



Department of
Medicaid

2018 Ohio Medicaid Managed Care Program CAHPS[®] Member Experience Survey Full Report

January 2019



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1. Introduction

Overview

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 health care 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. These results are trended using the 2017 CAHPS results.

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). Five MCPs participated in the 2018 CAHPS Medicaid Health Plan Surveys, as listed in Table 1-1. Adult members and the parents or caretakers of child members from each MCP completed the 2018 surveys from February to May 2018.

Table 1-1—Participating MCPs

MCP Name	MCP Abbreviation
Buckeye Health Plan	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
Paramount Advantage	Paramount
UnitedHealthcare Community Plan of Ohio, Inc.	UnitedHealthcare

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).

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 Comprehensive Primary Care (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.

Sampling Procedures

Sample Frame

ODM required the MCPs to administer the 2018 CAHPS Surveys according to the NCQA HEDIS Specifications for Survey Measures.¹⁻³ The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 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). Table 1-2, on page 1-3, depicts the total sample frame size (i.e., total number of members eligible for sampling) by population (adult or child) for each MCP.

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

Table 1-2—MCP Sample Frame Sizes

MCP	Adult Sample Frame	Child Sample Frame
Buckeye	134,407	108,157
CareSource	532,791	510,885
Molina	130,962	111,624
Paramount	104,381	82,008
UnitedHealthcare	136,700	99,994

Sample Size

A systematic sample of adult and child members (i.e., general population of children) was selected from each participating MCP.¹⁻⁴ Table 1-3 provides a breakout of the sample sizes for each MCP for adult and general child members.

Table 1-3—MCP Sample Sizes

MCP	Adult Sample Size	General Child Sample Size
Buckeye	2,700	3,300
CareSource	1,890	3,300
Molina	1,755	4,620
Paramount	1,755	1,650
UnitedHealthcare	1,890	2,310

Child members in the child sample frame could have a chronic condition prescreen status code of 1 or 2. A prescreen status code of 1 indicated that the member did not have claims or encounters that suggested the member had a greater probability of having a chronic condition. A prescreen status code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.¹⁻⁵ After selecting child members for the general child sample, a sample of at least 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represented the population of children who were more likely to have a chronic condition. This sample was drawn to ensure an adequate number of responses from children with chronic conditions. Please note, child members in both the general child sample and CCC supplemental sample received the same CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) instrument. The general child sample from each MCP represents the general child population. The CAHPS 5.0H Child Medicaid Health Plan Survey also included several questions used to screen for children with chronic conditions

¹⁻⁴ Each MCP contracted with its own vendor to administer the surveys.

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

(i.e., CCC screener questions). This screener was used to identify children with chronic conditions from both the general child sample and CCC supplemental sample.

Table 1-4 provides a breakout of the sample sizes for each MCP for the CCC supplemental sample.

Table 1-4—CCC Supplemental Sample Sizes

MCP	CCC Supplemental Sample Size
Buckeye	3,680
CareSource	1,840
Molina	1,840
Paramount	1,840
UnitedHealthcare	2,576

NCQA protocol permits oversampling in any increment. MCPs were required by ODM to oversample the adult population by at least 30 percent. Table 1-5 provides a breakout of the oversample rates for each MCP for adult and general child members.¹⁻⁶

Table 1-5—MCP Oversampling Rates

MCP	Adult Rate	General Child Rate
Buckeye	100%	100%
CareSource	40%	100%
Molina	30%	180%
Paramount	30%	0%
UnitedHealthcare	40%	40%

Survey Protocol

The MCPs contracted with separate survey vendors to administer the CAHPS surveys. The survey administration protocol employed by the MCPs’ vendors allowed for various methods by which members could complete the surveys. 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

¹⁻⁶ The oversampling percentage varied for each MCP.

three CATI calls was made to each non-respondent.¹⁻⁷ It has been shown that the addition of a telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan’s population.¹⁻⁸

According to HEDIS specifications for the CAHPS Surveys, surveys were completed using the time frames shown in Table 1-6.

Table 1-6—CAHPS Survey Mixed-Mode Methodology Time Frames¹⁻⁹

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

¹⁻⁷ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2018 Survey Measures*. Washington, DC: NCQA, 2017.

¹⁻⁸ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. “Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members.” *Medical Care*. 2002; 40(3): 190-200.

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

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.¹⁻¹⁰ For both the adult and child surveys, a member’s 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. Eligible members included the entire sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were deceased, they were invalid (did not meet the criteria on page 1-2 of this report), they were mentally or physically incapacitated, or they had a language barrier.¹⁻¹¹ For additional information on the calculation of a completed survey and response rates, please refer to the *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report*.

For 2018, a total of 4,165 surveys was 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 1-7 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 1-7—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>			

¹⁻¹⁰ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2018 Survey Measures*. Washington, DC: NCQA, 2017.

¹⁻¹¹ The mentally or physically incapacitated designation is not valid for the CAHPS 5.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated are eligible for inclusion in the child results.

Table 1-8 depicts the total number of completed surveys (combining adult and general child members) and the number of completed surveys by population (adult or general child) for Ohio’s Medicaid Managed Care Program and all participating MCPs.

Table 1-8—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

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

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.¹⁻¹²

¹⁻¹² 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.

2. Demographics

This section depicts the characteristics of respondents and members who completed the CAHPS Survey.²⁻¹ In general, the demographics of a response group may influence the overall results. For example, older and healthier respondents tend to report a more positive experience.

Background

Demographic characteristics of a state's Medicaid population can impact survey data outcomes. These characteristics can include general health status, age, education, income, employment, or any other characteristics that define the demographic make-up of a population. Demographic differences among Ohio's Medicaid Managed Care Program MCPs may influence results.

NCQA elects not to case-mix adjust the results it provides for two principal reasons: 1) Different experts recommend different approaches to case-mix-adjustment, and the choice of method will affect the results obtained; and 2) If a plan provides poor service to a specific subpopulation, and this subpopulation represents a large proportion of the total members, then case-mix adjustment could bias a plan's results and overestimate the quality of care that the plan provides. Therefore, NCQA does not recommend case-mix adjusting Medicaid CAHPS results to account for plan or state differences in demographic make-up.²⁻² For additional information about the CAHPS analyses used in this report, please refer to the *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report*.

Adult and General Child Profiles

The demographic data in the “Adult and General Child Profiles” section consists of three tables, Table 2-1 through Table 2-3. These tables depict member- and respondent-level demographic data for adult and general child members.

²⁻¹ The parents or caretakers of child members completed the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members.

²⁻² Agency for Healthcare Research and Quality. “CAHPS Health Plan Survey Database Methodology.” *The CAHPS Benchmarking Database*. Rockville, MD: US Department of Health and Human Services, September 2009.

Table 2-1 presents the demographic characteristics of the adult members who completed the CAHPS 5.0H Adult Medicaid Health Plan Survey. Age and gender were derived from sample frame data, while education, race, ethnicity, and general health status were derived from responses to the survey.

Table 2-1—Adult Member Profiles

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
18 to 24	6.7%	7.3%	6.5%	4.5%	7.4%	7.5%
25 to 34	13.2%	11.2%	14.8%	10.8%	15.8%	14.2%
35 to 44	11.8%	10.0%	12.0%	10.8%	15.2%	12.2%
45 to 54	26.2%	23.7%	29.4%	27.8%	26.6%	24.1%
55 or older	42.1%	47.8%	37.3%	46.0%	35.0%	42.0%
Gender						
Male	44.6%	48.2%	38.5%	47.4%	44.0%	44.3%
Female	55.4%	51.8%	61.5%	52.6%	56.0%	55.7%
Education						
Not a High School Graduate	22.1%	25.3%	24.1%	27.8%	14.7%	17.0%
High School Graduate	41.7%	40.9%	37.3%	39.1%	47.9%	44.6%
Some College	27.4%	23.6%	29.8%	26.6%	29.1%	29.1%
College Graduate	8.8%	10.2%	8.8%	6.6%	8.3%	9.4%
Race						
Multi-Racial	6.3%	5.6%	5.0%	9.1%	6.4%	5.9%
White	67.7%	66.4%	67.1%	65.3%	64.7%	74.4%
Black or African American	21.2%	23.1%	22.9%	19.7%	23.7%	16.4%
Asian	1.2%	1.2%	0.5%	2.4%	1.9%	0.5%
Native Hawaiian or Other Pacific Islander	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%
American Indian or Alaska Native	0.7%	0.2%	0.5%	0.9%	1.0%	1.0%
Other	2.8%	3.4%	3.7%	2.6%	2.2%	1.8%
Ethnicity						
Hispanic	3.6%	3.4%	3.6%	4.3%	4.5%	2.3%
Non-Hispanic	96.4%	96.6%	96.4%	95.7%	95.5%	97.7%
General Health Status						
Excellent	8.3%	11.1%	5.9%	7.2%	8.3%	8.4%
Very Good	19.9%	19.6%	19.2%	18.7%	20.6%	21.8%
Good	34.7%	32.8%	35.4%	34.3%	40.3%	32.4%
Fair	28.3%	28.9%	27.8%	29.7%	25.4%	29.4%
Poor	8.7%	7.7%	11.8%	10.1%	5.4%	8.1%
<i>Please note, percentages may not total 100% due to rounding.</i>						

Table 2-1 shows that, when compared to Ohio’s Medicaid Managed Care Program average, Buckeye, Paramount, and UnitedHealthcare had a higher percentage of respondents 24 years of age and younger. When compared to Ohio’s Medicaid Managed Care Program average and the other MCPs, Paramount had the lowest percentage of respondents 55 years of age or older. CareSource, Paramount, and UnitedHealthcare had more Female respondents than the program average. In addition, when compared to the program average, Paramount and UnitedHealthcare had a higher percentage of respondents who self-reported High School Graduate as their education level. Buckeye, CareSource, and Paramount had a higher percentage of Black or African American respondents when compared to the program average. Also, when compared to the program average, Buckeye, Paramount, and UnitedHealthcare had a higher percentage of respondents whose self-reported general health status was Excellent or Very Good.

Table 2-2 presents the demographics characteristics of the general child members whose parents or caretakers completed the CAHPS 5.0H Child Medicaid Health Plan Survey. Age and gender were derived from sample frame data, while race, ethnicity, and general health status were derived from responses to the survey.

Table 2-2—General Child Profiles

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
Less than 2	9.4%	9.1%	10.1%	8.6%	10.7%	9.0%
2 to 4	17.4%	18.9%	17.1%	17.1%	18.2%	15.9%
5 to 7	17.2%	16.2%	17.7%	17.3%	19.0%	15.9%
8 to 10	17.3%	16.9%	14.9%	19.7%	17.8%	15.9%
11 to 13	16.8%	15.4%	16.9%	17.5%	14.0%	18.9%
14 to 17	22.0%	23.5%	23.3%	19.7%	20.2%	24.3%
Gender						
Male	51.7%	55.6%	52.0%	47.5%	54.5%	53.5%
Female	48.3%	44.4%	48.0%	52.5%	45.5%	46.5%
Race						
Multi-Racial	11.5%	13.2%	11.5%	11.8%	14.0%	6.9%
White	64.9%	65.7%	63.1%	65.9%	60.4%	68.0%
Black or African American	15.0%	12.9%	19.0%	12.9%	15.8%	14.1%
Asian	3.2%	2.6%	2.7%	3.2%	3.6%	4.8%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%
American Indian or Alaska Native	0.1%	0.3%	0.0%	0.2%	0.0%	0.0%
Other	5.3%	5.3%	3.7%	5.8%	6.3%	6.2%
Ethnicity						
Hispanic	12.2%	10.0%	9.9%	16.4%	12.8%	8.9%
Non-Hispanic	87.8%	90.0%	90.1%	83.6%	87.2%	91.1%

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
General Health Status						
Excellent	40.9%	37.0%	44.0%	43.0%	34.7%	40.7%
Very Good	37.7%	41.3%	36.3%	36.5%	40.3%	35.9%
Good	17.4%	18.6%	16.1%	16.3%	19.1%	19.7%
Fair	3.6%	2.8%	3.6%	3.8%	4.7%	3.4%
Poor	0.3%	0.3%	0.0%	0.3%	1.3%	0.3%
<i>Please note, percentages may not total 100% due to rounding.</i>						

Table 2-2 shows Buckeye, CareSource, and Paramount had a higher percentage of child members 4 years of age and younger than Ohio’s Medicaid Managed Care Program average. Buckeye, CareSource, Paramount, and UnitedHealthcare had more Male child members than the program average. In addition, CareSource and Paramount had a higher percentage of child members who were Black or African American when compared to the program average. When compare to the program average, CareSource and Molina had a higher percentage of child members whose reported general health status was Excellent or Very Good.

Respondents to the CAHPS 5.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table 2-3 presents the demographic characteristics of the parents or caretakers who completed the survey. Age, gender, education, and respondent relationship to the child were derived from responses to the survey.

Table 2-3—General Child Respondent Profiles

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
Under 18*	9.3%	12.7%	7.8%	9.0%	8.0%	8.9%
18 to 24	5.0%	5.8%	5.2%	3.5%	7.1%	5.1%
25 to 34	28.4%	26.1%	27.5%	30.6%	31.4%	25.3%
35 to 44	26.9%	26.6%	25.4%	28.0%	27.4%	26.7%
45 to 54	15.3%	15.6%	16.6%	14.1%	14.6%	16.1%
55 or older	15.2%	13.2%	17.4%	14.8%	11.5%	17.8%
Gender						
Male	13.4%	13.2%	9.7%	15.5%	15.9%	13.7%
Female	86.6%	86.8%	90.3%	84.5%	84.1%	86.3%
Education						
Not a High School Graduate	16.2%	14.1%	12.3%	20.5%	15.6%	16.7%
High School Graduate	36.5%	37.9%	37.6%	37.7%	34.7%	31.7%
Some College	35.3%	35.8%	38.0%	32.5%	35.6%	35.5%
College Graduate	12.1%	12.2%	12.1%	9.4%	14.2%	16.0%
Respondent Relationship to Child						
Parent	82.9%	85.5%	79.2%	83.9%	86.5%	80.9%
Grandparent	11.9%	9.3%	14.6%	12.0%	9.9%	11.9%
Other	5.2%	5.2%	6.2%	4.1%	3.6%	7.2%
* The “Under 18” age category was a possible response choice only for the parents or caretakers responding to the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members. Please note, percentages may not total 100% due to rounding.						

Table 2-3 shows Buckeye and Paramount had a higher percentage of respondents 24 years of age and younger than Ohio’s Medicaid Managed Care Program average. Overall, there were substantially more Female respondents than Male respondents for the program average and all MCPs. Buckeye, CareSource, and Molina had a higher percentage of respondents whose self-reported education level was a High School Graduate than the program average. CareSource and Molina had a higher percentage of respondents indicate their relationship to the child member was a Grandparent when compared to the program average.

Children with Chronic Conditions Profiles

The demographic data in the “Children with Chronic Conditions Profiles” section consists of four tables, Table 2-4 through Table 2-7. Table 2-4 and Table 2-5 depict respondent- and member-level demographic data, respectively. Member age and gender were derived from sample frame data. Member race, ethnicity, and general health status, and respondent age, gender, education, and relationship to child information were derived from responses to the survey. Table 2-6 and Table 2-7 discuss the CCC population and how this population was identified.

Respondent and Member Profiles

Respondents to the CAHPS 5.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table 2-4 depicts the demographic characteristics of the respondents who completed the survey on behalf of child members in the CCC and non-CCC populations.

Table 2-4—CCC and Non-CCC Respondent Profiles

	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Age		
Under 18*	10.5%	10.4%
18 to 24	1.8%	7.2%
25 to 34	20.1%	31.1%
35 to 44	28.3%	25.5%
45 to 54	17.5%	13.1%
55 or older	21.7%	12.6%
Gender		
Male	10.3%	14.3%
Female	89.7%	85.7%
Education		
Not a High School Graduate	12.9%	17.4%
High School Graduate	35.1%	37.4%
Some College	38.7%	34.0%
College Graduate	13.3%	11.3%
Respondent Relationship to Child		
Parent	76.5%	85.4%
Grandparent	15.5%	10.4%
Other	8.0%	4.2%
<p>* The “Under 18” age category was a possible response choice only for the parents or caretakers responding to the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members. Please note, percentages may not total 100% due to rounding.</p>		

Table 2-4 shows the non-CCC population had a higher percentage of respondents who were 34 years of age and younger when compared to the CCC population. The CCC population had a higher percentage of respondents who were Female than the non-CCC population. The non-CCC population had a higher percentage of respondents whose self-reported education level was a High School Graduate than the CCC population. The non-CCC population had a higher percentage of respondents indicate their relationship to the child member was a Parent when compared to the CCC population.

Table 2-5, on page 2-8, presents the demographic characteristics of the child members with and without chronic conditions in the Ohio Medicaid Managed Care Program whose parents or caretakers completed the CAHPS 5.0H Child Medicaid Health Plan Survey.

Table 2-5—CCC and Non-CCC Child Member Profiles

	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Age		
Less than 2	3.5%	14.4%
2 to 4	9.8%	21.1%
5 to 7	14.9%	15.7%
8 to 10	20.2%	14.2%
11 to 13	20.3%	14.2%
14 to 17	31.3%	20.3%
Gender		
Male	57.6%	50.1%
Female	42.4%	49.9%
Race		
Multi-Racial	12.1%	11.4%
White	67.3%	62.7%
Black or African American	15.6%	15.1%
Asian	0.9%	4.0%
Native Hawaiian or Other Pacific Islander	0.0%	0.1%
American Indian or Alaska Native	0.2%	0.2%
Other	3.9%	6.4%
Ethnicity		
Hispanic	8.2%	13.8%
Non-Hispanic	91.8%	86.2%
General Health Status		
Excellent	21.3%	47.4%
Very Good	39.7%	37.1%
Good	28.4%	13.6%
Fair	9.4%	1.8%
Poor	1.2%	0.0%
<i>Please note, percentages may not total 100% due to rounding.</i>		

Table 2-5 shows the non-CCC population had a higher percentage of child members 4 years of age and younger when compared to the CCC population. The non-CCC population had a higher percentage of child members who were Female than the CCC population. The non-CCC population had a higher percentage of child members who were Asian, Native Hawaiian or Other Pacific Islander, or an Other race than the CCC population, while the CCC population had a higher percentage of children who were Multi-Racial, White, or Black or African American. The non-CCC population had a higher percentage of child members who were Hispanic than the CCC population. The non-CCC population had a higher

percentage of child members whose general health status was reported as Excellent or Very Good when compared to the CCC population.

Chronic Conditions Classification

A series of questions used to identify children with chronic conditions was included in the CAHPS 5.0H Child Medicaid Health Plan Survey distributed to parents and caretakers of child members. This series contained five sets of survey questions that focused on specific health care needs and conditions. Child members with affirmative responses to all questions in at least one of the following five categories were considered to have a chronic condition:

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

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

Table 2-6 displays the responses to the five categories of questions for all children sampled. The Ohio Medicaid CCC population included children in the general child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories.

Table 2-6—Responses to CCC Screener Questions—Response of “Yes”

	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Prescription Medicine		
Needs/Uses Prescription Medicine	80.3%	14.6%
Due to Health Condition	96.4%	26.6%
Condition Duration of at Least 12 Months	98.9%	0.0%
More Care		
Needs/Uses More Care	58.4%	3.2%
Due to Health Condition	96.4%	27.9%
Condition Duration of at Least 12 Months	99.3%	0.0%
Functional Limitations		
Limited Abilities	35.7%	5.5%
Due to Health Condition	96.1%	11.8%
Condition Duration of at Least 12 Months	99.2%	0.0%
Special Therapy		
Needs/Gets Therapy	30.1%	5.7%
Due to Health Condition	91.8%	14.9%
Condition Duration of at Least 12 Months	98.0%	0.0%
Mental Health Services		
Needs/Gets Counseling	61.1%	3.5%
Condition Duration of at Least 12 Months	97.7%	0.0%
<i>Please note, the parents or caretakers of child members in the general child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question. The percentage of “Yes” responses to the last question in each category of screener questions for members in Ohio Medicaid Non-CCC population is always 0 percent because a “Yes” response to the final question in a category would qualify the member as having a chronic condition and therefore that member would not be part of Ohio Medicaid Non-CCC population.</i>		

A total of 46.33 percent of all child members for whom a survey was completed (34.63 percent of child members in the general child sample and 59.95 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all questions in at least one of the five categories listed in Table 2-6.²⁻³

²⁻³ The 46.33 percent is derived from the number of individuals who responded “Yes” to all questions in at least one of the five CCC categories (as described in Table 2-6) divided by the total number of individuals in the entire child CAHPS sample (general child sample plus the CCC supplemental sample).

Table 2-7 depicts the percentage of children with chronic conditions who had affirmative responses to all questions in each of the five categories. Please note, a child member can appear in more than one category.

Table 2-7—Distribution of Categories for CCC Population

Prescription Medicine	More Care	Functional Limitations	Special Therapy	Mental Health Service
75.8%	53.6%	32.8%	26.1%	57.9%
<i>Please note, a child member may appear in more than one category</i>				

3. Respondent/Non-Respondent Analysis

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

It is important to determine the magnitude of non-response bias when interpreting CAHPS Survey results because the experiences of the non-respondent population may differ from respondents' experiences with respect to their health care services. If the results from those who respond to a survey are statistically significantly different from non-response results, non-response bias may exist that could compromise the ability to generalize survey results. If statistically significant differences between respondent and non-respondent results are identified, then caution should be exercised when interpreting the CAHPS Survey results.

Description

The demographic information analyzed in this section was derived from administrative data. For the adult age category, members were categorized as 18 to 24, 25 to 34, 35 to 44, 45 to 54, or 55 or older. For the child age category, members were categorized as less than 2, 2 to 4, 5 to 7, 8 to 10, 11 to 13, or 14 to 17. For the gender category, members were categorized as Male or Female.

Analysis

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

Adult Respondent and Non-Respondent Profiles

Table 3-1 presents the demographic characteristics of the adult respondents and non-respondents to the CAHPS 5.0H Adult Medicaid Health Plan Survey.

Table 3-1—Adult Respondent and Non-Respondent Profiles

		Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age							
18 to 24	R	6.7% ↓	7.3% ↓	6.5% ↓	4.5% ↓	7.4% ↓	7.5% ↓
	NR	17.6%	17.8%	17.5%	17.0%	18.7%	17.1%
25 to 34	R	13.2% ↓	11.2% ↓	14.8% ↓	10.8% ↓	15.8% ↓	14.2% ↓
	NR	28.5%	26.3%	28.8%	31.2%	29.7%	27.9%
35 to 44	R	11.8% ↓	10.0% ↓	12.0% ↓	10.8% ↓	15.2% ↓	12.2% ↓
	NR	19.6%	17.2%	21.3%	19.2%	20.3%	21.3%
45 to 54	R	26.2% ↑	23.7% ↑	29.4% ↑	27.8% ↑	26.6% ↑	24.1% ↑
	NR	18.2%	17.8%	18.2%	18.0%	18.9%	18.6%
55 or older	R	42.1% ↑	47.8% ↑	37.3% ↑	46.0% ↑	35.0% ↑	42.0% ↑
	NR	16.0%	21.0%	14.3%	14.5%	12.4%	15.1%
Gender							
Male	R	44.6% ↓	48.2%	38.5%	47.4%	44.0%	44.3%
	NR	48.5%	52.1%	41.4%	48.8%	49.2%	49.3%
Female	R	55.4% ↑	51.8%	61.5%	52.6%	56.0%	55.7%
	NR	51.5%	47.9%	58.6%	51.2%	50.8%	50.7%
<p>An “R” indicates respondent percentages and an “NR” indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>							

General Child Respondent and Non-Respondent Profiles

Table 3-2 presents the demographic characteristics of child members whose parents or caretakers did or did not respond to the CAHPS 5.0H Child Medicaid Health Plan Survey.³⁻¹

Table 3-2—Child Respondent and Non-Respondent Profiles

		Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age							
Less than 2	R NR	9.4% ↓ 12.3%	9.1% ↓ 14.8%	10.1% 12.2%	8.6% 10.8%	10.7% 12.9%	9.0% 11.2%
2 to 4	R NR	17.4% ↓ 20.3%	18.9% 20.9%	17.1% ↓ 21.0%	17.1% 20.1%	18.2% 20.9%	15.9% 18.6%
5 to 7	R NR	17.2% 17.7%	16.2% 16.2%	17.7% 18.1%	17.3% 18.8%	19.0% 18.1%	15.9% 17.2%
8 to 10	R NR	17.3% 16.4%	16.9% 14.9%	14.9% 15.7%	19.7% 18.1%	17.8% 16.5%	15.9% 16.3%
11 to 13	R NR	16.8% ↑ 14.3%	15.4% 13.6%	16.9% 14.8%	17.5% 14.7%	14.0% 14.0%	18.9% 14.4%
14 to 17	R NR	22.0% ↑ 18.9%	23.5% 19.7%	23.3% ↑ 18.3%	19.7% 17.6%	20.2% 17.5%	24.3% 22.2%
Gender							
Male	R NR	51.7% 51.8%	55.6% 52.0%	52.0% 51.6%	47.5% ↓ 52.6%	54.5% 52.0%	53.5% 50.1%
Female	R NR	48.3% 48.2%	44.4% 48.0%	48.0% 48.4%	52.5% ↑ 47.4%	45.5% 48.0%	46.5% 49.9%
<p>An “R” indicates respondent percentages and an “NR” indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>							

³⁻¹ Please note, the characteristics of parents or caretakers (who were the actual respondents to the CAHPS 5.0H Child Medicaid Health Plan Survey) were not available in the sample frame data provided by the MCPs.

Summary

Table 3-1, on page 3-2, and Table 3-2, on page 3-3, present the results of the Respondent/Non-Respondent analysis for the adult and general child populations, respectively. Overall, results of the analysis show that statistically significant demographic differences were found for the Ohio Medicaid Managed Care Program's adult and general child populations. There were significantly more respondents to the adult survey who were 45 years of age or older than the non-respondents, while significantly fewer respondents than non-respondents were 18 to 44 years of age. There were significantly more respondents to the adult survey who were Female, and significantly fewer respondents to the adult survey who were Male. For the child survey, there were significantly fewer respondents than non-respondents for child members 4 years of age and younger, and there were significantly more respondents than non-respondents for child members 11 to 17 years of age.

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

4. 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 this analysis) for the Ohio Medicaid Managed Care Program and each MCP. The results are presented in four separate sections:

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

The results in this section were calculated in accordance with HEDIS specifications for survey measures.⁴⁻¹ According to HEDIS specifications, results for the adult and child populations are reported separately, and no weighting or case-mix adjustment is performed on the results. When reviewing these findings, it should be noted that NCQA's averages and percentiles do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or MCPs.

National Comparisons

To assess the overall performance of the Ohio Medicaid Managed Care Program and MCPs, the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often), four composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service), and one individual item measure (Coordination of Care) were scored on a three-point scale using an NCQA-approved scoring methodology. The Ohio Medicaid Managed Care Program's and MCPs' three-point mean scores were compared to NCQA's 2018 Benchmarks and Thresholds for Accreditation.⁴⁻² Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 4-1 on the following page.

⁴⁻¹ National Committee for Quality Assurance. *HEDIS® 2018. Volume 3: Technical Specifications for Survey Measures*. Washington, DC: NCQA, 2017.

⁴⁻² National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; August 20, 2018.

Table 4-1—Star Ratings

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

The results in the following two tables include the three-point mean scores for each measure, while the stars represent overall adult and general child member ratings when the three-point means were compared to NCQA’s 2018 Benchmarks and Thresholds for Accreditation. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a CAHPS/HEDIS result, all MCPs’ results are reported for each item in this report, regardless of the number of responses, to provide more information regarding MCP performance. Measures with fewer than 100 responses are noted with an asterisk.

Table 4-2, on page 4-3, shows the overall adult member ratings on each of the four global ratings, four composite measures, and one individual item measure.

Table 4-2—Overall Adult Three-Point Means on the Global Ratings, Composite Measures, and Individual Item Measure 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
Individual Item Measure						
Coordination of Care	★★★★ 2.47	★★★★★ 2.56	★★ 2.36	★★★★★ 2.52	★★★★★ 2.48	★★★★ 2.44
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.						

The Ohio Medicaid Managed Care Program scored at or above the 90th percentile for Rating of Personal Doctor, How Well Doctors Communicate, and Customer Service. The Ohio Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for Getting Needed Care and Getting Care Quickly. In addition, the Ohio Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for Rating of Health Plan, Rating of All Health Care, Rating of Specialist Seen Most Often, and Coordination of Care. The Ohio Medicaid Managed Care Program did not score at or below the 49th percentile on any measures.

Table 4-3 shows the overall general child member ratings on each of the four global ratings, four composite measures, and one individual item measure.

Table 4-3—Overall Child Three-Point Means on the Global Ratings, Composite Measures, and Individual Item Measure 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
Individual Item Measure						
Coordination of Care	★★★★★ 2.54	★★★★★ 2.50	★★★★★ 2.59	★★★★★ 2.51	★★★★★* 2.58	★★★* 2.49
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.						

The Ohio Medicaid Managed Care Program scored at or above the 90th percentile for Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Coordination of Care. In addition, the Ohio Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for Rating of Health Plan and Getting Needed Care. The Ohio Medicaid Managed Care Program did not score at or below the 74th percentile on any measures.

Statewide Comparisons

For the global ratings, composite measures, composite items, individual item measures, CCC composite measures, CCC composite items, and CCC items the overall mean was provided on a three-point scale or one-point scale (for most items with “Yes/No” responses).^{4-3,4-4,4-5} Responses were classified into response categories.

For the global ratings, these were the response categories:

- 0 to 4 (Dissatisfied)
- 5 to 7 (Neutral)
- 8 to 10 (Satisfied)

The following response categories were used for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items; the Coordination of Care individual item measure; the Access to Specialized Services CCC composite measure; and the Access to Prescription Medicines and Family-Centered Care (FCC): Getting Needed Information CCC items:

- Never (Dissatisfied)
- Sometimes (Neutral)
- Usually/Always (Satisfied)

The following response categories were used for the Shared Decision Making composite measure and items, Health Promotion and Education individual item measure, and the FCC: Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions CCC composite measures, and the items within these CCC composites:

- No
- Yes

The following Smoking and Tobacco Use Cessation measure response categories were used:

- Never (No)
- Sometimes/Usually/Always (Yes)

⁴⁻³ The Health Promotion and Education measure has “Yes” and “No” responses; however, a three-point mean was calculated for this measure according to *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

⁴⁻⁴ The Shared Decision Making, Family-Centered Care (FCC): Personal Doctor Who Knows Child, and Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composite measures.

⁴⁻⁵ The CCC composite measures and CCC item measures are only included in the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the general child sample) and CCC members (those in the CCC supplemental sample) completed the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC items. The “Statewide Comparisons” section only presents the CCC composite and CCC item results for general child members.

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

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

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

In addition, mean scores in 2018 were compared to the mean 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 mean scores in 2018 and mean scores in 2017 for each MCP and the program average are noted with triangles. Means that were statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Means that were statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Means in 2018 that were not statistically significantly different from means in 2017 are not noted with triangles. For additional information on the tests for statistical significance used in these trend comparisons, please refer to the *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report*.

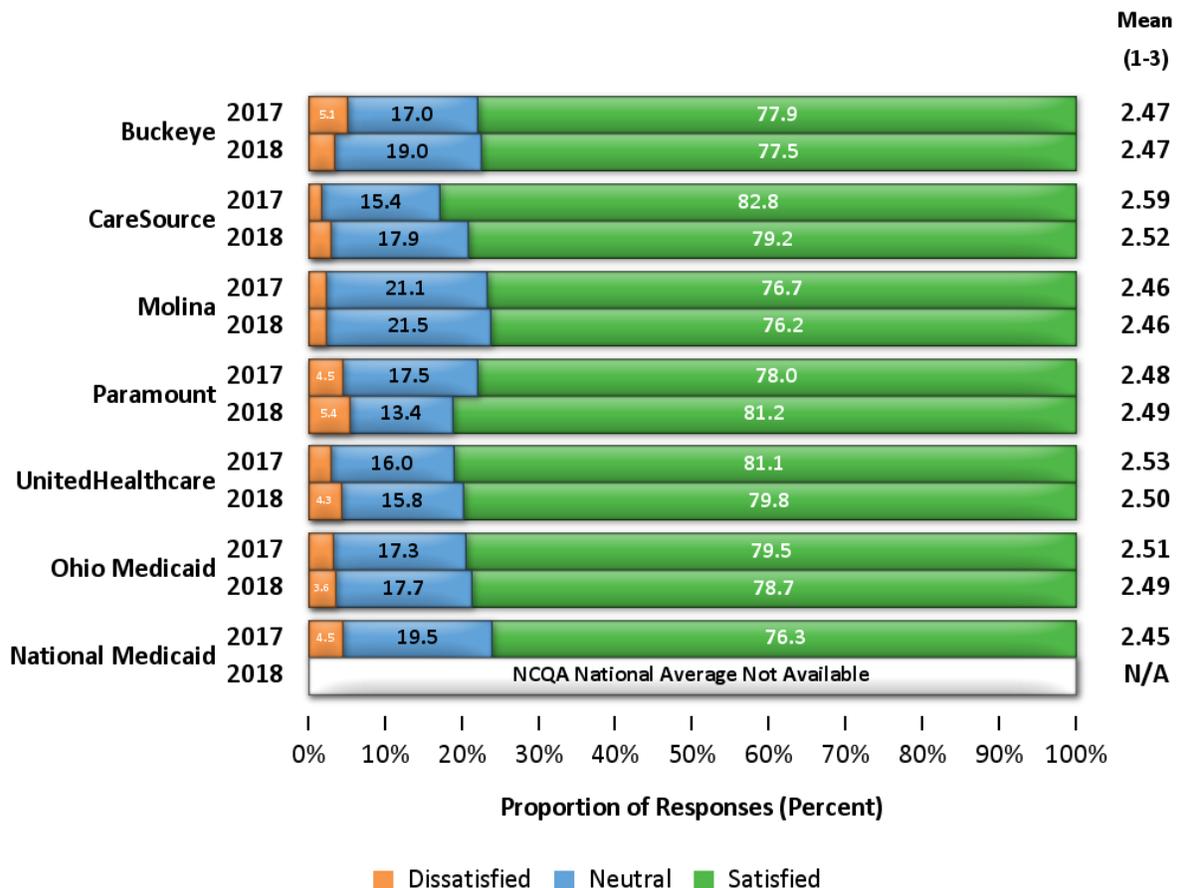
Measures with fewer than 100 responses are noted with an asterisk (*). The 2017 NCQA national Medicaid averages are presented for measures, when available, for comparison. The 2018 NCQA national Medicaid averages were not available at the time the report was produced. The text below the figures provides 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.” For this question, an overall mean was calculated for the adult and child populations. Responses also were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 4-1 and Figure 4-2 depict the overall mean scores and the 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 4-1—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.

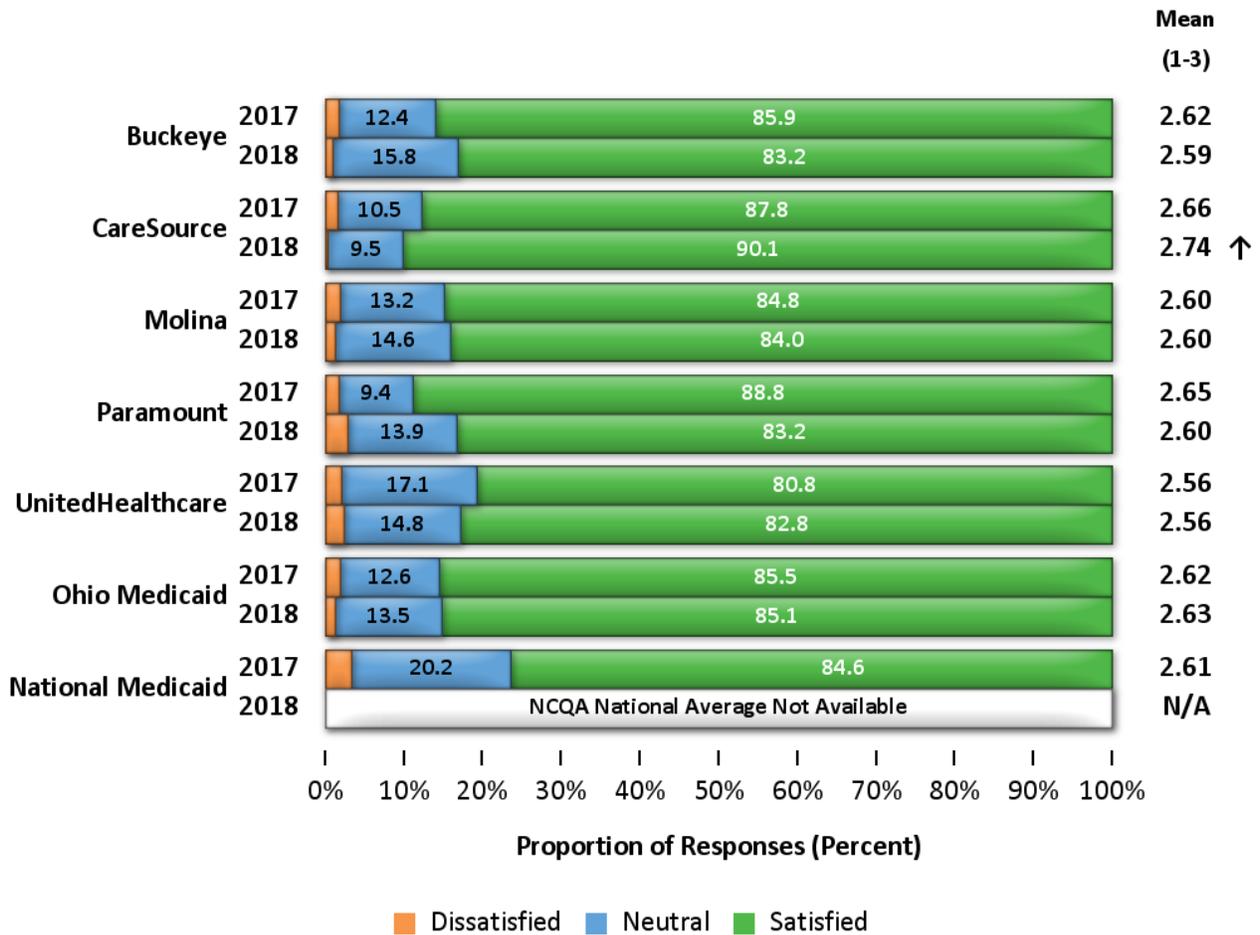
Comparative Analysis

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 4-2—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.

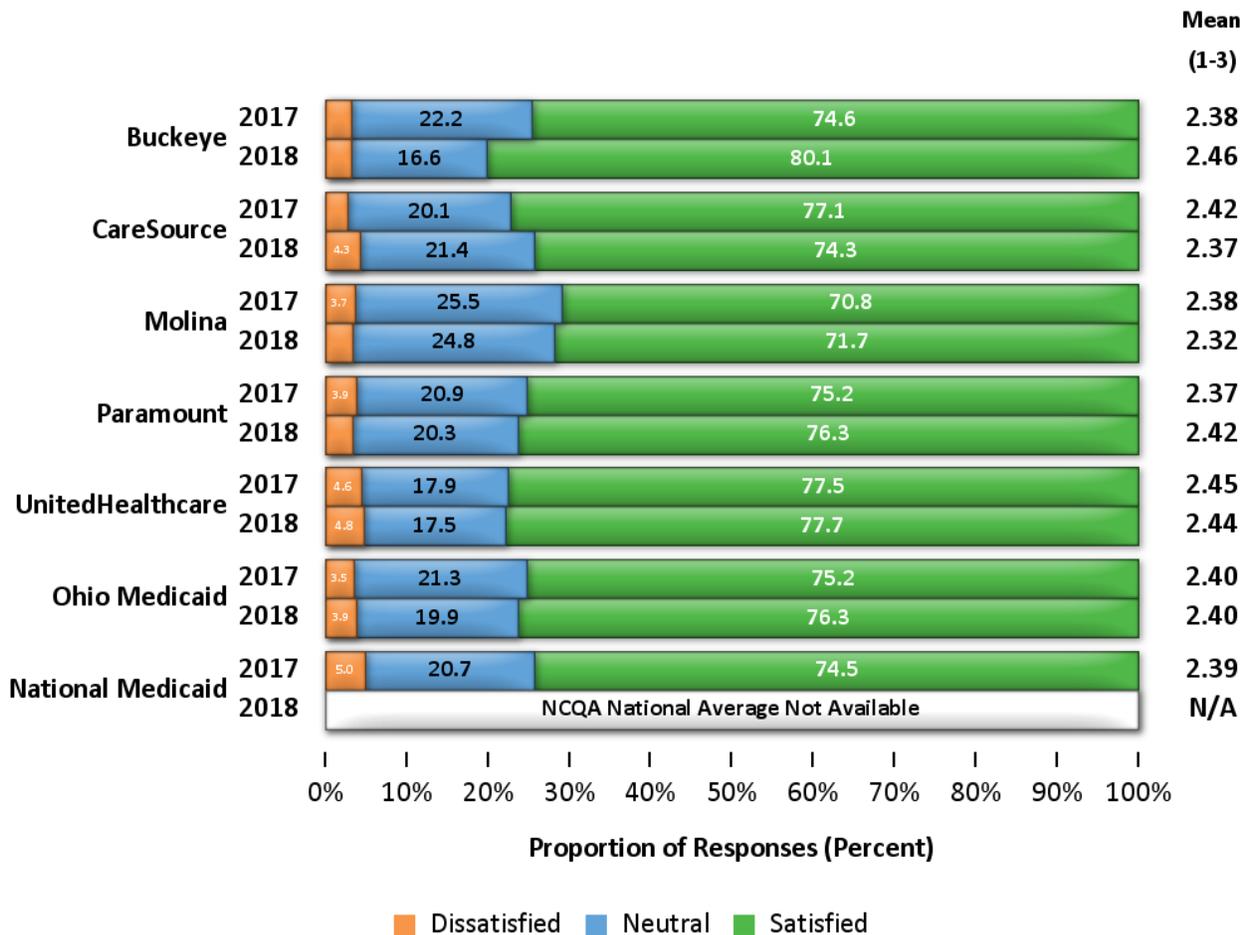
Trending Analysis

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.” For this question, an overall mean was calculated for the adult and child populations. Responses also were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 4-3 and Figure 4-4 depict the overall mean scores and the 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 4-3—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.

