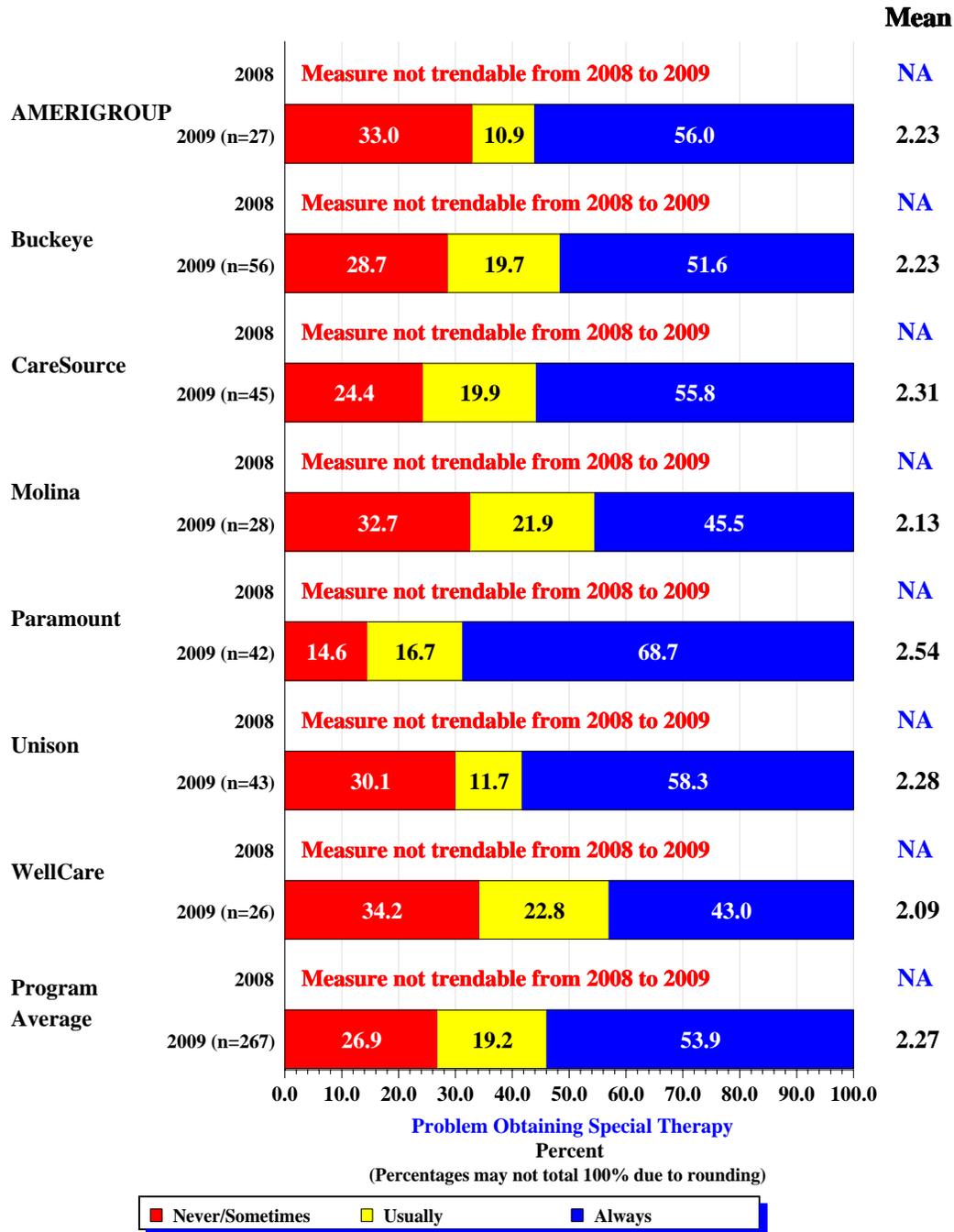
Access to Specialized Services: Problem Obtaining Special Therapy

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. Figure E-52 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis is not applicable between the scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-52
Access to Specialized Services Composite:
Problem Obtaining Special Therapy



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

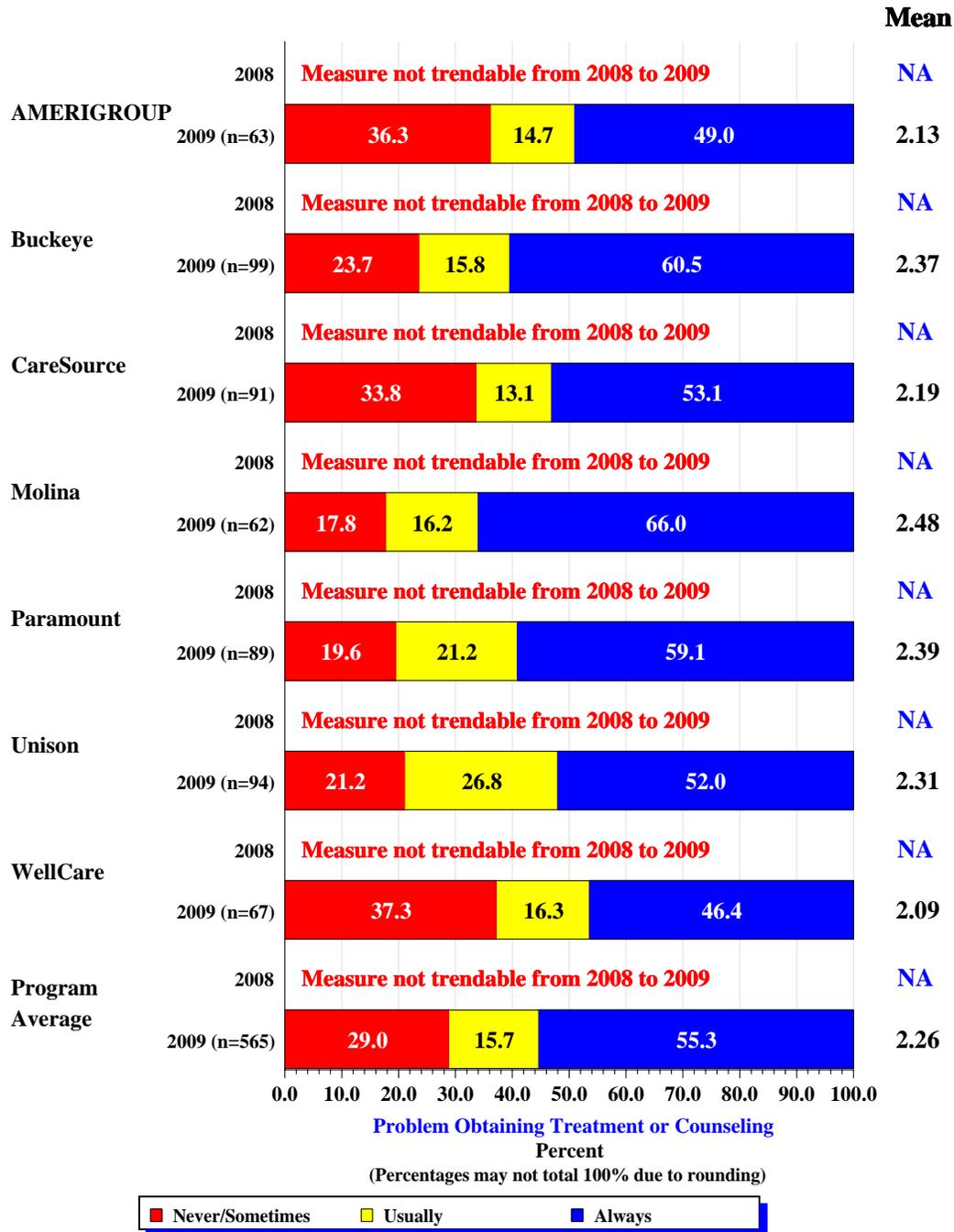
Access to Specialized Services: Problem Obtaining Treatment or Counseling

Question 24 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining treatment or counseling for their child. Figure E-53 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis is not applicable between the scores in 2009 and scores in 2008.

