



Department of
Medicaid

2018 MyCare Ohio Program CAHPS® Member Experience Survey

Full Report

March 2019



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1. Introduction

Overview

This report provides results for the 2018 Medicare Advantage and Prescription Drug Plan (MA & PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Survey for the Ohio Department of Medicaid's (ODM's or Ohio Medicaid's) MyCare Ohio program.¹⁻¹

MyCare Ohio is a financial alignment demonstration program aimed at coordinating health care delivery for Ohio residents served by both Medicare and Medicaid (dual-eligibles). The demonstration is a collaborative effort between ODM, the Centers for Medicare & Medicaid Services (CMS), and five managed care plans (MyCare Ohio Plans or MCOPs). The program uses a managed care approach to provide the full continuum of benefits for Medicare-Medicaid members, including long-term services and supports, behavioral health services, and physical health services. Launched in the spring of 2014, the MyCare Ohio program operates in seven geographic regions of the state, covering 29 Ohio counties. Individuals who are 18 years of age or older and are enrolled in both Medicare and Medicaid in these regions are eligible for the program. There are over 113,000 members enrolled in the program.¹⁻²

The MyCare Ohio program is a significant development in the State's ongoing efforts to improve access and quality for Medicaid members while simultaneously containing the growing costs of the Medicaid program. As the Medicare and Medicaid programs have traditionally had little connection to each other, the services provided to Medicare-Medicaid members have been poorly coordinated, leading to diminished quality of care, poor health outcomes, and higher costs. In Ohio, Medicare-Medicaid members often have complex health care needs and account for a disproportionate share of total Medicaid spending. Through the MyCare Ohio demonstration, ODM is identifying and incentivizing innovative techniques for improving health care delivery to a highly acute population that are expected to produce positive and measurable results.

The MyCare Ohio program design encompasses a comprehensive and independent program evaluation, routine data collection and reporting requirements, the use of quality measures and standards, and annual member surveys, including the MA & PDP CAHPS Survey. These quality measures and member surveys are nationally recognized evaluation instruments and widely used throughout the health care industry. A MyCare Ohio Progress Report containing the results of the independent evaluation and monitoring activities is submitted annually to the Ohio General Assembly.

The MA & PDP CAHPS Survey assesses topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall experience with providers. Under the demonstration, the MCOPs are required to contract with a CMS-approved survey vendor to

¹⁻¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

¹⁻² The Ohio Department of Medicaid. MyCare Ohio Evaluation 2018 (June 29, 2018). Available at: http://www.jmoc.state.oh.us/Assets/documents/reports/MyCare_Ohio_Evaluation_2018.pdf Accessed on: January 9, 2019.

administer the MA & PDP CAHPS Survey and submit their survey data to CMS annually. CMS analyzes the data and compiles a report for each MCOP that includes the MCOP’s results compared to the national average for all Medicare Advantage (MA) contracts, the national average for all Medicare-Medicaid Plan (MMP) contracts, and the Ohio average for all Medicare contracts, including MMPs. CMS-calculated survey results are the official survey results. CMS results are used for performance reporting and benchmarking and to determine quality withholds as established in the MCOPs’ contracts with CMS and Ohio Medicaid.

ODM obtained the MCOPs’ 2018 survey data from CMS and contracted with Health Services Advisory Group, Inc. (HSAG) to analyze the data and prepare a report that includes the individual MCOP results compared to the state average for all MyCare Ohio contracts. In addition to using different benchmarks from CMS’ reports, ODM’s report (this report) also includes additional analyses (e.g., priority areas for quality improvement). It is important to note that the CAHPS results presented in this report for the MyCare Ohio program and all MCOPs represent the survey results calculated by HSAG, using CMS’ methodology, with some modifications; therefore, the results should not be compared to other reports presenting the same data. Per CMS specifications, MCOPs’ results were case-mix adjusted; however, the results were not weighted.¹⁻³ The results presented in this report are not official survey results and should only be used for quality improvement purposes.

The 2018 survey was administered in the first half of 2018. All five MCOPs participated in the 2018 survey, as listed in Table 1-1 below.

Table 1-1—MCOPs

MCOP Name	MCOP Abbreviation
Aetna Better Health of Ohio	Aetna
Buckeye Health Plan	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare

This *2018 MyCare Ohio Program CAHPS Member Experience Survey Full Report* is one of three separate reports that have been created to provide ODM with a comprehensive analysis, including HSAG’s methodological approach, of the 2018 MyCare Ohio CAHPS results for adult members enrolled in an MCOP.

¹⁻³ The data for the statewide comparisons analysis were case-mix adjusted for age, education, self-reported general health status, self-reported mental health status, proxy assistance, proxy completion of the survey form, Medicaid dual eligibility, low income subsidy eligibility, and completion of the survey in the Asian (Chinese and Vietnamese) language.

Sampling Procedures

Sample Frame

CMS required the MCOPs to administer the 2018 MA & PDP CAHPS Survey according to the MA & PDP Quality Assurance Protocols & Technical Specifications.¹⁻⁴ The members eligible for sampling included those who met the following eligibility criteria at the time the sample was drawn:

- 18 years of age or older (January 12, 2018).
- MCOP members.
- Continuously enrolled in the same MCOP for at least six months.
- Living in the United States, Puerto Rico, or the United States Virgin Islands.
- Not institutionalized.

Sample Selection

In January 2018, CMS selected a random sample of eligible members from the Integrated Data Repository for each participating contract. CMS allowed oversampling at the contract level if there was sufficient eligible enrollee volume to support additional sampling after the required MA & PDP CAHPS Survey sample was drawn. MCOPs were required to request an increase in sample size for their contract by December 1, 2017. Following MA & PDP Quality Assurance Protocols & Technical Specifications, CMS selected a random sample of at least 800 MyCare Ohio members from each MCOP.¹⁻⁵ Table 1-2 provides a breakout of the targeted sample size, oversample size, and total sample size for each MCOP.

Table 1-2—MCOP Sample Sizes

MCOP	Targeted Sample Size	Oversample Size	Total Sample Size
Aetna	800	40	840
Buckeye	800	800	1,600
CareSource	800	800	1,600
Molina	800	1,000	1,800
UnitedHealthcare	800	0	800

¹⁻⁴ Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0.* November 2017.

¹⁻⁵ Per CMS' sampling protocol, the targeted sample size is based on the type of contract. For MA contracts, with or without a PDP component, a targeted random sample of 800 members was selected for surveying.

Survey Protocol

The MCOPs contracted with separate CMS-approved, CAHPS survey vendors to perform the administration of the MA & PDP CAHPS Survey. The survey administration protocol employed by the MCOPs’ vendors was the standardized mixed-mode methodology, which allowed for two methods by which members could complete the surveys. The first phase, or mail phase, consisted of a pre-notification letter being mailed to all sampled members, alerting them of the first mailing of the questionnaire, and assuring the sampled members that the survey is sponsored by CMS. Following the pre-notification letter, all sampled members received the first survey mailing. A second survey mailing was sent out to all non-respondents. 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 five CATI calls was made to each non-respondent.¹⁻⁶ It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan’s population.¹⁻⁷ The survey protocol allowed sampled members the option to use a proxy (i.e., another individual’s assistance with completing the survey) during both the mail and telephone phases of survey administration. Additionally, sampled members had the option to complete the survey in English, Spanish, Chinese, or Vietnamese.¹⁻⁸

According to CMS’ specifications for the MA & PDP CAHPS Survey, these surveys were completed using the time frames shown in Table 1-3.¹⁻⁹

Table 1-3—MA & PDP CAHPS Survey Time Frames

Basic Tasks for Conducting the Surveys	Time Frames
Send first pre-notification letter to all sampled members one week before the first questionnaire mailing.	0 days
Send first questionnaire with cover letter within one week after mailing the pre-notification letter. Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire.	7 – 9 days
Send a second questionnaire with cover letter to non-respondents within four weeks after mailing the first questionnaire.	30 – 32 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	50 – 57 days
Initiate systematic contact for all non-respondents such that at least five telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	58 – 92 days

¹⁻⁶ Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*. November 2017.

¹⁻⁷ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. “Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members.” *Medical Care*. 2002. 40(3): 190-200.

¹⁻⁸ Survey vendors have the option to offer a Spanish, Chinese, or Vietnamese translation of the MA & PDP CAHPS Survey questionnaires.

¹⁻⁹ Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*. November 2017.

Response Rates

The administration of the MA & PDP CAHPS Survey is comprehensive and designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCOP’s population. For 2018, a total of 1,841 surveys was completed for the MyCare Ohio program. The survey response rate was 28.38 percent for the MyCare Ohio program. Table 1-4 depicts the total completed surveys and response rates for the MyCare Ohio program and all MCOPs.

Table 1-4—MA & PDP CAHPS Completed Surveys and Response Rates

	Total Completed Surveys	Total Response Rate
MyCare Ohio	1,841	28.38%
Aetna	239	28.55%
Buckeye	414	26.32%
CareSource	471	30.19%
Molina	489	28.17%
UnitedHealthcare	228	29.19%

For additional information on the calculation of a completed survey and response rates, please refer to the *2018 MyCare Ohio Program CAHPS Member Experience Survey Methodology Report*.

2. Demographics

This section depicts the characteristics of members who completed the MA & PDP CAHPS Survey. In general, the demographics of a response group may influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.

Background

Demographic characteristics of a state's Medicare-Medicaid (i.e., dual-eligible) population have the ability to impact particular outcomes in survey data. These characteristics can include general health status, age, education, income, or any other characteristics that define the demographic make-up of a population. Demographic differences among the MCOPs may influence data results.

CMS elects to case-mix adjust the results it provides given that certain respondent characteristics, such as education, are not under the control of the MCOP. Case-mix adjustments ensure that comparisons between MCOPs reflect differences in performance rather than differences in case-mix. For additional information about the CAHPS analyses used in this report, please refer to the *2018 MyCare Ohio Program CAHPS Member Experience Survey Methodology Report*.

Demographic Characteristics

Table 2-1, on the following page, depicts member-level demographic data for MyCare Ohio members who responded to the MA & PDP CAHPS Survey for the MyCare Ohio program and each MCOP. Member age and gender information were derived from CMS administrative data. Education, race, and general health status were derived from responses to the MA & PDP CAHPS Survey.

Table 2-1—MyCare Ohio Member Profiles

	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Age						
18 to 44	9.8%	10.9%	8.7%	10.4%	10.4%	7.9%
45 to 54	11.8%	8.4%	11.8%	13.8%	12.1%	10.5%
55 to 64	25.1%	24.3%	20.3%	28.2%	28.0%	22.4%
65 to 74	32.4%	33.1%	32.9%	33.1%	31.1%	32.5%
75 and Older	20.9%	23.4%	26.3%	14.4%	18.4%	26.8%
Gender						
Male	31.2%	30.5%	28.5%	31.2%	35.0%	28.9%
Female	68.8%	69.5%	71.5%	68.8%	65.0%	71.1%
Education Level						
Not a High School Graduate	35.5%	40.8%	38.7%	32.7%	34.2%	32.7%
High School Graduate	36.6%	35.8%	32.4%	39.4%	39.8%	33.2%
Some College or College Graduate	27.8%	23.4%	28.9%	27.8%	26.0%	34.1%
Race						
White	56.4%	51.3%	57.0%	59.7%	52.3%	62.4%
Black	34.7%	36.6%	36.9%	32.3%	35.9%	31.4%
Other	8.9%	12.1%	6.2%	8.0%	11.8%	6.2%
General Health Status						
Excellent or Very Good	12.6%	9.9%	13.9%	12.8%	13.1%	11.4%
Good	28.9%	27.9%	26.8%	26.7%	32.4%	30.9%
Fair	44.2%	45.5%	44.9%	44.6%	42.7%	44.1%
Poor	14.3%	16.7%	14.4%	15.9%	11.8%	13.6%

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

Table 2-1 shows that CareSource and Molina had a higher percentage of respondents 64 years of age and younger than the MyCare Ohio program’s average. Overall, there were substantially more Female respondents than Male respondents for the MyCare Ohio program average; however, Molina had fewer Female respondents than the MyCare Ohio program average. Aetna and Buckeye had a higher percentage of respondents whose self-reported education level was Not a High School Graduate than the MyCare Ohio program average, while Buckeye and UnitedHealthcare had a higher percentage of respondents whose self-reported education level was Some College or College Graduate than the MyCare Ohio program average. Aetna, Buckeye, and Molina had a higher percentage of respondents who were Black when compared to the MyCare Ohio program average. In addition, Buckeye, CareSource, and Molina had a higher percentage of respondents whose self-reported general health status was Excellent or Very Good than the MyCare Ohio program average, while Aetna, Buckeye, and CareSource had a higher percentage of respondents whose self-reported general health status was poor than the MyCare Ohio program average.

3. Respondent/Non-Respondent Analysis

This section compares the demographic characteristics of the MA & PDP CAHPS Survey respondents to 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 levels 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 significantly 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 MA & PDP CAHPS Survey results.

Description

The demographic information analyzed in this section was derived from CMS administrative data. For the age category, members were categorized as 18 to 44, 45 to 54, 55 to 64, 65 to 74, or 75 and older. For the gender category, members were categorized as Male or Female. For the race and ethnicity category, members were categorized as White, Black or African American, or Other.

Analysis

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

Respondent and Non-Respondent Profiles

Table 3-1 presents the demographic characteristics of the MyCare Ohio respondents and non-respondents to the MA & PDP CAHPS Survey.

Table 3-1—MyCare Ohio Respondent and Non-Respondent Profiles

		MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Age							
18 to 44	R	9.8% ↓	10.9% ↓	8.7% ↓	10.4% ↓	10.4% ↓	7.9% ↓
	NR	20.8%	19.8%	21.8%	21.2%	22.0%	16.4%
45 to 54	R	11.8% ↓	8.4% ↓	11.8%	13.8%	12.1%	10.5%
	NR	14.0%	13.8%	11.3%	16.7%	15.1%	12.2%
55 to 64	R	25.1% ↑	24.3% ↑	20.3%	28.2% ↑	28.0% ↑	22.4%
	NR	19.2%	17.8%	19.8%	19.4%	18.9%	19.4%
65 to 74	R	32.4% ↑	33.1% ↑	32.9% ↑	33.1% ↑	31.1% ↑	32.5% ↑
	NR	23.0%	24.5%	23.2%	22.4%	23.2%	21.7%
75 or Older	R	20.9%	23.4%	26.3%	14.4% ↓	18.4%	26.8%
	NR	23.0%	24.1%	23.9%	20.3%	20.7%	30.2%
Gender							
Male	R	31.2% ↓	30.5%	28.5% ↓	31.2%	35.0% ↓	28.9% ↓
	NR	38.1%	36.4%	38.6%	35.5%	40.5%	38.3%
Female	R	68.8% ↑	69.5%	71.5% ↑	68.8%	65.0% ↑	71.1% ↑
	NR	61.9%	63.6%	61.4%	64.5%	59.5%	61.7%
Race and Ethnicity							
White	R	57.3%	53.2%	57.0%	59.4%	55.2%	62.8%
	NR	57.3%	55.6%	53.5%	57.6%	59.0%	62.1%
Black or African American	R	38.3%	41.8%	40.1%	36.1%	40.1%	31.9%
	NR	37.7%	37.1%	41.0%	37.3%	37.5%	32.6%
Other	R	4.4%	5.1%	2.9% ↓	4.5%	4.8%	5.3%
	NR	5.0%	7.2%	5.4%	5.1%	3.5%	5.3%
<p>An “R” indicates respondent percentages and an “NR” indicates non-respondent percentages. Respondent population percentages that are statistically significantly higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically significantly 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>							

Summary

Overall, results of the Respondent/Non-Respondent analysis show that statistically significant demographic differences were found for the MyCare Ohio population.

For the MyCare Ohio program average, there were significantly fewer respondents than non-respondents to the survey that were 18 to 54 years of age, but significantly more respondents than non-respondents to the survey that were 55 to 74 years of age. In addition, all MCOPs had significantly fewer respondents than non-respondents to the survey that were 18 to 44 years of age and significantly more respondents than non-respondents that were 65 to 74 years of age. Aetna had significantly fewer respondents than non-respondents that were 45 to 54 years of age. Aetna, CareSource, and Molina had significantly more respondents than non-respondents that were 55 to 64 years of age. Additionally, CareSource had significantly fewer respondents than non-respondents that were 75 years of age or older. For the MyCare Ohio program, Buckeye, Molina, and UnitedHealthcare, there were significantly fewer Male respondents than non-respondents and significantly higher Female respondents than non-respondents to the survey. Buckeye had significantly fewer respondents than non-respondents who had a race and ethnicity of Other.

Since the full effect of non-response on overall satisfaction cannot be determined (due to a lack of information from non-respondents), the potential for non-response bias should be considered when evaluating MA & PDP CAHPS Survey results. However, the demographic differences in and of themselves are not necessarily an indication that significant non-response bias exists. The differences simply indicate that a particular subgroup or population is less likely to respond to a survey than another subgroup or population.

4. Survey Results

This section presents the results for the MyCare Ohio program and each MCOP. The results are presented in three separate sections:

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

The results in this section were calculated in accordance with CMS' specifications for survey measures.⁴⁻¹ Per CMS specifications, results were case-mix adjusted.

National Comparisons

In order to assess the overall performance of the MyCare Ohio program and each MCOP, HSAG calculated the linear means for the four global ratings (Rating of Health Plan, Rating of Health Care Quality, Rating of Drug Plan, and Rating of Personal Doctor) and six composite measures (Getting Needed Care, Getting Appointments and Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, and Care Coordination) using CMS' scoring methodology.⁴⁻² HSAG compared the MCOPs' and MyCare Ohio's overall mean scores to national MMP percentiles. National MMP benchmarks provided by CMS were used for this analysis. Please note that the national MMP benchmarks were produced using 41 MMPs; therefore, caution should be exercised when interpreting these results.

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 4-1.⁴⁻³

⁴⁻¹ Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*, November 2017.

⁴⁻² Results for the Rating of Specialist measure could not be presented for this analysis. The national MMP benchmarks for this measure came from only one contract; therefore, comparisons to benchmarks could not be performed.

⁴⁻³ HSAG used a different methodology to determine star ratings than is specified in the *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*.

Table 4-1—Star Ratings

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

Table 4-2 provides highlights of the national comparisons findings for the MyCare Ohio program and each MCOP. The numbers in the table represent the linear mean score for each measure, while the stars represent overall member satisfaction ratings when the linear mean scores were compared to national MMP percentiles.

Table 4-2—Overall Scores on the Global Ratings and Composite Measures Compared to National MMP Benchmarks

	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★★ 86.5	★★★☆☆ 85.5	★★★★☆ 87.2	★★★☆☆ 86.1	★★★☆☆ 85.8	★★★★★ 88.6
Rating of Health Care Quality	★☆☆☆☆ 82.3	★☆☆☆☆ 82.6	★☆☆☆☆ 81.7	★☆☆☆☆ 82.1	★☆☆☆☆ 82.7	★☆☆☆☆ 82.7
Rating of Drug Plan	★★★★★ 89.2	★★★★★ 89.2	★★★★★ 89.9	★★★★★ 88.9	★★★★★ 89.4	★★★★★ 87.9
Rating of Personal Doctor	★☆☆☆☆ 89.0	★☆☆☆☆ 87.3	★☆☆☆☆ 89.6	★☆☆☆☆ 88.9	★☆☆☆☆ 89.4	★☆☆☆☆ 88.7
Composite Measures						
Getting Needed Care	★★★☆☆ 79.9	★★★☆☆ 79.0	★★★☆☆ 80.1	★★★☆☆ 79.6	★★★☆☆ 80.6	★★★☆☆ 79.2
Getting Appointments and Care Quickly	★★★☆☆ 75.8	★★★★☆ 78.7	★★★☆☆ 75.9	★★★☆☆ 75.8	★★★☆☆ 75.0	★★★☆☆ 74.5
Doctors Who Communicate Well	★☆☆☆☆ 89.2	★☆☆☆☆ 89.7	★☆☆☆☆ 87.9	★☆☆☆☆ 89.5	★☆☆☆☆ 90.3	★☆☆☆☆ 88.3
Customer Service	★★★☆☆ 89.0	★★★☆☆ 89.4	★★★★☆ 89.6	★★★☆☆ 89.3	★★★☆☆ 88.4	★☆☆☆☆ 87.1

	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Getting Needed Prescription Drugs	★★ 89.9	★★★★ 91.9	★★ 89.7	★★ 89.3	★★ 89.3	★★★ 90.8
Care Coordination	★★★ 84.7	★★★ 84.6	★★ 84.0	★★★ 85.1	★★★ 86.3	★ 81.6

The MyCare Ohio program scored at or above the 90th percentile for the Rating of Drug Plan global rating. In addition, the MyCare Ohio program scored at or between the 50th and 74th percentiles for the Rating of Health Plan global rating and Care Coordination composite measure. The MyCare Ohio program scored at or between the 25th and 49th percentiles for the Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, and Getting Needed Prescription Drugs composite measures. Additionally, the MyCare Ohio program scored below the 25th percentile for the Rating of Health Care Quality and Rating of Personal Doctor global ratings, and the Doctors Who Communicate Well composite measure.

Statewide Comparisons

For the global ratings (Rating of Health Plan, Rating of Health Care Quality, Rating of Drug Plan, Rating of Personal Doctor, and Rating of Specialist), overall means were calculated on a 10-point scale and converted to a linear mean score (i.e., scale of 0 to 100), and responses were classified into the following response categories:

- Satisfied—9 to 10
- Neutral—7 to 8
- Dissatisfied—0 to 6

For the Getting Needed Care, Getting Appointments and Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, and Care Coordination composite measures and items, overall means were calculated on a four-point scale and converted to a linear mean score (i.e., scale of 0 to 100), and responses were classified into the following response categories:⁴⁻⁴

- Satisfied—Always/Yes, definitely
- Neutral—Usually/Yes, somewhat
- Dissatisfied—Never/Sometimes/No

For the individual item measures (Annual Flu Vaccine and Pneumonia Vaccine) and the other measures reported to contracts (Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill

⁴⁻⁴ The overall mean for the Coordination of Care: Getting Help to Coordinate Care composite item was calculated on a three-point scale and converted to a linear mean score (i.e., scale of 0 to 100).