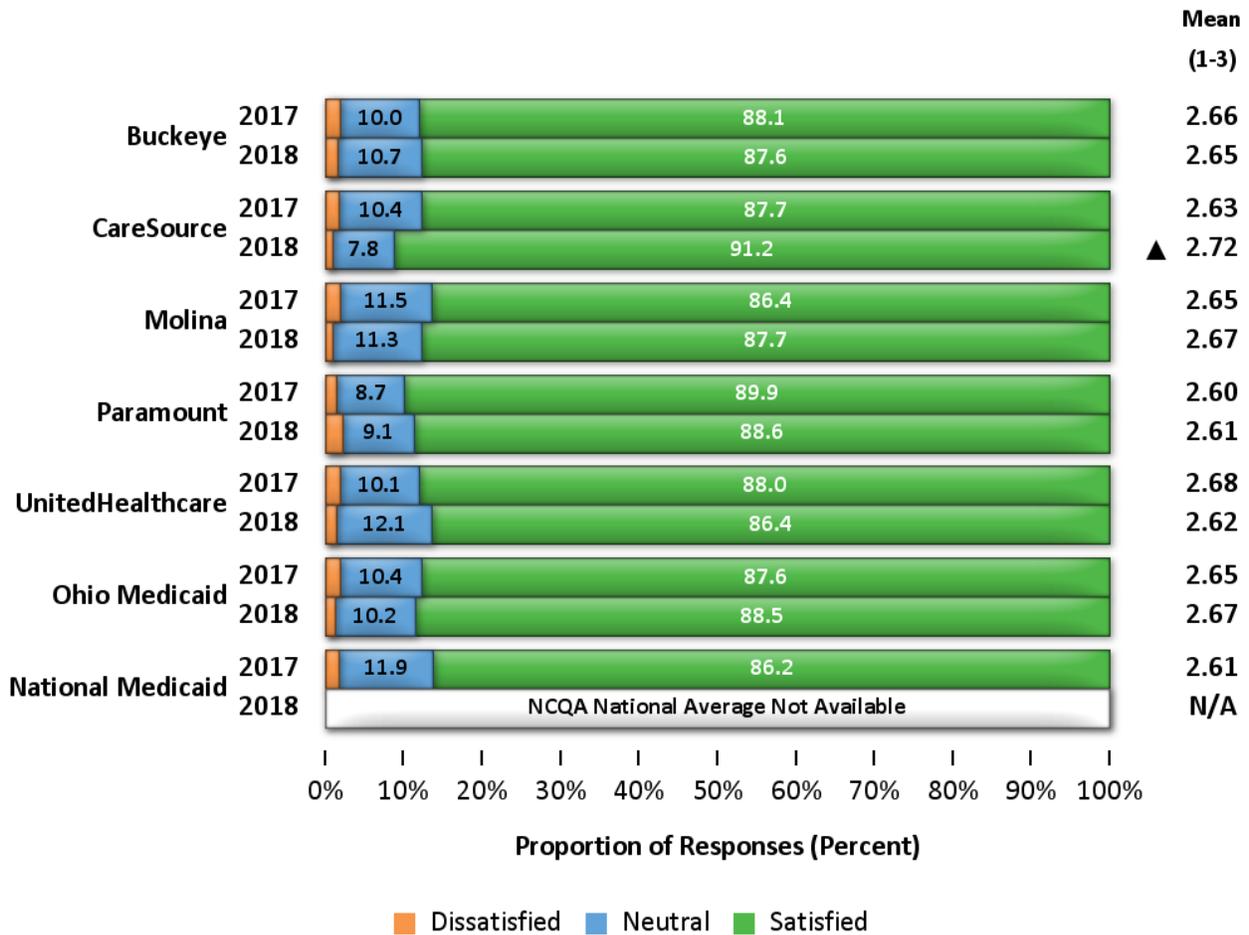
Comparative Analysis

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 4-4—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

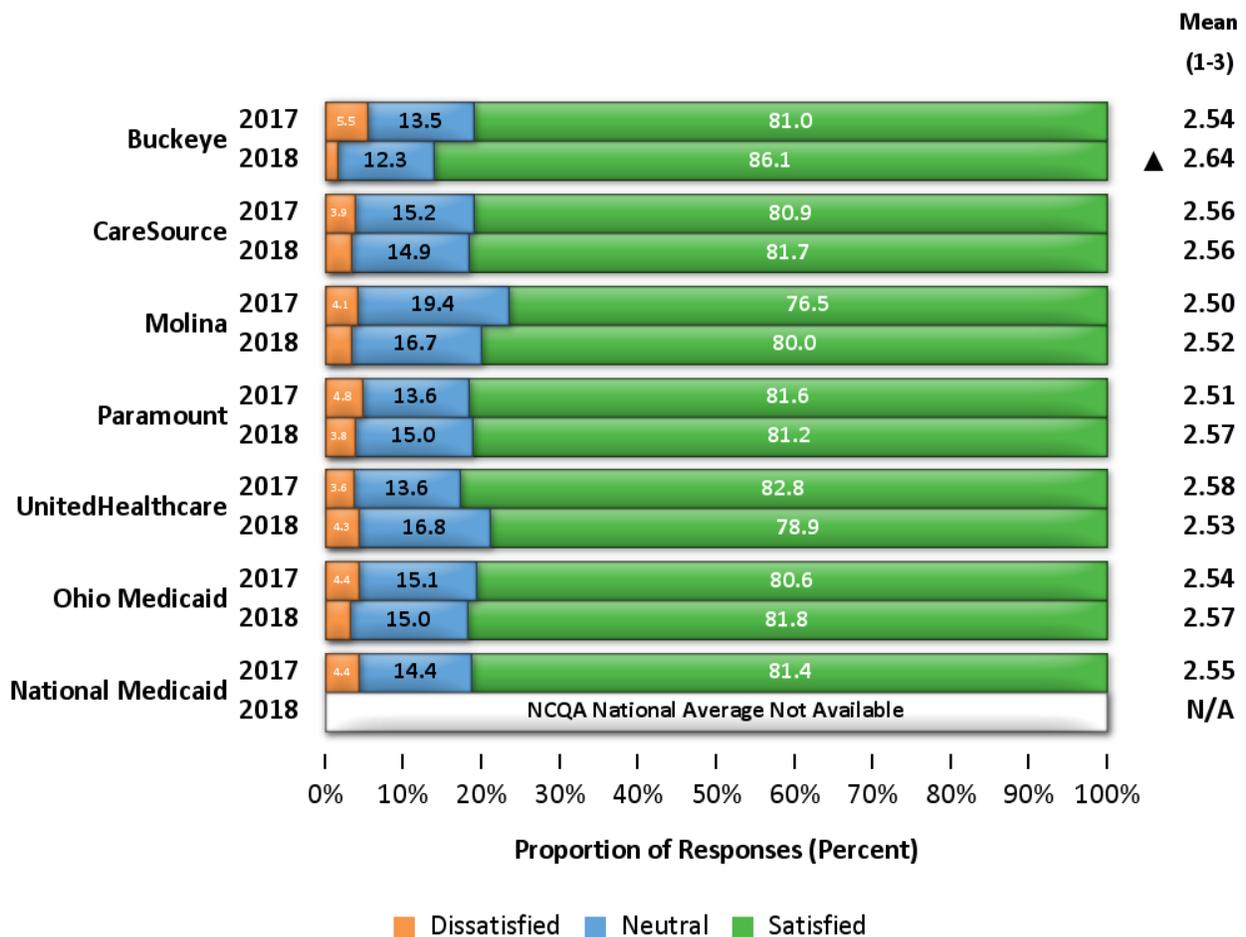
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- 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.” For this question, an overall mean was calculated for the adult and child populations. Responses also were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 4-5 and Figure 4-6 depict the overall mean scores and the 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 4-5—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

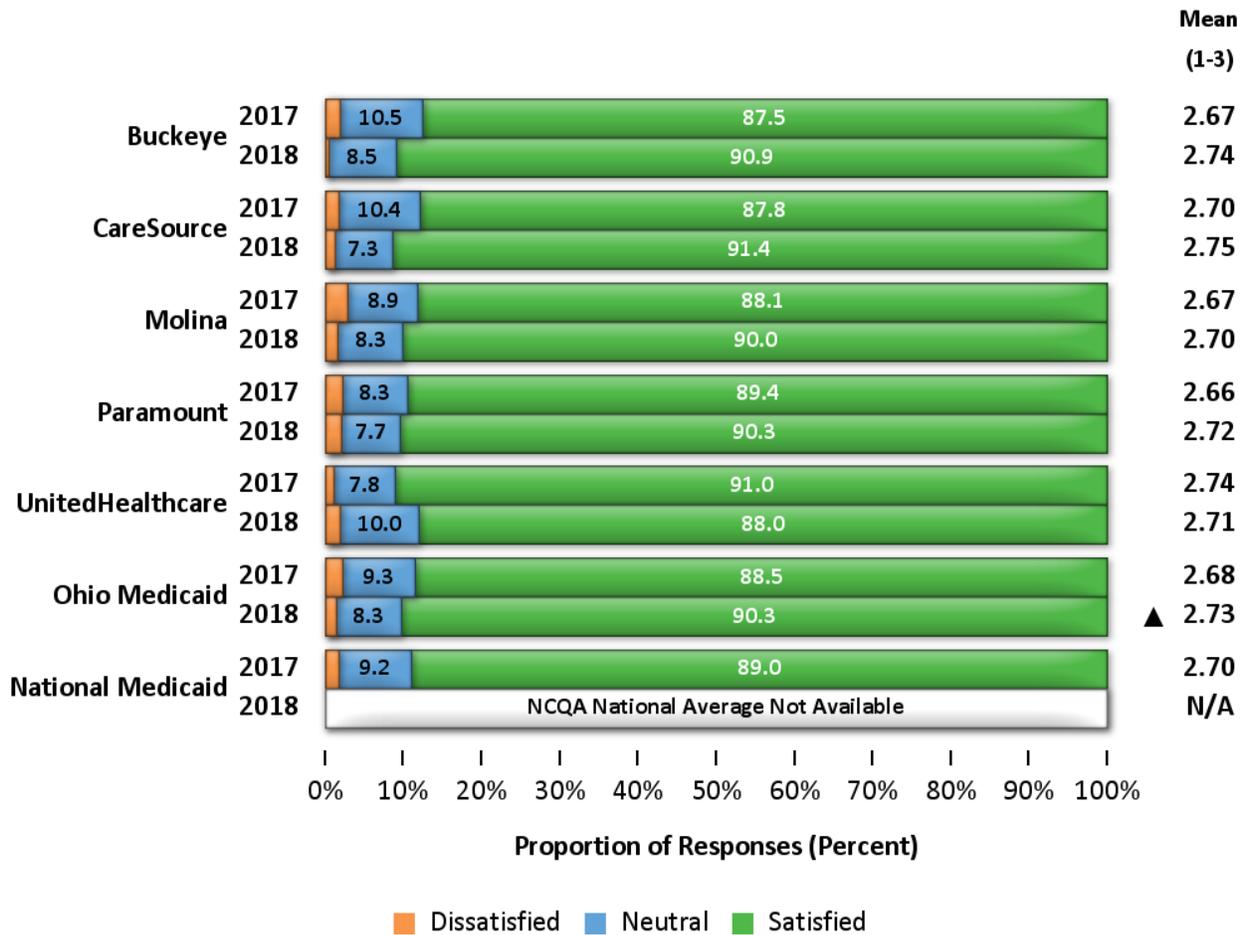
Overall, there were no *statistically significant* differences observed for this measure.

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 4-6—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

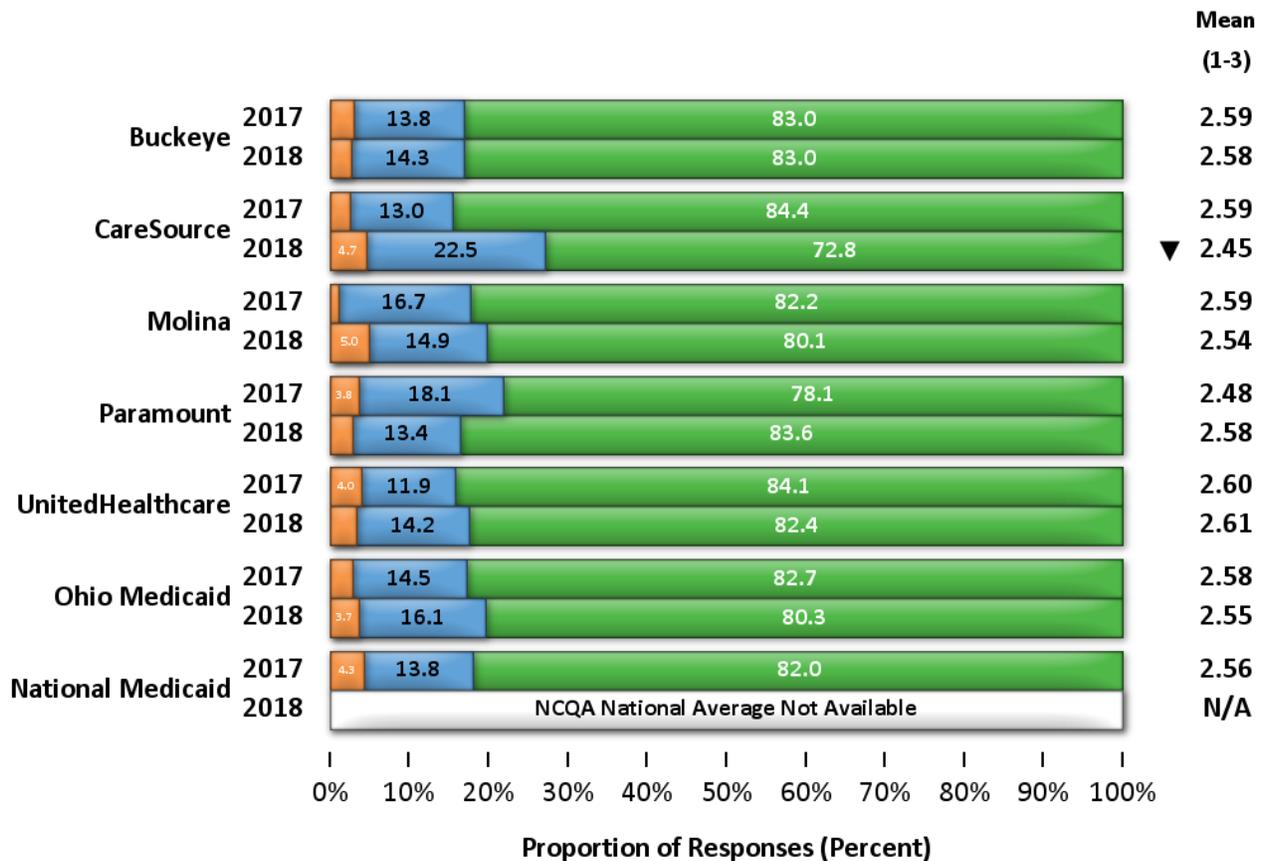
Overall, there was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

- 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.” For this question, an overall mean was calculated for the adult and child populations. Responses also were classified into three categories: Dissatisfied (0–4), Neutral (5–7), and Satisfied (8–10). Figure 4-7 and Figure 4-8 depict the overall mean scores and the 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 4-7—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

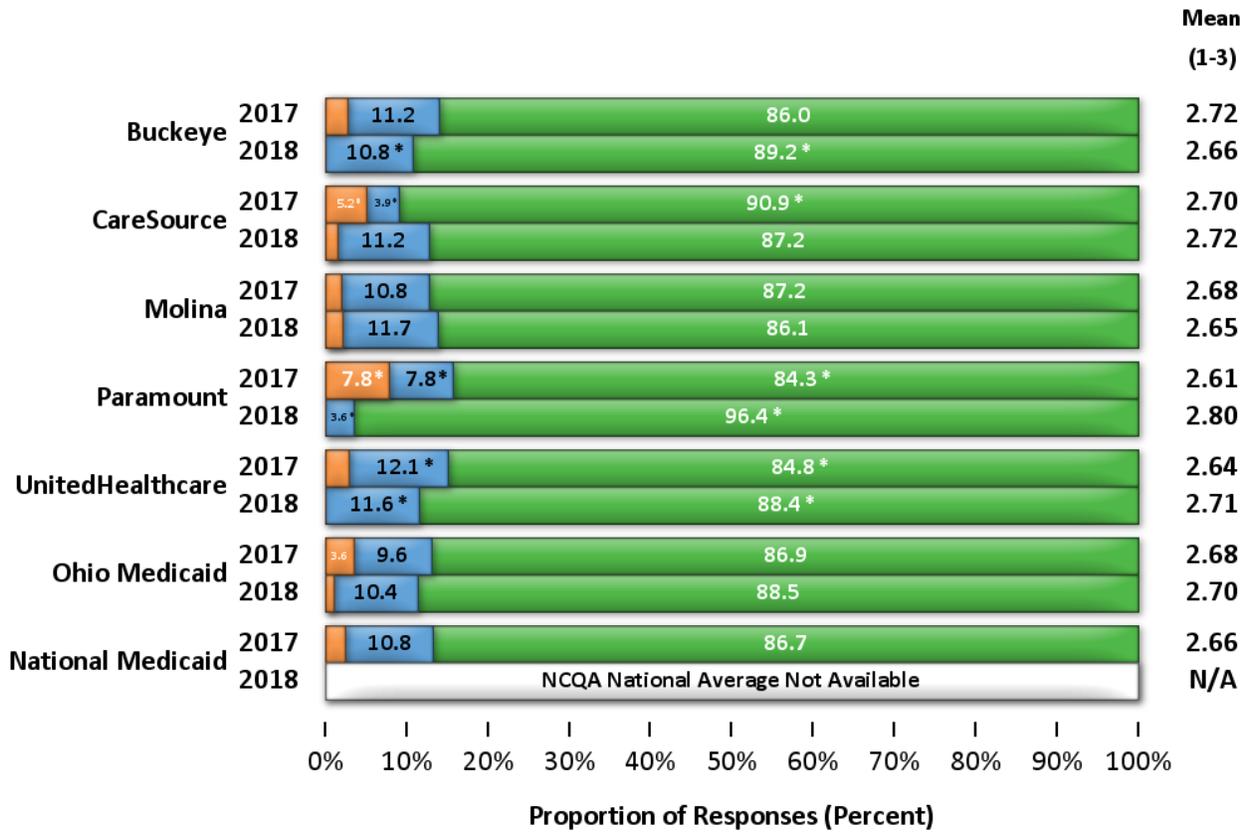
Overall, there were no *statistically significant* differences observed for this measure.

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 4-8—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.

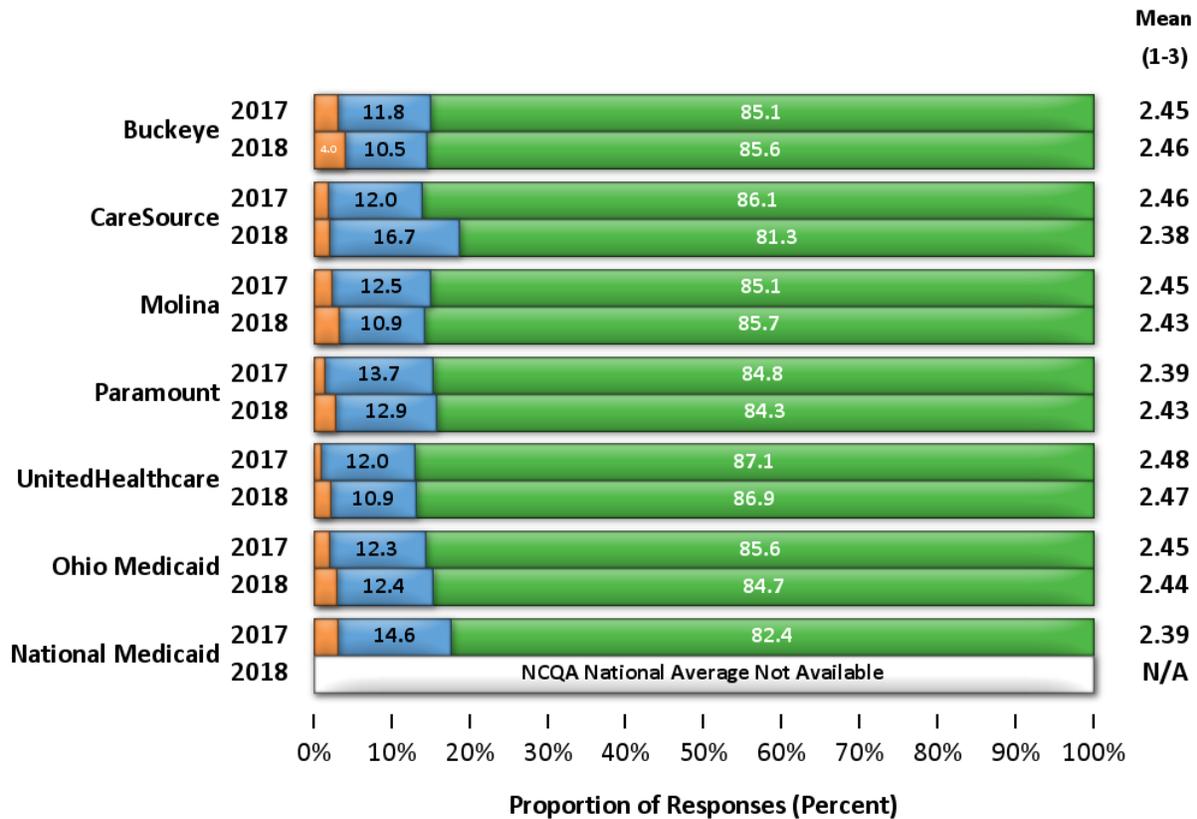
- The percentage of CareSource’s respondents who gave a response of Neutral was significantly higher in 2018 than in 2017.
- The percentage of Ohio Medicaid’s respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.
- The percentage of Paramount’s respondents who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

Composite Measures and Composite Items

Adult Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care. For each of these questions (questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses also were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The 2017 NCQA national adult Medicaid averages are presented for comparison.

**Figure 4-9—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

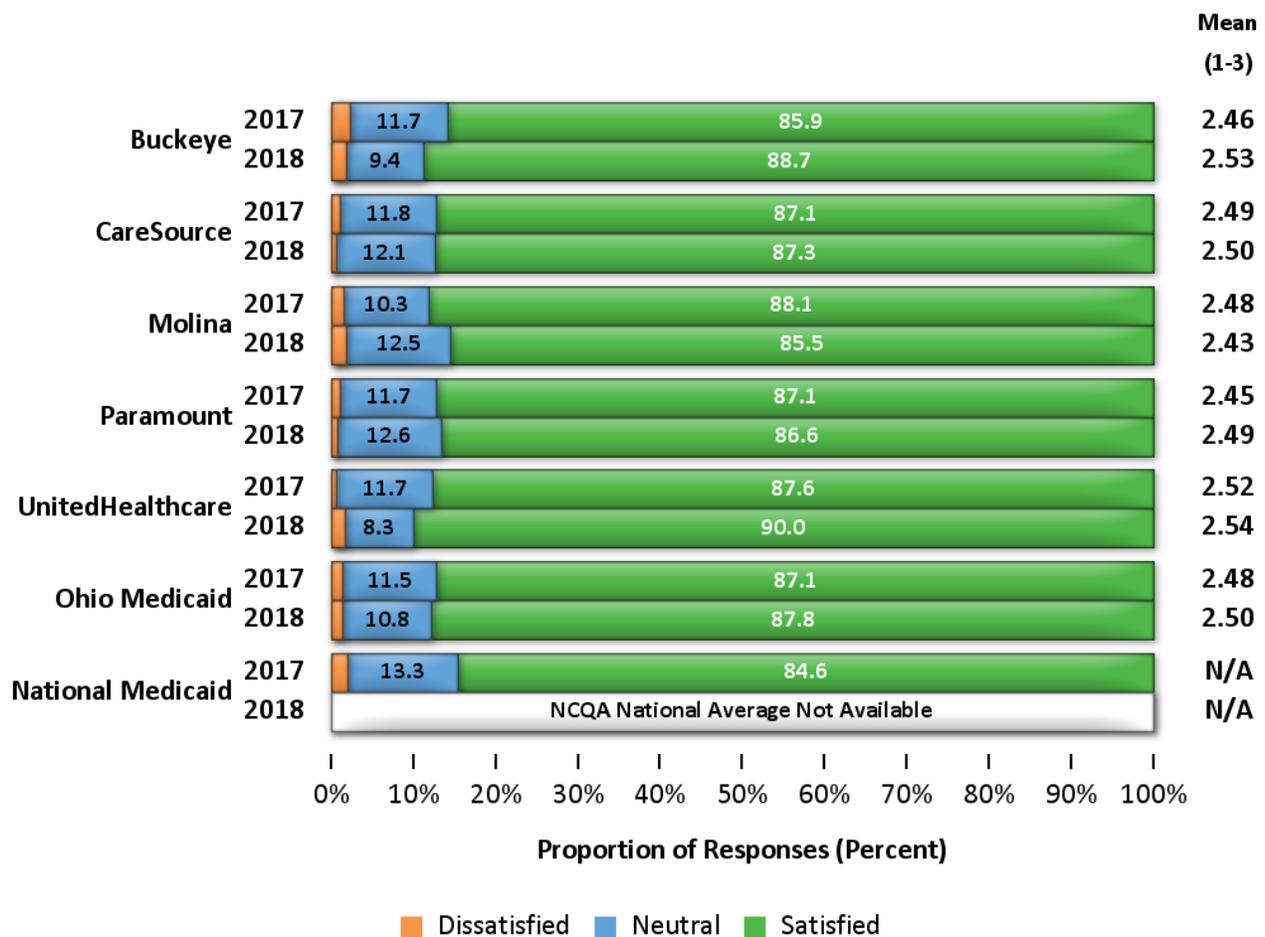
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Adult Getting Needed Care: Got Care Believed Necessary

Question 14 in the CAHPS Adult Medicaid Health Plan Survey asked how often it was easy for members to get the care, tests, or treatment they thought they needed. Figure 4-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻⁶

**Figure 4-10—Adult Getting Needed Care: Got Care Believed Necessary
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.

⁴⁻⁶ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

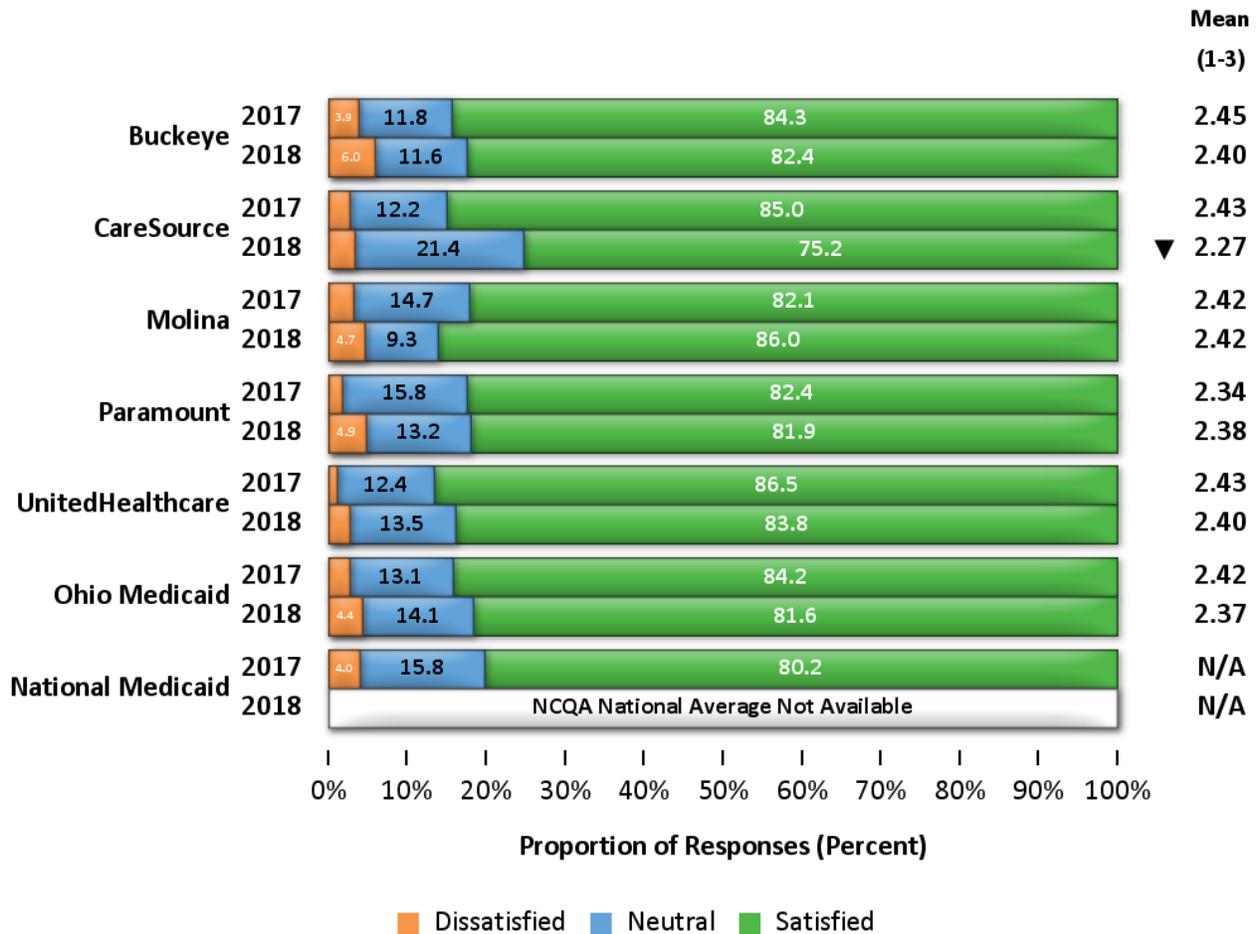
Trending Analysis

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

Adult Getting Needed Care: Saw a Specialist

Question 25 in the CAHPS Adult Medicaid Health Plan Survey asked how often members got an appointment with a specialist as soon as they needed. Figure 4-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻⁷

**Figure 4-11—Adult Getting Needed Care: Saw a Specialist
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.

⁴⁻⁷ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

- The percentage of CareSource’s respondents who gave a response of Neutral was significantly higher than the program average.
- The percentage of Molina’s respondents who gave a response of Neutral was significantly lower than the program average.

Trending Analysis

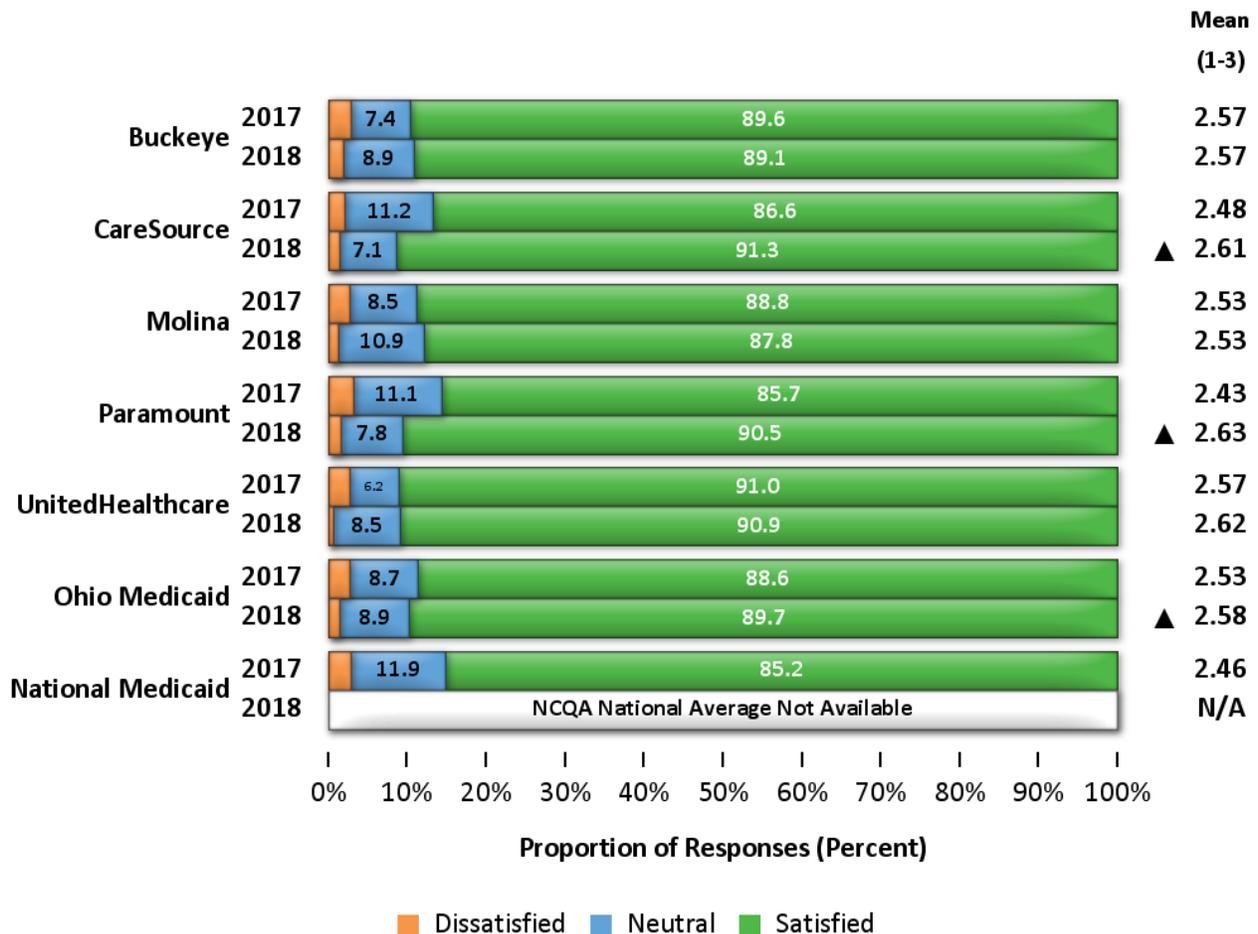
Overall, there were four *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Child Getting Needed Care

Two questions were asked to parents or caretakers of child members to assess how often it was easy to get needed care for their child. For each of these questions (questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses also were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The 2017 NCQA national child Medicaid averages are presented for comparison.

**Figure 4-12—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

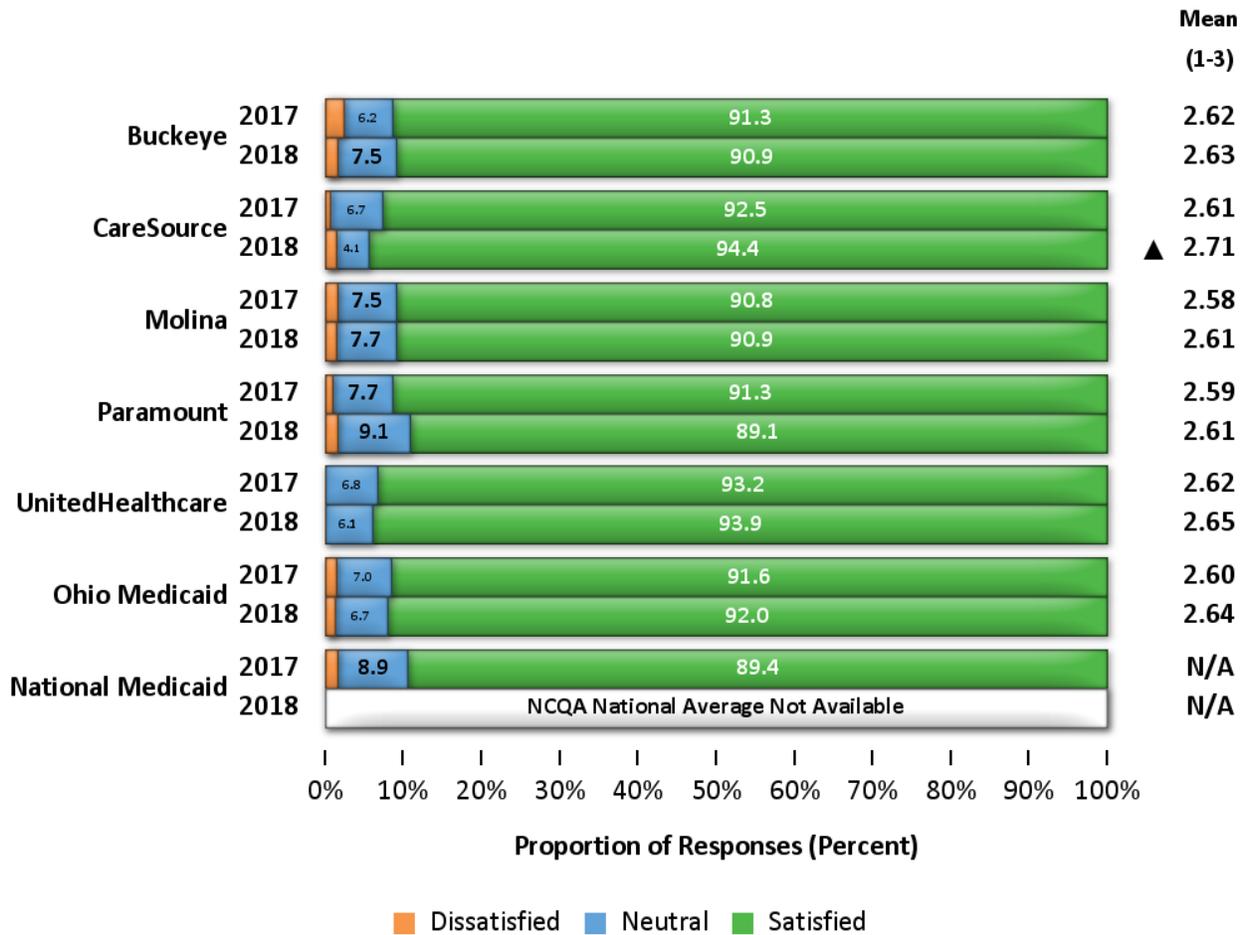
Overall, there were four *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Child Getting Needed Care: Got Care Believed Necessary

Question 15 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often it was easy to get the care, tests, or treatment their child needed. Figure 4-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻⁸

**Figure 4-13—Child Getting Needed Care: Got Care Believed Necessary
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.

⁴⁻⁸ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

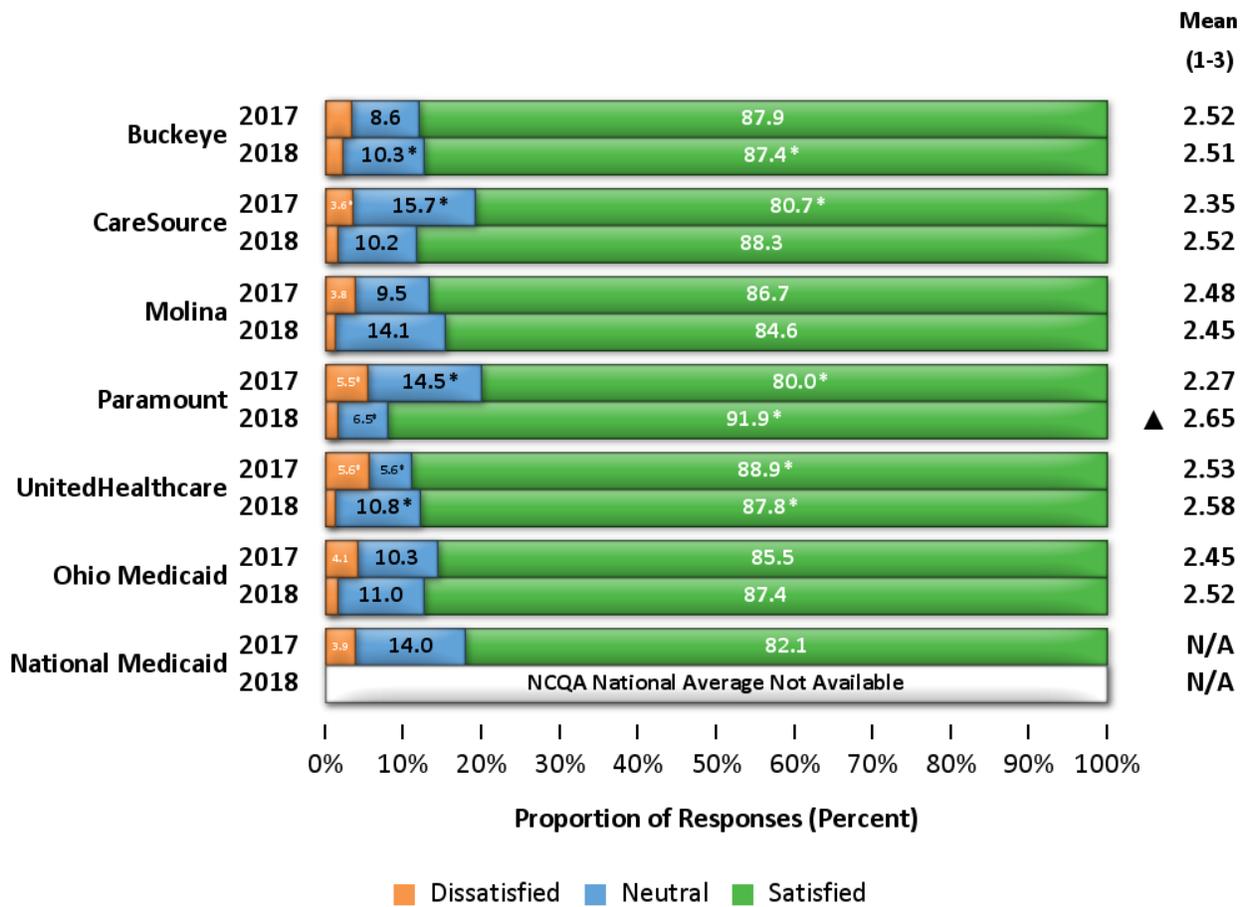
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Child Getting Needed Care: Saw a Specialist

Question 46 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often they got an appointment for their child to see a specialist as soon as they needed. Figure 4-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻⁹

**Figure 4-14—Child Getting Needed Care: Saw a Specialist
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.

⁴⁻⁹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

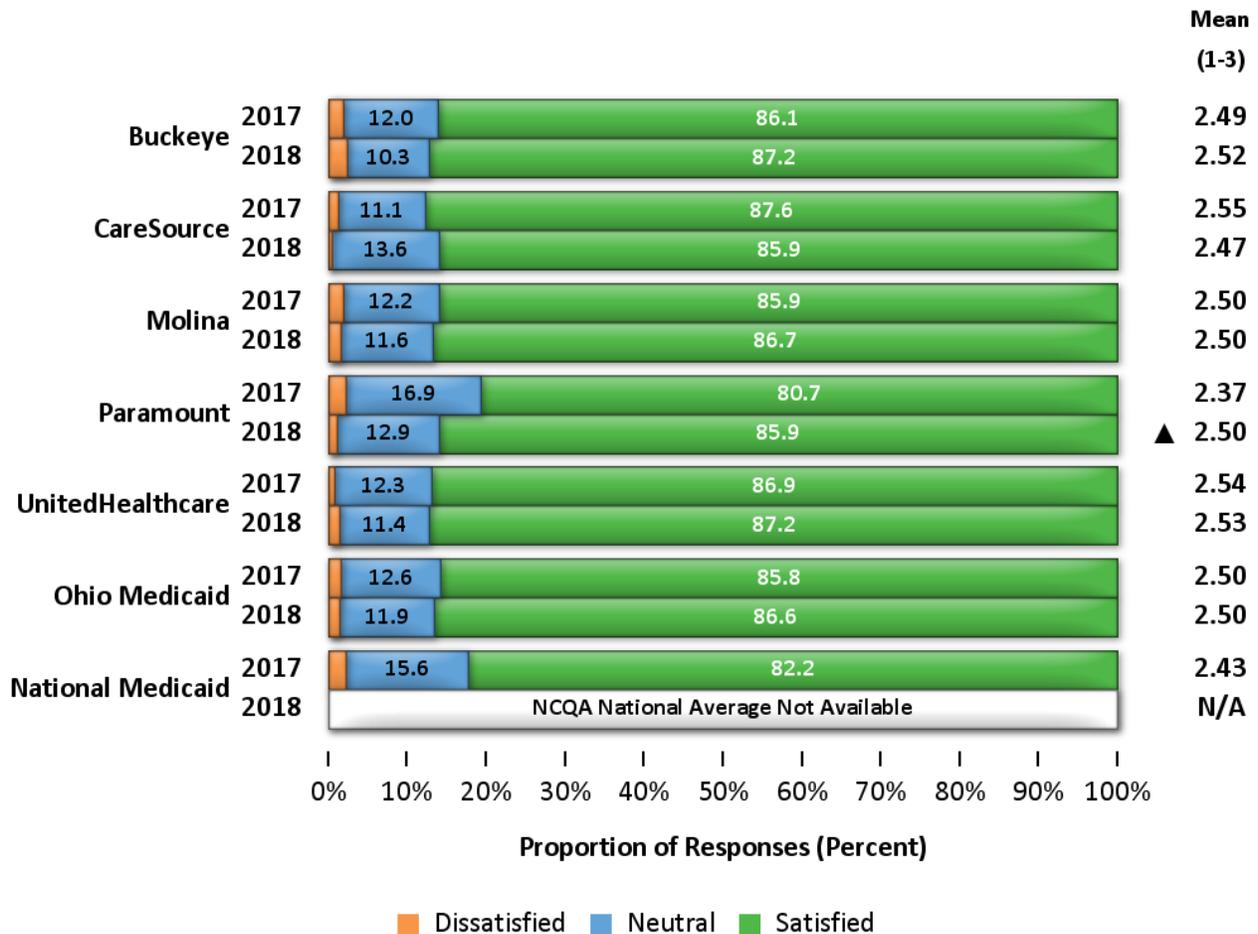
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Paramount's overall mean 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.

