



Department of
Medicaid

**2018 Ohio Medicaid
Managed Care Program CAHPS®
Member Experience Survey Executive
Summary Report**

January 2019



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1. Introduction

The Ohio Department of Medicaid (ODM) requires a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high-quality healthcare services. These activities include surveys of member experience with care. Survey results provide important feedback on MCP performance, which is used to identify opportunities for continuous improvement in the care and services provided to members. ODM requires the MCPs to contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS[®]) survey vendor to conduct annual Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Surveys.^{1-1,1-2} ODM contracted with Health Services Advisory Group, Inc. (HSAG) to analyze the MCPs' 2018 survey data and report the results.

This report presents the 2018 CAHPS results of adult members and the parents or caretakers of child members enrolled in an MCP. The standardized survey instruments administered in 2018 were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the children with chronic conditions [CCC] measurement set). Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2018. The following five MCPs participated in the 2018 CAHPS Medicaid Health Plan Surveys: Buckeye Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount Advantage (Paramount); and UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare).

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

This Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Executive Summary Report is one of three separate reports (i.e., Executive Summary Report, Full Report, and Methodology Report) that have been created to provide ODM with a comprehensive analysis of the 2018 Ohio Medicaid Managed Care Program CAHPS results. Additional information on the Executive Summary Report and Full Report can be found in the *Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report*.

¹⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻² CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Sampling Procedures and Survey Protocol

ODM required the MCPs to administer the 2018 CAHPS Surveys according to NCQA HEDIS Specifications for Survey Measures.¹⁻³ Members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2017. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2017). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2017).

A systematic sample of at least 1,755 adult members was selected from each participating MCP for the NCQA CAHPS 5.0H adult sample. For the general population of children, a systematic sample of at least 1,650 child members was selected from each participating MCP for the NCQA CAHPS 5.0H child sample. After selecting child members for the general child sample, a sample of at least 1,840 child members was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition.

The survey process allowed various methods by which surveys could be completed. The first phase, or mail phase, consisted of a survey being mailed to sampled members. Sampled members received an English and/or Spanish version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and reminder postcard. For survey vendors that elected to use the standard Internet protocol, an option to complete the survey via the Internet was provided in the cover letter with the mailed surveys. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey or completed a survey via the Internet. A series of at least three CATI calls was made to each non-respondent.¹⁻⁴

Response Rates

The administration of the CAHPS surveys is comprehensive and is designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.¹⁻⁵ A member's survey was assigned a disposition code of "completed" if at least three of five specified questions were completed.¹⁻⁶ Eligible members included the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were

¹⁻³ National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2017.

¹⁻⁴ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2018 Survey Measures*. Washington, DC: NCQA, 2017.

¹⁻⁵ National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2017.

¹⁻⁶ A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed: questions 3, 15, 24, 28, and 35 for the adult population and questions 3, 30, 45, 49, and 54 for the child population. Copies of the survey instruments can be found in the Methodology Report.

deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated, or had a language barrier.¹⁻⁷

For 2018, a total of 4,165 surveys were completed for Ohio’s Medicaid Managed Care Program. This total includes 2,005 adult surveys and 2,160 general child surveys (note, child members in the CCC supplemental sample are not included in this number). The survey response rates were 16.68 percent for Ohio’s Medicaid Managed Care Program, 20.26 percent for the adult population, and 14.33 percent for the general child population (which excludes children in the CCC supplemental sample).

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

Table 1-1—CAHPS 5.0H Medicaid Response Rates

	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio Medicaid	16.68%	20.26%	14.33%
Buckeye	15.17%	19.00%	12.04%
CareSource	18.61%	22.38%	16.46%
Molina	16.38%	20.28%	14.91%
Paramount	16.76%	18.58%	14.81%
UnitedHealthcare	16.86%	21.47%	13.10%
<i>Please note, children in the CCC supplemental sample are not included in the response rates.</i>			

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

Table 1-2—CAHPS 5.0H Medicaid Completed Surveys

	Total Completed Surveys	Adult Completed Surveys	Child Completed Surveys
Ohio Medicaid	4,165	2,005	2,160
Buckeye	906	510	396
CareSource	955	418	537
Molina	1,036	352	684
Paramount	565	323	242
UnitedHealthcare	703	402	301
<i>Please note, children in the CCC supplemental sample are not included in the number of completed surveys.</i>			

¹⁻⁷ The mentally or physically incapacitated designation is not valid for the child survey. Children who are mentally or physically incapacitated are eligible for inclusion in the child results.

A total of 4,015 parents or caretakers of child members returned a completed survey from both the general child and CCC supplemental samples. Of the 4,015 completed child surveys, 1,855 were from children identified as having a chronic condition based on survey responses (CCC population) and 2,160 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 15 percent for Ohio’s Medicaid Managed Care Program.¹⁻⁸

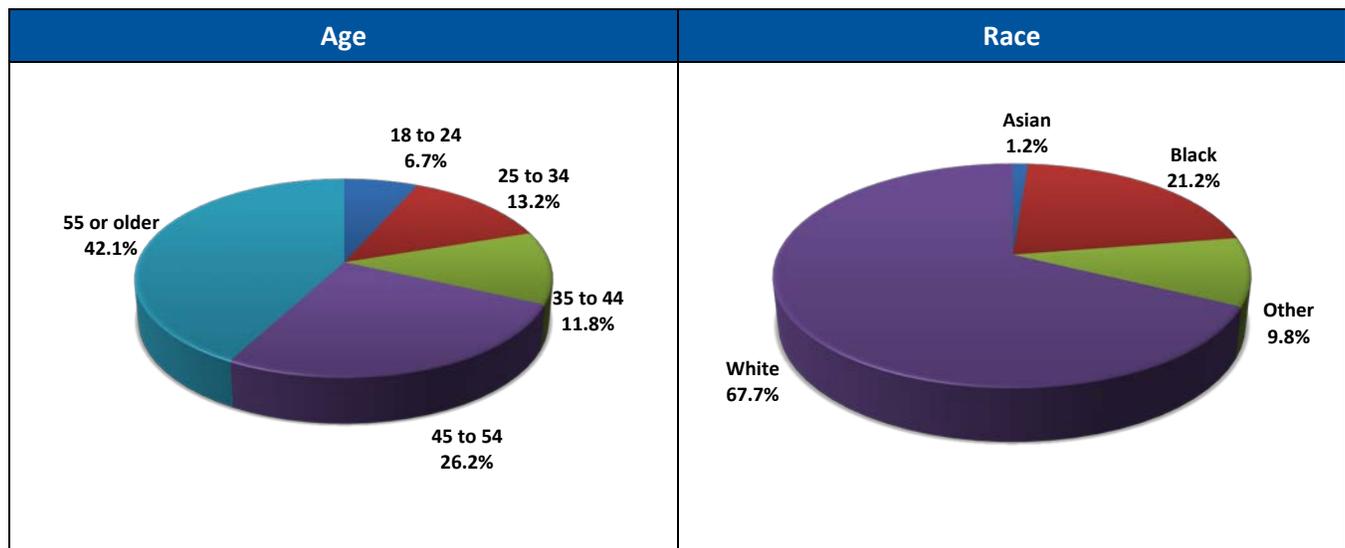
Summary of Findings

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

Demographics

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

Table 1-3—Adult Profiles



¹⁻⁸ Please note, this includes all children sampled (both the general child sample and the CCC supplemental sample). According to NCQA protocol, children in the CCC supplemental sample are not included in NCQA’s standard child response rate calculations. Therefore, the overall child response rates reported in this paragraph should not be compared to the NCQA response rates.

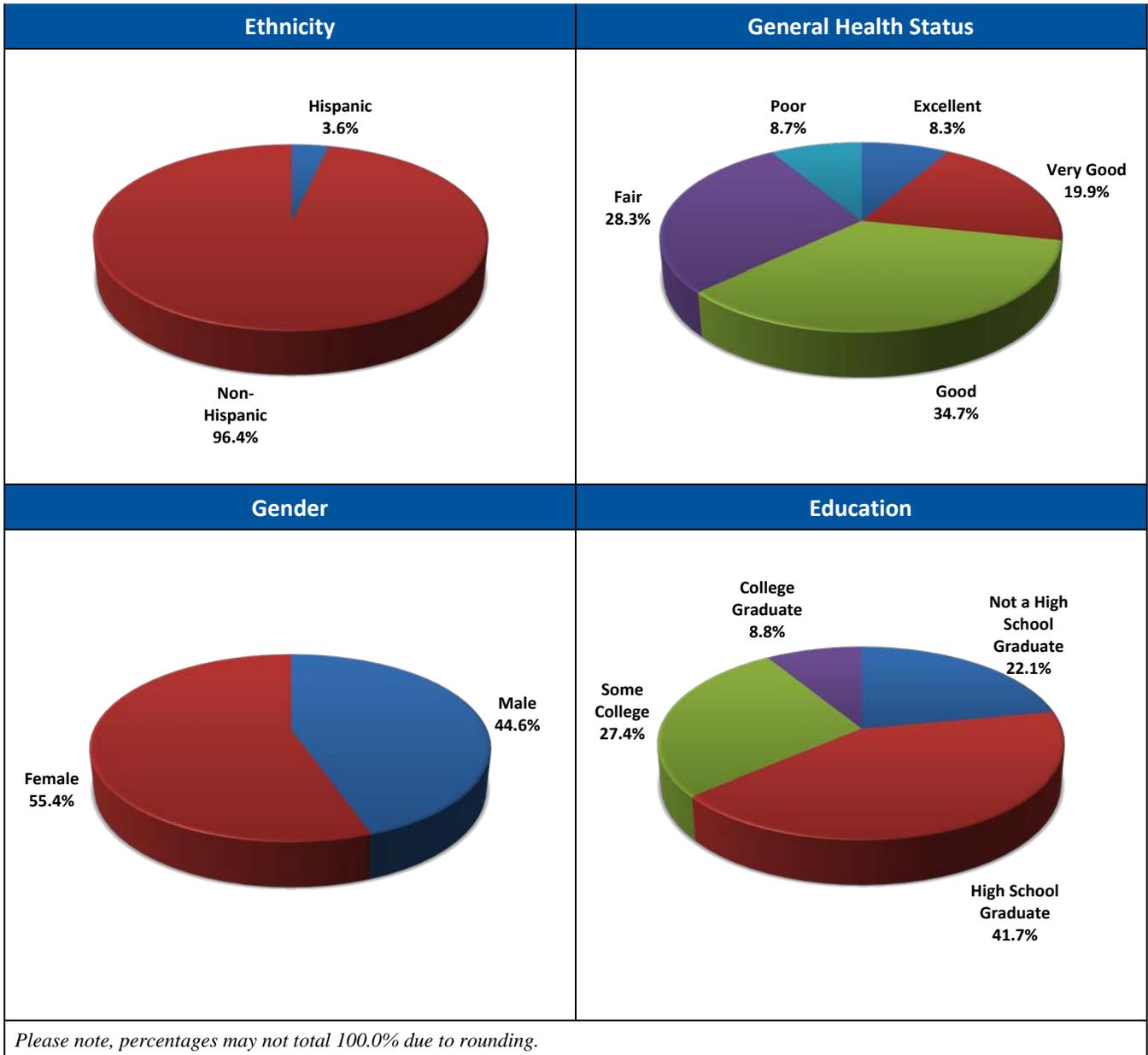
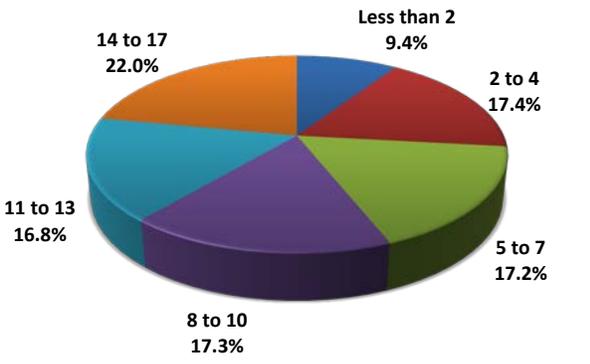
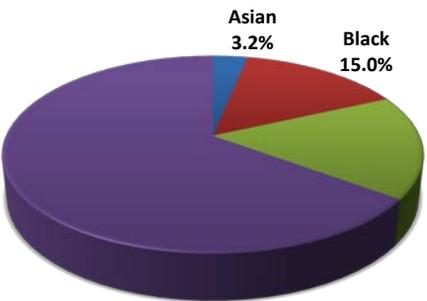
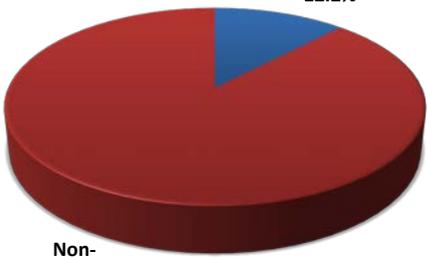
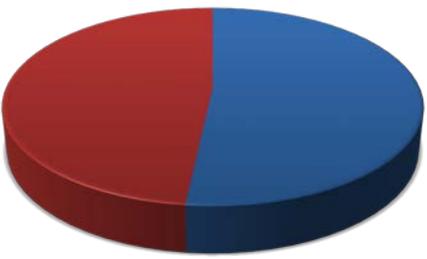
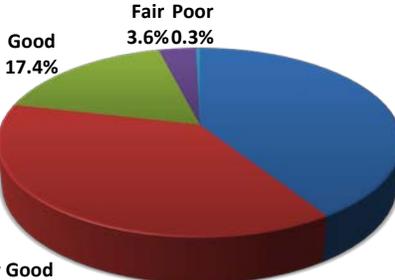


Table 1-4—General Child Member Profiles

Age	Race																								
 <table border="1"> <caption>Age Distribution Data</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>14 to 17</td> <td>22.0%</td> </tr> <tr> <td>2 to 4</td> <td>17.4%</td> </tr> <tr> <td>5 to 7</td> <td>17.2%</td> </tr> <tr> <td>8 to 10</td> <td>17.3%</td> </tr> <tr> <td>11 to 13</td> <td>16.8%</td> </tr> <tr> <td>Less than 2</td> <td>9.4%</td> </tr> </tbody> </table>	Age Group	Percentage	14 to 17	22.0%	2 to 4	17.4%	5 to 7	17.2%	8 to 10	17.3%	11 to 13	16.8%	Less than 2	9.4%	 <table border="1"> <caption>Race Distribution Data</caption> <thead> <tr> <th>Race</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>64.9%</td> </tr> <tr> <td>Other</td> <td>17.0%</td> </tr> <tr> <td>Black</td> <td>15.0%</td> </tr> <tr> <td>Asian</td> <td>3.2%</td> </tr> </tbody> </table>	Race	Percentage	White	64.9%	Other	17.0%	Black	15.0%	Asian	3.2%
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Adult and General Child Results

Adult and general child members in the Ohio Medicaid Managed Care Program were included in each analysis. Data were analyzed using NCQA’s methodology, and the results were calculated in accordance with HEDIS specifications for the national comparisons and statewide comparisons findings displayed below.¹⁻⁹ According to HEDIS specifications, results for the adult and general child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. Although NCQA requires a minimum of at least 100 responses on each item to obtain a reportable CAHPS/HEDIS result, HSAG presents results with fewer than 100 responses. Measures with fewer than 100 responses are noted with an asterisk.

National Comparisons

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

Adult Ratings

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

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

¹⁻⁹ National Committee for Quality Assurance. *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA, 2017.

General Child Ratings

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

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

Statewide Comparisons

The following MCP had a 2018 overall mean that was statistically significantly higher than the 2018 Ohio Medicaid Managed Care Program average for the following measure:

CareSource—Child Population

- Rating of Health Plan

No MCPs had 2018 overall means that were statistically significantly lower than the 2018 Ohio Medicaid Managed Care Program average for any measures.

The following MCPs and Ohio Medicaid Managed Care Program had overall means that were statistically significantly higher in 2018 than in 2017 for the following measures:

Buckeye—Adult Population

- Rating of Personal Doctor
- How Well Doctors Communicate

CareSource—Child Population

- Rating of All Health Care
- Getting Needed Care

Paramount—Adult Population

- Getting Care Quickly

Paramount—Child Population

- Getting Needed Care

UnitedHealthcare—Child Population

- Customer Service

Ohio Medicaid—Child Population

- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly

The following MCP had an overall mean that was statistically significantly lower in 2018 than in 2017 for the following measure:

CareSource—Adult Population

- Rating of Specialist Seen Most Often
- Shared Decision Making

Paramount—Child Population

- Shared Decision Making

Trend Graphs

To compare MCP performance over time (i.e., 2015, 2016, 2017, and 2018), trend graphs for Rating of Health Plan, Rating of All Health Care, and Customer Service for the adult population and child population are displayed below. Only three-point means are presented in the figures. Please note, national data are presented for 2015, 2016 and 2017; however, 2018 national data are not available.