Prescription, and Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Take Medications), overall means were calculated on a one-point scale and converted to a linear mean score (i.e., scale of 0 to 100), and responses were classified into the following response categories:

- Yes
- No

MCOP mean scores were compared to the MyCare Ohio program (program average) mean scores to determine whether there were statistically significant differences between the mean scores for each MCOP and the MyCare Ohio program average mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. For additional information on these tests of statistical significance, please refer to the *2018 MyCare Ohio Program CAHPS Member Experience Survey Methodology Report*.

Statistically significant differences between the 2018 MCOP-level overall mean scores and the 2018 MyCare Ohio program average are noted with arrows. MCOP-level overall mean scores that were statistically significantly higher than the MyCare Ohio program average are noted with upward (↑) arrows. MCOP-level overall mean scores that were statistically significantly lower than the MyCare Ohio program average are noted with downward (↓) arrows. MCOP-level mean scores that were not statistically significantly different from the MyCare Ohio program average are not noted with arrows. In some instances, the mean scores for two MCOPs may be the same, but one was statistically significantly different from the MyCare Ohio program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCOPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCOP with a larger number of respondents.

For each MCOP and the MyCare Ohio program, mean scores in 2018 were compared to the mean scores in 2017 to determine whether there were statistically significant differences. Statistically significant differences between overall mean scores in 2018 and overall mean scores in 2017 for each MCOP and the MyCare Ohio program average are noted with triangles. Scores that were statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 are not noted with triangles. For additional information on the tests for statistical significance used in these trend comparisons, please refer to the *2018 MyCare Ohio Program CAHPS Member Experience Survey Methodology Report*.

The text below the figures provides details of the statistically significant differences for the overall means and response category percentages for each measure. Arrows and triangles noting statistically significant results are only displayed for the overall means in the figures. The MMP national averages are presented for comparison purposes.

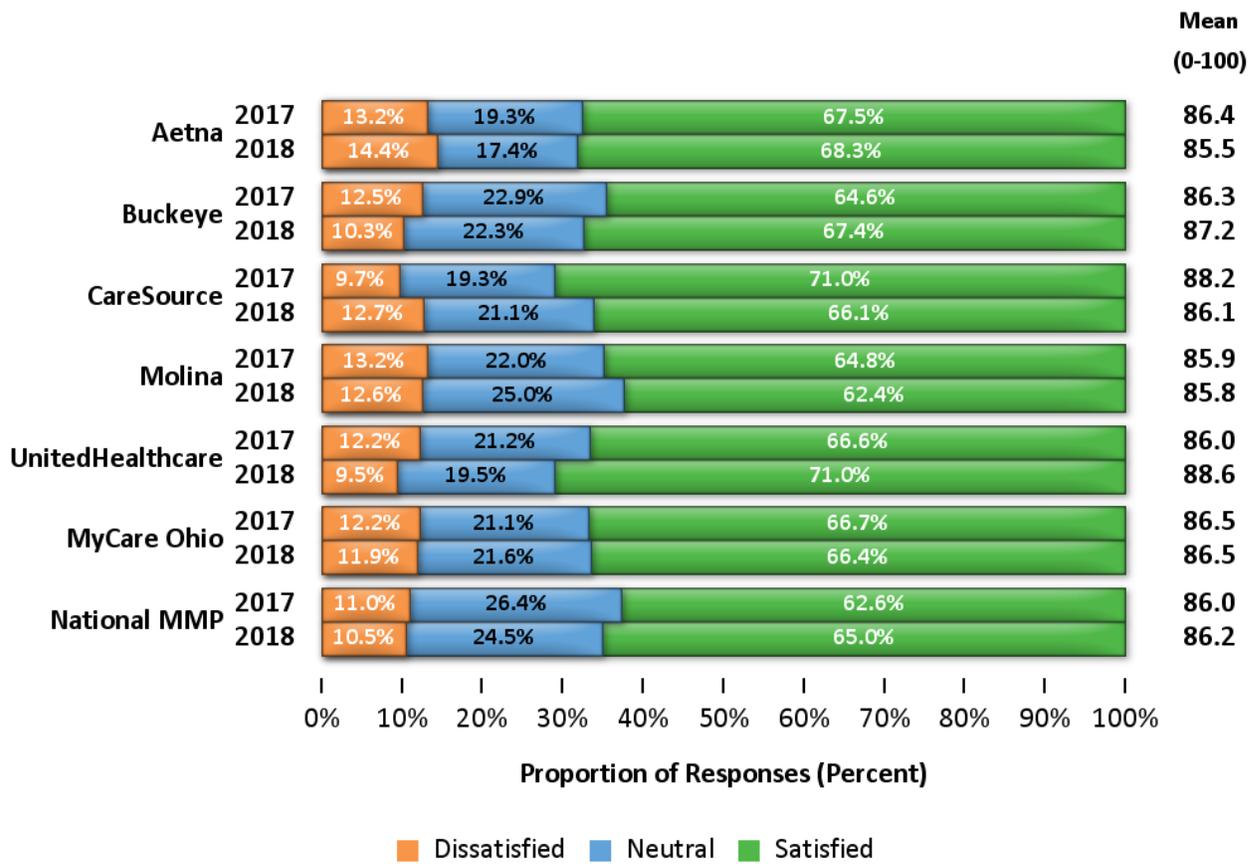
For purposes of reporting MyCare Ohio member experience with care results, CMS requires a minimum of 11 respondents per response category per measure (i.e., a minimum cell size of 11). If a cell size was fewer than 11, additional analyses were performed to determine the appropriate data suppression approach. If one or more of the response categories for a measure did not meet the minimum number of 11 responses, HSAG combined response categories to create aggregate categories that met or exceeded the minimum cell size requirement. In instances where aggregation of the data still resulted in cell sizes of fewer than 11, the measure's results were suppressed in full. Suppressed results are noted in the report figures as "Insufficient Data" (for the respondent percentage) and "S" (for the overall mean).

Global Ratings

Rating of Health Plan

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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 4-1 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-1—Rating of Health Plan
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

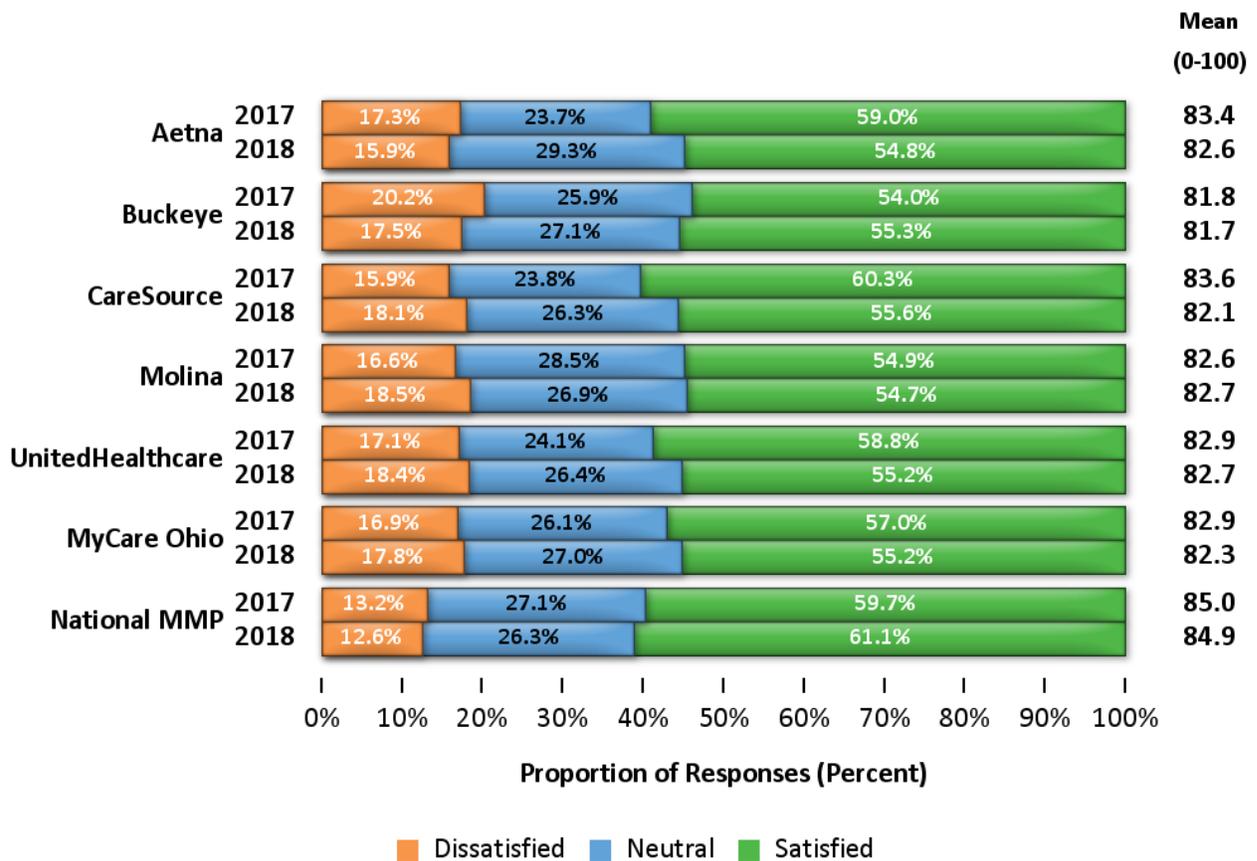
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Rating of Health Care Quality

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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 4-2 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-2—Rating of Health Care Quality
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

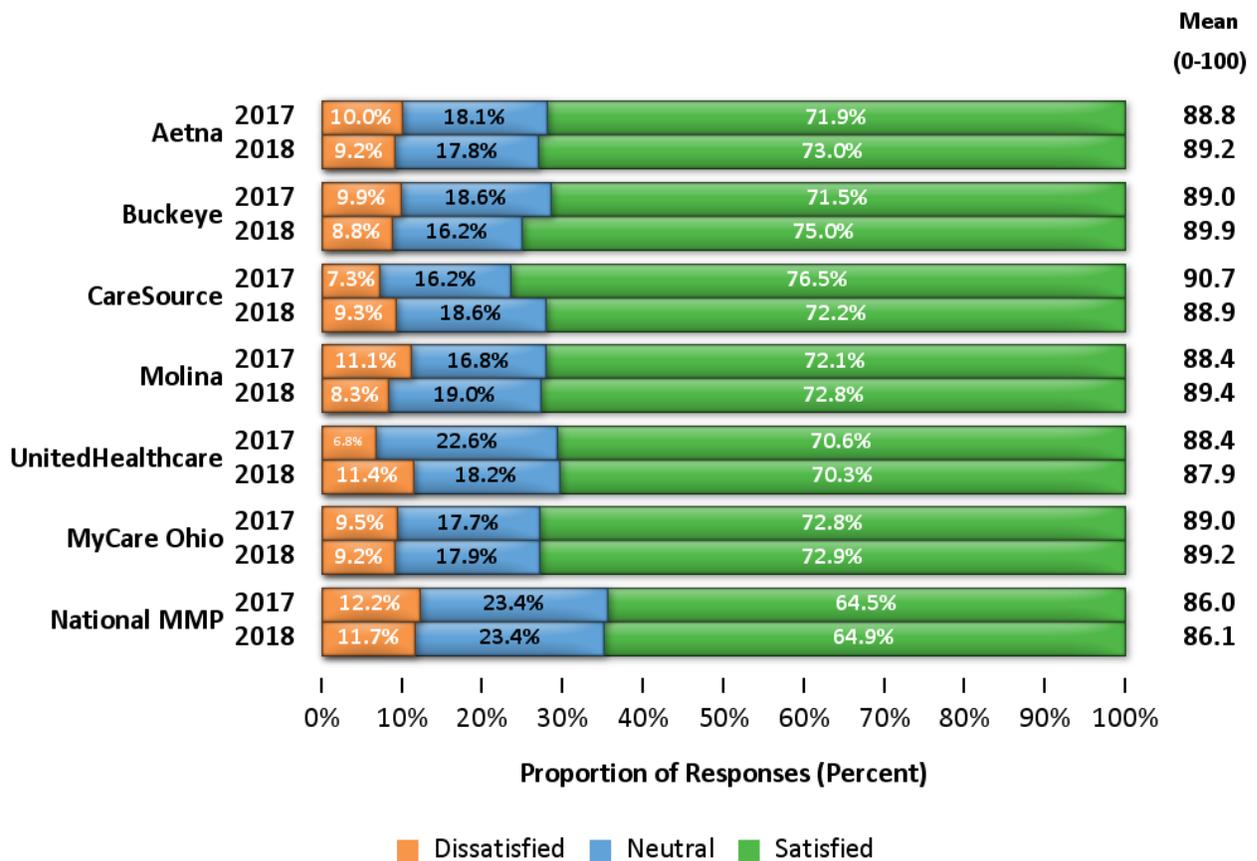
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Rating of Drug Plan

Members were asked to rate their prescription drug plan on a scale of 0 to 10, with 0 being the “worst prescription drug plan possible” and 10 being the “best prescription drug plan possible.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 4-3 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-3—Rating of Drug Plan
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

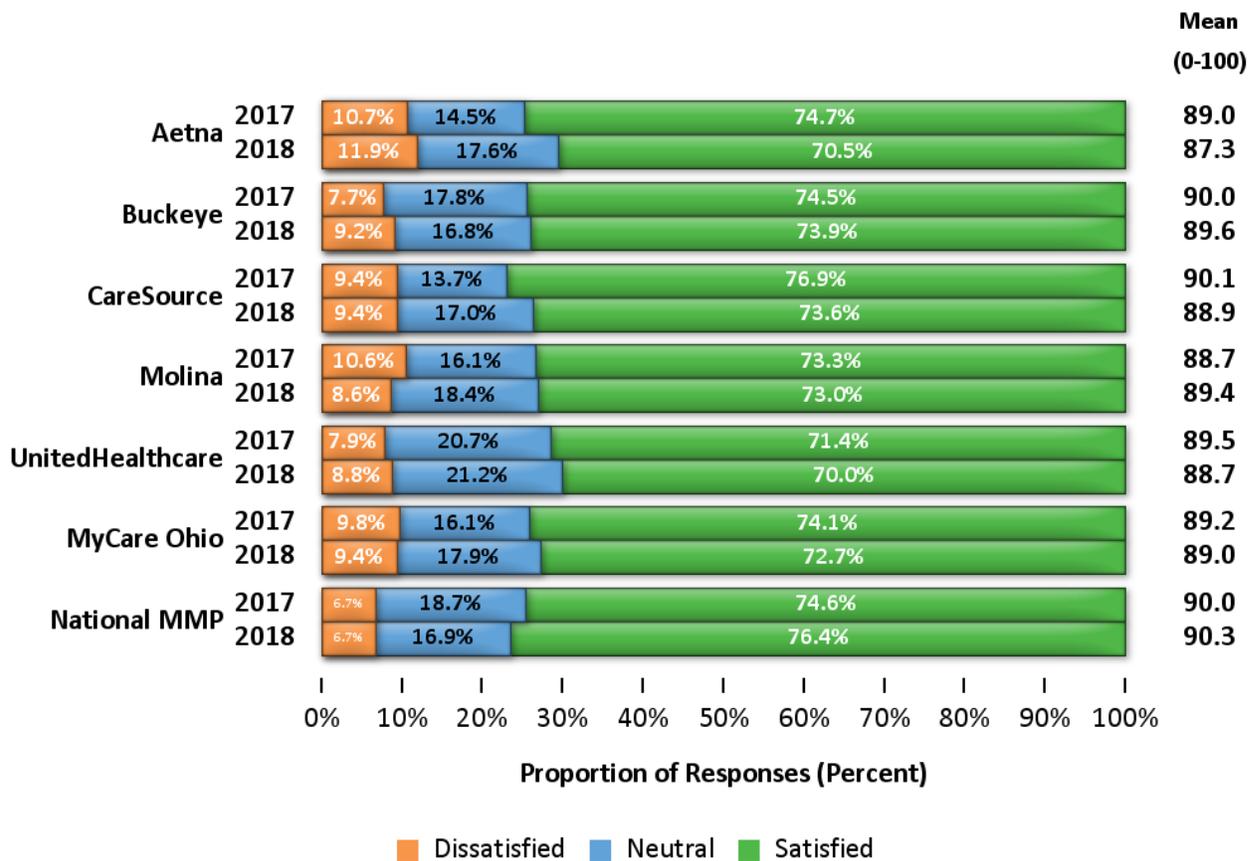
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Rating of Personal Doctor

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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 4-4 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-4—Rating of Personal Doctor
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

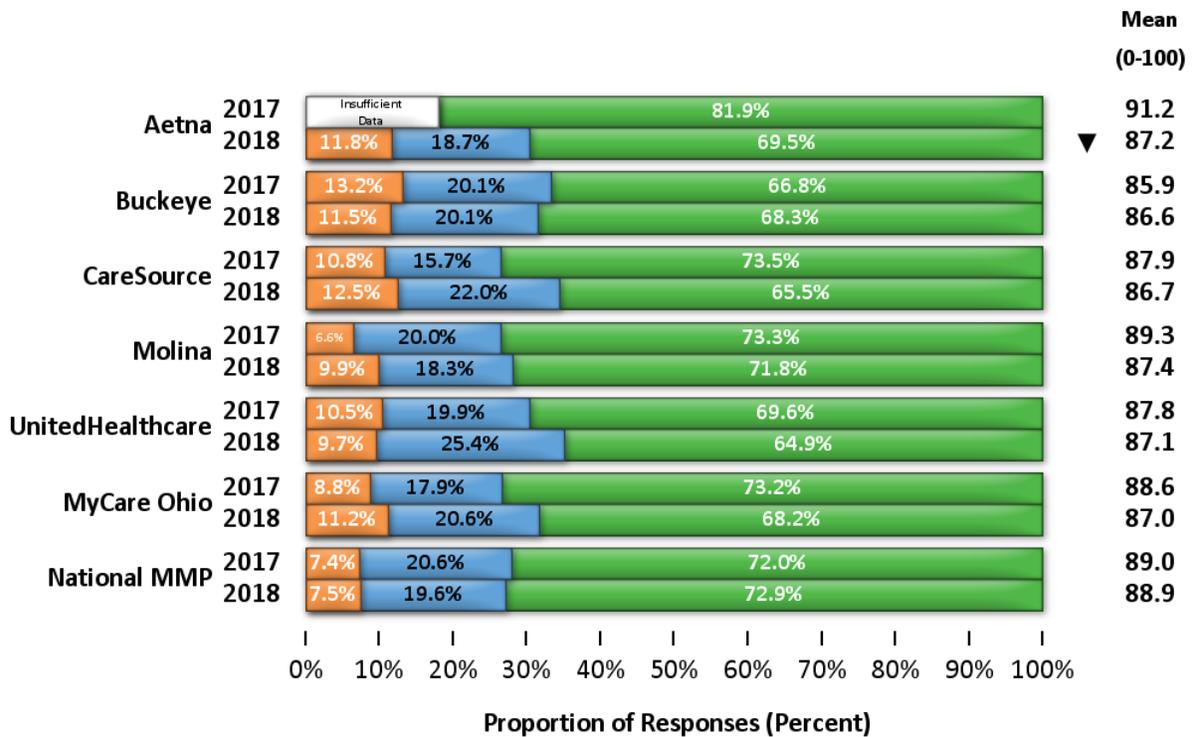
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Rating of Specialist

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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 4-5 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-5—Rating of Specialist
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:

 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.

 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.

 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.

