



Department of
Medicaid

2019 Ohio Medicaid Managed Care Program CAHPS[®] Member Experience Survey Executive Summary Report

July 20, 2020



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1. Introduction

The Ohio Department of Medicaid (ODM) requires a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high-quality healthcare services. These activities include surveys of member experience with care. Survey results provide important feedback on MCP performance, which is used to identify opportunities for continuous improvement in the care and services provided to members. ODM requires the MCPs to contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) survey vendor to conduct annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys. ODM contracted with IPRO to analyze the MCPs' 2019 survey data and report the results.

This report presents the 2019 CAHPS results of adult members and the parents or caretakers of child members enrolled in an MCP. The standardized survey instruments administered in 2019 were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the children with chronic conditions [CCC] measurement set). Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2019. The following five MCPs participated in the 2019 CAHPS Medicaid Health Plan Surveys: Buckeye Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount Advantage (Paramount); and UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare).

CAHPS experience measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are also reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

This Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Executive Summary Report is one of three separate reports (i.e., Executive Summary Report, Full Report, and Methodology Report) that have been created to provide ODM with a comprehensive analysis of the 2019 Ohio Medicaid Managed Care Program CAHPS results. Additional information on the Executive Summary Report and Full Report can be found in the *Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report*.

Sampling Procedures and Survey Protocol

ODM required the MCPs to administer the 2019 CAHPS Surveys according to NCQA HEDIS Specifications for Survey Measures.¹ 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 2018. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2018). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2018).

A systematic sample of at least 1,755 adult members was selected from each participating MCP for the NCQA CAHPS 5.0H adult sample. For the general population of children, a systematic sample of at least 1,650 child members was selected from each participating MCP for the NCQA CAHPS 5.0H child sample. After selecting child members for the general child sample, a sample of at least 1,840 child members 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.

The survey process allowed various methods by which surveys could be completed. The first phase, or mail phase, consisted of a survey being mailed to sampled members. Sampled members received an English and/or Spanish version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. For survey vendors that elected to use the standard Internet protocol, an option to complete the survey via the Internet was provided in the cover letter with the mailed surveys. The second phase, or telephone phase, consisted

¹ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey or completed a survey via the Internet. A series of at least three CATI calls was made to each non-respondent.²

Response Rates

The administration of the CAHPS surveys is comprehensive and is designed to achieve 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.³ A member’s survey was assigned a disposition code of “completed” if at least three of five specified questions were completed.⁴ Eligible members included the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated, or had a language barrier.⁵

For 2019, a total of 4,112 surveys were completed for Ohio’s Medicaid Managed Care Program. This total includes 2,058 adult surveys and 2,054 general child surveys (note, child members in the CCC supplemental sample are not included in this number). The survey response rates were 16.40 percent for Ohio’s Medicaid Managed Care Program, 20.58 percent for the adult population, and 13.63 percent for the general child population (which excludes children in the CCC supplemental sample).

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

Table 1-1: CAHPS 5.0H Medicaid Response Rates

Program/Managed Care Plan ¹	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio Medicaid	16.40%	20.58%	13.63%
Buckeye	15.60%	20.57%	11.55%
CareSource	15.28%	18.19%	13.63%
Molina	18.65%	24.81%	16.32%
Paramount	17.91%	21.43%	13.90%
UnitedHealthcare	14.27%	18.23%	11.07%

¹Please note, children in the CCC supplemental sample are not included in the response rates.

Table 1-2 depicts the total number of completed surveys (combining adult and general child members) and the total number of completed surveys by population (adult or general child) for Ohio’s Medicaid Managed Care Program and all participating MCPs.

² National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2019 Survey Measures*. Washington, DC: NCQA, 2018.

³ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

⁴ A survey was assigned a disposition code of “completed” if at least three of the following five questions were completed: questions 3, 15, 24, 28, and 35 for the adult population and questions 3, 30, 45, 49, and 54 for the child population. Copies of the survey instruments can be found in the Methodology Report.

⁵ The mentally or physically incapacitated designation is not valid for the child survey. Children who are mentally or physically incapacitated are eligible for inclusion in the child results.

Table 1-2: CAHPS 5.0H Medicaid Completed Surveys

Program/Managed Care Plan ¹	Total Completed Surveys	Adult Completed Surveys	Child Completed Surveys
Ohio Medicaid	4,112	2,058	2,054
Buckeye	932	552	380
CareSource	785	339	446
Molina	1,175	429	746
Paramount	626	399	227
UnitedHealthcare	594	339	255

¹Please note, children in the CCC supplemental sample are not included in the response rates.

A total of 3,680 parents or caretakers of child members returned a completed survey from both the general child and CCC supplemental samples. Of the 3,680 completed child surveys, 1,626 were from children identified as having a chronic condition based on survey responses (CCC population) and 2,054 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 13.7 percent for Ohio’s Medicaid Managed Care Program.⁶

Summary of Findings

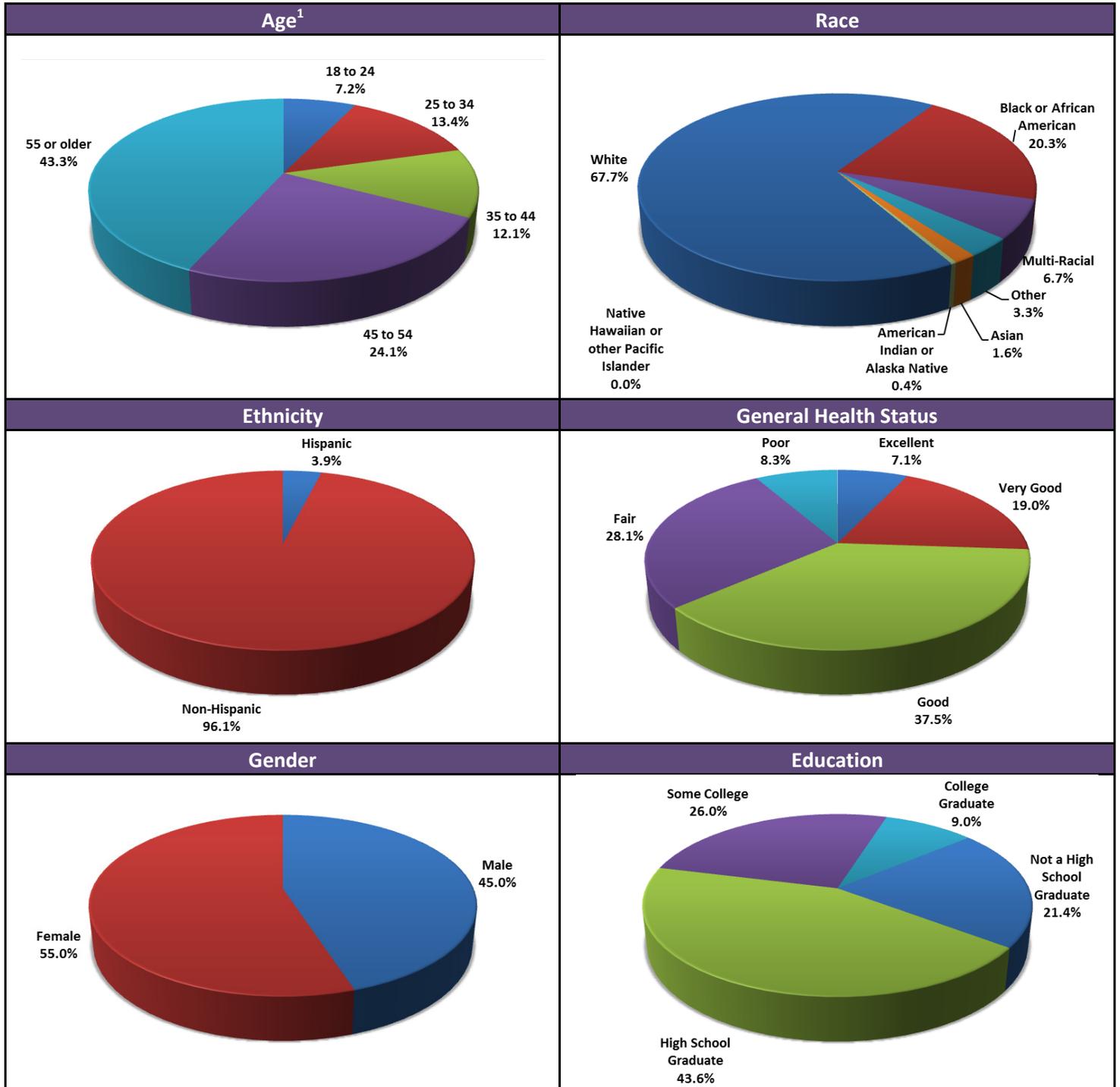
This section provides high-level results from the adult, general child, and CCC analyses.

Demographics

Table 1-3 and Table 1-4 provide an overview of the Ohio Medicaid Managed Care Program adult member and general child member demographics, respectively. Age and gender were determined through sample frame data, while race, ethnicity, education, and general health status were determined from responses to the CAHPS Survey.

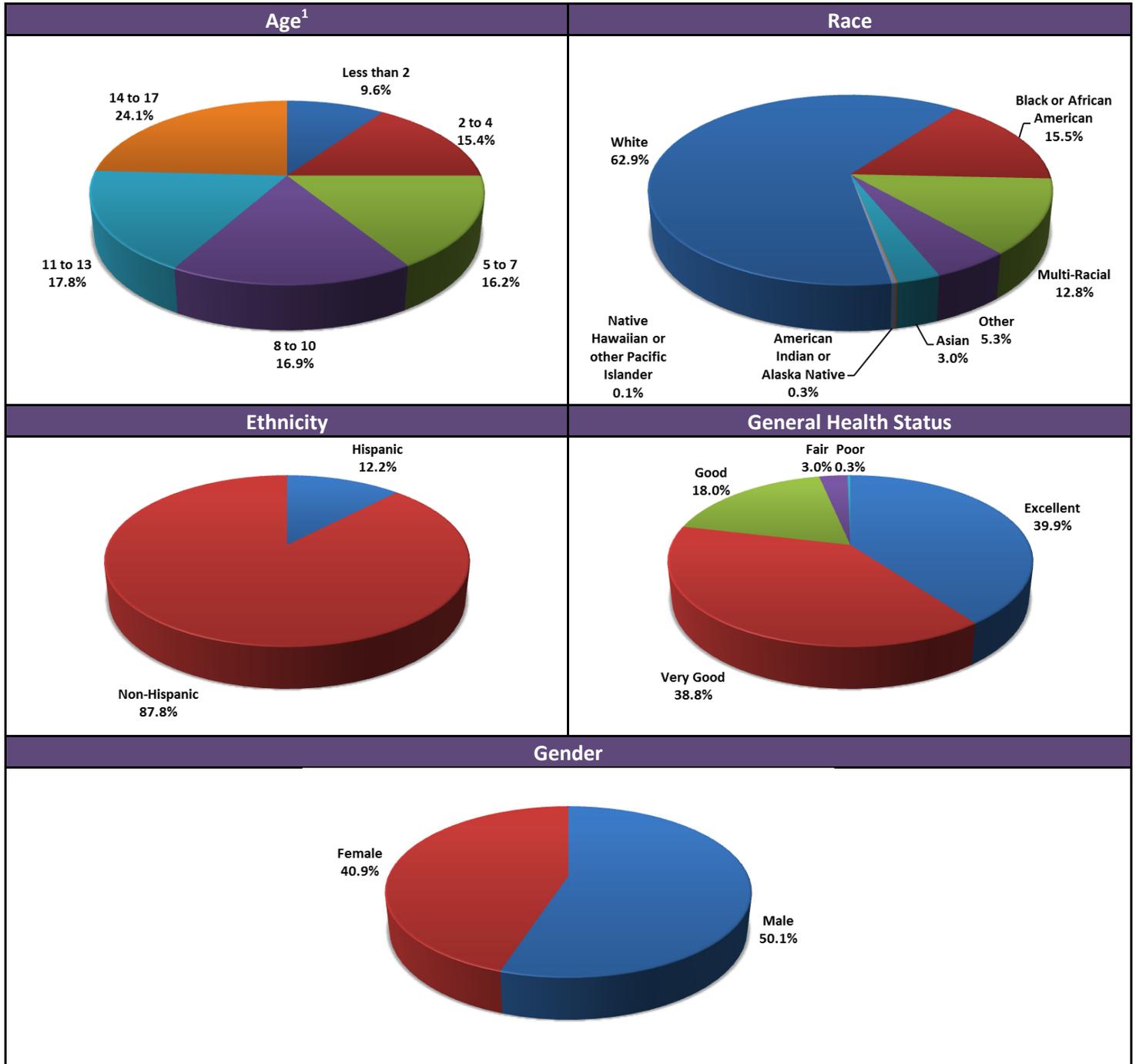
⁶ This includes all children sampled (both the general child sample and the CCC supplemental sample). According to NCQA protocol, children in the CCC supplemental sample are not included in NCQA’s standard child response rate calculations. Therefore, the overall child response rates reported in this paragraph should not be compared to the NCQA response rates.

Table 1-3: Adult Profiles



¹ Please note, percentages may not total 100.0% due to rounding.

Table 1-4: General Child Member Profiles



¹ Please note, percentages may not total 100.0% due to rounding.