Adult Getting Care Quickly

Two questions were asked to assess how often members received care quickly. For each of these questions (questions 4 and 6 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses also were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The 2017 NCQA national adult Medicaid averages are presented for comparison.

**Figure 4-15—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

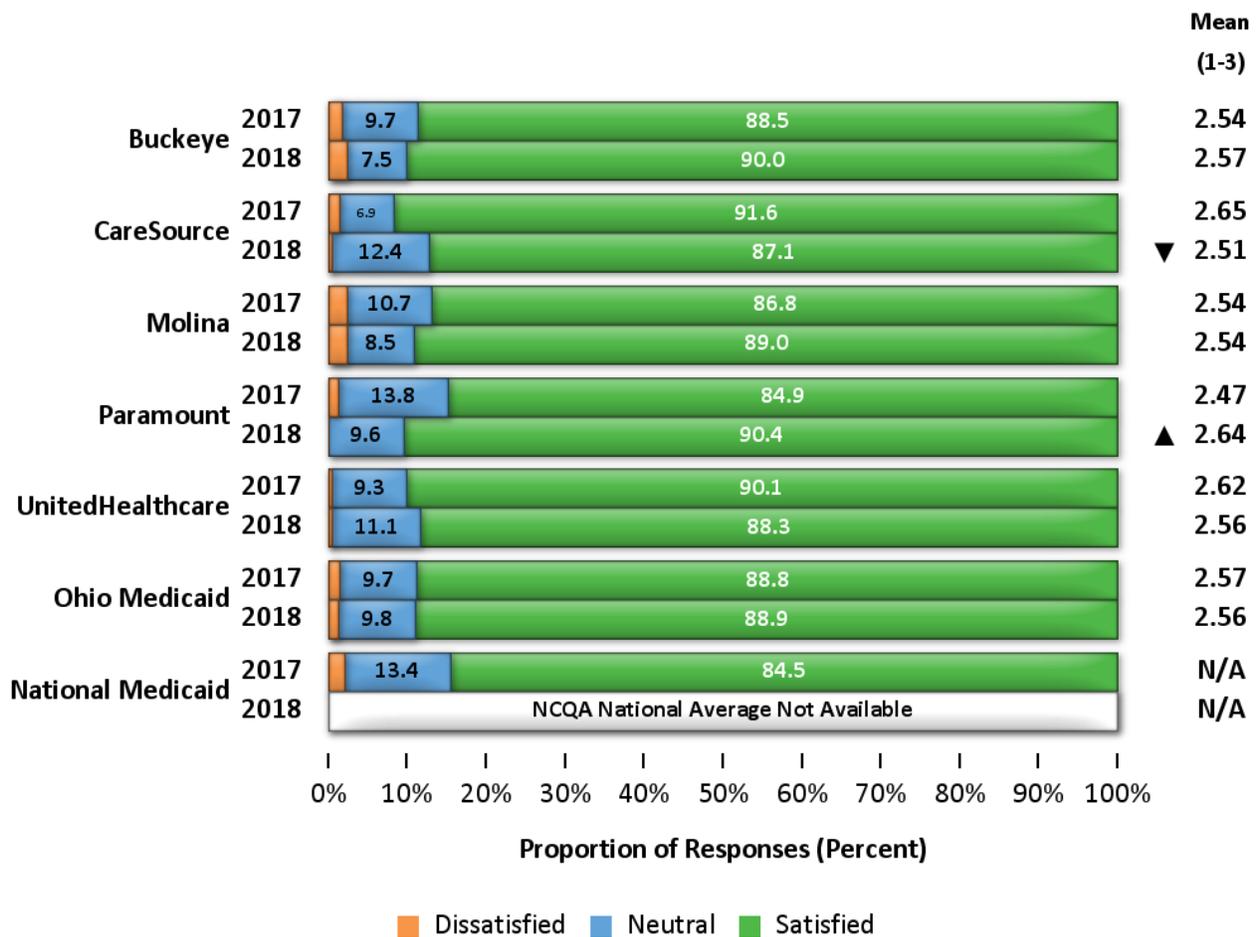
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Adult Getting Care Quickly: Received Care as Soon as Wanted

Question 4 in the CAHPS Adult Medicaid Health Plan Survey asked how often members received care as soon as they wanted when they needed care right away. Figure 4-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁰

**Figure 4-16—Adult Getting Care Quickly: Received Care as Soon as Wanted
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.

⁴⁻¹⁰ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

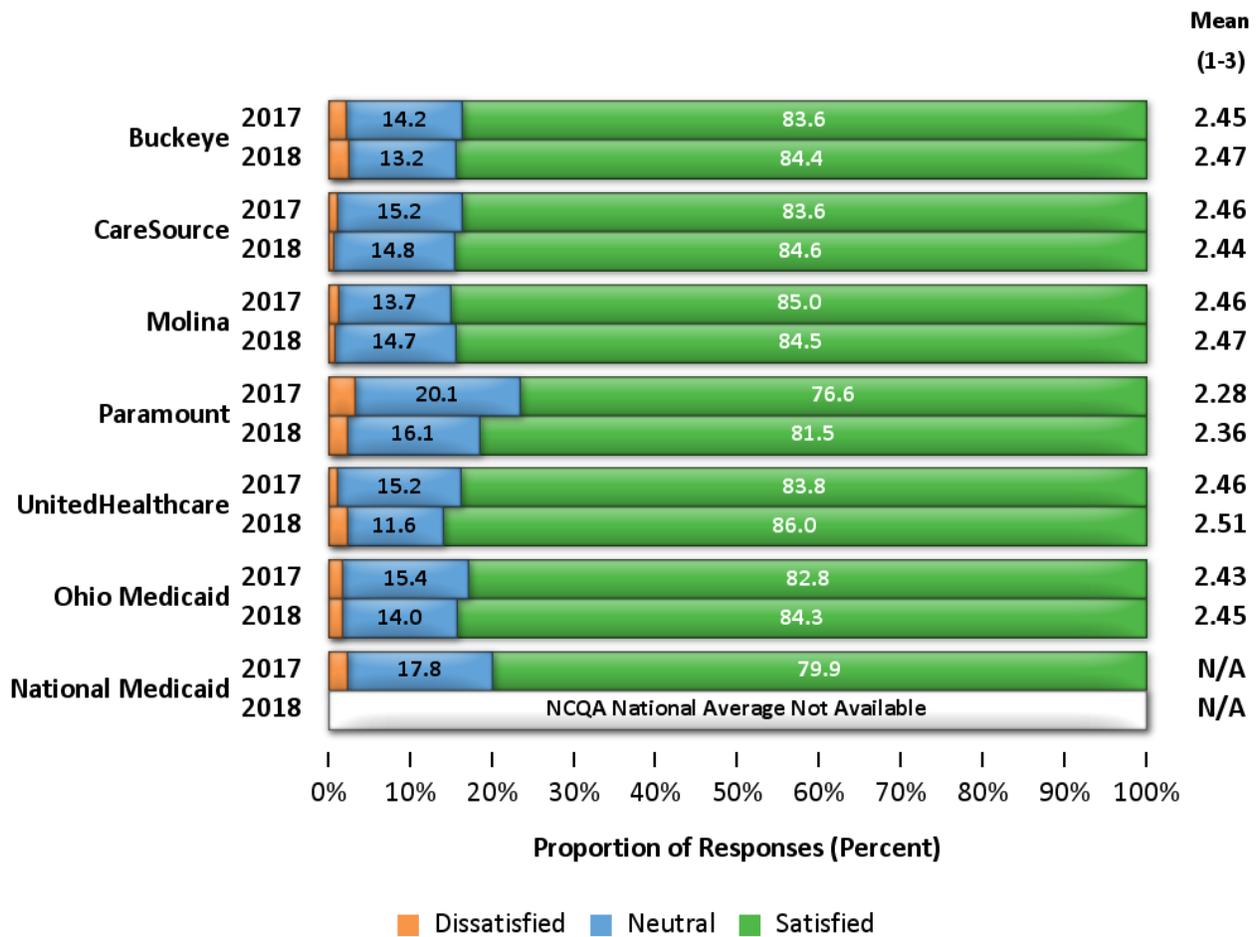
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Adult Getting Care Quickly: Received Appointment as Soon as Wanted

Question 6 in the CAHPS Adult Medicaid Health Plan Survey asked how often members received an appointment as soon as they wanted when they did not need care right away (i.e., a check-up or routine care). Figure 4-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹¹

**Figure 4-17—Adult Getting Care Quickly: Received Appointment as Soon as Wanted
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.

⁴⁻¹¹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

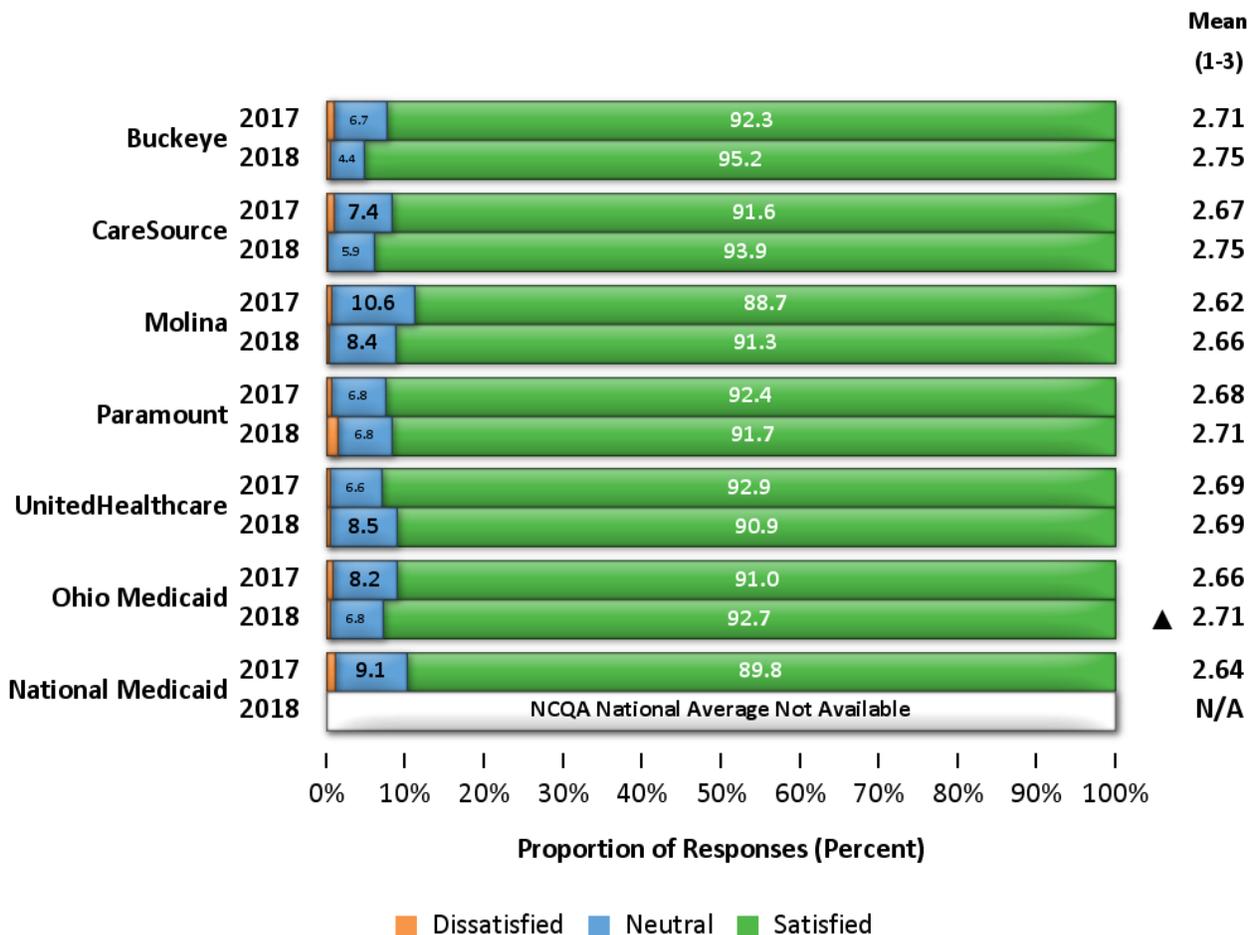
Trending Analysis

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

Child Getting Care Quickly

Two questions were asked to parents or caretakers of child members to assess how often their child received care quickly. For each of these questions (questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses also were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The 2017 NCQA national child Medicaid averages are presented for comparison.

**Figure 4-18—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

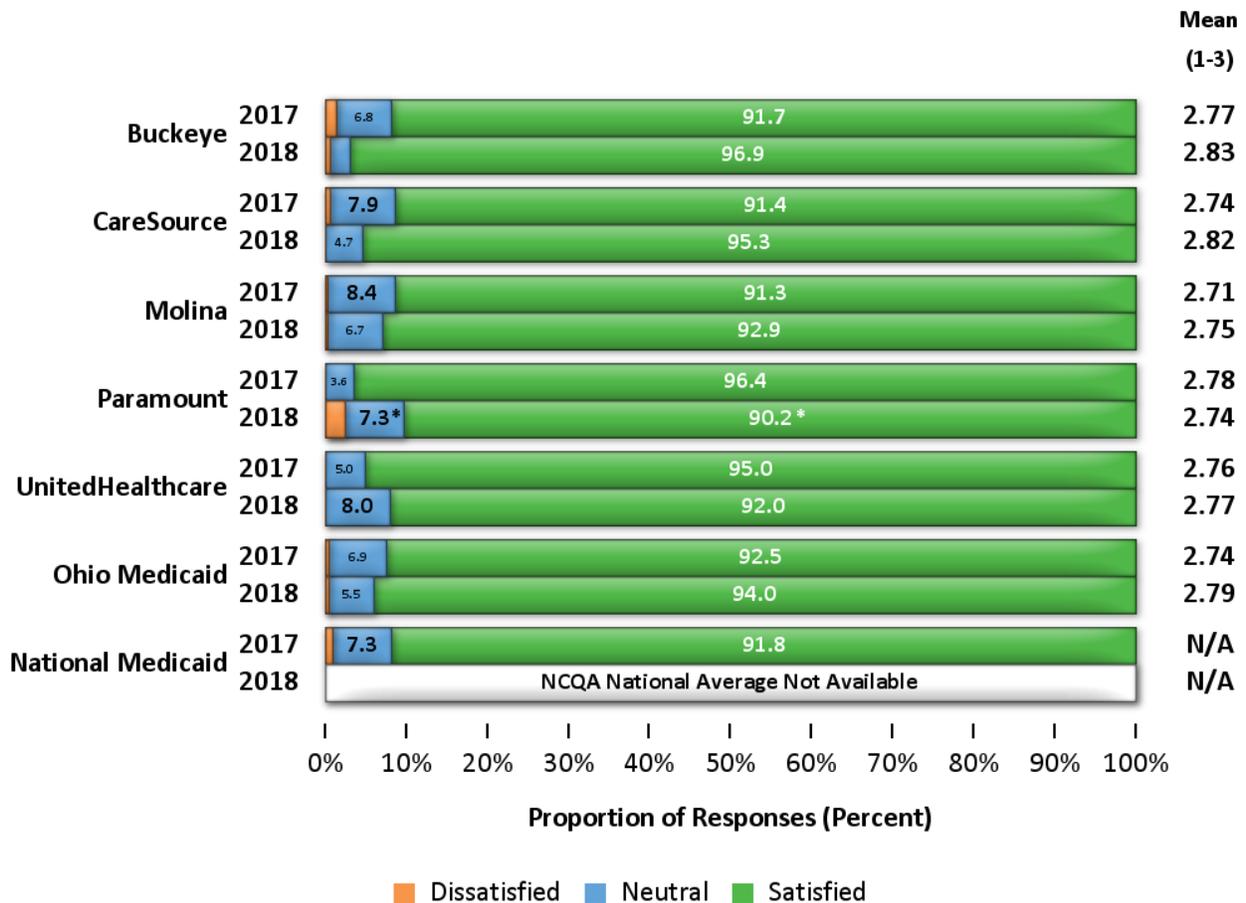
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Child Getting Care Quickly: Received Care as Soon as Wanted

Question 4 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received care as soon as they wanted when their child needed care right away. Figure 4-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹²

**Figure 4-19—Child Getting Care Quickly: Received Care as Soon as Wanted
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.

⁴⁻¹² NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

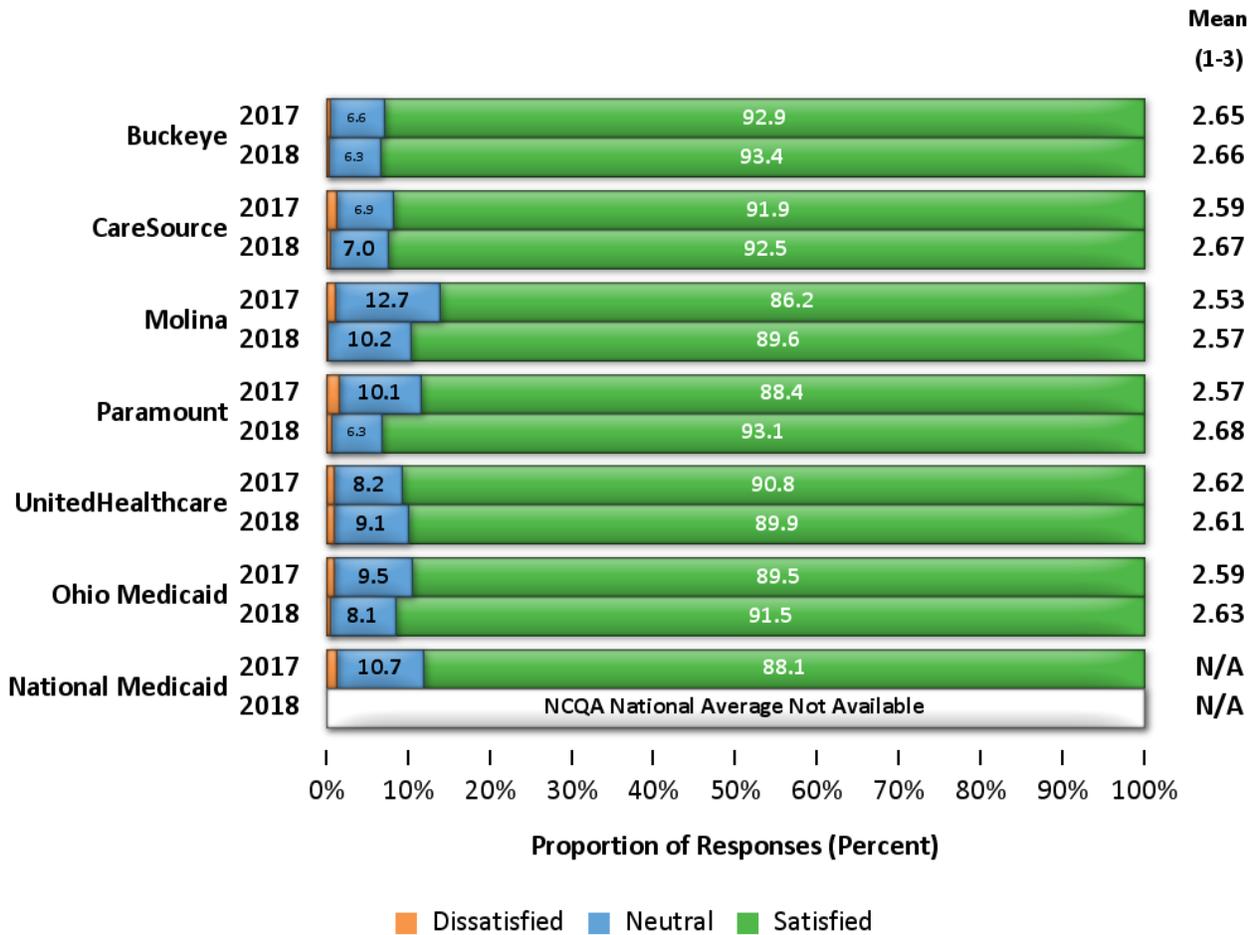
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The percentage of Buckeye's respondents who gave a response of 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.

Child Getting Care Quickly: Received Appointment as Soon as Wanted

Question 6 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received an appointment as soon as they wanted when their child did not need care right away (i.e., a check-up or routine care). Figure 4-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹³

**Figure 4-20—Child Getting Care Quickly: Received Appointment as Soon as Wanted
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.

⁴⁻¹³ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

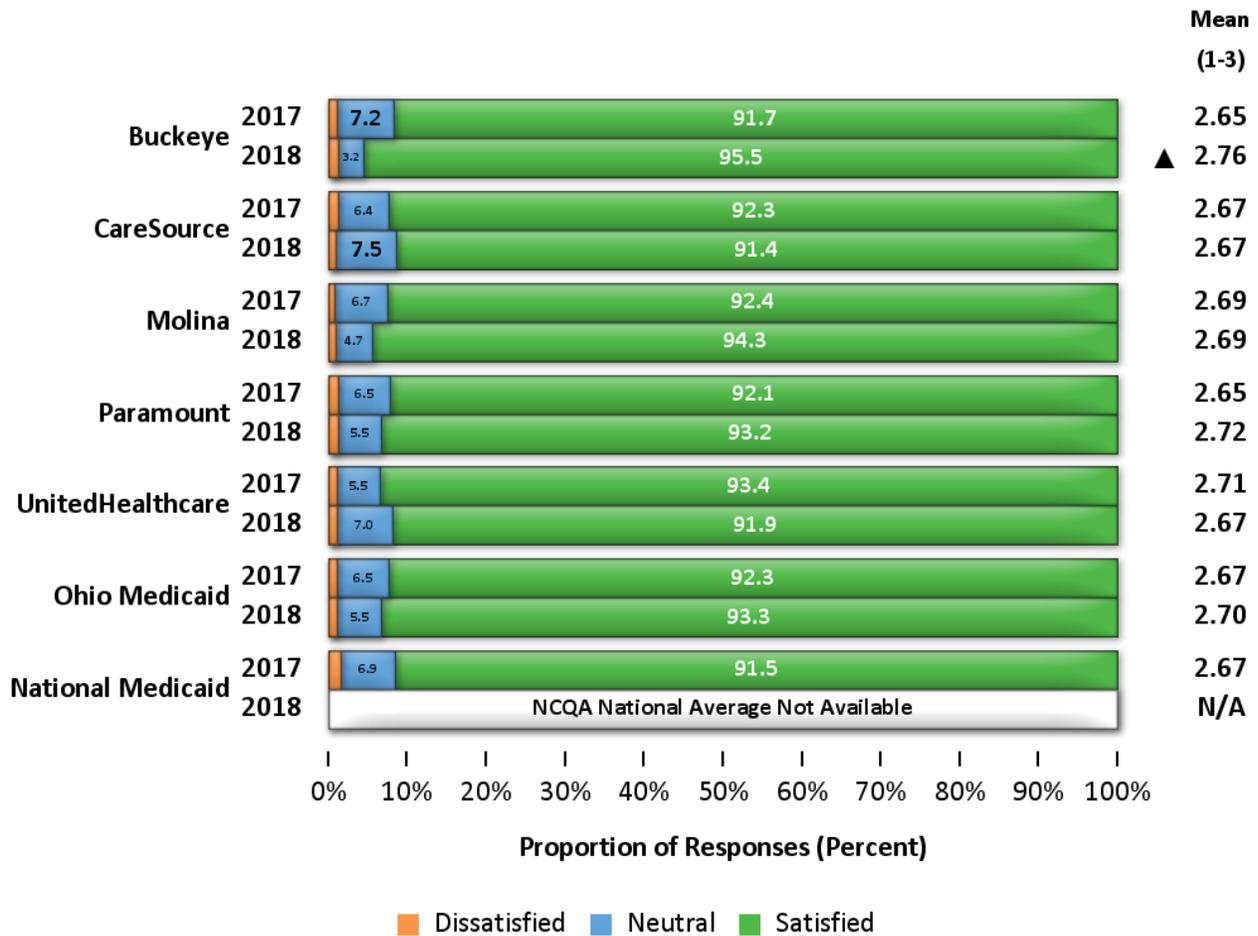
Trending Analysis

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

Adult How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well. For each of these questions (questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses also were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The 2017 NCQA national adult Medicaid averages are presented for comparison.

**Figure 4-21—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

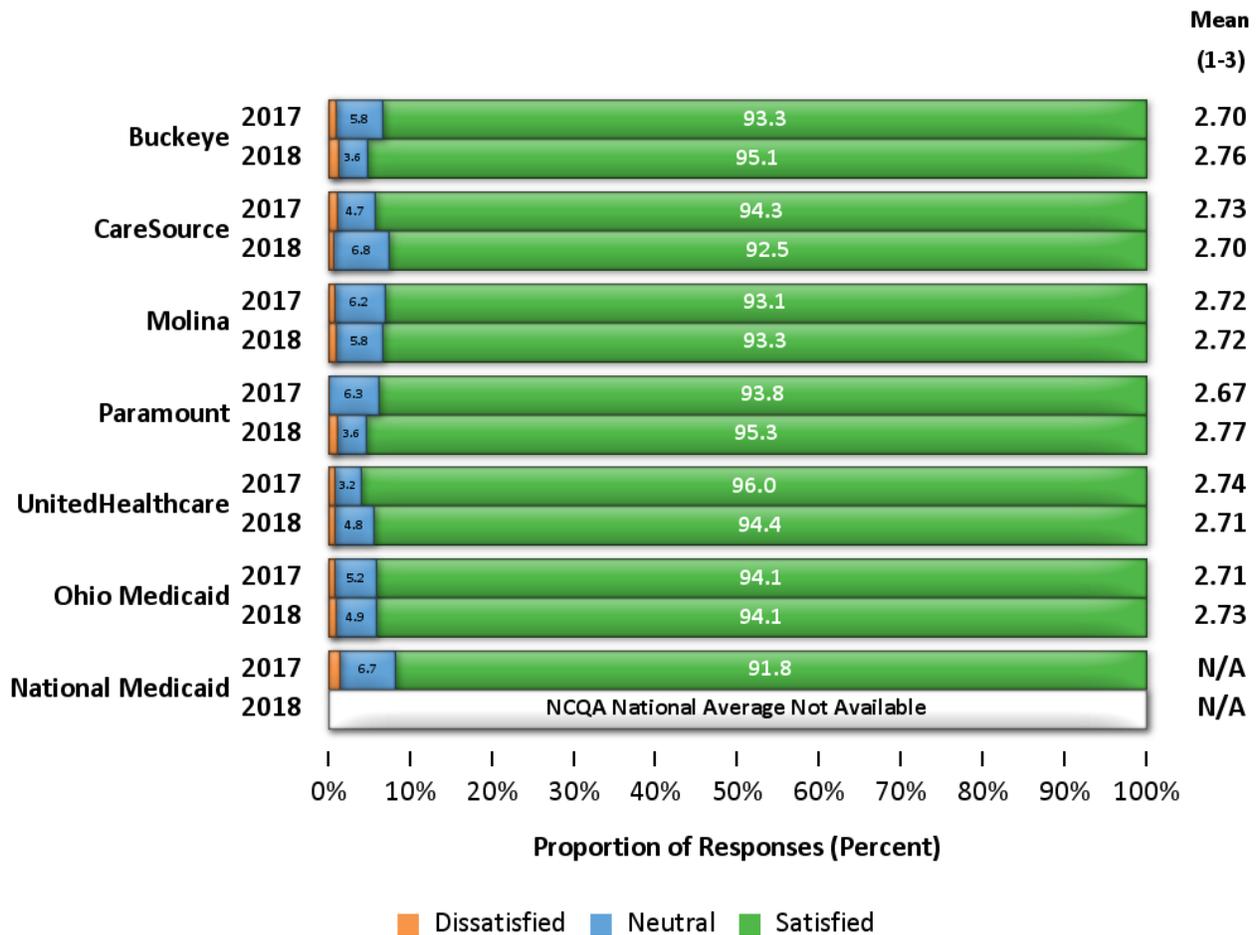
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

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

Question 17 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors explained things in a way they could understand. Figure 4-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁴

Figure 4-22—Adult How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
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.

⁴⁻¹⁴ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

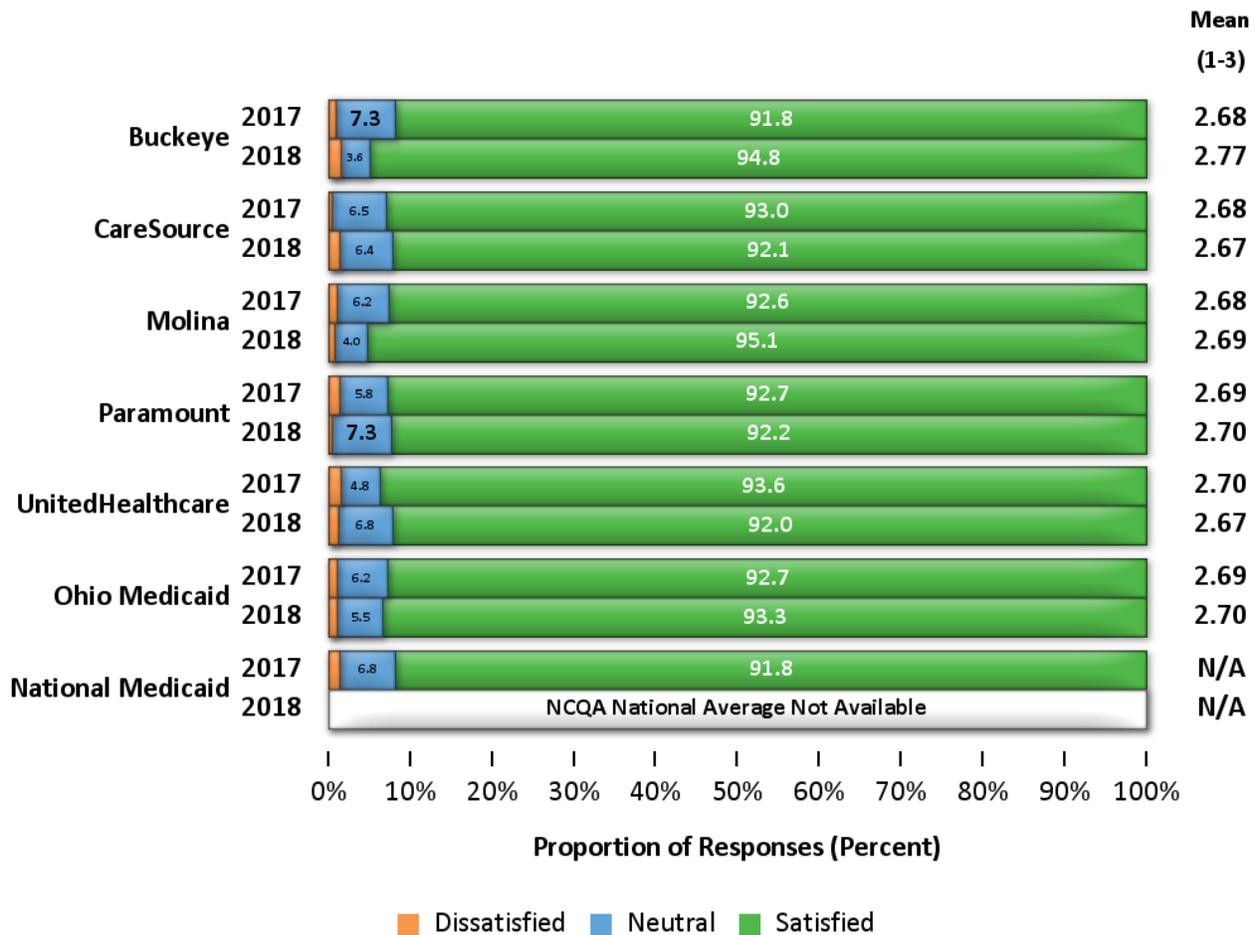
Trending Analysis

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

Adult How Well Doctors Communicate: Doctors Listened Carefully

Question 18 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors listened carefully to them. Figure 4-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁵

**Figure 4-23—Adult How Well Doctors Communicate: Doctors Listened Carefully
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.

⁴⁻¹⁵ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

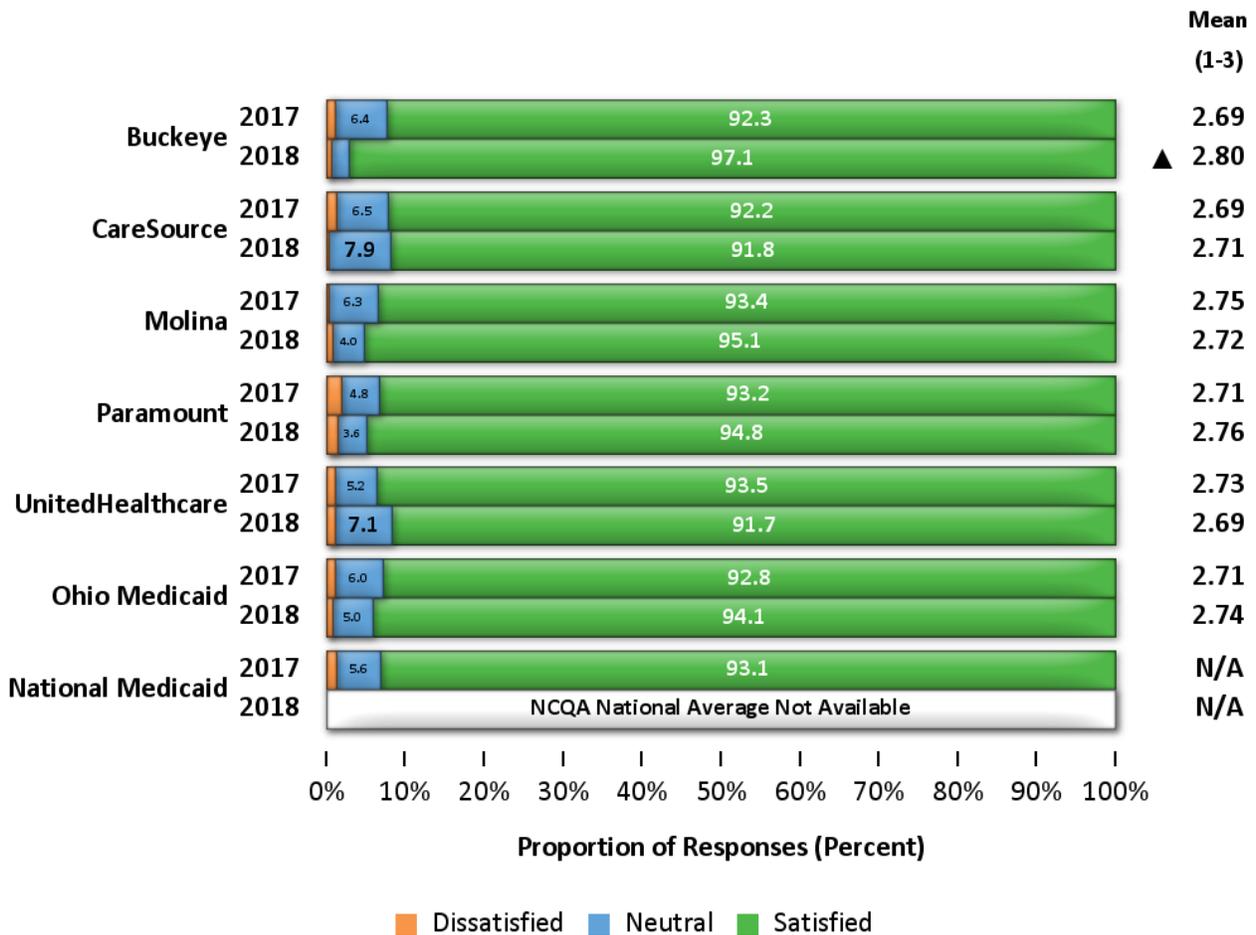
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Adult How Well Doctors Communicate: Doctors Showed Respect

Question 19 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors showed respect for what they had to say. Figure 4-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁶

**Figure 4-24—Adult How Well Doctors Communicate: Doctors Showed Respect
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.

⁴⁻¹⁶ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

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

Trending Analysis

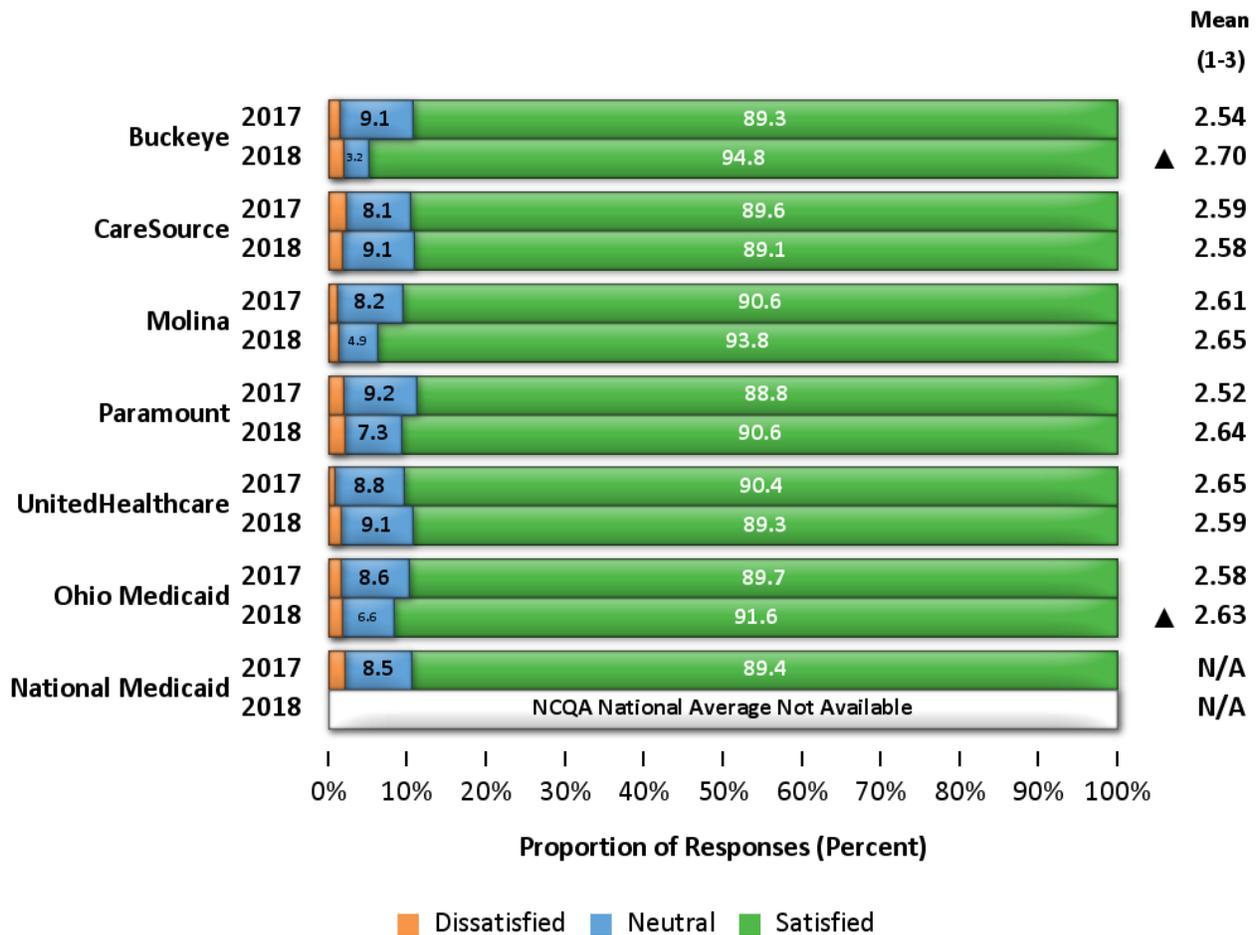
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Adult How Well Doctors Communicate: Doctors Spent Enough Time with Patient

Question 20 in the CAHPS Adult Medicaid Health Plan Survey asked members how often doctors spent enough time with them. Figure 4-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁷

**Figure 4-25—Adult How Well Doctors Communicate: Doctors Spent Enough Time with Patient
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.

⁴⁻¹⁷ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

- The percentage of Buckeye’s respondents who gave a response of Neutral was significantly lower than the program average, whereas the percentage of Buckeye’s respondents who gave a response of Satisfied was significantly higher than the program average.