Comparative Analysis

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

Figure E-53
Access to Specialized Services Composite:
Problem Obtaining Treatment or Counseling



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

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

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (Questions 36, 41, and 42 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: "No" and "Yes." Figure E-54 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

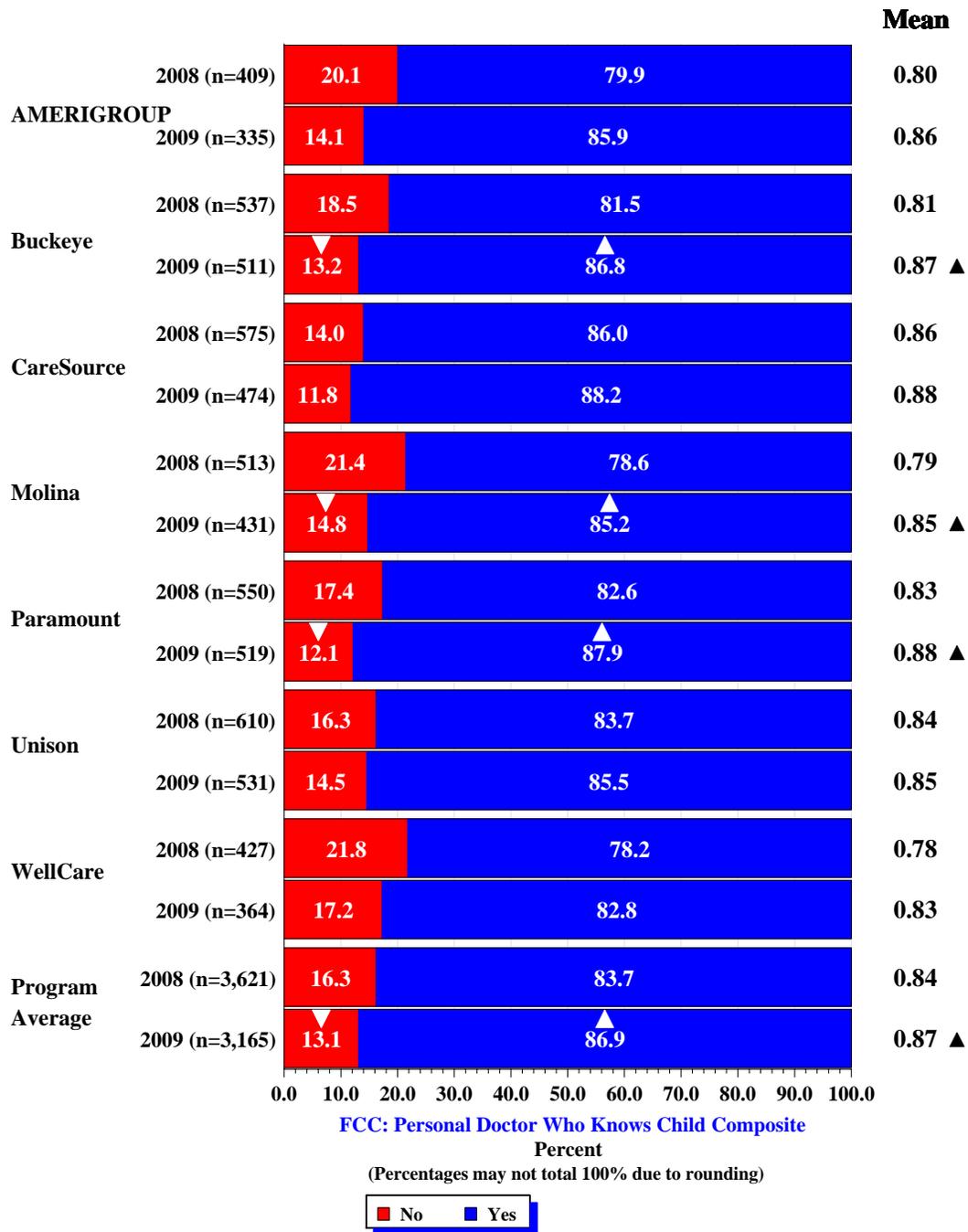
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were 12 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- Buckeye's, Molina's, Paramount's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

Figure E-54
FCC: Personal Doctor Who Knows Child Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 E-55 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

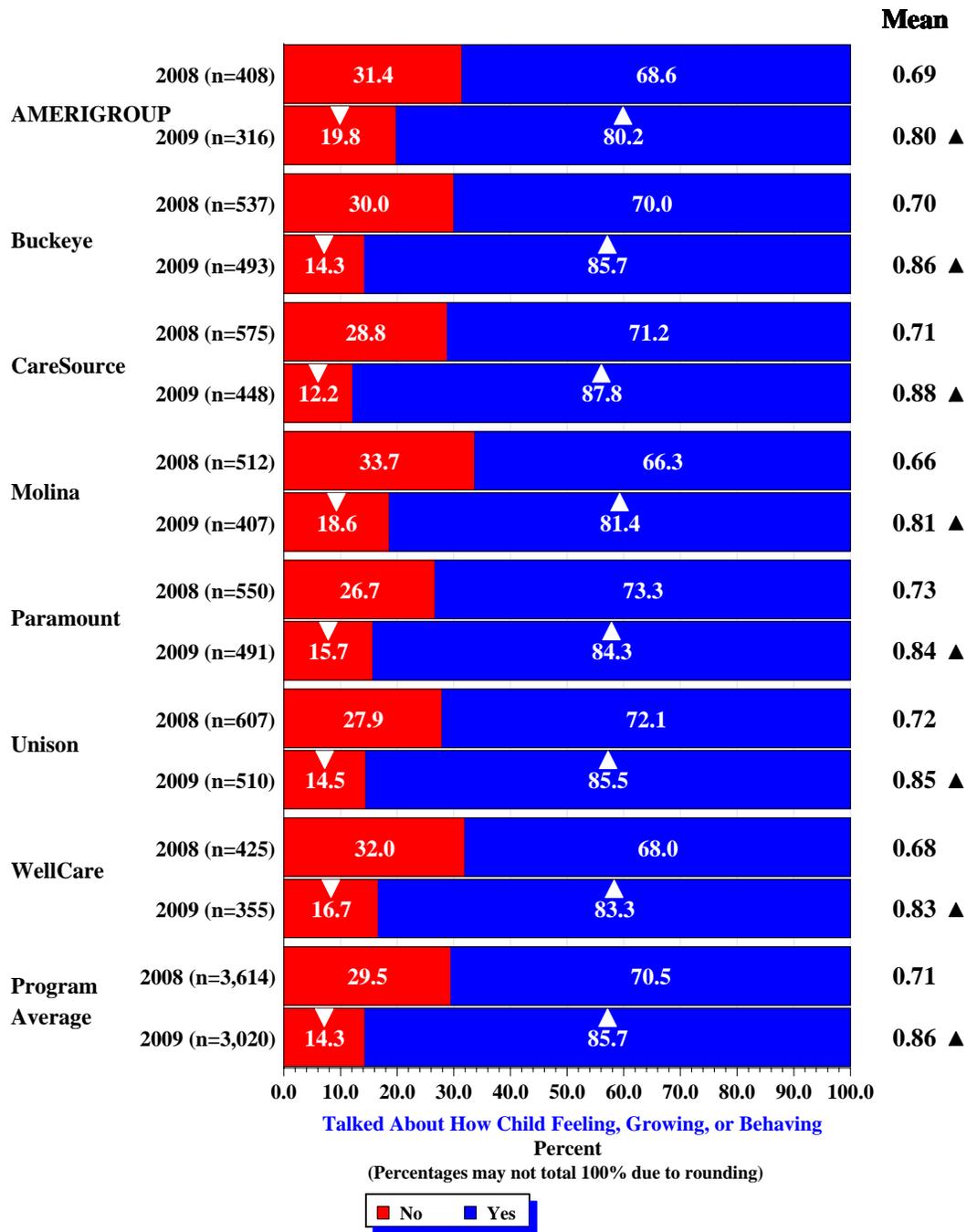
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were 24 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- AMERIGROUP's, Buckeye's, CareSource's, Molina's, Paramount's, Unison's, WellCare's, and the program's overall means were significantly higher in 2009 than in 2008. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2009 than in 2008, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2009 than in 2008.