Adult and General Child Results

Adult and general child members in the Ohio Medicaid Managed Care Program were included in each analysis. Data were analyzed using NCQA’s methodology, and the results were calculated in accordance with HEDIS specifications for the national comparisons and statewide comparisons findings displayed below.⁷ Global ratings, composite measures, and an individual item measure were scored on a 100-point scale using an NCQA-approved scoring methodology to produce a top box score.⁸ According to HEDIS specifications, results for the adult and general child populations were

⁷ National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2018.

⁸ This methodology differs from prior years’ editions of this report, which used three-point and one-point mean scores.

reported separately, and no weighting or case-mix adjustment was performed on the results. Although NCQA requires a minimum of at least 100 responses on each item to obtain a reportable CAHPS/HEDIS result, IPRO presents results with fewer than 100 responses. Measures with fewer than 100 responses are noted with an asterisk.

National Comparisons

Compared with NCQA national Medicaid data, Table 1-5 and Table 1-6 display the Ohio Medicaid Managed Care Program’s and each MCP’s overall member ratings that were at or above the national Medicaid 75th percentile for the global ratings and composite measures for the adult and general child populations, respectively. The measures that were at or above the national Medicaid 75th percentile are indicated with a checkmark (✓).

Adult Ratings

Table 1-5: Overall Adult Ratings at or Above the National Medicaid 75th Percentile on the Global Ratings and Composite Measures

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan			✓			✓
Rating of All Health Care				✓	✓	
Rating of Personal Doctor						✓
Rating of Specialist Seen Most Often						✓
Composite Measures						
Getting Needed Care	✓		✓	✓	✓	✓
Getting Care Quickly	✓	✓	✓			
How Well Doctors Communicate					✓	
Customer Service				✓	✓	✓

General Child Ratings

Table 1-6: Overall Child Ratings at or Above the National Medicaid 75th Percentile on the Global Ratings and Composite Measures

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan			✓			
Rating of All Health Care			✓	✓	✓	
Rating of Personal Doctor			✓			
Rating of Specialist Seen Most Often	✓	✓		✓	✓	
Composite Measures						
Getting Needed Care	✓			✓	✓	✓
Getting Care Quickly						
How Well Doctors Communicate	✓		✓	✓		
Customer Service					✓	

Statewide Comparisons

The following MCP had a 2019 score that was statistically significantly lower than the 2019 Ohio Medicaid Managed Care Program average for the following measure:

Molina—Child Population

- Rating of Health Plan

No MCPs had 2019 scores that were statistically significantly higher than the 2019 Ohio Medicaid Managed Care Program average for any measures.

The following MCPs and Ohio Medicaid Managed Care Program had scores that were statistically significantly higher in 2019 than in 2018 for the following measures:

Buckeye—Adult Population

- How Well Doctors Communicate

CareSource—Adult Population

- Getting Needed Care

UnitedHealthcare—Adult Population

- Customer Service

No MCPs had scores that were statistically significantly lower in 2019 than in 2018.

Priority Areas for Quality Improvement

A performance analysis of priority areas was conducted to identify specific aspects of care that will benefit most from quality improvement activities. The analysis focused on the following three overall (i.e., global) survey ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. IPRO compared each of these ratings to select survey questions. A question with relatively low performance scores, and a close association to the rating, was identified as a “priority area.”

Prioritizing quality improvement efforts on these individual CAHPS questions has the greatest potential to effect change in overall member experience with the global ratings. Table 1-7 presents the questions identified as priority areas by global rating (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) and population (i.e., adult and general child) for the Ohio Medicaid Managed Care Program and each MCP.

Table 1-7: Priority Areas Analysis—Adult and Child Summary Table

Adult/Child Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4/Q4. Got care as soon as needed	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Q6/Q6. Got an appointment as soon as needed	■ ▼	■ ▼	■ ▼ ■	▼	■ ▼ ■	
Q10/Q11. Doctor explained reasons to take a medication						▼
Q11/Q12. Doctor explained reasons not to take a medication					▼	
Q12/Q13. Doctor asked what you thought was best for you/your child	▼ ■	▼ ■	■ ▼ ■	■		▼ ■ ■
Q14/Q15. Easy to get treatment needed	■ ■ ■ ▼ ▼ ■					
Q20/Q37. Personal doctor spent enough time with you/your child	▼ ▼ ■			▼ ▼ ■	■	■ ■ ■
Q25/Q46. Got an appointment with specialist as soon as needed	■ ■ ■ ▼	■ ▼ ■	■ ■	■ ■ ▼	■ ▼ ■	■ ■ ■ ▼
Q31/Q50. Received information or help from health plan customer service	■ ▼ ▼ ■	■ ▼ ■	■ ▼	■ ■ ■	■	■ ▼ ■
Q32/Q51. Health plan customer service treated you with courtesy and respect		▼ ■	▼			
■ = Adult Rating of Health Plan ■ = Adult Rating of All Health Care ■ = Adult Rating of Personal Doctor ▼ = Child Rating of Health Plan ▼ = Child Rating of All Health Care ▼ = Child Rating of Personal Doctor						

Children with Chronic Conditions Results

Child members with a chronic condition were compared to child members without a chronic condition for the CCC results analysis.

The following measures had scores for the CCC population that were statistically significantly higher than those of the non-CCC population:

- Shared Decision Making – Doctor Talked About Reasons to Take a Medicine
- Health Promotion and Education
- Satisfaction with Health Plan – Got Information or Help from Customer Service
- Satisfaction with Health Care Providers – Had Personal Doctor
- Satisfaction with Health Care Providers – Child Able to Talk with Doctors
- Access to Care – Tried to Make Appointment to See Specialist
- Access to Care – Made Appointments for Health Care

- Access to Care – Had Illness, Injury, or Condition that Needed Care Right Away
- Utilization of Services – Number of Visits to the Doctor’s Office
- Access to Specialized Services – Treatment or Counseling
- FCC: Getting Needed Information

No measures had scores for the non-CCC population that were statistically significantly higher than those of the CCC population.

No measures had scores for the CCC population that were statistically significantly lower in 2019 than in 2018.

The following measures had scores for the non-CCC population that were statistically significantly lower in 2019 than in 2018:

- Obtained Help Needed from Customer Service
- Shared Decision Making – Doctor Asked About Best Medicine Choice for Your Child

No measures had scores for the CCC population that were statistically significantly higher in 2019 than in 2018.

The following measure had score for the non-CCC population that was statistically significantly higher in 2019 than in 2018:

- How Well Doctors Communicate

2. Adult and General Child Results

This section presents the results of the adult and general child populations (i.e., respondents from the CCC supplemental sample were not included in these analyses) for the Ohio Medicaid Managed Care Program and each MCP. The results are presented in three separate sections:

- National Comparisons
- Statewide Comparisons
- Priority Areas for Quality Improvement

National Comparisons

A score on a 100-point scale was determined for the four global ratings and four composite measures for the Ohio Medicaid Managed Care Program and each MCP. The resulting scores were compared to NCQA’s 2019 Quality Compass National Percentiles to derive the overall member ratings (i.e., star ratings) for each CAHPS measure.⁹

Table 2-1 and Table 2-2 provide the National Comparisons findings for the adult and general child populations, respectively. The stars represent overall ratings when the scores were compared to NCQA 2019 Quality Compass National Percentiles.

⁹ National Committee for Quality Assurance. *Quality Compass 2019*. Washington, DC: NCQA, 2019.
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Table 2-1: Overall Adult Scores on the Global Ratings and Composite Measures Compared to Quality Compass National Percentiles

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	☆☆☆ 80.36	☆☆☆ 80.75	★★★★★ 83.33	★★ 75.30	☆☆☆ 80.52	★★★★★ 82.93
Rating of All Health Care	☆☆☆ 76.74	☆☆☆ 75.89	★★ 73.00	★★★★★ 78.76	★★★★★ 79.00	☆☆☆ 76.92
Rating of Personal Doctor	☆☆☆ 82.64	☆☆☆ 82.57	★ 78.54	☆☆☆ 83.13	☆☆☆ 83.89	★★★★★ 84.92
Rating of Specialist Seen Most Often	★★ 82.41	☆☆☆ 84.94	☆☆☆ 82.88	★★ 81.46	★ 76.84	★★★★★ 85.44
Composite Measures						
Getting Needed Care	★★★★★ 87.04	☆☆☆ 85.04	★★★★★ 88.7	★★★★★ 86.72	★★★★★ 89.87	★★★★★ 85.86
Getting Care Quickly	★★★★★ 85.13	★★★★★ 86.94	★★★★★ 86.19	☆☆☆ 85.07	☆☆☆ 84.80	★★ 81.45
How Well Doctors Communicate	☆☆☆ 92.78	☆☆☆ 92.77	☆☆☆ 92.91	☆☆☆ 92.12	★★★★★ 94.09	★★ 91.85
Customer Service	☆☆☆ 90.77	★★ 88.92	☆☆☆ 89.81	★★★★★ 91.02	★★★★★ 91.52	★★★★★ 94.07
Individual Item Measure						
Coordination of Care	☆☆☆ 84.98	☆☆☆ 84.16	★ 80.00	★★★★★ 88.75	★★★★★ 88.88	★★ 82.31
Star Assignments Based on Percentiles						
★★★★★ 90th or Above ★★★★ 75th – 89th ★★★ 50th – 74th ★★ 25th – 49th ★ Below 25th						

Table 2-2: Overall Child Scores on the Global Ratings and Composite Measures Compared to Quality Compass National Percentiles

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★ 85.22	★★ 85.11	★★★★ 89.38	★ 81.31	★★★ 87.74	★★★ 87.35
Rating of All Health Care	★★★ 89.19	★★★ 89.20	★★★★ 90.15	★★★★ 88.68	★★★★ 90.75	★★ 87.50
Rating of Personal Doctor	★★★ 90.59	★★★ 90.77	★★★★ 92.68	★★ 90.44	★ 88.24	★★ 88.89
Rating of Specialist Seen Most Often	★★★★ 90.67	★★★★★ 94.12*	★ 85.26*	★★★★★ 91.78	★★★★★ 93.44*	★★★ 88.89*
Composite Measures						
Getting Needed Care	★★★★ 88.63	★★★ 86.85	★★★ 85.96	★★★★ 89.65	★★★★★ 91.78	★★★★ 89.38
Getting Care Quickly	★★ 92.54	★★ 92.2	★★ 91.98	★★★ 92.64	★★★ 94.32	★★ 92.21
How Well Doctors Communicate	★★★★ 95.89	★★★ 95.42	★★★★ 97.05	★★★★ 95.84	★★★ 94.98	★★★ 95.52
Customer Service	★★★ 89.48	★★★ 89.02	★★★ 88.85	★★★ 89.63	★★★★★ 93.84*	★★★ 86.89*
Individual Item Measure						
Coordination of Care	★★★ 86.11	★★★★ 87.69	★★★★★ 90.07	★★ 83.50	★★★★ 88.23*	★★ 81.57*
Star Assignments Based on Percentiles						
★★★★★ 90th or Above ★★★★ 75th – 89th ★★★ 50th – 74th ★★ 25th – 49th ★ Below 25th						

* Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Statewide Comparisons

Scores and response category percentages were calculated for the Ohio Medicaid Managed Care Program (program average) and each MCP for each global rating and composite measure. Two types of analyses were performed in this section: (1) a comparison of each MCP’s 2019 scores to the program’s 2019 scores, and (2) a comparison of each MCP’s and the program’s 2019 scores to its 2018 scores.

For the first analysis, two types of hypothesis tests were performed to determine whether the MCPs’ response category percentages and scores were statistically significantly different from the program average. Statistically significant differences between the 2019 MCP-level scores and the 2019 program average are noted with arrows. MCP-level scores that were statistically significantly higher than the program average are noted with an upward (↑) arrow. MCP-level scores that were statistically significantly lower than the program average are noted with a downward (↓) arrow. MCP-level scores that were not statistically significantly different from the program average are not noted with arrows.