Trending Analysis

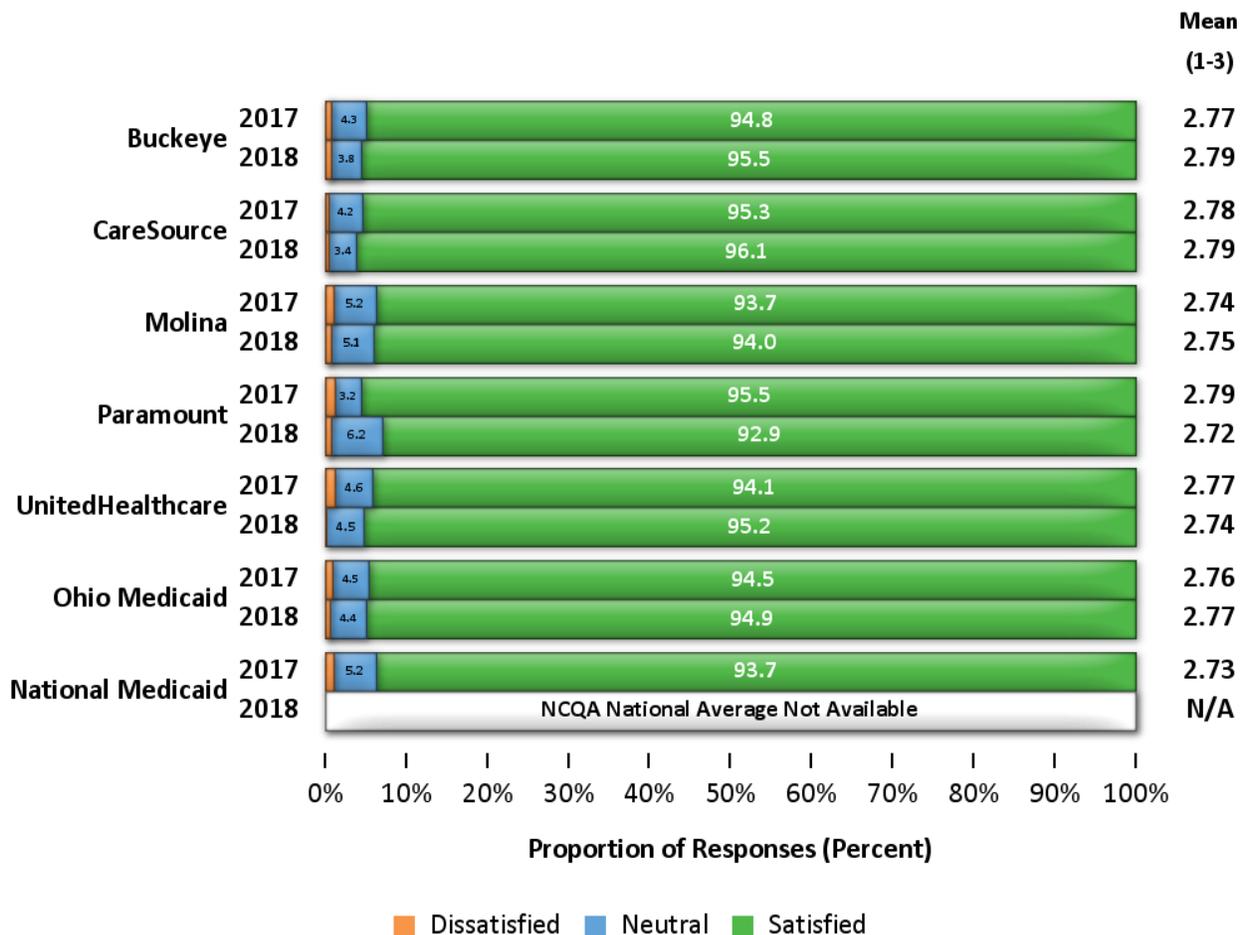
Overall, there were five *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.
- 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 Neutral was significantly lower in 2018 than in 2017.

Child How Well Doctors Communicate

A series of four questions was asked to parents or caretakers of child members to assess how often their child’s doctors communicated well. For each of these questions (questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The 2017 NCQA national child Medicaid averages are presented for comparison.

**Figure 4-26—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.

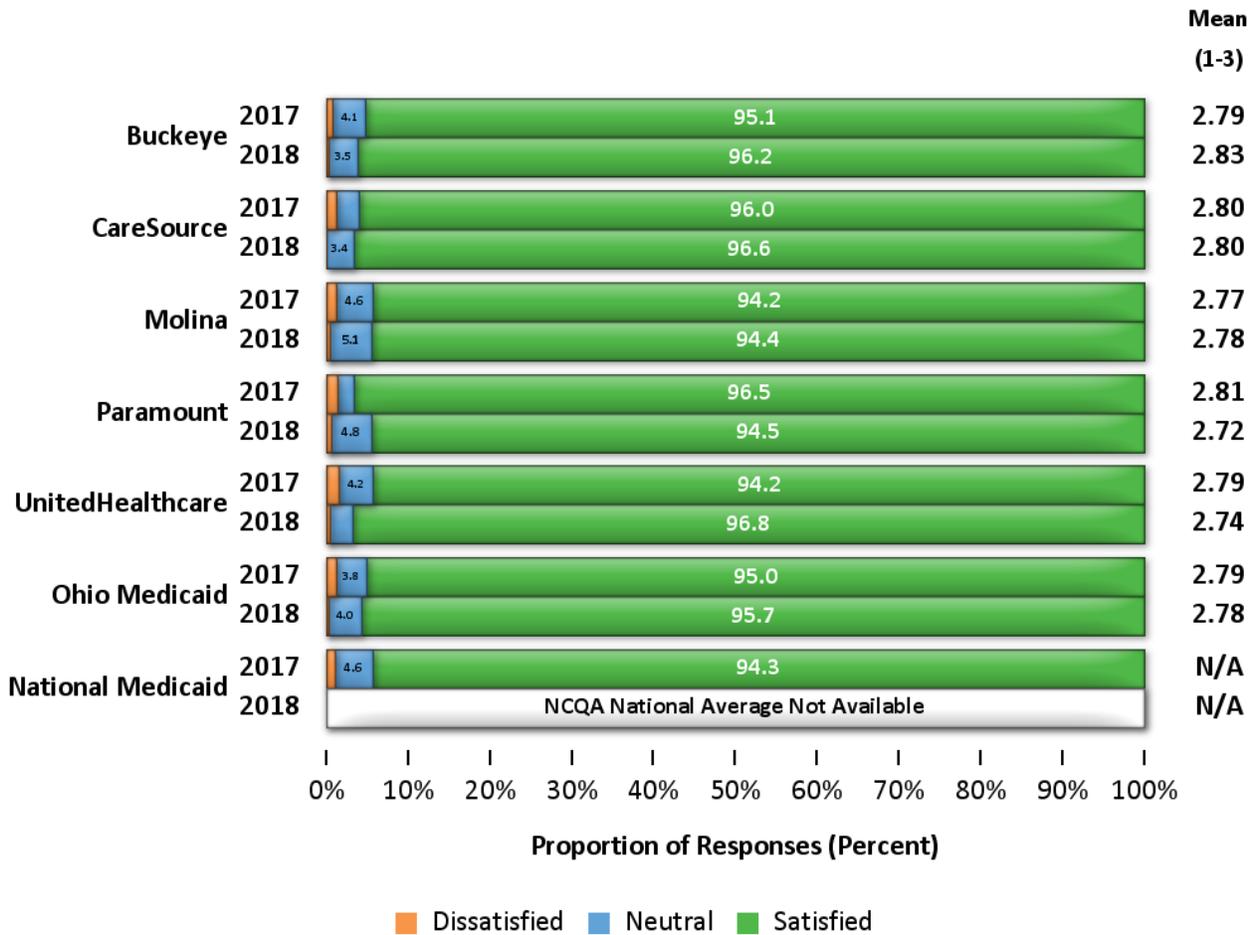
Trending Analysis

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

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

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often doctors explained things about their child’s health in a way they could understand. Figure 4-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹⁸

**Figure 4-27—Child How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
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.

⁴⁻¹⁸ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

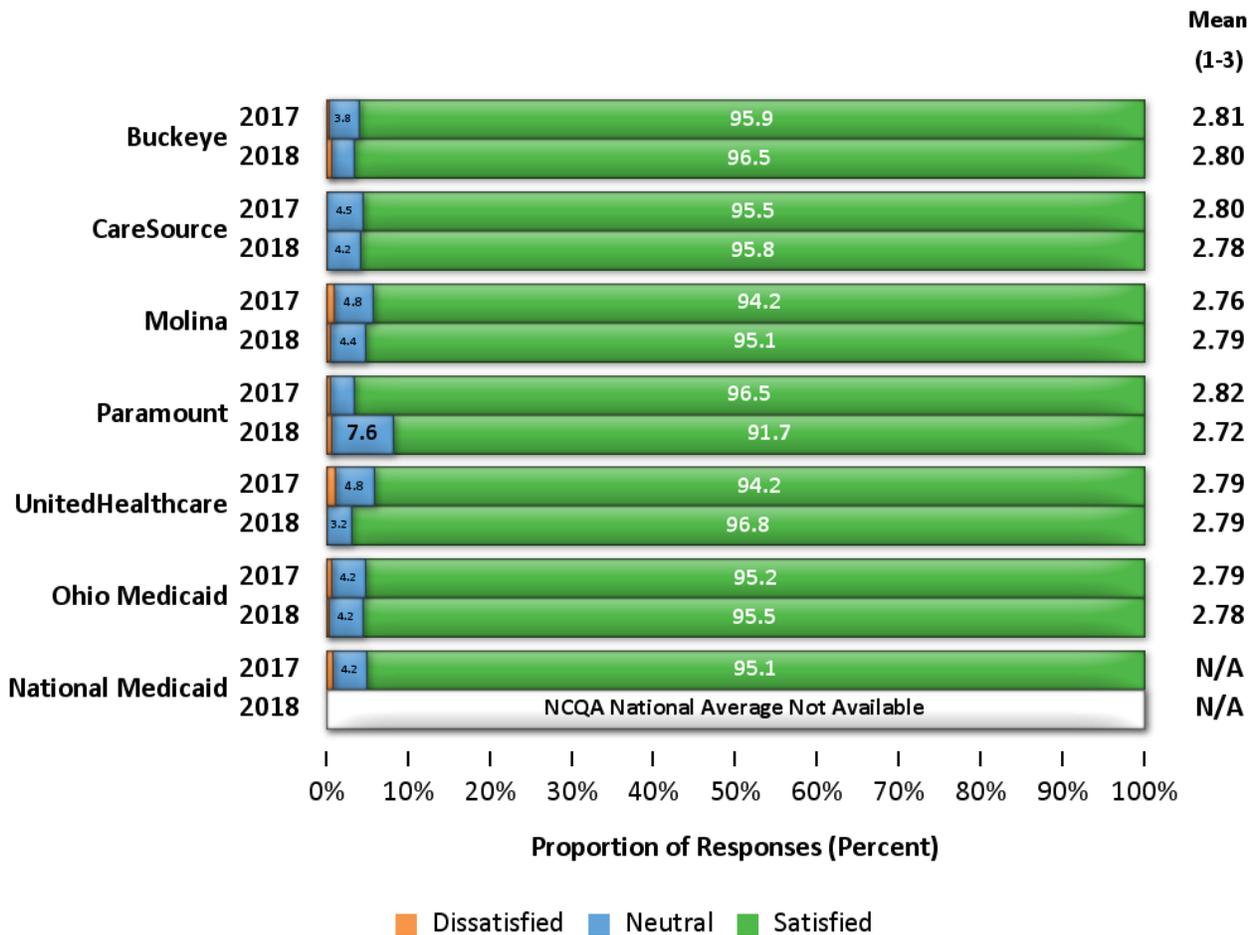
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of Ohio Medicaid's respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

Child How Well Doctors Communicate: Doctors Listened Carefully

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors listened carefully to them. Figure 4-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹⁹

**Figure 4-28—Child How Well Doctors Communicate: Doctors Listened Carefully
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.

⁴⁻¹⁹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

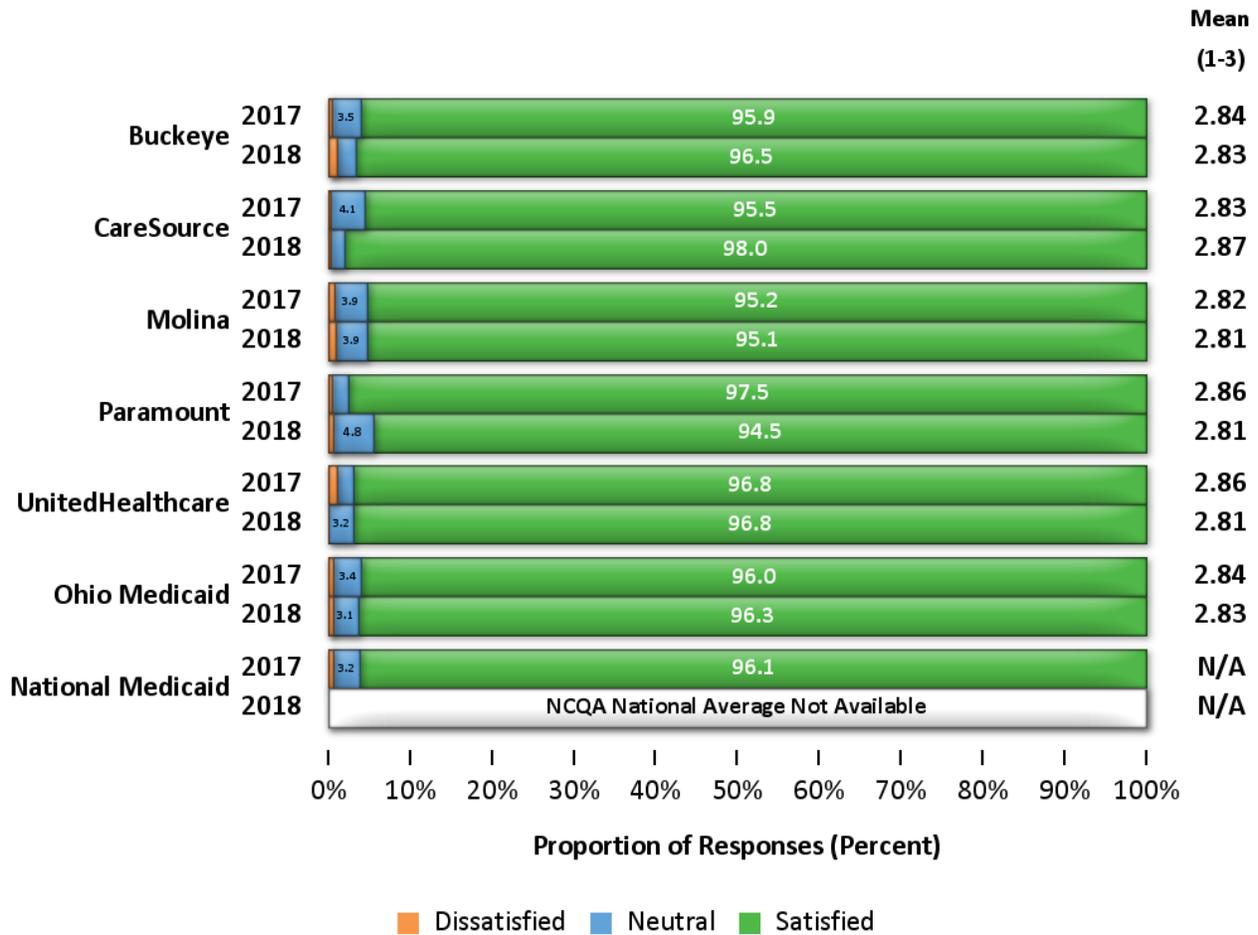
Trending Analysis

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

Child How Well Doctors Communicate: Doctors Showed Respect

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors showed respect for what they had to say. Figure 4-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁰

**Figure 4-29—Child How Well Doctors Communicate: Doctors Showed Respect
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.

⁴⁻²⁰ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

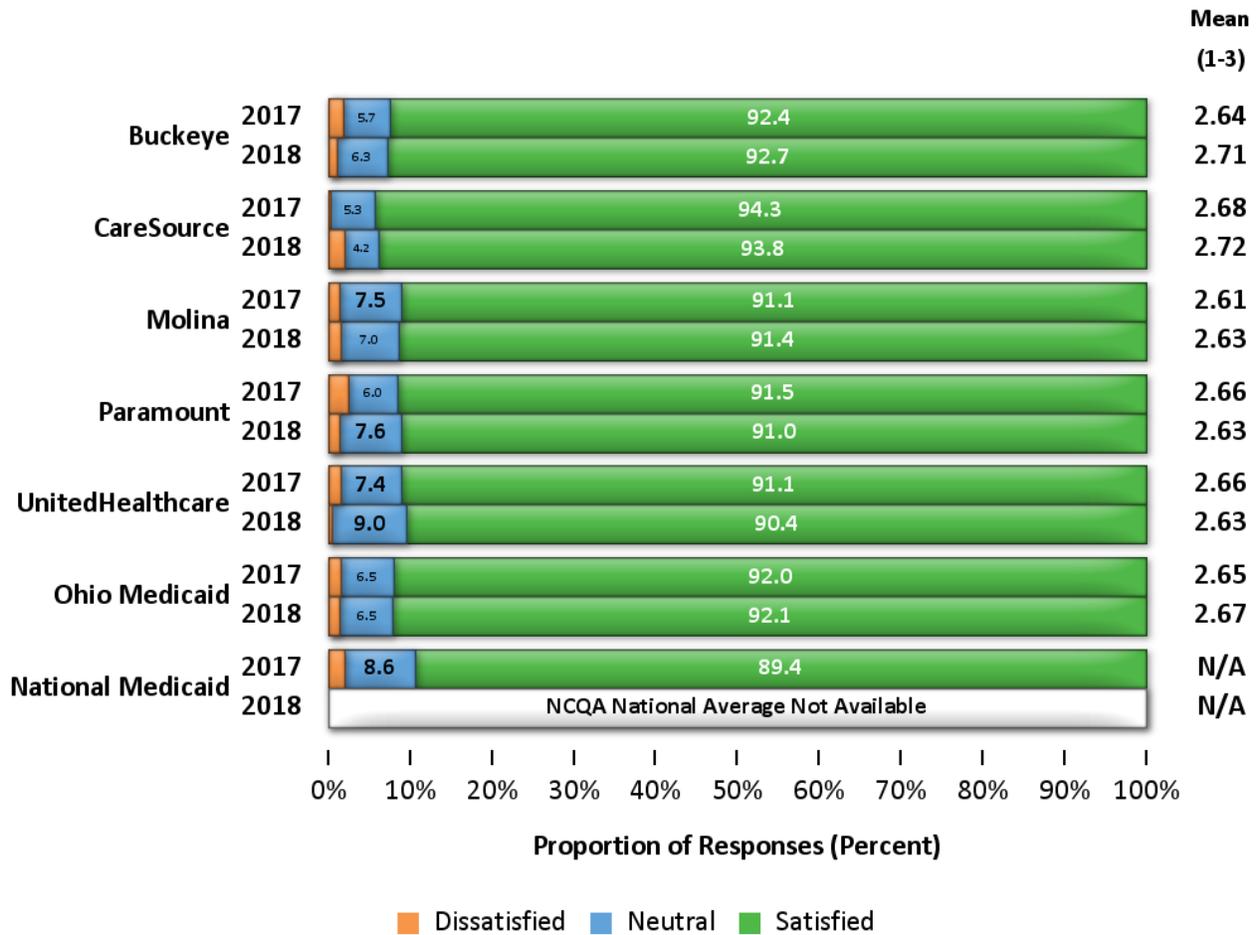
Trending Analysis

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

Child How Well Doctors Communicate: Doctors Spent Enough Time with Patient

Question 37 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors spent enough time with their child. Figure 4-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²¹

**Figure 4-30—Child How Well Doctors Communicate: Doctors Spent Enough Time with Patient
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.

⁴⁻²¹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

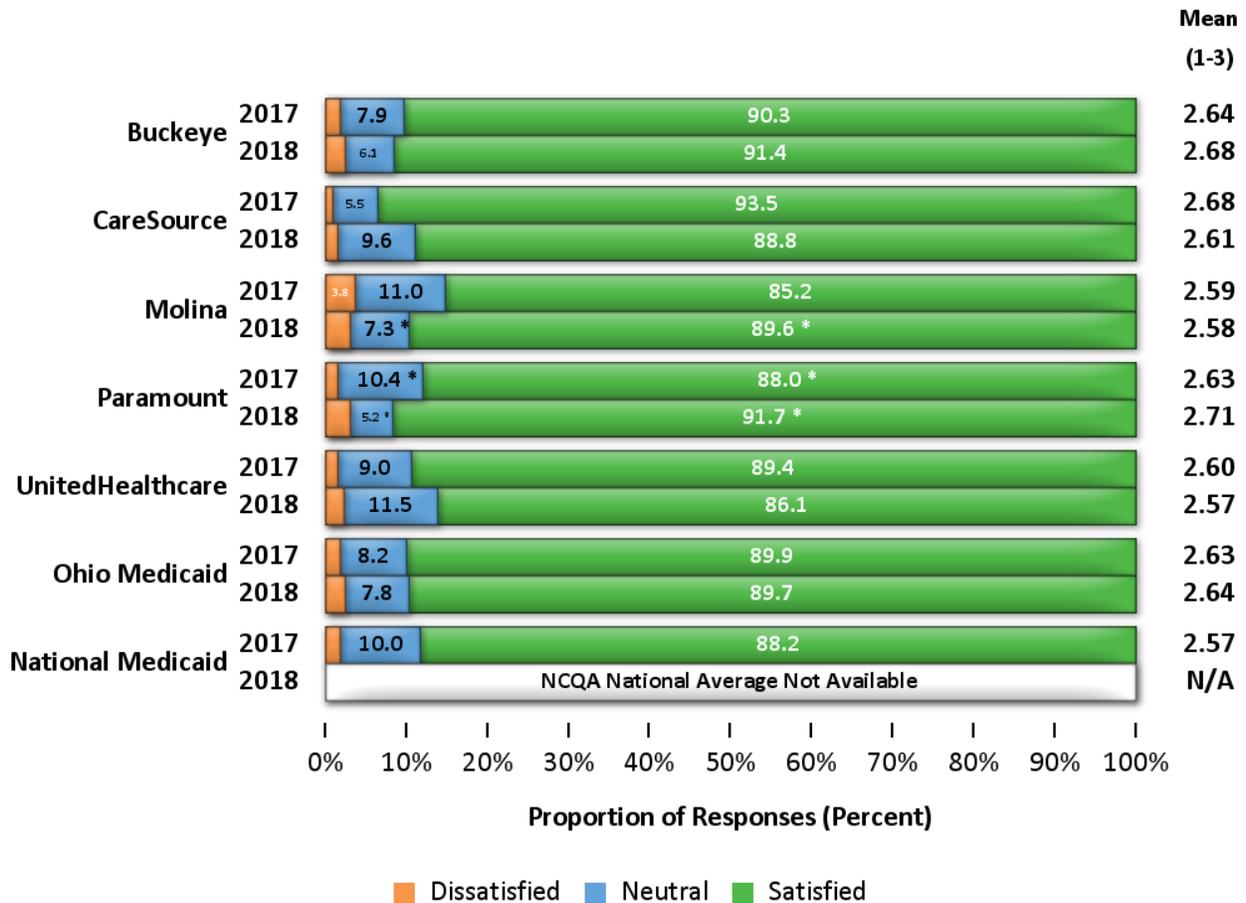
Trending Analysis

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

Adult Customer Service

Two questions were asked to assess how often members were satisfied with customer service. For each of these questions (questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The 2017 NCQA national adult Medicaid averages are presented for comparative purposes.

**Figure 4-31—Adult 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.

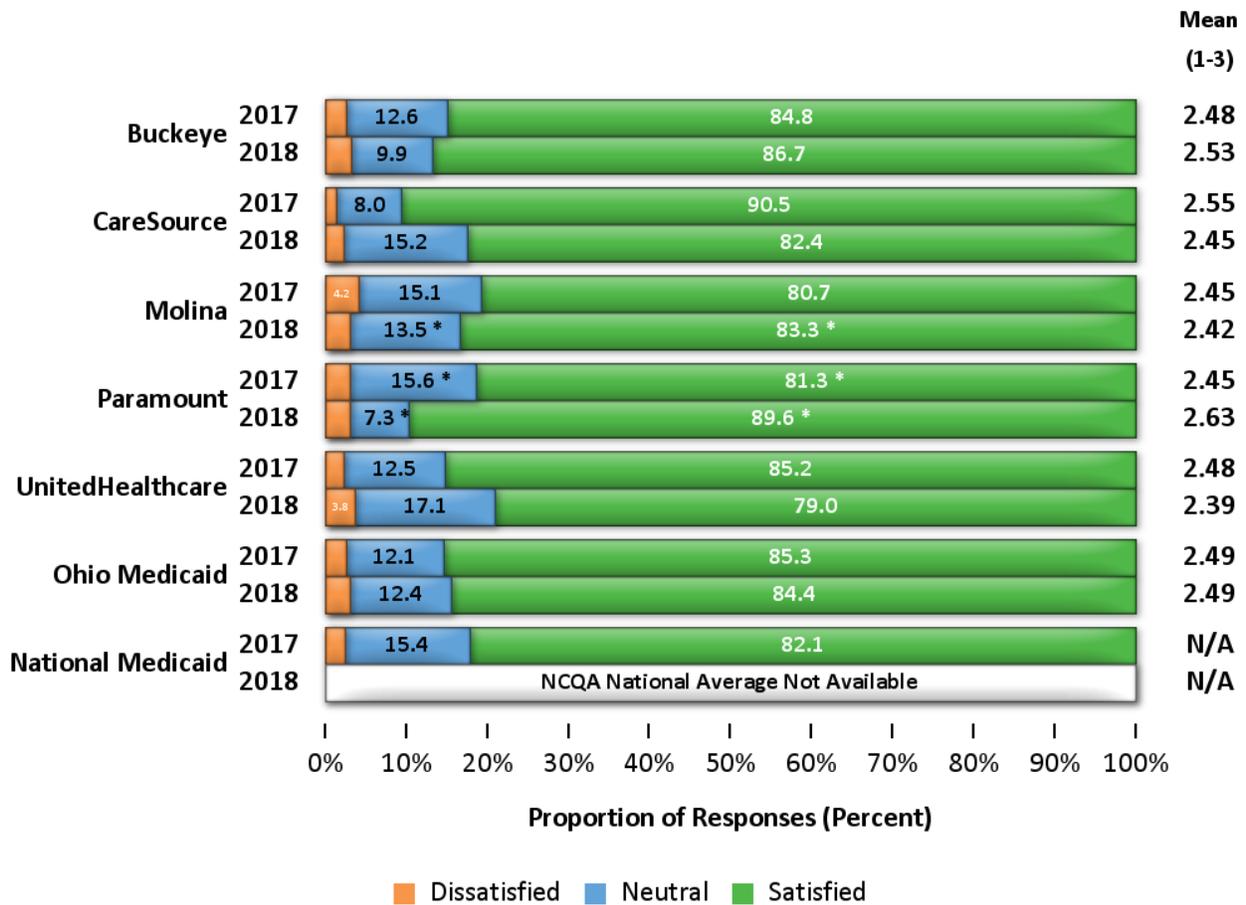
Trending Analysis

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

Adult Customer Service: Obtained Help Needed from Customer Service

Question 31 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan’s customer service gave members the information or help they needed. Figure 4-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²²

**Figure 4-32—Adult Customer Service: Obtained Help Needed from 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.

⁴⁻²² NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

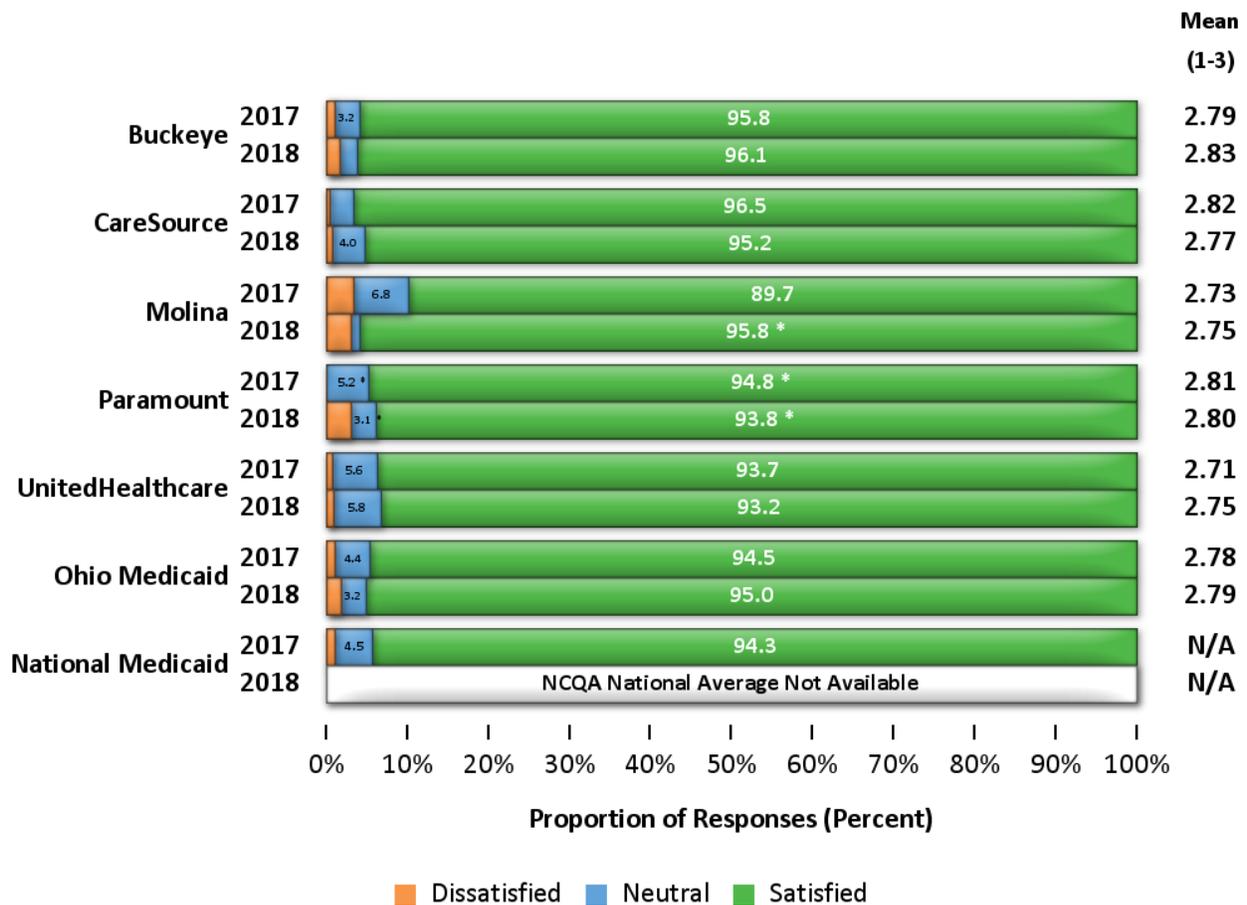
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of CareSource’s respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

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

Question 32 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan’s customer service staff treated members with courtesy and respect. Figure 4-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²³

Figure 4-33—Adult Customer Service: Health Plan Customer Service Treated with Courtesy and Respect 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.

⁴⁻²³ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

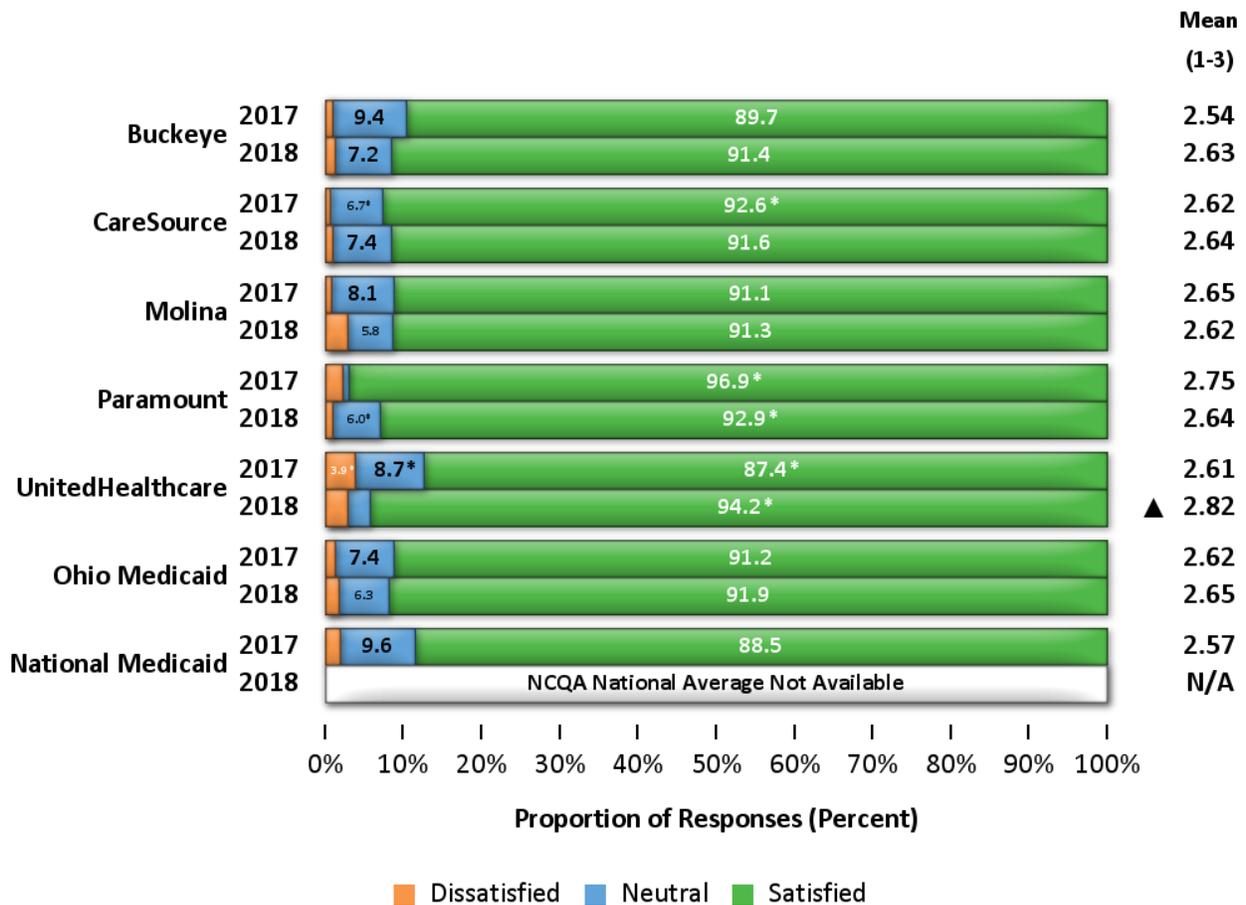
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The percentage of Molina’s respondents who gave a response of Neutral was significantly lower in 2018 than in 2017.

Child Customer Service

Two questions were asked to assess how often parents or caretakers of child members were satisfied with customer service. For each of these questions (questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The 2017 NCQA national child Medicaid averages are presented for comparison.

**Figure 4-34—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

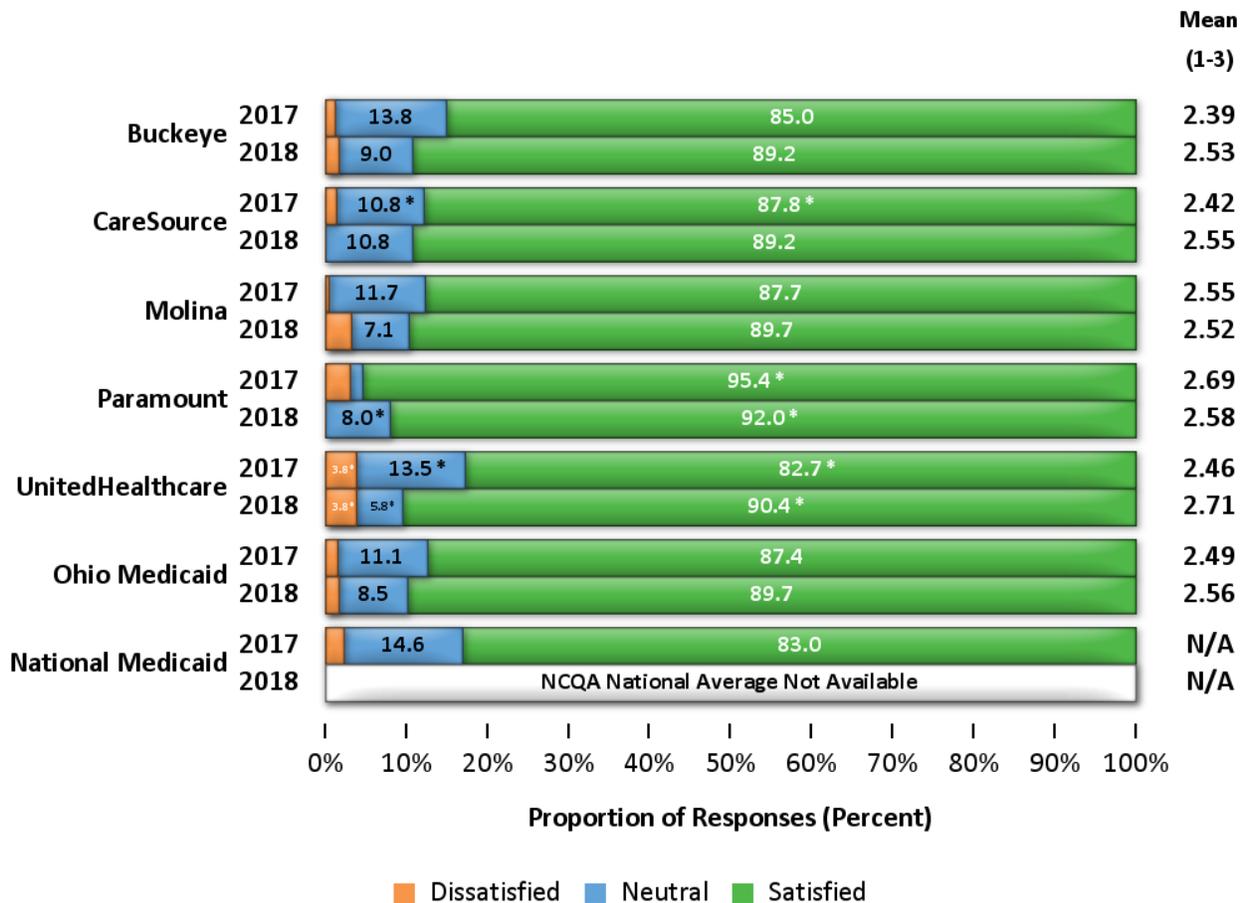
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Child Customer Service: Obtained Help Needed from Customer Service

Question 50 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service gave them the information or help they needed. Figure 4-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁴

**Figure 4-35—Child Customer Service: Obtained Help Needed from 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.

⁴⁻²⁴ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

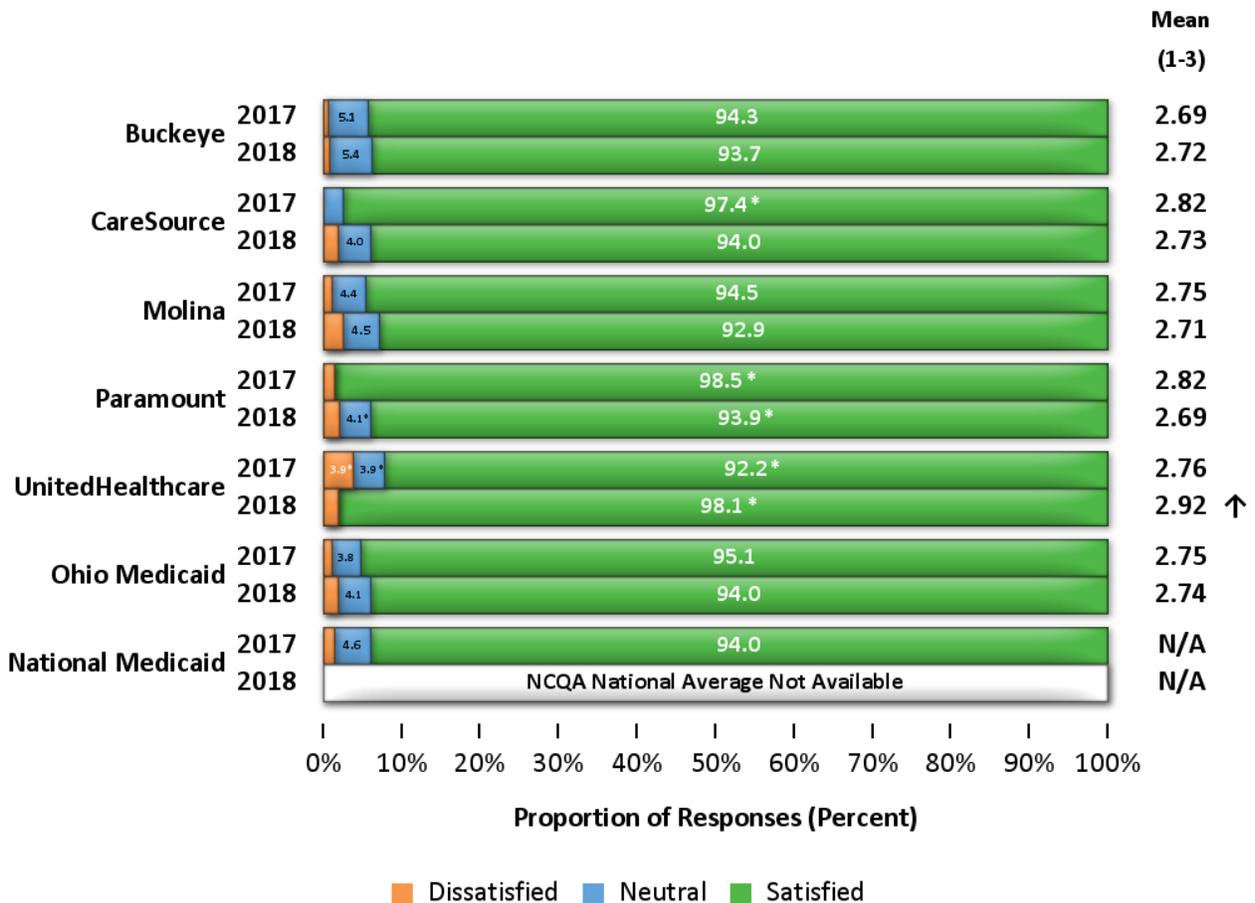
Trending Analysis

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

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

Question 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service staff treated them with courtesy and respect. Figure 4-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁵

Figure 4-36—Child Customer Service: Health Plan Customer Service Treated with Courtesy and Respect 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.

⁴⁻²⁵ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

- UnitedHealthcare's overall mean was significantly higher than the program average.