 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trend Analysis

Overall, there were five *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

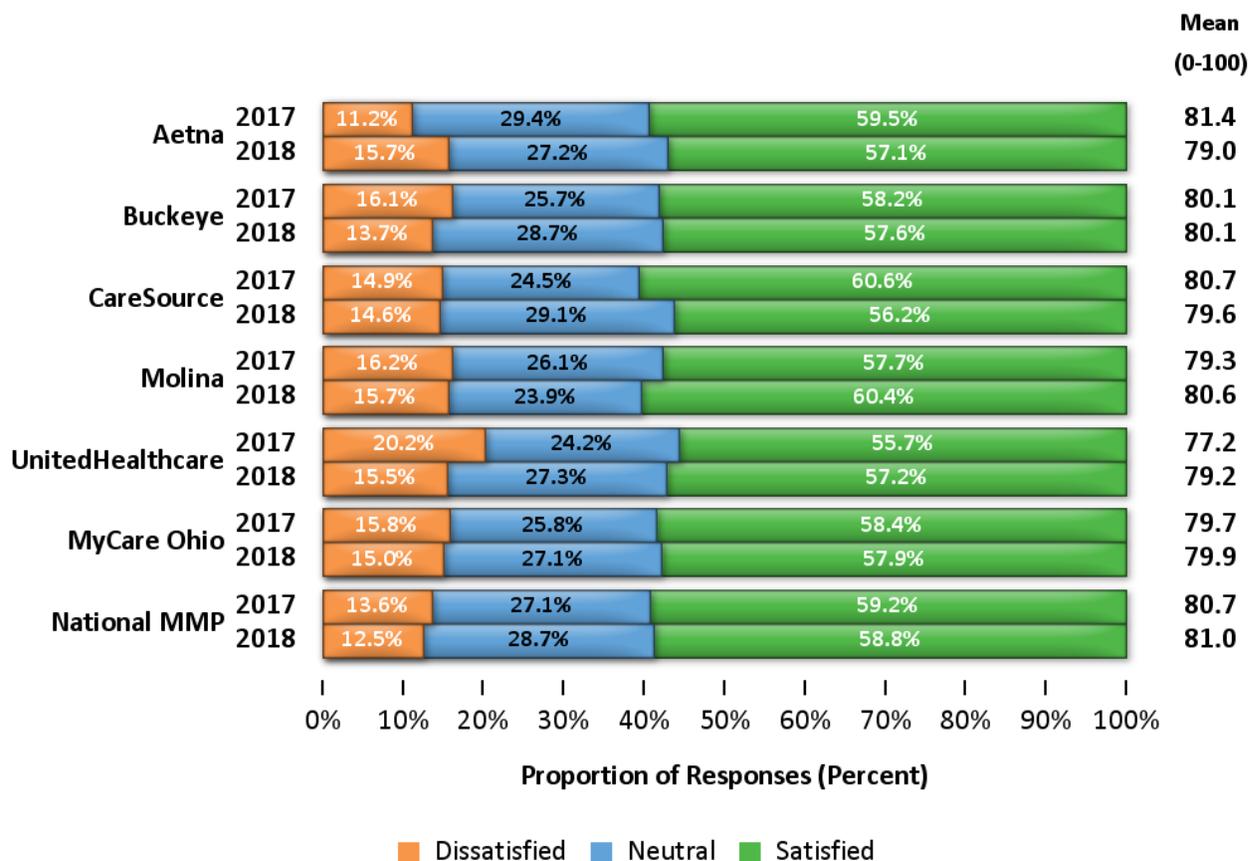
- The percentage of CareSource and MyCare Ohio's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.
- Aetna's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of Aetna's respondents who gave a response of Dissatisfied was significantly higher in 2018 than in 2017, whereas the percentage of Aetna's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

Composite Measures and Composite Items

Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care and get appointments with specialists (questions 10 and 29 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-6 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-6—Getting Needed Care
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP's mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

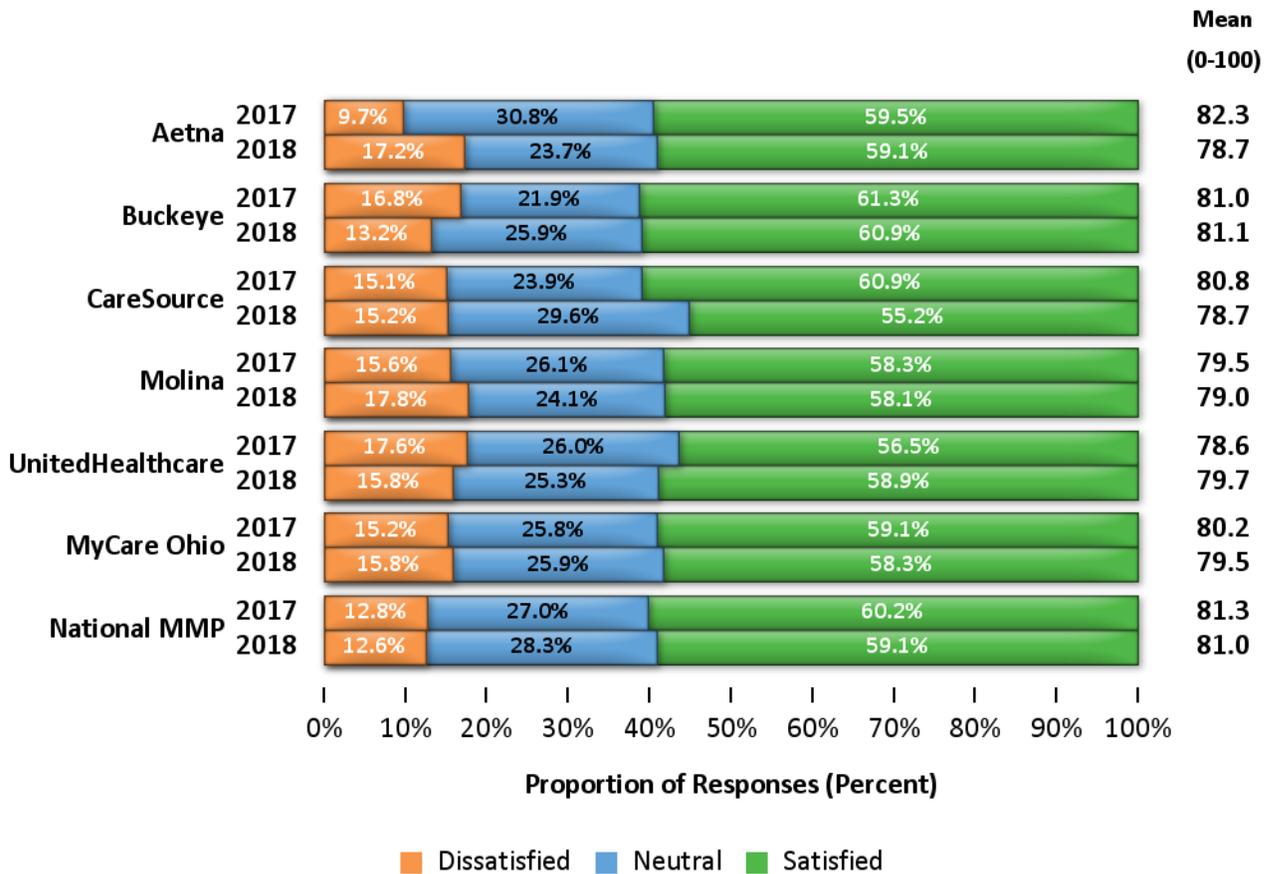
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Getting Needed Care: Getting Needed Care, Tests, or Treatment

Question 10 in the MA & PDP CAHPS Survey asked how often it was easy to get the care, tests, or treatment needed. Figure 4-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-7—Getting Needed Care: Getting Needed Care, Tests, or Treatment
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trend Analysis

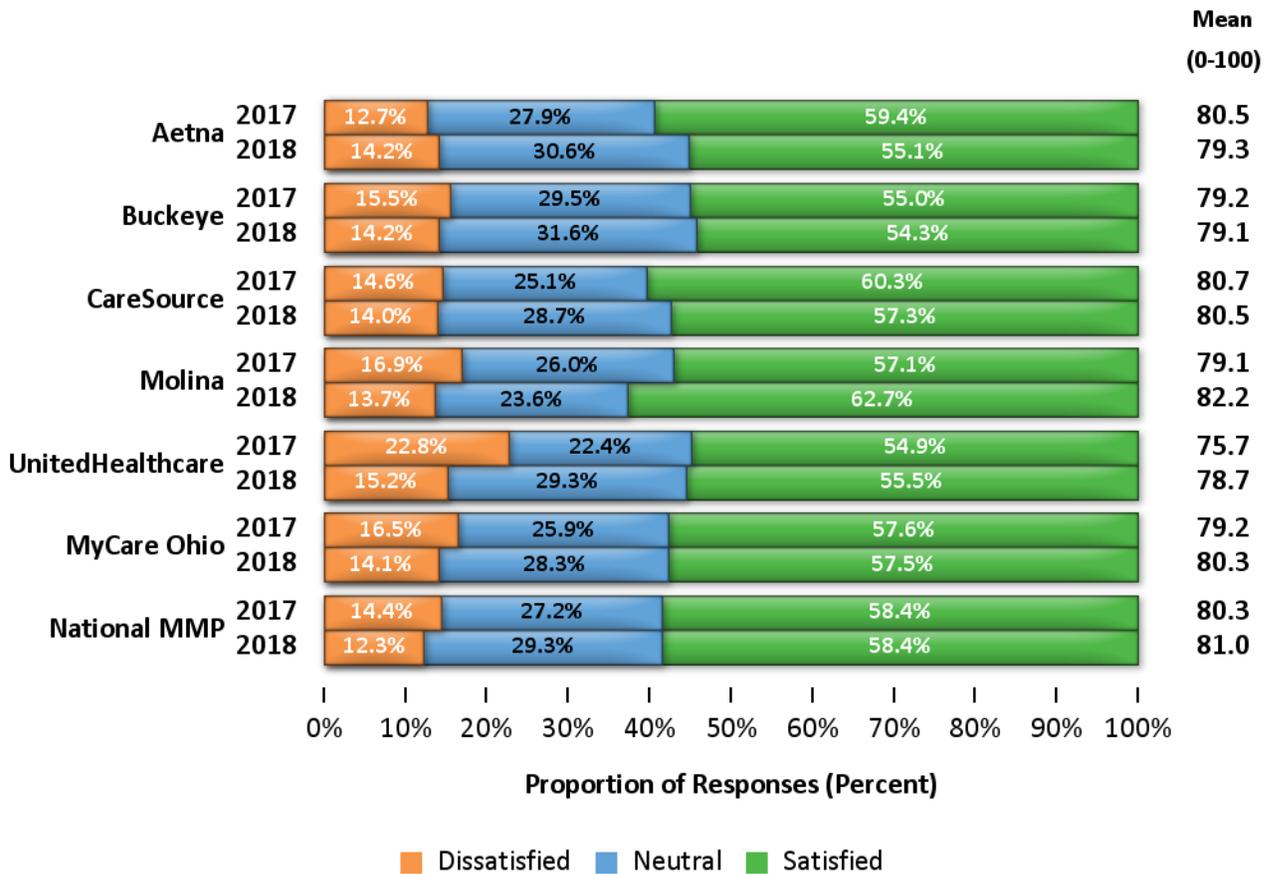
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of Aetna’s respondents who gave a response of Dissatisfied was significantly higher in 2018 than in 2017.

Getting Needed Care: Getting Appointments with Specialists

Question 29 in the MA & PDP CAHPS Survey asked how often it was easy for members to get appointments with specialists. Figure 4-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-8—Getting Needed Care: Getting Appointments with Specialists
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

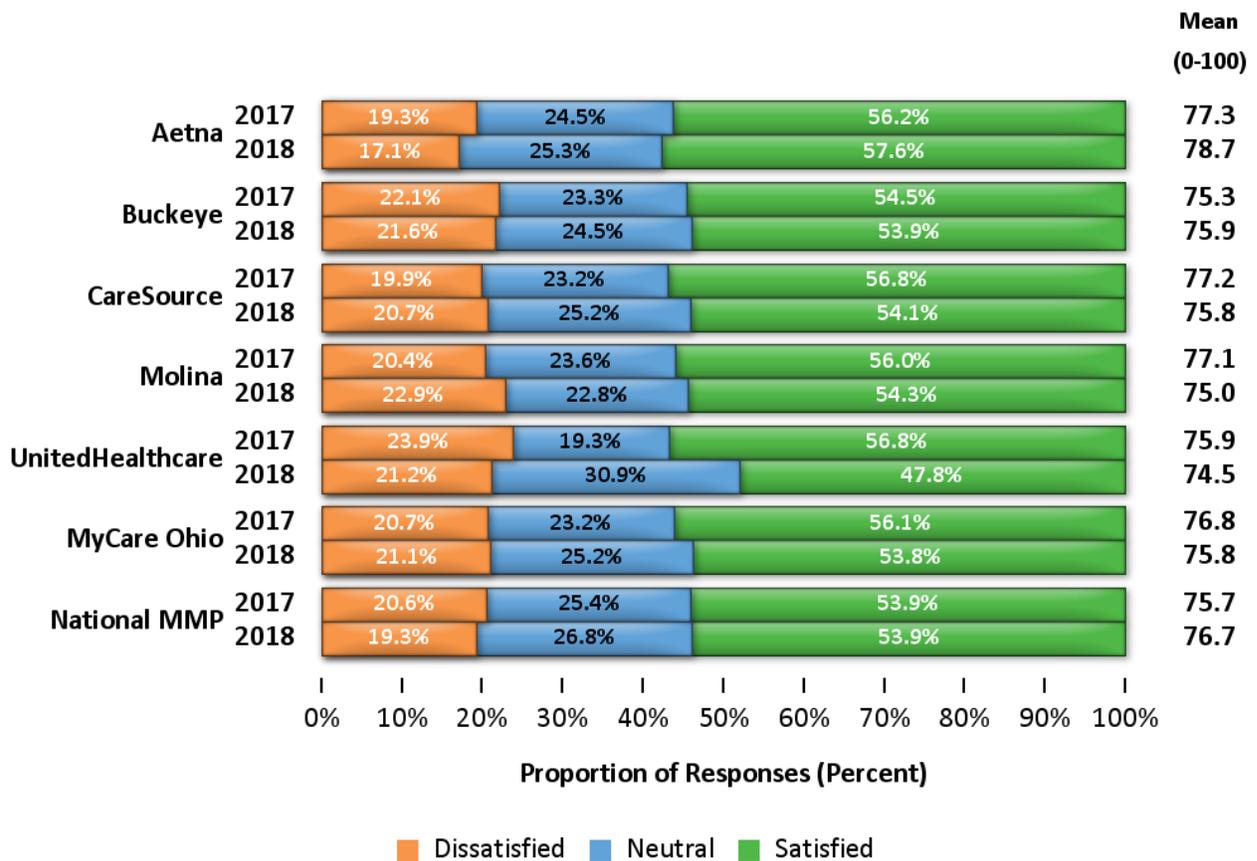
Trend Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Getting Appointments and Care Quickly

Three questions were asked to assess how often members got appointments or received care quickly (questions 4, 6, and 8 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-9 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-9—Getting Appointments and Care Quickly
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP's mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

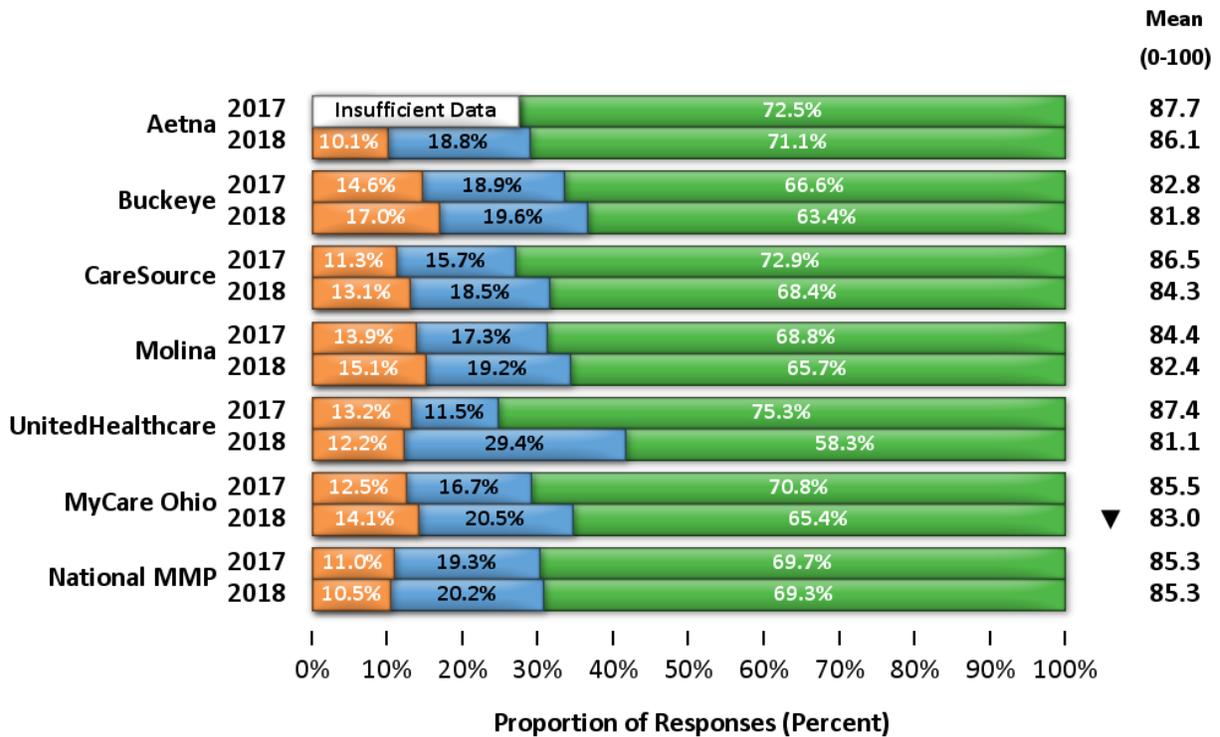
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2018 than in 2017, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

Getting Appointments and Care Quickly: Getting Care Needed Right Away

Question 4 in the MA & PDP CAHPS Survey asked how often members received care as soon as they wanted when they needed care right away. Figure 4-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-10—Getting Appointments and Care Quickly: Getting Care Needed Right Away
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

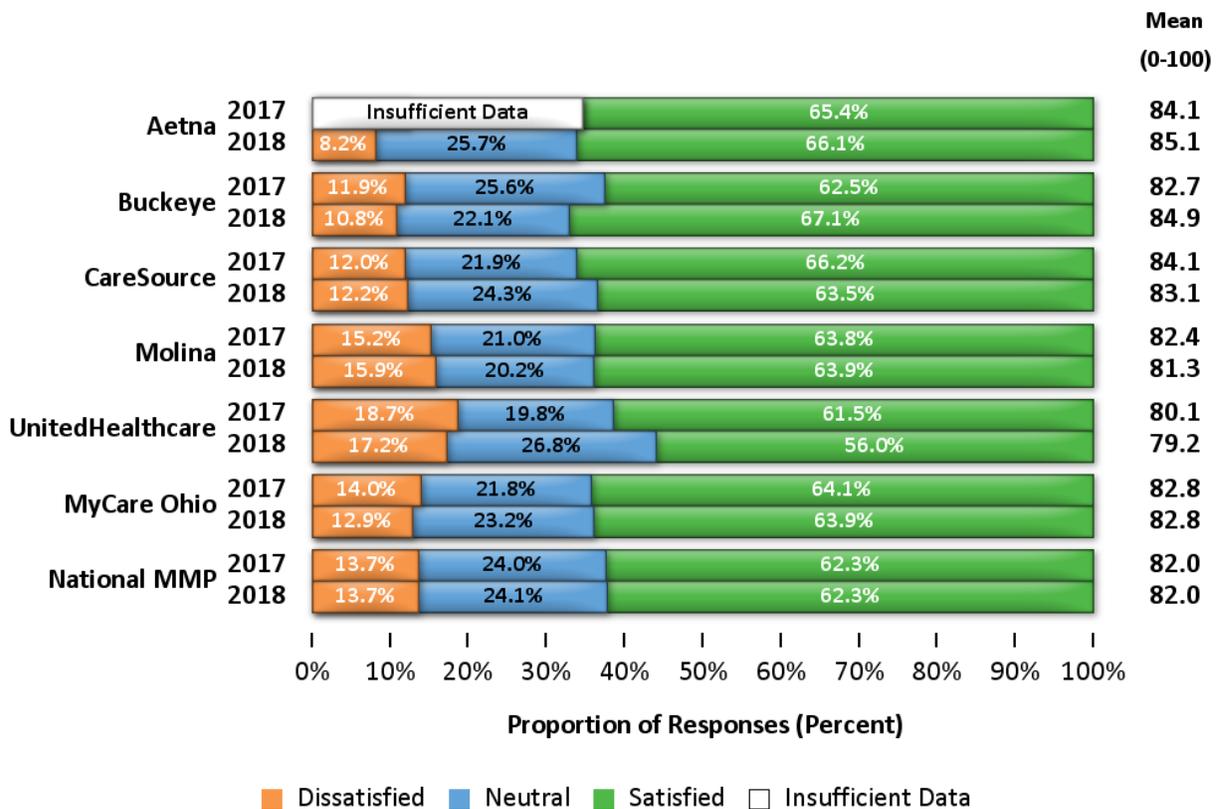
Overall, there were five *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- MyCare Ohio's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of MyCare Ohio's respondents who gave a response of Neutral was significantly higher in 2018 than in 2017, whereas the percentage of MyCare Ohio's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.
- The percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2018 than in 2017, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

Getting Appointments and Care Quickly: Getting Appointments

Question 6 in the MA & PDP CAHPS Survey asked how often members got an appointment at a doctor’s office or clinic as soon as they wanted when they needed care right away. Figure 4-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-11—Getting Appointments and Care Quickly: Getting Appointments
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

- The percentage of Aetna’s respondents who gave a response of Dissatisfied was significantly lower than the program average.