Adult Population

Figure 1-1: Adult Rating of Health Plan

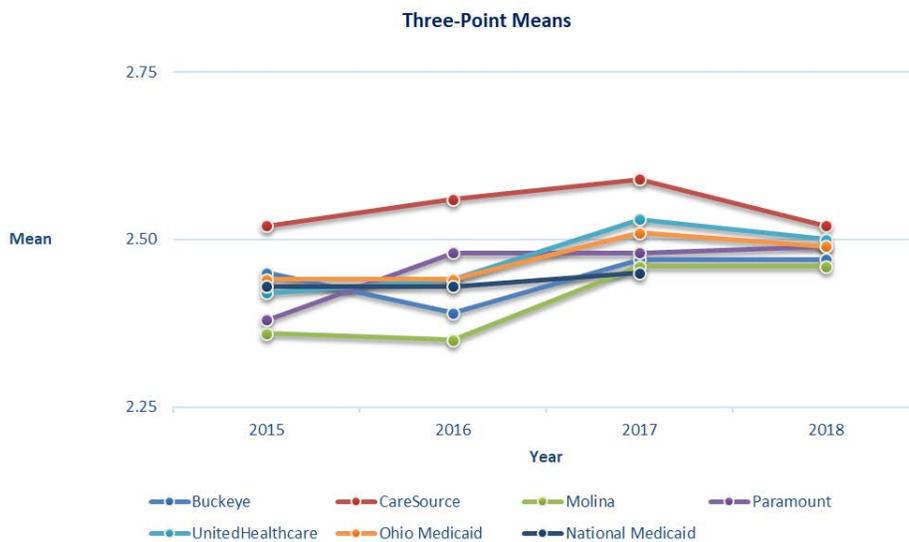


Figure 1-2: Adult Rating of All Health Care

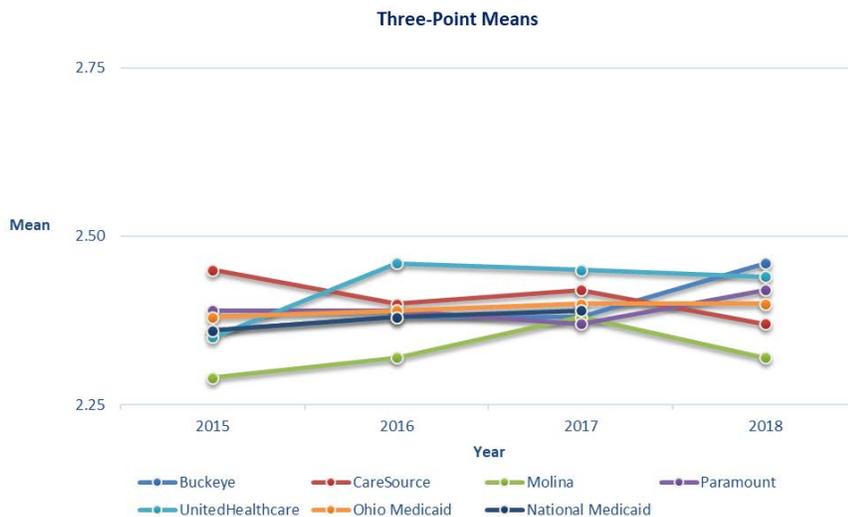
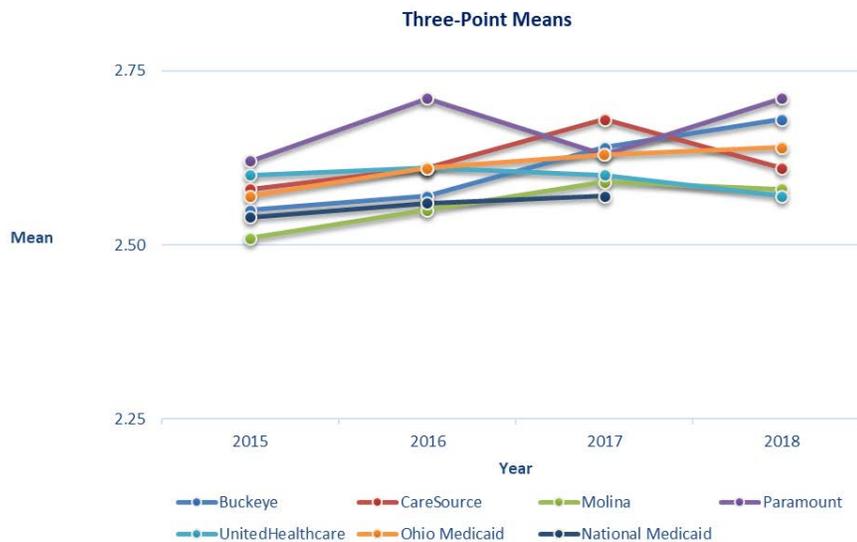


Figure 1-3: Adult Customer Service



The findings for the adult population over time include:

- Buckeye’s, Molina’s, Paramount’s, UnitedHealthcare’s, and Ohio Medicaid’s three-point means for Rating of Health Plan increased from 2015 to 2018; however, CareSource’s three-point mean for Rating of Health Plan neither increased nor decreased from 2015 to 2018.
- Buckeye’s, Molina’s, Paramount’s, UnitedHealthcare’s and Ohio Medicaid’s three-point means for Rating of All Health Care increased from 2015 to 2018; however, CareSource’s three-point means decreased from 2015 to 2018.
- Buckeye’s, CareSource’s, Molina’s, Paramount’s and Ohio Medicaid’s three-point means for Customer Service increased from 2015 to 2018; however, UnitedHealthcare’s three-point means decreased from 2015 to 2018.

Child Population

Figure 1-4: General Child Rating of Health Plan

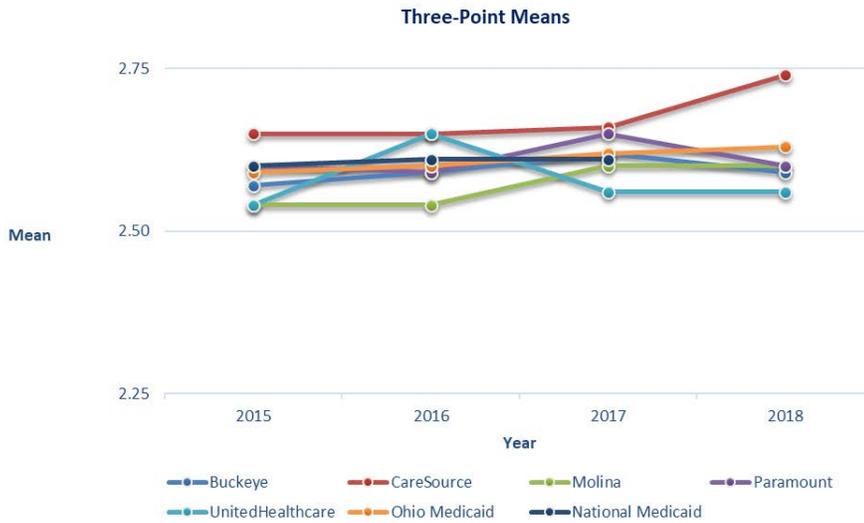


Figure 1-5: General Child Rating of All Health Care

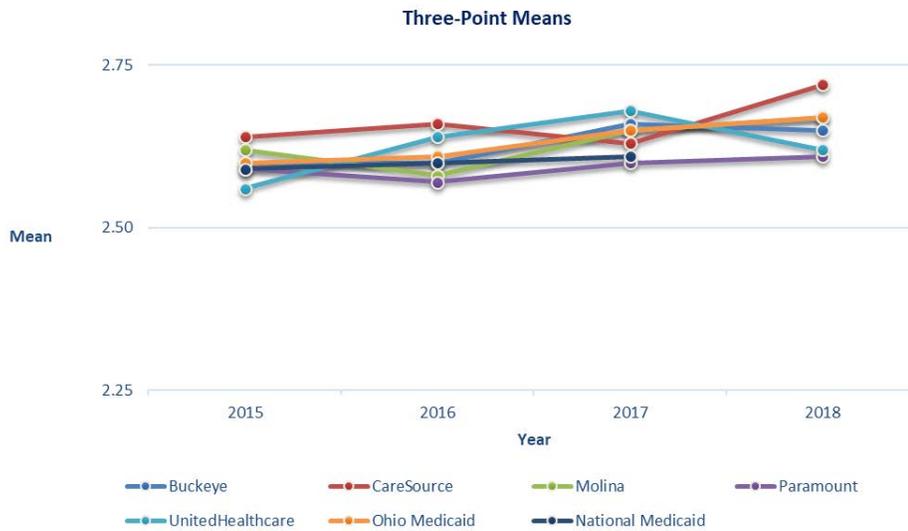
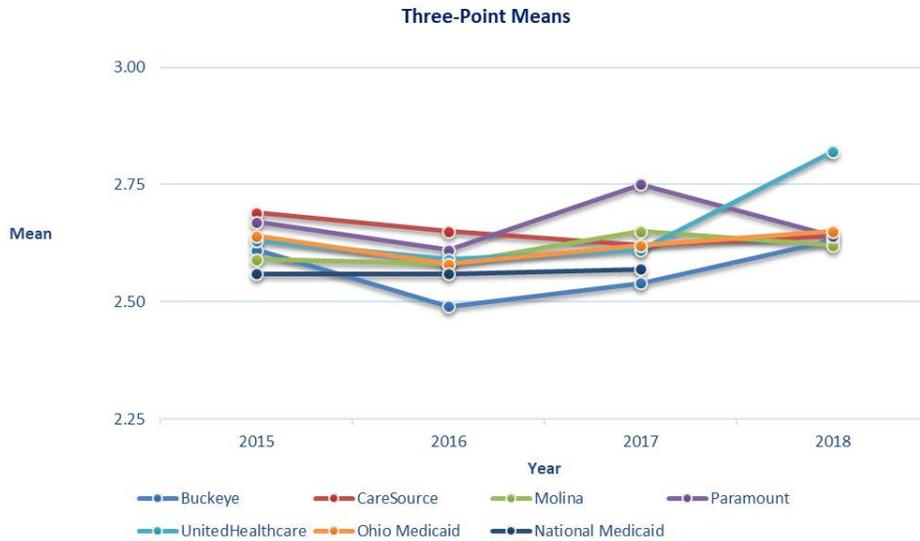


Figure 1-6: General Child Customer Service



The findings for the general child population over time include:

- Buckeye’s, CareSource’s, Molina’s, UnitedHealthcare’s and Ohio Medicaid’s three-point means for Rating of Health Plan increased from 2015 to 2018; however, Paramount’s three-point mean neither increased nor decreased from 2015 to 2018.
- All of the MCPs and Ohio Medicaid’s three-point means for Rating of All Health Care increased from 2015 to 2018.
- Buckeye’s, Molina’s, UnitedHealthcare’s, and Ohio Medicaid’s three-point means for Customer Service increased from 2015 to 2018; however, CareSource’s and Paramount’s three-point means decreased from 2015 to 2018.

Priority Areas for Quality Improvement

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

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

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

Adult/Child Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4/Q4. Got care as soon as needed						
Q6/Q6. Got an appointment as soon as needed						
Q11/Q12. Doctor explained reasons not to take a medication						

The associated question is a Priority Area for the:

- = Adult Rating of Health Plan = Child Rating of Health Plan
- = Adult Rating of All Health Care = Child Rating of All Health Care
- = Adult Rating of Personal Doctor = Child Rating of Personal Doctor

Adult/Child Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q12/Q13. Doctor asked what you thought was best for you/your child						
				 		
						 
Q14/Q15. Easy to get treatment needed	 	 		 	 	
	 	 		 	 	
		 				
Q18/Q33. Personal doctor listened carefully						
						
Q20/Q37. Personal doctor spent enough time with you/your child						
					 	 
					 	 

The associated question is a Priority Area for the:

-  = Adult Rating of Health Plan
-  = Child Rating of Health Plan
-  = Adult Rating of All Health Care
-  = Child Rating of All Health Care
-  = Adult Rating of Personal Doctor
-  = Child Rating of Personal Doctor

Adult/Child Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q25/Q46. Got an appointment with specialist as soon as needed	 	 	 	 	 	
	 					
					 	
Q31/Q50. Received information or help from health plan customer service	 	 	 	 		 
						 
						
Q32/Q51. Health plan customer service treated you with courtesy and respect						
						

The associated question is a Priority Area for the:

-  = Adult Rating of Health Plan
-  = Child Rating of Health Plan
-  = Adult Rating of All Health Care
-  = Child Rating of All Health Care
-  = Adult Rating of Personal Doctor
-  = Child Rating of Personal Doctor

Children with Chronic Conditions Results

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

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

- How Well Doctors Communicate
- Shared Decision Making

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

- Rating of Health Plan
- Rating of All Health Care

No measures had overall means for the non-CCC population or the CCC population that were statistically significantly lower in 2018 than in 2017.

The following measure had an overall mean for the CCC population that was statistically significantly higher in 2018 than in 2017:

- Rating of Personal Doctor

The following measures had overall means for the non-CCC population that were statistically significantly higher in 2018 than in 2017:

- Getting Needed Care
- Getting Care Quickly

2. Adult and General Child Results

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

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

National Comparisons

A three-point mean score was determined for the four global ratings and four composite measures for the Ohio Medicaid Managed Care Program and each MCP. The resulting three-point mean scores were compared to NCQA's 2018 Benchmarks and Thresholds for Accreditation to derive the overall member ratings (i.e., star ratings) for each CAHPS measure.²⁻¹

Table 2-1 and Table 2-2 provide the National Comparisons findings for the adult and general child populations, respectively. The stars represent overall ratings when the three-point means were compared to NCQA 2018 Benchmarks and Thresholds for Accreditation.

²⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; August 20, 2018.

Table 2-1—Overall Adult Three-Point Means on the Global Ratings and Composite Measures Compared to National Benchmarks

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★ 2.49	★★★★ 2.47	★★★★★ 2.52	★★★★ 2.46	★★★★ 2.49	★★★★ 2.50
Rating of All Health Care	★★★★ 2.40	★★★★★ 2.46	★★ 2.37	★ 2.32	★★★★ 2.42	★★★★★ 2.44
Rating of Personal Doctor	★★★★★ 2.57	★★★★★ 2.64	★★★★★ 2.56	★★★★ 2.52	★★★★★ 2.57	★★★★★ 2.53
Rating of Specialist Seen Most Often	★★★★ 2.55	★★★★★ 2.58	★ 2.45	★★★★ 2.54	★★★★★ 2.58	★★★★★ 2.61
Composite Measures						
Getting Needed Care	★★★★★ 2.44	★★★★★ 2.46	★★ 2.38	★★★★★ 2.43	★★★★★ 2.43	★★★★★ 2.47
Getting Care Quickly	★★★★★ 2.50	★★★★★ 2.52	★★★★★ 2.47	★★★★★ 2.50	★★★★★ 2.50	★★★★★ 2.53
How Well Doctors Communicate	★★★★★ 2.70	★★★★★ 2.76	★★★★★ 2.67	★★★★★ 2.69	★★★★★ 2.72	★★★★★ 2.67
Customer Service	★★★★★ 2.64	★★★★★ 2.68	★★★★★ 2.61	★★★★★* 2.58	★★★★★* 2.71	★★★★ 2.57
Star Assignments Based on Percentiles						
★★★★★ 90 th or Above ★★★★ 75 th - 89 th ★★★ 50 th - 74 th ★★ 25 th - 49 th ★ Below 25 th						
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.						

Table 2-2—Overall Child Three-Point Means on the Global Ratings and Composite Measures Compared to National Benchmarks

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★★ 2.63	★★★★ 2.59	★★★★★ 2.74	★★★★ 2.60	★★★★ 2.60	★★★ 2.56
Rating of All Health Care	★★★★★ 2.67	★★★★★ 2.65	★★★★★ 2.72	★★★★★ 2.67	★★★★★ 2.61	★★★★★ 2.62
Rating of Personal Doctor	★★★★★ 2.73	★★★★★ 2.74	★★★★★ 2.75	★★★★★ 2.70	★★★★★ 2.72	★★★★★ 2.71
Rating of Specialist Seen Most Often	★★★★★ 2.70	★★★★★* 2.66	★★★★★ 2.72	★★★★ 2.65	★★★★★* 2.80	★★★★★* 2.71
Composite Measures						
Getting Needed Care	★★★★★ 2.58	★★★★★ 2.57	★★★★★ 2.61	★★★★ 2.53	★★★★★ 2.63	★★★★★ 2.62
Getting Care Quickly	★★★★★ 2.71	★★★★★ 2.75	★★★★★ 2.75	★★★★ 2.66	★★★★★ 2.71	★★★★★ 2.69
How Well Doctors Communicate	★★★★★ 2.77	★★★★★ 2.79	★★★★★ 2.79	★★★★★ 2.75	★★★★ 2.72	★★★★ 2.74
Customer Service	★★★★★ 2.65	★★★★★ 2.63	★★★★★ 2.64	★★★★ 2.62	★★★★★* 2.64	★★★★★* 2.82
Star Assignments Based on Percentiles						
★★★★★ 90 th or Above ★★★★ 75 th - 89 th ★★★ 50 th - 74 th ★★ 25 th - 49 th ★ Below 25 th						
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.						

Statewide Comparisons

Three-point means and response category percentages were calculated for the Ohio Medicaid Managed Care Program (program average) and each MCP for each global rating and composite measure. Two types of analyses were performed in this section: (1) a comparison of each MCP's 2018 scores to the program's 2018 scores, and (2) a comparison of each MCP's and the program's 2018 scores to its 2017 scores.

For the first analysis, two types of hypothesis tests were performed to determine whether the MCPs' response category percentages and three-point means were statistically significantly different than the program average. Statistically significant differences between the 2018 MCP-level scores and the 2018 program average are noted with arrows. MCP-level scores that were statistically significantly higher than the program average are noted with an upward (↑) arrow. MCP-level scores that were statistically significantly lower than the program average are noted with a downward (↓) arrow. MCP-level scores that were not statistically significantly different from the program average are not noted with arrows.

For the second analysis, scores in 2018 were compared to scores in 2017 to determine whether there were statistically significant differences. Each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between scores in 2018 and scores in 2017 for each MCP and the 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.