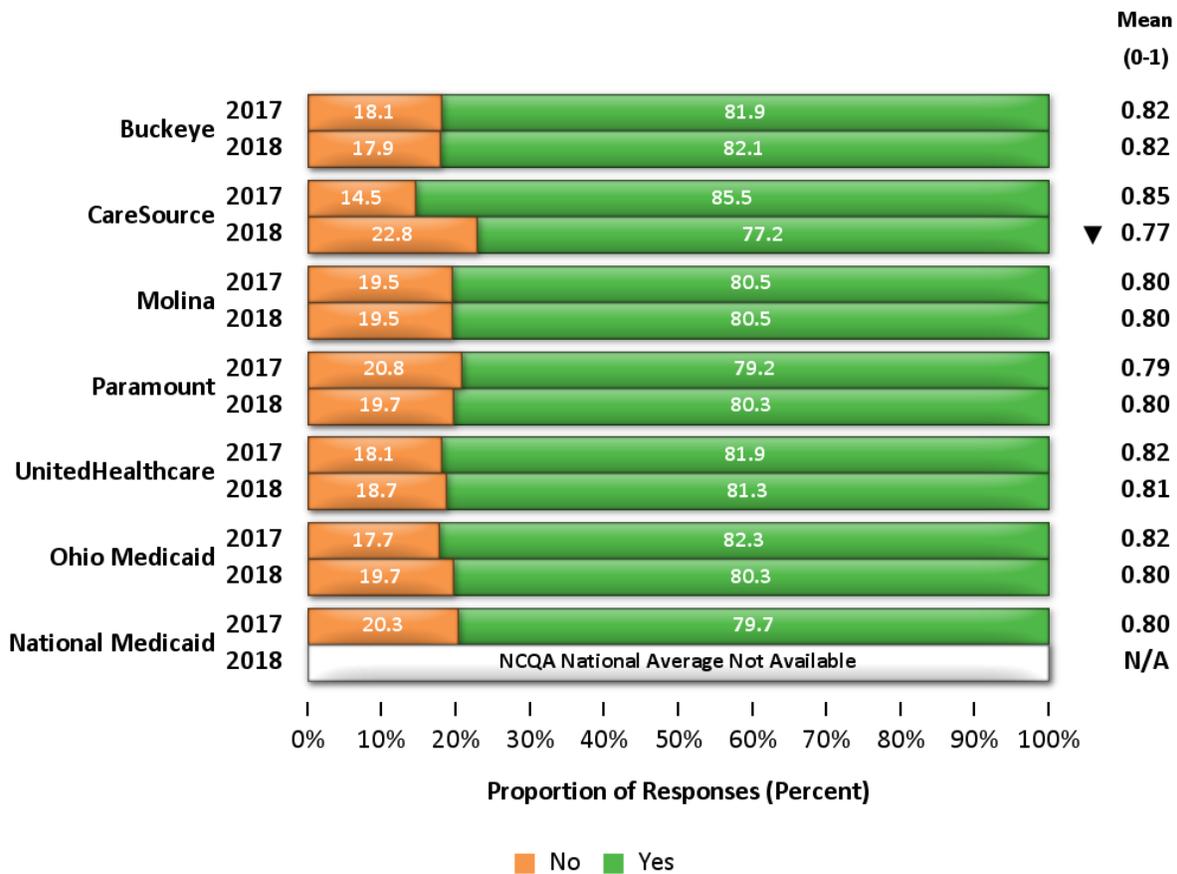
Trending Analysis

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

Adult Shared Decision Making

Three questions were asked to assess the extent to which members’ doctors or other health providers discussed starting or stopping a medication with them. For each of these questions (questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses were also classified into two categories: No and Yes. Figure 4-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The 2017 NCQA national adult Medicaid averages are presented for comparison.⁴⁻²⁶

**Figure 4-37—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.

⁴⁻²⁶ 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

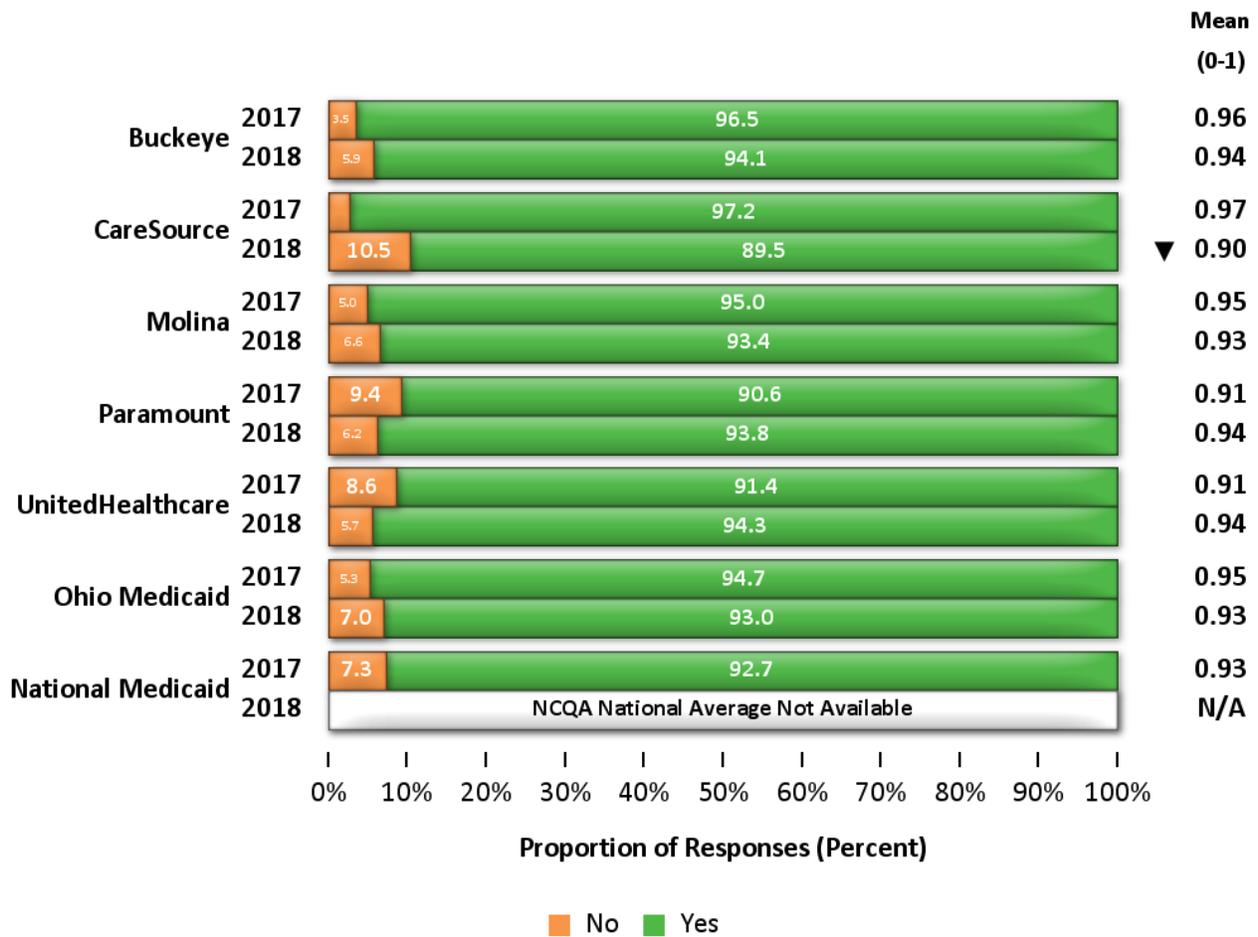
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Adult Shared Decision Making: Doctor Talked About Reasons to Take a Medicine

Question 10 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or other health provider talked about the reasons they might want to take a medicine. Figure 4-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.

Figure 4-38—Adult Shared Decision Making: Doctor Talked About Reasons to Take a Medicine
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

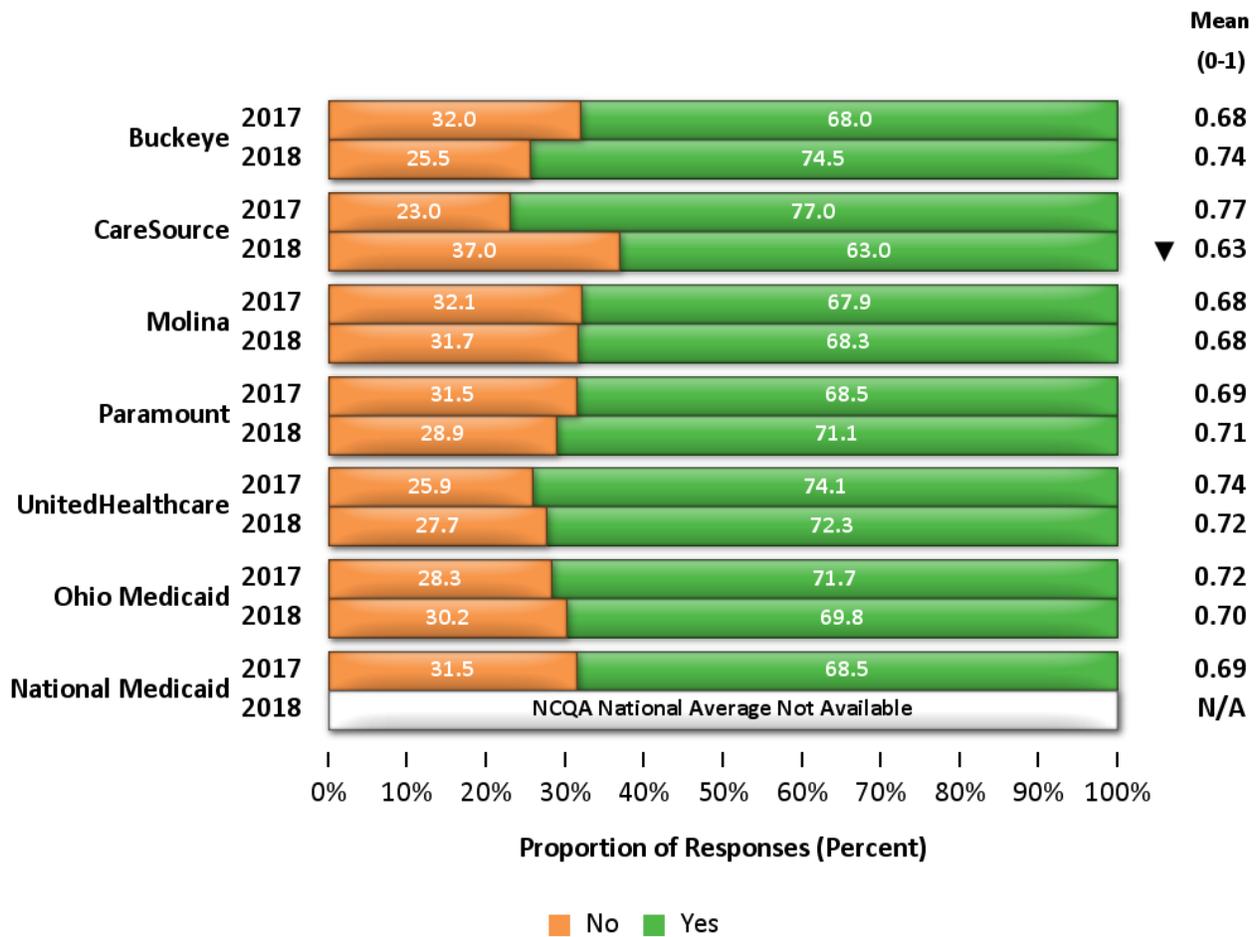
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Adult Shared Decision Making: Doctor Talked About Reasons Not to Take a Medicine

Question 11 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or other health provider talked about the reasons they might not want to take a medicine. Figure 4-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.

Figure 4-39—Adult Shared Decision Making: Doctor Talked About Reasons Not to Take a Medicine 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

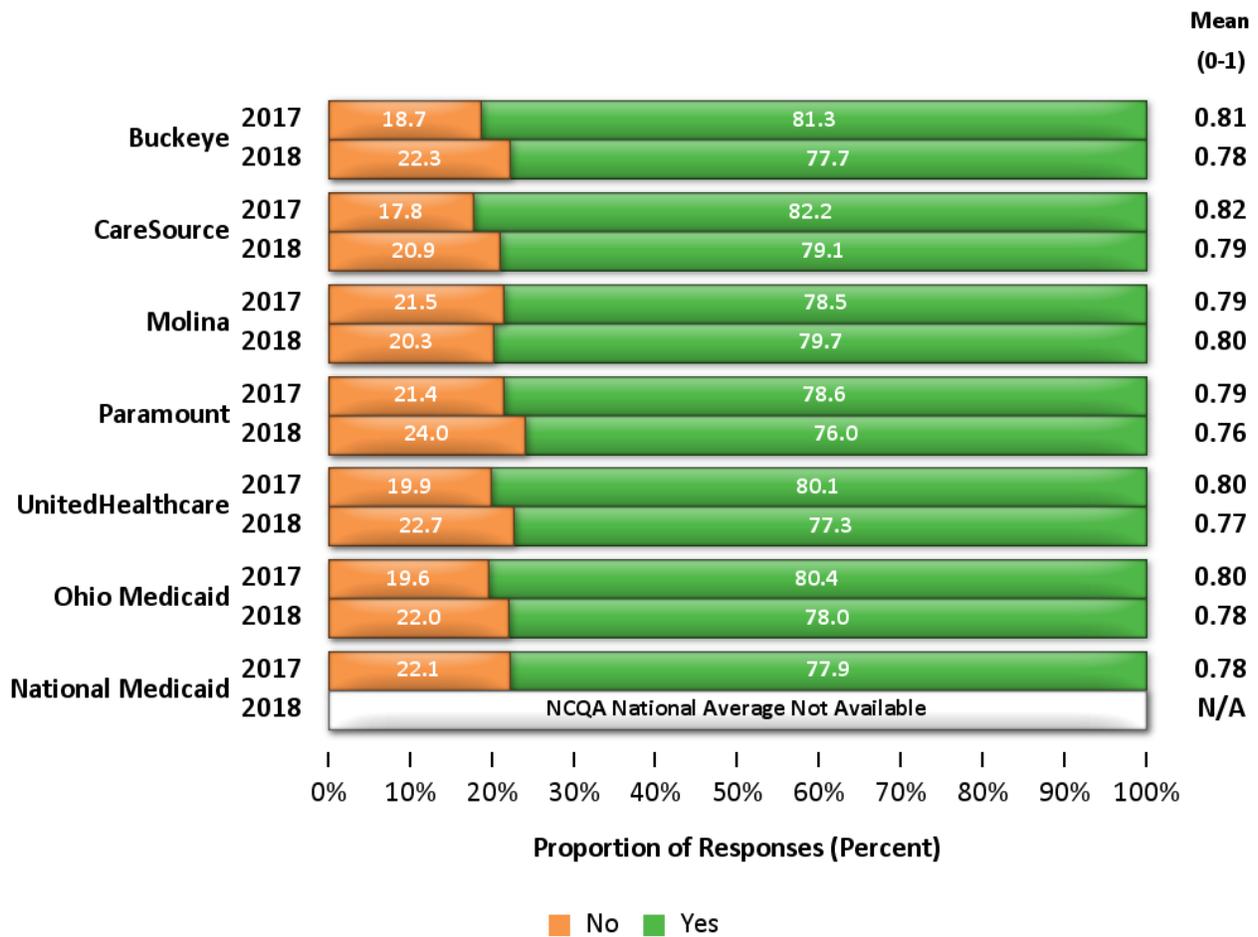
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Adult Shared Decision Making: Doctor Asked About Best Medicine Choice for You

Question 12 in the CAHPS Adult Medicaid Health Plan Survey asked members if a doctor or other health provider asked which medicine choice they thought was best for them. Figure 4-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.

**Figure 4-40—Adult Shared Decision Making: Doctor Asked About Best Medicine Choice for You
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.

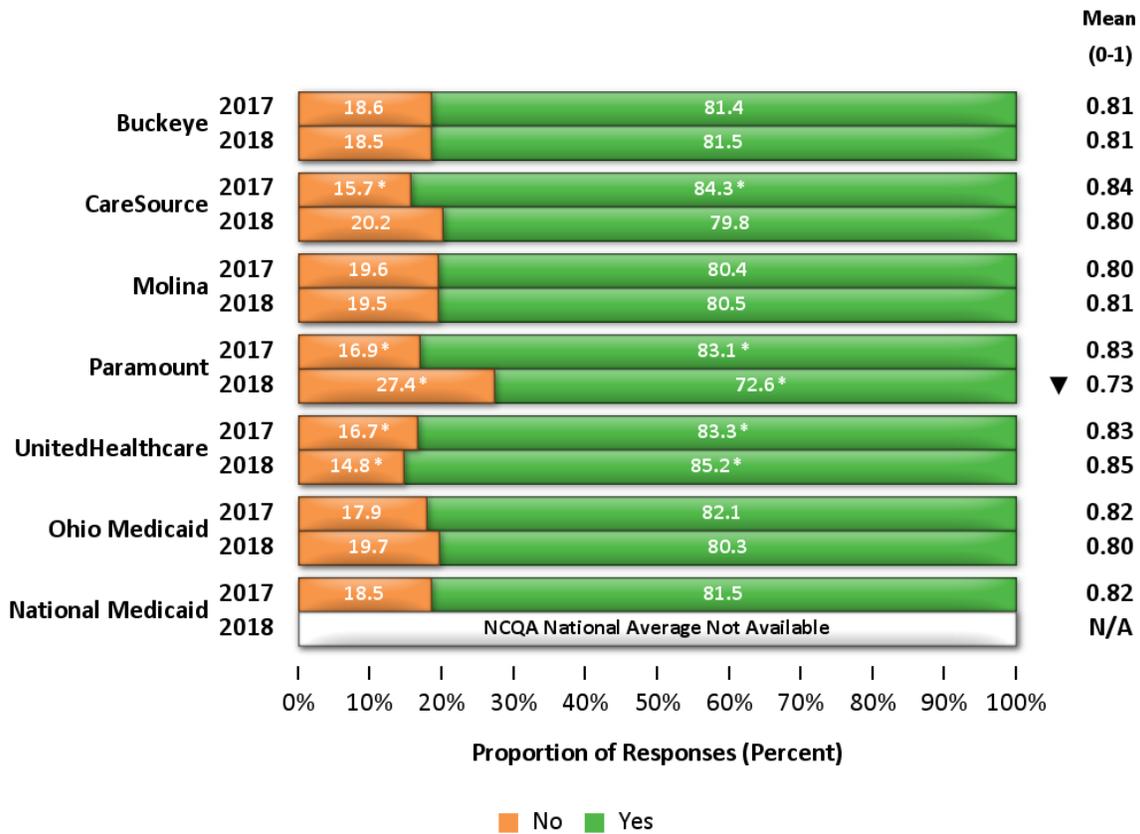
Trending Analysis

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

Child 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 medication with them. For each of these questions (questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses also were classified into two categories: No and Yes. Figure 4-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The 2017 NCQA national child Medicaid averages are presented for comparison.⁴⁻²⁷

**Figure 4-41—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.

⁴⁻²⁷ 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

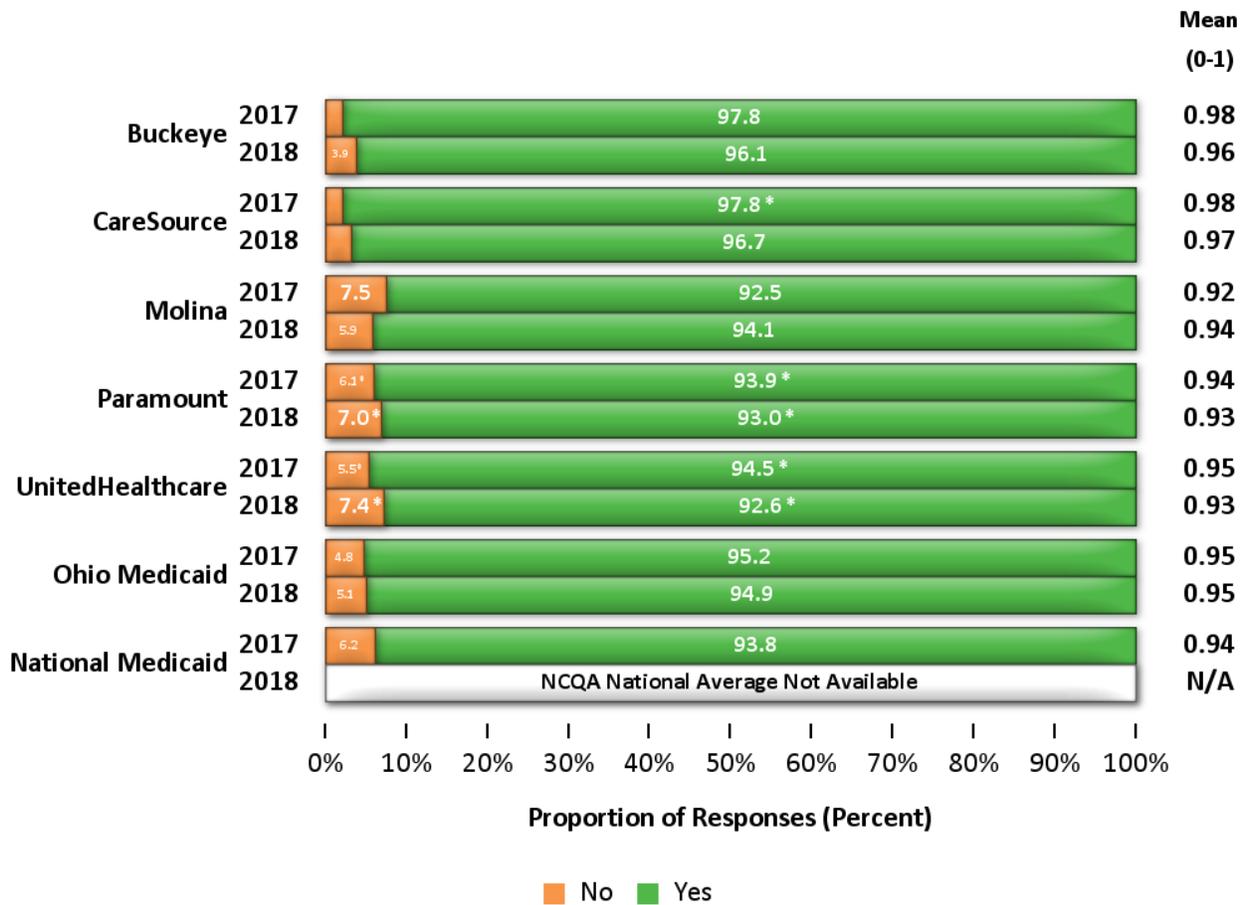
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Child Shared Decision Making: Doctor Talked About Reasons to Take a Medicine

Question 11 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider talked about the reasons their child might want to take a medicine. Figure 4-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-42—Child Shared Decision Making: Doctor Talked About Reasons to Take a Medicine
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.

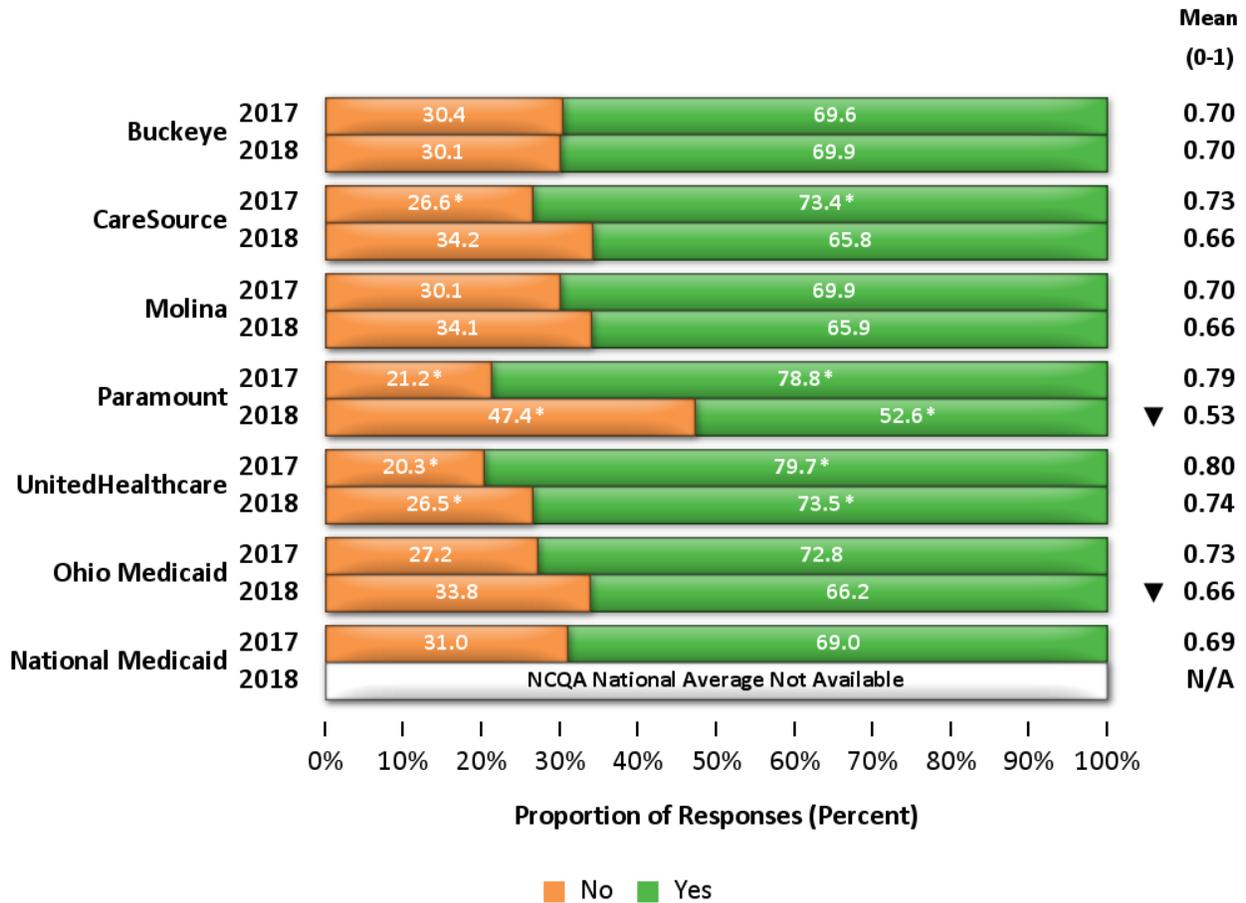
Trending Analysis

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

Child Shared Decision Making: Doctor Talked About Reasons Not to Take a Medicine

Question 12 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider talked about the reasons their child might not want to take a medicine. Figure 4-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-43—Child Shared Decision Making: Doctor Talked About Reasons Not to Take a Medicine 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

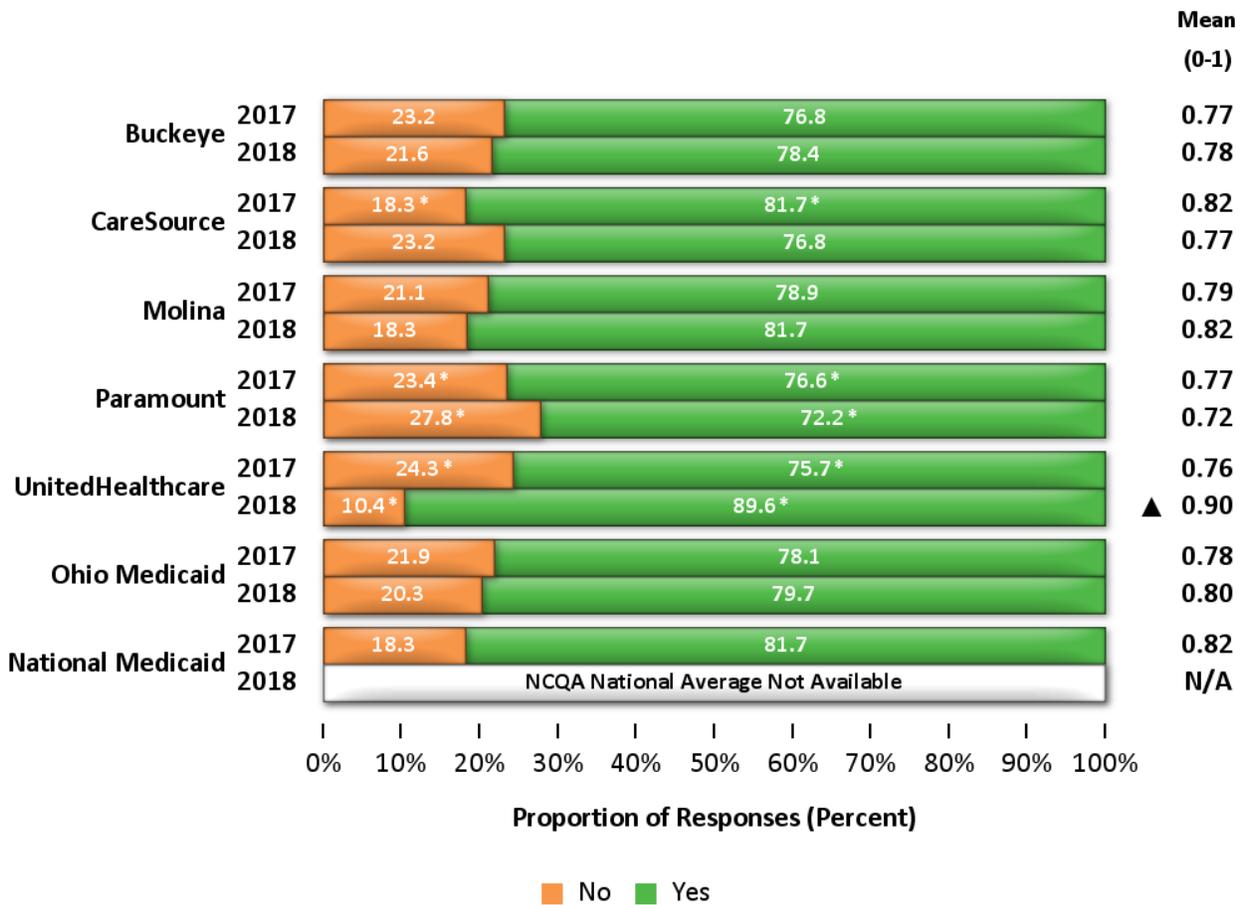
Overall, there were six *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Child Shared Decision Making: Doctor Asked About Best Medicine Choice for Your Child

Question 13 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider asked them which medicine choice they thought was best for their child. Figure 4-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-44—Child Shared Decision Making: Doctor Asked About Best Medicine Choice for Your Child
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.

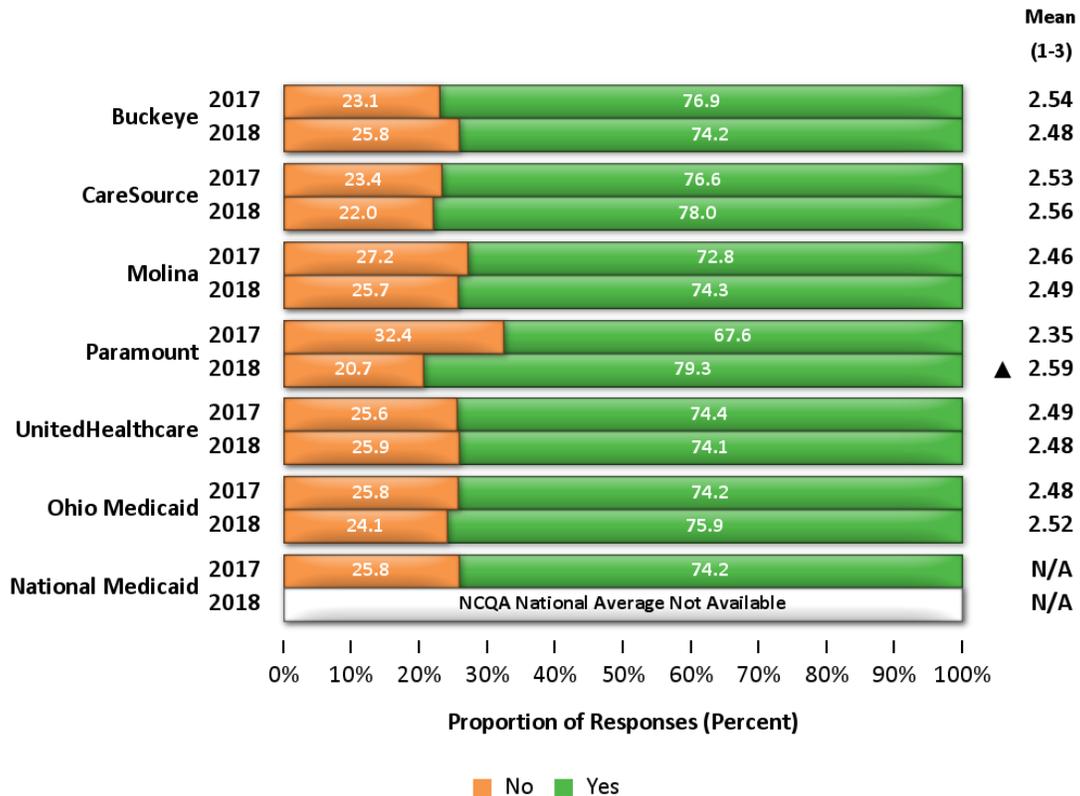
- UnitedHealthcare's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of No was significantly lower in 2018 than in 2017, whereas the percentage of UnitedHealthcare's respondents who gave a response of Yes was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

Individual Item Measures

Health Promotion and Education

Question 8 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked respondents how often their doctor/their child’s doctor or other health provider talked with them about specific things they could do to prevent illness in themselves/their child. Responses were classified into two categories: No and Yes. Figure 4-45 and Figure 4-46 depict the overall mean scores and the 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.^{4-28,4-29}

**Figure 4-45—Adult Health Promotion and Education
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.

⁴⁻²⁸ NCQA did not provide 3-point mean scores for this measure.

⁴⁻²⁹ The Health Promotion and Education measure has “Yes” and “No” responses; however, a three-point mean was calculated for this measure, per *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

Comparative Analysis

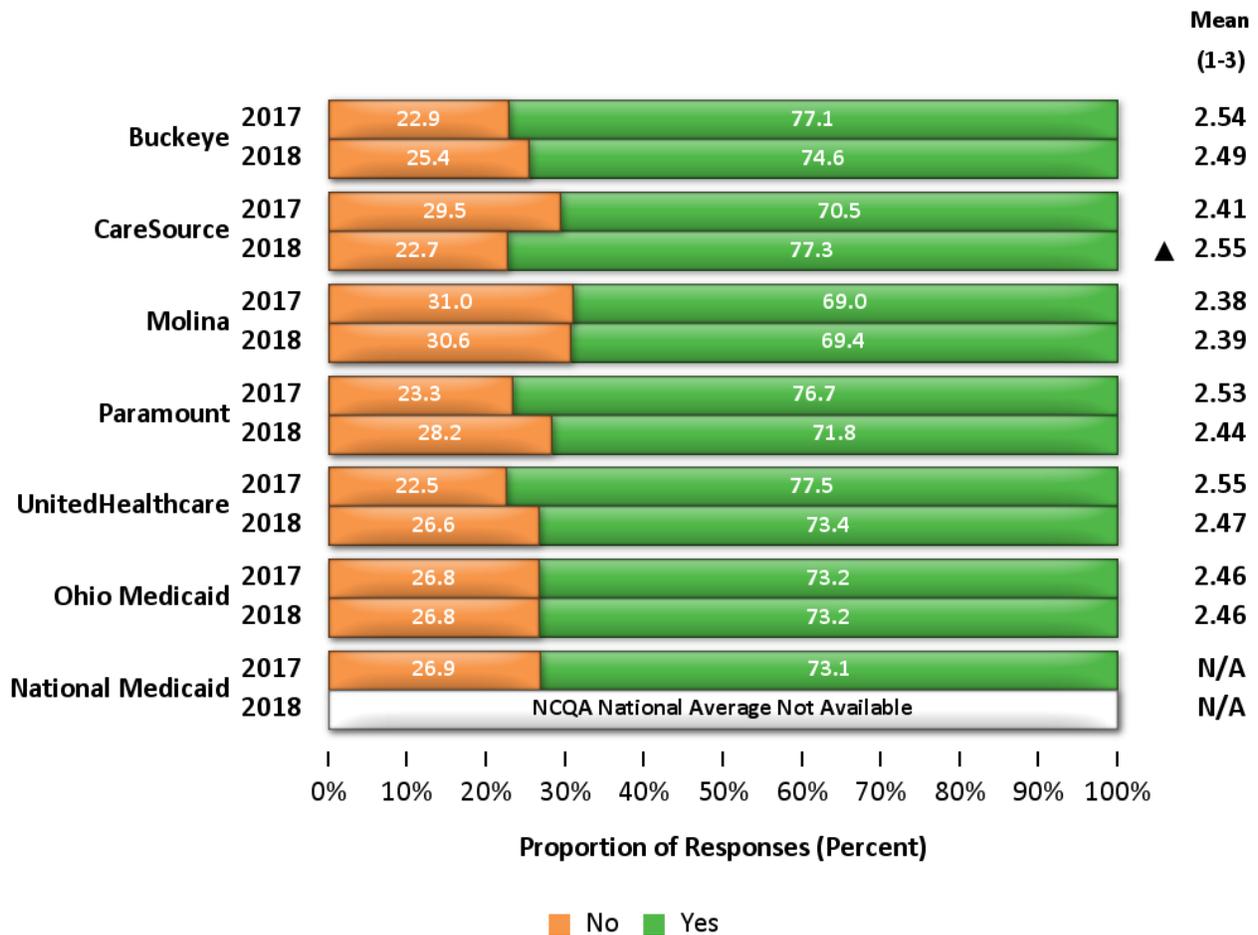
Overall, there were no *statistically significant* differences observed for this measure.

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

Figure 4-46—Child Health Promotion and Education 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

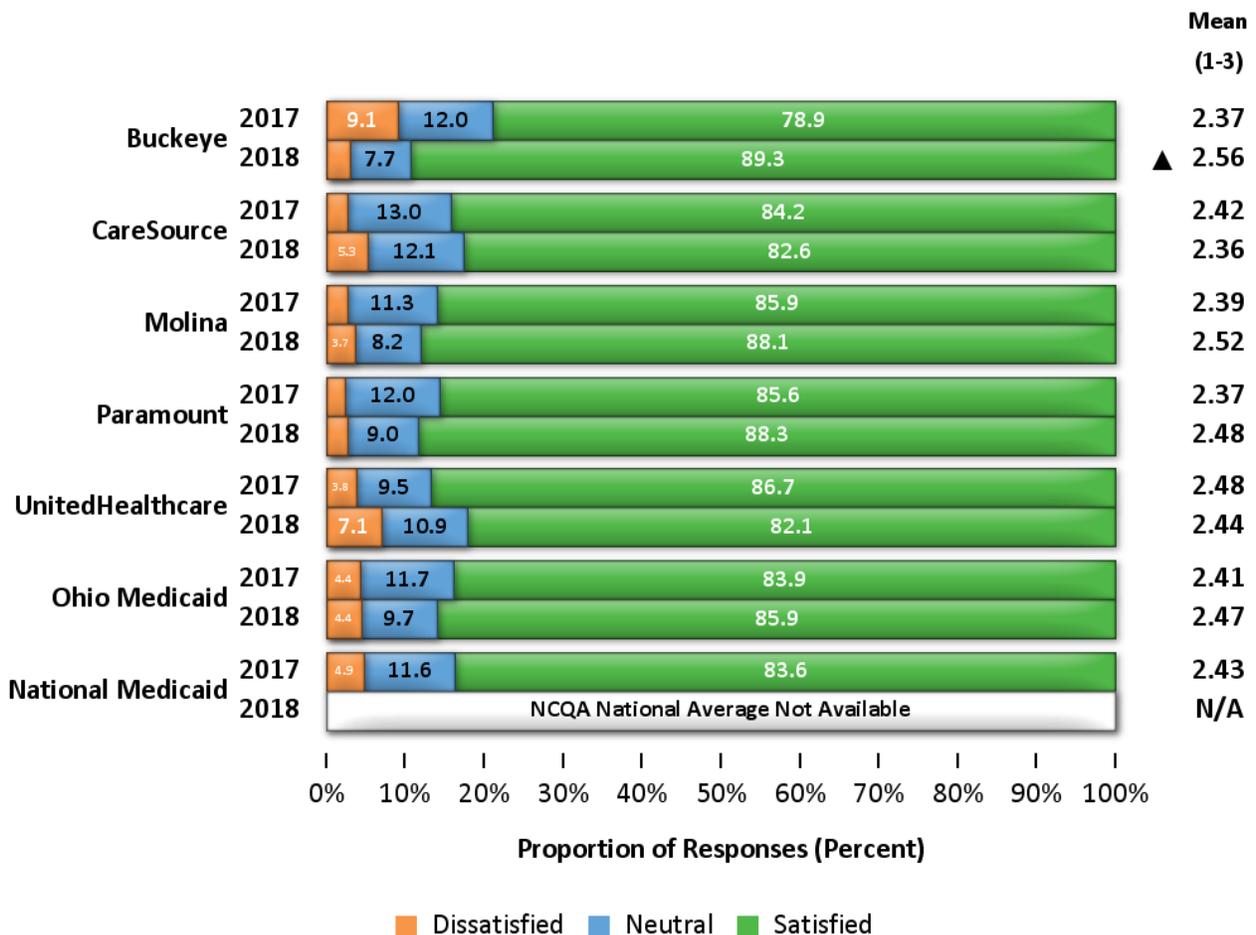
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Coordination of Care

Question 22 in the CAHPS Adult Medicaid Health Plan Survey and question 40 in the CAHPS Child Medicaid Health Plan Survey asked respondents how often their doctor/their child’s doctor seemed informed and up-to-date about care they/their child received from other doctors. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-47 and Figure 4-48 depict the overall mean scores and the 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 4-47—Adult Coordination of 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

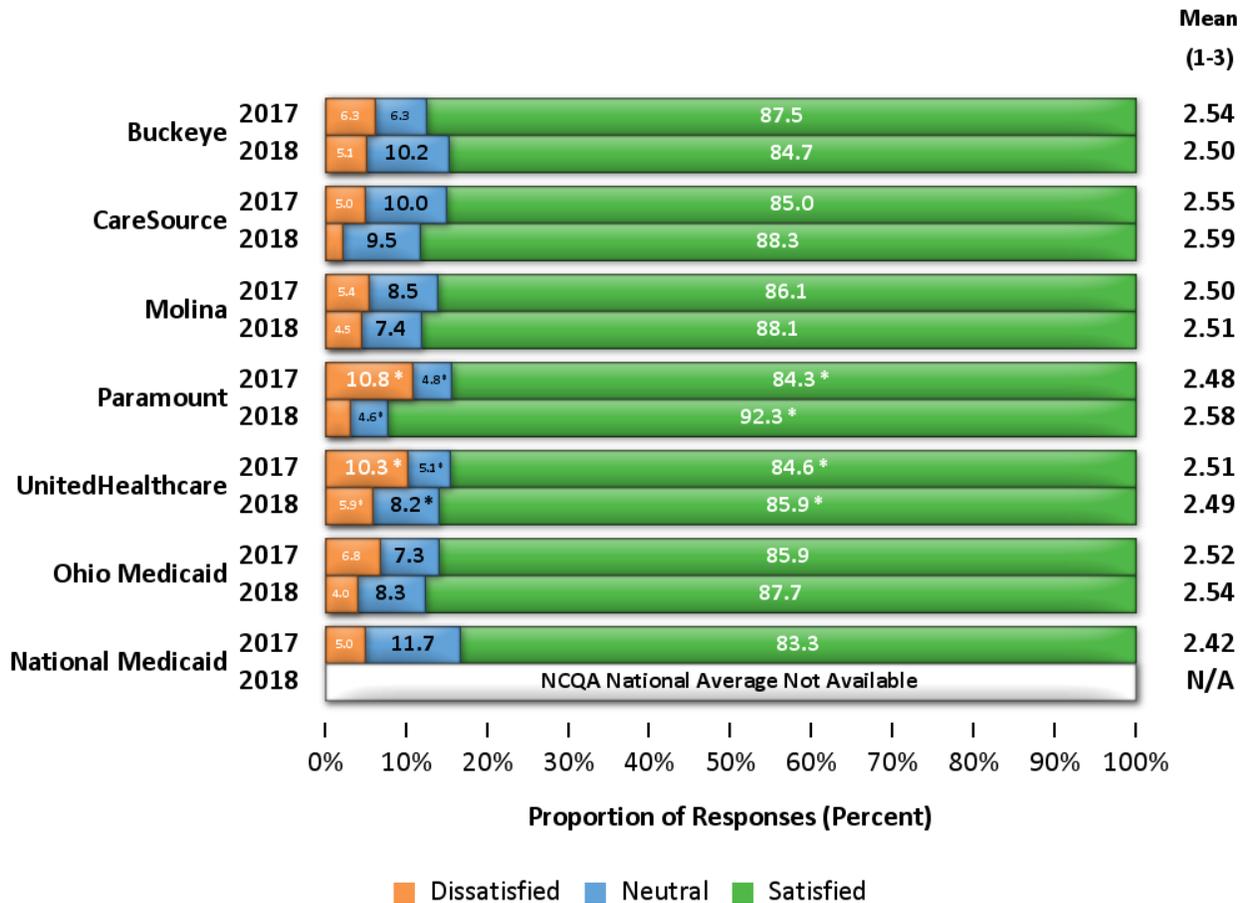
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were 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 Dissatisfied 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 4-48—Child Coordination of 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.
 *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.