For the second analysis, scores in 2019 were compared to scores in 2018 to determine whether there were statistically significant differences. Each of the response category percentages and the scores were compared for statistically significant differences. Statistically significant differences between scores in 2019 and scores in 2018 for each MCP and the program average are noted with triangles. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

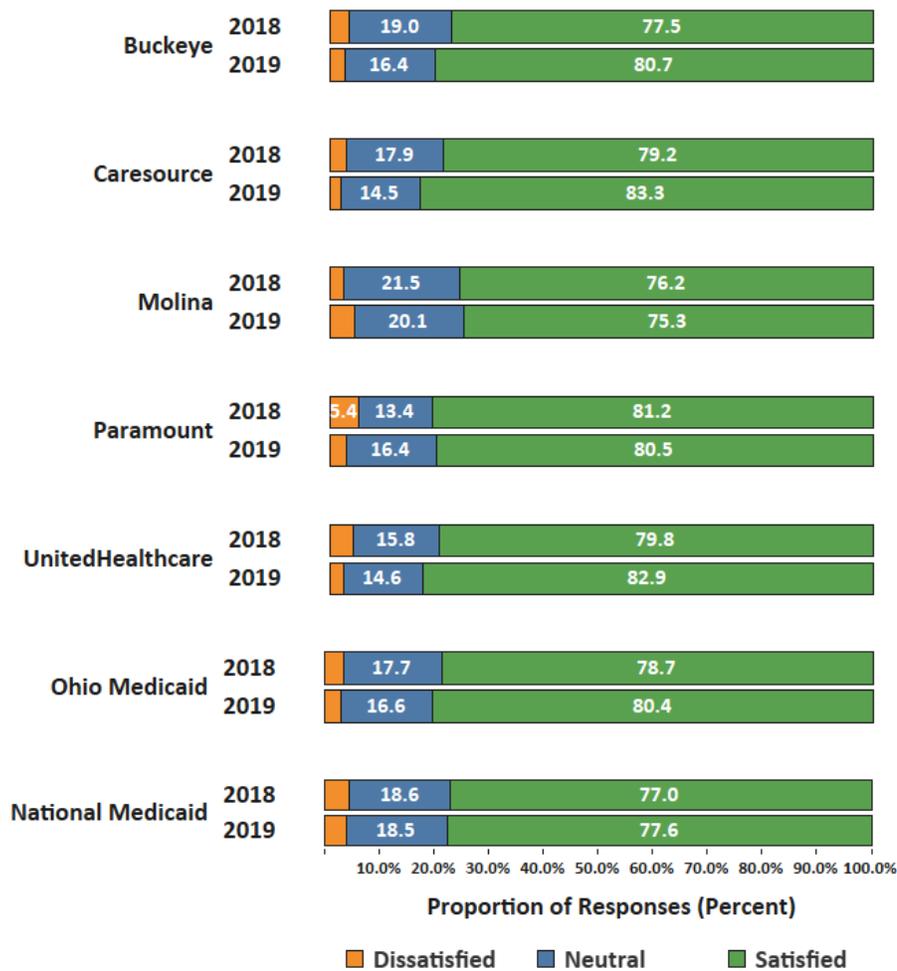
Measures with fewer than 100 responses are noted with an asterisk (*). The 2018 NCQA national Medicaid averages are presented for each measure for comparison. Please note, statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). The text below the figures provides details of the statistically significant differences for the scores and response category percentages for each measure. Arrows and triangles noting statistically significant results are only displayed for the scores in the figures.

Global Ratings

Rating of Health Plan

Respondents were asked to rate their health plan/their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-1 and Figure 2-2 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-1: Adult Rating of Health Plan Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population’s score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population’s score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of “Usually/Always” or “Yes” or “3 or more times”.

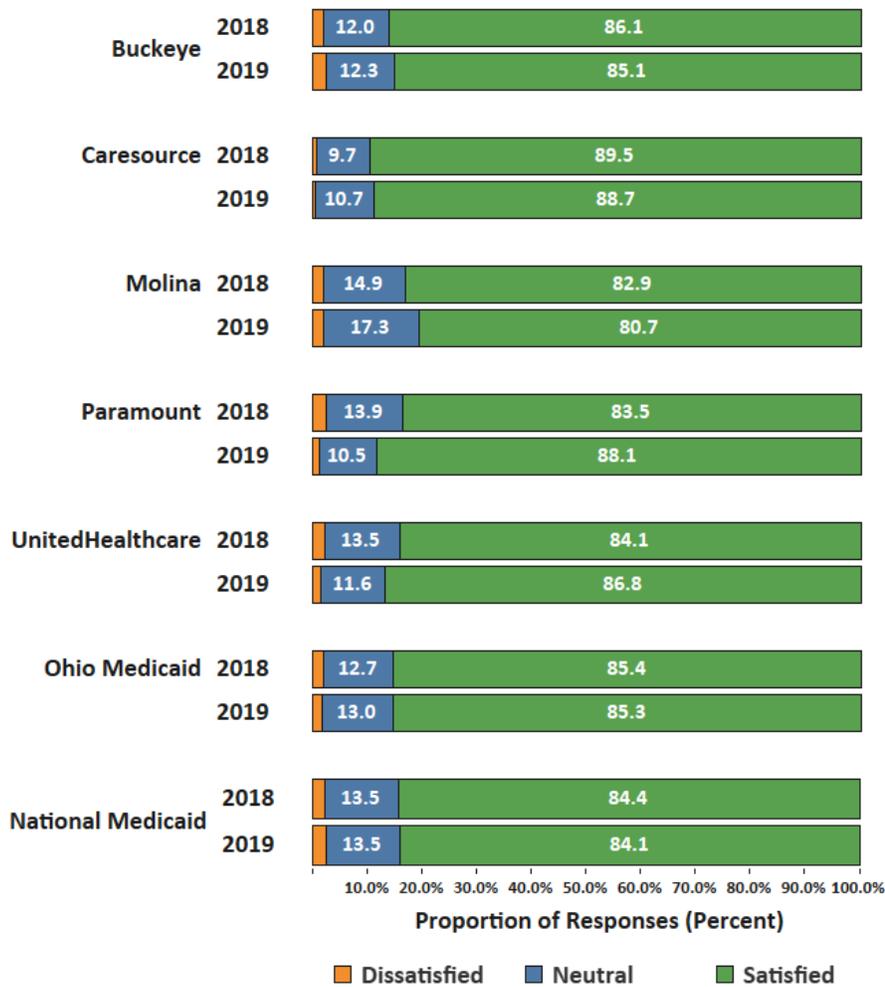
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-2: Child Rating of Health Plan Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

- Molina's score was significantly lower than the program average.

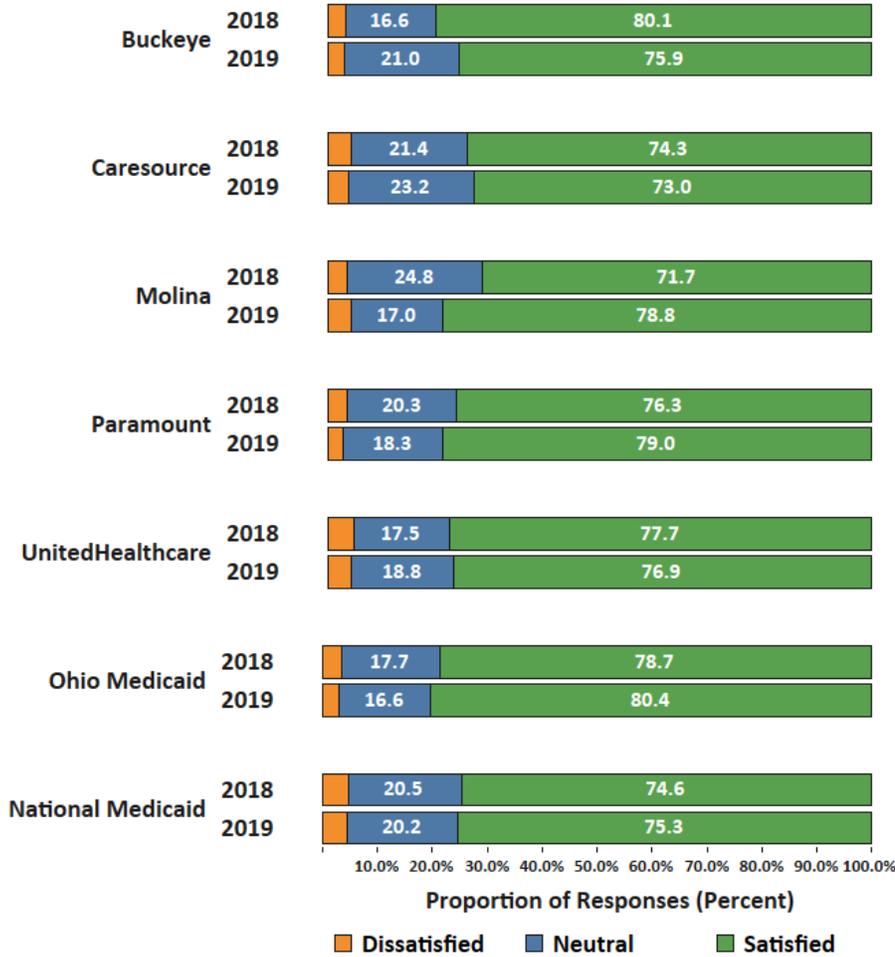
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of All Health Care

Respondents were asked to rate all their health care/their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-3 and Figure 2-4 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-3: Adult Rating of All Health Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population’s score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population’s score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
 The score for the plans refer to the top box responses of “Usually/Always” or “Yes” or “3 or more times”.

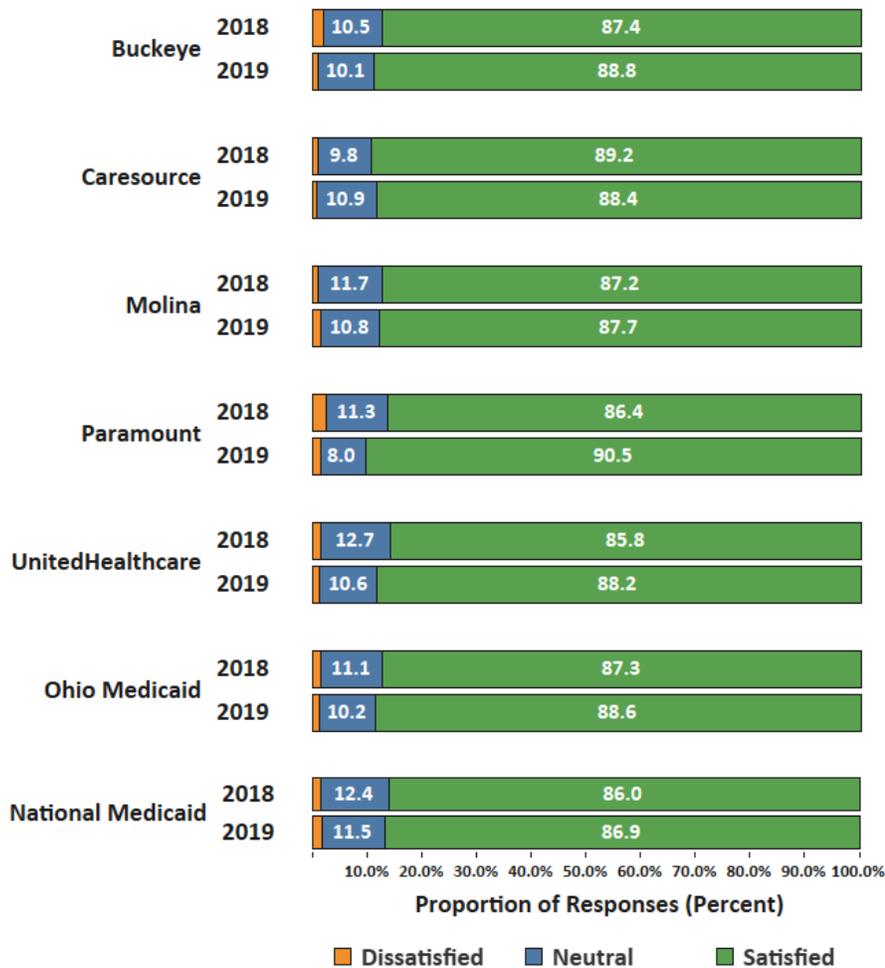
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-4: Child Rating of All Health Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

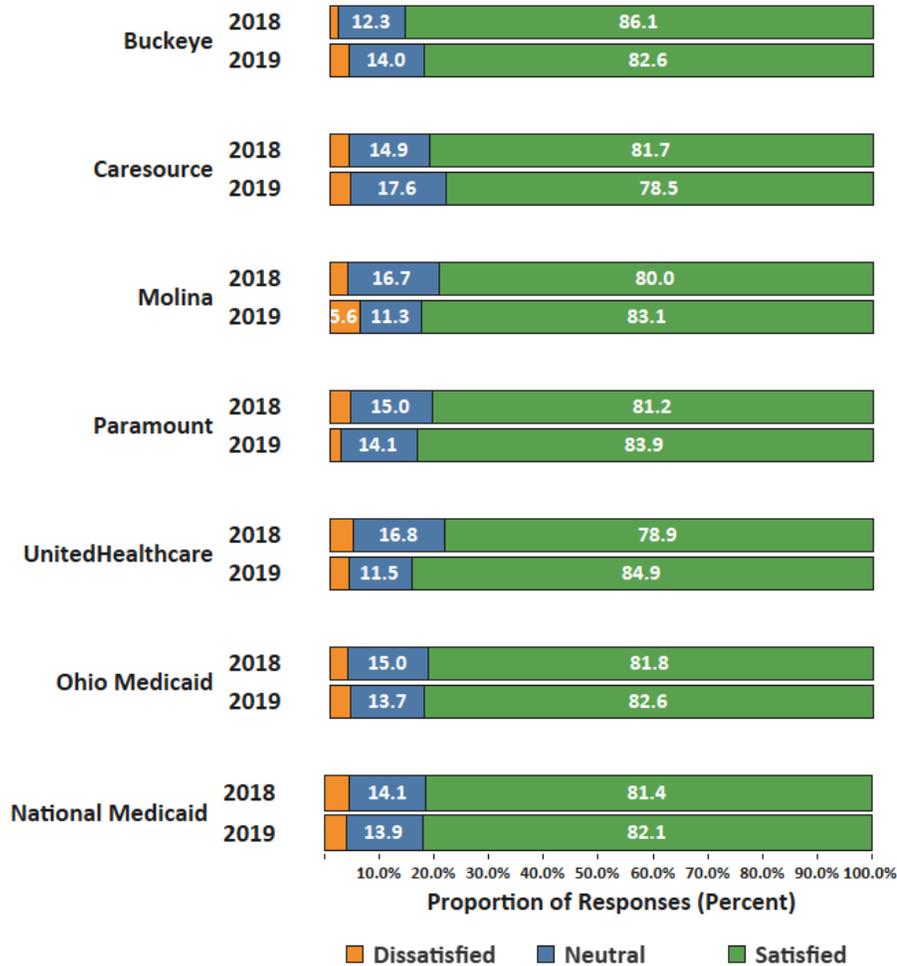
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of Personal Doctor

Respondents were asked to rate their personal doctor/their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-5 and Figure 2-6 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-5: Adult Rating of Personal Doctor Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population’s score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population’s score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
The score for the plans refer to the top box responses of “Usually/Always” or “Yes” or “3 or more times”.