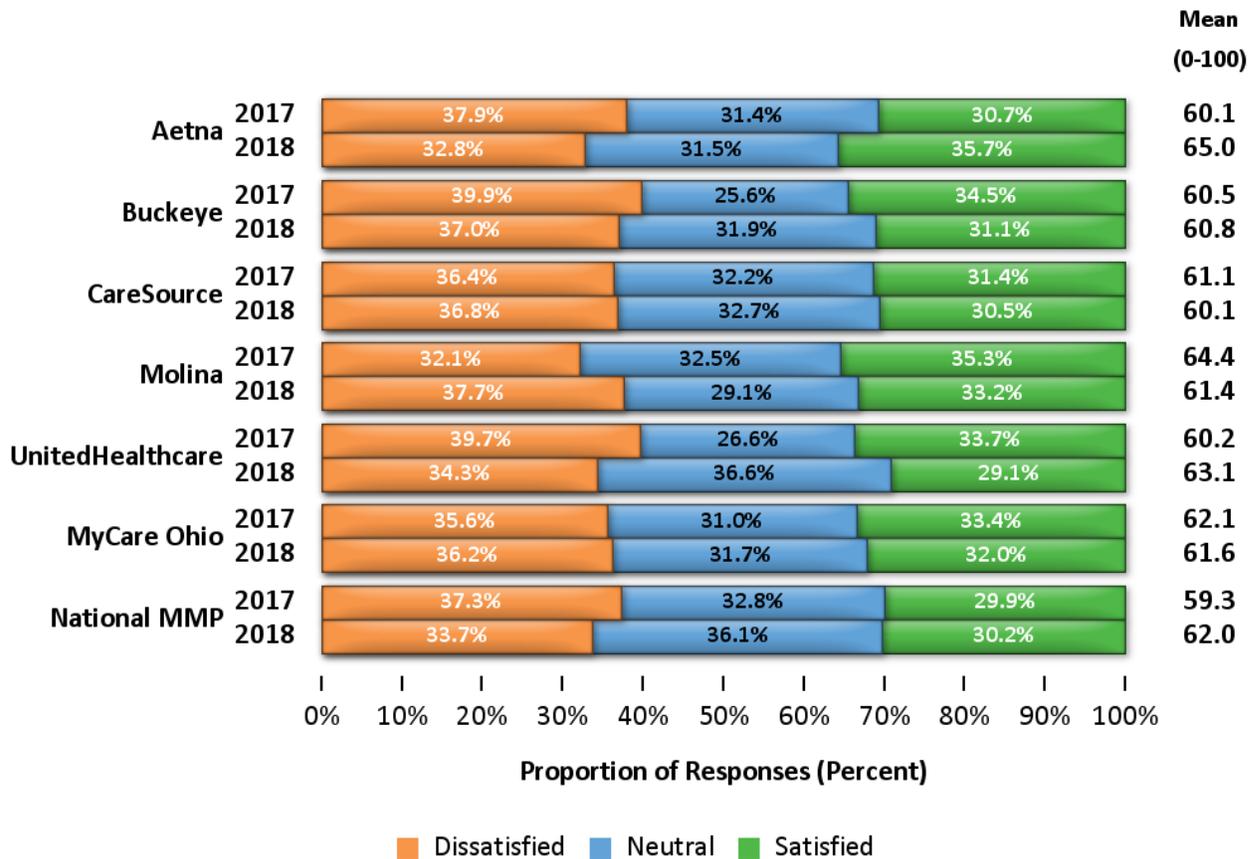
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Getting Appointments and Care Quickly: Getting Seen Within 15 Minutes of Your Appointment

Question 8 in the MA & PDP CAHPS Survey asked how often members saw their doctor (or other individual that they made an appointment to see) within 15 minutes of their scheduled appointment time. Figure 4-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 4-12—Getting Appointments and Care Quickly: Getting Seen Within 15 Minutes of Your Appointment Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP's mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

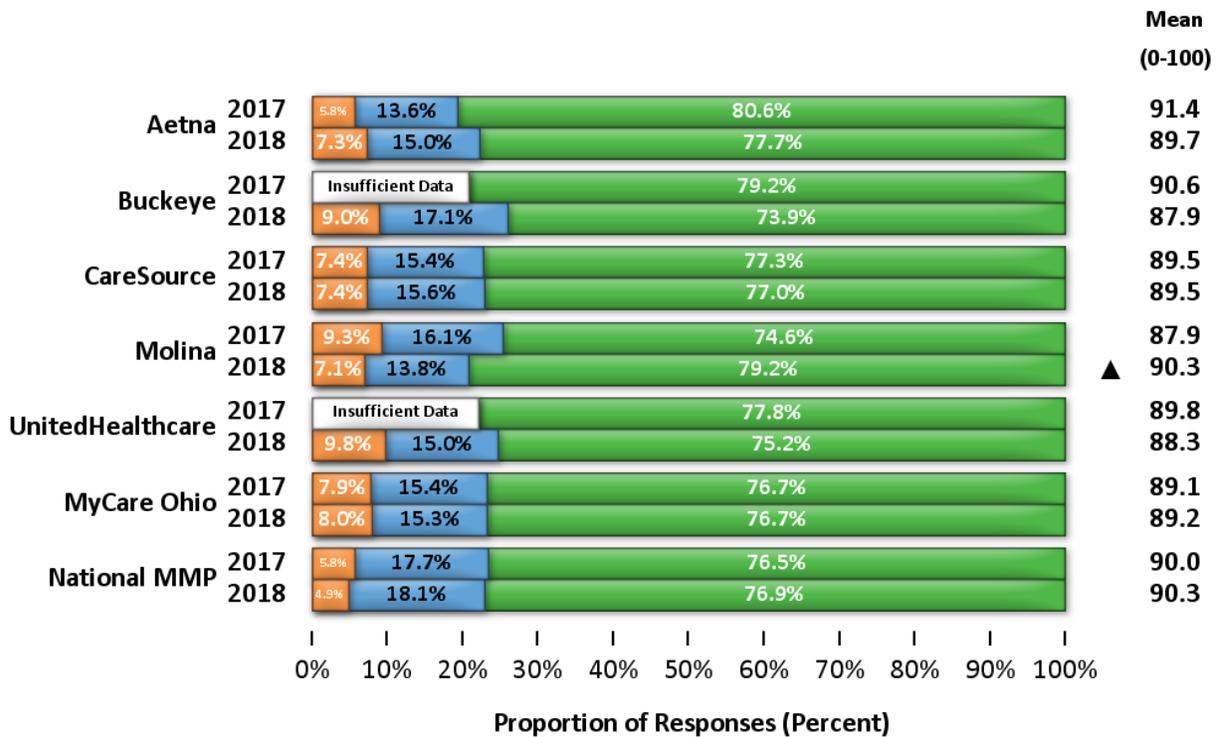
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2018 than in 2017.

Doctors Who Communicate Well

A series of four questions was asked to assess how often doctors communicated well (questions 13, 14, 15, and 16 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-13 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-13—Doctors Who Communicate Well
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:
 ▲ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ▼ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

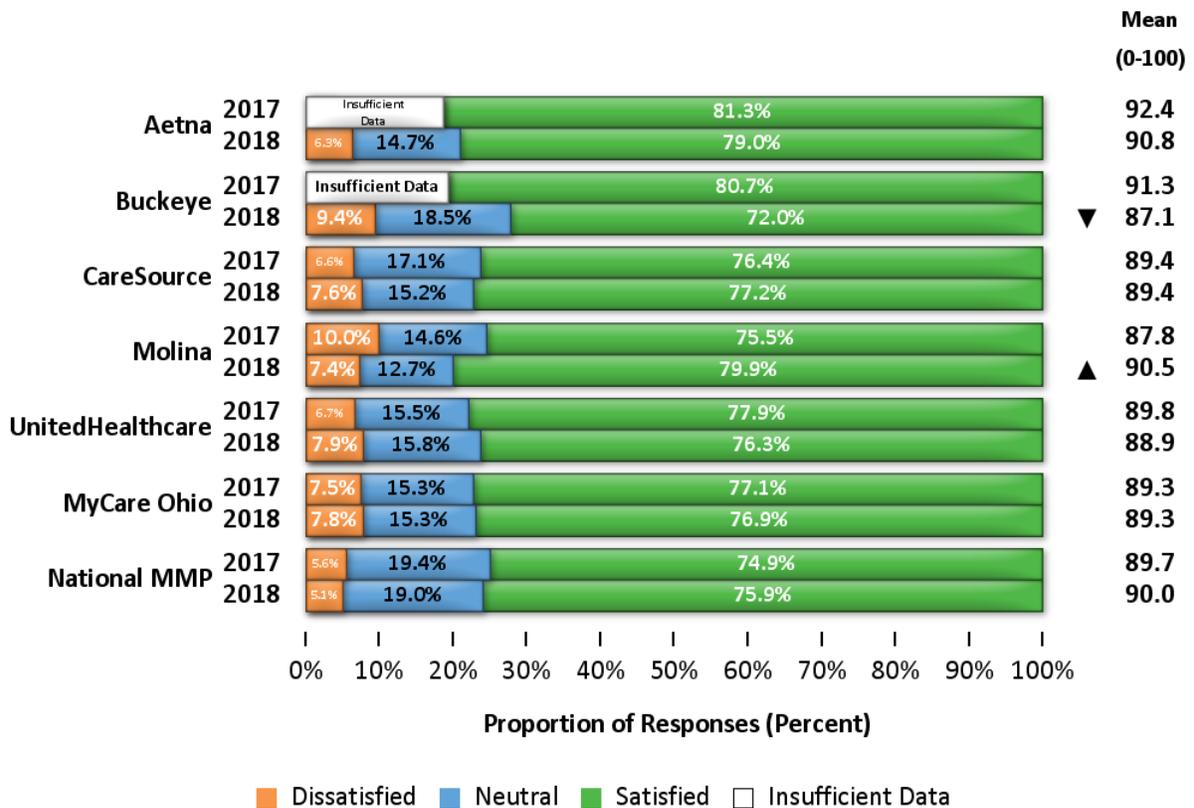
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Molina's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Doctors Who Communicate Well: Providing Clear Explanations

Question 13 in the MA & PDP CAHPS Survey asked members to rate how often doctors explained things in a way they could understand. Figure 4-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-14—Doctors Who Communicate Well: Providing Clear Explanations
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

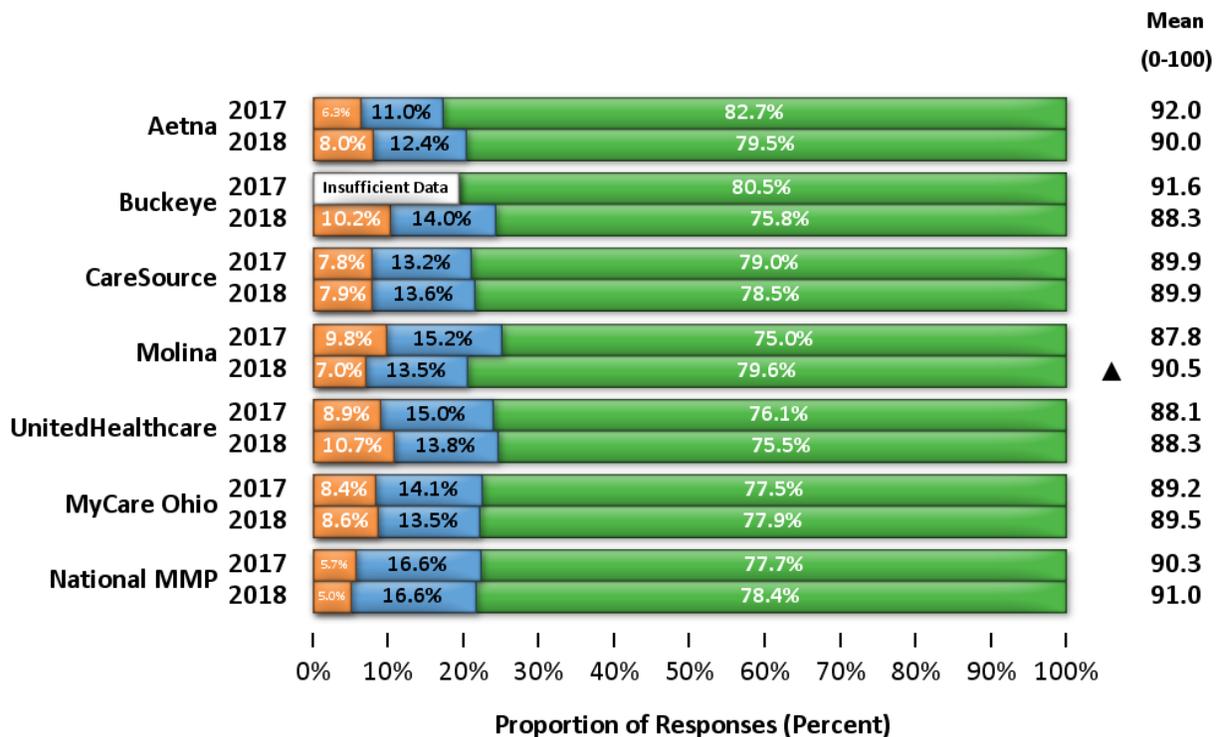
Overall, there were four *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Buckeye's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.
- Molina's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Doctors Who Communicate Well: Listening Carefully

Question 14 in the MA & PDP CAHPS Survey asked members to rate how often doctors listened carefully to them. Figure 4-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-15—Doctors Who Communicate Well: Listening Carefully
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

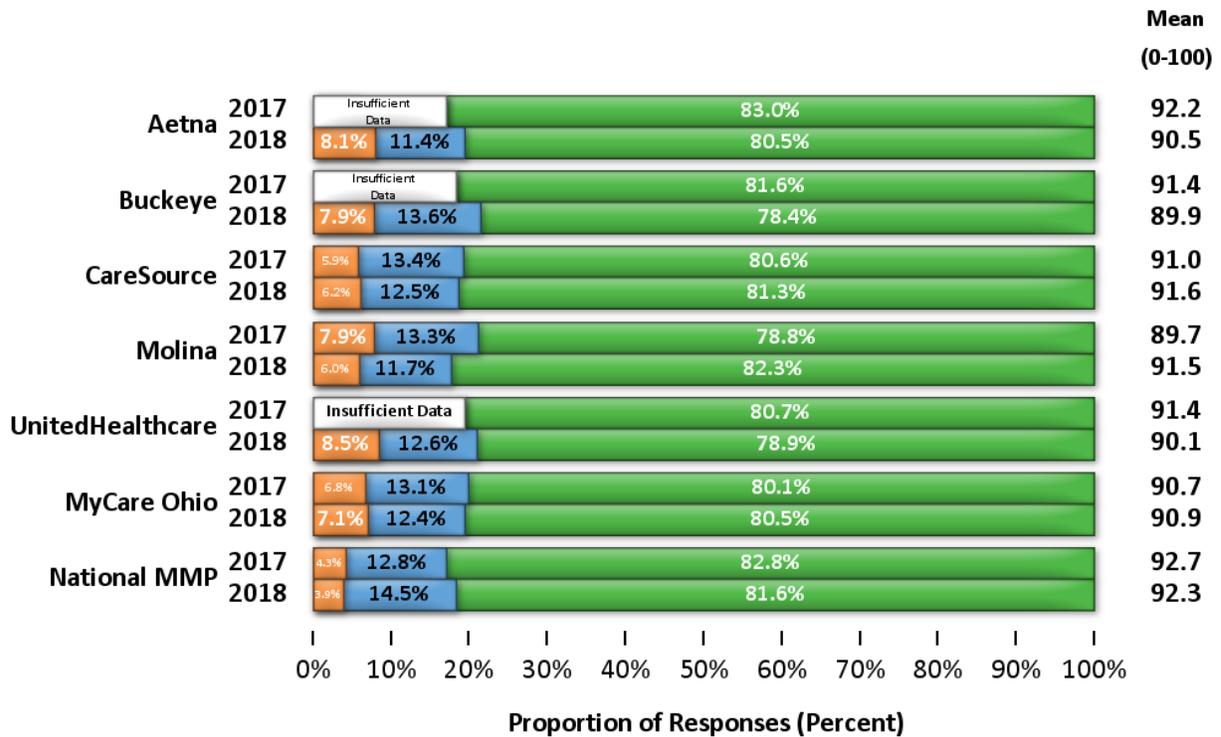
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher in 2018 than in 2017.
- Molina's overall mean was significantly higher in 2018 than in 2017.

Doctors Who Communicate Well: Showing Respect for What Patients Have to Say

Question 15 in the MA & PDP CAHPS Survey asked members to rate how often doctors showed respect for what they had to say. Figure 4-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-16—Doctors Who Communicate Well: Showing Respect for What Patients Have to Say
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:
 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

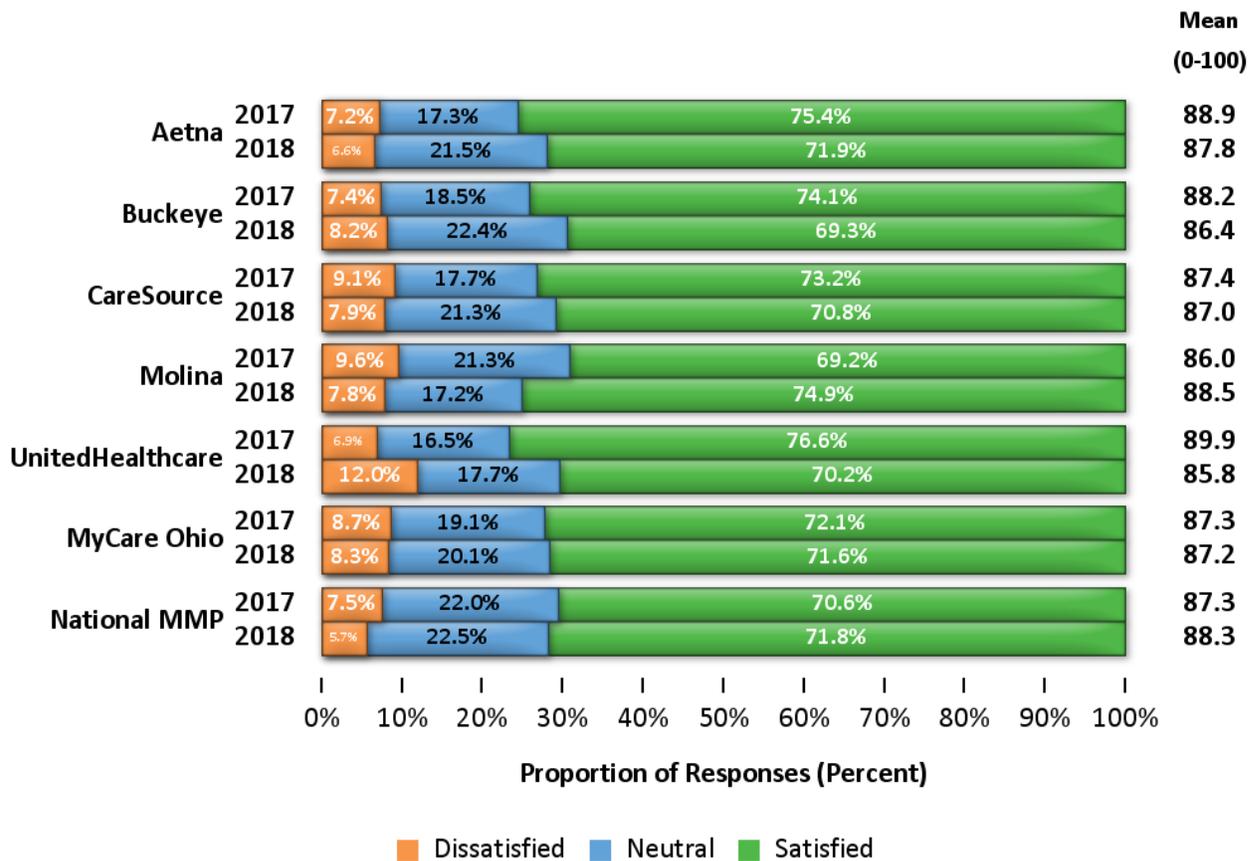
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Doctors Who Communicate Well: Spending Enough Time with Patients

Question 16 in the MA & PDP CAHPS Survey asked members to rate how often doctors spent enough time with them. Figure 4-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-17—Doctors Who Communicate Well: Spending Enough Time with Patients
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

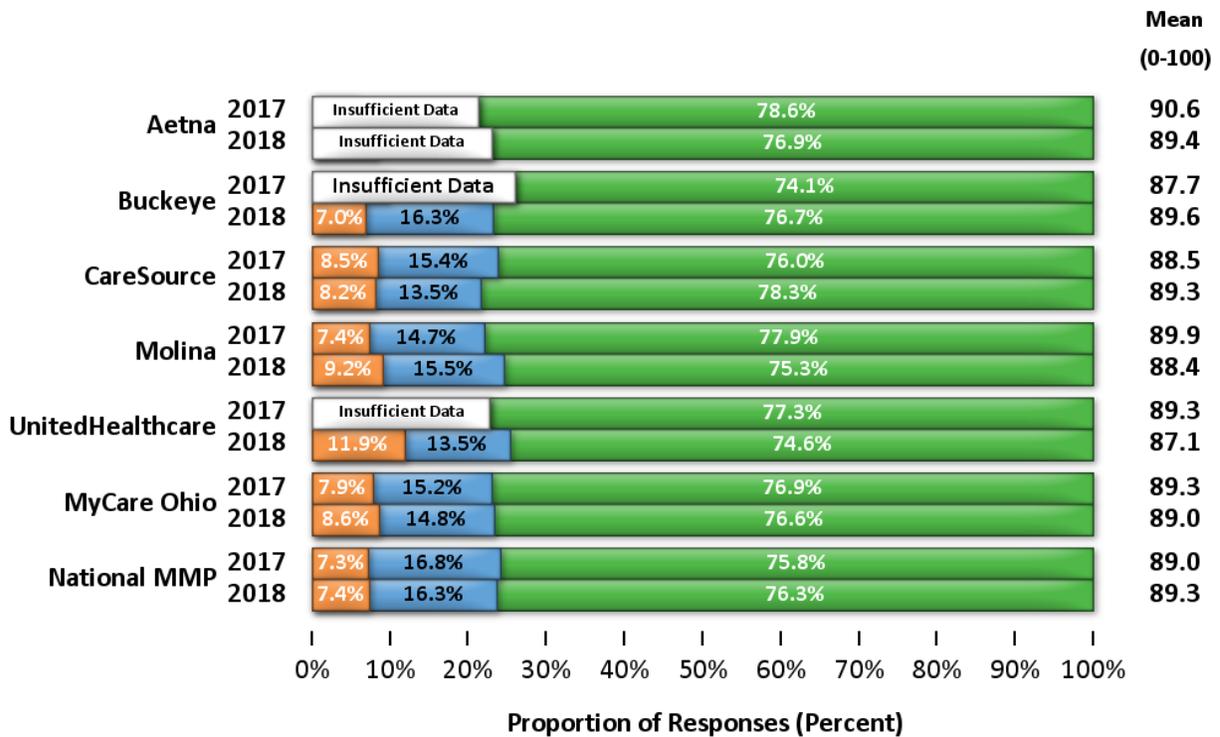
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Customer Service

Three questions were asked to assess how often members were satisfied with customer service (questions 34, 35, and 37 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-18 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 4-18—Customer Service Response Category Percentages and Means



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:

 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.