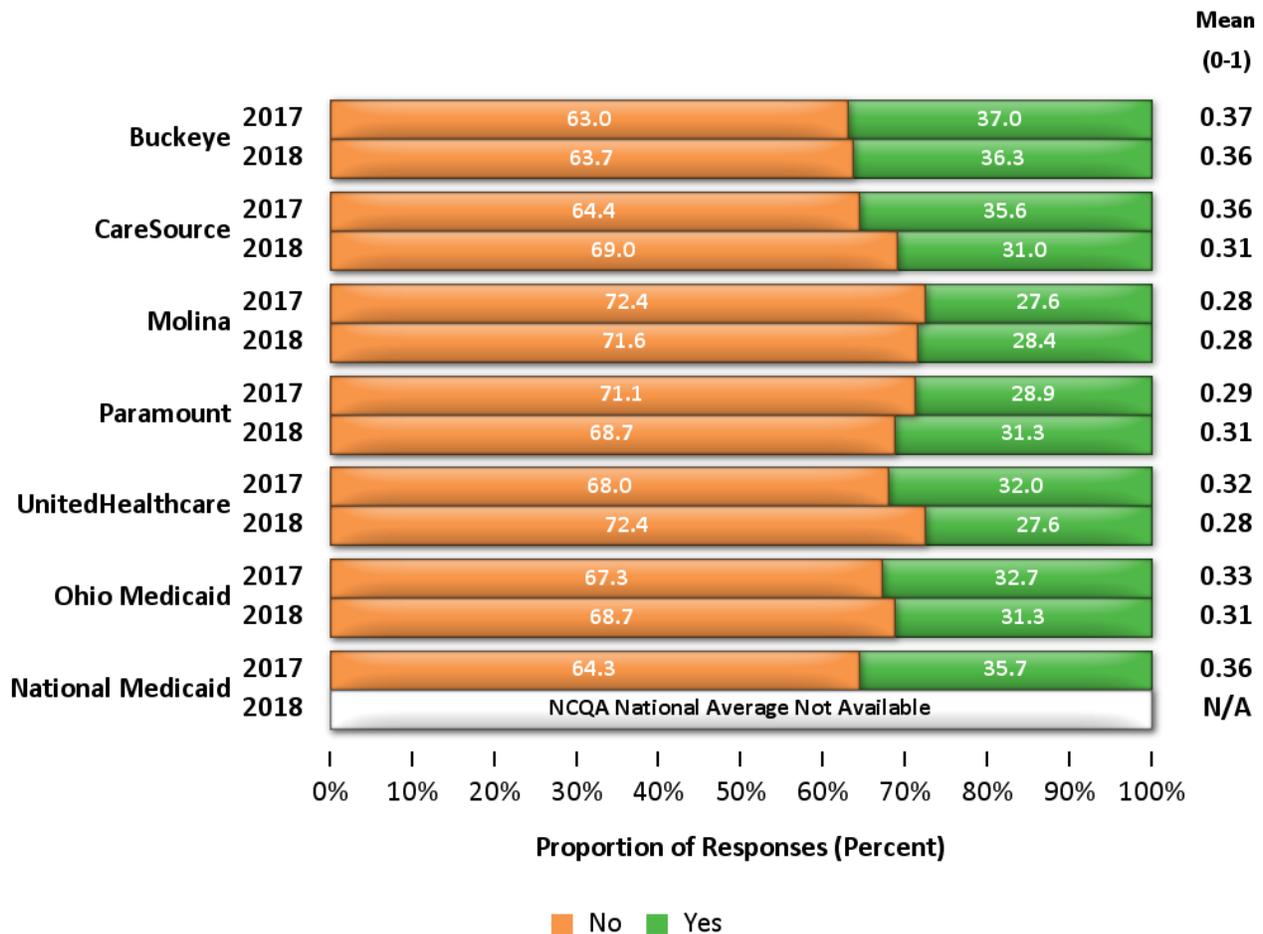
- The percentage of Ohio Medicaid's respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

Satisfaction with Health Plan

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

Question 30 in the CAHPS Adult Medicaid Health Plan Survey and question 49 in the CAHPS Child Medicaid Health Plan Survey asked whether members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-49 and Figure 4-50 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-49—Adult Got Information or Help from 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.

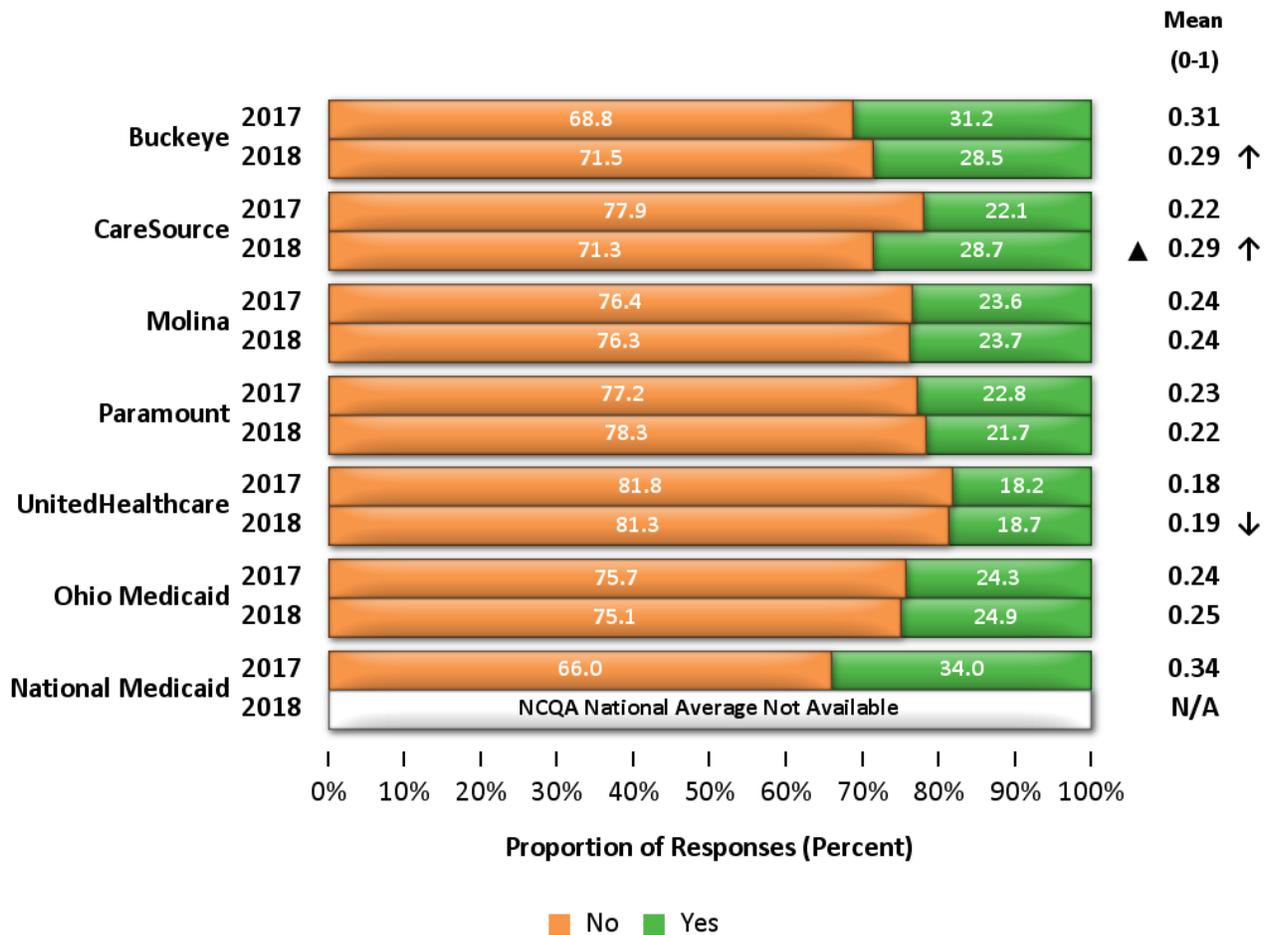
Comparative Analysis

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 4-50—Child Got Information or Help from 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.

Comparative Analysis

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

- Buckeye's and CareSource's overall means were significantly higher than the program average.
- UnitedHealthcare's overall mean was significantly lower than the program average.

Trending Analysis

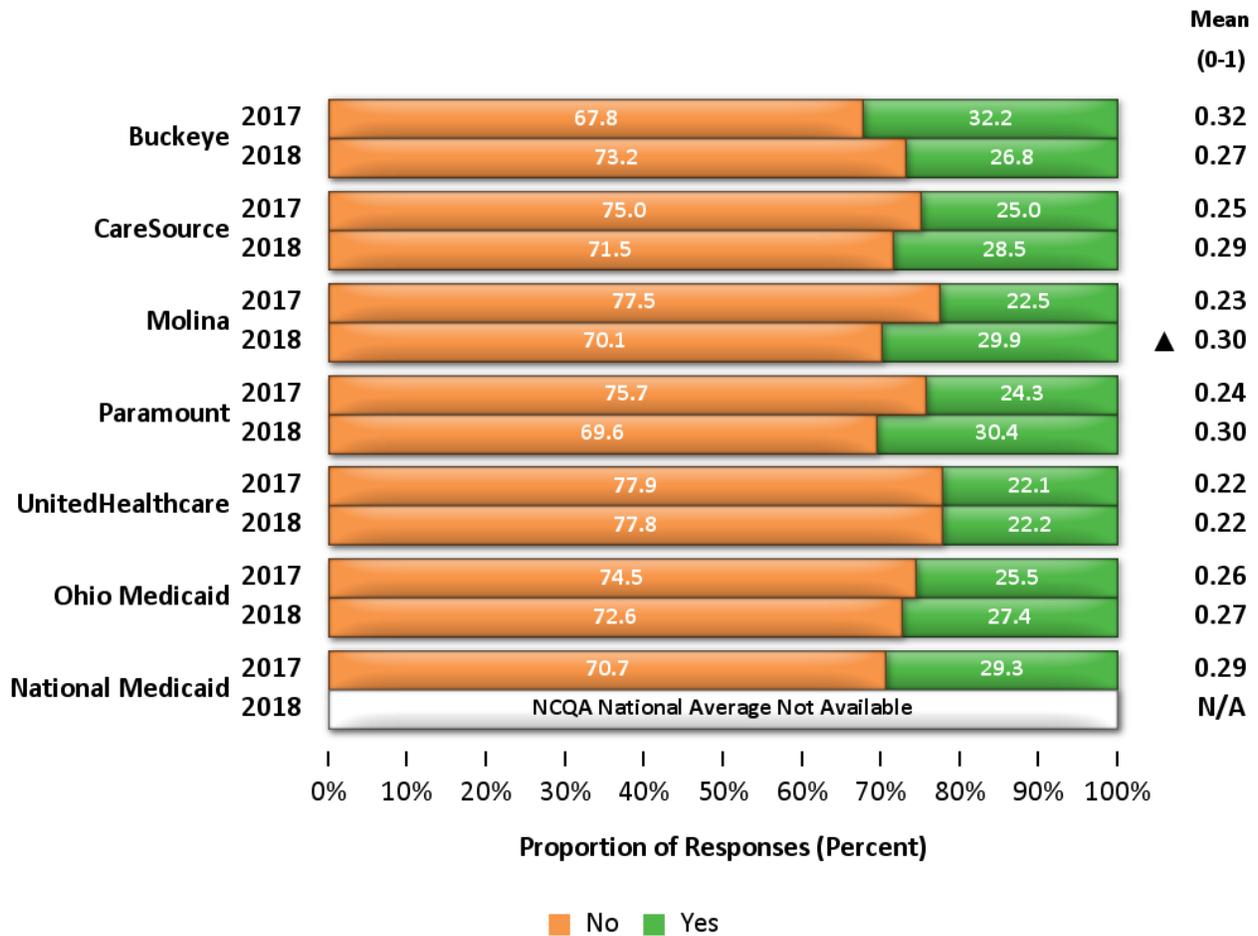
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Satisfaction with Health Plan: Filled Out Paperwork

Question 33 in the CAHPS Adult Medicaid Health Plan Survey and question 52 in the CAHPS Child Medicaid Health Plan Survey asked members if they had filled out paperwork for their/their child’s health plan. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-51 and Figure 4-52 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-51—Adult Filled Out Paperwork
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

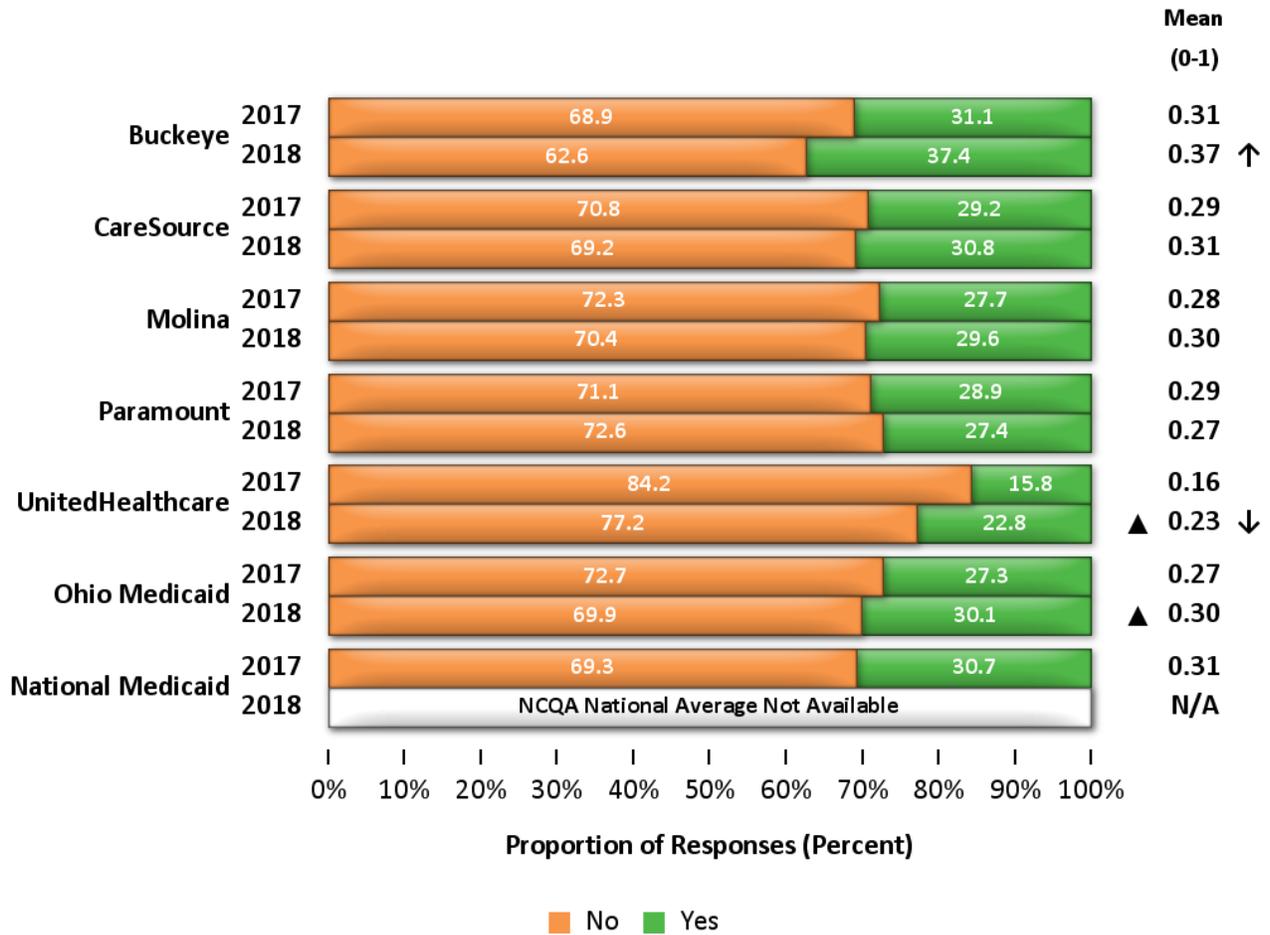
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

Figure 4-52—Child Filled Out Paperwork 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 two *statistically significant* differences observed for this measure.

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

Trending Analysis

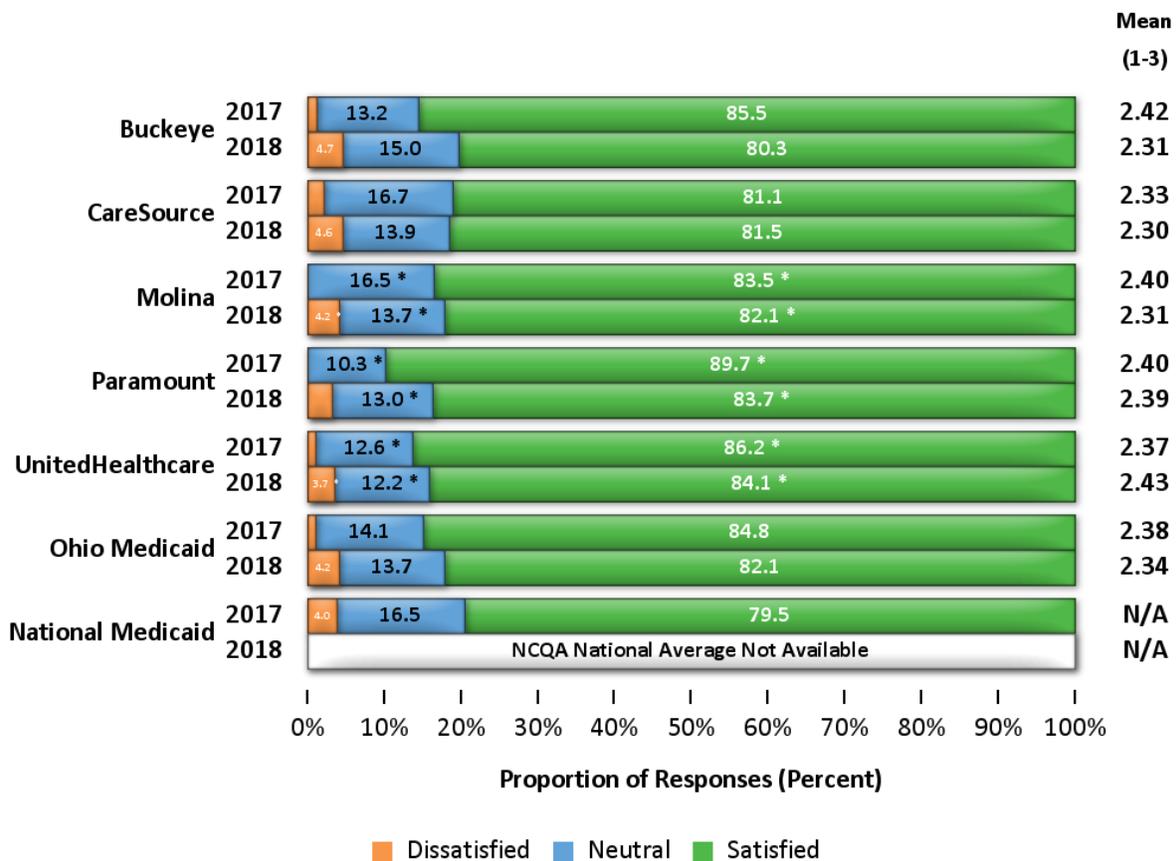
Overall, there were six *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Satisfaction with Health Plan: Problem with Paperwork for Health Plan

Question 34 in the CAHPS Adult Medicaid Health Plan Survey and question 53 in the CAHPS Child Medicaid Health Plan Survey asked members how often forms were easy to fill out for their health plan. For this question, an overall mean on a 1 to 3 scale was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-53 and Figure 4-54 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.⁴⁻³⁰

**Figure 4-53—Adult Problem with Paperwork for 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.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

⁴⁻³⁰ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

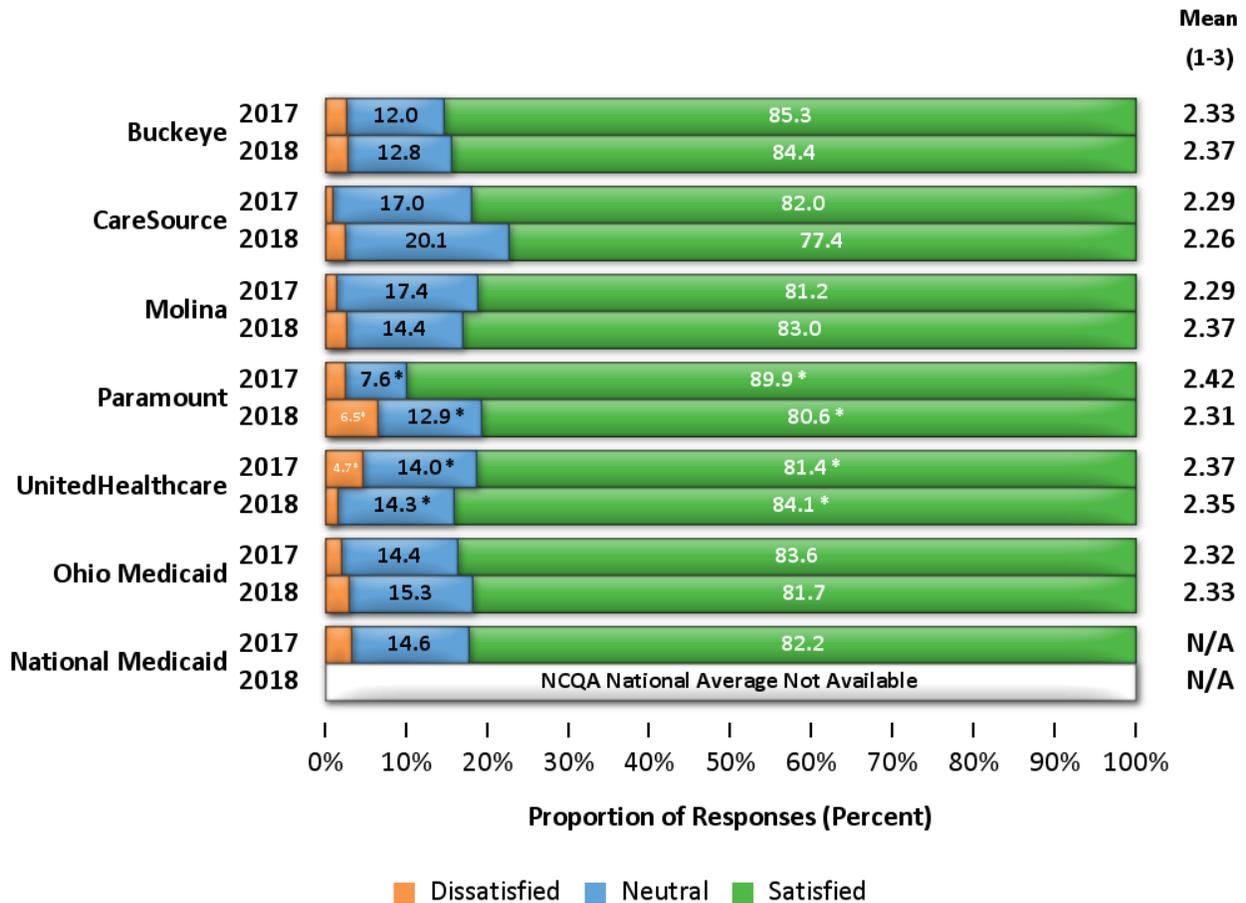
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

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

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

**Figure 4-54—Child Problem with Paperwork for 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.
 *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

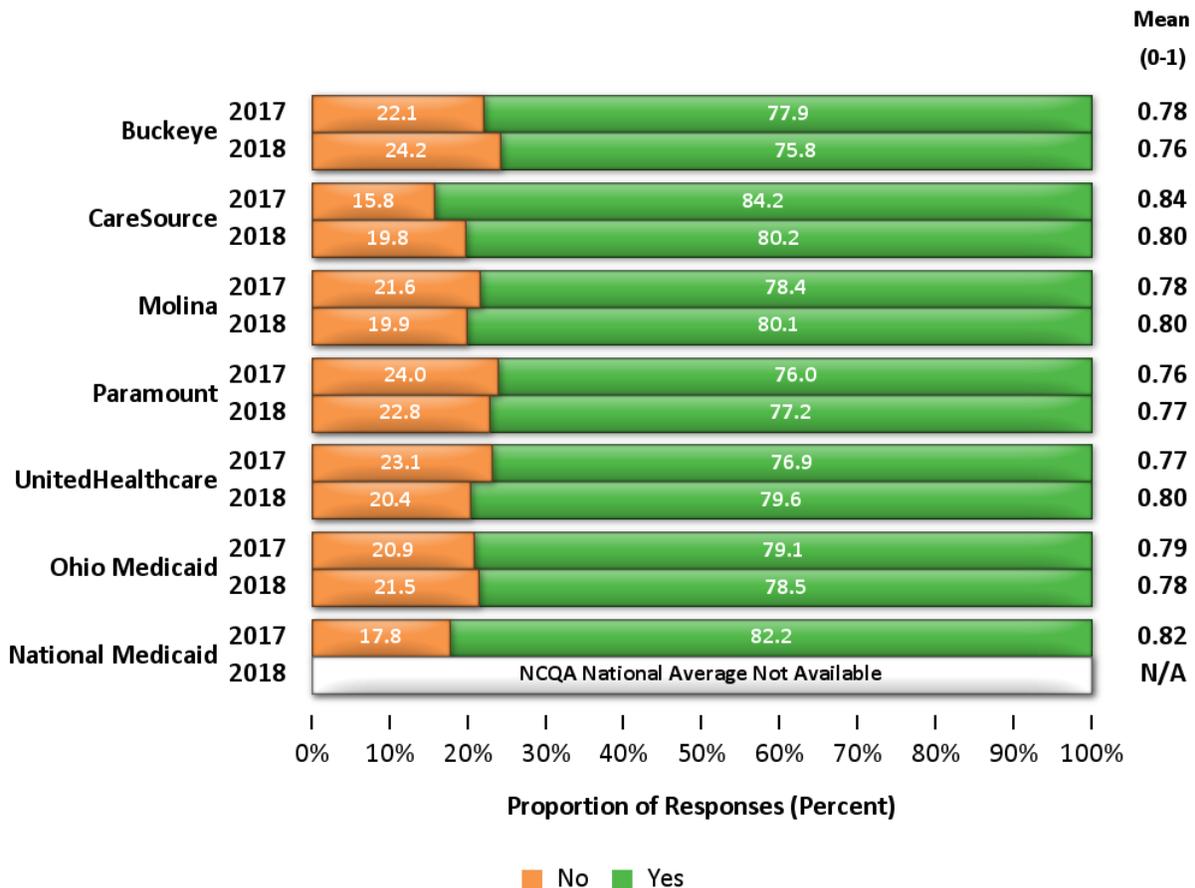
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Satisfaction with Health Care Providers

Satisfaction with Health Care Providers: Had Personal Doctor

Several questions were asked to assess member satisfaction with health care providers. Question 15 in the CAHPS Adult Medicaid Health Plan Survey and question 30 in the CAHPS Child Medicaid Health Plan Survey asked whether members had one person who they thought of as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-55 and Figure 4-56 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-55—Adult Had 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.

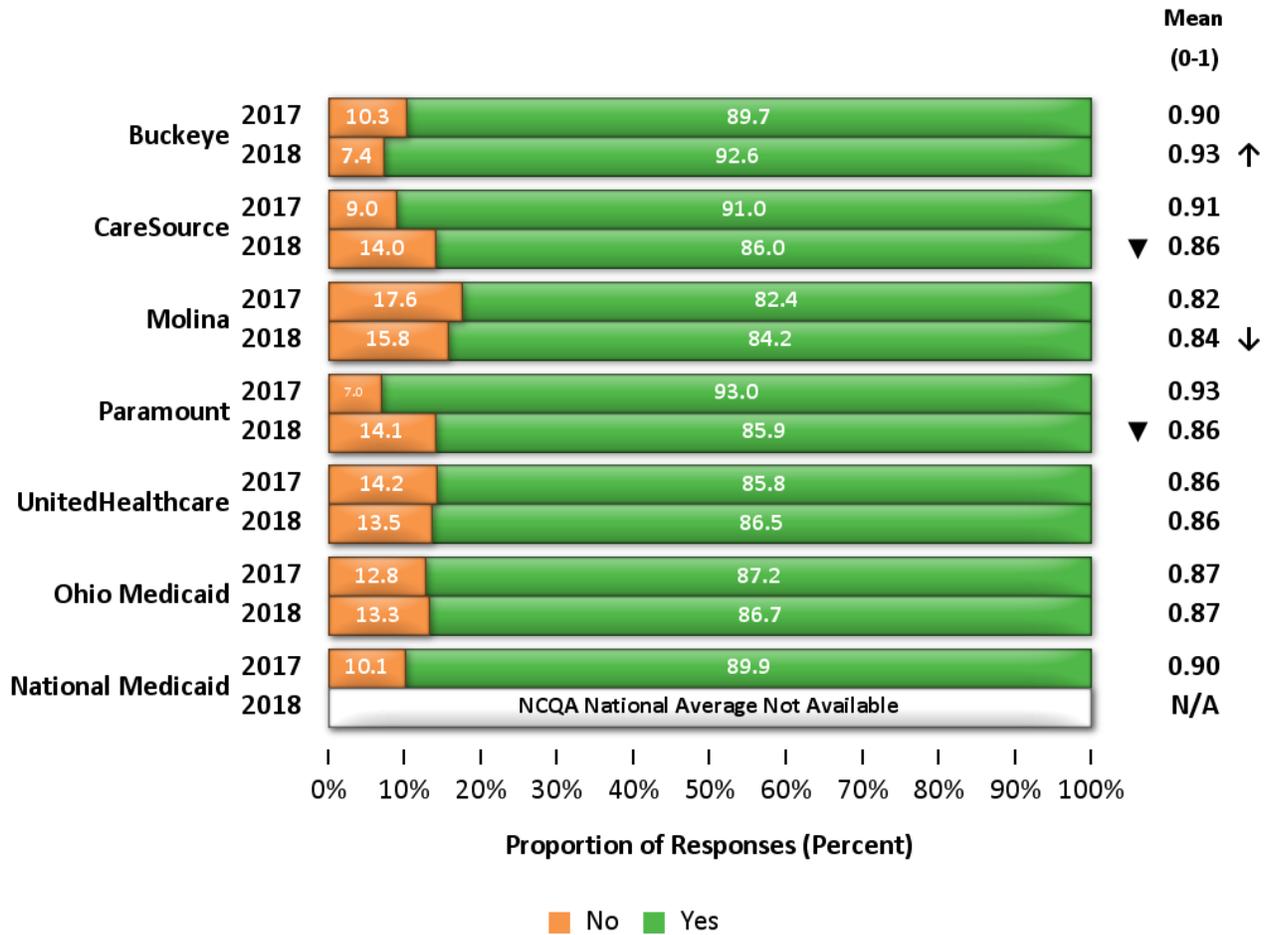
Comparative Analysis

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

Trending Analysis

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

**Figure 4-56—Child Had 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 two *statistically significant* differences observed for this measure.

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

Trending Analysis

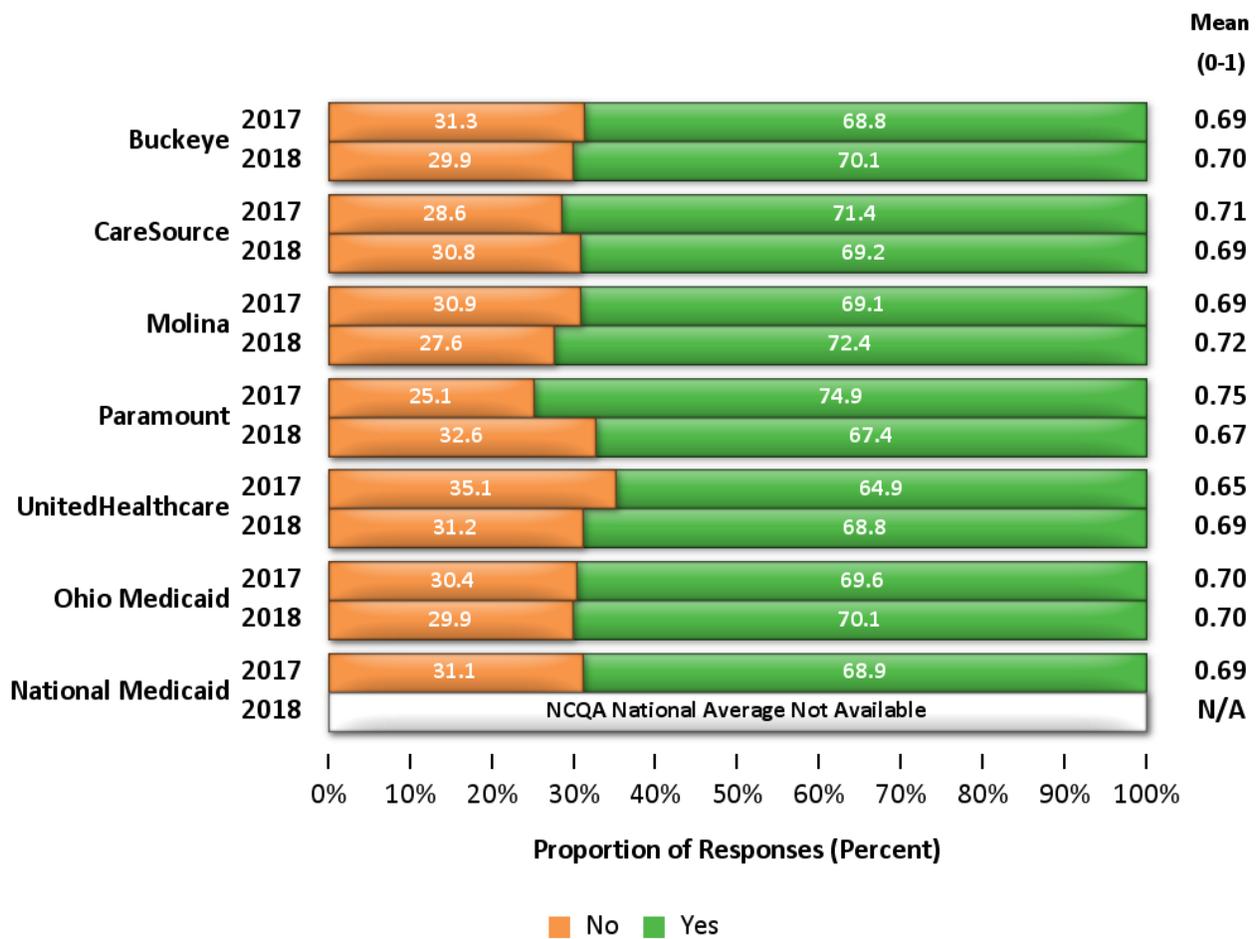
Overall, there were six *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

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

Question 35 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether child members were able to talk with doctors about their health care. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-57 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-57—Child Able to Talk with Doctors
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.

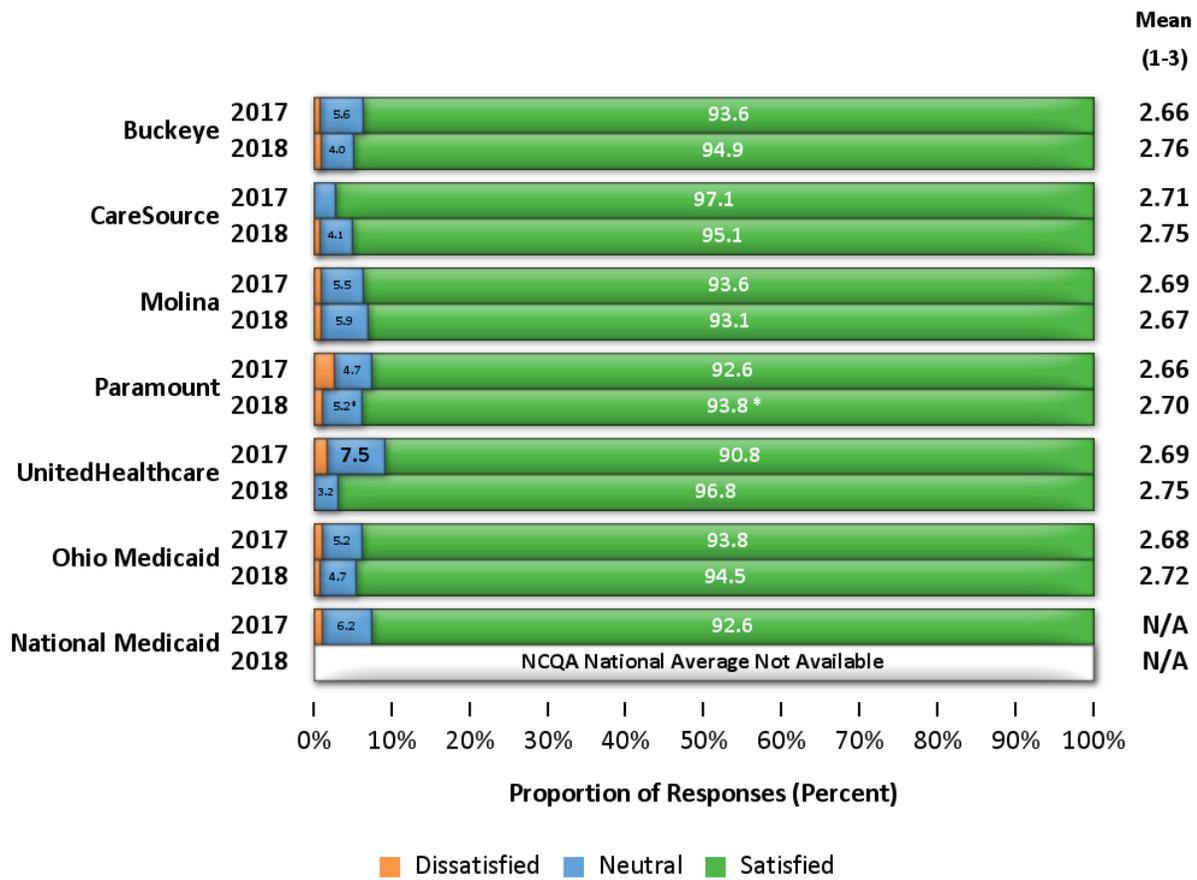
Trending Analysis

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

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

Question 36 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members how often their child’s personal doctor explained things to their child in a way their child could understand. For this question, an overall mean on a 1 to 3 scale was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-58 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻³¹

**Figure 4-58—Doctors Explained Things in Way Child Could Understand
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.

⁴⁻³¹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

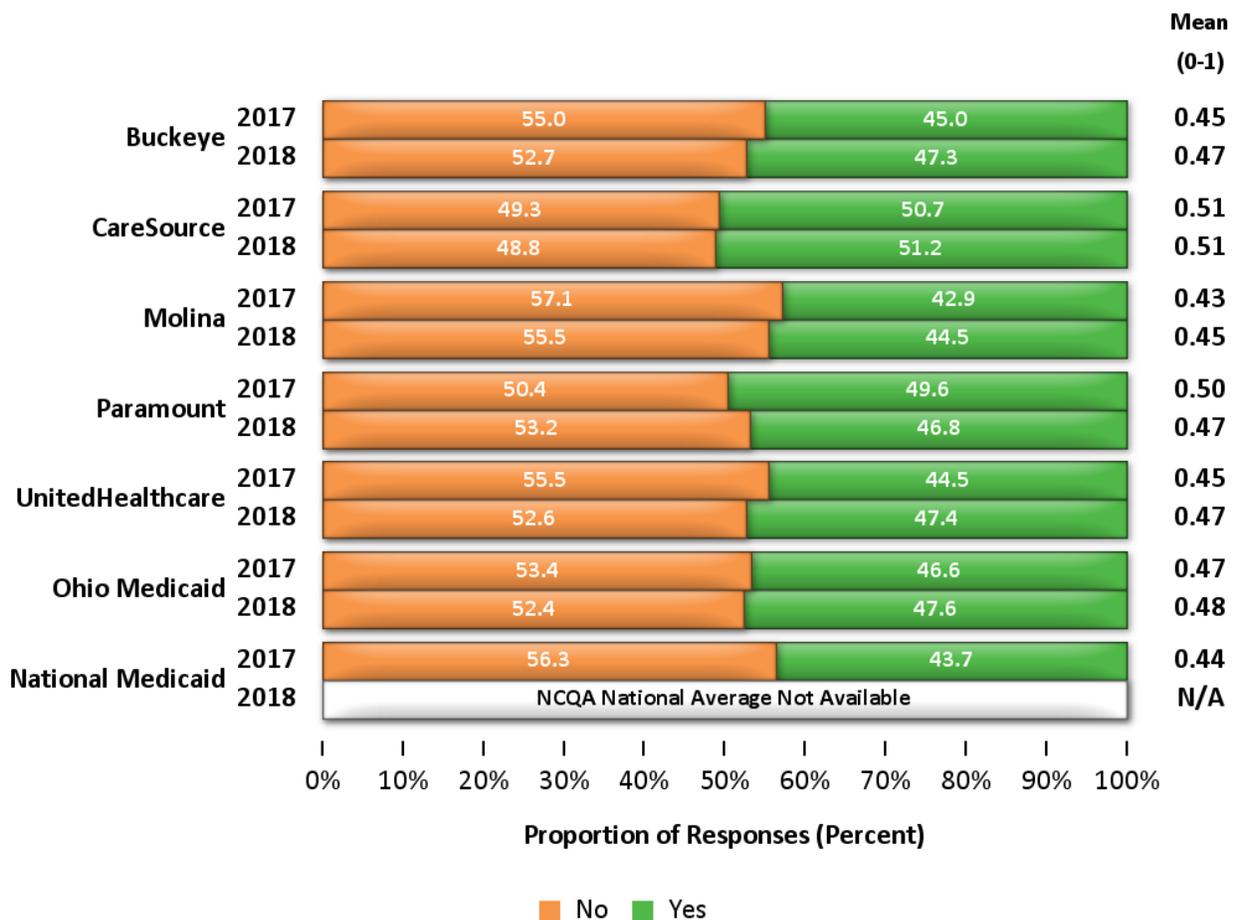
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Access to Care

Access to Care: Tried to Make Appointment to See Specialist

Several questions were asked to assess member perceptions of access to care. Question 24 in the CAHPS Adult Medicaid Health Plan Survey and question 45 in the CAHPS Child Medicaid Health Plan Survey asked whether the member tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-59 and Figure 4-60 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-59—Adult Tried to Make Appointment to See Specialist
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.