Figure E-55
FCC: Personal Doctor Who Knows Child Composite:
Talked About How Child Feeling, Growing, or Behaving



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 E-56 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

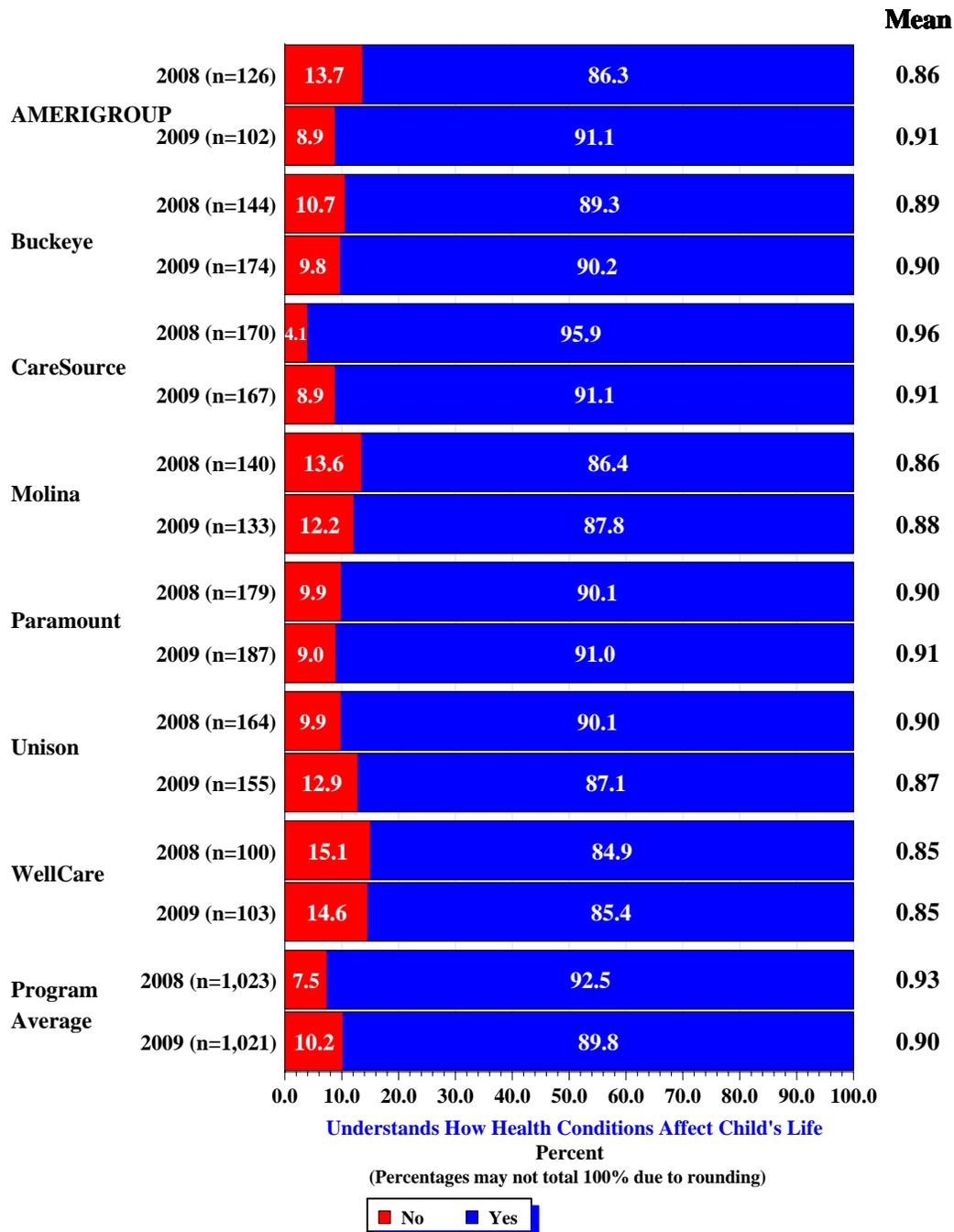
Comparative Analysis

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

Trending Analysis

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

Figure E-56
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Child's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 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 E-57 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

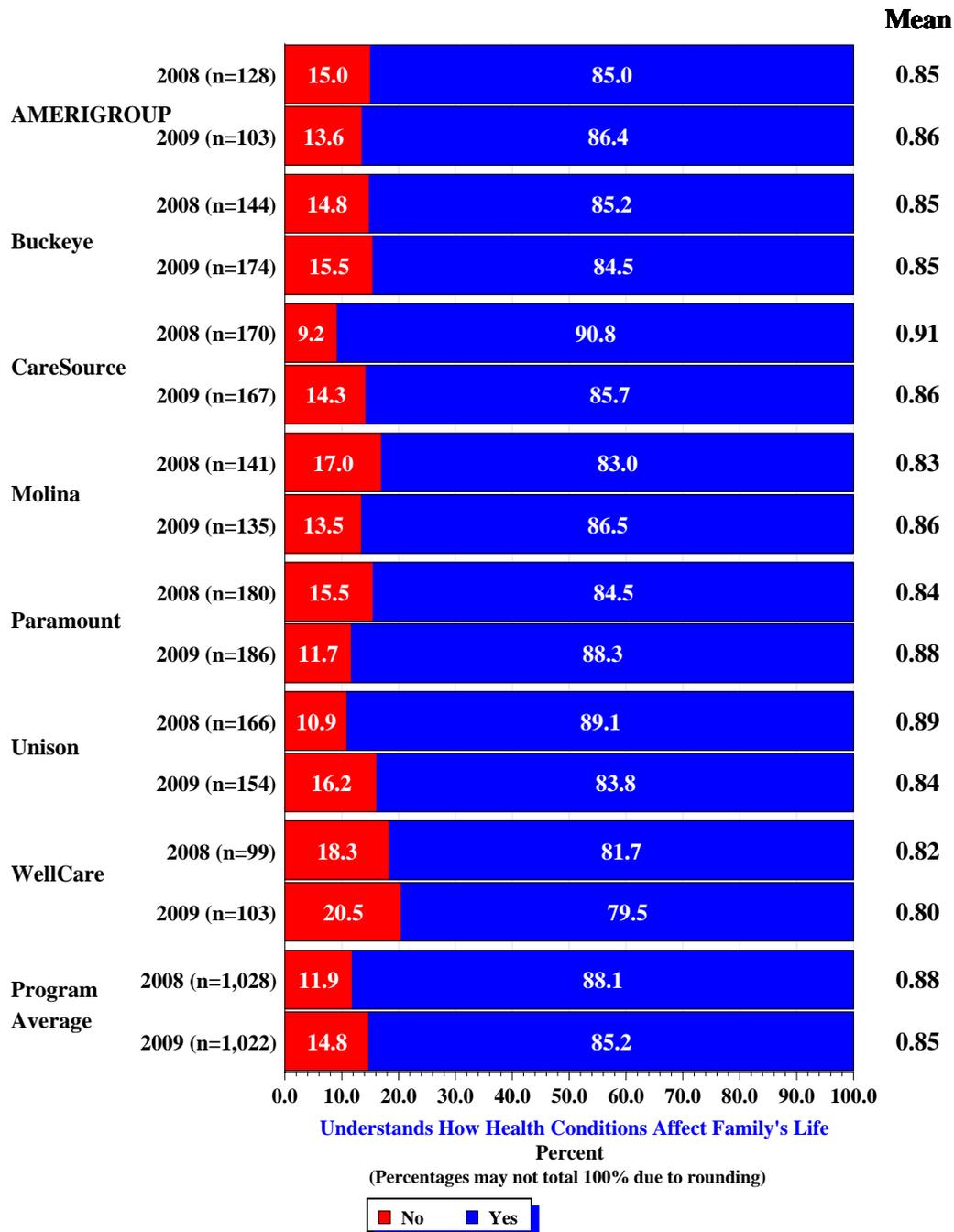
Comparative Analysis

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

Trending Analysis

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

Figure E-57
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 program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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