 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.

 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.

 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

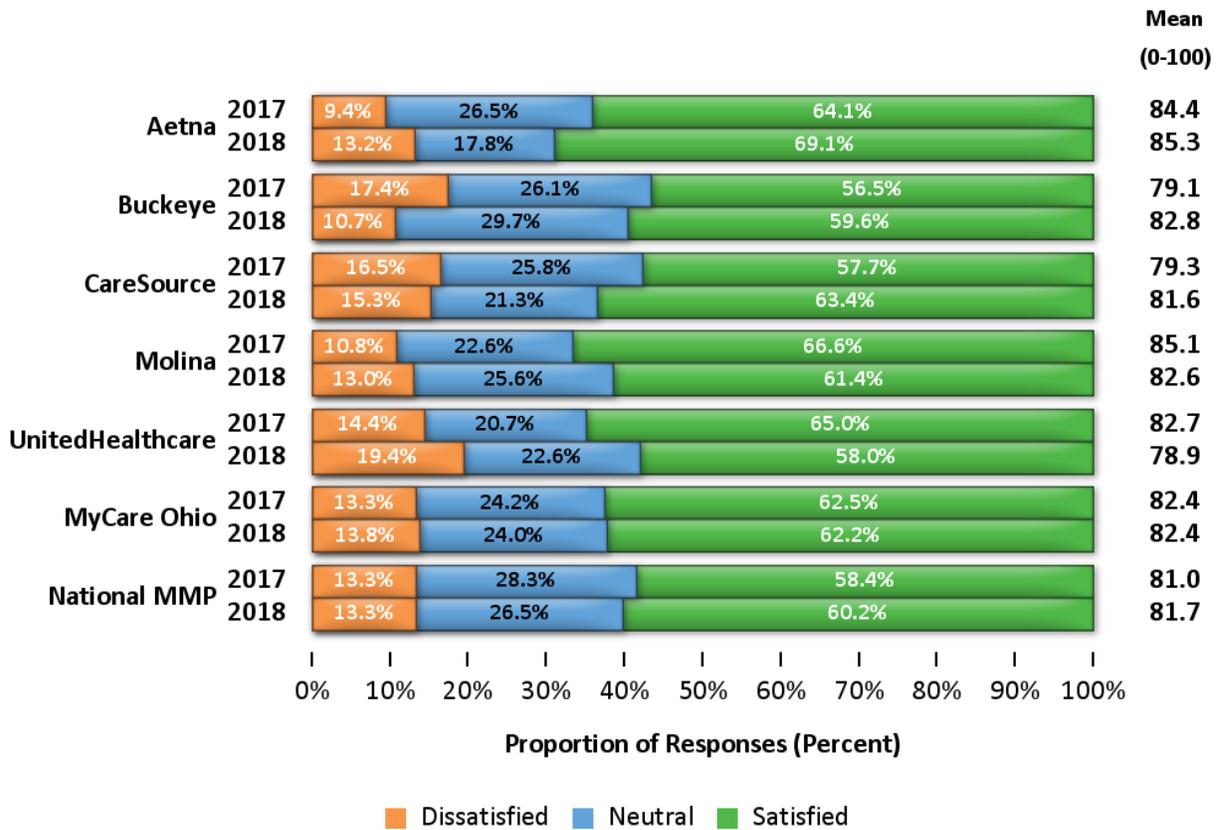
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Customer Service: Give Information Needed

Question 34 in the MA & PDP CAHPS Survey asked how often the health plan’s customer service gave members the information or help they needed. Figure 4-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-19—Customer Service: Give Information Needed
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

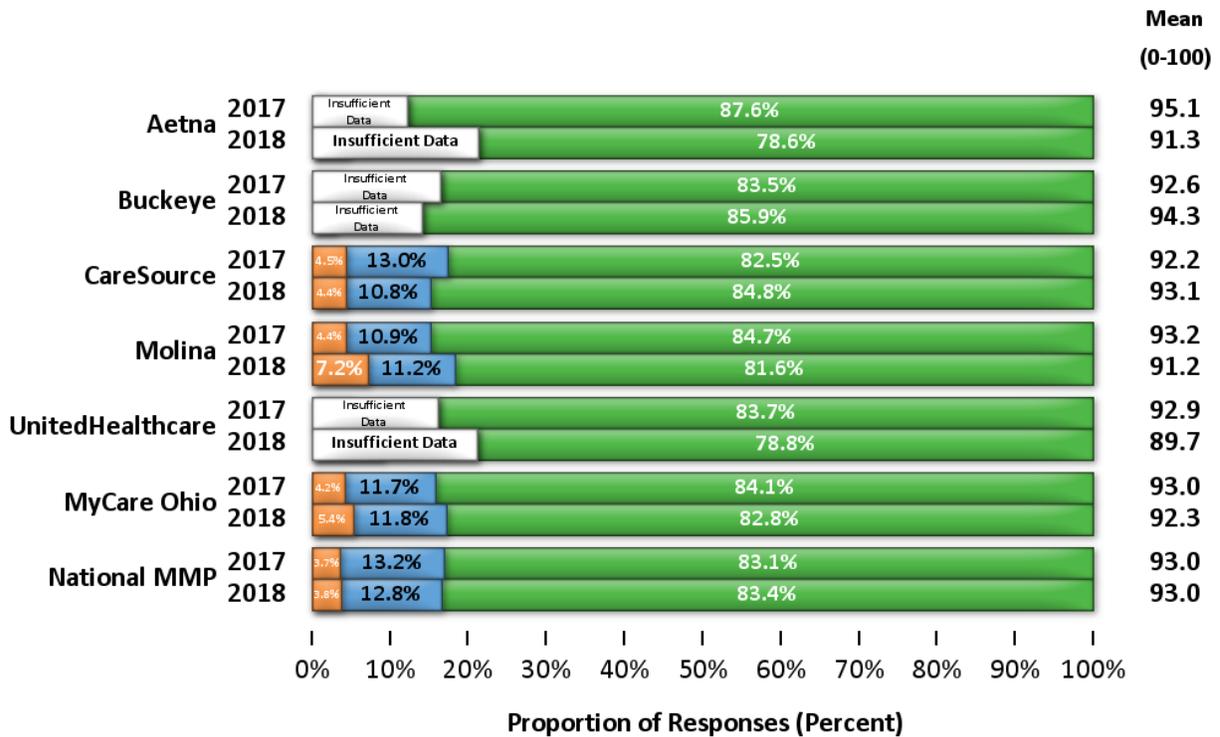
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Customer Service: Courtesy and Respect

Question 35 in the MA & PDP CAHPS Survey asked how often the health plan’s customer service staff treated members with courtesy and respect. Figure 4-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-20—Customer Service: Courtesy and Respect
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:
 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

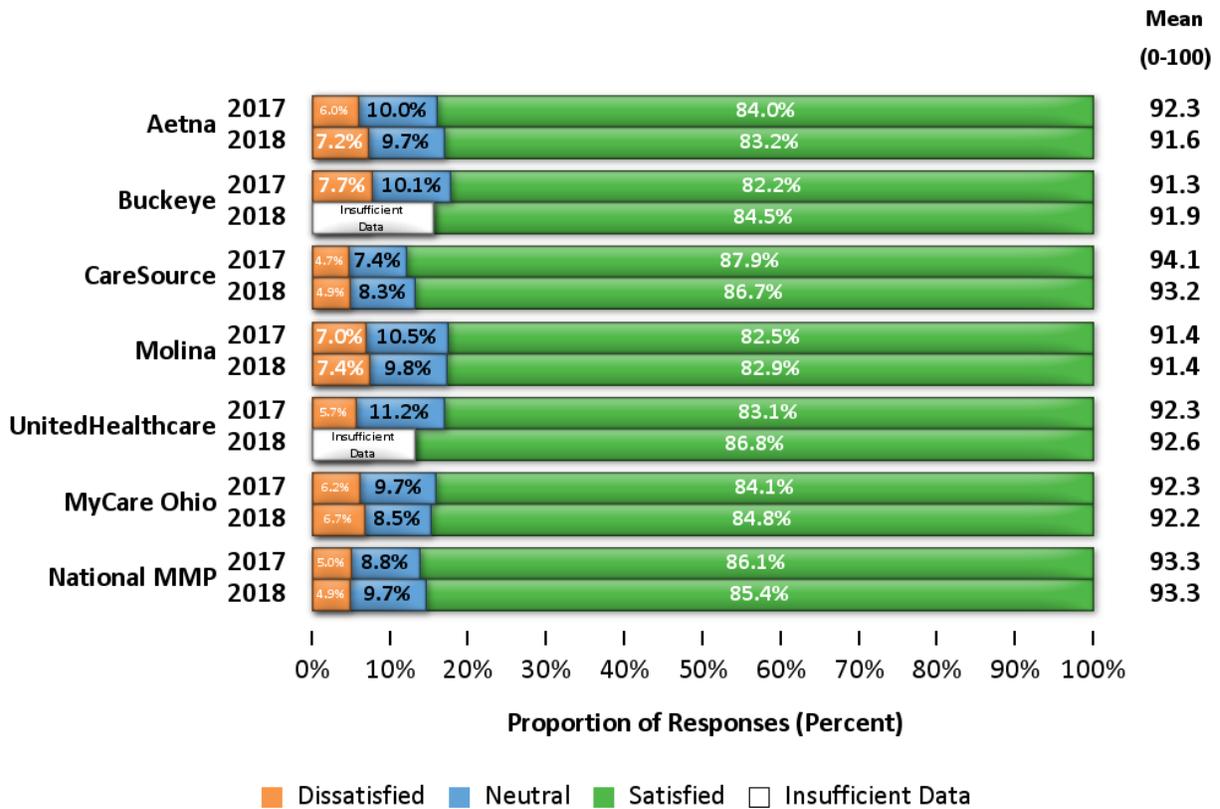
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Customer Service: Forms Were Easy to Fill Out

Question 37 in the MA & PDP CAHPS Survey asked how often the health plan’s forms were easy to fill out. Figure 4-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-21—Customer Service: Forms Were Easy to Fill Out
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

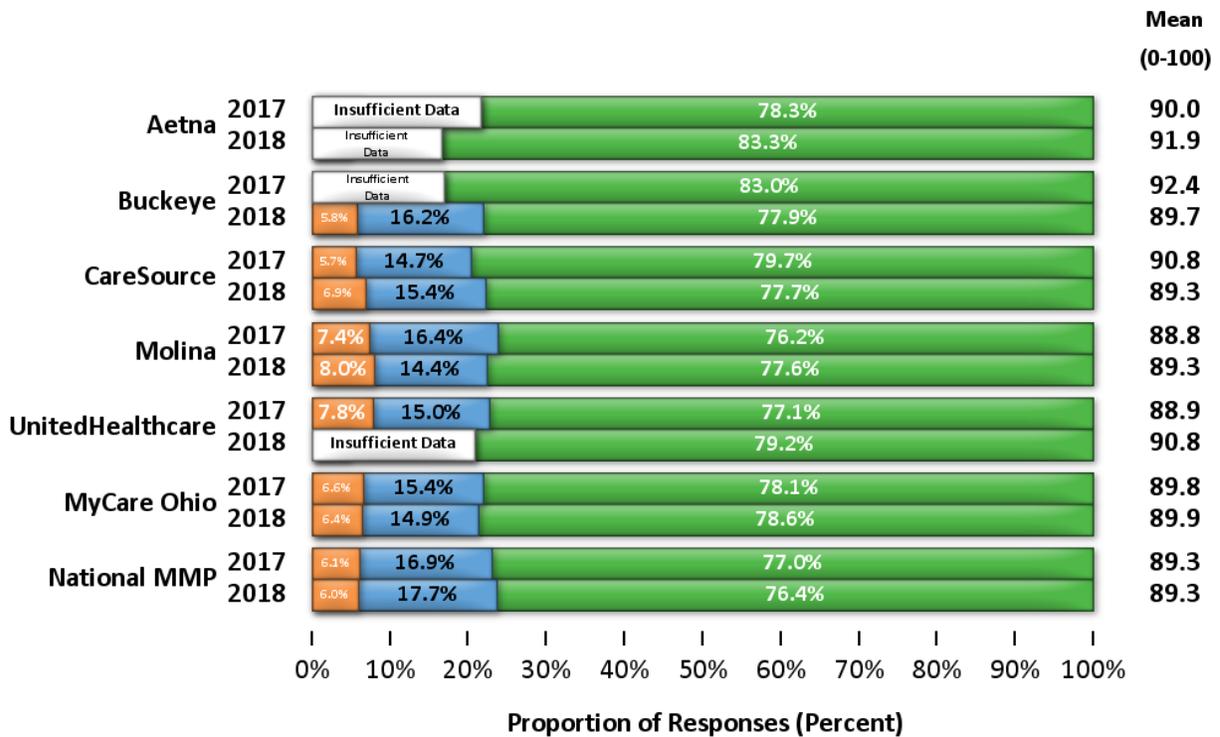
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Getting Needed Prescription Drugs

Three questions were asked to assess how often it was easy for members to use their prescription drug plan (questions 42, 44, and 46 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-22 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-22—Getting Needed Prescription Drugs
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:

 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.

 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.

 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.

 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

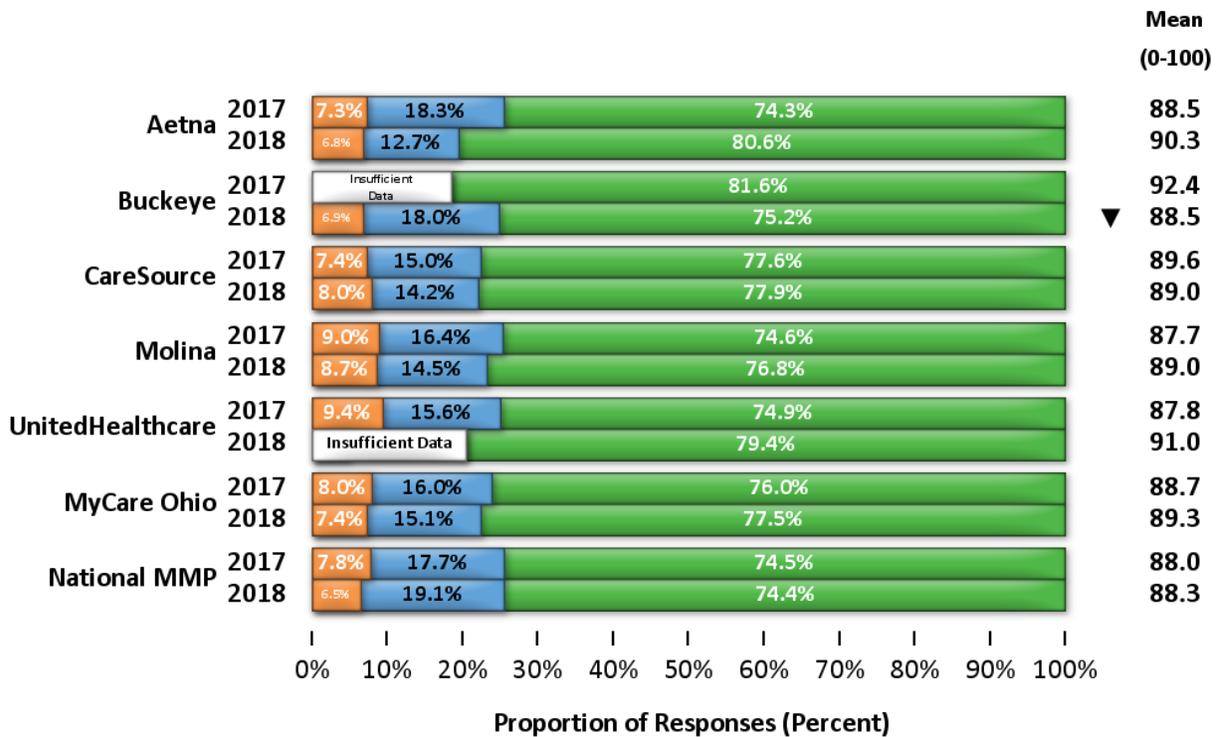
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines

Question 42 in the MA & PDP CAHPS Survey asked how often it was easy to use the prescription drug plan to get prescribed medicines. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-23 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-23—Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines
Response Category Percentages and Means**



■ Dissatisfied ■ Neutral ■ Satisfied □ Insufficient Data

Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

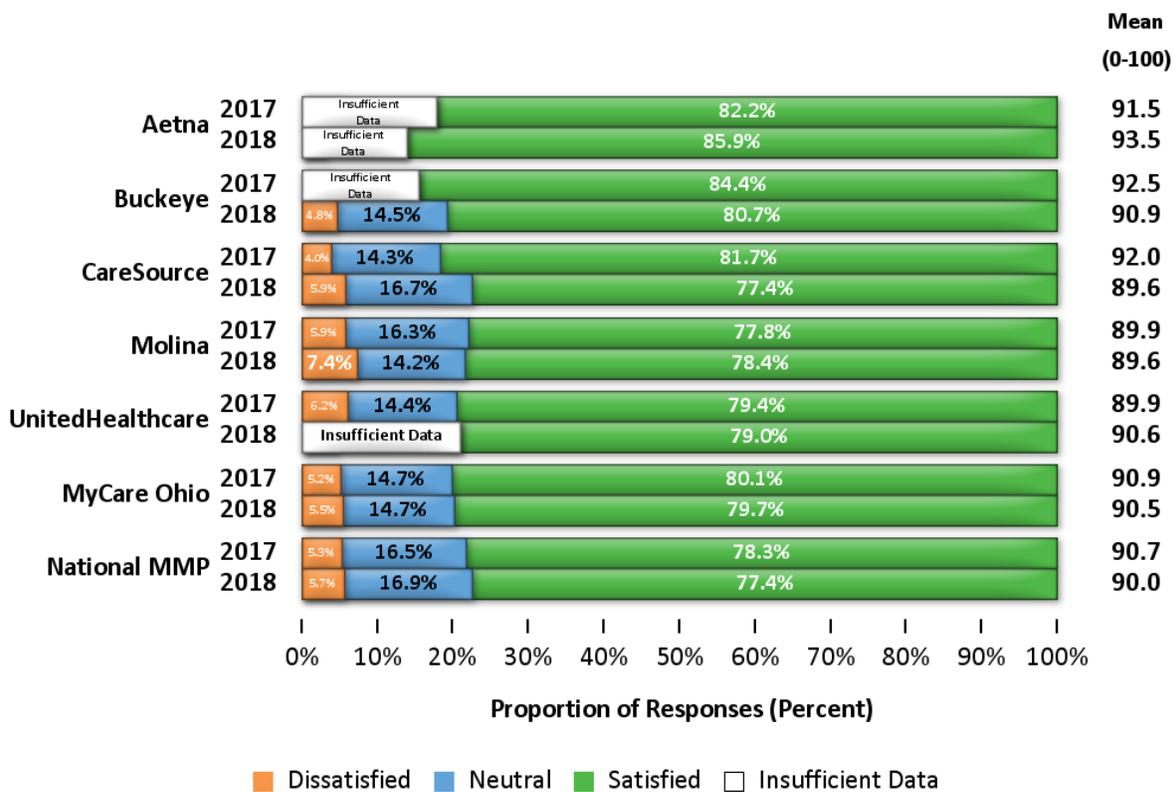
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- Buckeye's overall mean was significantly lower in 2018 than in 2017.

Getting Needed Prescription Drugs: Ease of Filling Prescriptions

Questions 44 and 46 in the MA & PDP CAHPS Survey asked how often it was easy to fill a prescription at a local pharmacy or by mail.⁴⁻⁵ Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-24 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-24—Getting Needed Prescription Drugs: Ease of Filling Prescriptions
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP's mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An "S" or "Insufficient Data" data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

⁴⁻⁵ The Ease of Filling Prescriptions composite measure item combines the questions for getting drugs from a pharmacy and by mail order items, in proportions, reflecting the use of pharmacy and mail order by respondents.