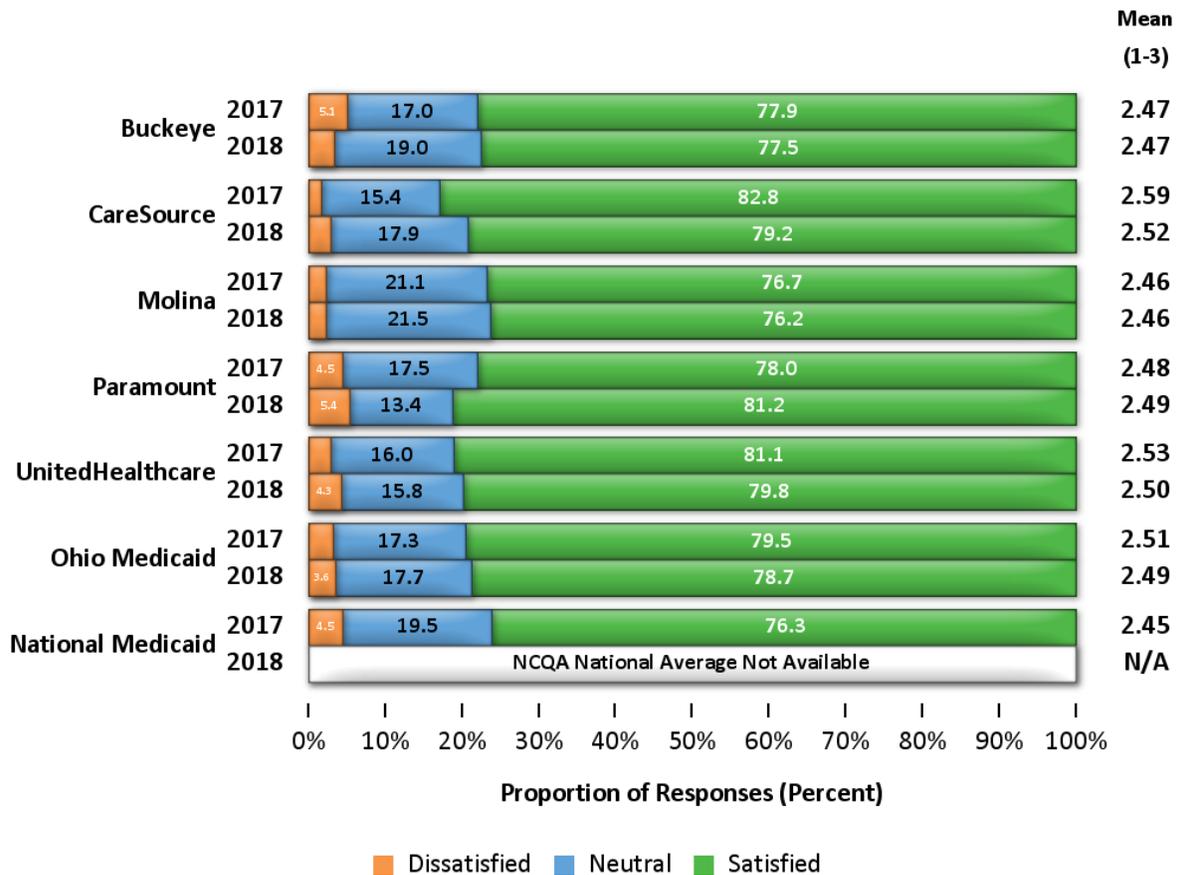
Measures with fewer than 100 responses are noted with an asterisk (*). The 2017 NCQA national Medicaid averages are presented for each measure for comparison. The 2018 NCQA national Medicaid averages were not available at the time the report was produced. Please note, statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). The text below the figures provides details of the statistically significant differences for the 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.

Global Ratings

Rating of Health Plan

Respondents were asked to rate their health plan/their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-1 and Figure 2-2 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-1—Adult Rating of Health Plan
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.

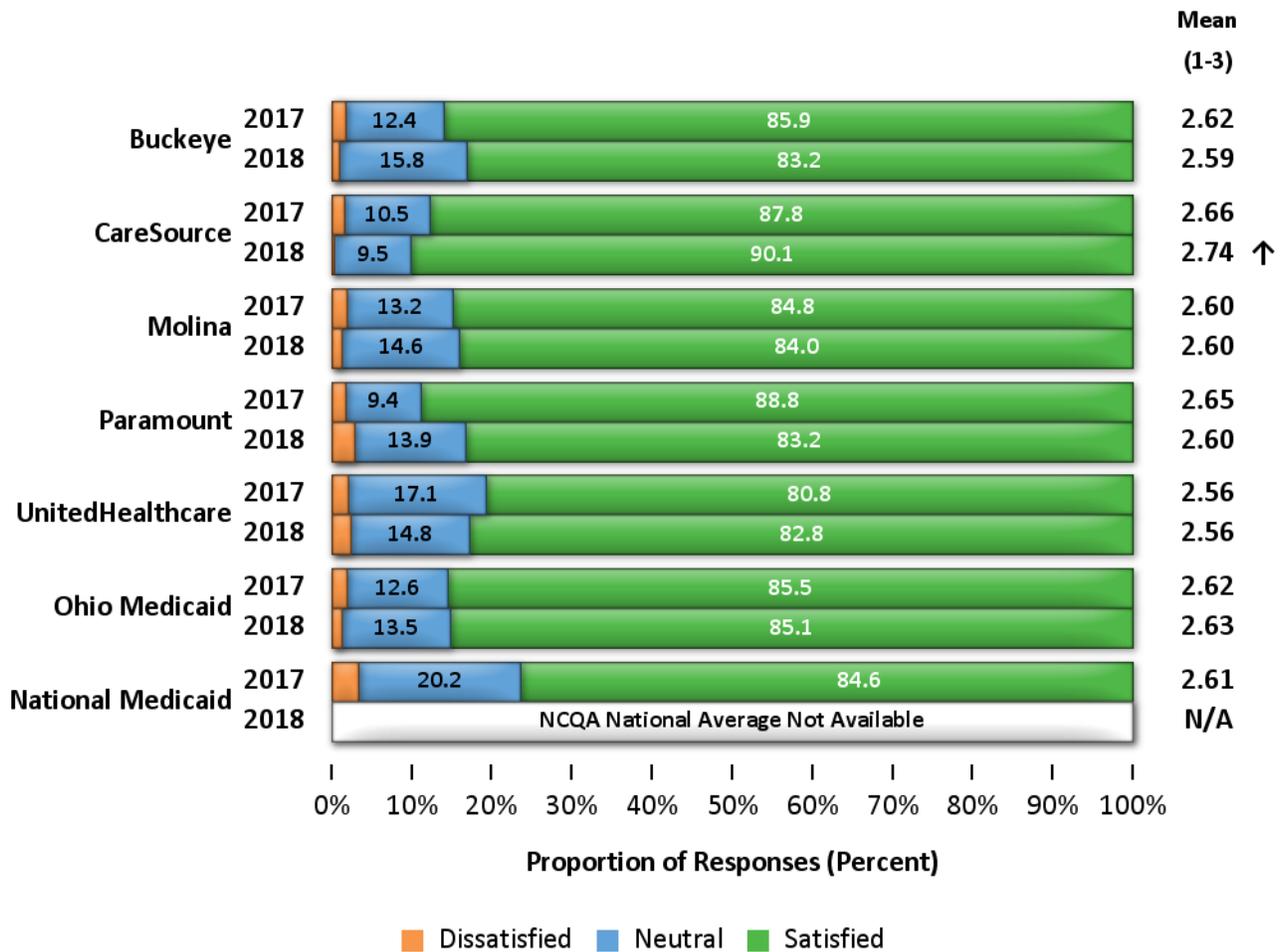
Comparative Analysis

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.

Figure 2-2—Child Rating of Health Plan Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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 was one *statistically significant* difference observed for this measure.

- CareSource’s overall mean was significantly higher than the program average.

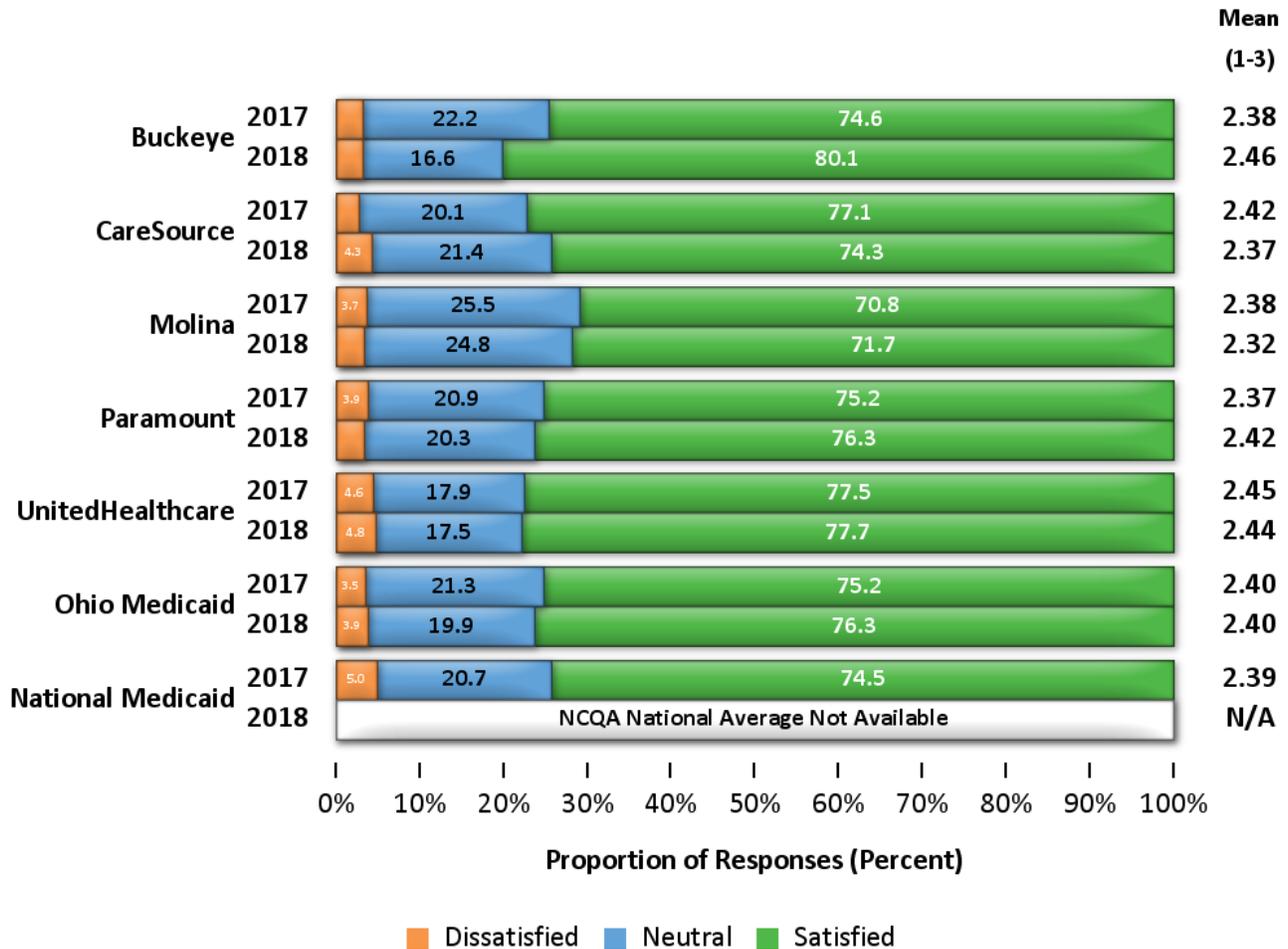
Trending Analysis

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

Rating of All Health Care

Respondents were asked to rate all their health care/their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-3 and Figure 2-4 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-3—Adult Rating of All Health Care Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.

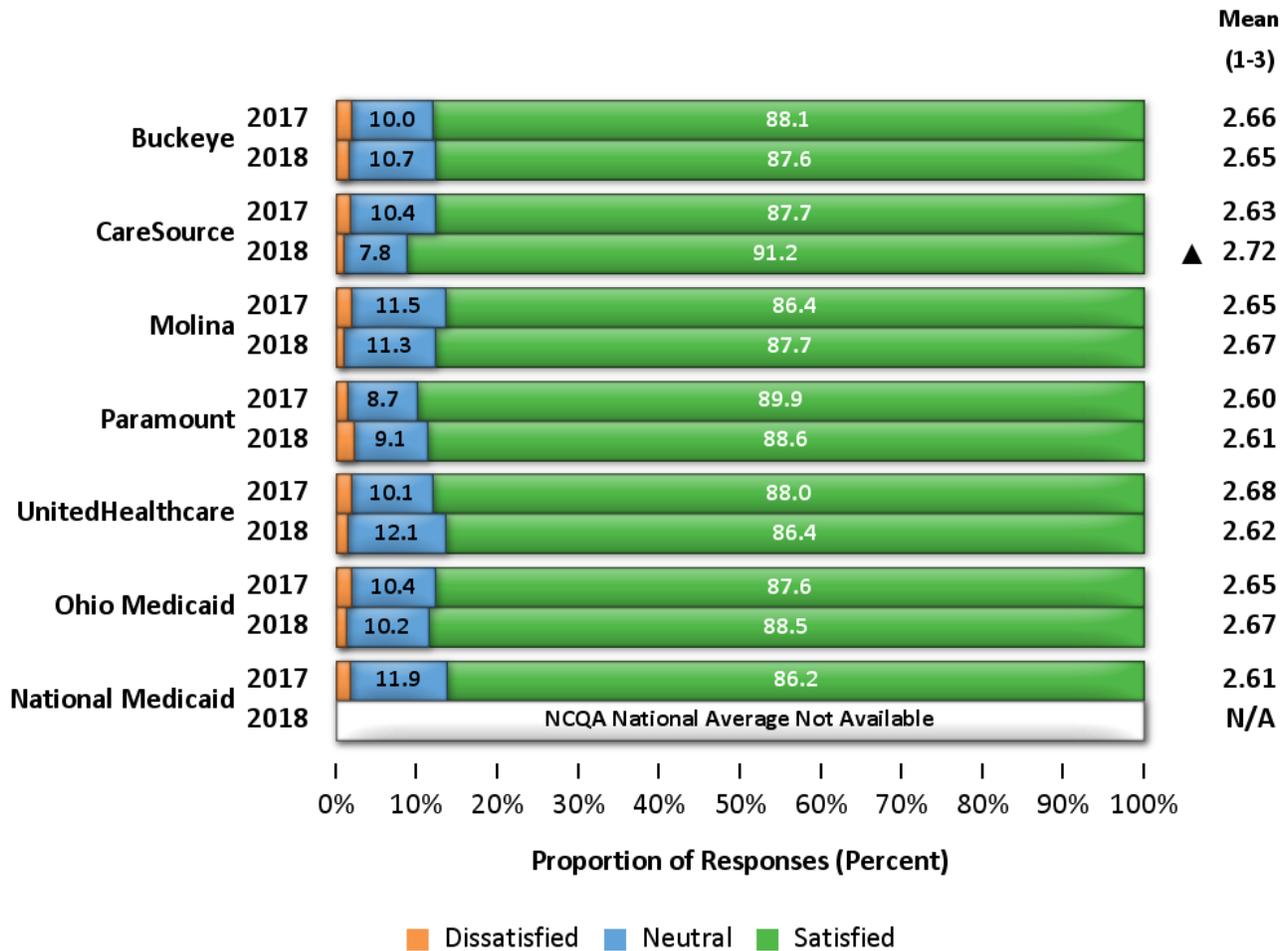
Comparative Analysis

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.