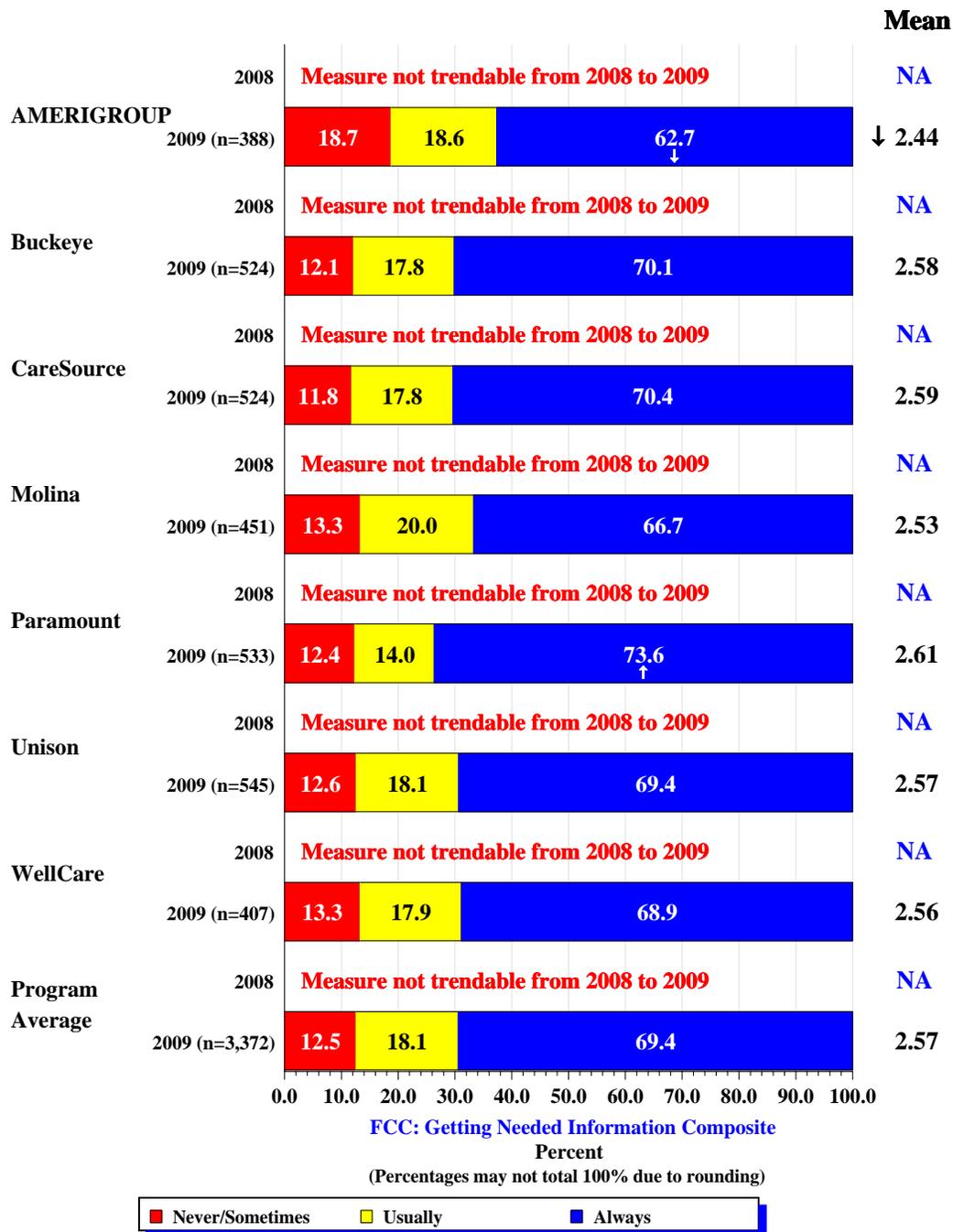
One question was asked to assess whether the parents or caretakers of child members were able to get needed information (Question 9 in the CAHPS Child Medicaid Health Plan Survey). For this question, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure E-58 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Due to changes resulting from the introduction of the new Child 4.0H CAHPS Health Plan Survey, a trending analysis for this composite is not applicable between the scores in 2009 and scores in 2008. However, the individual question that comprises this composite is trendable; therefore, these results are presented separately.

Comparative Analysis

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

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

Figure E-58
FCC: Getting Needed Information Composite



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

FCC: Getting Needed Information: Questions Answered

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often their questions were answered by doctors or other health providers. Figure E-59 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. A trending analysis is not applicable between the scores in 2009 and scores in 2008 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.

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

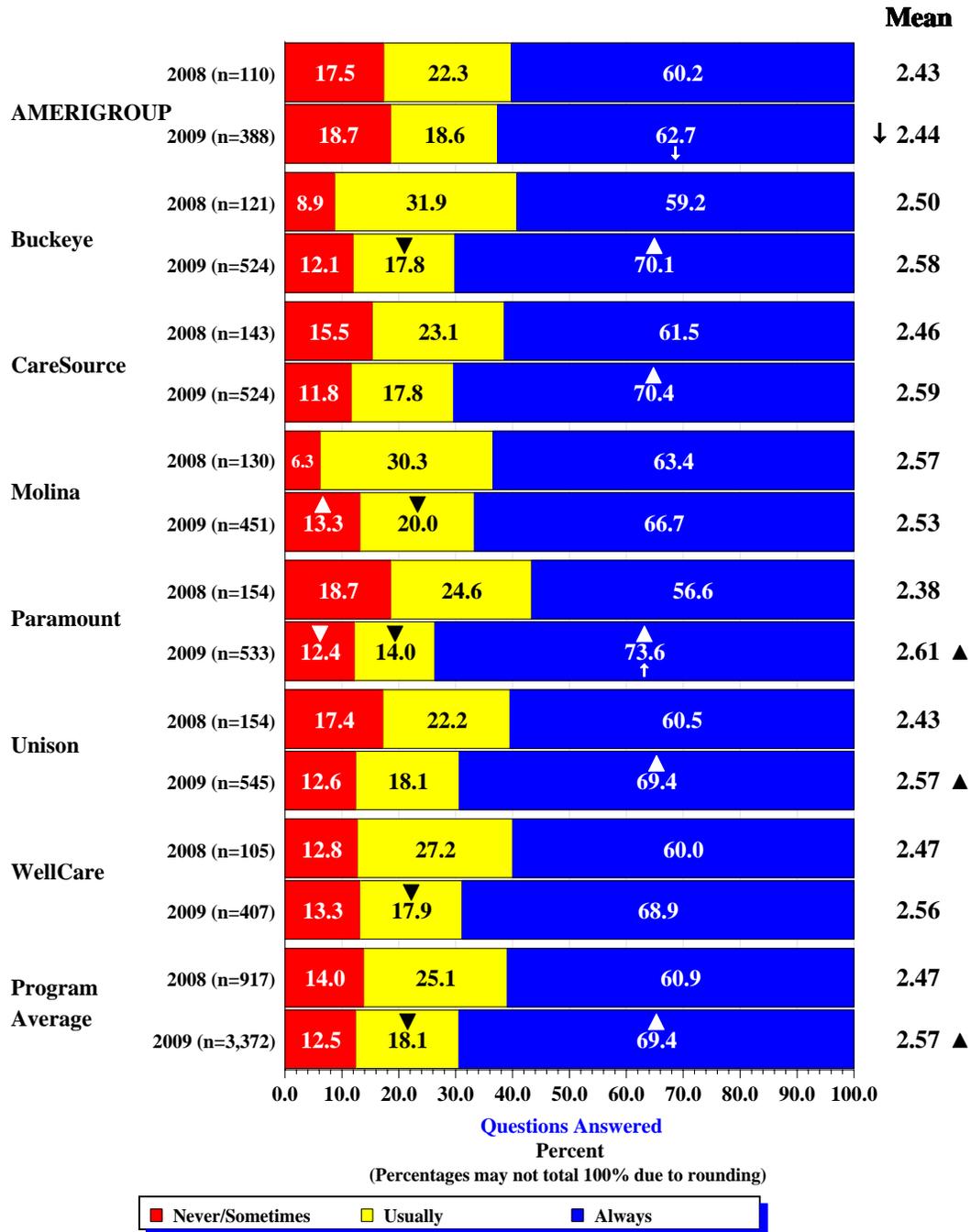
Trending Analysis

Overall, there were 15 *statistically significant* differences between scores in 2009 and scores in 2008 for this measure.

- The percentage of Buckeye's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of Buckeye's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of CareSource's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2009 than in 2008, whereas the percentage of Molina's respondents who gave a response of Usually was significantly lower in 2009 than in 2008.
- Paramount's overall mean was significantly higher in 2009 than in 2008. The percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly lower in 2009 than in 2008, similarly the percentage of Paramount's respondents who gave a response of Usually was significantly lower in 2009 than in 2008 and the percentage of Paramount's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

- Unison's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of Always was significantly higher in 2009 than in 2008.
- The percentage of WellCare's respondents who gave a response of Usually was significantly lower in 2009 than in 2008.
- The program's overall mean was significantly higher in 2009 than in 2008. Furthermore, the percentage of the program's respondents who gave a response of Usually was significantly lower in 2009 than in 2008, whereas the percentage of the program's respondents who gave a response of Always was significantly higher in 2009 than in 2008.