Comparative Analysis

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

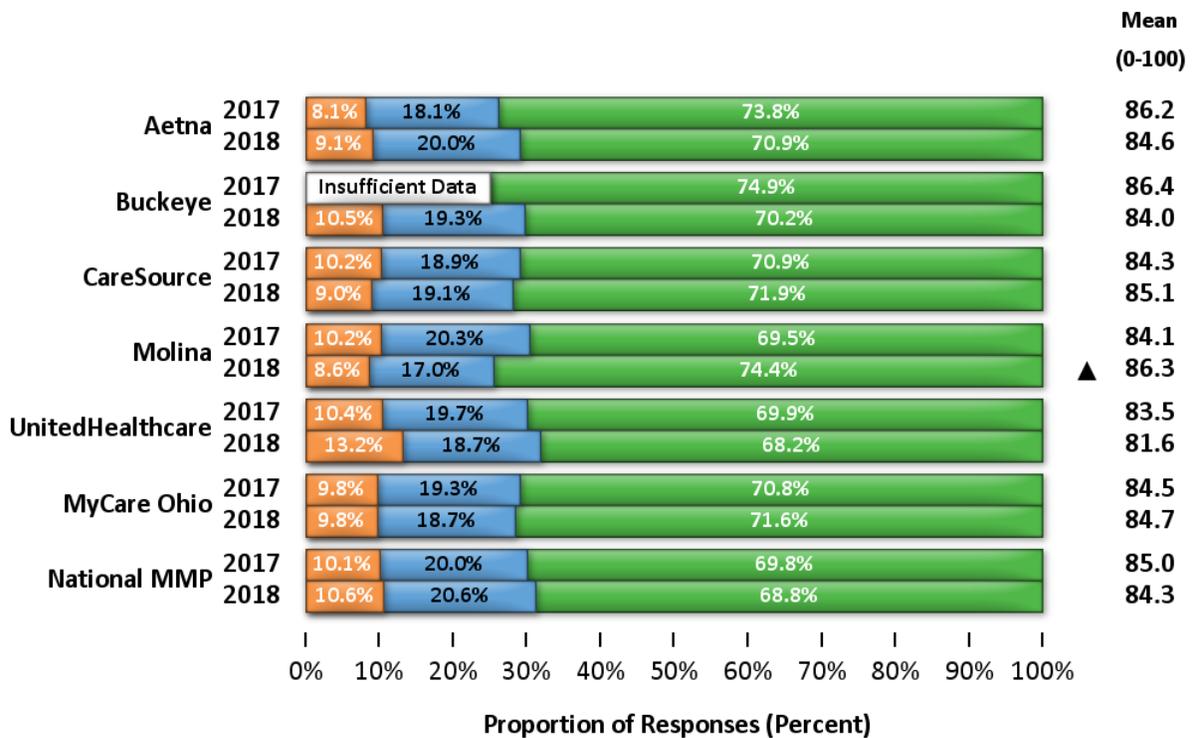
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Care Coordination

Six questions were asked to assess how often members were satisfied with their personal doctor’s care coordination (questions 18, 20, 21, 23, 26, and 32 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes/No), Neutral (Usually/Yes, somewhat), and Satisfied (Always/Yes, definitely). Figure 4-25 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-25—Care Coordination
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

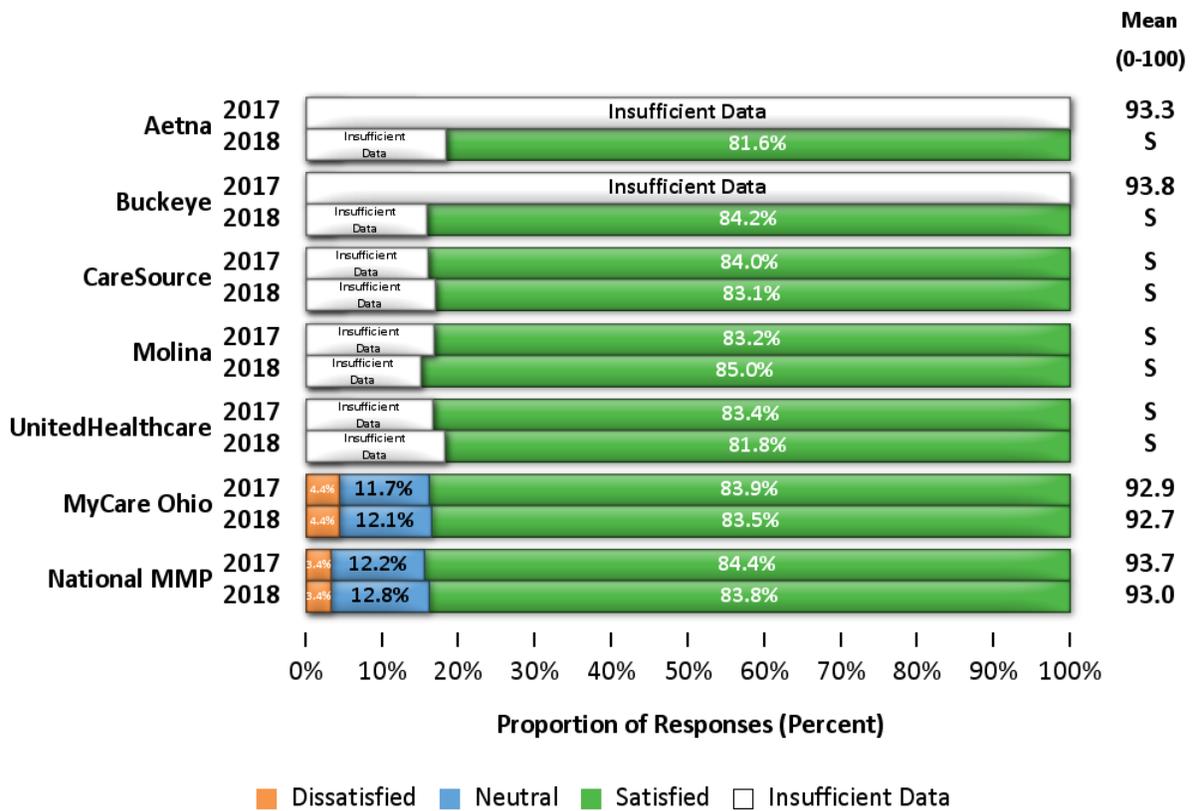
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Molina's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2018 than in 2017, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Care Coordination: Doctors Have Medical Records

Question 18 in the MA & PDP CAHPS Survey asked members how often their personal doctor had their medical records or other information about their care when visiting their doctor for a scheduled appointment. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-26 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-26—Care Coordination: Doctors Have Medical Records
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

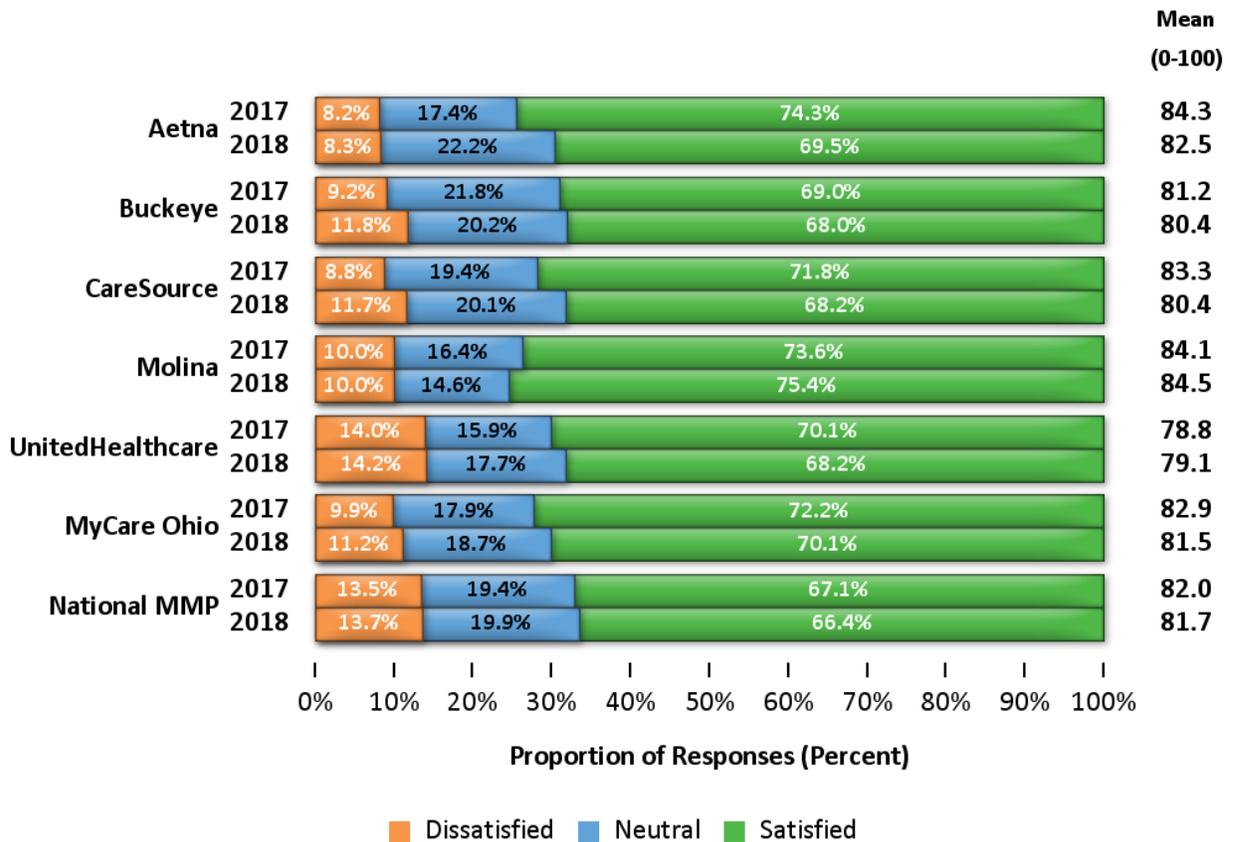
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Care Coordination: Doctors Communicate About Tests

Questions 20 and 21 in the MA & PDP CAHPS Survey asked members how often someone from their personal doctor’s office followed up with their test results and how often they got their results as soon as needed. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always).⁴⁻⁶ Figure 4-27 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-27—Care Coordination: Doctors Communicate About Tests
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

⁴⁻⁶ The Care Coordination: Doctors Communicate About Tests composite measure item combines the questions for how often someone from their personal doctor’s office followed up with their test results and how often they got their results as soon as needed, by respondent.

Comparative Analysis

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

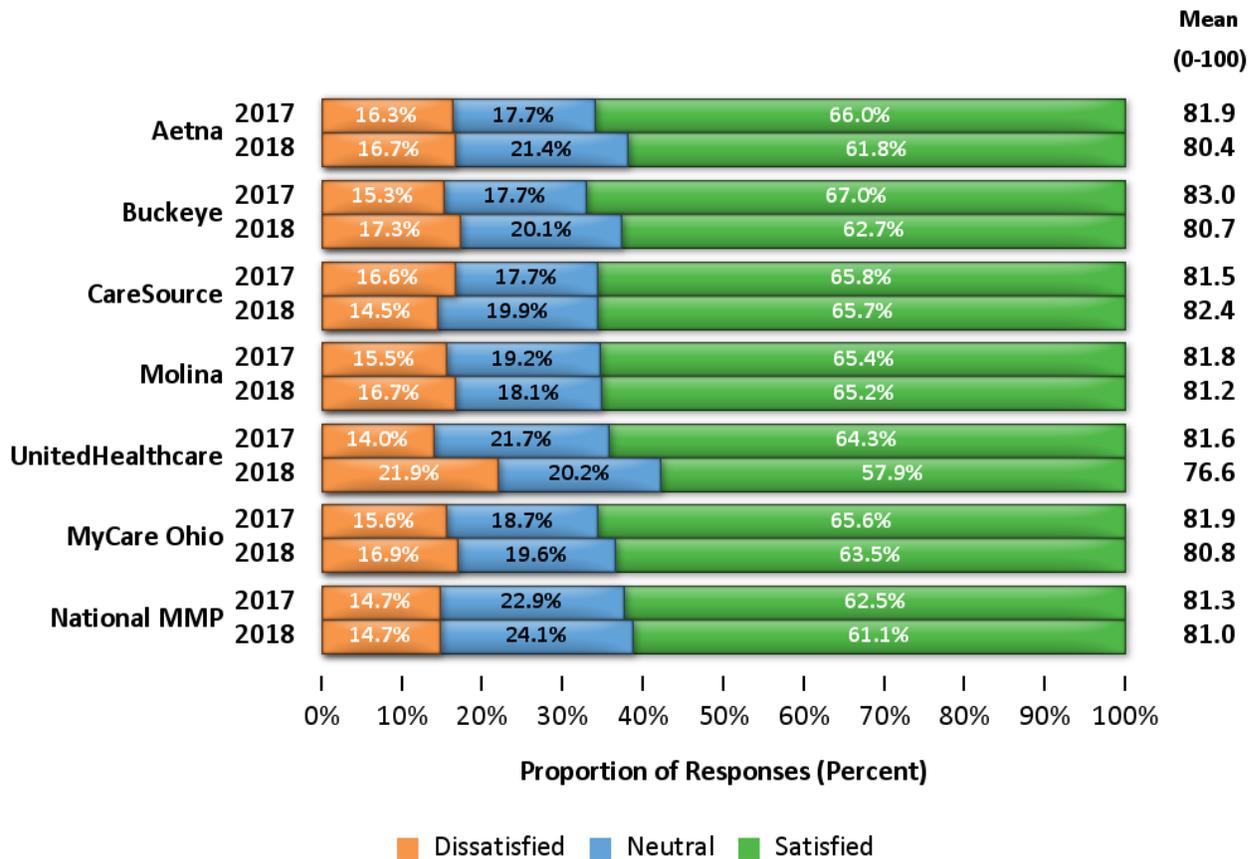
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Care Coordination: Doctors Discuss Taking Medicines

Question 23 in the MA & PDP CAHPS Survey asked members how often their personal doctor talked about prescription medicines they were taking. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-28 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-28—Care Coordination: Doctors Discuss Taking Medicines
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP's mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

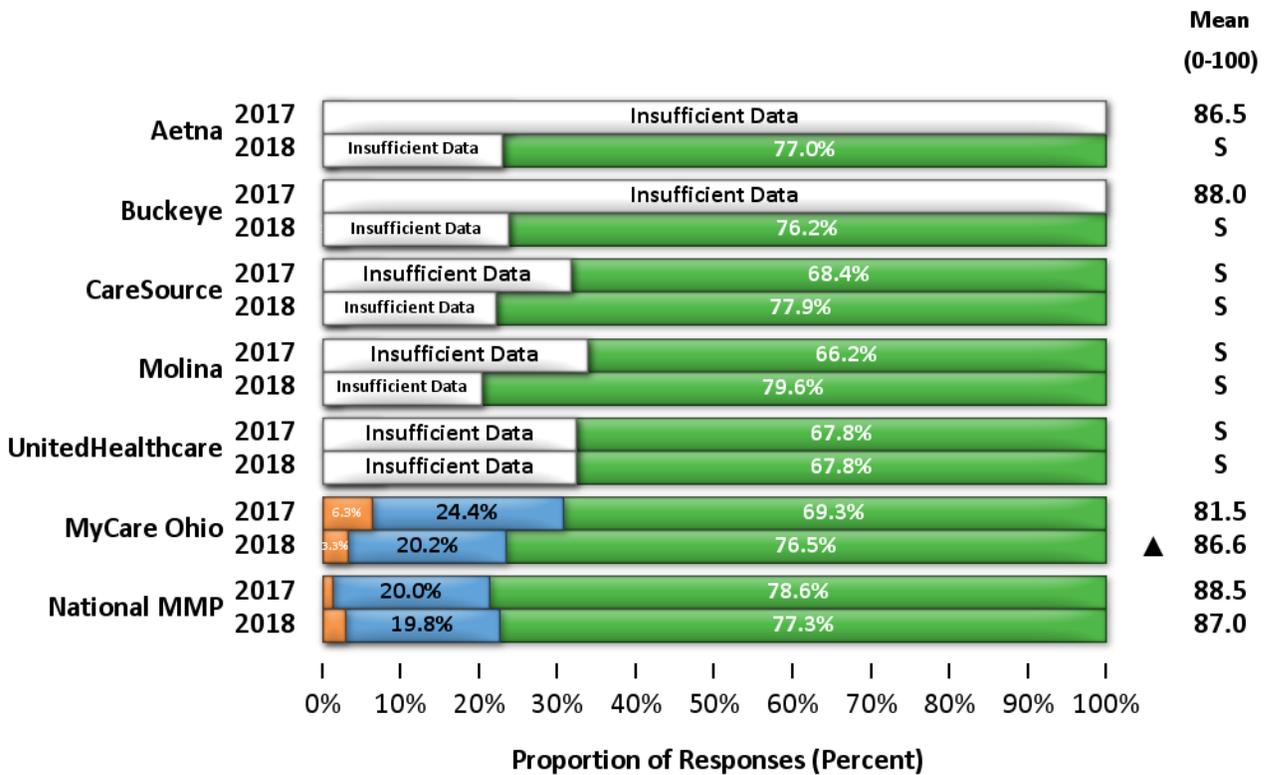
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Care Coordination: Getting Help to Coordinate Care

Question 26 in the MA & PDP CAHPS Survey asked members how often they needed help from their personal doctor’s office to manage their care. Responses were classified into three categories: Dissatisfied (No), Neutral (Yes, Somewhat), and Satisfied (Yes, Definitely). Figure 4-29 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-29—Care Coordination: Getting Help to Coordinate Care
Response Category Percentages and Means**



■ Dissatisfied ■ Neutral ■ Satisfied Insufficient Data

Statistical Significance Note:
 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

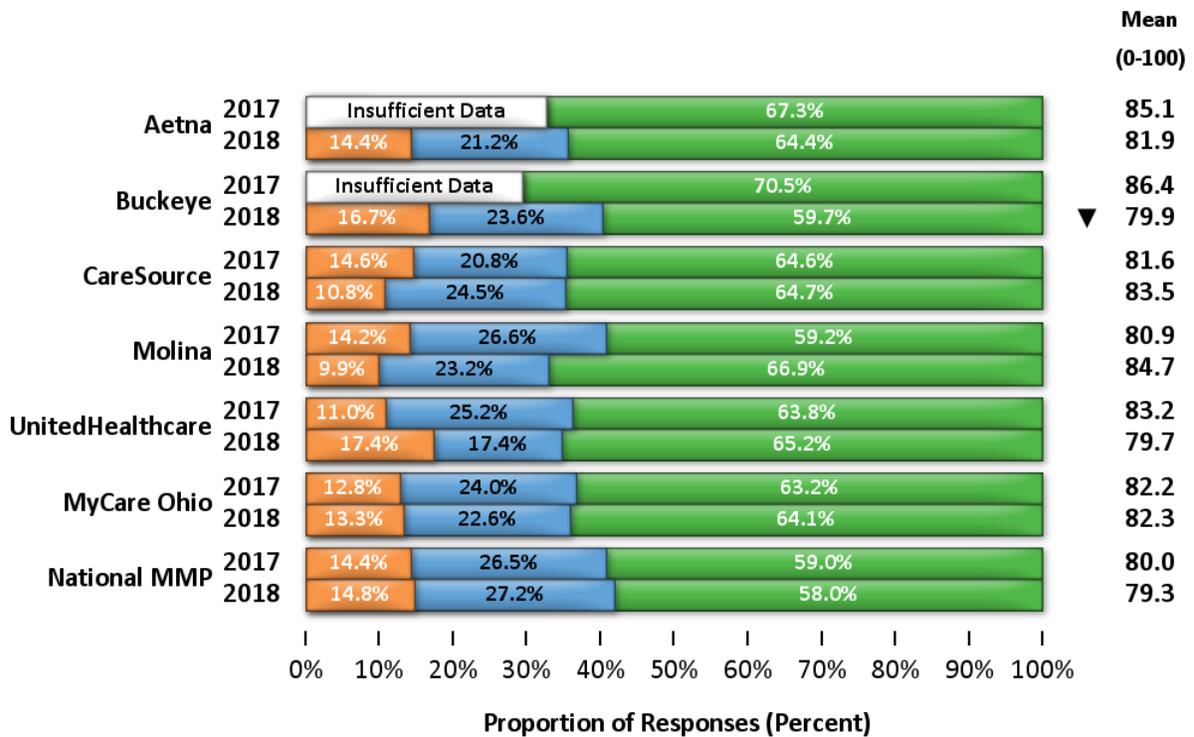
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The percentage of Molina’s respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.
- MyCare Ohio’s overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of MyCare Ohio’s respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Care Coordination: Doctors are Informed about Specialist Care

Question 32 in the MA & PDP CAHPS Survey asked members to rate how often their personal doctor seemed informed and up-to-date about care they received from other doctors. Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 4-30 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-30—Care Coordination: Doctors are Informed about Specialist Care
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied
 Insufficient Data

Statistical Significance Note:

 ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.

 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.

 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.

 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the results were suppressed.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

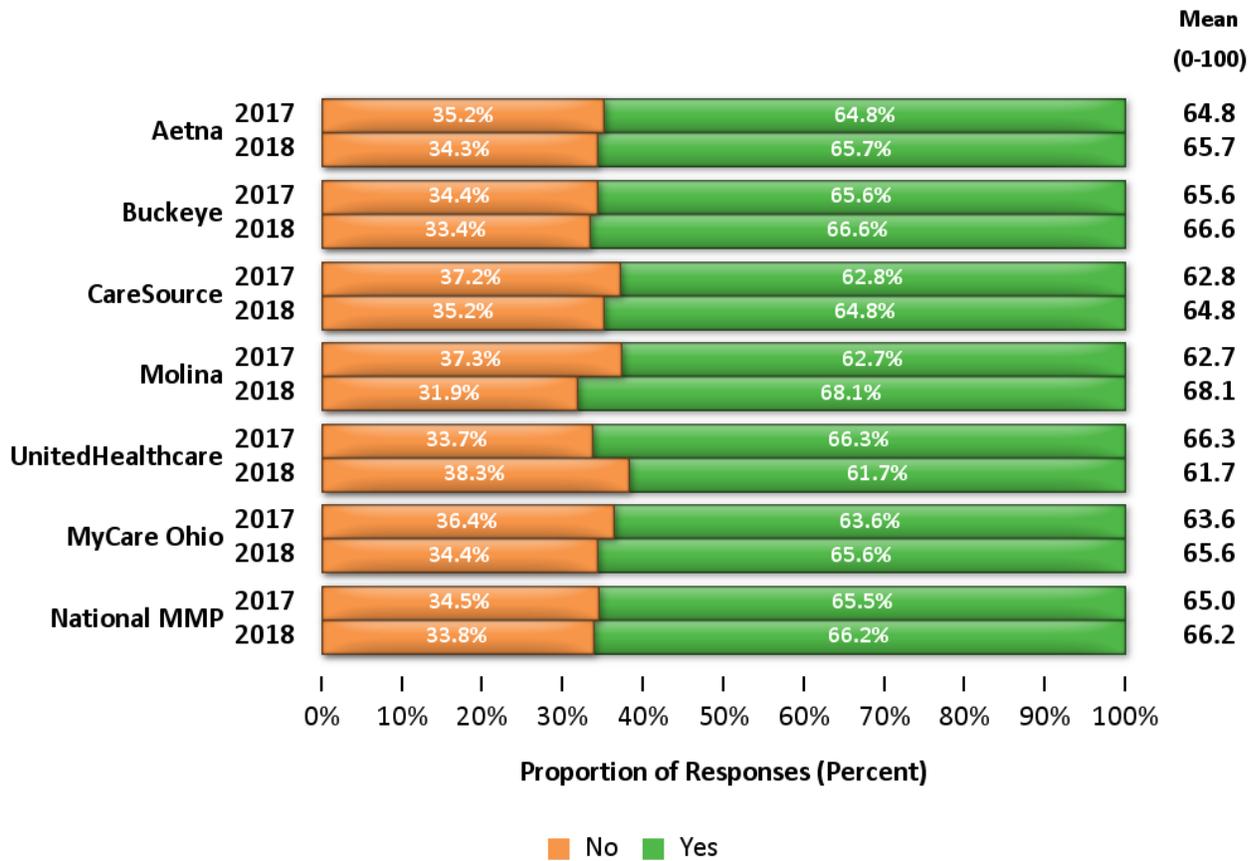
- Buckeye's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher in 2018 than in 2017.