Figure 2-4—Child Rating of All Health Care Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

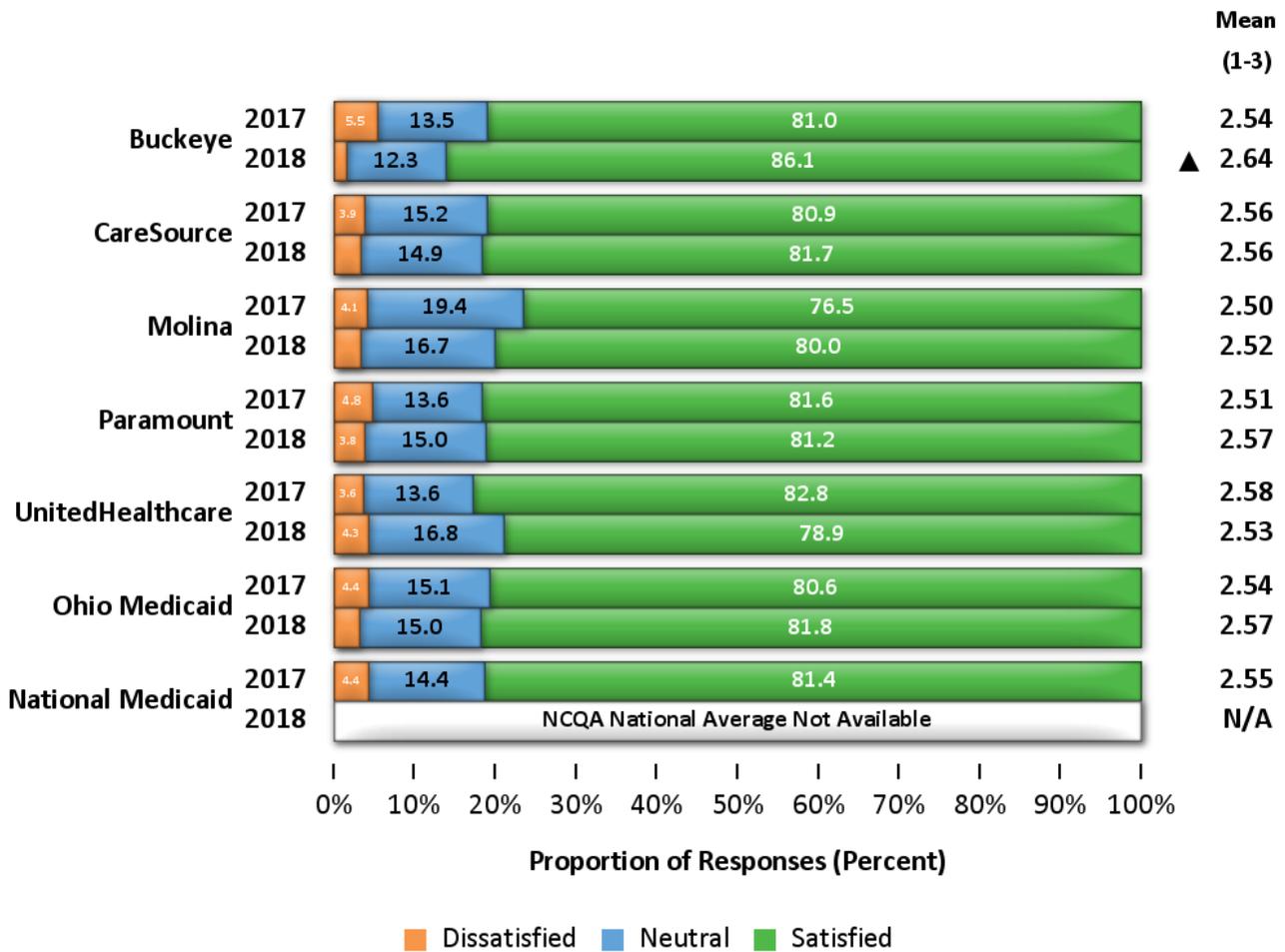
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- CareSource’s overall mean was significantly higher in 2018 than in 2017.

Rating of Personal Doctor

Respondents were asked to rate their personal doctor/their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-5 and Figure 2-6 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

Figure 2-5—Adult Rating of Personal Doctor Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

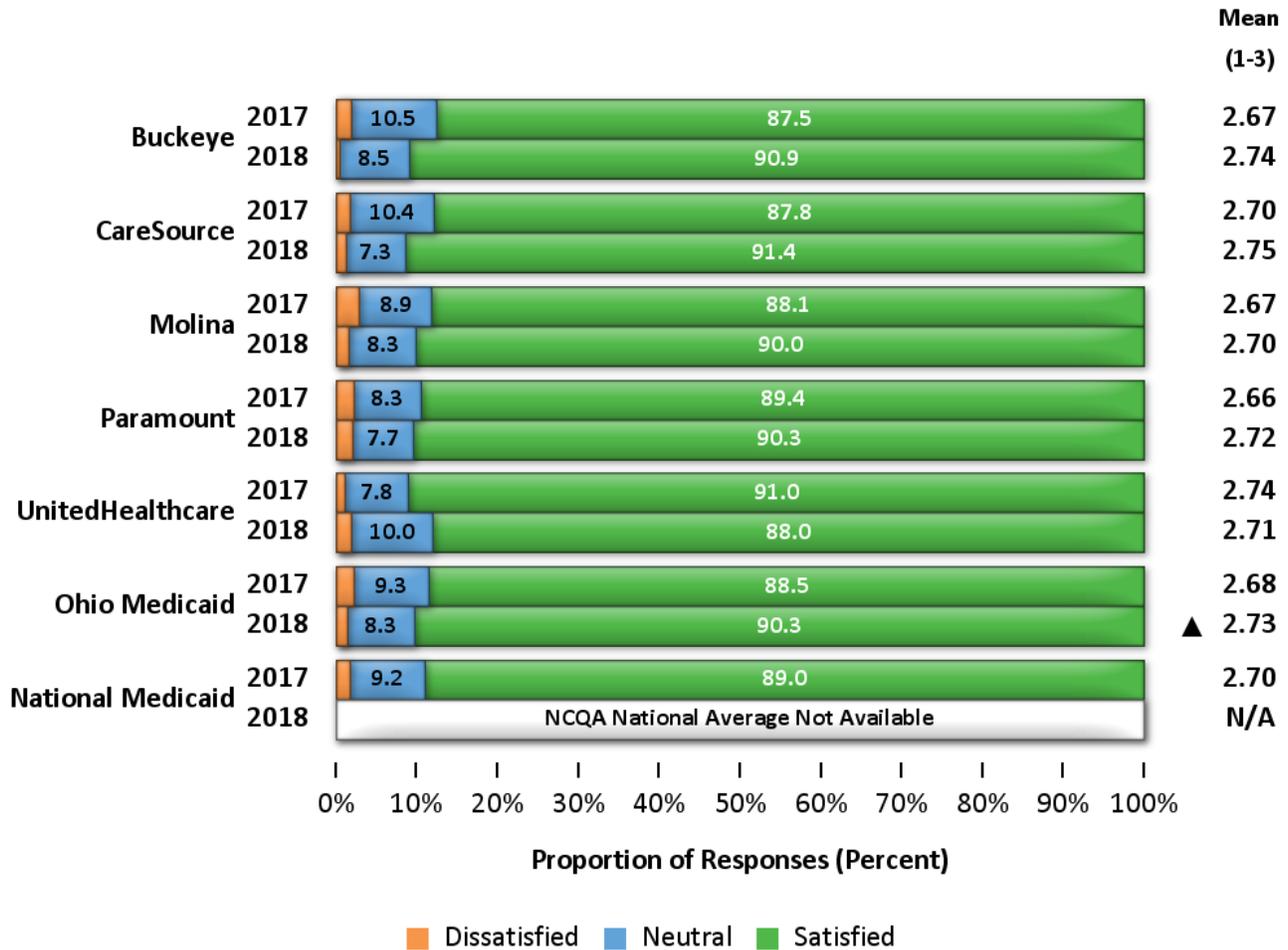
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

Figure 2-6—Child Rating of Personal Doctor Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

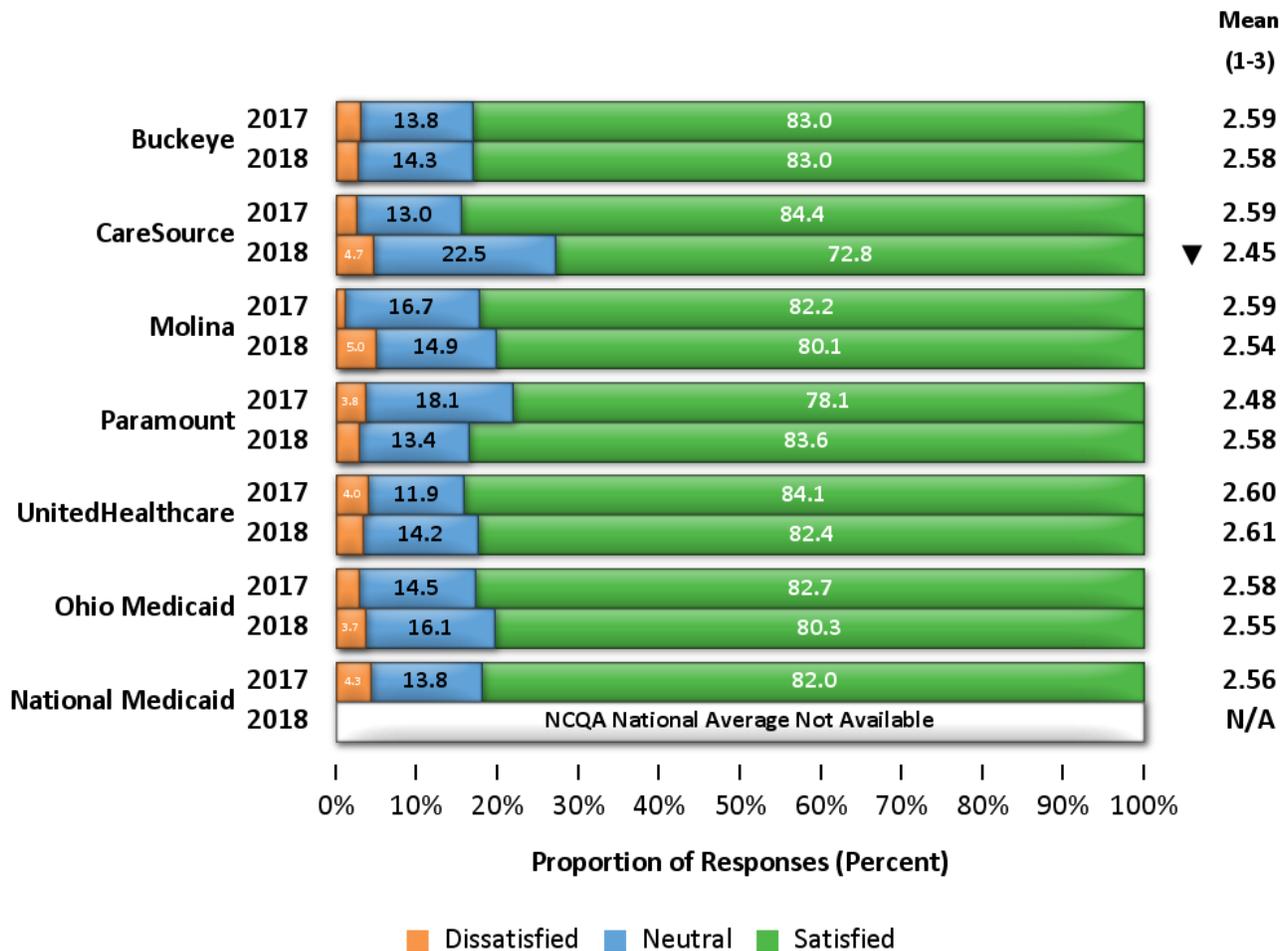
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- Ohio Medicaid’s overall mean was significantly higher in 2018 than in 2017.

Rating of Specialist Seen Most Often

Respondents were asked to rate the specialist they/their child saw most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 2-7 and Figure 2-8 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-7—Adult Rating of Specialist Seen Most Often
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

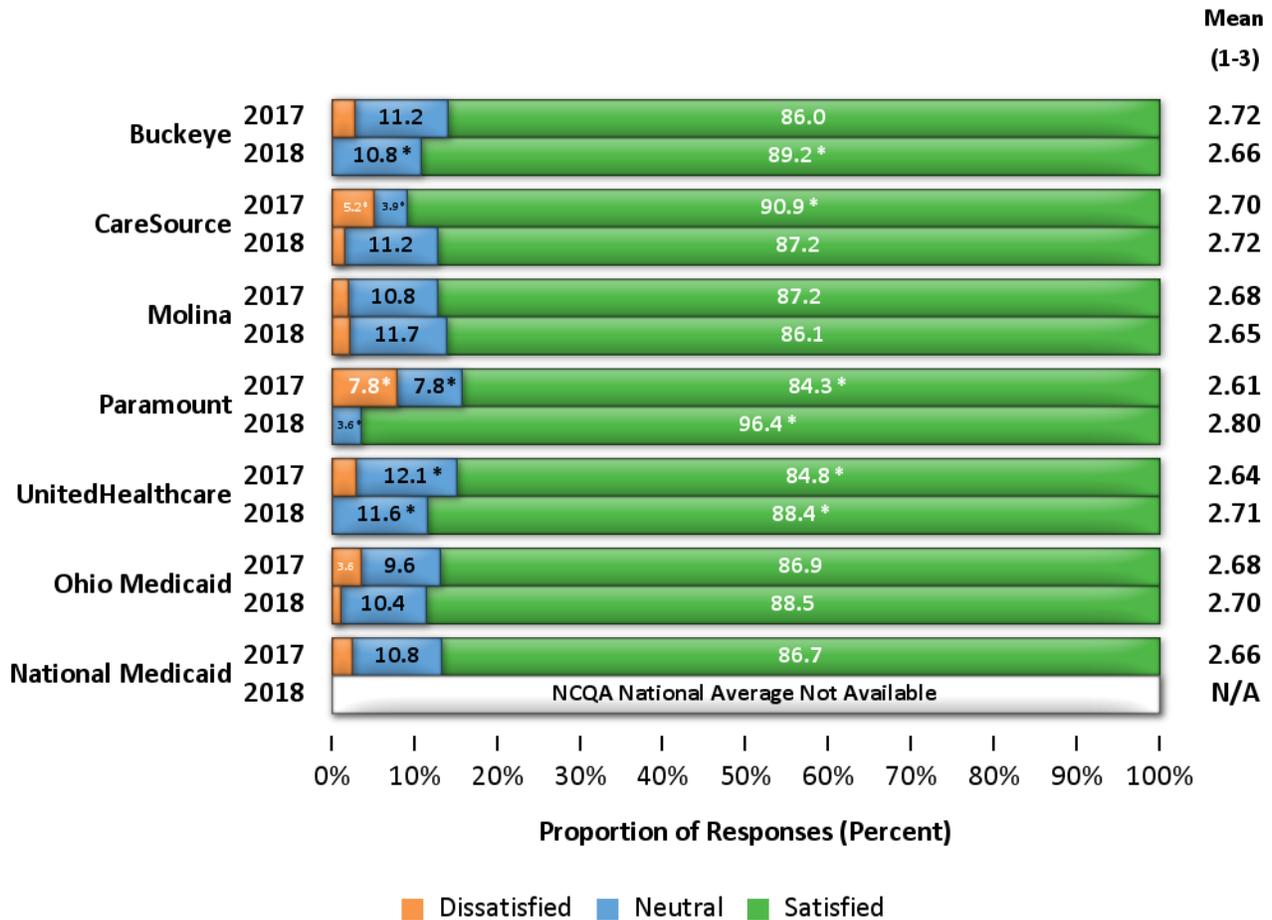
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

**Figure 2-8—Child Rating of Specialist Seen Most Often
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP's mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP's mean is statistically significantly lower than the Ohio Medicaid 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.

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

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.

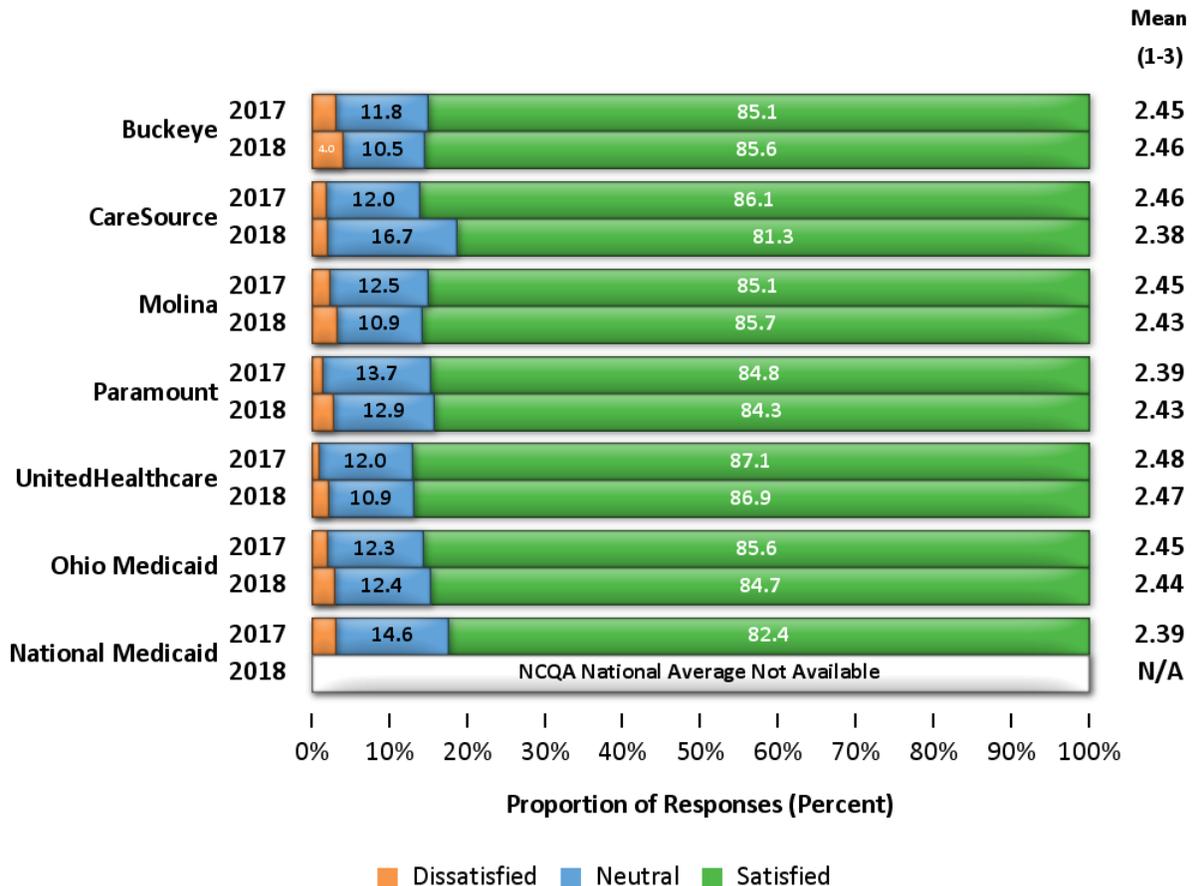
- The percentage of CareSource’s respondents who gave a response of Neutral was significantly higher in 2018 than in 2017.
- The percentage of Ohio Medicaid’s respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.
- The percentage of Paramount’s respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