Figure E-59
FCC: Getting Needed Information Composite:
Questions Answered



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 Conditions²⁰

Two questions were asked in order to assess whether parents or caretakers of child members received help in coordinating their child's care. For each of these questions (Questions 16 and 27 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into two categories: "No" and "Yes." Figure E-60 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

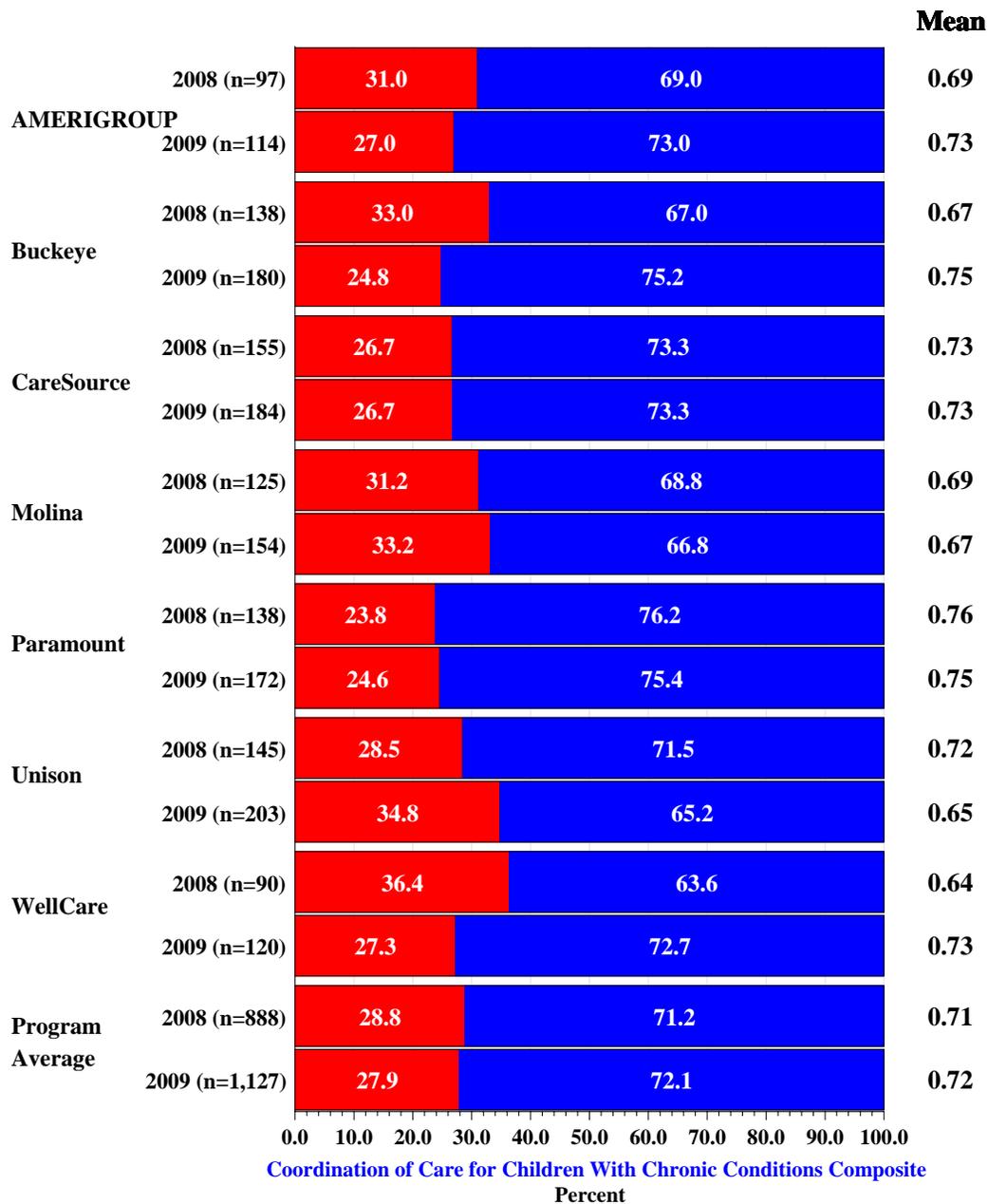
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

²⁰ 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 E-60
Coordination of Care for Children With Chronic Conditions Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 E-61 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

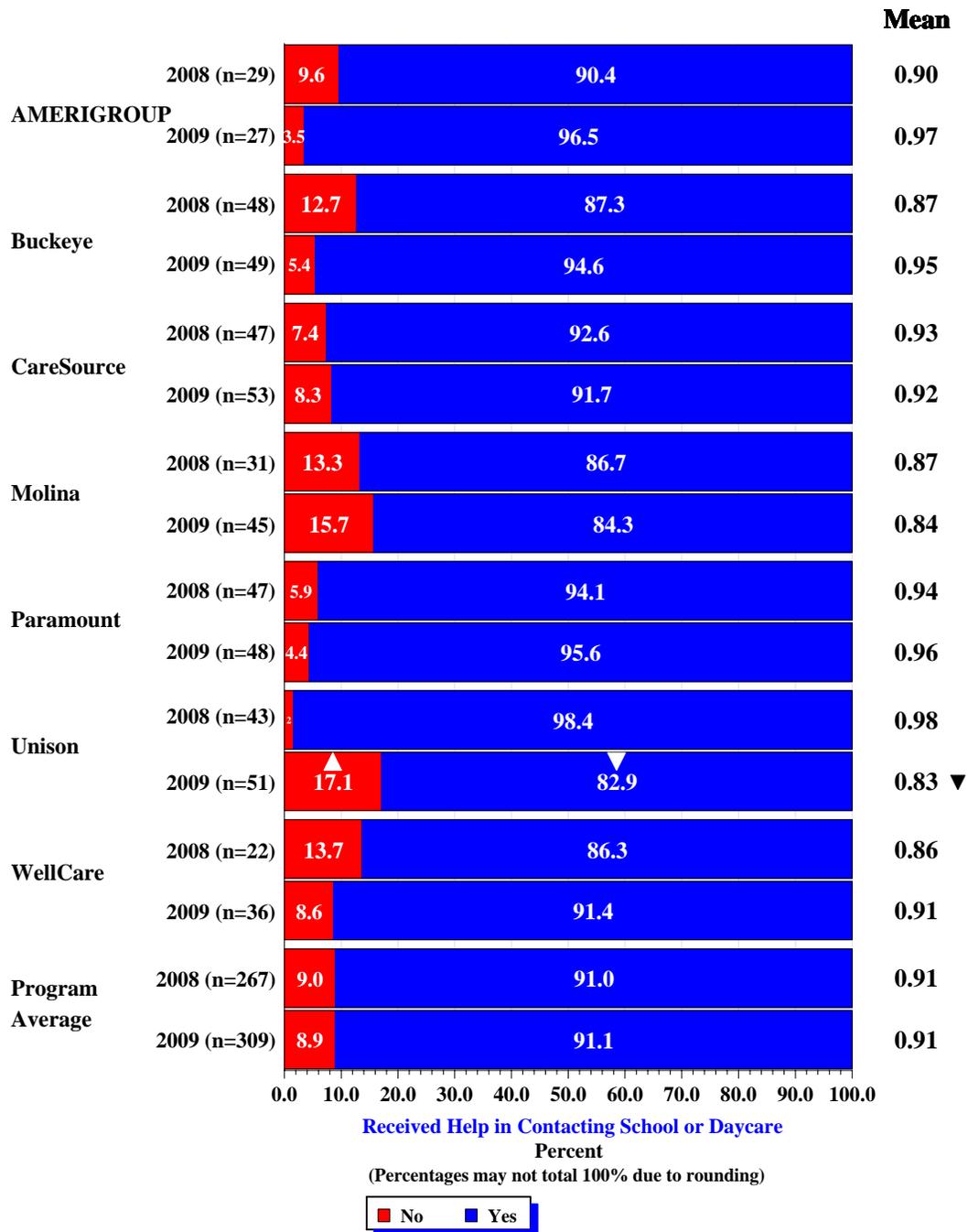
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- Unison's overall mean was significantly lower in 2009 than in 2008. Furthermore, the percentage of Unison's respondents who gave a response of No was significantly higher in 2009 than in 2008, whereas the percentage of Unison's respondents who gave a response of Yes was significantly lower in 2009 than in 2008.

Figure E-61
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 program average
 ↓ indicates the score is significantly lower than the program average
 ▲ 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 the parents or caretakers of child members whether anyone from the health plan or doctor's office helped coordinate their child's care among different providers or services. Figure E-62 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