Individual Item Measures

Annual Flu Vaccine

Question 57 in the MA & PDP CAHPS Survey asked members if they received a flu shot since July 1, 2017. Responses were classified into two categories: No and Yes. Figure 4-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-31—Annual Flu Vaccine
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

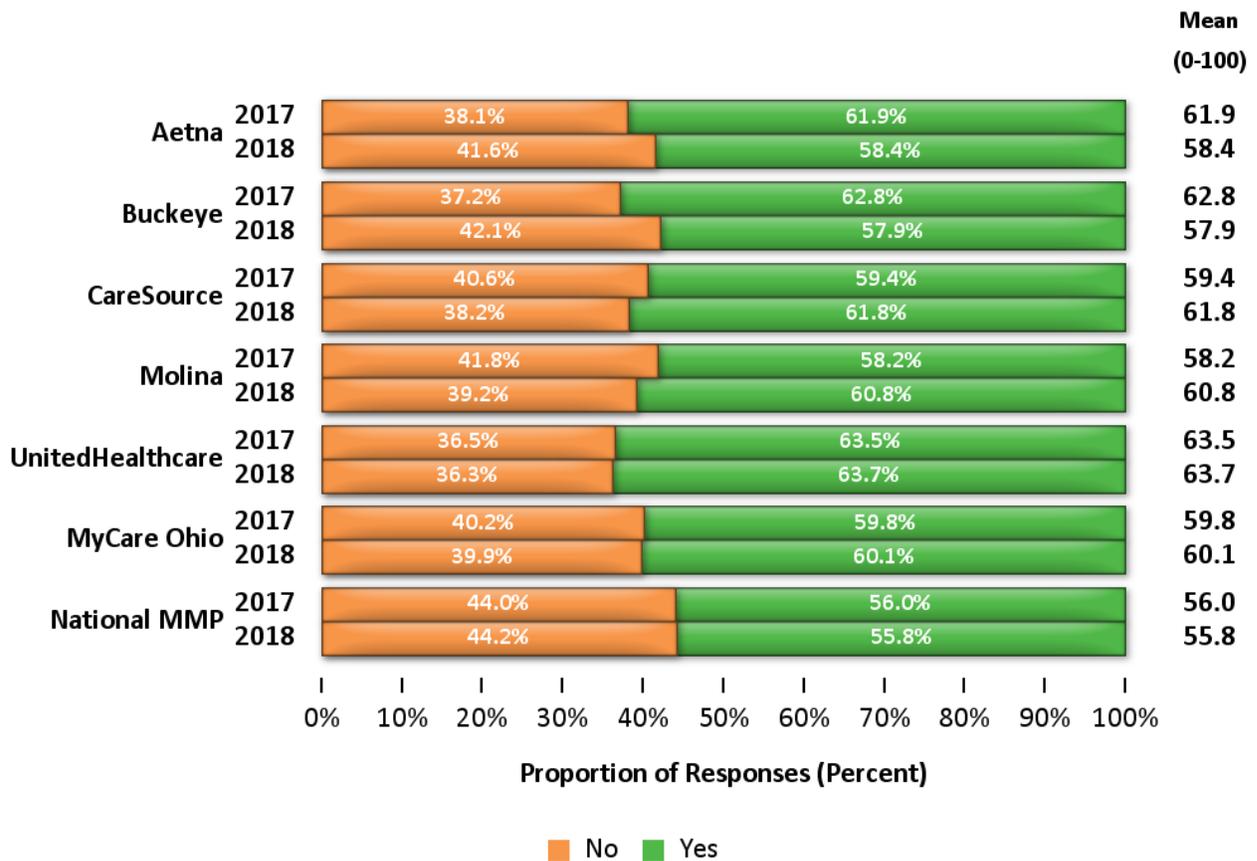
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Pneumonia Vaccine

Question 58 in the MA & PDP CAHPS Survey asked members if they ever received a pneumonia shot. Responses were classified into two categories: No and Yes. Figure 4-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-32—Pneumonia Vaccine
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

Trending Analysis

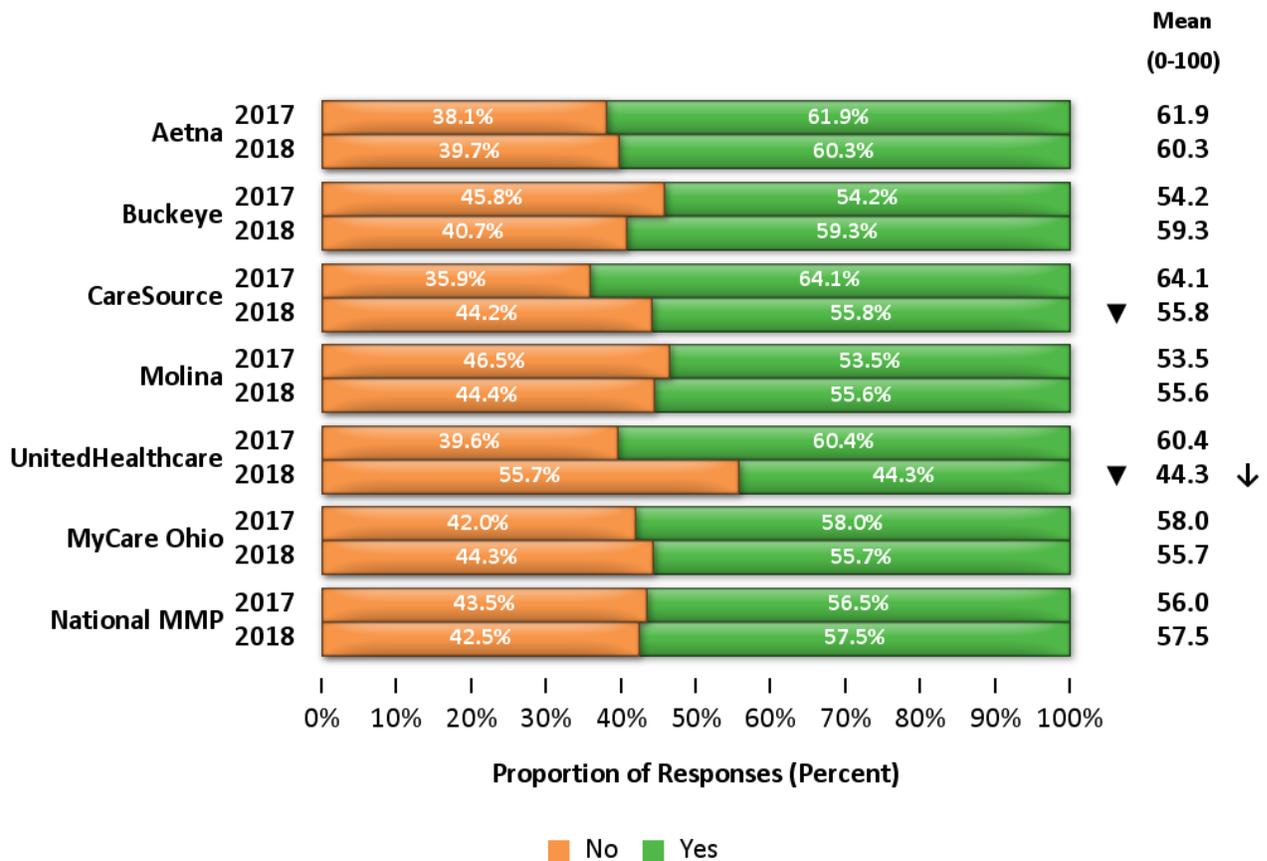
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Other Measures Reported to Contracts

Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription

Question 41a in the MA & PDP CAHPS Survey asked members if anyone from their doctor’s office, pharmacy, or drug plan contacted them to make sure they filled or refilled a prescription. Responses were classified into two categories: No and Yes. Figure 4-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

**Figure 4-33—Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.
 Response category percentages may not total 100.0% due to rounding.

Comparative Analysis

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

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

Trending Analysis

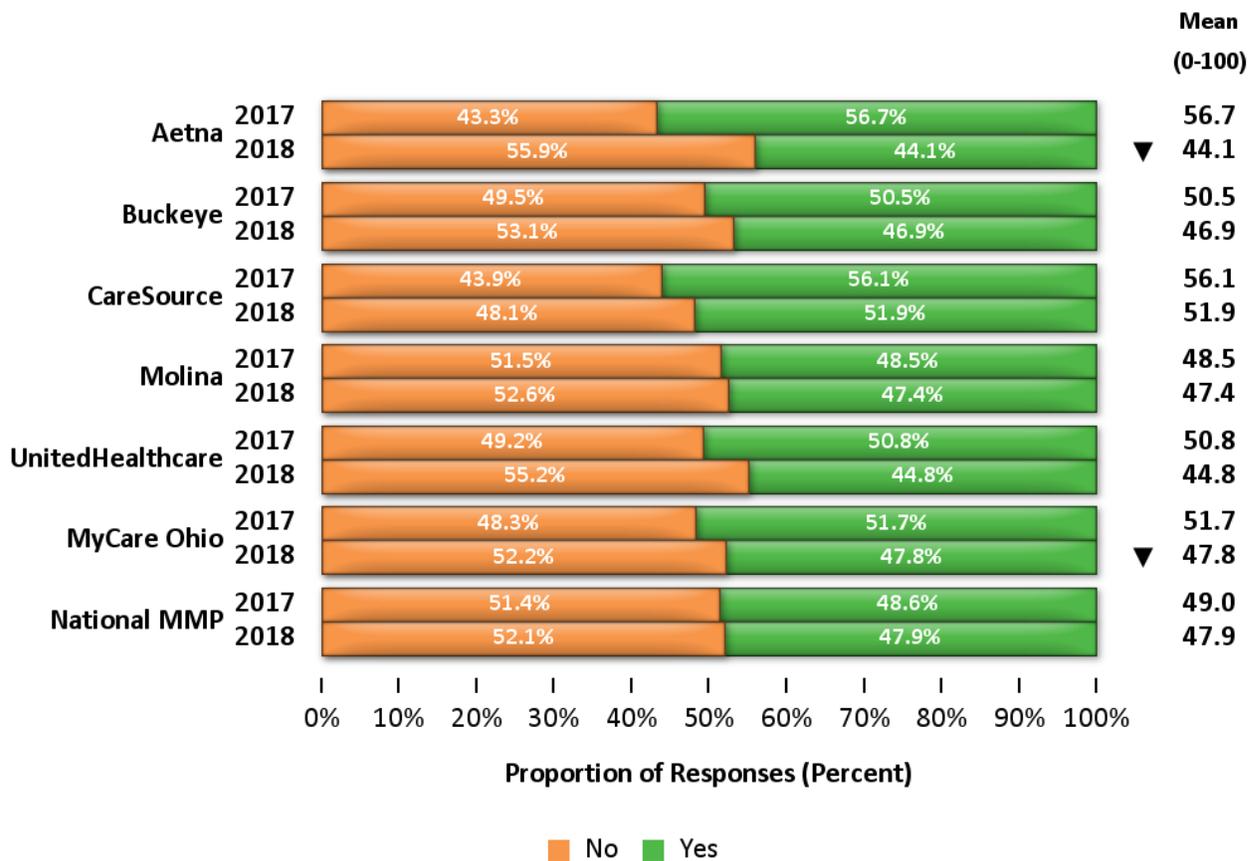
Overall, there were six *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- CareSource and UnitedHealthcare's overall means were significantly lower in 2018 than in 2017. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2018 than in 2017, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2018 than in 2017.

Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Take Medications

Question 41b in the MA & PDP CAHPS Survey asked members if anyone from their doctor’s office, pharmacy, or drug plan contacted them to make sure they were taking medications as directed. Responses were classified into two categories: No and Yes. Figure 4-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 4-34—Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Take Medications
Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP’s mean is statistically significantly higher than the MyCare Ohio mean.
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

Response category percentages may not total 100.0% due to rounding.

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 2018 and scores in 2017 for this measure.

- Aetna and MyCare Ohio's overall means were significantly lower in 2018 than in 2017. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2018 than in 2017, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2018 than in 2017.

Priority Areas for Quality Improvement

In order to determine potential survey items for quality improvement, HSAG conducted a priority areas analysis. The priority areas analysis focused on the following three global ratings:

- Rating of Health Plan
- Rating of Health Care Quality
- Rating of Drug Plan

The analysis provides information on: 1) how *well* the health plan/program is performing on the survey item (i.e., question), and 2) how *important* the item is to overall satisfaction.

Priority areas are defined as survey items that (1) have a problem score that is greater than or equal to the health plan's/program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the health plan's/program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the 2018 MyCare Ohio Program CAHPS Member Experience Survey Methodology Report for more information.

A correlation analysis was performed on the composite items listed on the following page for each of the three global ratings (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan). Table 4-3, on the following page, shows a crosswalk of the individual survey questions evaluated for each global rating to determine priority areas for the MyCare Ohio program and each MCOP.

Table 4-3—Correlation Matrix

	Rating of Health Plan	Rating of Health Care Quality	Rating of Drug Plan
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away	✓	✓	
Q6. Getting Appointments and Care Quickly—Getting Appointments	✓	✓	
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	
Q18. Care Coordination—Doctors Have Medical Records	✓	✓	
Q23. Care Coordination—Doctors Discuss Taking Medicines	✓	✓	
Q26. Care Coordination—Getting Help to Coordinate Care	✓	✓	
Q29. Getting Needed Care—Getting Appointments with Specialists	✓	✓	
Q32. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	
Q34. Customer Service—Give Information Needed	✓	✓	✓
Q35. Customer Service—Courtesy and Respect	✓	✓	✓
Q41a. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Fill Prescription			✓
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Take Medications			✓
Q42. Getting Needed Prescription Drugs—Ease of Getting Prescribed Medicines		✓	✓
Q44. Getting Needed Prescription Drugs—Ease of Filling Prescriptions at a Pharmacy		✓	✓
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail			✓
A checkmark (✓) indicates that the question was used in the priority areas analysis for the specified global rating.			

Table 4-4 through Table 4-9 depict survey items identified for each of the three global ratings (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan) as being priority areas for the MyCare Ohio program and each MCOP. Table 4-4 shows the priority areas for the MyCare Ohio program.

Table 4-4—Summary of MyCare Ohio Priority Areas

Rating of Health Plan
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q29. Getting Needed Care—Getting Appointments with Specialists
Q34. Customer Service—Give Information Needed
Rating of Health Care Quality
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q23. Care Coordination—Doctors Discuss Taking Medicines
Q29. Getting Needed Care—Getting Appointments with Specialists
Q32. Care Coordination—Doctors are Informed about Specialist Care
Q34. Customer Service—Give Information Needed
Rating of Drug Plan
Q34. Customer Service—Give Information Needed
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

Table 4-5 shows the priority areas for Aetna.

Table 4-5—Summary of Aetna Priority Areas

Rating of Health Plan
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q29. Getting Needed Care—Getting Appointments with Specialists
Q34. Customer Service—Give Information Needed
Rating of Health Care Quality
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q29. Getting Needed Care—Getting Appointments with Specialists
Q32. Care Coordination—Doctors are Informed about Specialist Care
Rating of Drug Plan
Q34. Customer Service—Give Information Needed
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

Table 4-6 shows the priority areas for Buckeye.

Table 4-6—Summary of Buckeye Priority Areas

Rating of Health Plan
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q23. Care Coordination—Doctors Discuss Taking Medicines
Q32. Care Coordination—Doctors are Informed about Specialist Care
Rating of Health Care Quality
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q23. Care Coordination—Doctors Discuss Taking Medicines
Q29. Getting Needed Care—Getting Appointments with Specialists
Q32. Care Coordination—Doctors are Informed about Specialist Care
Rating of Drug Plan
Q34. Customer Service—Give Information Needed
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan— Reminders to Take Medications

Table 4-7 shows the priority areas for CareSource.

Table 4-7—Summary of CareSource Priority Areas

Rating of Health Plan
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q34. Customer Service—Give Information Needed
Rating of Health Care Quality
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q23. Care Coordination—Doctors Discuss Taking Medicines
Q29. Getting Needed Care—Getting Appointments with Specialists
Q34. Customer Service—Give Information Needed
Rating of Drug Plan
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

Table 4-8 shows the priority areas for Molina.

Table 4-8—Summary of Molina Priority Areas

Rating of Health Plan
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q23. Care Coordination—Doctors Discuss Taking Medicines
Q34. Customer Service—Give Information Needed
Rating of Health Care Quality
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q34. Customer Service—Give Information Needed
Rating of Drug Plan
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

Table 4-9 shows the priority areas for UnitedHealthcare.

Table 4-9—Summary of UnitedHealthcare Priority Areas

Rating of Health Plan
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q32. Care Coordination—Doctors are Informed about Specialist Care
Q34. Customer Service—Give Information Needed
Rating of Health Care Quality
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
Q29. Getting Needed Care—Getting Appointments with Specialists
Q32. Care Coordination—Doctors are Informed about Specialist Care
Q34. Customer Service—Give Information Needed
Rating of Drug Plan
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan— Reminders to Take Medications
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

5. Summary of Results

National Comparisons

Overall member ratings for five CAHPS global ratings and six CAHPS composite measures were compared to national MMP percentiles. Table 5-1 highlights the high-performing CAHPS measures (i.e., five [★★★★★] stars) and Table 5-2 highlights the low-performing CAHPS measures (i.e., one [★] star) for the MyCare Ohio program and each MCOP.

Table 5-1—National Comparisons Summary—High-Performing Measures

MyCare Ohio	Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
Rating of Drug Plan					

- The MyCare Ohio program and all MCOPs scored at or above the 90th percentile for the Rating of Drug Plan global rating.

Table 5-2—National Comparisons Summary—Low-Performing Measures

MyCare Ohio	Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
Rating of Health Care Quality					
Rating of Personal Doctor					
Doctors Who Communicate Well					
					Customer Service
					Care Coordination

- The MyCare Ohio program and all MCOPs scored below the 25th percentile for the Rating of Health Care Quality and Rating of Personal Doctor global ratings, and the Doctors Who Communicate Well composite measure.
- UnitedHealthcare scored below the 25th percentile for the Customer Service and Care Coordination composite measures.

Statewide Comparisons

The Statewide Comparisons analysis results are grouped into two main statistically significant categories: 1) statistically significantly higher than the program average and 2) statistically significantly lower than the program average. These categories were used to determine the assignment of arrows to the MCOPs’ overall means on the global ratings, composite measures, composite items, individual items, and other measures reported to contracts. Table 5-3 shows the highlights of the comparison of the MCOPs to the MyCare Ohio program average.

Table 5-3—MyCare Ohio Statewide Comparative Results

Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
				<p>↓ Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription</p>
<p>↑ Statistically higher than the program average ↓ Statistically lower than the program average</p>				

The results from the Statewide Comparisons to the program average revealed the following statistically significant findings for the MyCare Ohio program and the five MCOPs.

- Aetna, Buckeye, CareSource, and Molina did not score statistically significantly higher or lower than the MyCare Ohio program average.
- UnitedHealthcare scored statistically significantly lower than the MyCare Ohio program average on one other measure reported to contracts.

The trend results are grouped into two main statistically significant categories: 1) 2018 mean statistically significantly higher than 2017 mean and 2) 2018 mean statistically significantly lower than 2017 mean. These categories were used to determine the assignment of triangles to the MCOPs’ overall means on the global ratings, composite measures, composite items, individual items, and other measures reported to contracts. Table 5-4 shows the highlights of the comparison between the 2018 and 2017 means for the MyCare Ohio program and the five MCOPs.

Table 5-4—MyCare Ohio Trend Results

MyCare Ohio	Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
▼ Getting Appointments and Care Quickly: Getting Care Needed Right Away	▼ Rating of Specialist	▼ Doctors Who Communicate Well: Providing Clear Explanations	▼ Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription	▲ Doctors Who Communicate Well	▼ Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription
▲ Care Coordination: Getting Help to Coordinate Care	▼ Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Take Medications	▼ Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines		▲ Doctors Who Communicate Well: Providing Clear Explanations	
▼ Contact from Doctor’s Office, Pharmacy, or Drug Plan: Reminders to Take Medications		▼ Care Coordination: Doctors are Informed about Specialist Care		▲ Doctors Who Communicate Well: Listening Carefully	
				▲ Care Coordination	
▲ 2018 mean statistically higher than 2017 mean					
▼ 2018 mean statistically lower than 2017 mean					

The results from the Statewide Comparisons between the 2018 and 2017 means revealed the following statistically significant findings for the MyCare Ohio program and the five MCOPs.