Composite Measures

Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care (questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey and questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-9 and Figure 2-10 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-9—Adult Getting Needed Care
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

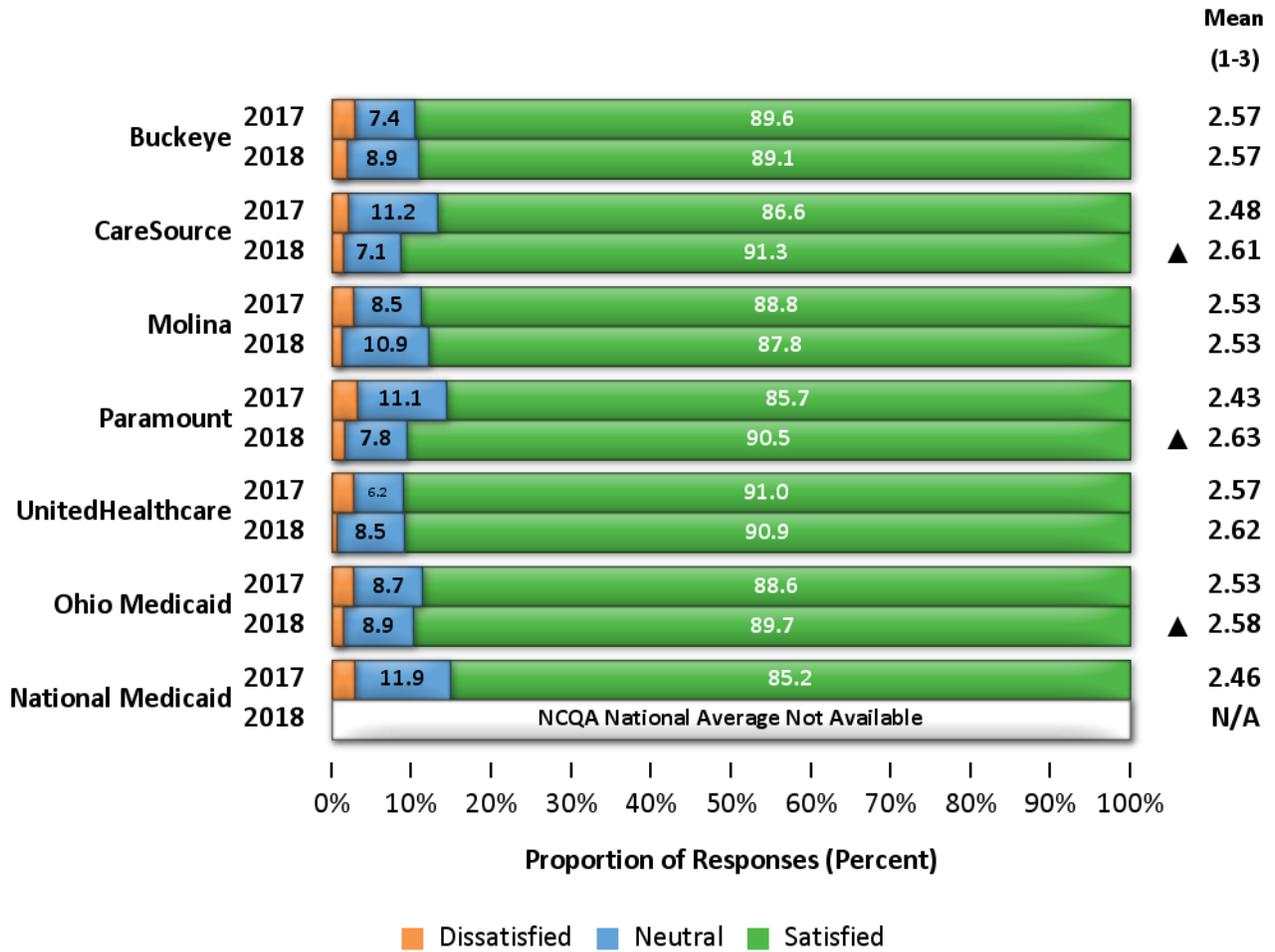
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

**Figure 2-10—Child Getting Needed Care
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP's mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP's mean is statistically significantly lower than the Ohio Medicaid 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

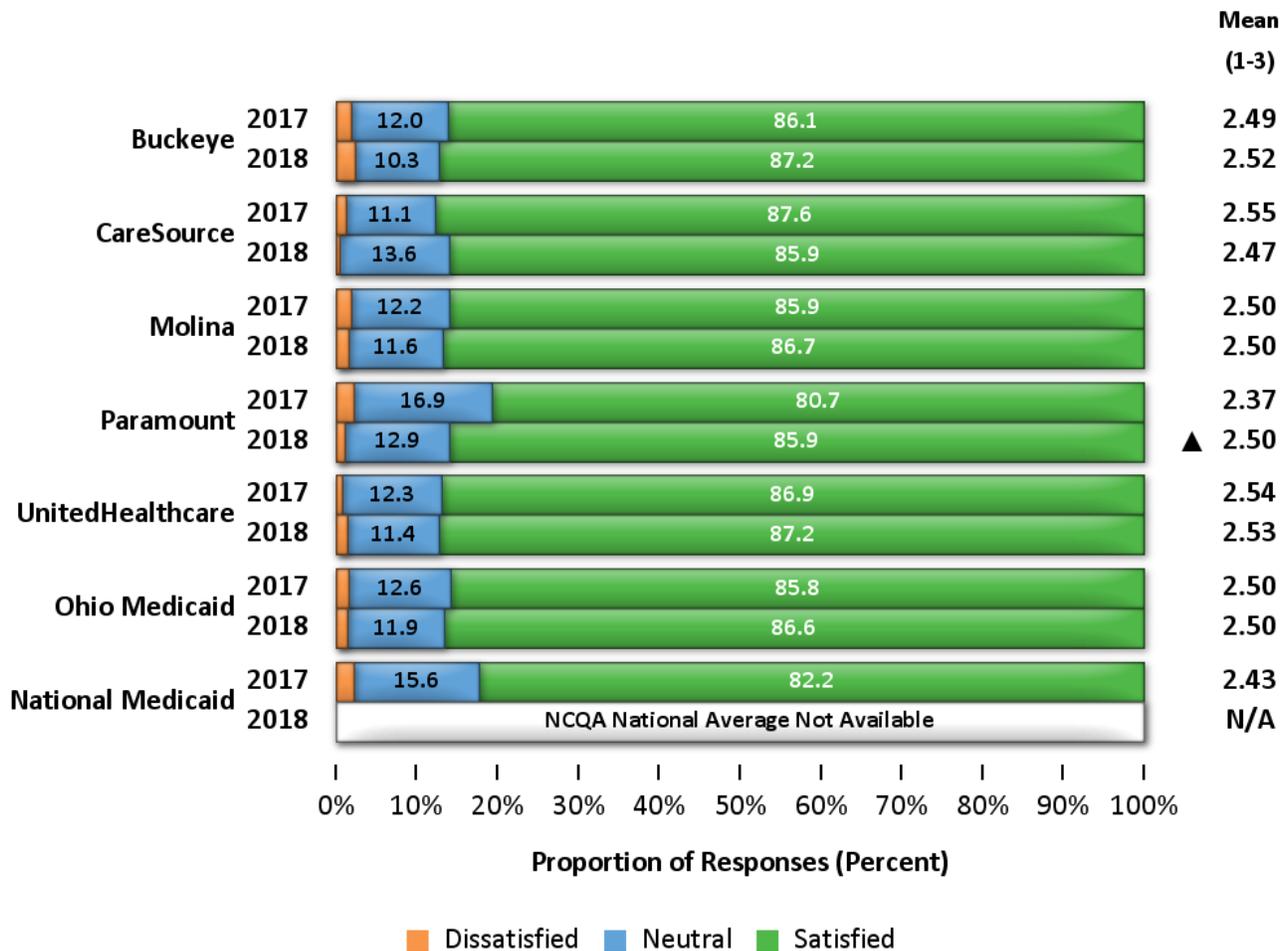
Overall, there were four *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- CareSource's and Paramount's overall means were significantly higher in 2018 than in 2017.
- Ohio Medicaid's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Ohio Medicaid's respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

Getting Care Quickly

Two questions were asked to assess how often members received care quickly (questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-11 and Figure 2-12 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-11—Adult Getting Care Quickly
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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

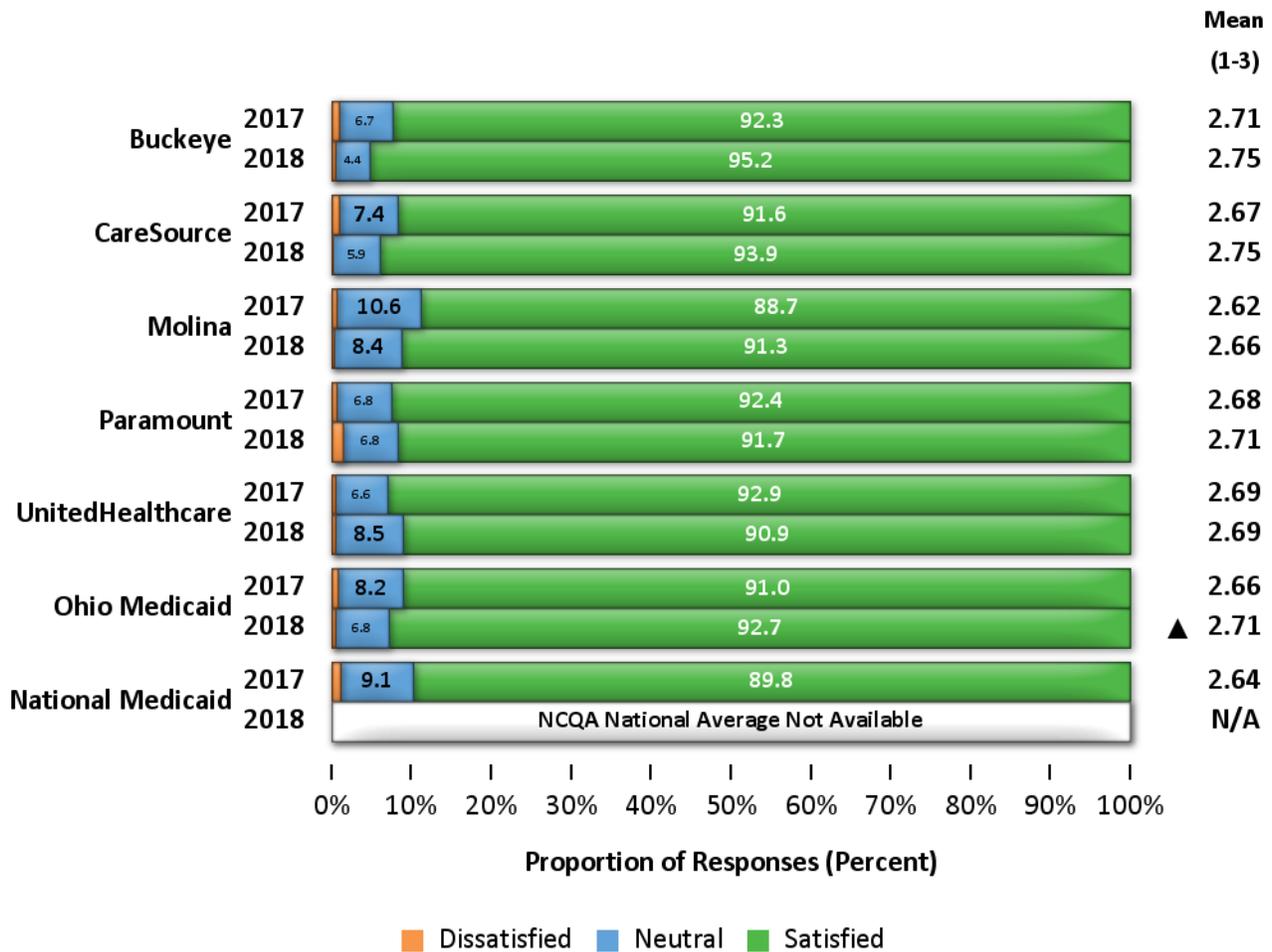
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

- Paramount's overall mean was significantly higher in 2018 than in 2017.

**Figure 2-12—Child Getting Care Quickly
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP's mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP's mean is statistically significantly lower than the Ohio Medicaid 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

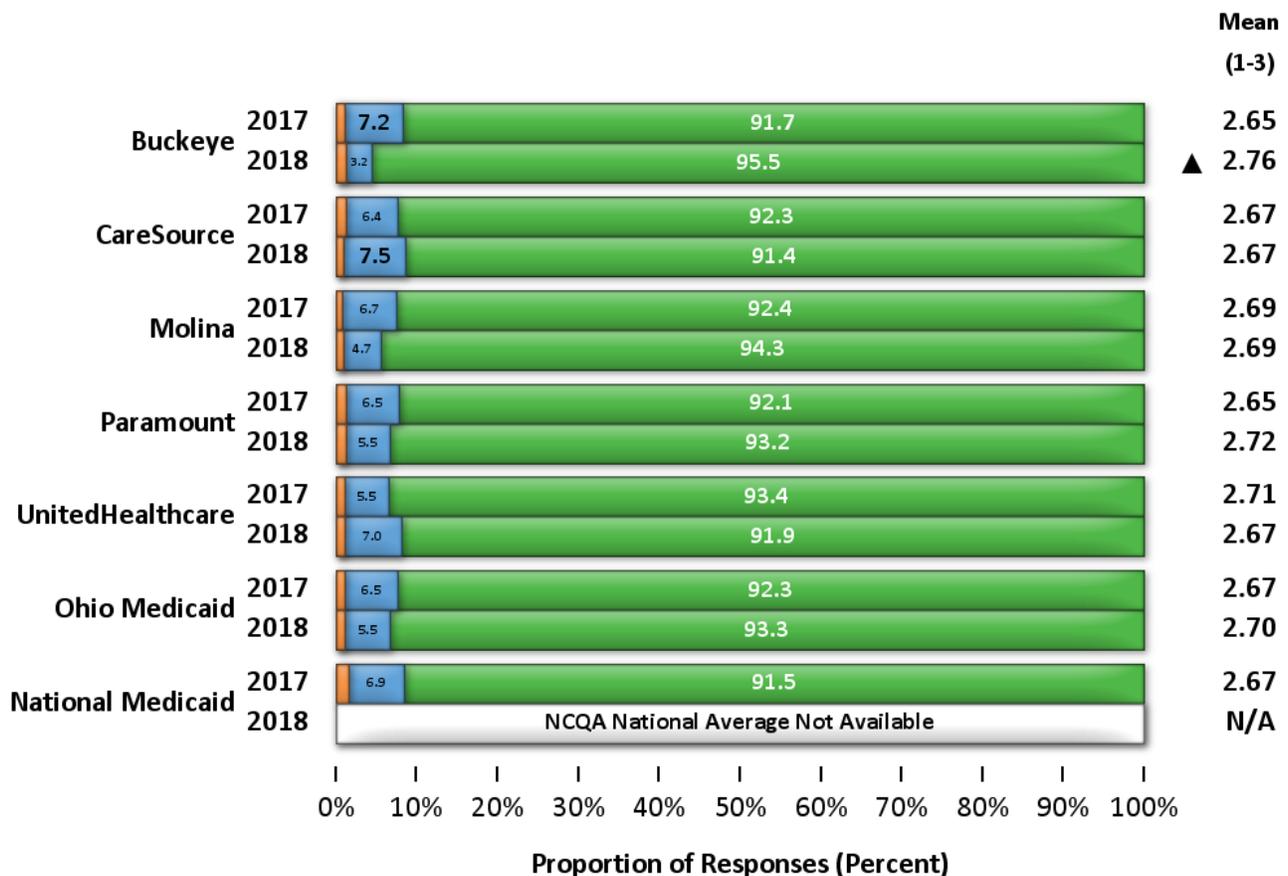
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well (questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey and questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-13 and Figure 2-14 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-13—Adult How Well Doctors Communicate
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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 was one *statistically significant* difference observed for this measure.