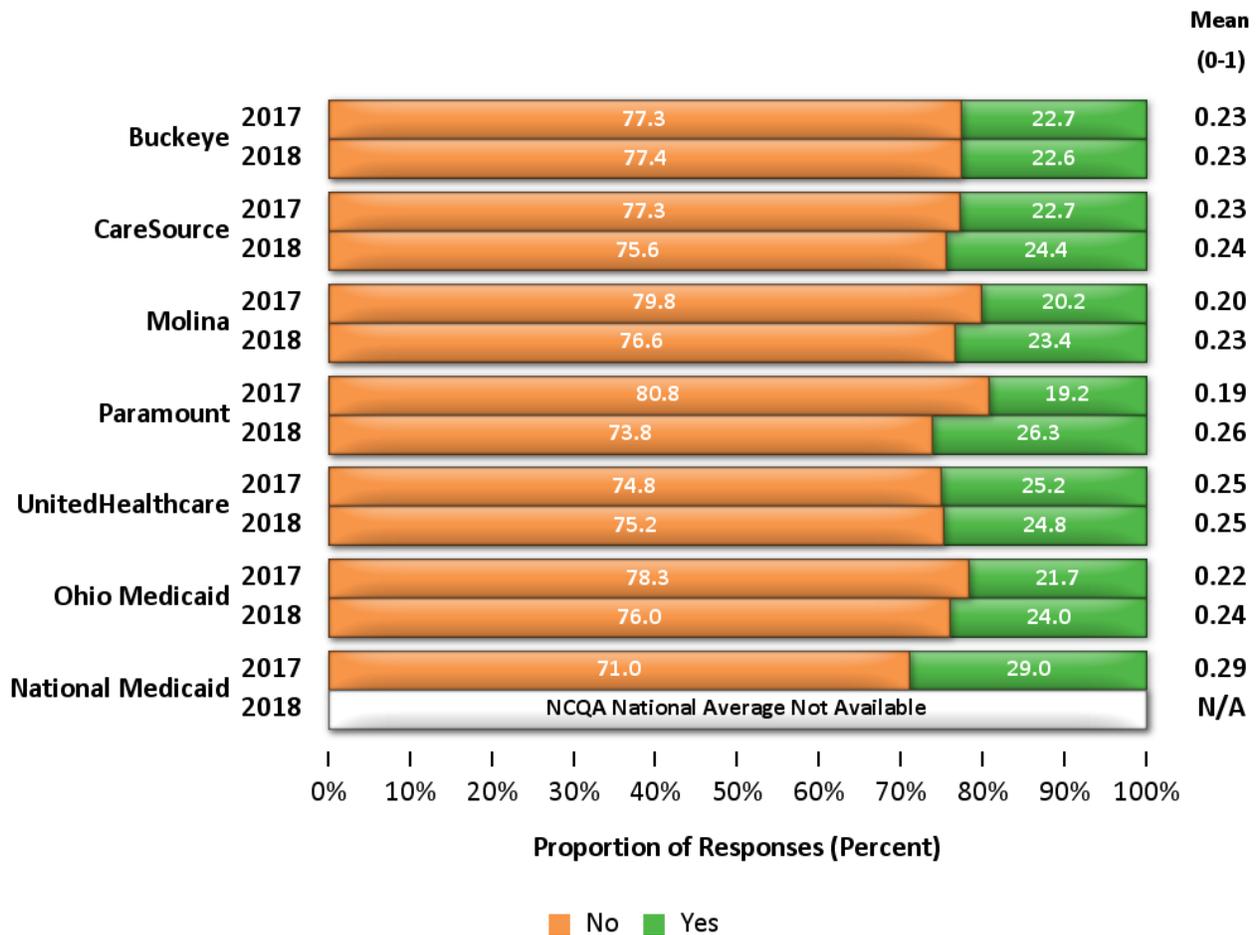
Comparative Analysis

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 4-60—Child Tried to Make Appointment to See Specialist
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.

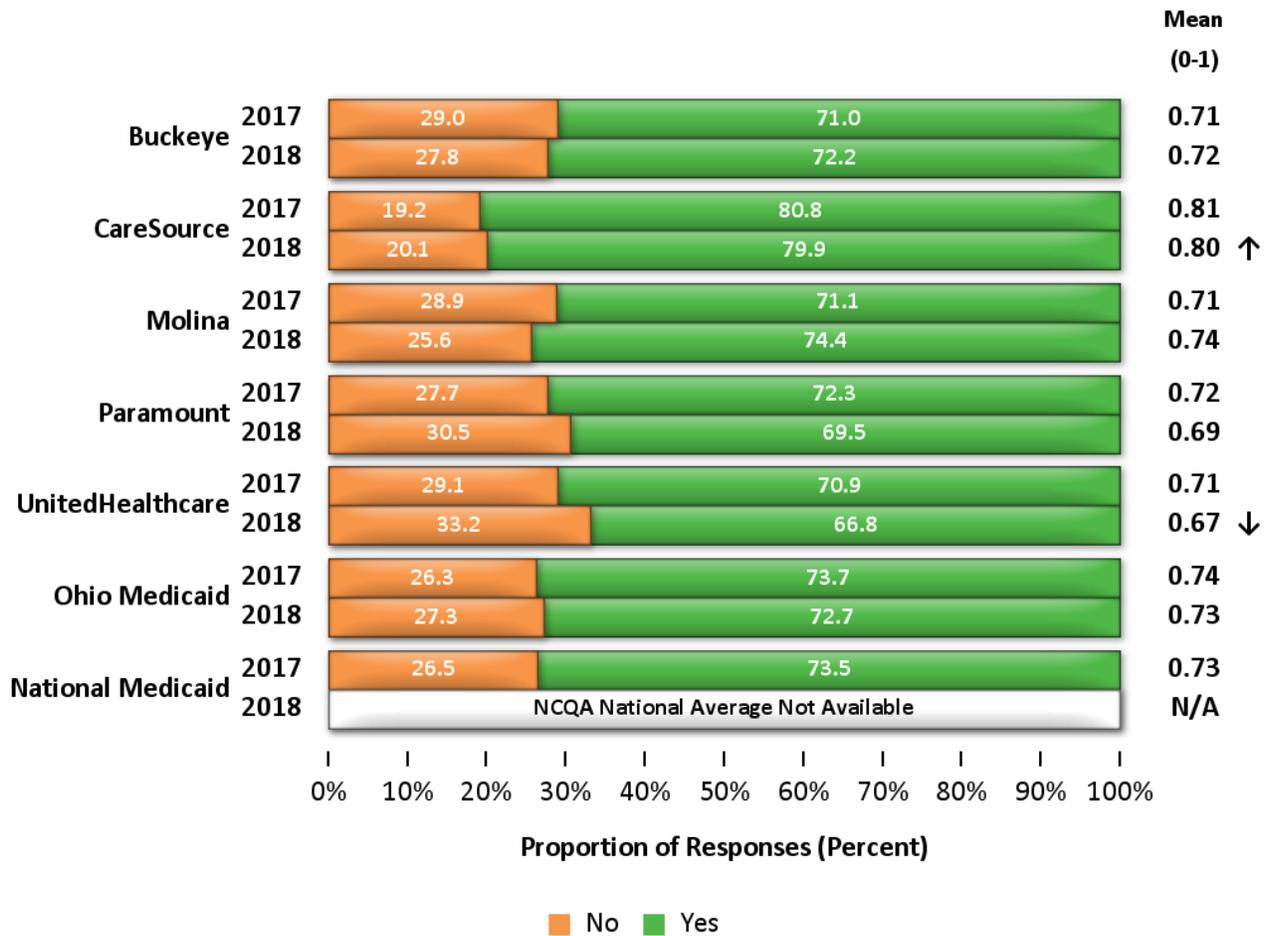
Trending Analysis

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

Access to Care: Made Appointments for Health Care

Question 5 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked whether members had made any appointments for health care (not counting the times members needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-61 and Figure 4-62 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-61—Adult Made Appointments for 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

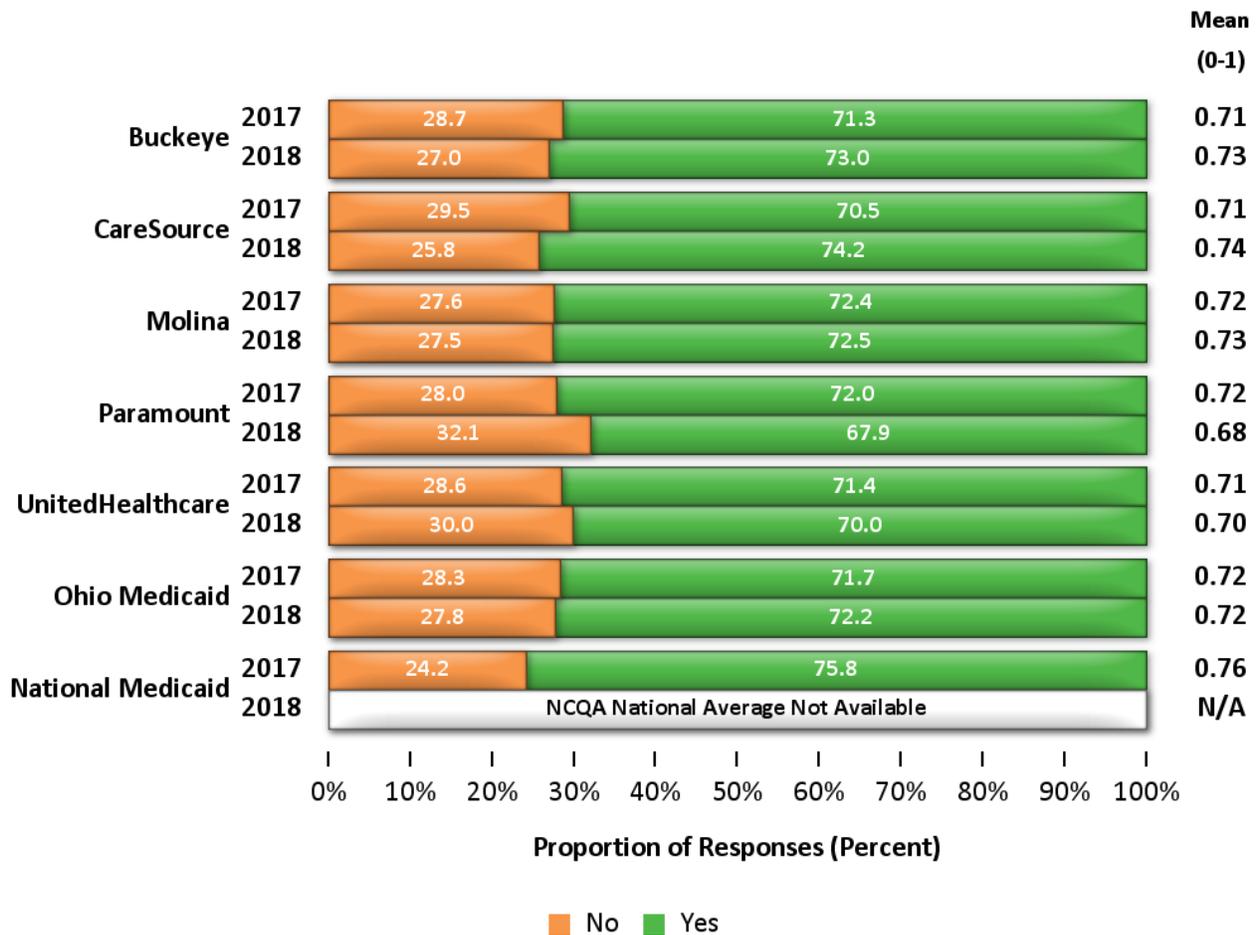
Overall, there were six *statistically significant* differences observed for this measure.

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

Trending Analysis

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

**Figure 4-62—Child Made Appointments for 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.

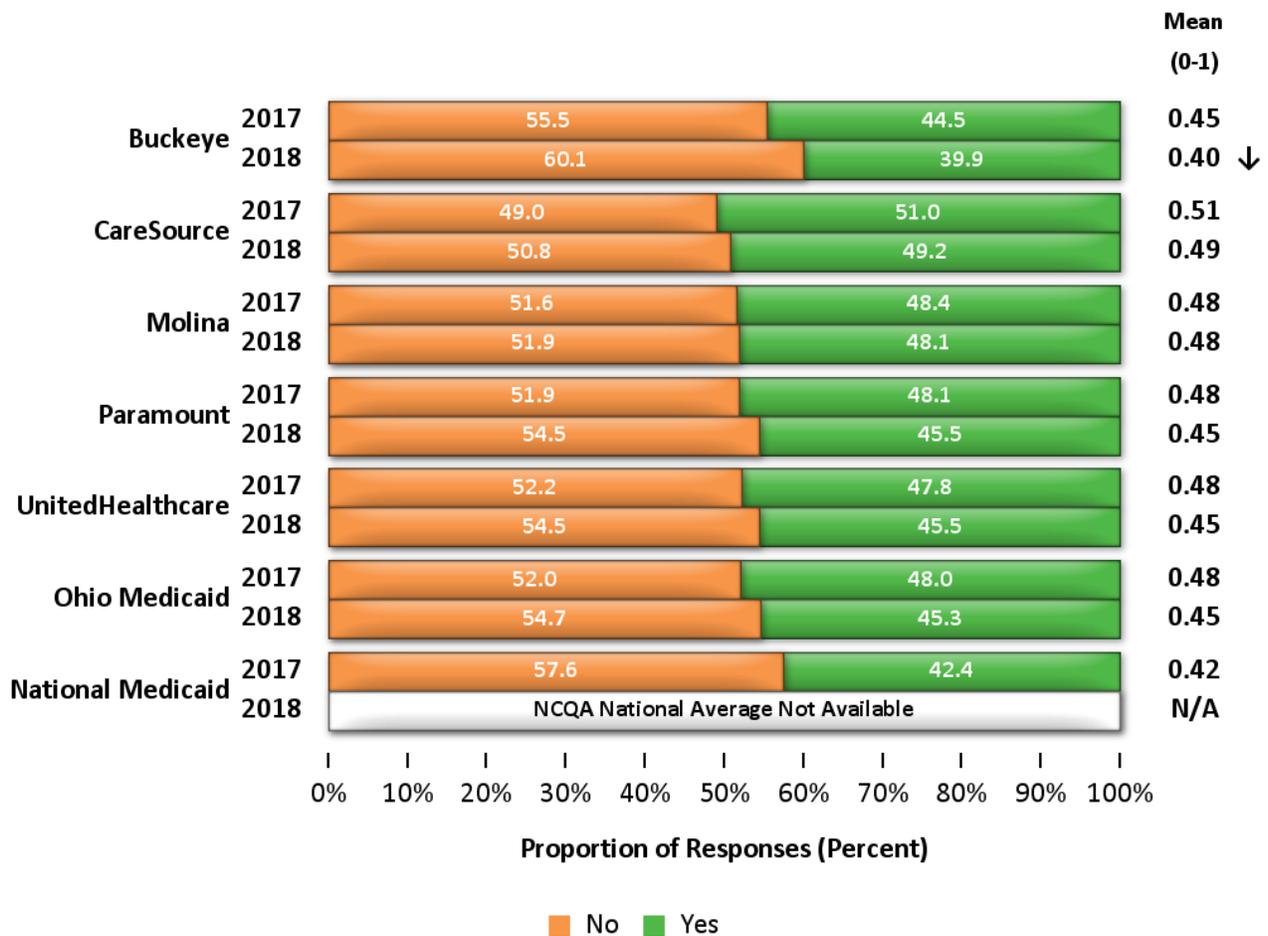
Trending Analysis

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

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

Question 3 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked whether the member had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-63 and Figure 4-64 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

**Figure 4-63—Adult Had Illness, Injury, or Condition that Needed Care Right Away
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

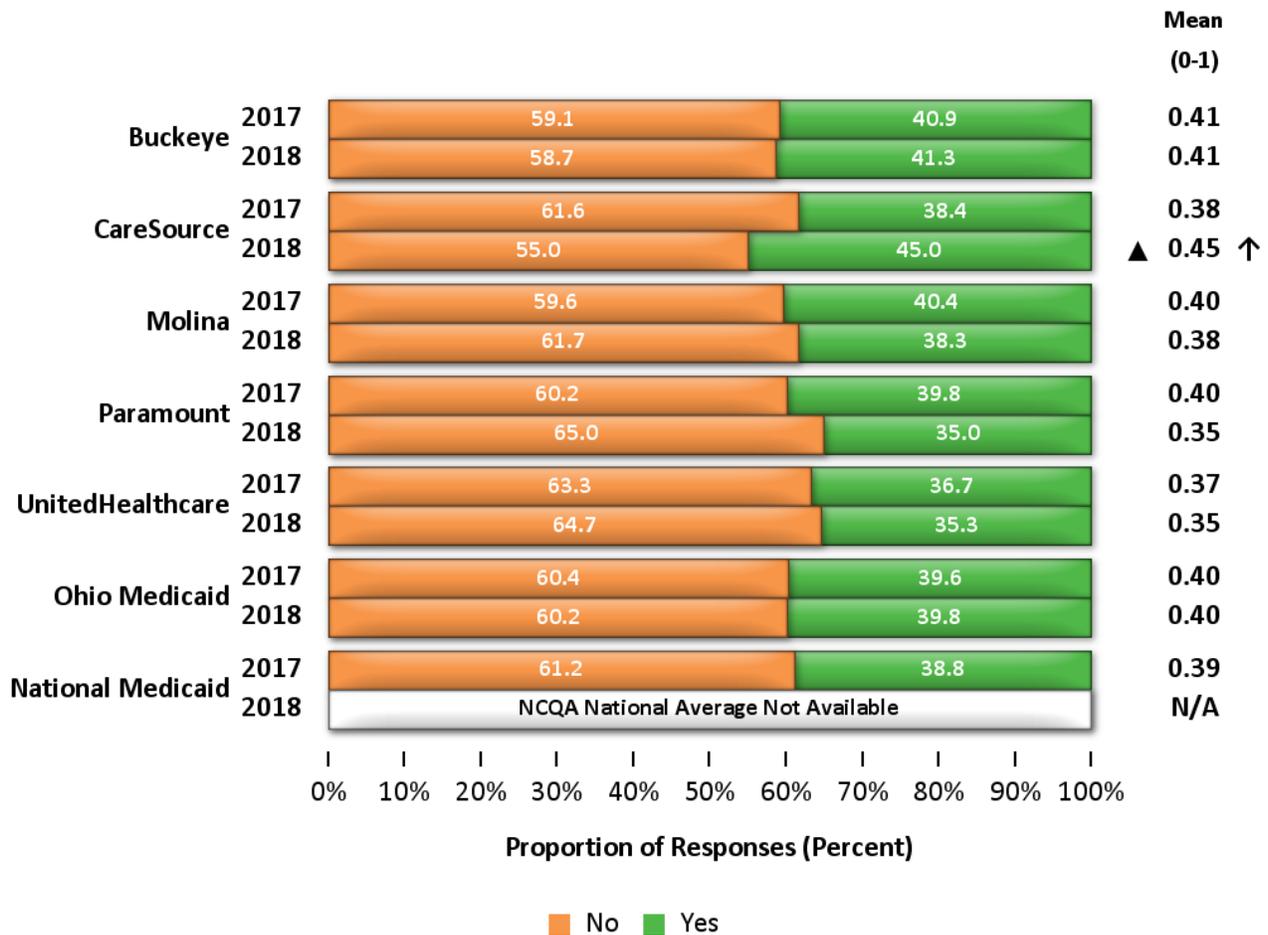
Overall, there were three *statistically significant* differences observed for this measure.

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

Trending Analysis

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

**Figure 4-64—Child Had Illness, Injury, or Condition that Needed Care Right Away
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 three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

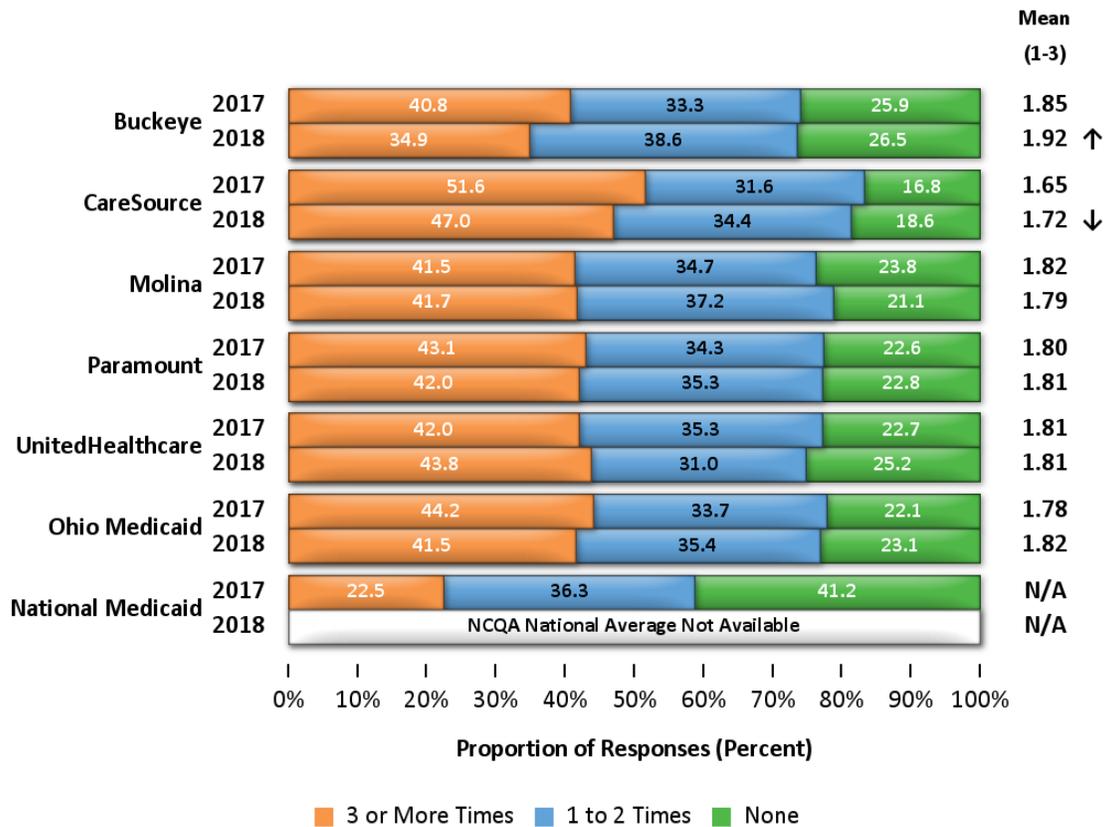
- CareSource's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of CareSource's respondents who gave a response of No was significantly lower in 2018 than in 2017, whereas the percentage of CareSource's respondents who gave a response of Yes was significantly higher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

Utilization of Services

Utilization of Services: Number of Visits to the Doctor’s Office

Question 7 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked how many times the member visited the doctor’s office or clinic (not counting times the member visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated. Responses were also classified into three categories: “3 or More Times,” “1 to 2 Times,” and “None.” Figure 4-65 and Figure 4-66 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.⁴⁻³²

**Figure 4-65—Adult Number of Visits to the Doctor’s Office
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.

⁴⁻³² NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

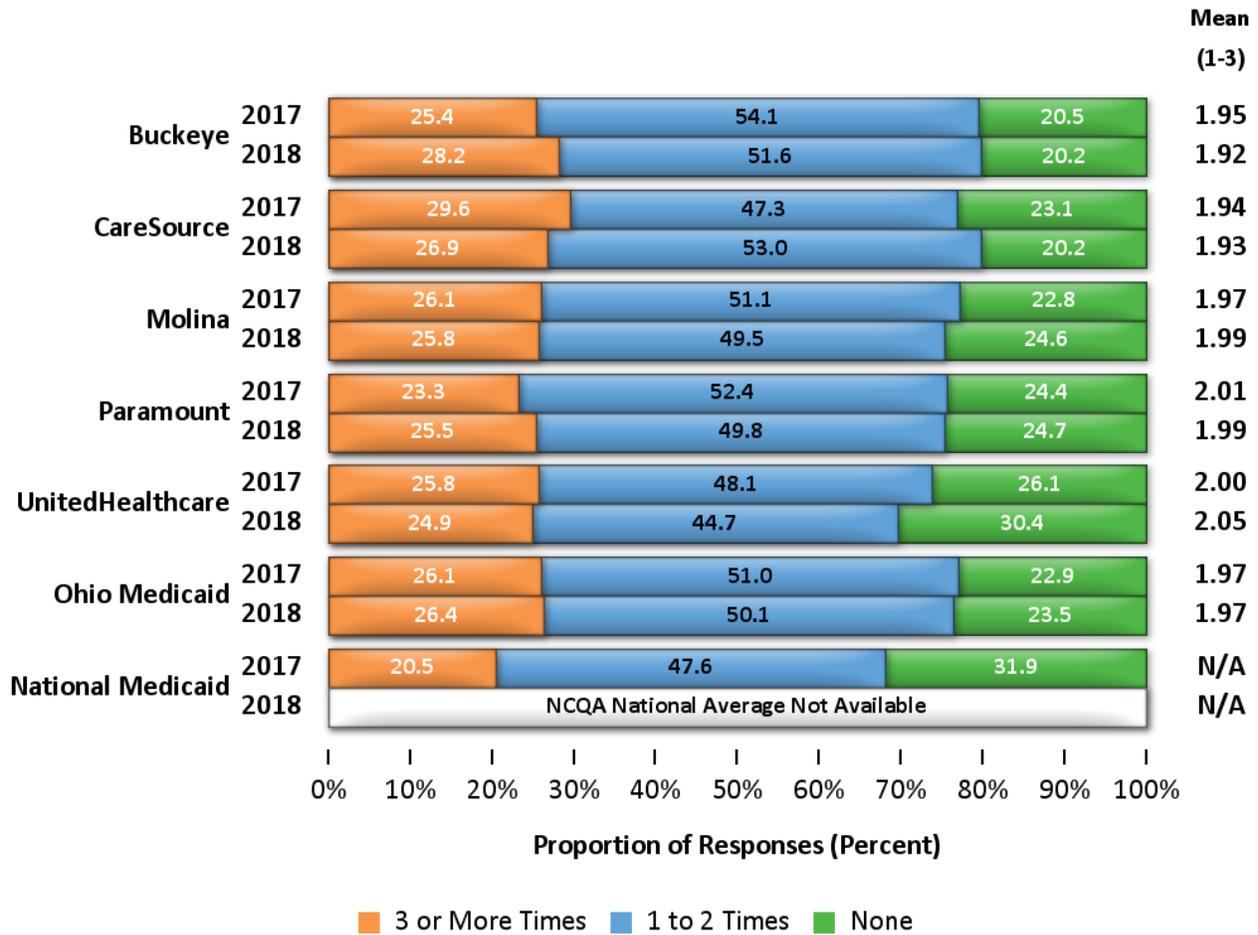
Overall, there were six *statistically significant* differences observed for this measure.

- Buckeye’s overall mean was significantly higher than the program average. The percentage of Buckeye’s respondents who gave a response of 3 or More Times was significantly lower than the program average, whereas the percentage of Buckeye’s respondents who gave a response of None was significantly higher than the program average.
- CareSource’s overall mean was significantly lower than the program average. The percentage of CareSource’s respondents who gave a response of 3 or More Times was significantly higher than the program average, whereas the percentage of CareSource’s respondents who gave a response of None was significantly lower than the program average.

Trending Analysis

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

**Figure 4-66—Child Number of Visits to the Doctor’s Office
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

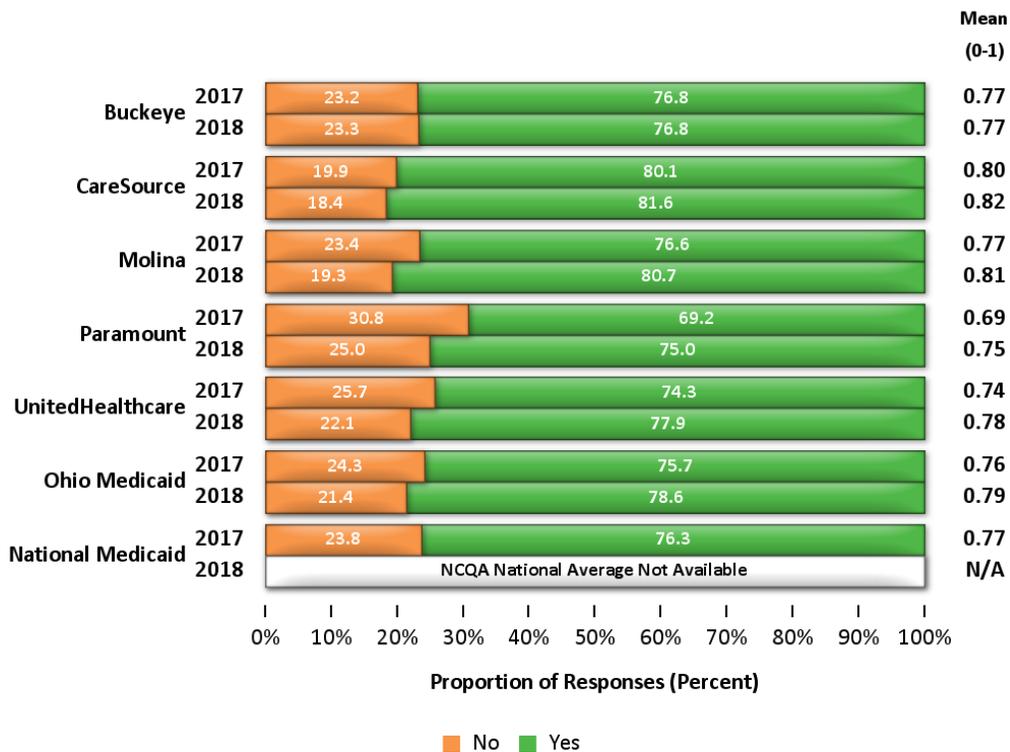
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Medical Assistance with Smoking and Tobacco Use Cessation⁴⁻³³

Advising Smokers and Tobacco Users to Quit

Question 40 in the CAHPS Adult Medicaid Health Plan Survey asked how often the member was advised to quit smoking or using tobacco by a doctor or other health provider. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were classified into two categories: No (Never) and Yes (Sometimes/Usually/Always). Figure 4-67 depicts the percentage of respondents in each of the response categories for the adult population.

**Figure 4-67—Smoking and Tobacco Use Cessation: Advising Smokers and Tobacco Users to Quit
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.

⁴⁻³³ The Medical Assistance with Smoking and Tobacco Use Cessation measures (Questions 40, 41, and 42) are only included in the CAHPS 5.0H Adult Medicaid Health Plan Survey. The 2017 and 2018 rates follow NCQA's methodology of calculating a rolling average using the current and prior year's results. Please exercise caution when reviewing the trend analysis results for the Medical Assistance with Smoking and Tobacco Use Cessation Measures, as the 2017 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2016 or 2017.

Comparative Analysis

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

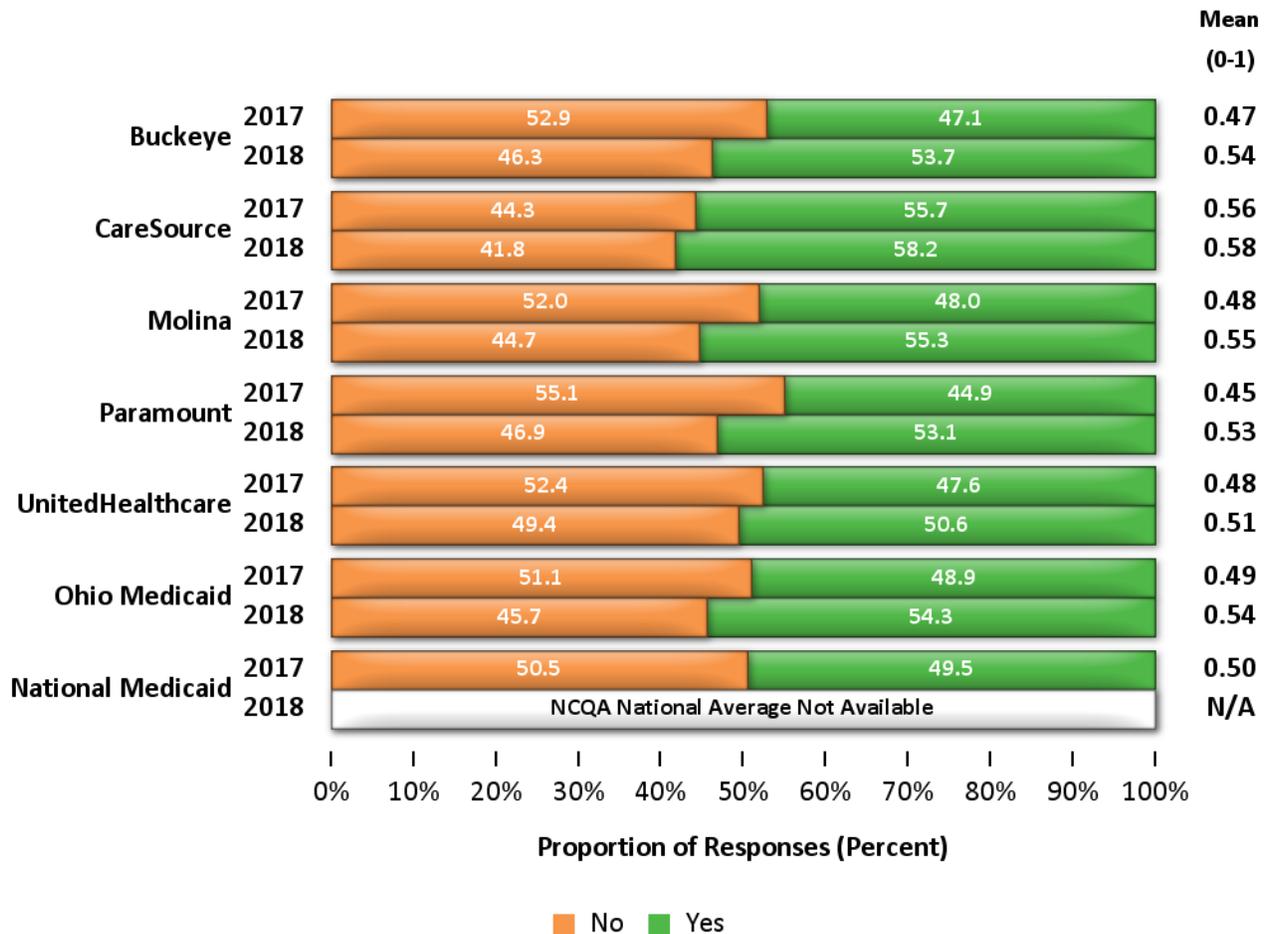
Trend Analysis

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

Discussing Cessation Medications

Question 41 in the CAHPS Adult Medicaid Health Plan Survey asked how often the member’s doctor or health provider recommended or discussed medications to assist with quitting smoking or using tobacco (e.g., nicotine gum, patch, nasal spray, inhaler, or prescription medication). For this question, an overall mean on a 0 to 1 scale was calculated. Responses were classified into two categories: No (Never) and Yes (Sometimes/Usually/Always). Figure 4-68 depicts the percentage of respondents in each of the response categories for the adult population.

**Figure 4-68—Smoking and Tobacco Use Cessation: Discussing Cessation Medications
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.

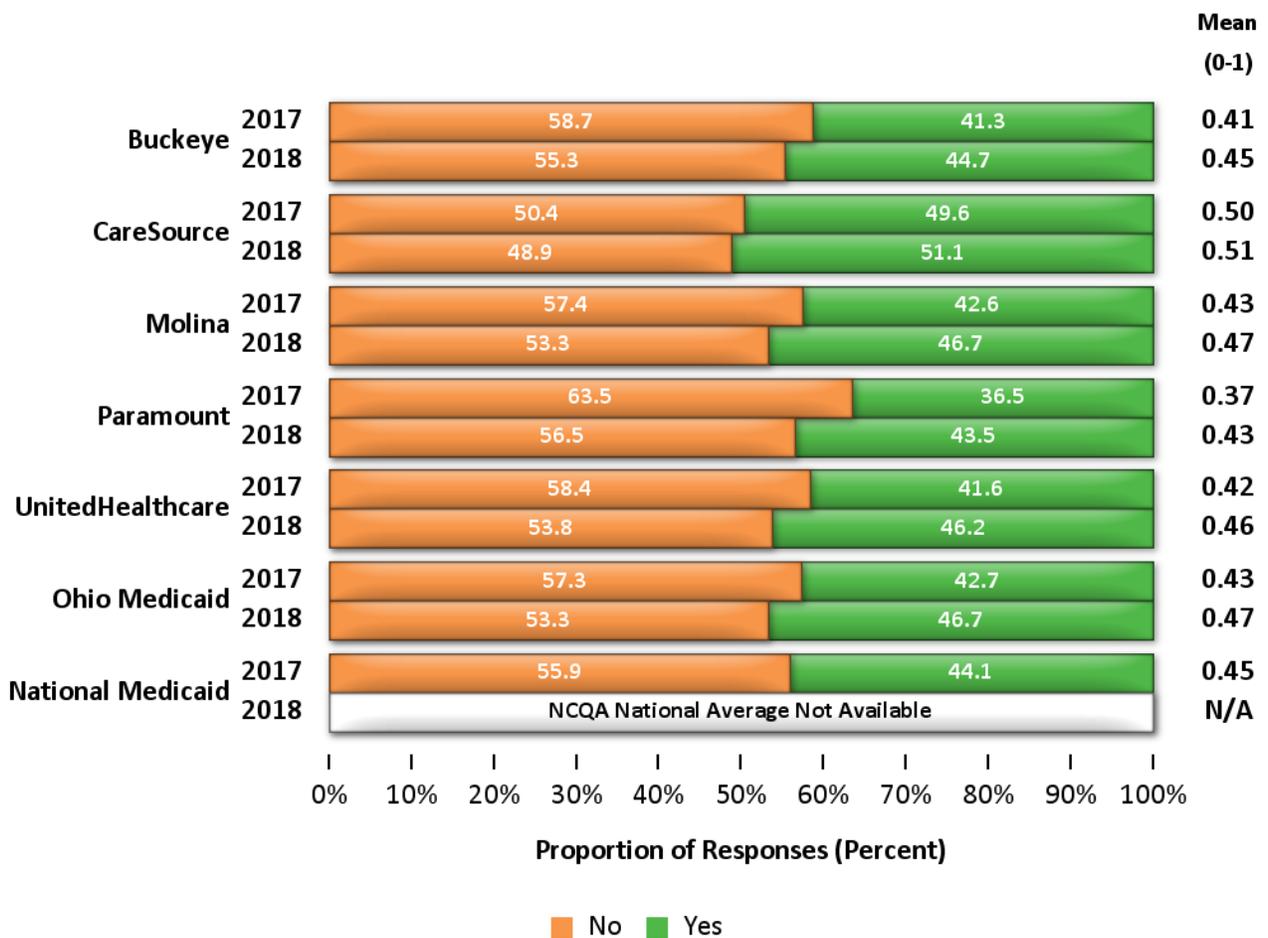
Trend Analysis

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

Discussing Cessation Strategies

Question 42 in the CAHPS Adult Medicaid Health Plan Survey asked how often the member’s doctor or health provider discussed or provided methods and strategies, other than medication, to assist with quitting smoking or using tobacco. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were classified into two categories: No (Never) and Yes (Sometimes/Usually/Always). Figure 4-69 depicts the percentage of respondents in each of the response categories for the adult population.

**Figure 4-69—Smoking and Tobacco Use Cessation: Discussing Cessation Strategies
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.

Trend Analysis

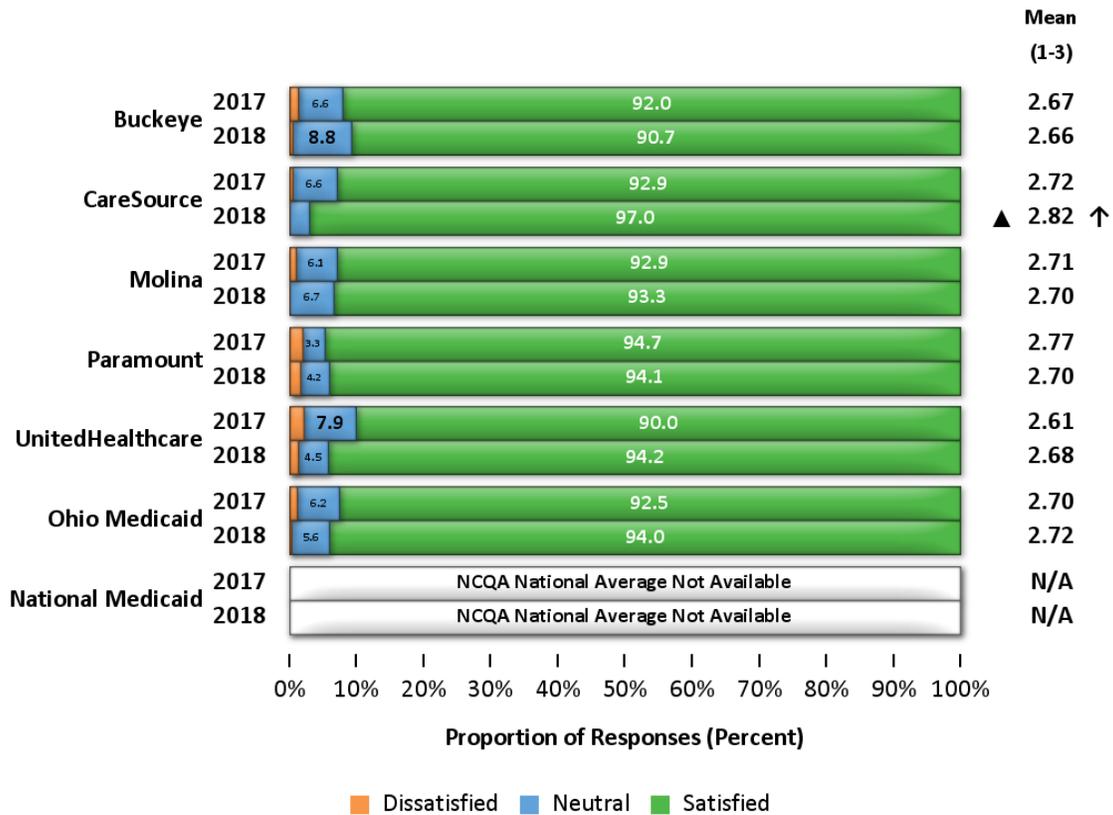
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

CCC Composites and CCC Items⁴⁻³⁴

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their health plan. For this question, an overall mean was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-70 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-70—Child Access to Prescription Medicines
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.