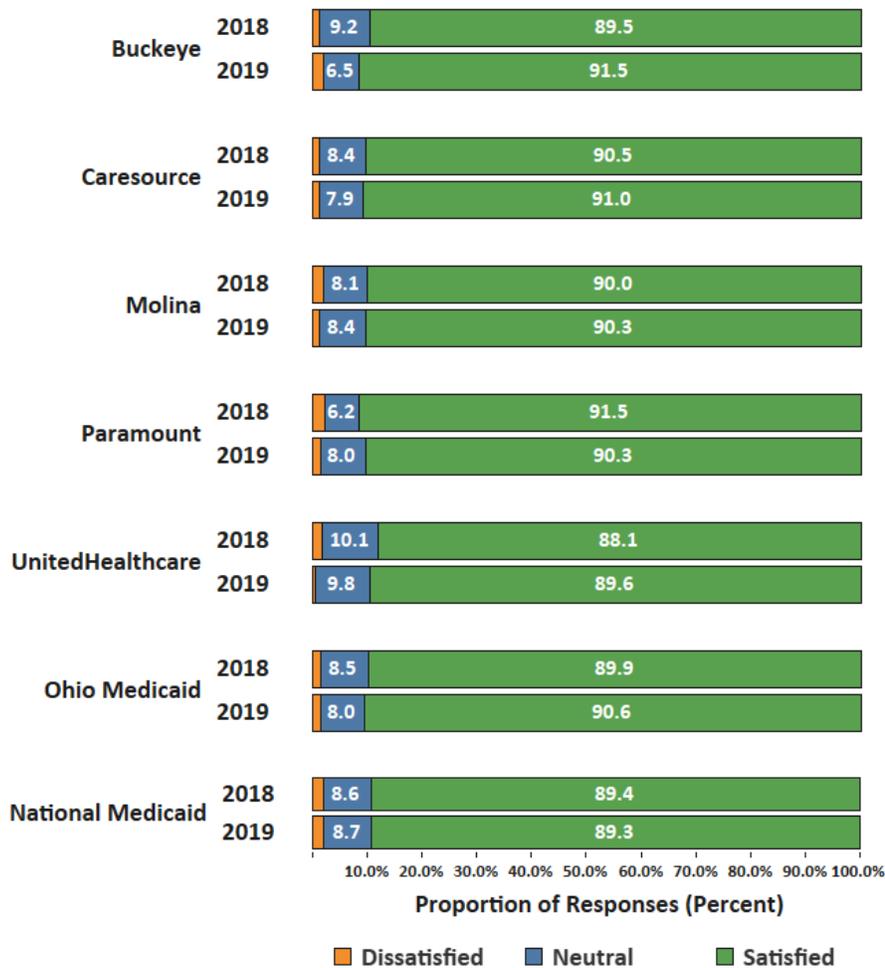
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-6: Child Rating of Personal Doctor Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

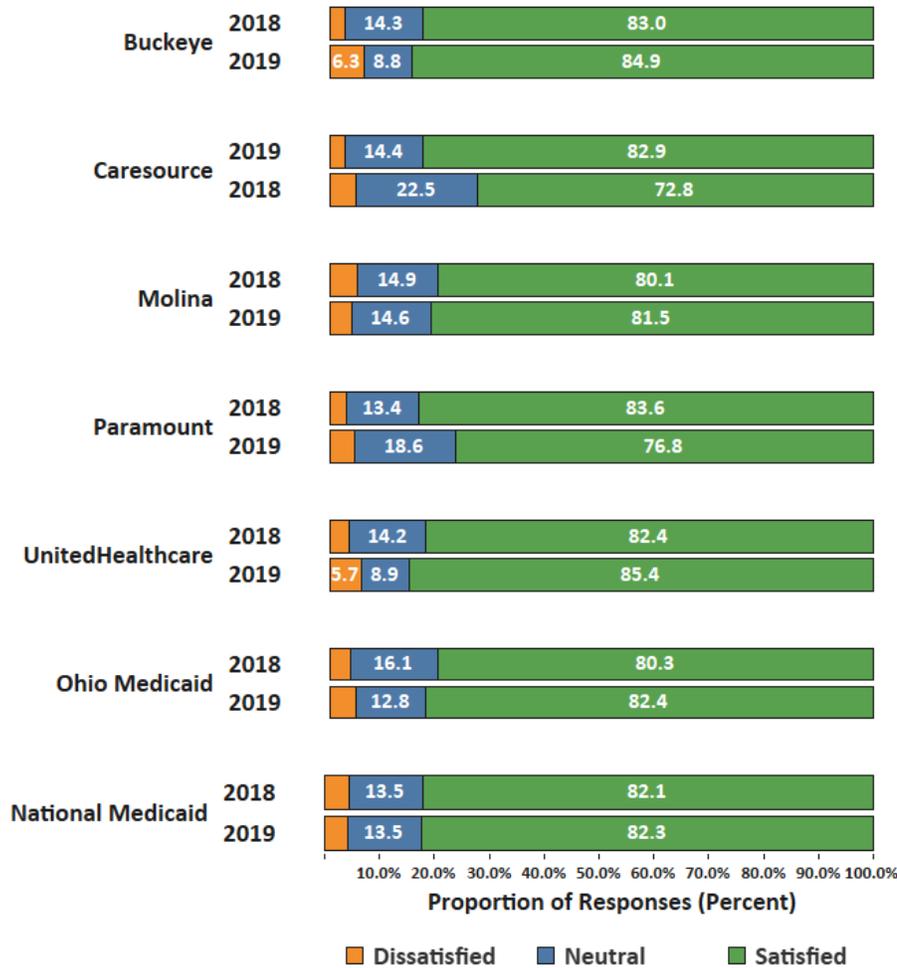
Trending Analysis

Overall, there were no statistically significant difference between scores in 2019 and scores in 2018 for this measure.

Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist they/their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-7 and Figure 2-8 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-7: Adult Rating of Specialist Seen Most Often Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
The score for the plans refer to the top box responses of “Usually/Always” or “Yes” or “3 or more times”.

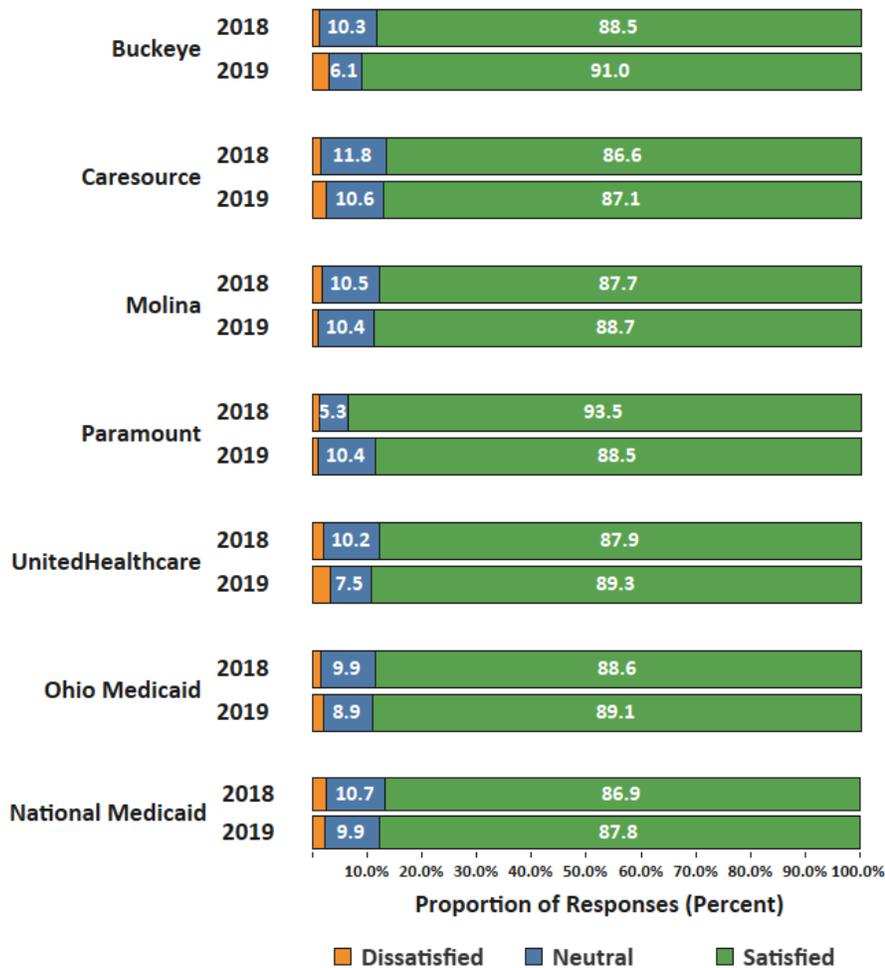
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-8: Child Rating of Specialist Seen Most Often Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

Trending Analysis

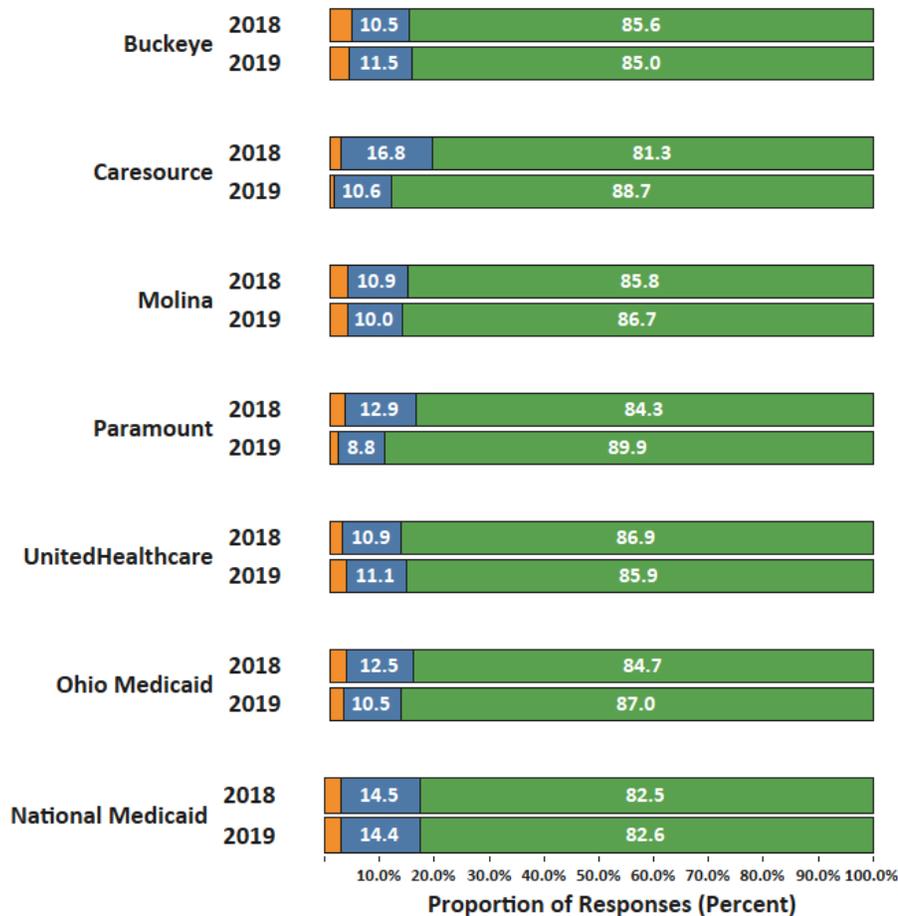
Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Composite Measures

Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care (questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey and questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-9 and Figure 2-10 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-9: Adult Getting Needed Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

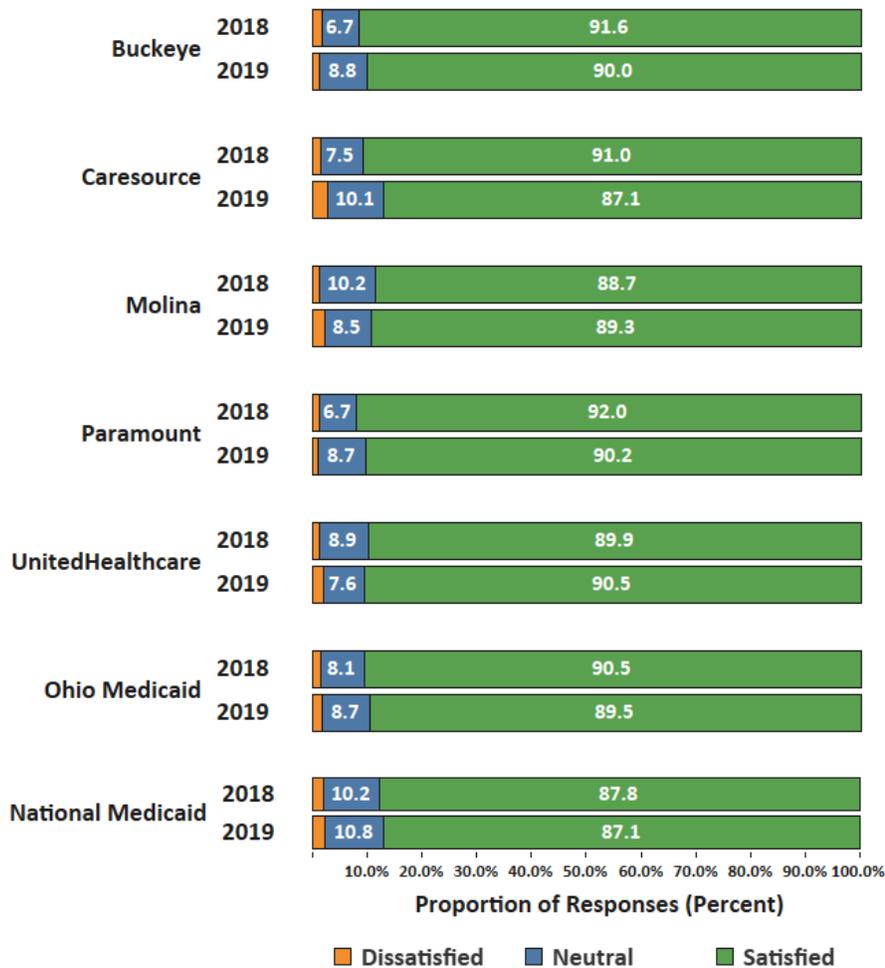
Overall, there were no statistically significant differences observed for this measure.