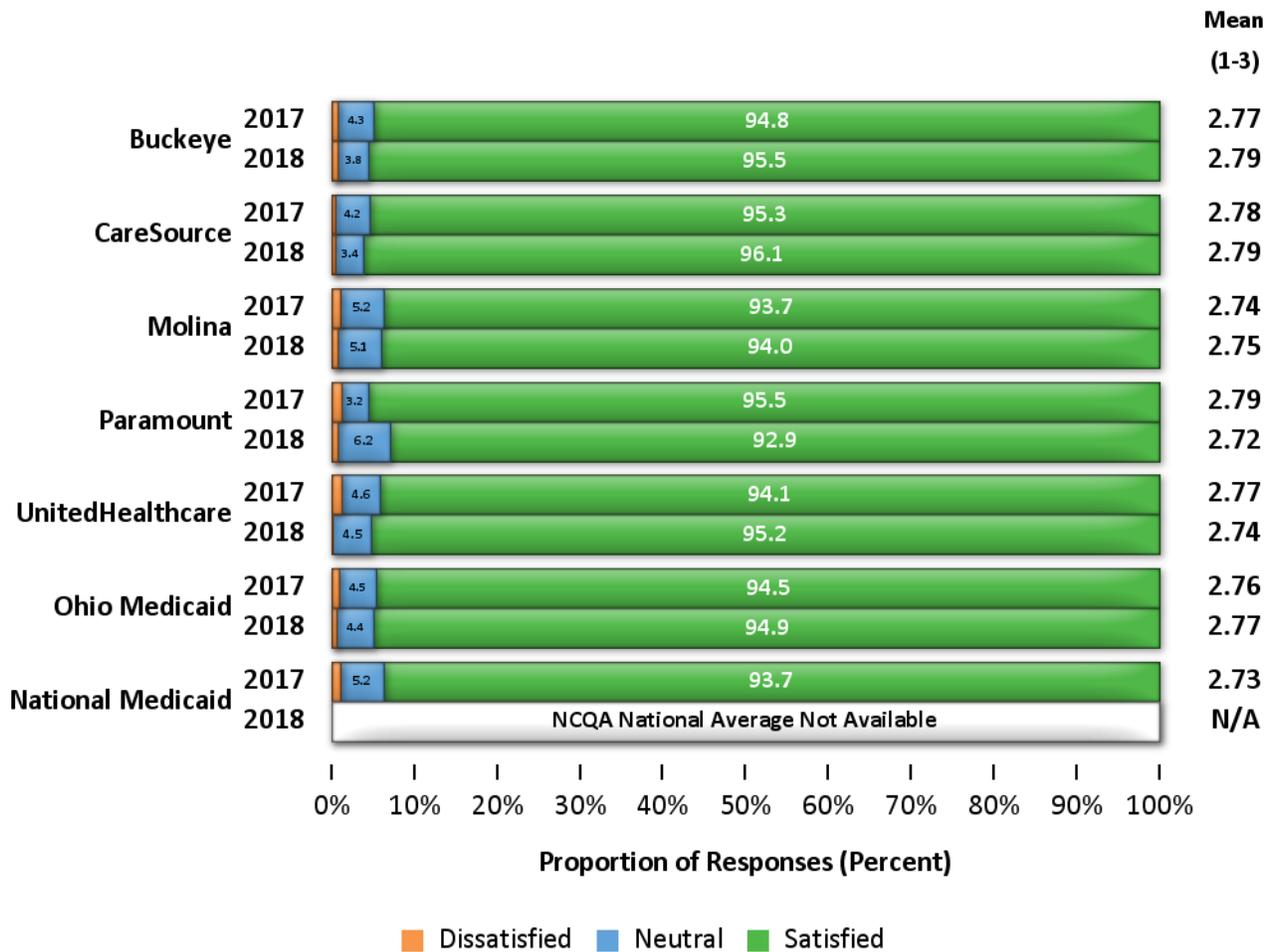
- The percentage of Buckeye's respondents who gave a response of Neutral was significantly lower than the program average.

Trending Analysis

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

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

**Figure 2-14—Child How Well Doctors Communicate
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP's mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP's mean is statistically significantly lower than the Ohio Medicaid 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.

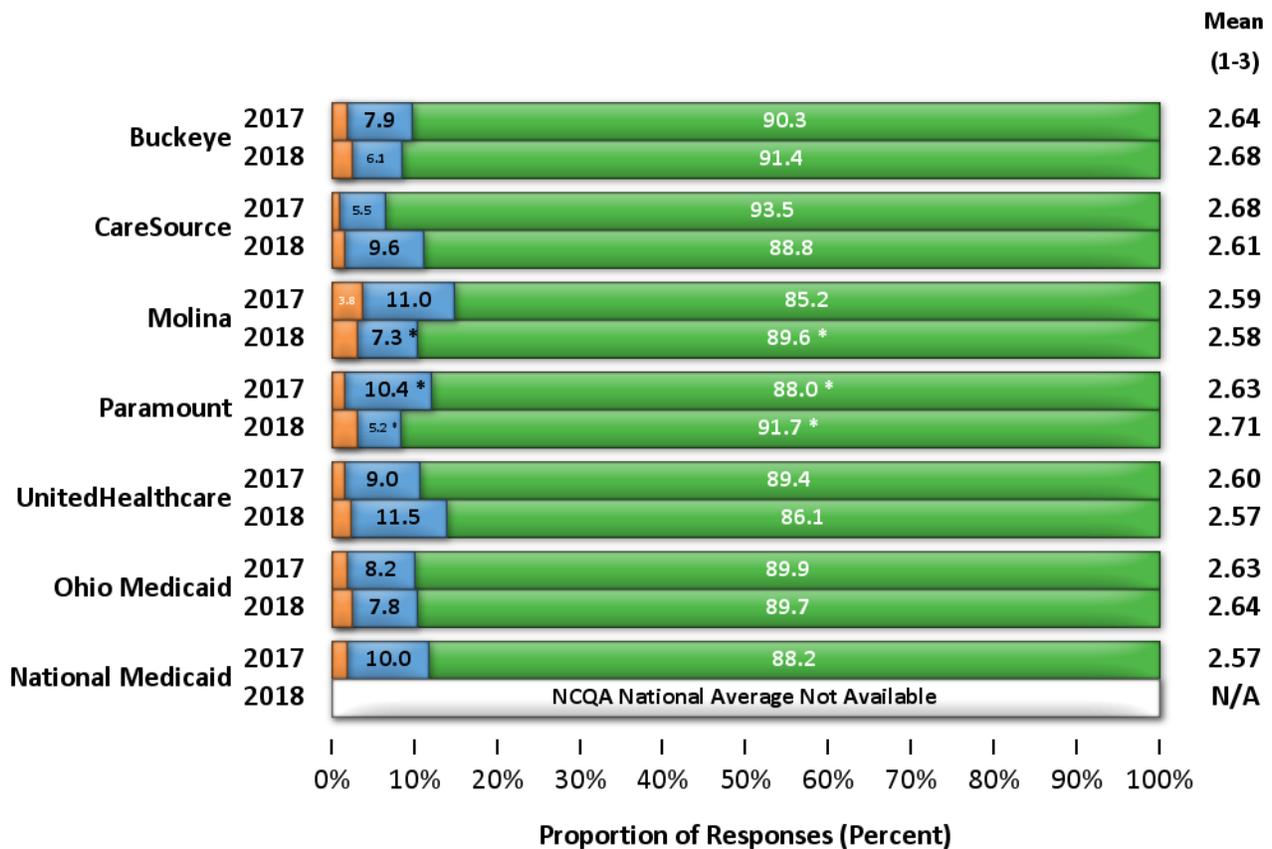
Trending Analysis

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

Customer Service

Two questions were asked to assess how often respondents were satisfied with customer service (questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 2-15 and Figure 2-16 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.

**Figure 2-15—Adult Customer Service
Response Category Percentages and Means**



■ Dissatisfied
 ■ Neutral
 ■ Satisfied

Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.

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

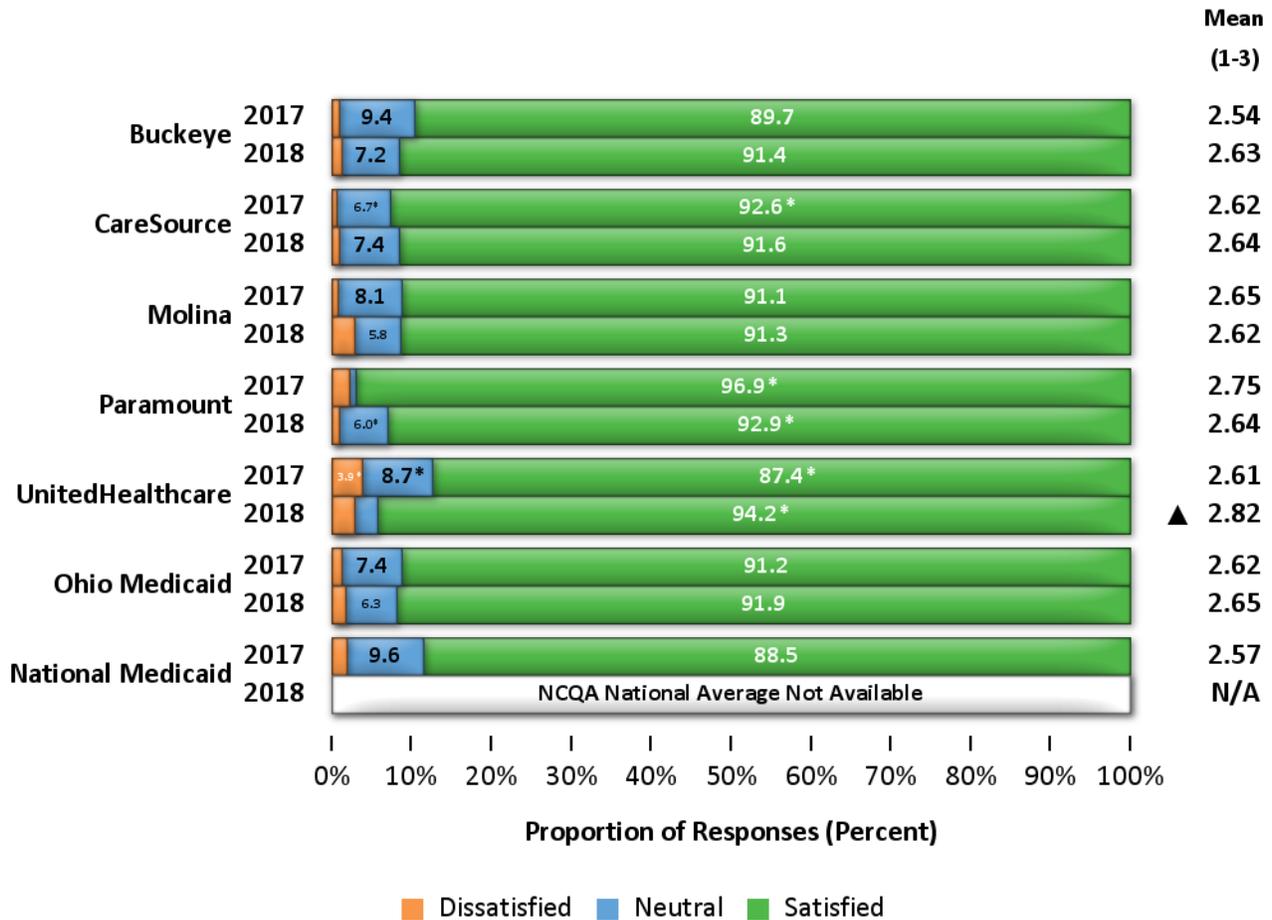
Comparative Analysis

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.

Figure 2-16—Child Customer Service Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Comparative Analysis

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

Trending Analysis

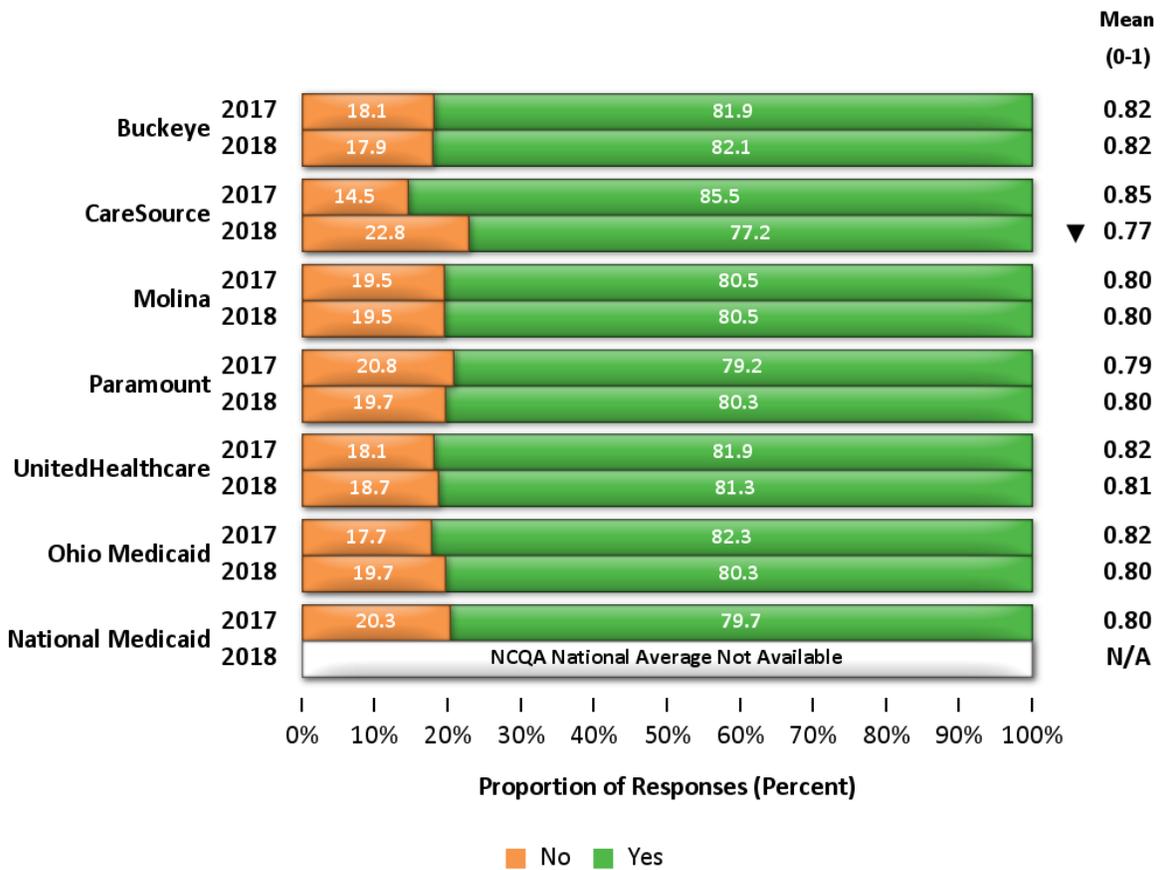
Overall, there was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

- UnitedHealthcare’s overall mean was significantly higher in 2018 than in 2017.

Shared Decision Making

Three questions were asked to assess the extent to which respondents’ doctors or other health providers discussed starting or stopping a prescription medicine (questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey and questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey). Responses were classified into two categories: No and Yes. Figure 2-17 and Figure 2-18 depict the overall mean scores and percentage of respondents in each of the response categories for the adult population and child population, respectively. The 2017 NCQA national adult and child Medicaid averages are presented for comparison.²⁻²

Figure 2-17—Adult Shared Decision Making Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.

²⁻² NCQA did not provide 1-point mean scores for this measure.

Comparative Analysis

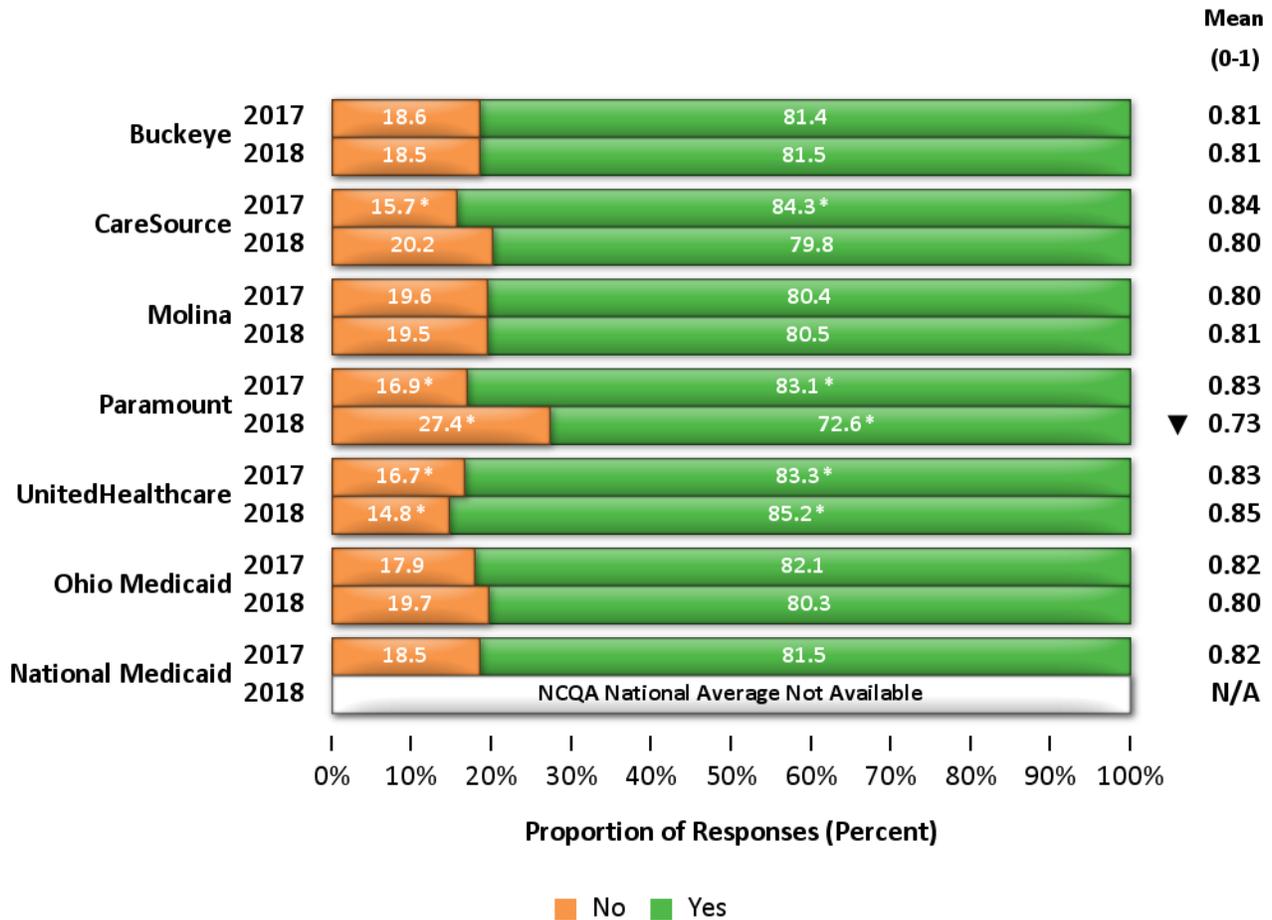
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

**Figure 2-18—Child Shared Decision Making
Response Category Percentages and Means**



Statistical Significance Note: ↑ Indicates the MCP’s mean is statistically significantly higher than the Ohio Medicaid mean
 ↓ Indicates the MCP’s mean is statistically significantly lower than the Ohio Medicaid 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.