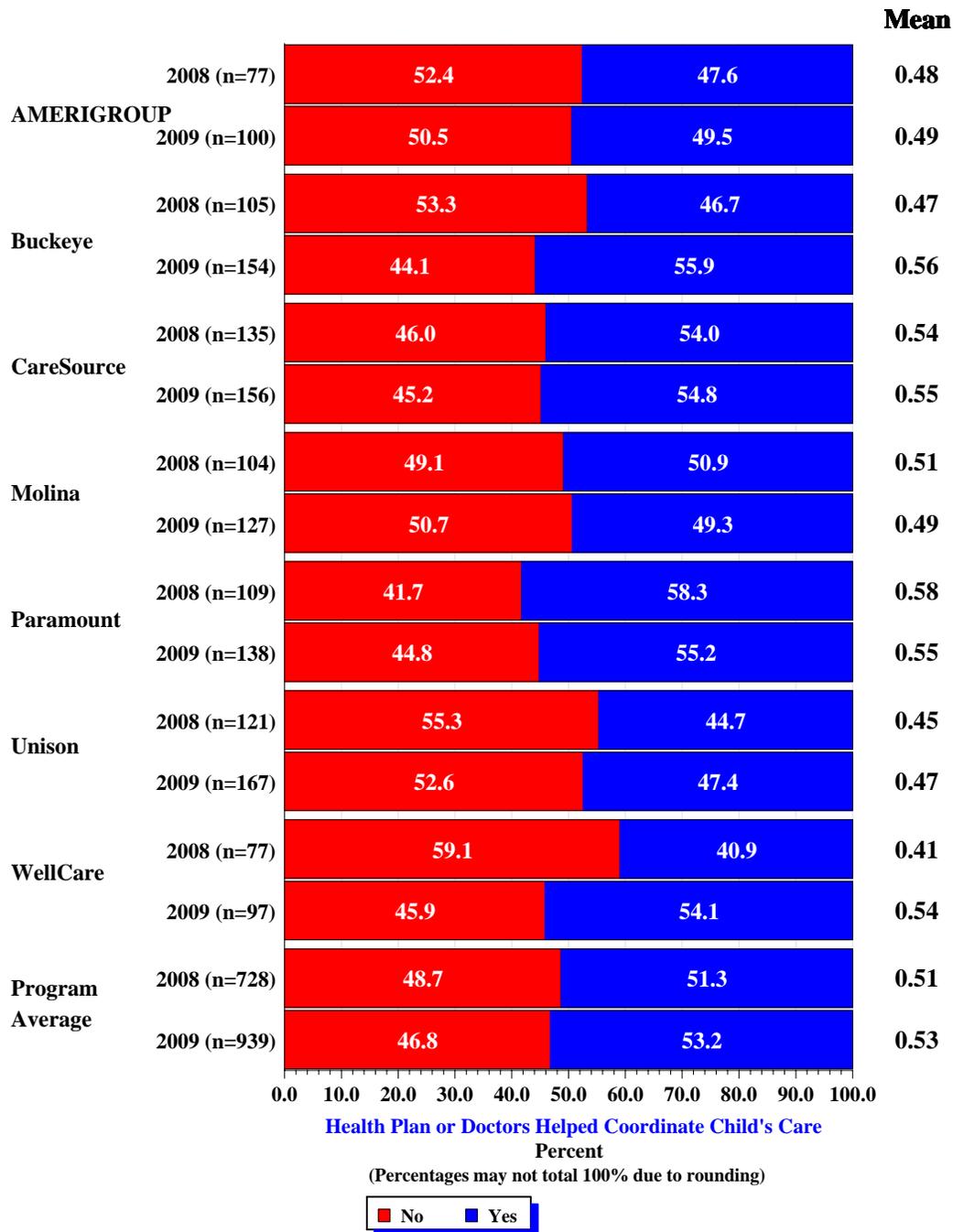
Comparative Analysis

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

Trending Analysis

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

Figure E-62
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 program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2009 score is significantly higher than the 2008 score
 ▼ indicates the 2009 score is significantly lower than the 2008 score

Summary of Results

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

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

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

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

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

The Ohio trending analysis results are grouped into two main statistically significant categories: Significantly Lower than in 2008 and Significantly Higher than in 2008. The categories are based on the assignment of directional triangles to the MCPs' overall means on the global ratings, composite measures and items, and individual item measures as shown in Section E. The following is a list of statistically significant categories based on the overall means.

Significantly Lower than in 2008 – downward triangle (▼) on overall mean

Significantly Higher than in 2008 – upward triangle (▲) on overall mean

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

AMERIGROUP

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Shared Decision Making
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate

Three Stars

- None

Four or Five Stars

- None

Adult Population

One or Two Stars

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

Three Stars

- Shared Decision Making

Four or Five Stars

- None

AMERIGROUP(CONTINUED)

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

Significantly Lower than the Program Average

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care: Getting Care Believed Necessary
- Getting Care Quickly Composite
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- How Well Doctors Communicate: Doctors Showed Respect
- Customer Service Composite
- Adult Customer Service Composite
- Customer Service: Obtaining Help Needed From Customer Service
- Customer Service: Adult Obtaining Help Needed From Customer Service
- Customer Service: Adult Health Plan Customer Service Treated with Courtesy and Respect
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Care: Tried to Make Appointment to See Specialist
- FCC: Getting Needed Information Composite
- FCC: Getting Needed Information: Questions Answered

Significantly Higher than the Program Average

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Satisfaction with Health Plan: Filled Out Paperwork

Significantly Lower than in 2008

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Access to Care: Tried to Make Appointment to See Specialist

Significantly Higher than in 2008

- Getting Needed Care: Adult Getting Care Believed Necessary
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

BUCKEYE

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Getting Needed Care
- Shared Decision Making

Three Stars

- Rating of All Health Care
- Rating of Personal Doctor

Four or Five Stars

- Rating of Specialist Seen Most Often
- Getting Care Quickly
- How Well Doctors Communicate

Adult Population

One or Two Stars

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

Three Stars

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

Four or Five Stars

- Shared Decision Making

BUCKEYE (CONTINUED)

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

Significantly Lower than the Program Average

- Rating of Health Plan
- Adult Customer Service Composite
- Customer Service: Adult Obtaining Help Needed From Customer Service
- Customer Service: Health Plan Customer Service Treated with Courtesy and Respect
- Customer Service: Adult Health Plan Customer Service Treated with Courtesy and Respect
- Access to Care: Saw a Specialist

Significantly Higher than the Program Average

- How Well Doctors Communicate: Doctors Showed Respect
- Satisfaction with Health Care Providers: Have Personal Doctor

Significantly Lower than in 2008

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Access to Care: Adult Saw a Specialist

Significantly Higher than in 2008

- Rating of Health Plan
- Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away
- How Well Doctors Communicate: Doctors Showed Respect
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Care: Made Appointments for Health Care
- Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away
- FCC: Personal Doctor Who Knows Child Composite
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

CARESOURCE

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

General Child Population

One or Two Stars

- Rating of Specialist Seen Most Often
- Rating of Health Plan

Three Stars

- Getting Needed Care
- Shared Decision Making

Four or Five Stars

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

Adult Population

One or Two Stars

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

Three Stars

- Rating of Health Plan
- How Well Doctors Communicate
- Shared Decision Making

Four or Five Stars

- Customer Service

CARESOURCE (CONTINUED)

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

Significantly Lower than the Program Average

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

Significantly Higher than the Program Average

- Rating of Health Plan
- Access to Care: Tried to Make Appointment to See Specialist
- Access to Care: Made Appointments for Health Care

Significantly Lower than in 2008

- Getting Needed Care: Adult Seeing a Specialist
- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Utilization of Services: Number of Visits to the Doctor's Office

Significantly Higher than in 2008

- How Well Doctors Communicate Composite
- How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
- How Well Doctors Communicate: Doctors Showed Respect
- How Well Doctors Communicate: Doctors Spent Enough Time With Patient
- Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand
- Access to Care: Made Appointments for Health Care
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

MOLINA

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

General Child Population

One or Two Stars

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

Three Stars

- Getting Care Quickly
- Shared Decision Making

Four or Five Stars

- None

Adult Population

One or Two Stars

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Shared Decision Making

Three Stars

- None

Four or Five Stars

- Customer Service

MOLINA (CONTINUED)

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

Significantly Lower than the Program Average

- Rating of Personal Doctor
- Getting Needed Care Composite
- Adult Health Promotion and Education
- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Satisfaction with Health Plan: Filled Out Paperwork
- Satisfaction with Health Care Providers: Have Personal Doctor

Significantly Higher than the Program Average

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

Significantly Lower than in 2008

- Adult Health Promotion and Education
- Satisfaction with Health Plan: Got Information or Help from Customer Service

Significantly Higher than in 2008

- Rating of Health Plan
- Customer Service: Adult Health Plan Customer Service Treated with Courtesy and Respect
- Access to Care: Made Appointments for Health Care
- FCC: Personal Doctor Who Knows Child Composite
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

PARAMOUNT

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Rating of Specialist Seen Most Often

Three Stars

- Rating of Personal Doctor
- How Well Doctors Communicate
- Shared Decision Making

Four or Five Stars

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

Adult Population

One or Two Stars

- Rating of Specialist Seen Most Often
- Getting Needed Care
- Getting Care Quickly

Three Stars

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- How Well Doctors Communicate
- Shared Decision Making

Four or Five Stars

- Customer Service

PARAMOUNT (CONTINUED)

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

Significantly Lower than the Program Average

- Satisfaction with Health Plan: Got Information or Help from Customer Service

Significantly Higher than the Program Average

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care: Getting Care Believed Necessary
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Prescription Medicines Composite
- Access to Specialized Services Composite