Trending Analysis

Overall, there was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

- CareSource's score was significantly higher in 2019 than in 2018.

Figure 2-10: Child Getting Needed Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

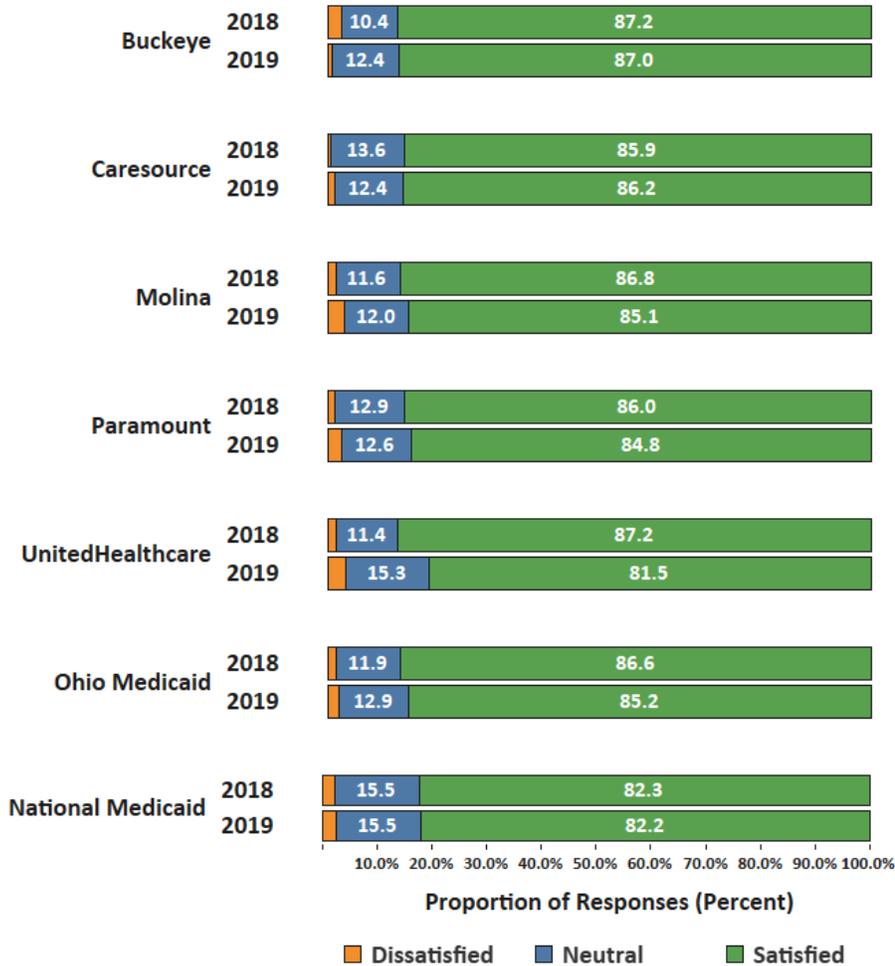
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Getting Care Quickly

Two questions were asked to assess how often members received care quickly (questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-11 and Figure 2-12 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-11: Adult Getting Care Quickly Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
 The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

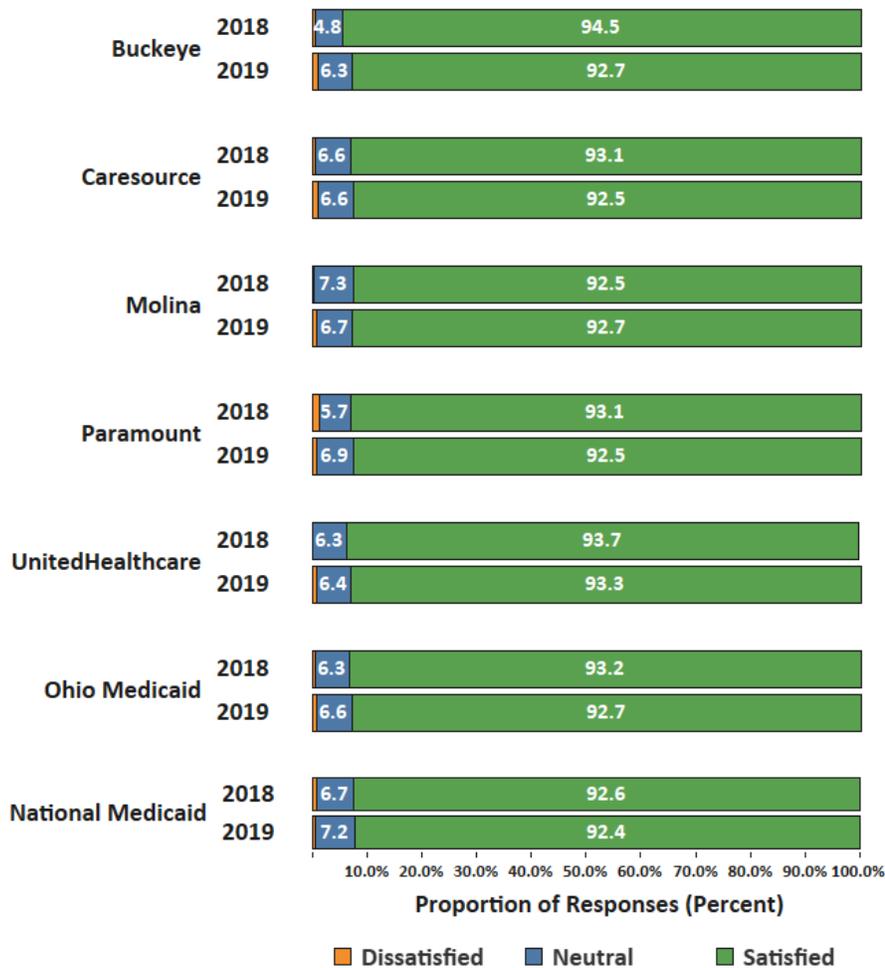
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-12: Child Getting Care Quickly Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

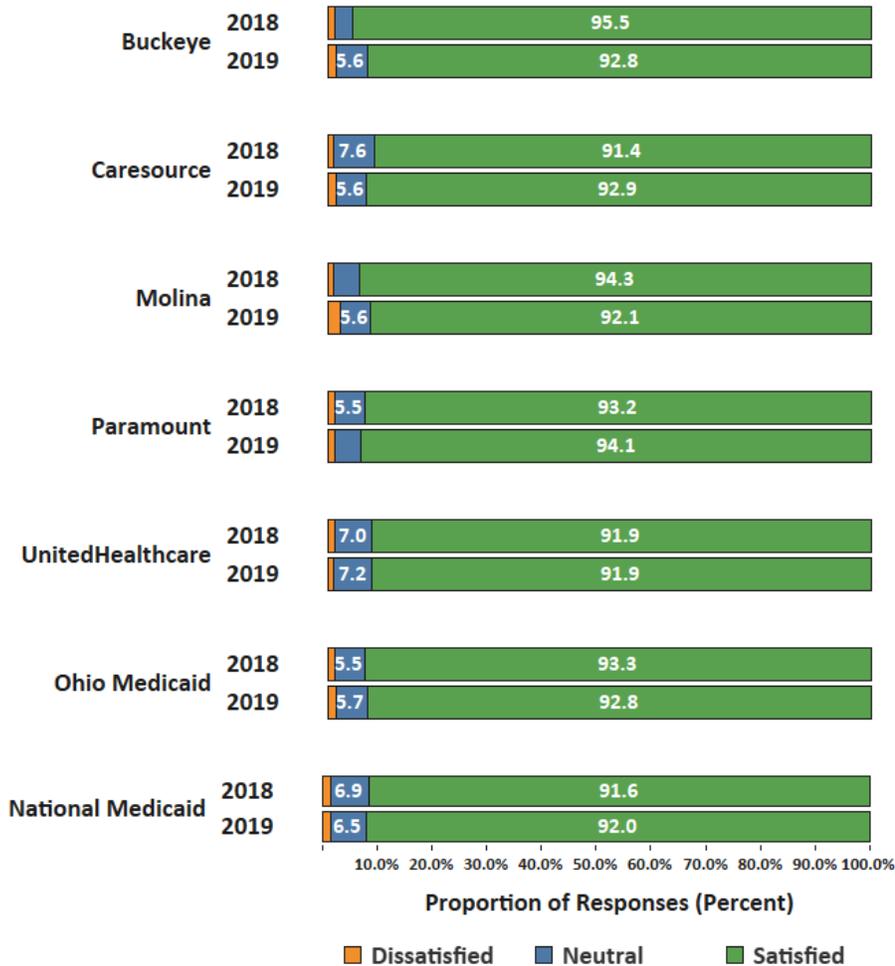
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well (questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey and questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-13 and Figure 2-14 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-13: Adult How Well Doctors Communicate Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

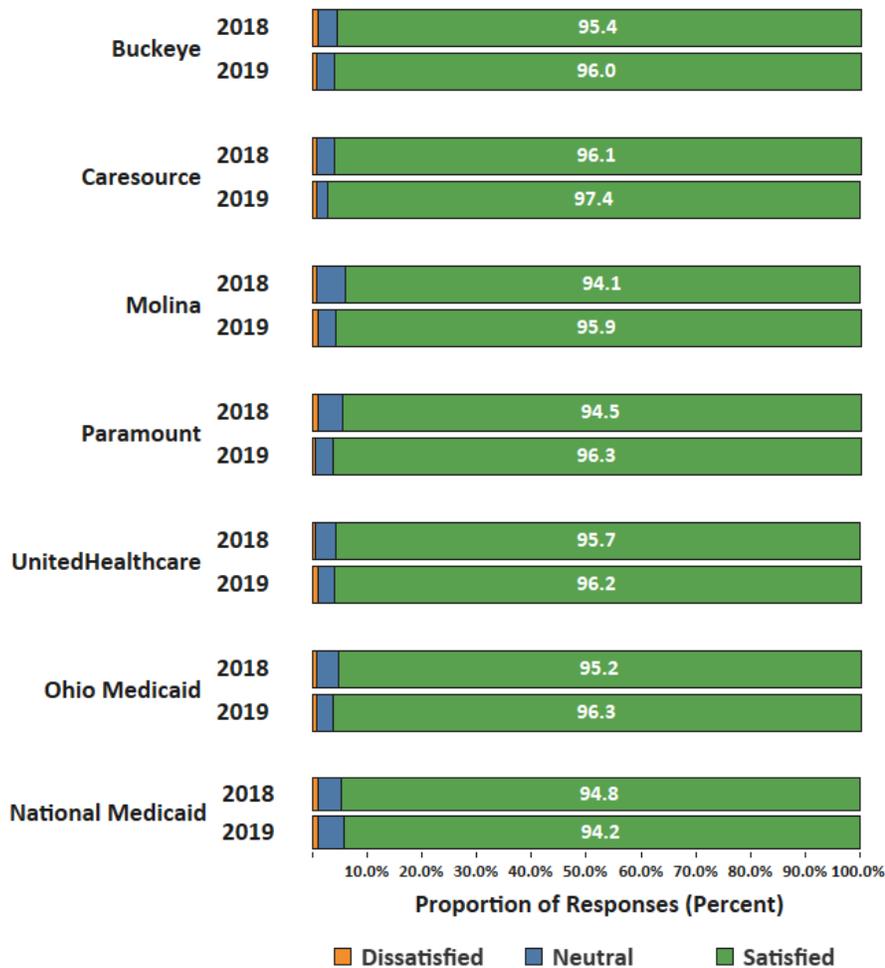
Overall, there were no statistically significant differences observed for this measure.

Trending Analysis

Overall, there was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

- Buckeye's score was significantly higher in 2019 than in 2018.