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

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.

- Paramount's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of Paramount's respondents who gave a response of No was significantly higher in 2018 than in 2017, whereas the percentage of Paramount's respondents who gave a response of Yes was significantly lower in 2018 than in 2017.

Priority Areas for Quality Improvement

A priority areas analysis was performed at the Ohio Medicaid Managed Care Program and MCP levels. Separate analyses were performed for the adult and general child populations. The priority areas analysis focused on the following three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. HSAG compared the three global ratings to each composite question to identify priority areas. For additional information on the priority areas analysis, please refer to the *2018 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report*.

Adult and General Child Summary Tables

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

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed	✓	✓	✓	✓	✓	✓
Q6. Got an appointment as soon as needed	✓	✓		✓	✓	✓
Q14. Easy to get treatment needed	✓	✓	✓	✓	✓	
Q25. Got an appointment with specialist as soon as needed	✓	✓	✓	✓	✓	
Q31. Received information or help from health plan customer service	✓	✓	✓	✓		✓

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed	✓	✓		✓		✓
Q12. Doctor explained reasons not to take a medication			✓			
Q13. Doctor asked you what you thought was best for your child				✓		✓
Q15. Easy to get treatment needed	✓	✓		✓	✓	
Q37. Personal doctor spent enough time with your child	✓		✓		✓	✓
Q46. Got an appointment with specialist as soon as needed	✓	✓	✓	✓	✓	✓
Q50. Received information or help from health plan customer service	✓	✓	✓	✓	✓	✓
Q51. Health plan customer service treated you with courtesy and respect			✓			

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed	✓	✓		✓	✓	✓
Q6. Got an appointment as soon as needed	✓	✓	✓	✓	✓	
Q12. Doctor asked what you thought was best for you				✓		
Q14. Easy to get treatment needed	✓	✓	✓	✓	✓	
Q20. Personal doctor spent enough time with you					✓	✓
Q25. Got an appointment with specialist as soon as needed	✓	✓		✓		
Q31. Received information or help from health plan customer service			✓	✓		✓

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed					✓	
Q6. Got an appointment as soon as needed	✓	✓	✓	✓		✓
Q13. Doctor asked you what you thought was best for your child			✓	✓		✓
Q15. Easy to get treatment needed	✓	✓		✓	✓	
Q33. Personal doctor listened carefully					✓	
Q37. Personal doctor spent enough time with your child	✓	✓	✓	✓	✓	✓
Q46. Got an appointment with specialist as soon as needed	✓		✓			✓
Q50. Received information or help from health plan customer service						✓

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed	✓	✓	✓		✓	✓
Q12. Doctor asked what you thought was best for you	✓	✓		✓		✓
Q14. Easy to get treatment needed	✓	✓	✓	✓		
Q20. Personal doctor spent enough time with you					✓	✓
Q25. Got an appointment with specialist as soon as needed				✓		
Q31. Received information or help from health plan customer service			✓			

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

Priority Areas	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed					✓	
Q6. Got an appointment as soon as needed	✓		✓	✓		✓
Q13. Doctor asked you what you thought was best for your child						✓
Q15. Easy to get treatment needed		✓				
Q37. Personal doctor spent enough time with your child	✓	✓	✓	✓	✓	✓
Q46. Got an appointment with specialist as soon as needed			✓	✓		✓
Q50. Received information or help from health plan customer service					✓	
Q51. Health plan customer service treated you with courtesy and respect			✓			

3. Children with Chronic Conditions Results

The CCC and non-CCC comparisons analysis was performed at the Ohio Medicaid Managed Care Program level. Three-point means and response category percentages were calculated for each global rating and composite measure for the CCC and non-CCC populations. Two types of analyses were performed in this section: (1) a comparison of the 2018 results for the two populations, and (2) a comparison of each population's 2018 scores to its 2017 scores.

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

For the second analysis, scores in 2018 were compared to the scores in 2017 to determine whether there were statistically significant differences for the CCC and non-CCC populations. Each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between scores in 2018 and scores in 2017 for the CCC and non-CCC populations are noted with triangles to the left of the mean. 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.

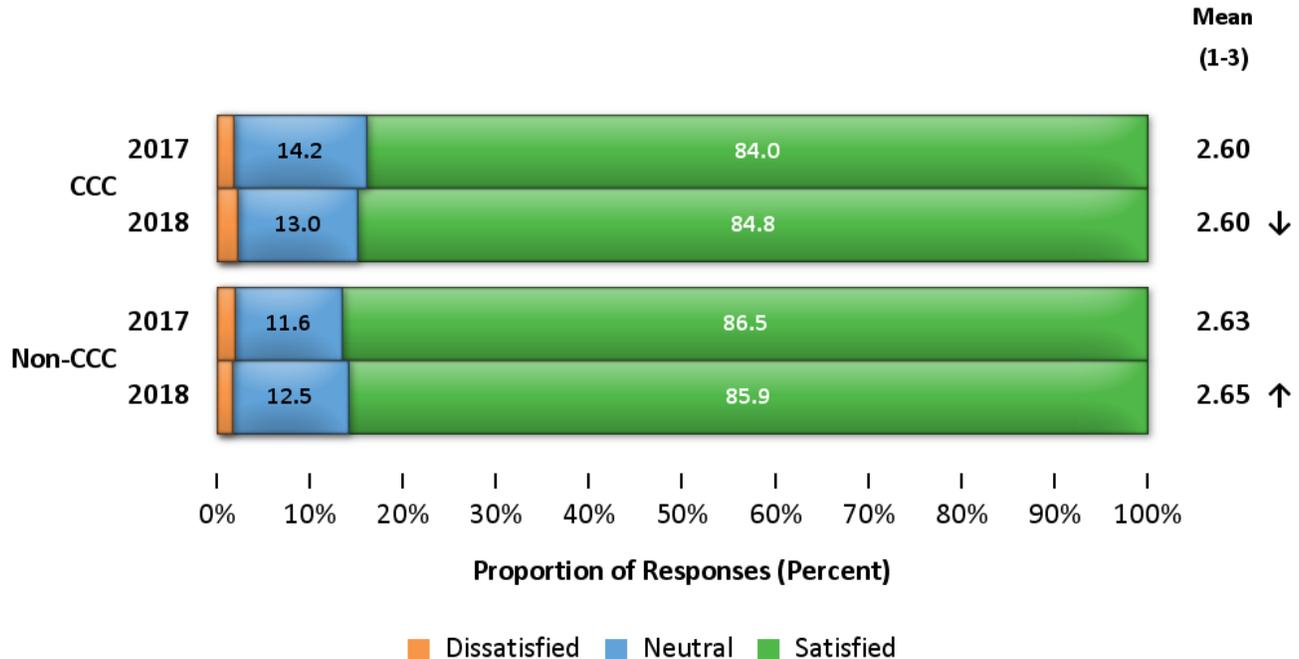
The text below the figures provides details of the statistically significant differences for each measure. Statistically significant results for response category percentages are described in the text below the figures (i.e., arrows and triangles are not displayed in the figures). Please note, no national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

Global Ratings

Rating of Health Plan

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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 was one *statistically significant* difference observed for this measure.

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

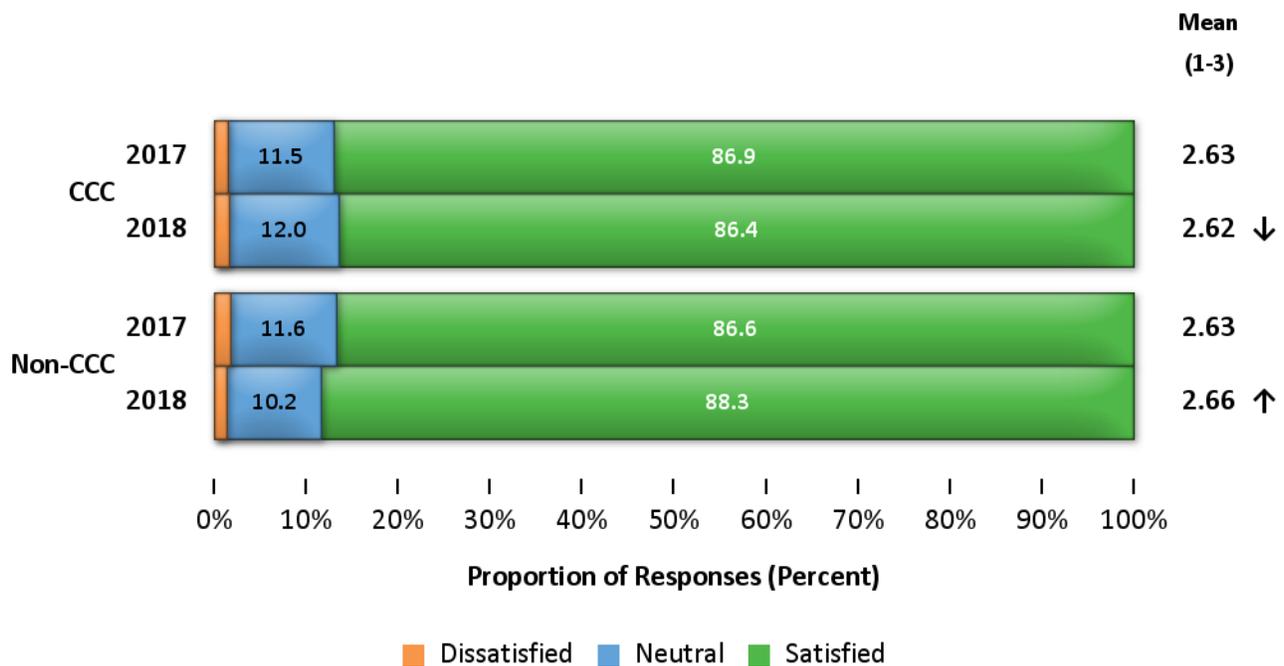
Trending Analysis

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

Rating of All Health Care

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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 was one *statistically significant* difference observed for this measure.

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

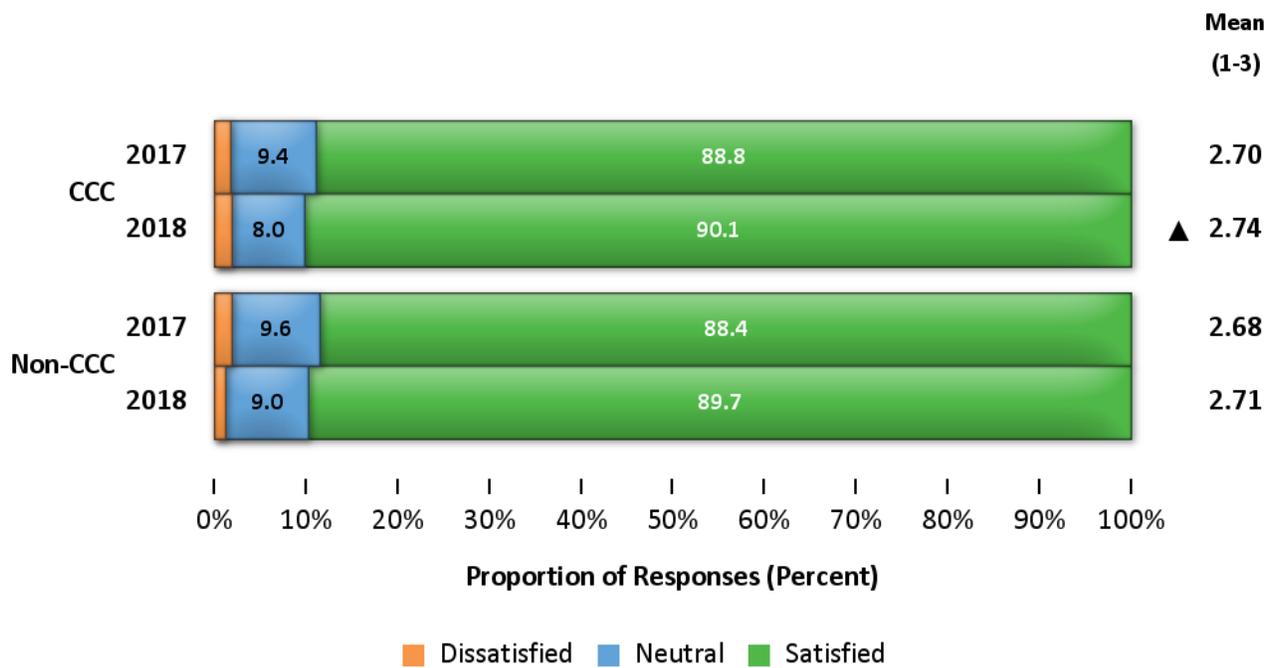
Trending Analysis

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

Rating of Personal Doctor

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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

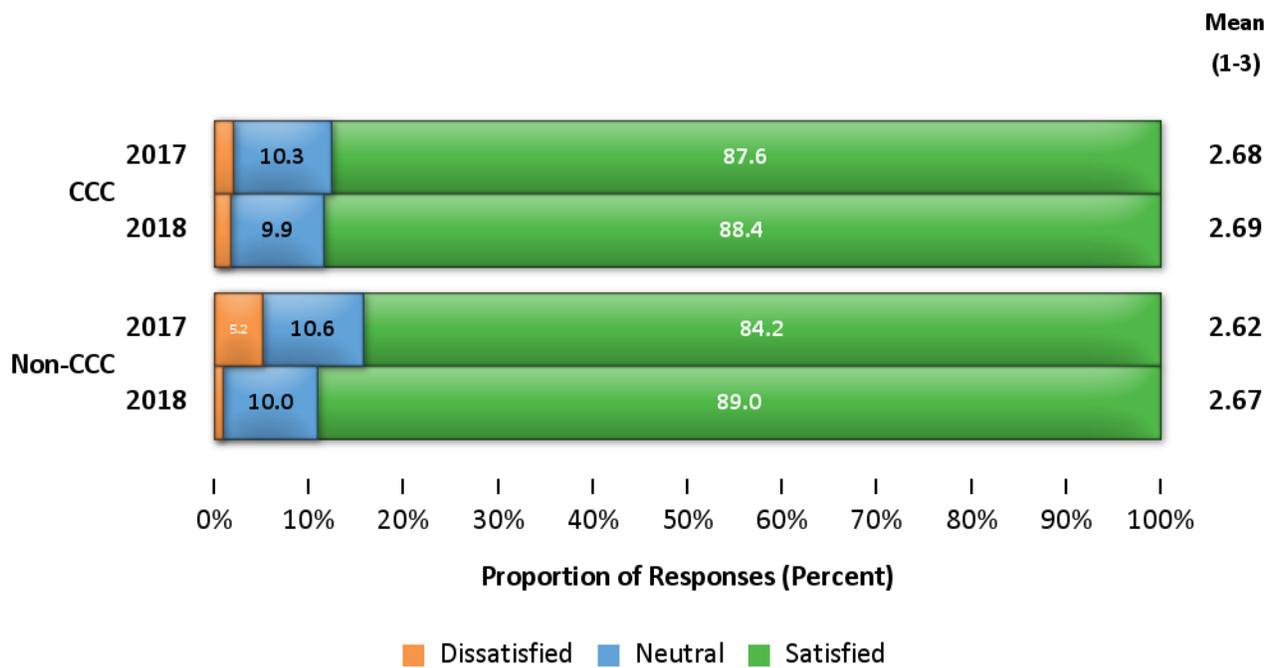
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The overall mean for CCC respondents was significantly higher in 2018 than in 2017.

Rating of Specialist Seen Most Often

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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.