Significantly Lower than in 2008

- Adult Getting Needed Care Composite
- Getting Needed Care: Adult Seeing a Specialist
- Getting Needed Care: Adult Getting Care Believed Necessary
- Adult Coordination of Care
- Satisfaction with Health Plan: Got Information or Help from Customer Service

Significantly Higher than in 2008

- Access to Care: Made Appointments for Health Care
- FCC: Personal Doctor Who Knows Child Composite
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving
- FCC: Getting Needed Information: Questions Answered

UNISON

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Rating of Specialist Seen Most Often
- Shared Decision Making

Three Stars

- Getting Needed Care

Four or Five Stars

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

Adult Population

One or Two Stars

- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Health Plan
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Shared Decision Making

Three Stars

- Rating of Specialist Seen Most Often

Four or Five Stars

- Customer Service

UNISON (CONTINUED)

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

Significantly Lower than the Program Average

- Satisfaction with Health Plan: Got Information or Help from Customer Service

Significantly Higher than the Program Average

- Getting Care Quickly Composite
- Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- Satisfaction with Health Care Providers: Have Personal Doctor

Significantly Lower than in 2008

- Satisfaction with Health Plan: Got Information or Help from Customer Service
- Coordination of Care for Children With Chronic Conditions: Received Help in Contacting School or Daycare

Significantly Higher than in 2008

- Rating of Health Plan
- Getting Needed Care: Adult Getting Care Believed Necessary
- Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- How Well Doctors Communicate: Doctors Listened Carefully
- How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
- Customer Service: Adult Health Plan Customer Service Treated with Courtesy and Respect
- Satisfaction with Health Plan: Filled Out Paperwork
- Satisfaction with Health Care Providers: Have Personal Doctor
- Access to Care: Made Appointments for Health Care
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving
- FCC: Getting Needed Information: Questions Answered

WELLCARE

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

General Child Population

One or Two Stars

- Rating of Health Plan
- Shared Decision Making

Three Stars

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

Four or Five Stars

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

Adult Population

One or Two Stars

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

Three Stars

- Rating of Personal Doctor
- How Well Doctors Communicate

Four or Five Stars

- Customer Service

WELLCARE (CONTINUED)

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

Significantly Lower than the Program Average

- None

Significantly Higher than the Program Average

- Customer Service Composite
- Customer Service: Obtaining Help Needed From Customer Service
- Customer Service: Health Plan Customer Service Treated with Courtesy and Respect
- Adult Health Promotion and Education
- Satisfaction with Health Plan: Got Information or Help from Customer Service

Significantly Lower than in 2008

- Adult Coordination of Care

Significantly Higher than in 2008

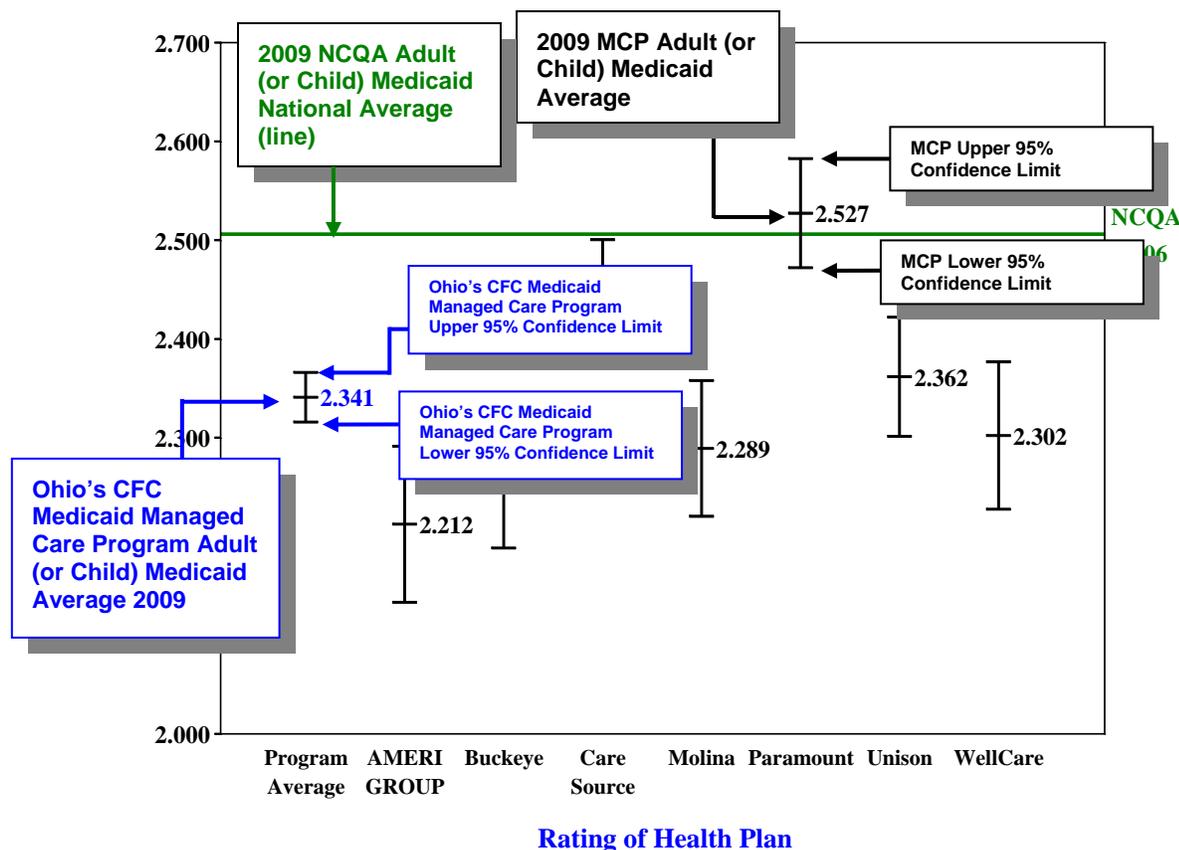
- Rating of Health Plan
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- How Well Doctors Communicate Composite
- How Well Doctors Communicate: Doctors Listened Carefully
- How Well Doctors Communicate: Doctors Showed Respect
- Satisfaction with Health Plan: Filled Out Paperwork
- Satisfaction with Health Care Providers: Have Personal Doctor
- FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving

Reader's Guide

HOW TO READ FIGURES IN THE NCQA COMPARISONS SECTION

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

Separate figures were created for the general child and adult populations for the global ratings and composite scores. Each figure depicts the three-point means or the top-box scores for all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2009 Ohio CFC Medicaid Managed Care Program averages and the 2009 NCQA National Medicaid averages are presented for comparative purposes. Within each figure, separate vertical lines depict each MCP and Ohio's CFC Medicaid Managed Care Program. The 2009 NCQA National Medicaid average is depicted as a green horizontal reference line. For each MCP and Ohio's CFC Medicaid Managed Care Program, the mean score and upper and lower 95 percent confidence limits are indicated. The interpretation of the NCQA comparison figures requires an understanding of sampling error. For additional information on sampling error, please refer to the discussion beginning on page G-7.



OVERALL MEMBER SATISFACTION TABLES

The Overall Member Satisfaction Tables in the NCQA Comparisons section depict member satisfaction using a one- to five-star rating system. For the general child members, star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2009 National Child Medicaid data.¹ For the adult members, star assignments are based on NCQA's 2009 CAHPS Benchmarks and Thresholds, except for the Shared Decision Making composite.² NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments are based on NCQA's 2009 National Adult Medicaid data.³

Overall General Child Member Satisfaction Table

The Overall General Child Member Satisfaction Table (Table D-1, on page D-44) depicts general child member satisfaction using a one- to five-star rating system. The star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2009 National Child Medicaid data.⁴

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

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

¹ NCQA National Distribution of 2009 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

² National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009*. Washington, DC: NCQA.

³ NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

⁴ NCQA National Distribution of 2009 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

Table G-1
Overall General Child Member Satisfaction Ratings Crosswalk

NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
Health Plan	0 - 2.436	2.437 - 2.548	2.549 - 2.583	2.584 - 2.631	≥ 2.632
All Health Care	0 - 2.426	2.427 - 2.471	2.472 - 2.520	2.521 - 2.547	≥ 2.548
Personal Doctor	0 - 2.550	2.551 - 2.586	2.587 - 2.618	2.619 - 2.642	≥ 2.643
Specialist Seen Most Often	0 - 2.478	2.479 - 2.531	2.532 - 2.583	2.584 - 2.616	≥ 2.617
COMPOSITE SCORES					
Getting Needed Care	0 - 2.233	2.234 - 2.336	2.337 - 2.393	2.394 - 2.470	≥ 2.471
Getting Care Quickly	0 - 2.486	2.487 - 2.589	2.590 - 2.623	2.624 - 2.665	≥ 2.666
How Well Doctors Communicate	0 - 2.599	2.600 - 2.650	2.651 - 2.682	2.683 - 2.710	≥ 2.711
Customer Service	0 - 2.322	2.323 - 2.372	2.373 - 2.446	2.447 - 2.490	≥ 2.491
Shared Decision Making	0 - 2.518	2.519 - 2.559	2.560 - 2.596	2.597 - 2.629	≥ 2.630
<i>Note: Source of national distribution: NCQA National Distribution of 2009 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.</i>					

Overall Adult Member Satisfaction Table

The Overall Adult Member Satisfaction Table (Table D-2, on page D-48) depicts adult member satisfaction using a one- to five-star rating system. The star assignments are based on NCQA's 2009 CAHPS 4.0H Benchmarks and Thresholds, except for the Shared Decision Making composite.⁵ NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star assignments are based on NCQA's 2009 National Adult Medicaid data.⁶

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

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

⁵ National Committee for Quality Assurance. *HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009*. Washington, DC: NCQA.

⁶ NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.

Table G-2
Overall Adult Member Satisfaction Ratings Crosswalk

NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
Health Plan	0 - 2.239	2.240 - 2.319	2.320 - 2.409	2.410 - 2.489	≥ 2.490
All Health Care	0 - 2.169	2.170 - 2.229	2.230 - 2.299	2.300 - 2.359	≥ 2.360
Personal Doctor	0 - 2.379	2.380 - 2.419	2.420 - 2.479	2.480 - 2.539	≥ 2.540
Specialist Seen Most Often	0 - 2.389	2.390 - 2.439	2.440 - 2.489	2.490 - 2.529	≥ 2.530
COMPOSITE SCORES					
Getting Need Care	0 - 2.099	2.100 - 2.239	2.240 - 2.319	2.320 - 2.399	≥ 2.400
Getting Care Quickly	0 - 2.259	2.260 - 2.349	2.350 - 2.409	2.410 - 2.459	≥ 2.460
How Well Doctors Communicate	0 - 2.479	2.480 - 2.539	2.540 - 2.579	2.580 - 2.639	≥ 2.640
Customer Service	0 - 2.279	2.280 - 2.369	2.370 - 2.439	2.440 - 2.519	≥ 2.520
Shared Decision Making*	0 - 2.434	2.435 - 2.484	2.485 - 2.520	2.521 - 2.551	≥ 2.552
<p><i>Note: Source of star benchmarks: NCQA. HEDIS/CAHPS 4.0H Benchmarks and Thresholds for Accreditation 2009. Washington, DC: NCQA.</i></p> <p><i>*Source of national distribution for the Shared Decision Making composite measure: NCQA National Distribution of 2009 Adult Medicaid Plan-Level Results. Prepared by NCQA for HSAG on December 9, 2009.</i></p>					

HOW TO READ THE OHIO COMPARISONS BAR GRAPHS

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

Separate bar graphs were created for the global ratings, composite scores, items within the composites, individual item measures, individual questions in four areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services), CCC composite scores, and items within the CCC composites. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs. Statistically significant differences between the MCP-level scores in 2009 and the program average in 2009 are noted within the bar graphs.

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

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

Arrows (↑ and ↓) within the bars and to the left of the overall means indicate statistically significant differences between an MCP's mean scores⁷ in 2009 and the program average in 2009. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

⁷ The term "mean scores" refers to the overall means and the response category proportions.

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 MCP, its 2009 mean scores were compared to its 2008 mean scores. Also, for Ohio's CFC Medicaid Managed Care Program (the program average), its 2009 mean scores were compared to its 2008 mean scores. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

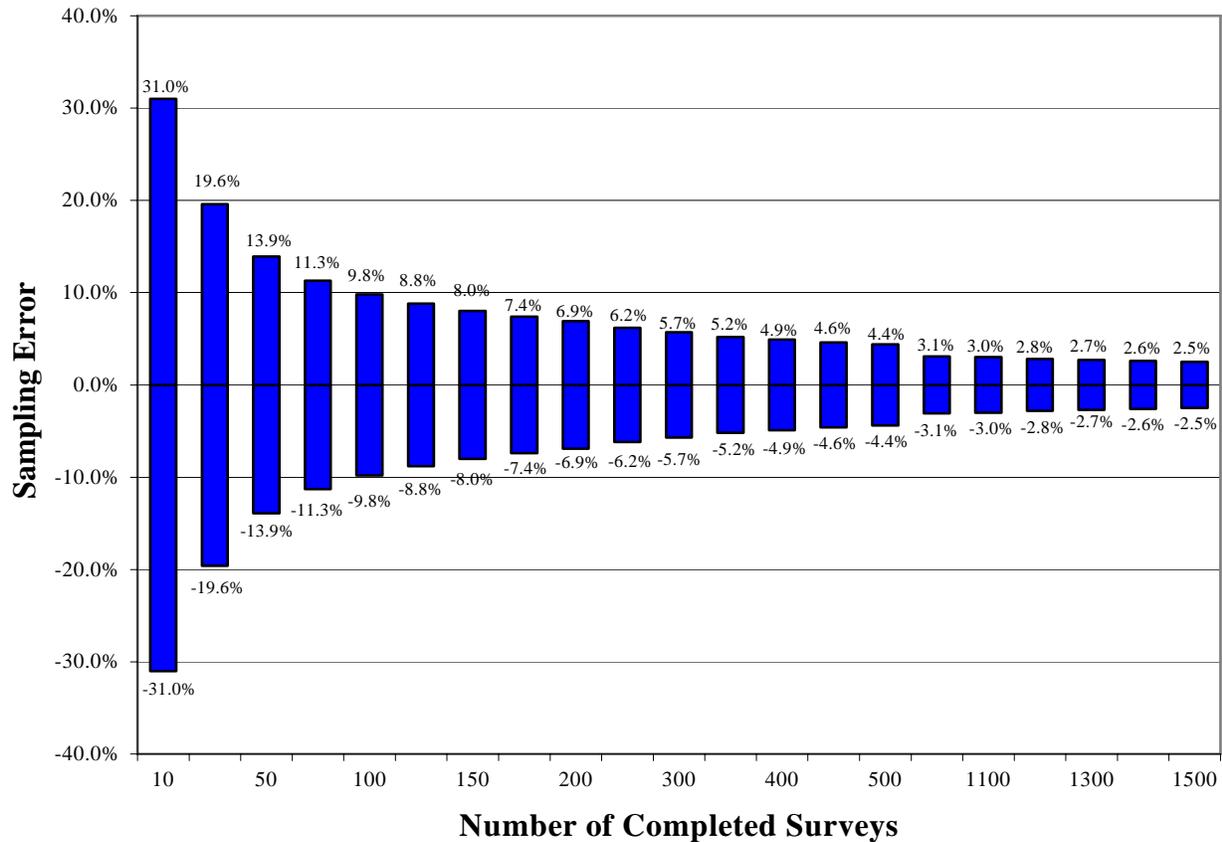
UNDERSTANDING SAMPLING ERROR

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

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

Since every member in an MCP's total population is not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques are used to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is ± 10 percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. The size of the sampling error shown in Figure G-1, on page G-8, is based on the number of completed surveys. Figure G-1 indicates that if 400 MCP members complete a survey, the margin of error is ± 4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population is greater than 2,000, as is the case with most Medicaid MCPs. As the number of members completing a survey decreases, the sampling error increases. Lower response rates may bias results because the proportion of members responding to a survey may not necessarily reflect the randomness of the entire sample.

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



As Figure G-1 demonstrates, sampling error declines as the number of completed surveys increases.⁸ Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are reviewed will influence the interpretation of results.

⁸ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

REPORT INTERPRETATION

This section of the report offers an approach to the interpretation of an MCP's results. The CAHPS Medicaid Health Plan Survey instrument was administered to those members chosen at random from the total enrollment of each participating MCP as permitted by the HEDIS/CAHPS methodology. The goal was to obtain as high a response rate as possible. As discussed in the previous section, the fewer the number of responses, the wider the sampling error. Table G-3 depicts the sampling errors for various numbers of responses.⁹

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

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

⁹ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

LIMITATIONS AND CAUTIONS

The findings presented in the 2009 Ohio CFC Medicaid Managed Care Program CAHPS Reports are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Case-Mix Adjustment

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

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

Non-Response Bias

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

Causal Inferences

Although the 2009 Ohio CFC Medicaid Managed Care Program CAHPS Reports examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the Ohio reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist.

QUALITY IMPROVEMENT REFERENCES

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