Figure 2-14: Child How Well Doctors Communicate Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

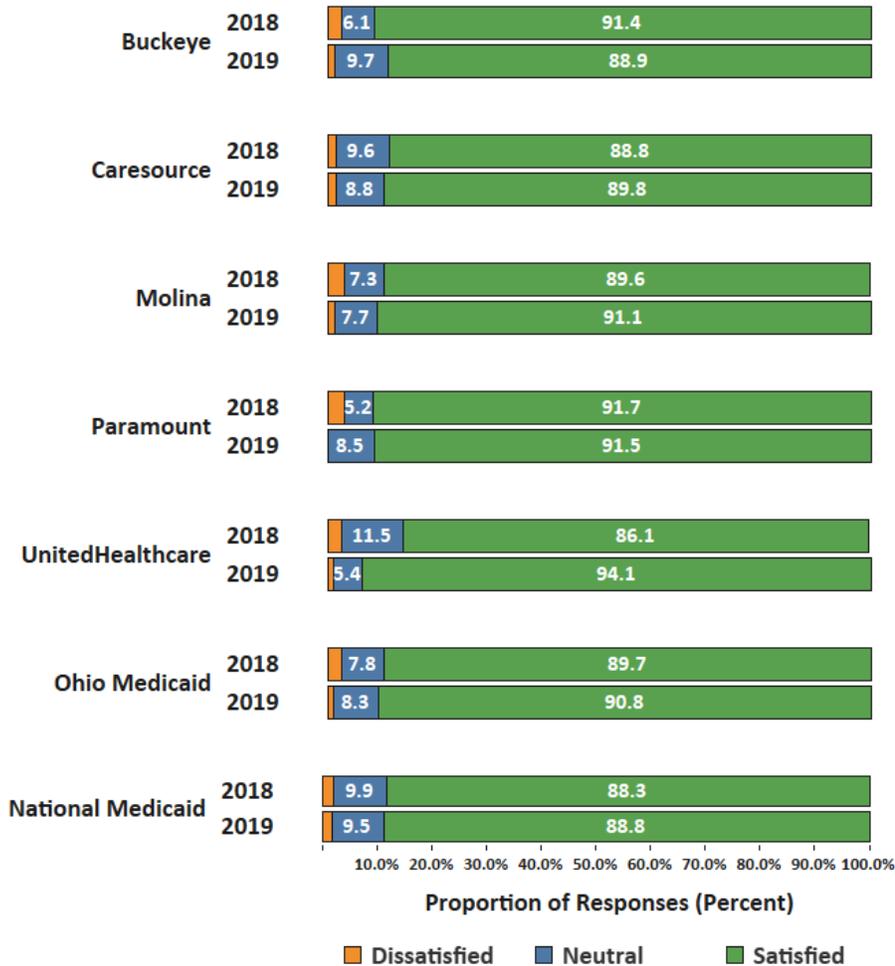
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Customer Service

Two questions were asked to assess how often respondents were satisfied with customer service (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). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-15 and Figure 2-16 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-15: Adult Customer Service Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

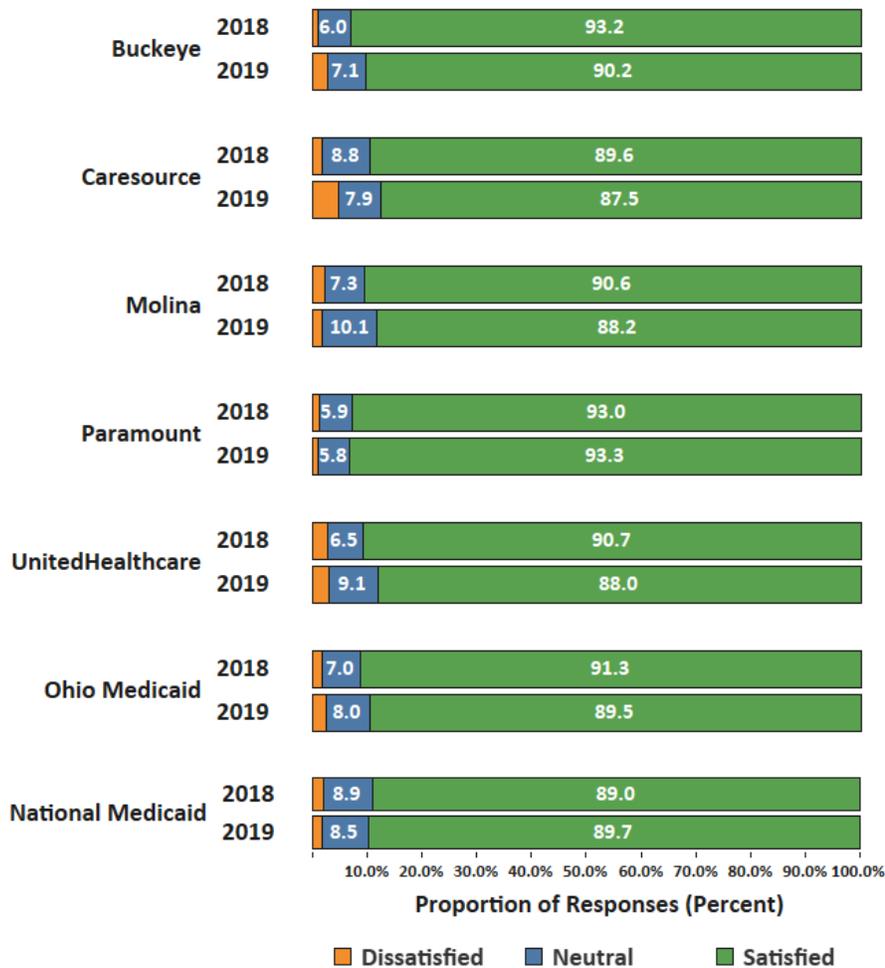
Overall, there were no statistically significant differences observed for this measure.

Trending Analysis

Overall, there was one statistically significant difference between scores in 2019 and scores in 2018 for this measure.

- UnitedHealthcare's score was significantly higher in 2019 than in 2018.

Figure 2-16: Child Customer Service Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

Comparative Analysis

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

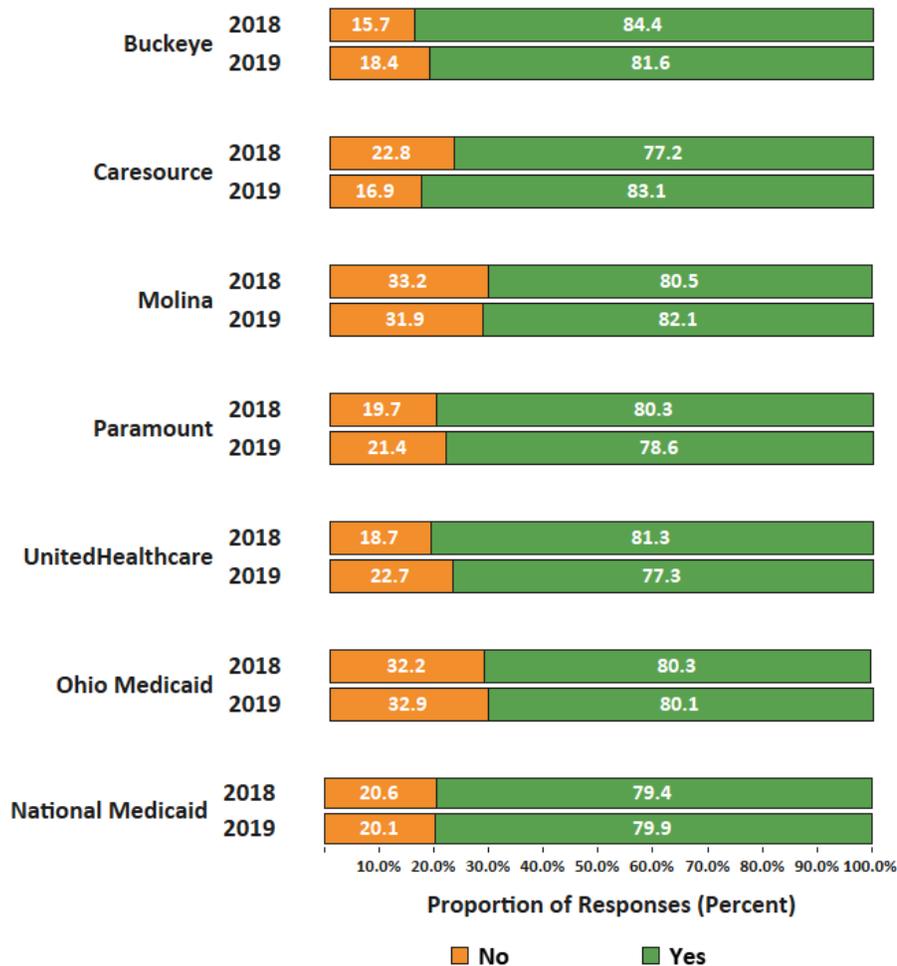
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Shared Decision Making

Three questions were asked to assess the extent to which respondents' doctors or other health providers discussed starting or stopping a prescription medicine (questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey and questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into two categories: No and Yes. Figure 2-17 and Figure 2-18 depict percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2018 and 2019 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-17: Adult Shared Decision Making Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

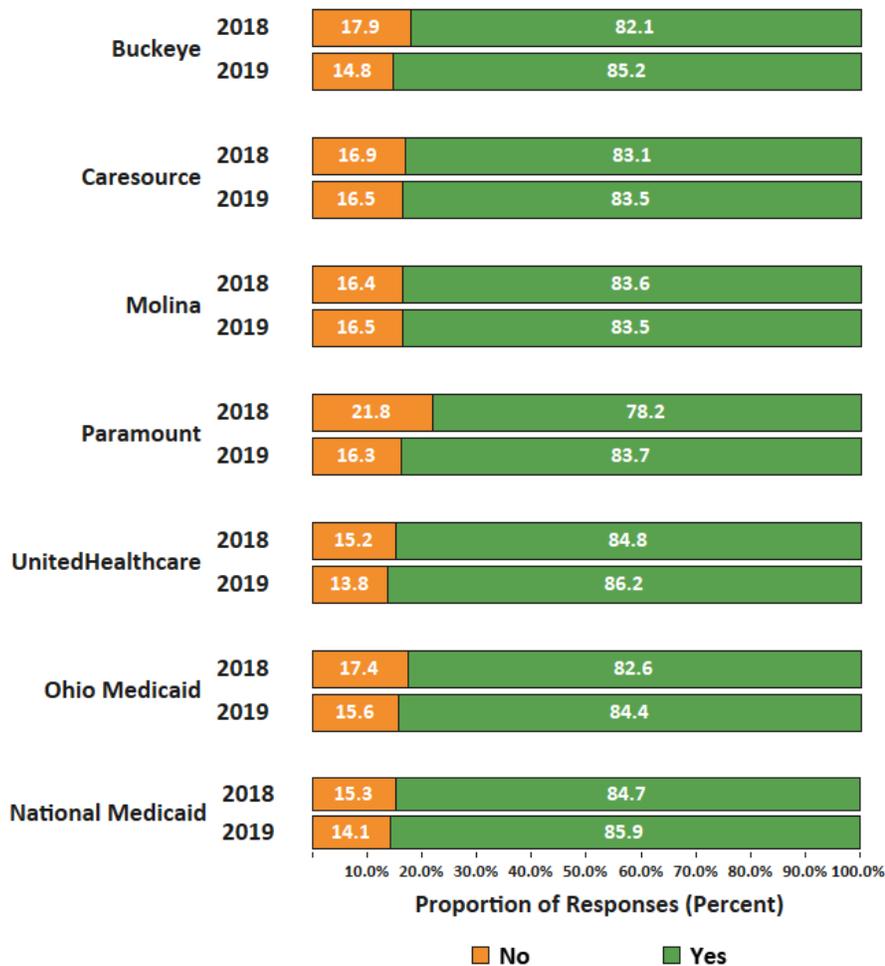
Comparative Analysis

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

Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Figure 2-18: Child Shared Decision Making Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score for the plan is significantly higher than the Ohio Medicaid score for 2019
- ↓ Indicates the score for the plan is significantly lower than the Ohio Medicaid score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

The values reported in the above visuals include both the general child and children with chronic conditions populations. In prior years' visuals, values represented only the general child population for the five health plans and Ohio Medicaid.

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 2019 and scores in 2018 for this measure.

Priority Areas for Quality Improvement

A priority areas analysis was performed at the Ohio Medicaid Managed Care Program and MCP levels. Separate analyses were performed for the adult and general child populations. The priority areas analysis focused on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. IPRO compared the three global ratings to each composite question to identify priority areas. For additional information on the priority areas analysis, please refer to the *2019 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report*.

Adult and General Child Summary Tables

The following summary tables provide a list of the priority areas for each global rating evaluated (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) for the Ohio Medicaid Managed Care Program and each MCP. For each measure, the adult summary table is presented first, followed by the general child summary table.