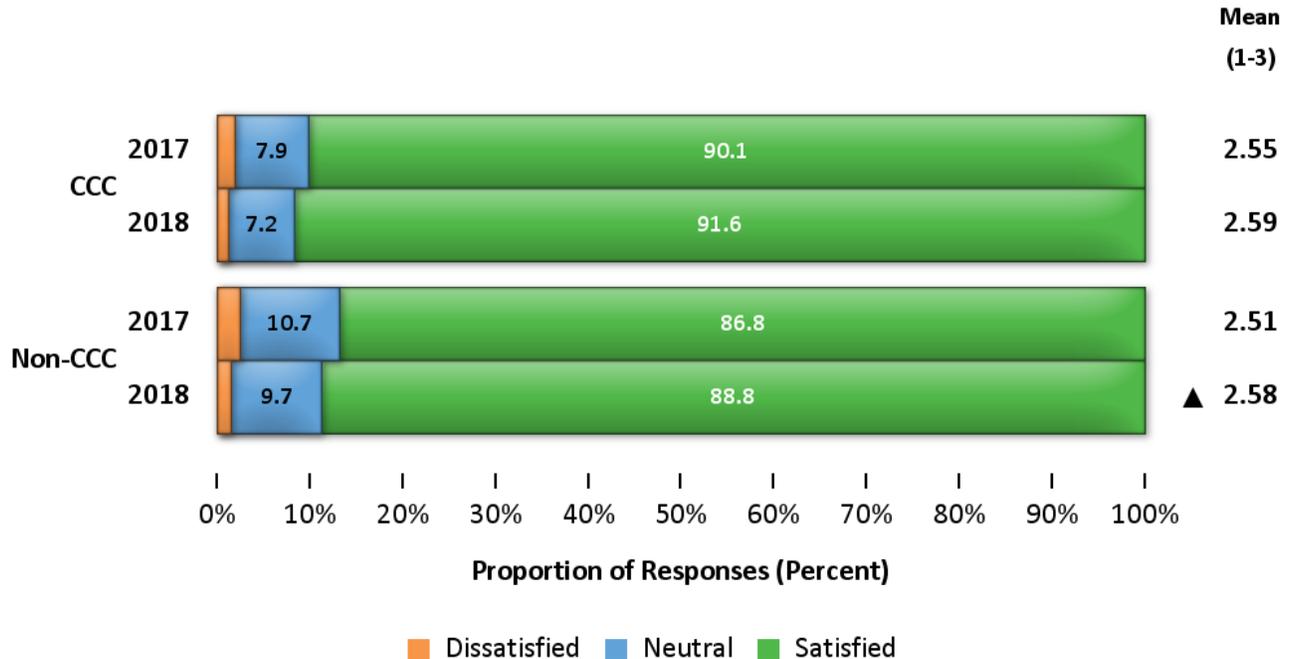
- The percentage of non-CCC respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

Composite Measures

Getting Needed Care

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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 two *statistically significant* differences observed for this measure.

- The percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

Trending Analysis

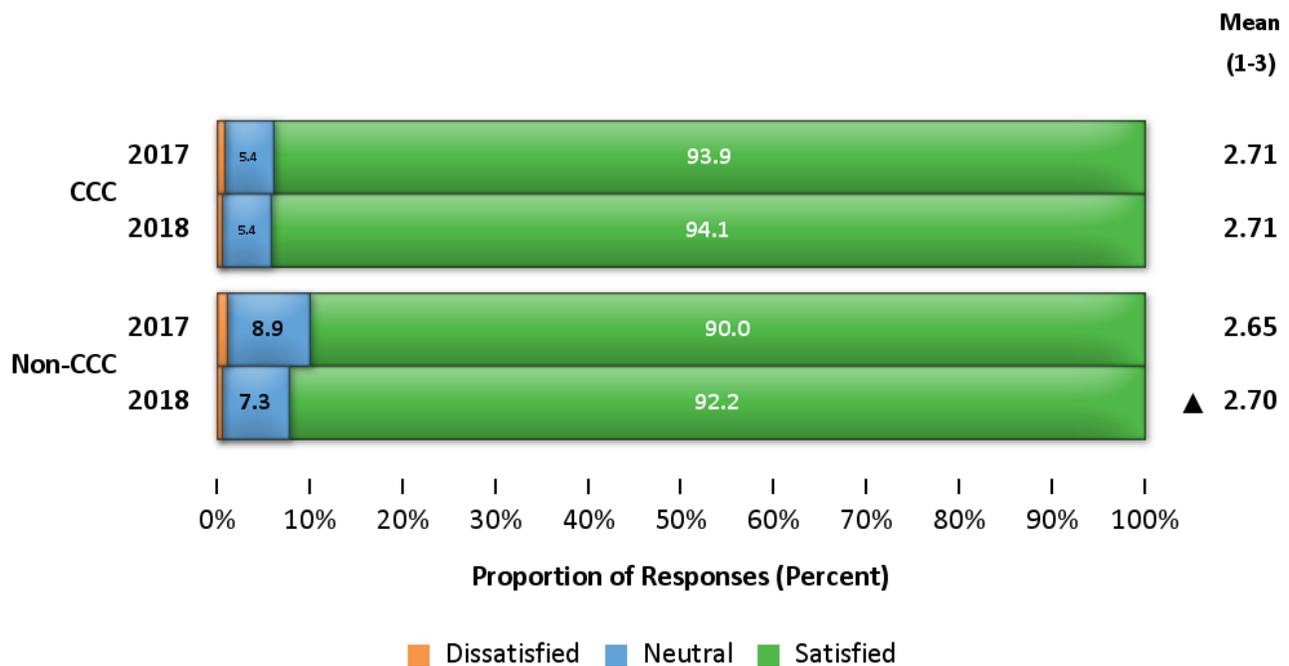
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2018 than in 2017.

Getting Care Quickly

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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 two *statistically significant* differences observed for this measure.

- The percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

Trending Analysis

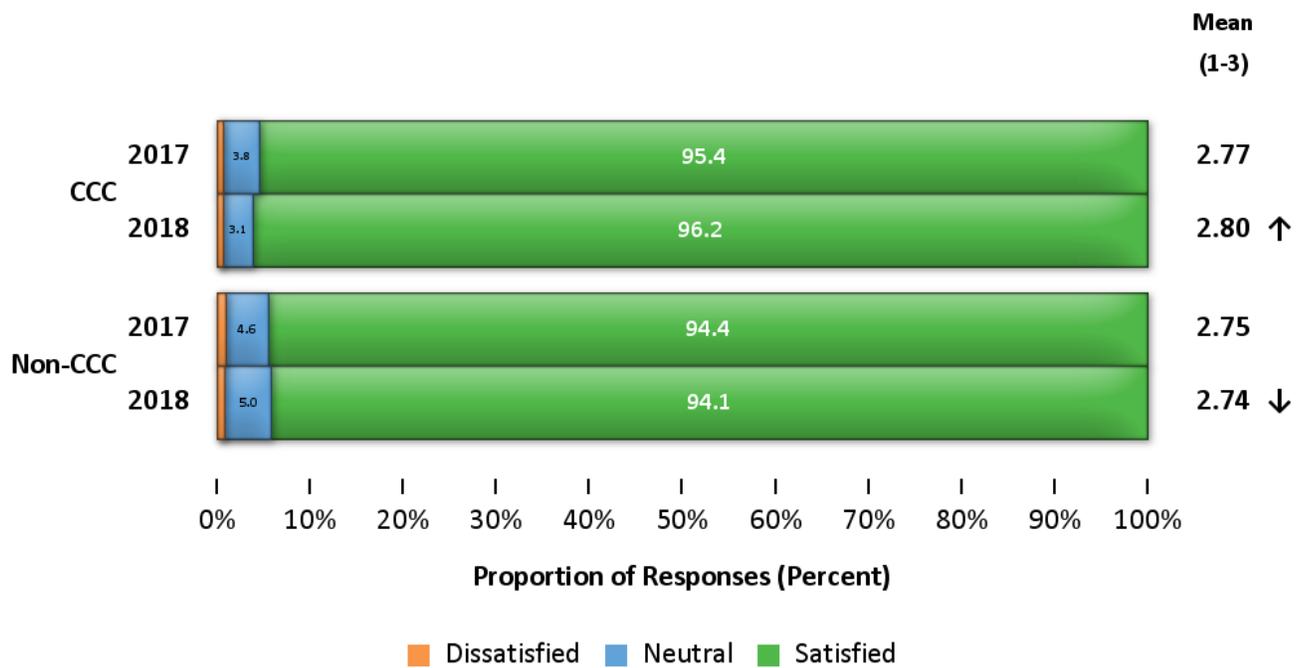
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2018 than in 2017. Furthermore, the percentage of non-CCC respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017, whereas the percentage of non-CCC respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

How Well Doctors Communicate

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

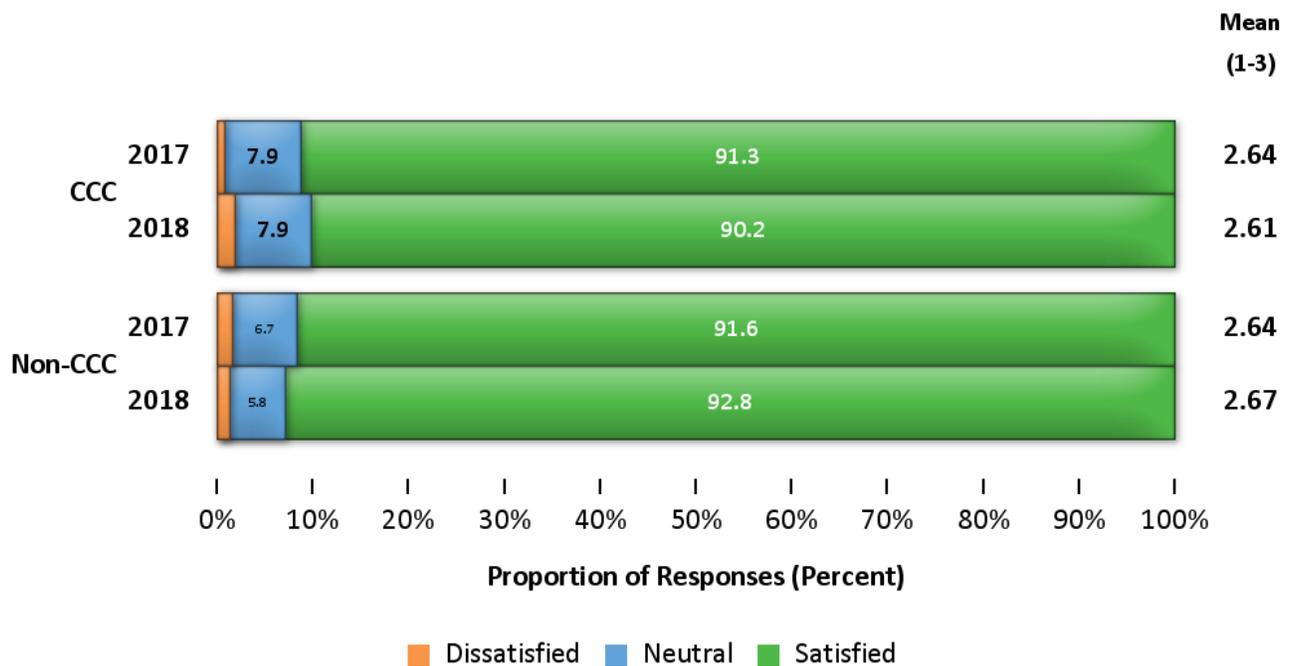
Trending Analysis

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

Customer Service

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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.

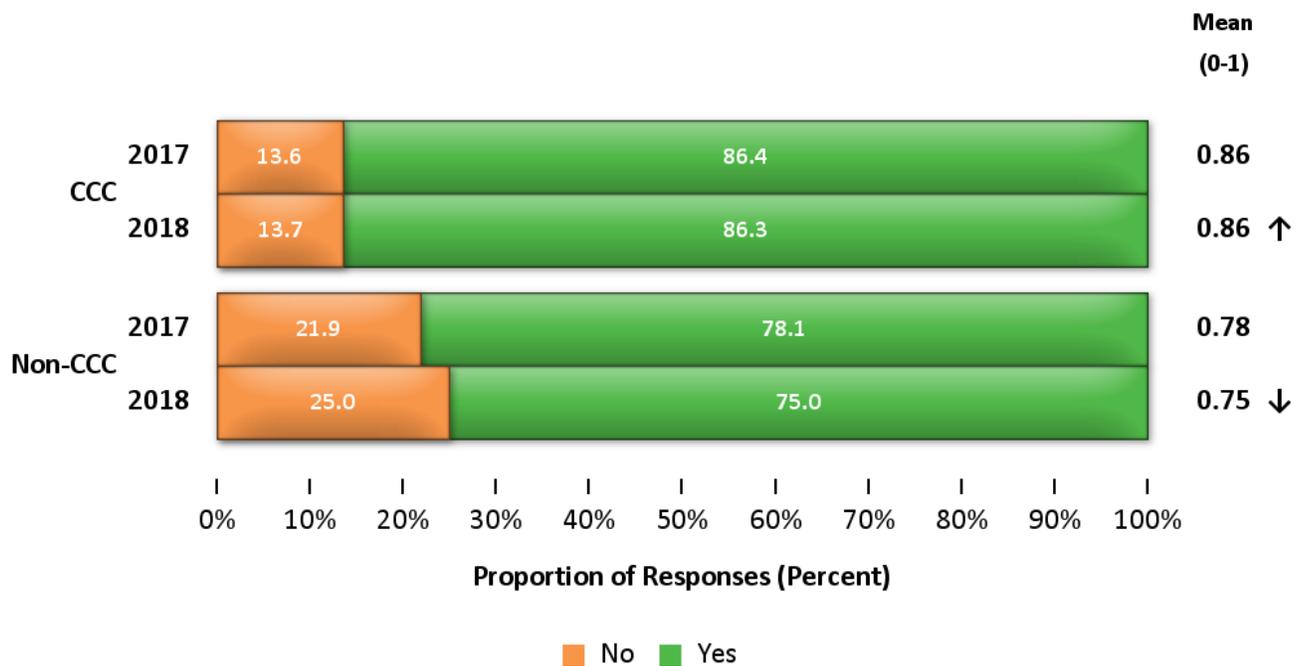
Trending Analysis

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

Shared Decision Making

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

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



Statistical Significance Note: ↑ Indicates the mean is statistically significantly higher than the other population mean
 ↓ Indicates the mean is statistically significantly lower than the other population 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.

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

Trending Analysis

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

4. Conclusions and Recommendations

Conclusions

Adult and General Child Results

When results for the adult and general child population were compared to 2018 national Medicaid percentiles, the Ohio Medicaid Managed Care Program's performance was good to excellent (i.e., none of the program's means were below the 50th percentile). Areas of excellent performance (i.e., at or above the 90th percentile) included: Rating of All Health Care (general child), Rating of Personal Doctor (adult and general child), Rating of Specialist Seen Most Often (general child), Getting Care Quickly (general child), How Well Doctors Communicate (adult and general child), and Customer Service (adult and general child).

For the adult population, Buckeye had the highest results when compared to national percentiles (i.e., seven measures were at or above the 75th percentile), while CareSource had the lowest results (i.e., one measure was below the 25th percentile and two measures were at or between the 25th and 49th percentiles). For the general child population, CareSource had the highest results when compared to national percentiles (i.e., all eight measures were at or above the 75th percentile), while UnitedHealthcare had the lowest results (i.e., one measure was at or between the 25th and 49th percentiles).

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

The trend analysis revealed that Buckeye's adult population 2018 mean scores were statistically significantly higher than the 2017 mean scores for two measures: Rating of Personal Doctor and How Well Doctors Communicate. CareSource's adult population mean scores were statistically significantly lower in 2018 than in 2017 for two measures: Rating of Specialist Seen Most Often and Shared Decision Making. In addition, Paramount's adult population 2018 mean score was statistically significantly higher than the 2017 mean score for one measure, Getting Care Quickly.

When comparing the 2018 general child population mean scores to the 2017 mean scores for the global ratings and composite measures, three out of five MCPs and the Ohio Medicaid Managed Care Program showed statistically significantly higher scores. The 2018 mean scores for the Ohio Medicaid Managed Care Program were statistically significantly higher than the 2017 mean scores for three measures: Rating of Personal Doctor, Getting Needed Care, and Getting Care Quickly. CareSource's 2018 mean

scores were statistically significantly higher than the 2017 mean score for two measures: Rating of All Health Care and Getting Needed Care. Paramount's 2018 mean score was statistically significantly higher than the 2017 mean score for one measure, Getting Needed Care. UnitedHealthcare's 2018 mean score was statistically significantly higher than the 2017 mean score for one measure, Customer Service. In addition, the trend analysis revealed that Paramount's child population 2018 mean score was statistically significantly lower than the 2017 mean score for one measure, Shared Decision Making.

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

Child with Chronic Conditions Results

The CCC and non-CCC populations reported different results. The CCC population's mean scores were statistically significantly higher than the non-CCC population for the following two measures: How Well Doctors Communicate and Shared Decision Making. The non-CCC population's mean scores were statistically significantly higher than the CCC population for the following two measures: Rating of Health Plan and Rating of All Health Care.

The CCC population's overall means in 2018 were statistically significantly higher than the 2017 overall means for one out of nine measures: Rating of Personal Doctor. The non-CCC population had 2018 overall means that were statistically significantly higher than the 2017 overall means for two out of nine measures: Getting Needed Care and Getting Care Quickly. No measures were statistically significantly lower in 2018 than 2017 for the CCC and non-CCC populations.

Recommendations

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

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

Cautions and Limitations

The findings presented in the 2018 Ohio Medicaid Managed Care Program CAHPS Reports are subject to limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

Case-Mix Adjustment

The demographics of respondents may impact member experience; however, results in the reports were not case-mix adjusted to account for differences in respondent characteristics. Caution should be exercised when interpreting the CAHPS results. NCQA does not recommend case-mix adjusting Medicaid CAHPS results for the Medicaid population to account for these differences.⁴⁻¹

Non-Response Bias

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

Causal Inferences

Although the CAHPS Reports examine whether members of various MCPs report differences in experience with various aspects of their health care experiences, these differences may not be attributed

⁴⁻¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, 2008.

completely to the MCP. The analyses described in the CAHPS reports identify whether members in different MCPs give different ratings. The surveys alone do not reveal why the differences exist.

Survey Vendor Effects

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

Program Changes

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

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

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