- The MyCare Ohio program had a statistically significantly higher 2018 mean than 2017 mean on one composite measure item. Conversely, the MyCare Ohio program had a statistically significantly lower 2018 mean than 2017 mean on one composite measure item, and one other measure reported to contracts.
- Aetna had a statistically significantly lower 2018 mean than 2017 mean on one global rating, and one other measure reported to contracts.
- Buckeye had a statistically significantly lower 2018 mean than 2017 mean on three composite measure items.
- CareSource had a statistically significantly lower 2018 mean than 2017 mean on one other measure reported to contracts.
- Molina had a statistically significantly higher 2018 mean than 2017 mean on two composite measures and two composite measure items.
- UnitedHealthcare had a statistically significantly lower 2018 mean than 2017 mean on one other measure reported to contracts.

Priority Areas for Quality Improvement

The priority areas (i.e., survey composite items) for three of the global ratings were assessed, and findings are provided for the MyCare Ohio program and each MCOP. For this analysis, a mean problem score was calculated for each composite item; a correlation analysis was performed to compare global rating performance to composite items’ mean problem scores; and each composite item was assigned to a priority level. Table 5-5 through Table 5-7 provide a crosswalk of the top priority areas (as indicated by a ✓) for each global rating at the MyCare Ohio program and MCOP levels.

Table 5-5—Priority Areas Analysis—Rating of Health Plan Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away				✓		
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	✓	✓	✓	✓
Q23. Care Coordination—Doctors Discuss Taking Medicines			✓		✓	
Q29. Getting Needed Care—Getting Appointments with Specialists	✓	✓				
Q32. Care Coordination—Doctors are Informed about Specialist Care			✓			✓
Q34. Customer Service—Give Information Needed	✓	✓		✓	✓	✓

Table 5-6—Priority Areas Analysis—Rating of Health Care Quality Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away	✓	✓	✓	✓	✓	
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	✓	✓	✓	✓
Q23. Care Coordination—Doctors Discuss Taking Medicines	✓		✓	✓		
Q29. Getting Needed Care—Getting Appointments with Specialists	✓	✓	✓	✓		✓
Q32. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	✓			✓
Q34. Customer Service—Give Information Needed	✓			✓	✓	✓

Table 5-7—Priority Areas Analysis—Rating of Drug Plan Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q34. Customer Service—Give Information Needed	✓	✓	✓			
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan— Reminders to Take Medications			✓			✓
Q46. Getting Needed Prescription Drugs— Ease of Filling Prescriptions by Mail	✓	✓		✓	✓	✓

6. Conclusions and Recommendations

Conclusions

Overall, when the MyCare Ohio program results were compared to the 2018 MMP national percentiles, the MyCare Ohio program performed low, with most measures falling below the 50th percentile. The MyCare Ohio program scored at or above the 90th percentile for one measure (Rating of Drug Plan), and at or between the 50th and 74th percentiles for two measures (Rating of Health Plan and Care Coordination). Conversely, the MyCare Ohio program scored at or between the 25th and 49th percentiles for four measures (Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, and Getting Needed Prescription Drugs), and below the 25th percentile for three measures (Rating of Health Care Quality, Rating of Personal Doctor, and Doctors Who Communicate Well).

Aetna had the highest results when compared to national MMP percentiles for the global ratings with one global rating (Rating of Drug Plan) scoring at or above the 90th percentile, one composite measure (Getting Needed Prescription Drugs) scoring at or above the 75th percentile, and two composite measures (Getting Appointments and Care Quickly and Care Coordination) scoring at or between the 50th and 74th percentiles. Conversely, UnitedHealthcare scored the lowest for global ratings and composite measures when compared to national MMP percentiles with two global ratings (Rating of Health Care Quality and Rating of Personal Doctor) and three composite measures (Doctors Who Communicate Well, Customer Service, and Care Coordination) scoring below the 25th percentile. Additionally, the MyCare Ohio program and the five MCOPs scored below the 25th percentile when compared to national MMP percentiles for two global ratings (Rating of Health Care Quality and Rating of Personal Doctor) and one composite measure (Doctors Who Communicate Well).

Mean Scores Higher than 2018 MMP National Average

A comparison of the MyCare Ohio program's overall mean scores to the 2018 MMP national average mean scores for the global ratings, composite measures, composite measure items, individual items, and other measures reported to contracts revealed that the MyCare Ohio program's 2018 overall mean score was higher than the 2018 MMP national average mean score for the following:

Global Ratings

- Rating of Health Plan
- Rating of Drug Plan

Composite Measures

- Getting Needed Prescription Drugs
- Care Coordination

Composite Measure Items

- Getting Appointments and Care Quickly: Getting Appointments
- Customer Service: Give Information Needed
- Getting Needed Prescription Drugs: Ease of Getting Prescribed Medicines
- Getting Needed Prescription Drugs: Ease of Filling Prescriptions
- Care Coordination: Doctors are Informed about Specialist Care

Individual Items

- Pneumonia Vaccine

2018 Mean Scores Statistically Significantly Higher than 2017

The MyCare Ohio program's mean scores were statistically significantly higher in 2018 than 2017 for one composite measure item. Please refer to the Trend Analysis summary table on page 5-3 for more details on this measure.

Mean Scores Lower than 2018 MMP National Average

Conversely, the MyCare Ohio program's 2018 overall mean scores were lower than the 2018 MMP national average mean scores on the following:

Global Ratings

- Rating of Health Care Quality
- Rating of Personal Doctor
- Rating of Specialist

Composite Measures

- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well
- Customer Service

Composite Measure Items

- Getting Needed Care: Getting Appointments With Specialists
- Getting Needed Care: Getting Needed Care, Tests, or Treatment
- Getting Appointments and Care Quickly: Getting Care Needed Right Away
- Getting Appointments and Care Quickly: Getting Seen Within 15 Minutes of Your Appointment
- Doctors Who Communicate Well: Providing Clear Explanations
- Doctors Who Communicate Well: Listening Carefully

- Doctors Who Communicate Well: Showing Respect for What Patients Have to Say
- Doctors Who Communicate Well: Spending Enough Time With Patients
- Customer Service: Courtesy and Respect
- Customer Service: Forms Were Easy to Fill Out
- Care Coordination: Doctors Have Medical Records
- Care Coordination: Doctors Communicate About Tests
- Care Coordination: Doctors Discuss Taking Medicines
- Care Coordination: Getting Help to Coordinate Care

Individual Items

- Annual Flu Vaccine

Other Measures Reported to Contracts

- Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Fill Prescription
- Contact from Doctor's Office, Pharmacy, or Drug Plan: Reminders to Take Medications

2018 Mean Scores Statistically Significantly Lower than 2017

The MyCare Ohio program's mean scores were statistically significantly lower in 2018 than 2017 for one composite measure item and one other measure reported to contracts. Please refer to the Trend Analysis summary table on page 5-3 for a list of these measures.

Priority Areas for Quality Improvement

The priority areas analysis identified top priorities areas for the MyCare Ohio program for the Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan global ratings. There is some overlap of priority areas for the MyCare Ohio program among the three global ratings.

Top priority items for Rating of Health Plan included:

- Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
- Q29. Getting Needed Care—Getting Appointments with Specialists
- Q34. Customer Service—Give Information Needed

Top priority items for Rating of Health Care Quality included:

- Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away
- Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment
- Q23. Care Coordination—Doctors Discuss Taking Medicines
- Q29. Getting Needed Care—Getting Appointments with Specialists
- Q32. Care Coordination—Doctors are Informed about Specialist Care

- Q34. Customer Service—Give Information Needed

Top priority items for Rating of Drug Plan included:

- Q34. Customer Service—Give Information Needed
- Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail

Recommendations

The MA & PDP CAHPS findings in this report examine members' experiences with their MCOPs, healthcare, and services. The results identify MyCare Ohio program and plan strengths and weaknesses, highlight areas for performance improvement, and track performance over time. Ohio's MCOPs conduct the survey annually using the MA & PDP CAHPS Survey, a standardized and validated instrument, with national MMP 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.

HSAG recommends that ODM leverage the MA & PDP CAHPS Survey data and report findings to support the development of relevant initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities. For example, MA & PDP CAHPS data may be analyzed to identify potential focus areas for Ohio based on the priority areas analysis or trend analysis. This information could be used to inform key areas of the MyCare Ohio program, such as the MyCare Ohio care delivery model. This report's findings establish priority areas for targeting quality improvement efforts in order to improve MA & PDP CAHPS ratings of drug plan, health plan, and health care quality. Separate findings are provided for the MyCare Ohio program and each plan. A review of the MA & PDP CAHPS measure results (e.g., getting needed care, customer service, care coordination) may impact the development of related quality improvement strategies, performance measurement and accountability systems, and program monitoring activities. In these and other ways, MA & PDP 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 2018 MyCare Ohio MA & PDP CAHPS reports are subject to some 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

While the data for the statewide comparisons analysis were case-mix adjusted for age, education, self-reported general health status, self-reported mental health status, proxy assistance, proxy completion of the survey form, Medicaid dual eligibility, low-income subsidy eligibility, and completion of the survey in the Chinese or Vietnamese language, it was not possible to adjust for differences in member and

respondent characteristics that were not measured.⁶⁻¹ These characteristics include employment or any other characteristics that may not be under the MCOPs' control.

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 MCOP. Therefore, the potential for non-response bias should be considered when interpreting the MA & PDP CAHPS results.

Causal Inferences

Although the MA & PDP CAHPS reports examine whether members of various MCOPs report differences in experience with various aspects of their health care, these differences may not be attributed solely to the MCOP. The analyses described in the MA & PDP CAHPS reports identify whether members have different experiences with their MCOPs. The surveys by themselves do not reveal why the differences exist.

Survey Vendor Effects

The MA & PDP CAHPS Survey was administered by multiple survey vendors. CMS 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 potential for minor vendor effects. Therefore, survey vendor effects should be considered when interpreting the MA & PDP CAHPS results.

Methods for Analysis

It is important to note that the CAHPS results presented in this report for the MyCare Ohio program and all MCOPs represent the survey results calculated by HSAG. They are not official survey results and should be used for quality improvement purposes only. To provide ODM with more information regarding MCOP and program performance, HSAG did not apply CMS' interunit reliability (IUR) threshold of "very low reliability" for reporting measure results.⁶⁻² For purposes of this report, HSAG evaluated measure scores for small cell size criteria only (i.e., minimum of 11 responses); all MCOPs' results are reported for each item, regardless of the IUR reporting scoring. Additionally, results were not weighted as the state average results are representative of the population. Given these differences, the

⁶⁻¹ Age, Medicaid dual eligibility, and low-income subsidy eligibility were derived from CMS administrative data.

⁶⁻² CMS defines "very low reliability" as measures scores with an IUR of less than 0.60. However, the specifications also indicate that no more than 12 percent of plans (those with the lowest IUR on the corresponding measure) are flagged as low reliability for a given measure, after excluding scores based on fewer than 11 responses.

results presented in this report for MCOPs will not match the results presented in the MCOP reports produced by CMS. In addition, while CMS typically uses hundreds of MA-PD contracts for benchmarks, the national MMP benchmarks were produced using 41 MMPs, which may skew the distribution if there are outliers and result in more or less variation than the overall MA-PD contracts; therefore, caution should be exercised when interpreting these results.

7. Reader's Guide

How to Read Figures in the Results Sections

This section shows representative figures from the report and provides an explanation of how to read and interpret the figures.

National Comparisons

Star ratings were determined for each CAHPS measure using the 0 – 100 scale percentile distributions in Table 7-1.⁷⁻¹ Please note that the national MMP benchmarks were produced using 41 MMPs; therefore, caution should be exercised when interpreting the results.

Table 7-1—Star Ratings Crosswalk

Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

Table 7-2 shows the CMS MMP national benchmarks, which were requested by ODM, used to derive the overall member ratings on each CAHPS measure.

Table 7-2—Overall CMS MMP National Benchmark Member Ratings Crosswalk

Measure	Number of Stars				
	★★★★★	★★★★☆	★★★☆☆	★★☆☆☆	★☆☆☆☆
Rating of Health Plan	≥ 89.1	87.6 – 89.0	86.2 – 87.5	84.8 – 86.1	0 – 84.7
Rating of All Health Care	≥ 87.1	86.2 – 87.0	85.1 – 86.1	83.7 – 85.0	0 – 83.6
Rating of Drug Plan	≥ 87.9	87.6 – 87.8	86.2 – 87.5	85.1 – 86.1	0 – 85.0
Rating of Personal Doctor	≥ 93.7	91.9 – 93.6	90.6 – 91.8	90.4 – 90.5	0 – 90.3
Getting Needed Care	≥ 84.9	83.5 – 84.8	81.6 – 83.4	78.2 – 81.5	0 – 78.1

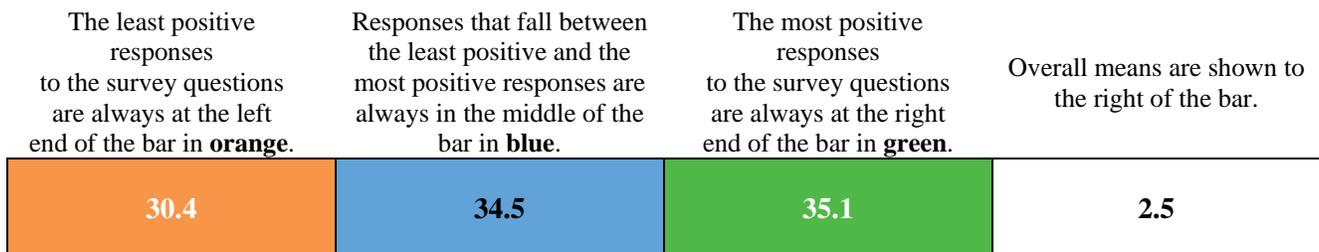
⁷⁻¹ HSAG used a different methodology to determine star ratings than is specified in the *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*.

Measure	Number of Stars				
	★★★★★	★★★★	★★★	★★	★
Getting Appointments and Care Quickly	≥ 80.1	78.8 – 80.0	76.6 – 78.7	74.0 – 76.5	0 – 73.9
Doctors Who Communicate Well	≥ 93.7	92.8 – 93.6	91.6 – 92.7	91.2 – 91.5	0 – 91.1
Customer Service	≥ 91.9	91.1 – 91.8	89.6 – 91.0	88.3 – 89.5	0 – 88.2
Getting Needed Prescription Drugs	≥ 92.2	91.4 – 92.1	90.2 – 91.3	88.1 – 90.1	0 – 88.0
Coordination of Care	> 88.1	86.5 – 88.0	84.6 – 86.4	83.0 – 84.5	0 – 82.9

Statewide Comparisons

Below is an explanation of how to read the bar graphs presented in the Statewide Comparisons section.

Separate bar graphs were created for the global ratings, composite measures, items within the composites, individual item measures, and other measures reported to contracts. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for the MyCare Ohio program and its MCOPs.



For figures with two response categories, only green and orange bars are depicted. 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 ↓) to the right of the overall means indicate statistically significant differences between an MCOP's mean scores in 2018 and the MyCare Ohio program average in 2018. Triangles (▲ and ▼) to the left of the overall means indicate statistically significant differences between mean scores in 2018 and mean scores in 2017 for each MCOP and the MyCare Ohio program average. All statistically significant findings are discussed within the text of the Statewide Comparisons section. National MMP averages are provided in the graphs as a reference, when available.

Understanding Statistical Significance

Statistical significance is the likelihood that a finding or result is caused by something other than chance. In statistical significance testing, the p value is the probability of obtaining a test statistic at least as extreme as the one that was actually observed. If a p value is less than 0.05, the result is considered statistically significant. Statistical tests enabled HSAG to determine if the results of the analyses were statistically significant. However, statistical significance does not necessarily equate to clinical significance and vice-versa. Statistical significance is influenced by the number of observations (i.e., the larger the number of observations, the more likely a statistically significant result will be found). Clinical significance depends on the magnitude of the effect being studied. While results may be statistically significant because the study was larger, small differences in rates may not be important from a clinical point of view.

Understanding Correlation Analysis

Correlations are statistical representations that are used to help understand how two different pieces of information are related to one another, and how one piece of variable information may increase or decrease as a second piece of variable information increases or decreases. In general, correlations may be either positive or negative.

- In a positive correlation, scores on two different variables increase and decrease together.
- In a negative correlation, as scores for one variable increase, they decrease for the other variable.

Calculating correlation statistics yields a number called the coefficient of correlation. The coefficient may vary from 0.00 to +/-1.00. The strength of a correlation depends on its size, not its sign. For example, a correlation of -0.72 is stronger than a correlation of +0.53. As the correlation coefficient approaches 0.00, it can be inferred that there is no correlation between the two variables. For purposes of the priority areas analysis, the analysis was not focused on the direction of the correlation (positive or negative) but rather on the strength of the correlation; therefore, only the absolute values of the coefficients were used in the analysis, and the range is from 0.00 to 1.00.

It is important to understand that it is possible for two variables to be strongly related (i.e., correlated) but not have one variable cause another. For example, respondents may report a negative experience with ease of getting care, tests, or treatment and also a low overall rating of the health plan. This does not indicate that difficulty in getting care, tests, or treatment causes lower ratings of the health plan. The strength of the relationship between the two only helps to understand whether the difficulty of getting care, tests, or treatments should be a top priority or not.

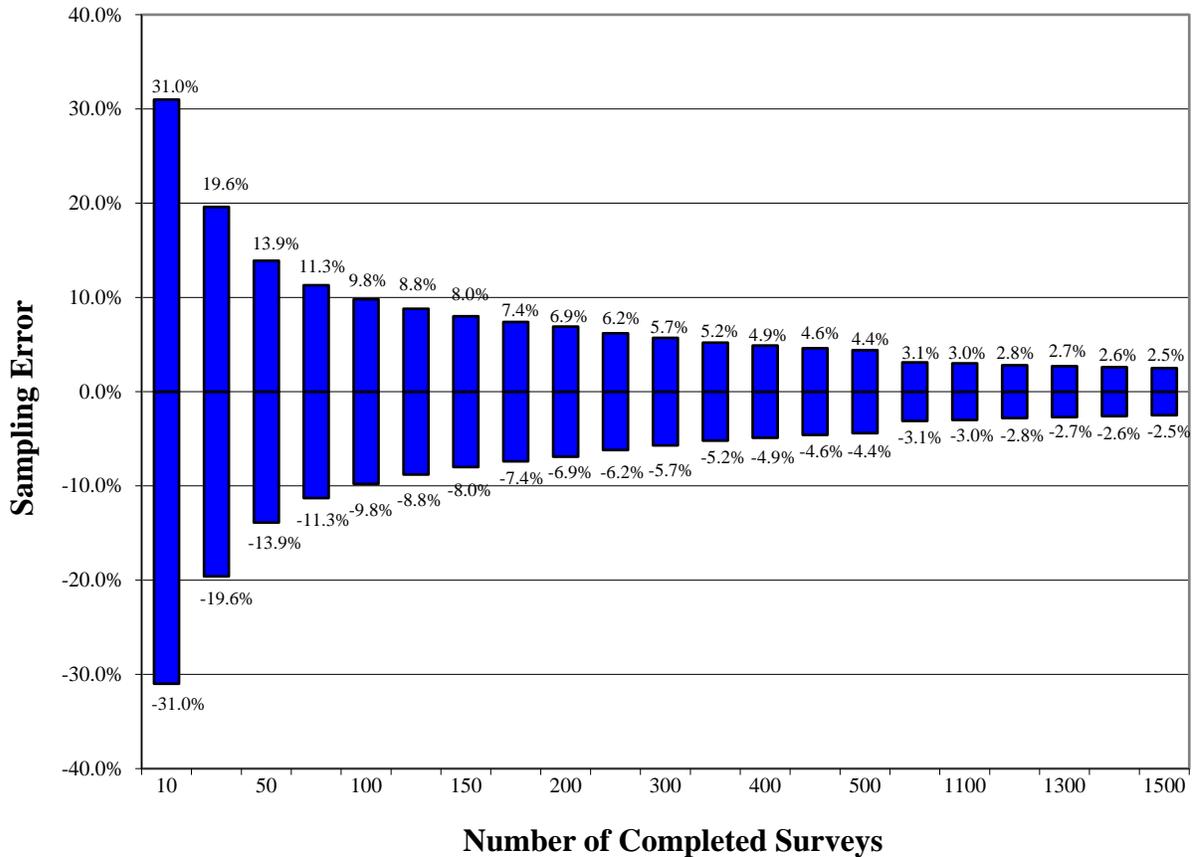
Understanding Sampling Error

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

For the 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. For the MA & PDP CAHPS Survey, this was accomplished by drawing a random sample that selects eligible members from the entire MCOP for inclusion. This ensured that no single group of members in the sample was over-represented relative to the entire population. For example, if there were a larger number of members surveyed between 45 to 54 years of age, their views would have a disproportionate influence on the results compared with other age groups.

Since every member in an MCOP's total population was not surveyed, the actual experience of all members cannot be determined. Statistical techniques were used to ensure that the unknown actual experience of 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 MCOP, 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 7-1, on page 7-5, was based on the number of completed surveys. Figure 7-1 indicates that if 400 MCOP members completed a survey, the margin of error would be ± 4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population was greater than 2,000, as is the case with Ohio's MCOPs. 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 7-1—Sampling Error and the Number of Completed Surveys



As Figure 7-1 demonstrates, sampling error declines as the number of completed surveys increases.⁷⁻² 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 MCOP’s perspective. The context in which the MCOP data are being reviewed will influence the interpretation of results. Table 7-3 depicts the sampling errors for various numbers of responses.⁷⁻³

Table 7-3—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

⁷⁻² Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

⁷⁻³ Ibid.

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