Table 2-3: Priority Areas Analysis—Adult Rating of Health Plan Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	✓	✓	✓	✓	✓	✓
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	✓	✓	✓		✓	
Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?			✓			
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	✓	✓	✓	✓	✓	✓
Q20. In the last 6 months, how often did your personal doctor spend enough time with you?						✓
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	✓	✓	✓	✓		✓
Q31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	✓	✓	✓		✓	

Table 2-4: Priority Areas Analysis—General Child Rating of Health Plan Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?		✓	✓	✓	✓	

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?					✓	
Q13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?		✓				✓
Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	✓	✓	✓	✓	✓	✓
Q37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	✓			✓		
Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	✓	✓	✓		✓	✓
Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	✓	✓	✓	✓		✓
Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?			✓			

Table 2-5: Priority Areas Analysis—Adult Rating of All Health Care Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	✓	✓	✓	✓	✓	✓
Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?				✓		
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	✓	✓	✓	✓	✓	✓

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q20. In the last 6 months, how often did your personal doctor spend enough time with you?						✓
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	✓		✓	✓	✓	✓

Table 2-6: Priority Areas Analysis—General Child Rating of All Health Care Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	✓	✓	✓		✓	
Q11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?						✓
Q12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?					✓	
Q13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	✓		✓			✓
Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	✓	✓	✓	✓	✓	✓
Q37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	✓			✓		
Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?		✓		✓	✓	

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	✓	✓		✓		
Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?		✓				

Table 2-7: Priority Areas Analysis—Adult Rating of Personal Doctor Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	✓		✓	✓	✓	✓
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?			✓			
Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?		✓				
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	✓	✓	✓	✓	✓	✓
Q20. In the last 6 months, how often did your personal doctor spend enough time with you?						✓
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	✓	✓				✓
Q31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?				✓		

Table 2-8: Priority Areas Analysis—General Child Rating of Personal Doctor Summary Table

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?						
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?			✓		✓	
Q13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	✓		✓			✓
Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	✓	✓	✓	✓	✓	✓
Q37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	✓			✓	✓	
Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?					✓	
Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	✓	✓		✓		✓
Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?		✓				

3. Children with Chronic Conditions Results

The CCC and non-CCC comparisons analysis was performed at the Ohio Medicaid Managed Care Program level. Scores and response category percentages were calculated for each global rating and composite measure for the CCC and non-CCC populations. Two types of analyses were performed in this section: (1) a comparison of the 2019 results for the two populations, and (2) a comparison of each population's 2019 scores to its 2018 scores.

For the first analysis, one type of hypothesis test was applied to determine whether the CCC and non-CCC populations' response category percentages and scores were statistically significantly different from each other. Scores for one population that were statistically significantly higher than scores for the other population are noted with upward (↑) arrows. Conversely, scores for one population that were statistically significantly lower than scores for the other population are noted with downward (↓) arrows. Scores for one population that were not statistically significantly different from the other population are not noted with arrows. If it is true that one population's score was statistically significantly higher (↑) than that of the other population's score, then it follows that the other population's score was statistically significantly lower (↓). Therefore, in the figures presented in this section, a pair of arrows (↑ and ↓) to the right of the score is indicative of a single statistical test and is noted as one statistically significant difference in the narrative rather than two. For example, if it is true that the score of CCC respondents was statistically significantly lower than that of non-CCC respondents, then it must be true that the score of non-CCC respondents was statistically significantly higher than that of CCC respondents. This represents one statistically significant difference.

For the second analysis, scores in 2019 were compared to the scores in 2018 to determine whether there were statistically significant differences for the CCC and non-CCC populations. Each of the response category percentages and the scores were compared for statistically significant differences. Statistically significant differences between scores in 2019 and scores in 2018 for the CCC and non-CCC populations are noted with triangles to the left of the score. Scores that were statistically significantly higher in 2019 than in 2018 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2019 than in 2018 are noted with downward (▼) triangles. Scores in 2019 that were not statistically significantly different from scores in 2018 are not noted with triangles.

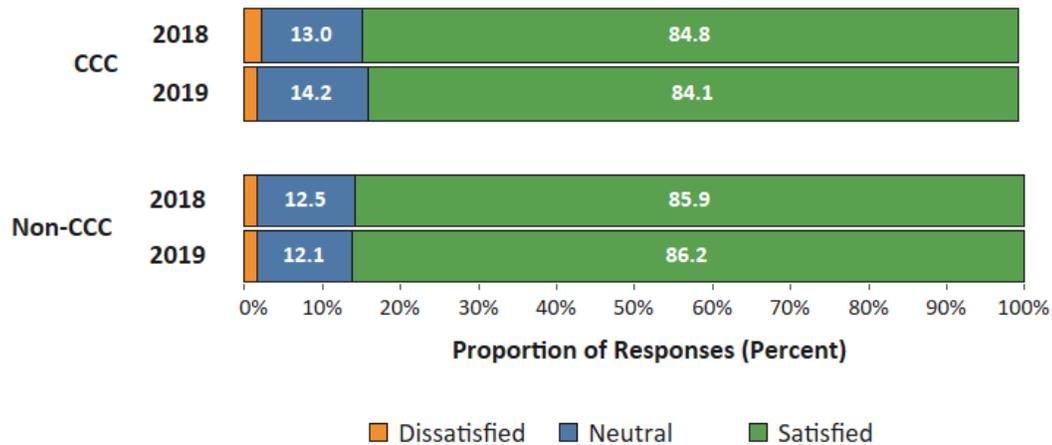
The text below the figures provides details of the statistically significant differences for each measure. Statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). Please note, no national Medicaid data are available for the CCC and non-CCC comparisons analysis.

Global Ratings

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 3-1 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-1: CCC and Non-CCC Comparisons: Rating of Health Plan Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

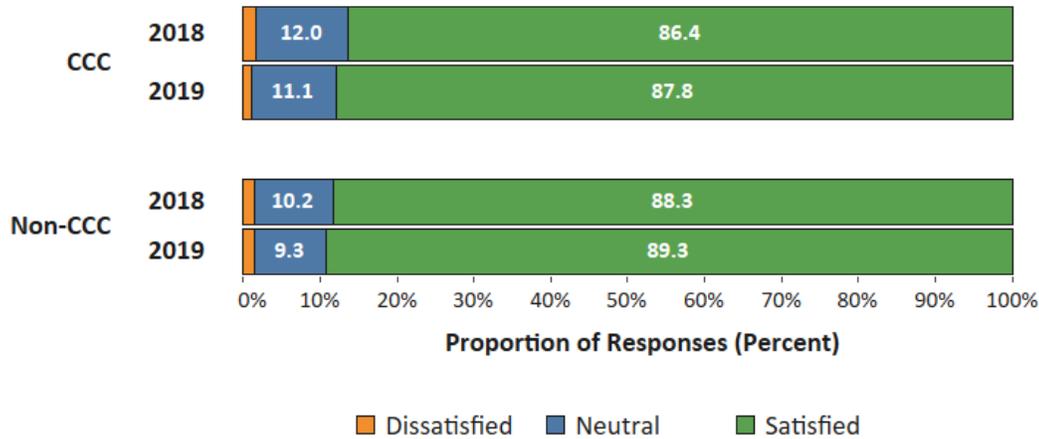
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of All Health Care

Parents or caretakers of child members were asked to rate all their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 3-2 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-2: CCC and Non-CCC Comparisons: Rating of All Health Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

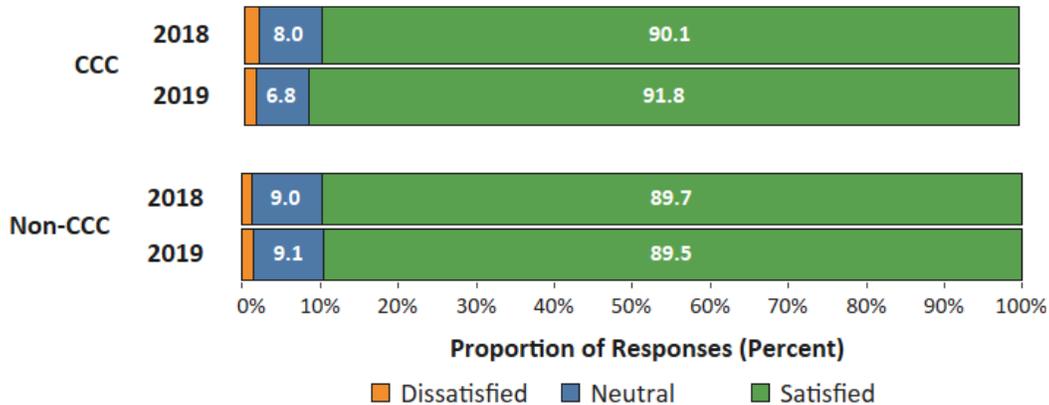
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 3-3 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-3: CCC and Non-CCC Comparisons: Rating of Personal Doctor Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

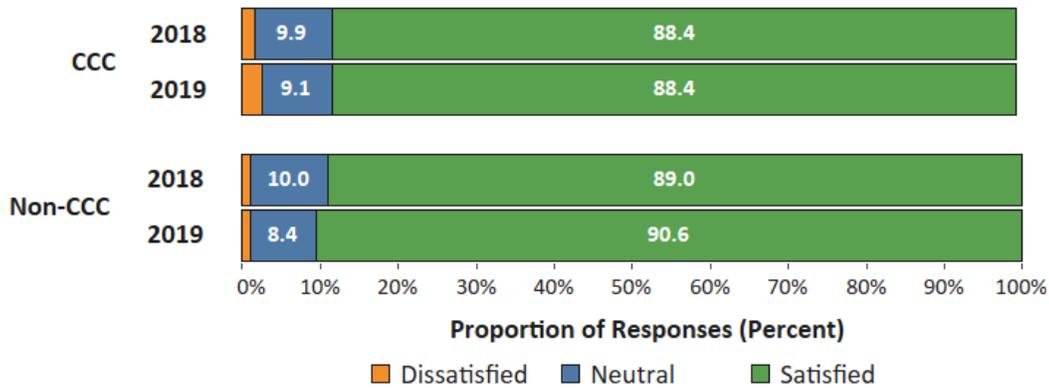
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate the specialist their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 3-4 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-4: CCC and Non-CCC Comparisons: Rating of Specialist Seen Most Often Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.
 The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

Trending Analysis

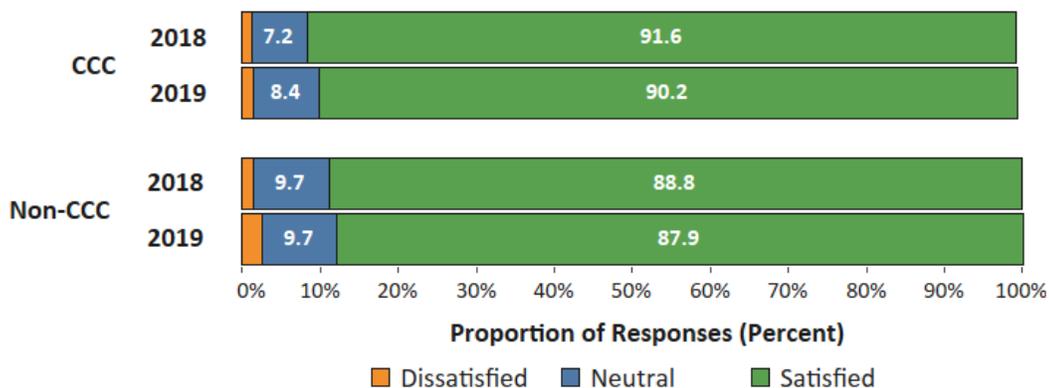
Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Composite Measures

Getting Needed Care

Two questions were asked to assess how often it was easy for parents or caretakers to get the care they needed for their child (questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-5 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-5: CCC and Non-CCC Comparisons: Getting Needed Care Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

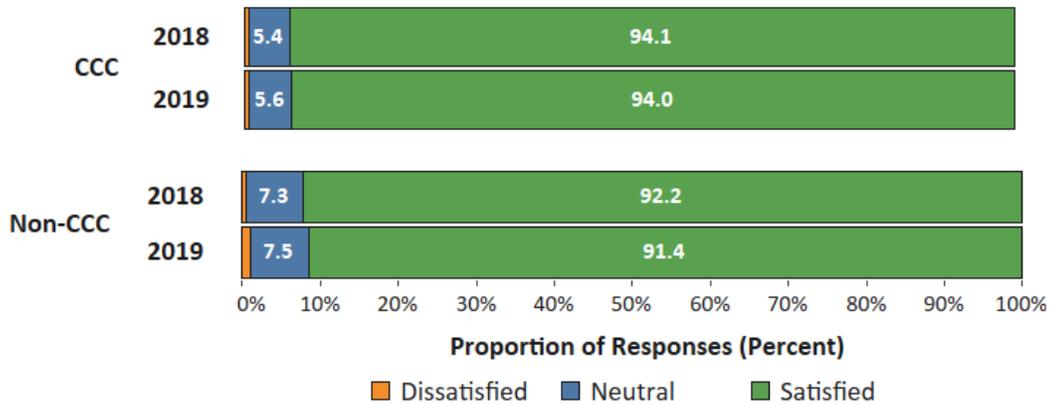
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Getting Care Quickly

Two questions were asked to parents or caretakers to assess how often their child received care quickly (questions 4 and 6 in the CAHPS Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-6 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-6: CCC and Non-CCC Comparisons: Getting Care Quickly Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

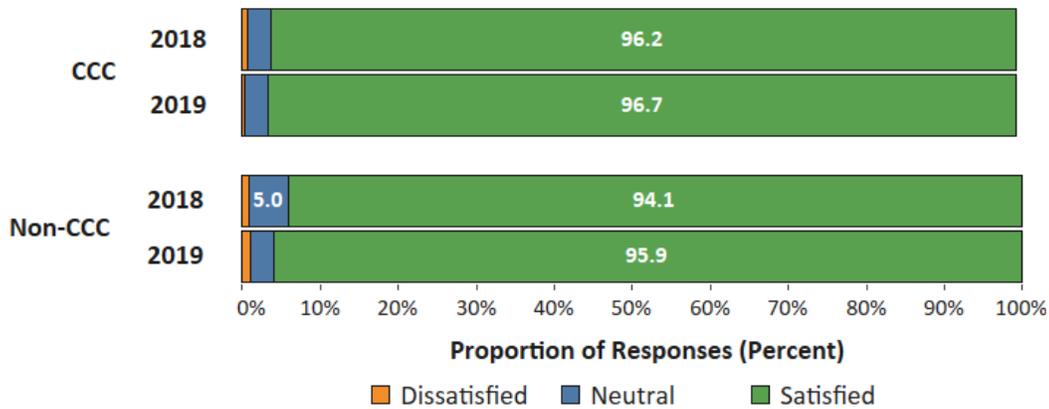
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

How Well Doctors Communicate

A series of four questions was asked to parents or caretakers of child members to assess how often doctors communicated well (questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-7 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-7: CCC and Non-CCC Comparisons: How Well Doctors Communicate Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

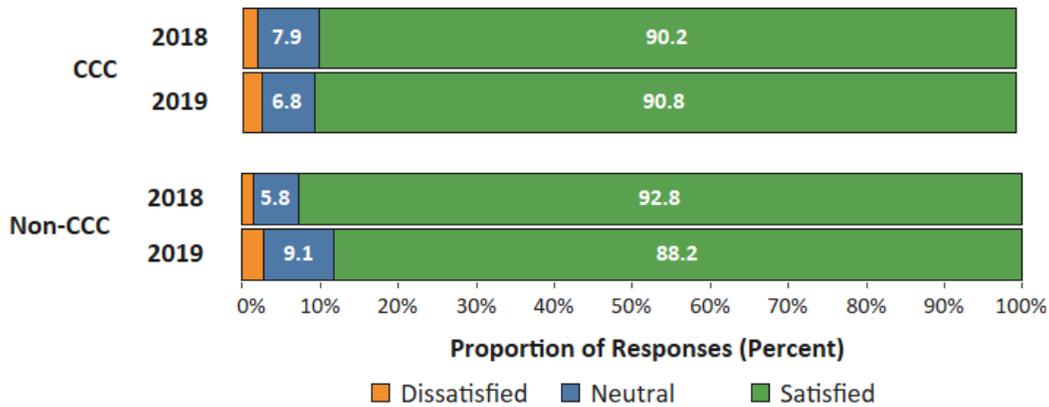
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Customer Service

Two questions were asked to assess how often parents or caretakers were satisfied with their child's customer service (questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 3-8 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-8: CCC and Non-CCC Comparisons: Customer Service Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

Comparative Analysis

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

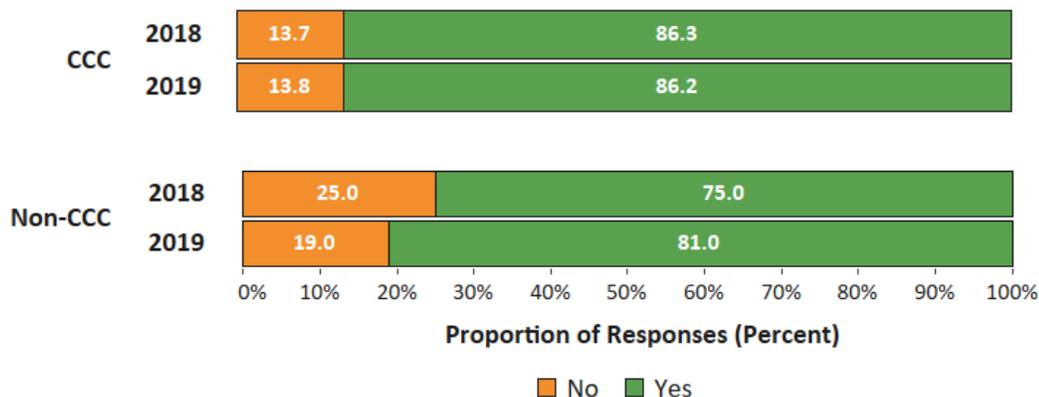
Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

Shared Decision Making

Three questions were asked to parents or caretakers of child members to assess the extent to which their child’s doctors or other health providers discussed starting or stopping a prescription medicine (questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into two categories: No and Yes. Figure 3-9 depicts the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 3-9: CCC and Non-CCC Comparisons: Shared Decision Making Response Category Percentages



Statistical Significance Notes:

- ↑ Indicates the score is significantly higher than the other population's score for 2019
- ↓ Indicates the score is significantly lower than the other population's score for 2019
- ▲ Indicates the population's score for 2019 is significantly higher than the score for 2018
- ▼ Indicates the population's score for 2019 is significantly lower than the score for 2018

Response category percentages may not add up to 100.0% due to rounding.

The score for the plans refer to the top box responses of "Usually/Always" or "Yes" or "3 or more times".

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 2019 and scores in 2018 for this measure.

4. Conclusions and Recommendations

Conclusions

Adult and General Child Results

When results for the adult and general child population were compared to 2019 national Medicaid percentiles, the Ohio Medicaid Managed Care Program’s performance was fair to excellent (i.e., none of the program’s scores were below the 25th percentile). Areas of excellent performance (i.e., at or above the 90th percentile) included Getting Needed Care (adult).

For the adult population, Paramount and UnitedHealthcare had the highest results when compared to national percentiles (i.e., five measures were at or above the 75th percentile), while CareSource and UnitedHealthcare had the lowest results (i.e., three measures were at or below the 49th percentile). For the general child population, CareSource and Paramount had the highest results when compared to national percentiles (i.e., five measures were at or above the 75th percentile), while UnitedHealthcare had the lowest results (i.e., four measures were at or below the 49th percentile).

The statewide comparisons analysis for the global ratings and composite measures for the child population revealed a statistically significant difference between one MCP's score when compared to the program average. CareSource's score was statistically significantly higher than the program average for Rating of Health Plan. For the general child population, the MCPs did not have scores that were statistically significantly lower than the program average for any measures. The global ratings and composite measures for the adult population did not show statistically significant differences between the MCPs' scores and the program average.

The trend analysis revealed that Buckeye's adult population 2019 score was statistically significantly higher than the 2018 scores for one measure: How Well Doctors Communicate. CareSource's adult population score was statistically significantly lower in 2019 than in 2018 for one measure: Getting Needed Care. In addition, UnitedHealthcare's adult population 2019 score was statistically significantly higher than the 2018 score for one measure, Customer Service.

When comparing the 2019 general child population scores to the 2018 scores for the global ratings and composite measures, none of the MCPs or the Ohio Medicaid Managed Care Program showed statistically significantly higher or lower scores.

The priority areas analysis identified areas that are top priorities for the Ohio Medicaid Managed Care Program for the Rating of Health Plan (RHP), Rating of All Health Care (RHC), and Rating of Personal Doctor (RPD) global ratings. For the adult population, top priority items for the program included the following: getting care as soon as needed (RHP, RHC, RPD); getting an appointment as soon as needed (RHP); ease of getting care, tests, or treatment (RHP, RHC, RPD); getting an appointment to see a specialist as soon as needed (RHP, RHC, RPD); and receiving information or help from health plan customer service (RHP). For the general child population, top priority items for the program included the following: getting an appointment as soon as needed (RHC); doctor asked what you thought was best for your child (RHC, RPD); ease of getting care, tests, or treatment (RHP, RHC, RPD); amount of time a child's personal doctor spends with the child (RHP, RHC, RPD); getting an appointment to see a specialist as soon as needed (RHP); and receiving information or help from the health plan's customer service (RHP, RHC, RPD).

Children with Chronic Conditions Results

The CCC and non-CCC populations reported different results. The CCC population's scores were statistically significantly higher than the non-CCC population for the following measures: Shared Decision Making – Doctor Talked About Reasons to Take a Medicine; Health Promotion and Education; Satisfaction with Health Plan – Got Information or Help from Customer Service; Satisfaction with Health Care Providers – Had Personal Doctor; Satisfaction with Health Care Providers – Child Able to Talk with Doctors; Access to Care – Tried to Make Appointment to See Specialist; Access to Care – Made Appointments for Health Care; Access to Care – Had Illness, Injury, or Condition that Needed Care Right Away; Utilization of Services – Number of Visits to the Doctor's Office; Access to Specialized Services – Treatment or Counseling; and FCC: Getting Needed Information. The non-CCC population's scores were not statistically significantly higher than the CCC population for any measures.

No measures were statistically significantly higher or lower in 2019 than 2018 for the CCC population. The non-CCC population's 2019 score was statistically significantly higher than the 2018 score for one out of nine measures: How Well Doctors Communicate. The non-CCC population had 2019 scores that were statistically significantly lower than the 2018 scores for two out of nine measures: Obtained Help Needed from Customer Service; and Shared Decision Making – Doctor Asked About Best Medicine Choice for Your Child.

Recommendations

The CAHPS findings in this report examine members' experiences with their Medicaid MCPs, health care, and services. The results identify Ohio Medicaid Program and plan strengths and weaknesses, highlight areas for performance improvement, and track performance over time. Ohio Medicaid's participating plans conduct the survey annually using the CAHPS Health Plan Survey, a standardized and validated instrument, with national benchmarks. As such, this information is a rich source of data on patient experience the state may use to inform efforts to achieve excellence in patient-centered care and outcomes.

IPRO recommends ODM leverage the CAHPS Health Plan Survey data and report findings to support the development of relevant major initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities. For example, CAHPS data may be analyzed to identify potential health disparities among key demographics. Supplemental items may be used to recognize issues related to cultural competence. This type of information could inform initiatives such as infant mortality, Comprehensive Primary Care (CPC), behavioral health care coordination, and school based healthcare. This report's findings establish priority areas for targeting quality improvement efforts in order to improve CAHPS ratings of health plan, health care, and personal doctor. Separate findings are provided for the Ohio Medicaid Program and each participating plan, by population (adult, child). A review of the CAHPS measure results (e.g., customer service, smoking cessation) may impact the development of related quality improvement strategies, performance measurement and accountability systems, and program monitoring activities. In these and other ways, CAHPS data are valuable resources for patient-centered approaches to population health management and improving health outcomes.

Cautions and Limitations

The findings presented in the 2019 Ohio Medicaid Managed Care Program CAHPS Reports are subject to limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

Case-Mix Adjustment

The demographics of respondents may impact member experience; however, results in the reports were not case-mix adjusted to account for differences in respondent characteristics. Caution should be exercised when interpreting the CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results for the Medicaid population to account for these differences.¹⁰

Non-Response Bias

The experiences of the survey respondent population may be different than those of non-respondents with respect to their health care services and may vary by MCP. Therefore, ODM and the MCPs should consider the potential for non-response bias when interpreting CAHPS results.

Causal Inferences

Although the CAHPS Reports examine whether members of various MCPs report differences in experience with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the CAHPS reports identify whether members in different MCPs give different ratings. The surveys alone do not reveal why the differences exist.

Survey Vendor Effects

The CAHPS surveys were administered by multiple survey vendors. NCQA developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still the small potential for vendor effects. Therefore, survey vendor effects should be considered when interpreting the CAHPS results.

Program Changes

In 2017, more Ohioans were able to access their benefits through one of the state's five Medicaid MCPs. Effective January 1, 2017, Ohio Medicaid transitioned the following recipient groups from fee-for-service to mandatory managed care: individuals enrolled in the Bureau of Children with Medical Handicaps (BCMh) program, children in the custody of Public Children's Services Agencies (PCSAs), children receiving federal adoption assistance, and individuals receiving services through the Breast and Cervical Cancer Project (BCCP). In addition, voluntary enrollment in a Medicaid MCP was extended to individuals on a developmental disabilities waiver. Also, effective February 2017, eligibility for respite services was expanded to cover child beneficiaries who receive long-term care and have behavioral health needs.

¹⁰ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, 2008.

Ohio Medicaid made significant progress in 2017 to advance population health outcomes, beginning with implementation of the state's CPC program. This program provides comprehensive services to members in a medical home setting to manage population health and encourage improvement in population health outcomes. MCPs work collaboratively with the CPC practices and provide ongoing support through CPC-MCP partnerships initiated by ODM. In 2017, 111 primary care practices and 1.1 million individuals were enrolled in the program, with monthly enrollment averaging 800,000 members.

Throughout 2017 and 2018, the MCP care management program continued to evolve in alignment with ODM's population health approach to managed care. Effective January 1, 2018, the MCPs extended the use of an ODM-approved and standardized pediatric or adult needs assessment tool to each member, within 90 days of enrollment. The MCPs use this information to risk-stratify members and identify any potential needs for care management.

In 2018, Ohio Medicaid transitioned the following recipient group from fee-for-service to mandatory managed care: individuals enrolled in the Medicaid Buy-In for Workers with Disabilities (MBIWD) program.

On January 1, 2018, Ohio Medicaid launched Behavioral Health Redesign, an initiative aimed at rebuilding Ohio's community behavioral health capacity. This included the addition of new services for people with high intensity service and support needs. Effective July 1, 2018, Ohio integrated behavioral health services into Managed Care.

In 2018, ODM began "Managed Care Day 1" to help minimize the amount of time an individual is on fee-for-service and maximize their managed care experience. Recipients are assigned to a managed care plan effective the first day of the month in which Medicaid eligibility is determined.