⁴⁻³⁴ For the general child population, NCQA national averages are not provided for the CCC composite measures and CCC item measures.

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

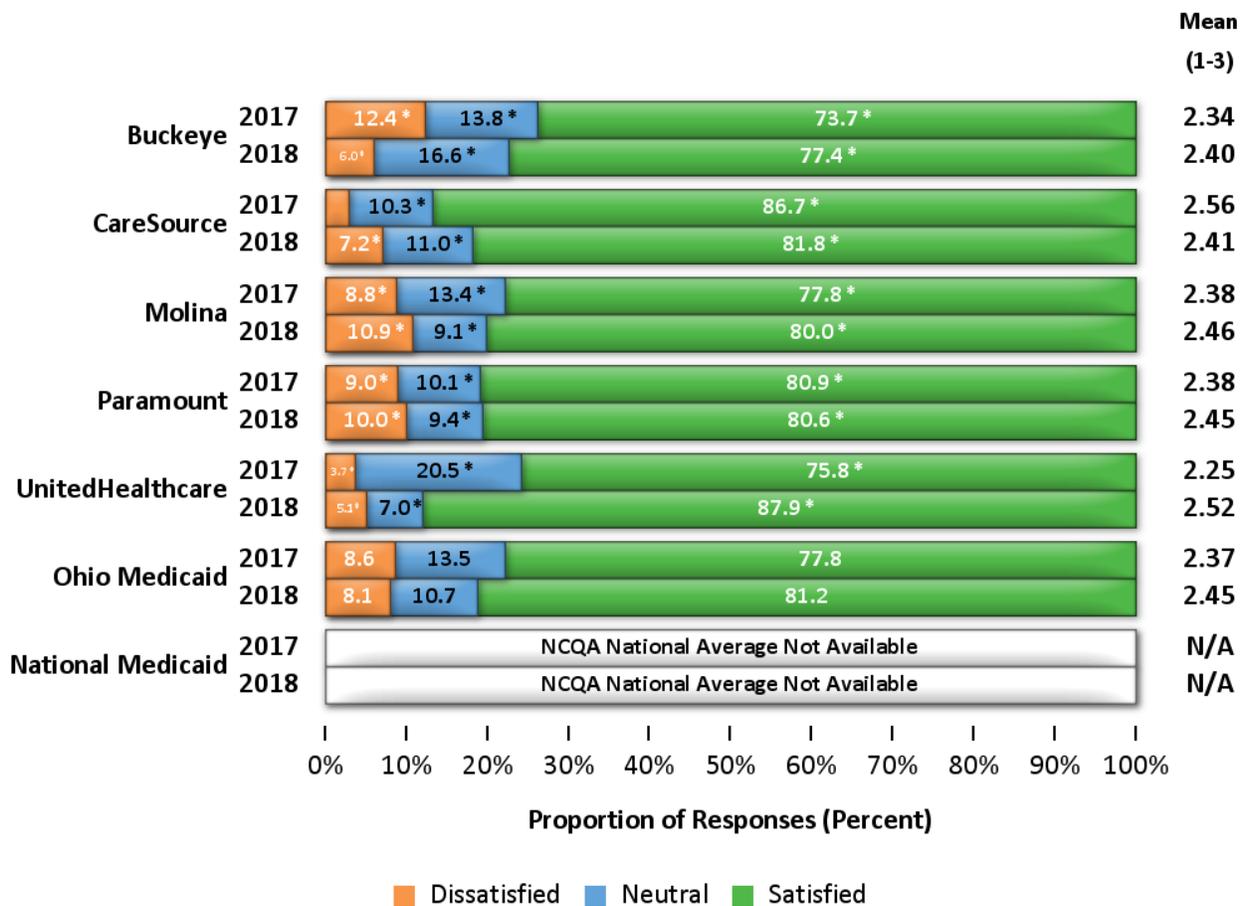
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Access to Specialized Services

A series of three questions was asked to assess how often it was easy for child members to obtain access to specialized services. For each of these questions (questions 20, 23, and 26 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-71 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-71—Child Access to Specialized Services Composite 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

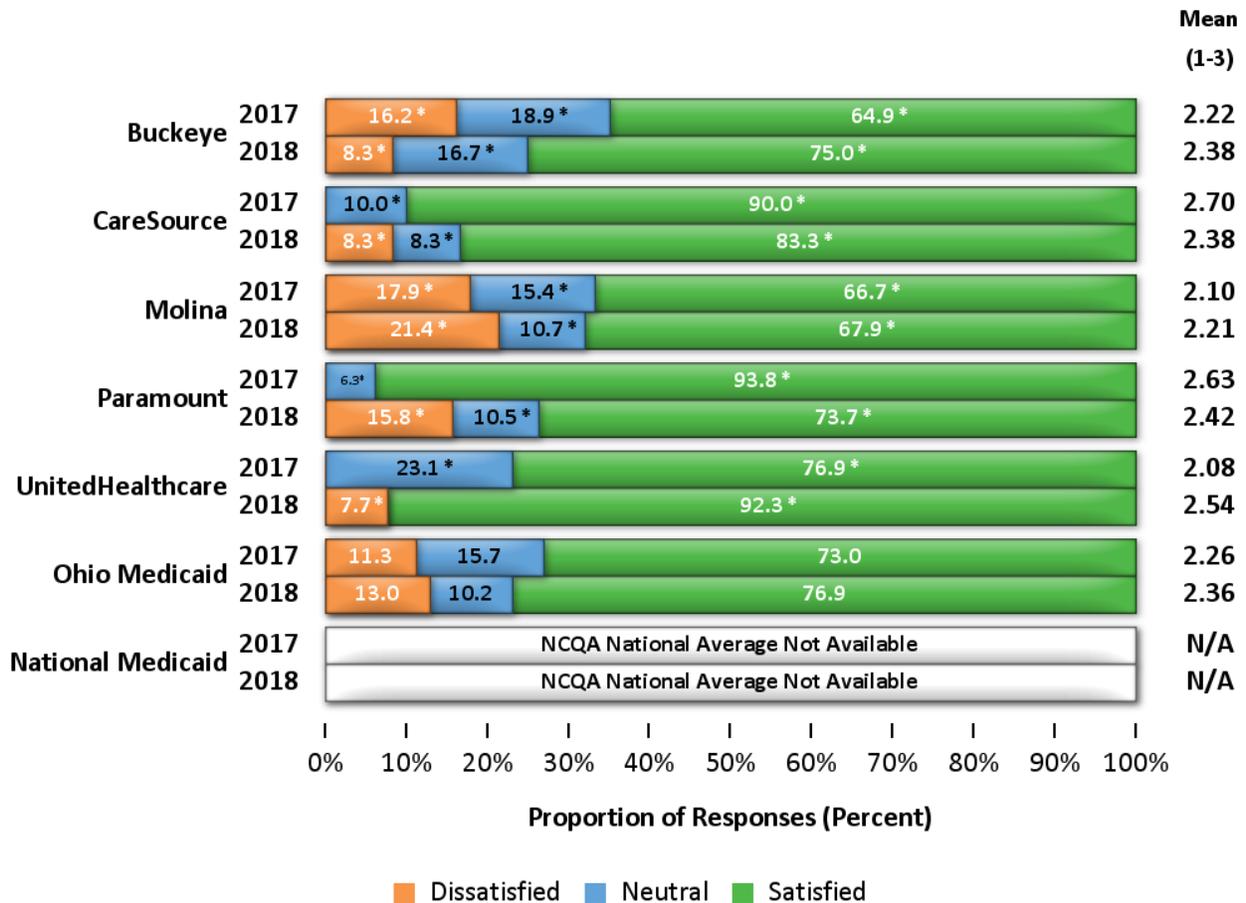
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Access to Specialized Services: Problem Obtaining Special Medical Equipment

Question 20 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy obtaining special medical equipment or devices for their child. Figure 4-72 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-72—Child Access to Specialized Services: Problem Obtaining Special Medical Equipment
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.

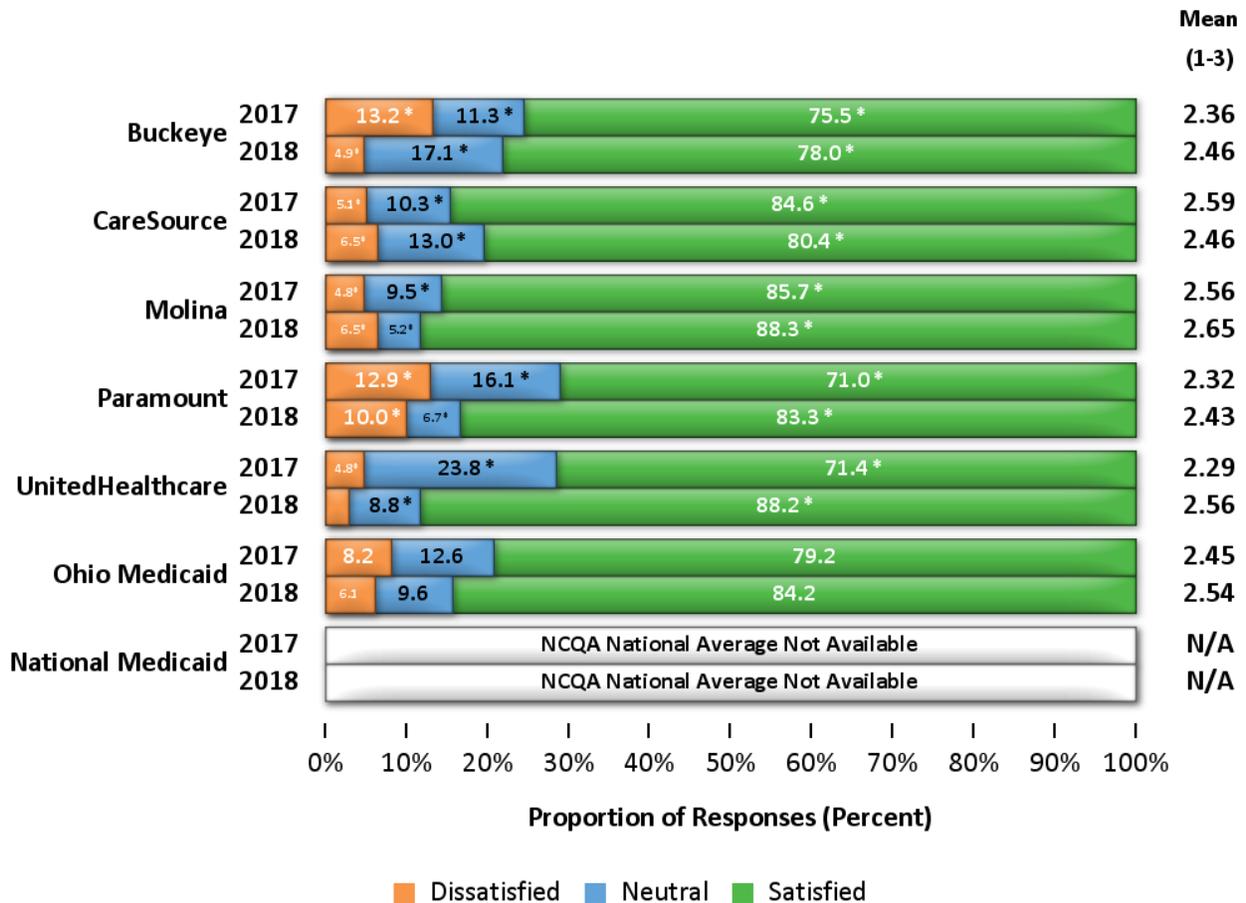
Trending Analysis

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

Access to Specialized Services: Problem Obtaining Special Therapy

Question 23 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy obtaining special therapy for their child. Figure 4-73 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-73—Child Access to Specialized Services: Problem Obtaining Special Therapy
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.

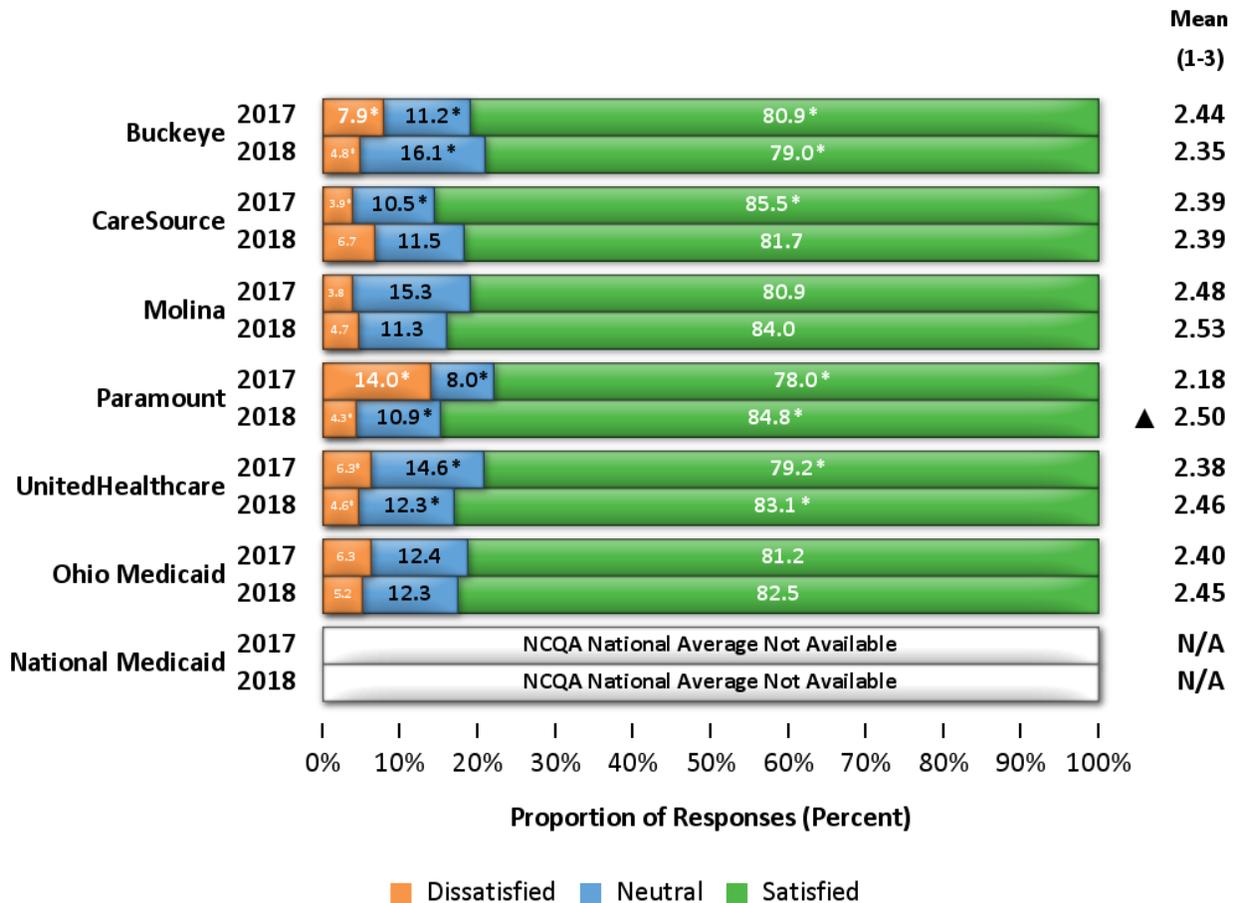
Trending Analysis

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

Access to Specialized Services: Problem Obtaining Treatment or Counseling

Question 26 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy obtaining treatment or counseling for their child. Figure 4-74 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-74—Child Access to Specialized Services: Problem Obtaining Treatment or Counseling 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

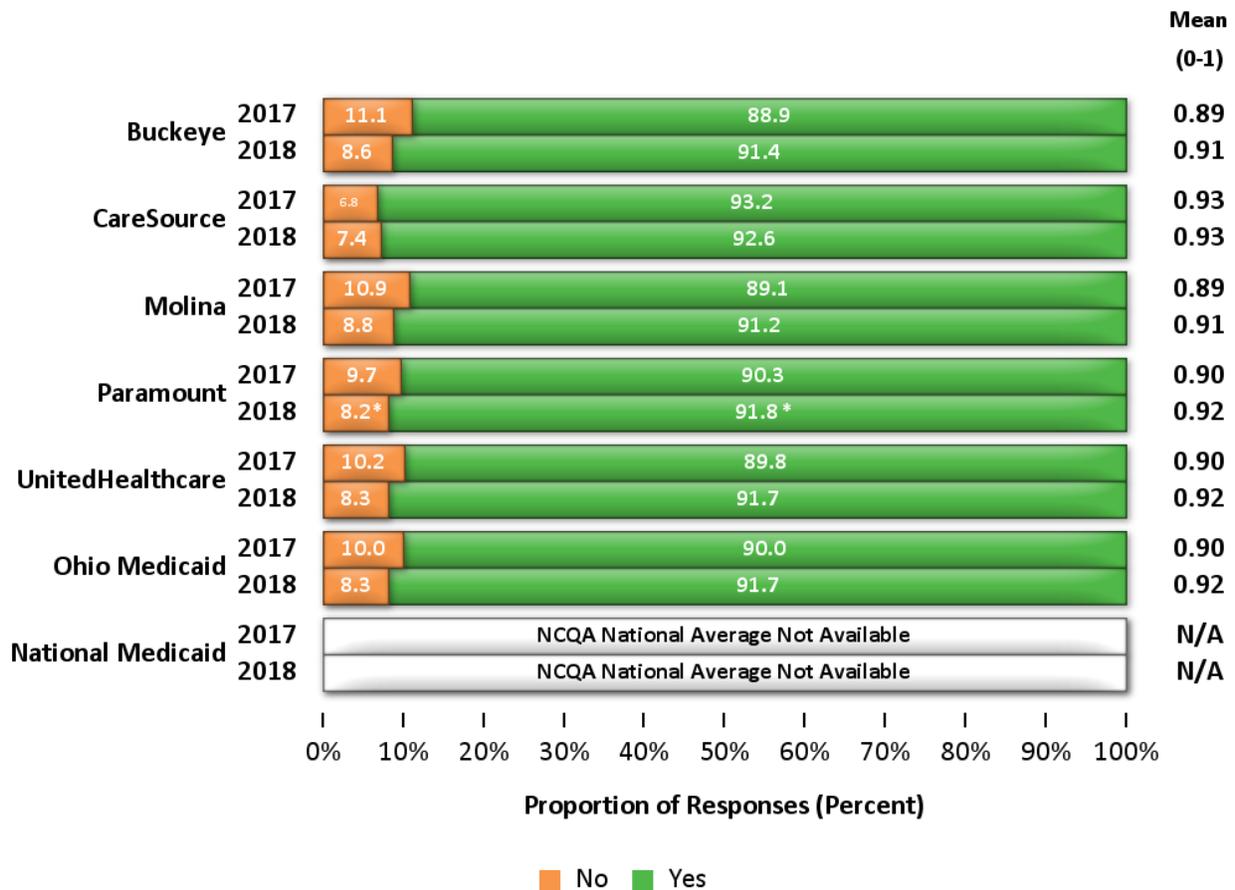
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

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

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (questions 38, 43, and 44 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 4-75 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻³⁵

Figure 4-75—Child FCC: Personal Doctor Who Knows Child Composite 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.

⁴⁻³⁵ NCQA did not provide 1-point mean scores for this measure.

Comparative Analysis

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

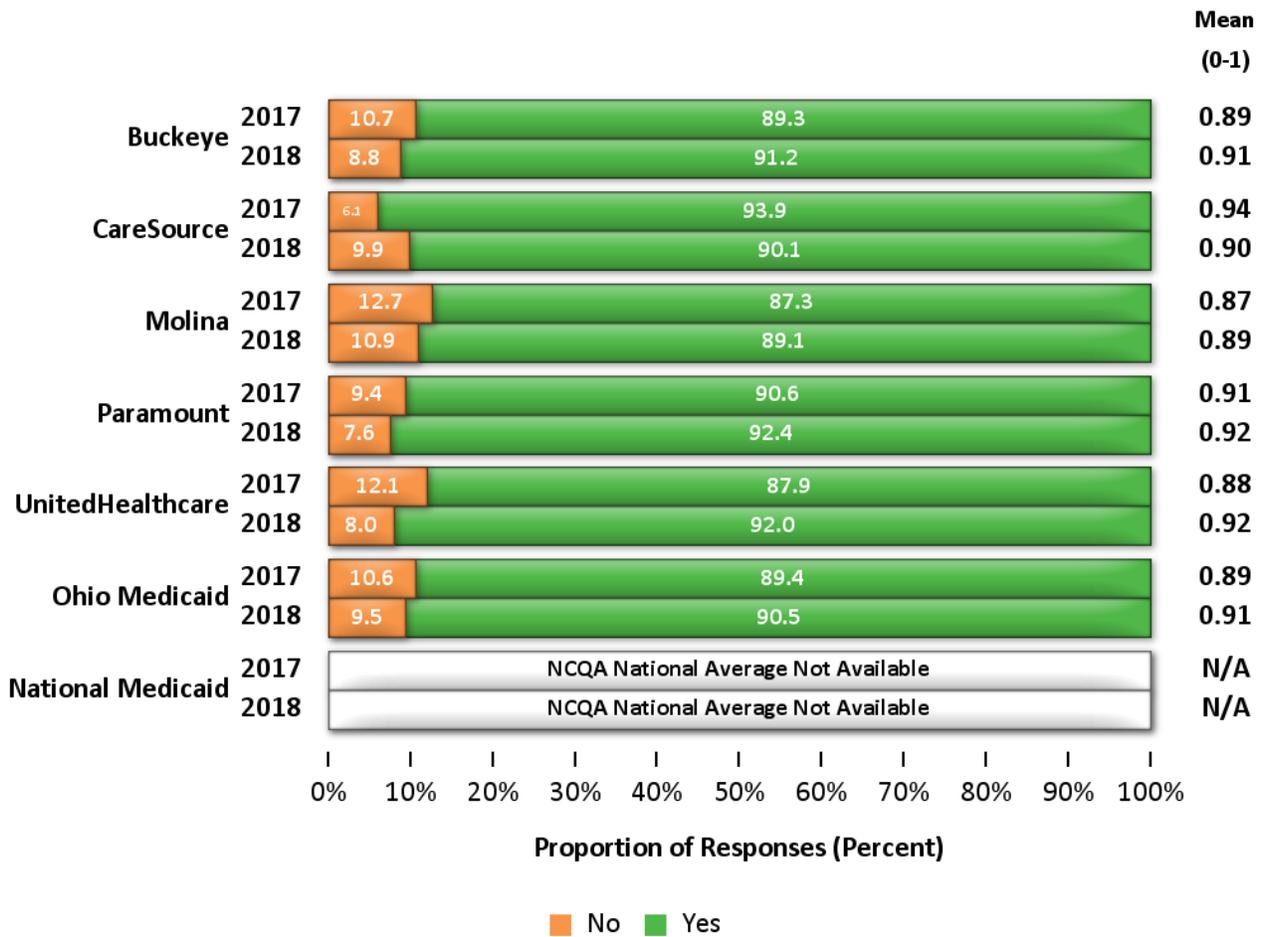
Trending Analysis

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

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

Question 38 in the CAHPS Child Medicaid Health Plan Survey asked whether the child’s personal doctor talked with the parent or caretaker about how the child was feeling, growing, or behaving. Figure 4-76 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-76—Child FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving 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.

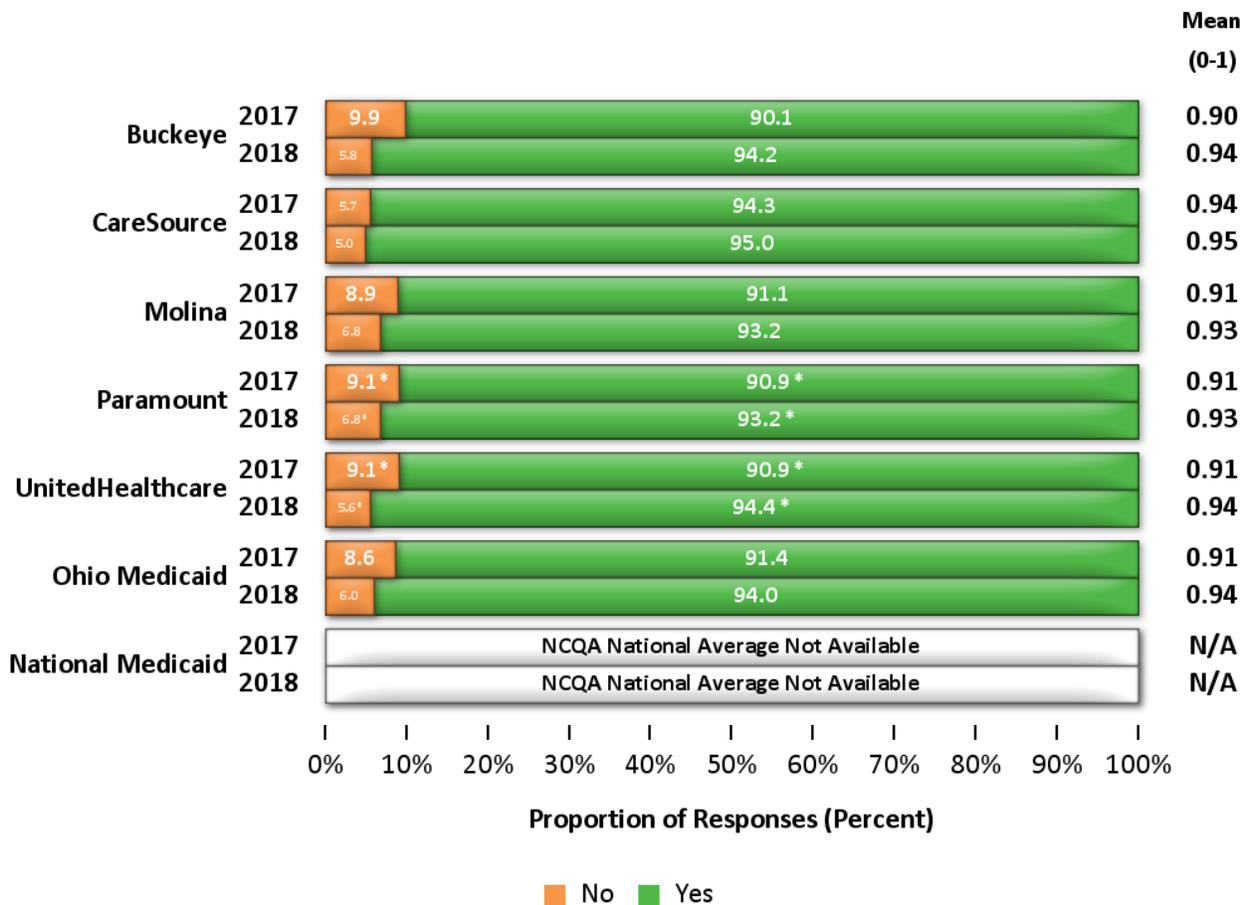
Trending Analysis

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

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

Question 43 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child’s medical, behavioral, or other health conditions affect the child’s day-to-day life. Figure 4-77 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-77—Child FCC: Personal Doctor Who Knows Child Understands How Health Conditions Affect Child’s Life 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.

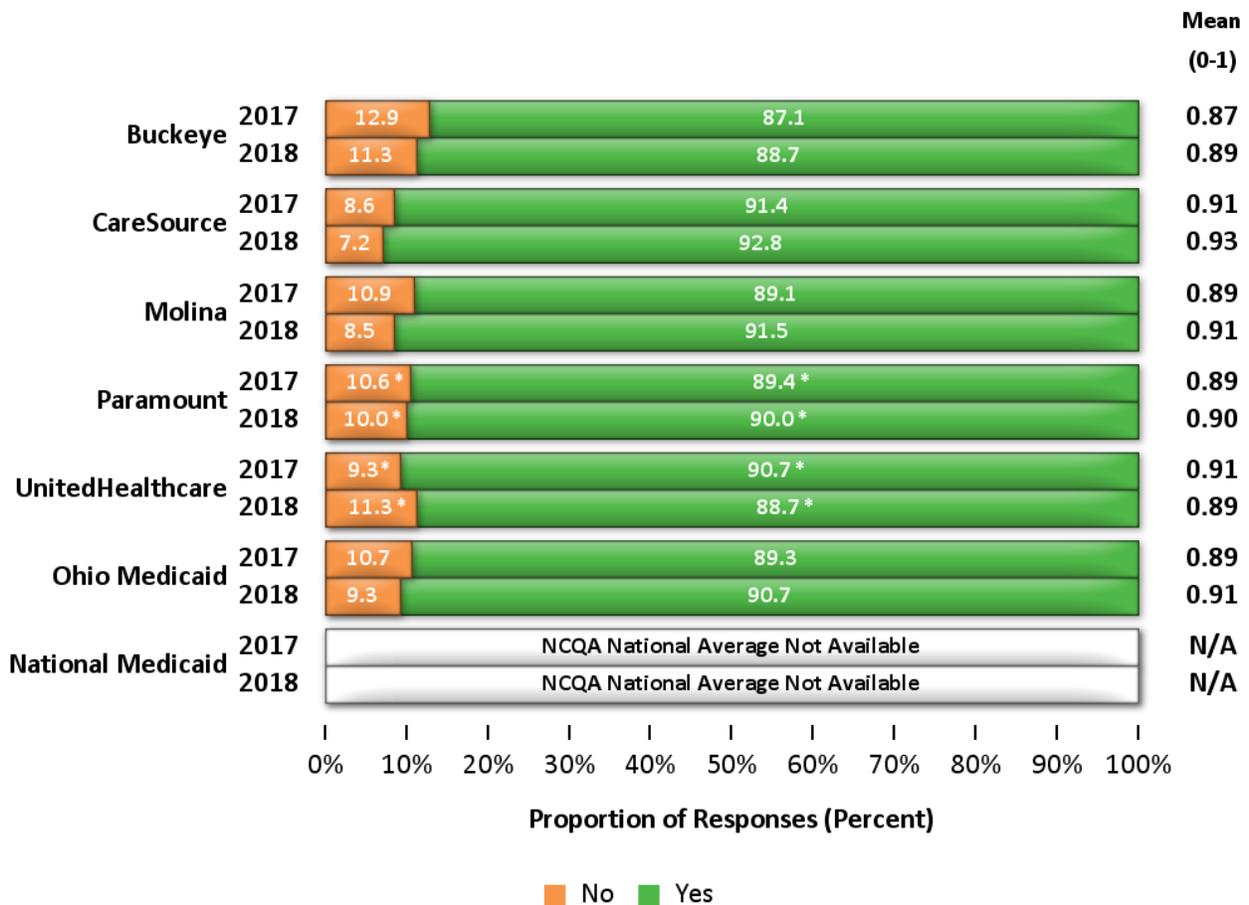
Trending Analysis

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

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

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child’s medical, behavioral, or other health conditions affect the family’s day-to-day life. Figure 4-78 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-78—Child FCC: Personal Doctor Who Knows Child Understands How Health Conditions Affect Family’s Life
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.

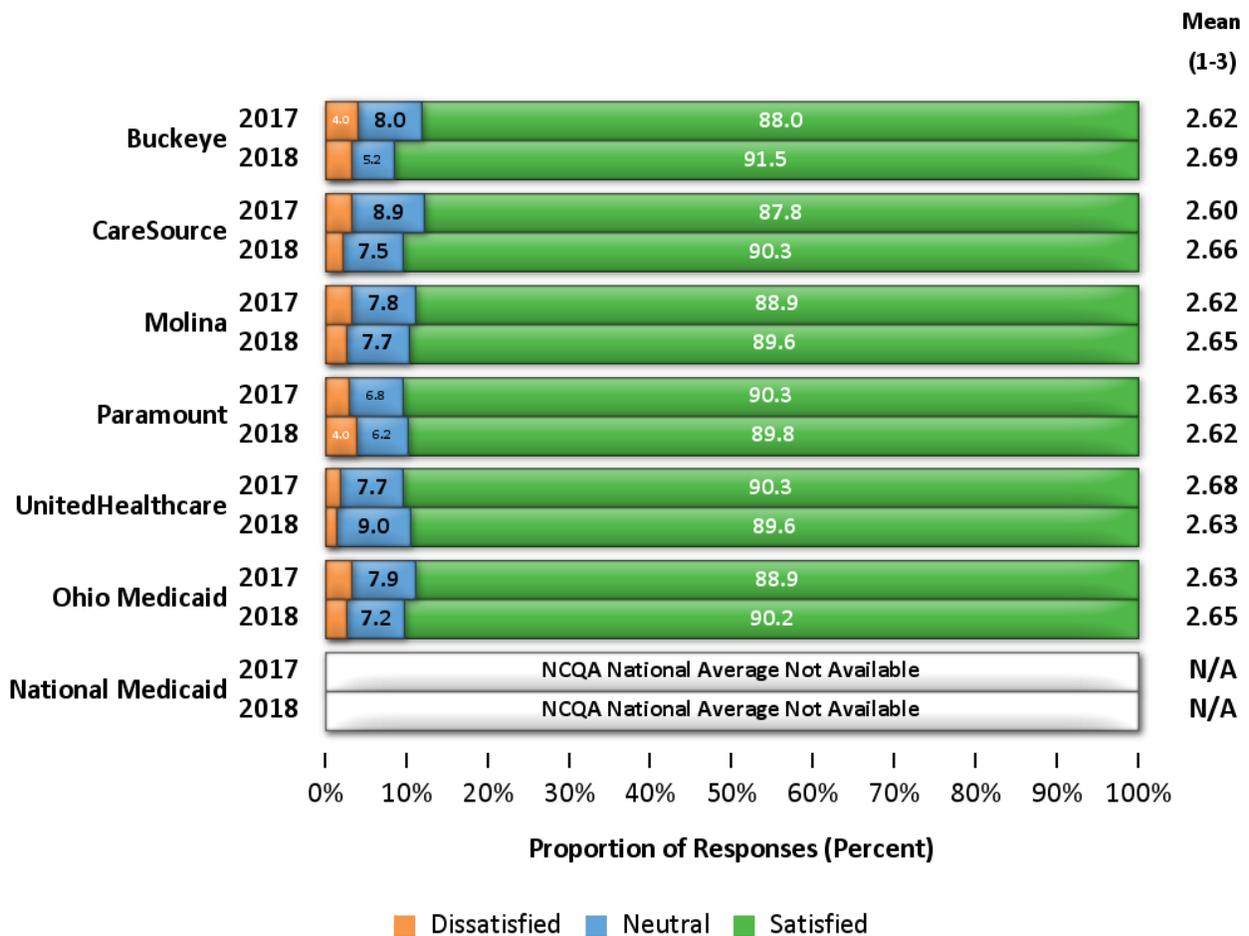
Trending Analysis

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

FCC: Getting Needed Information

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members often their questions were answered by doctors or other health providers. For this question, an overall mean was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-79 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-79—Child FCC: Getting Needed Information
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.

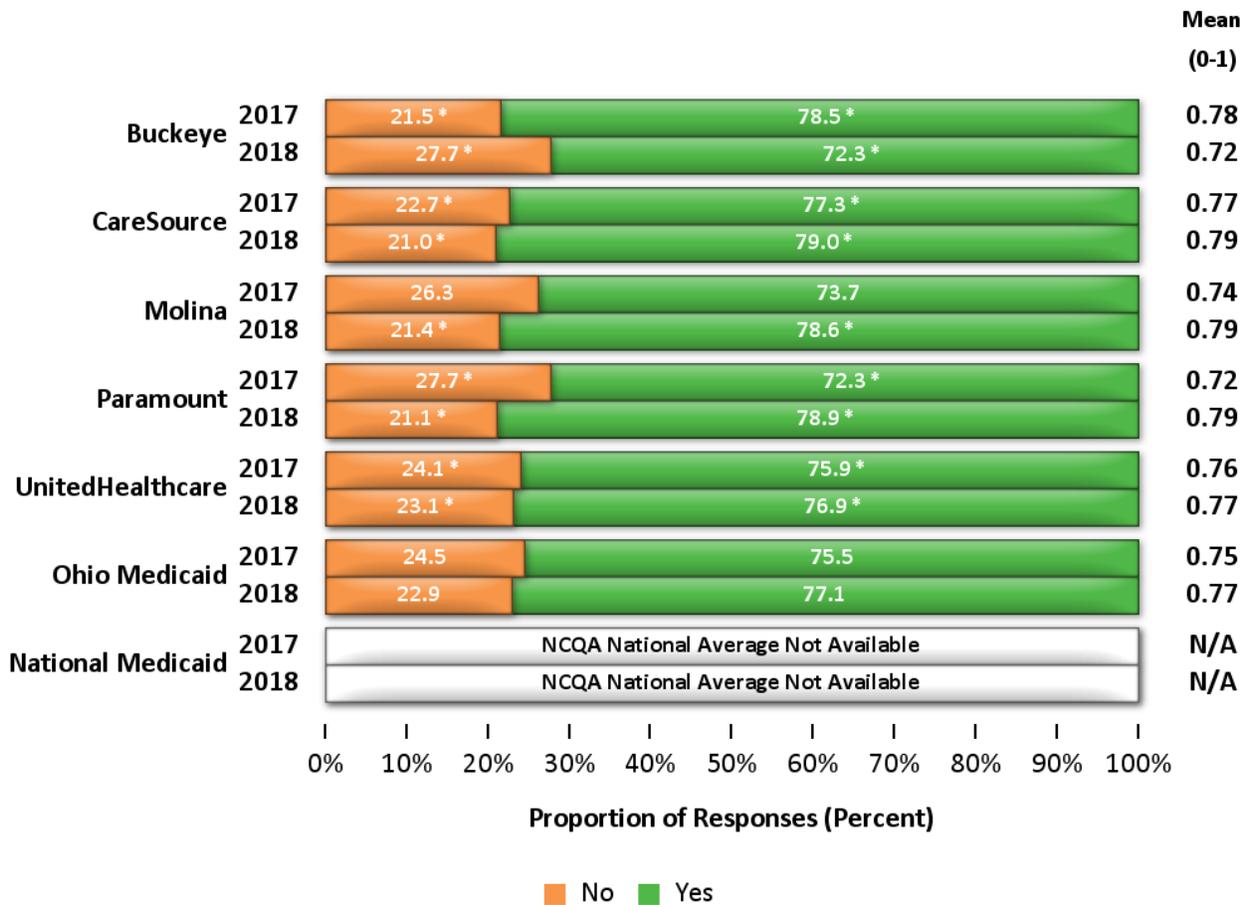
Trending Analysis

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

Coordination of Care for Children with Chronic Conditions

Two questions were asked in order to assess whether parents or caretakers of child members received help in coordinating their child’s care. For each of these questions (questions 18 and 29 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated. Responses were also classified into two categories: No and Yes. Figure 4-80 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

**Figure 4-80—Child Coordination of Care for CCC
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.

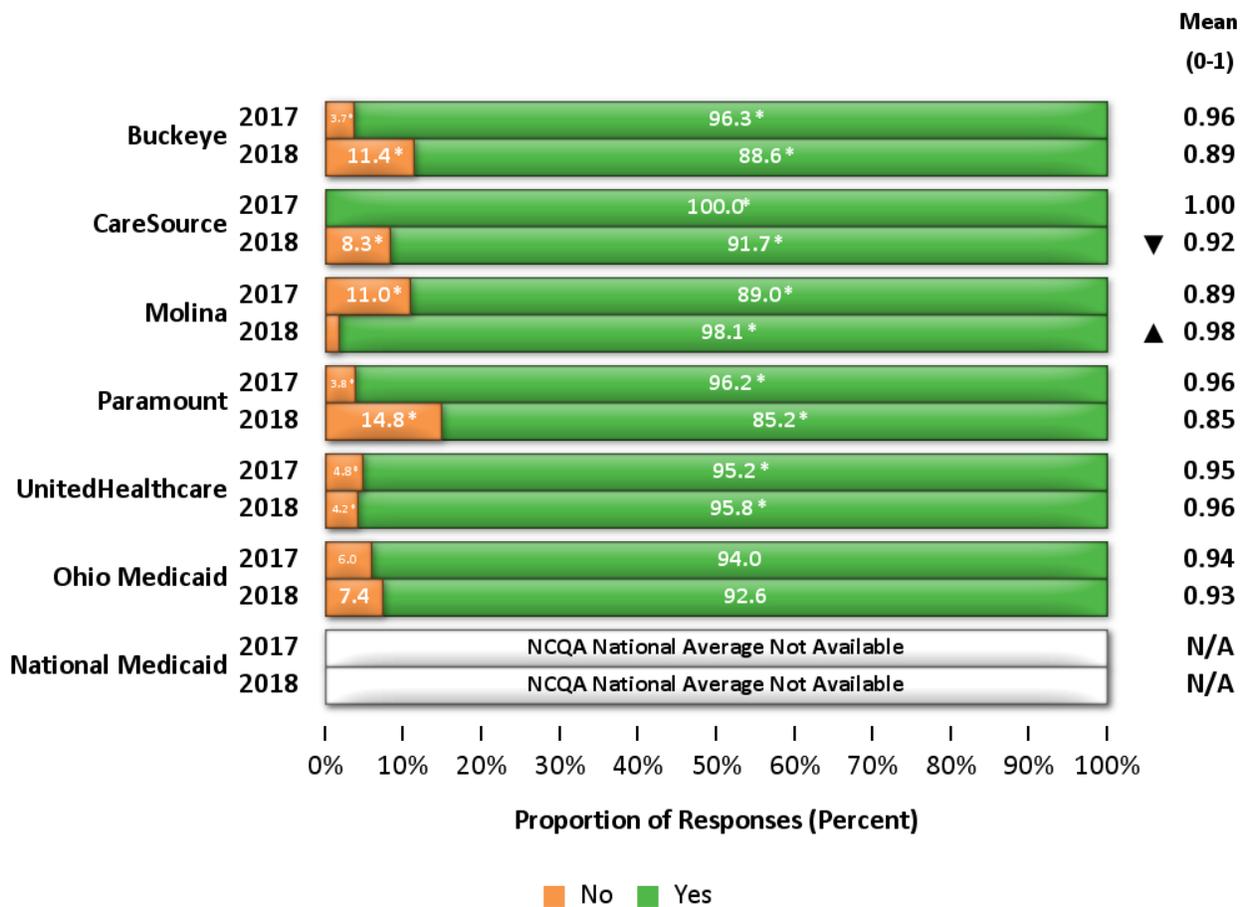
Trending Analysis

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

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

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child’s school or daycare. Figure 4-81 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-81—Child Coordination of Care for CCC: Child Received Help in Contacting School or Daycare 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

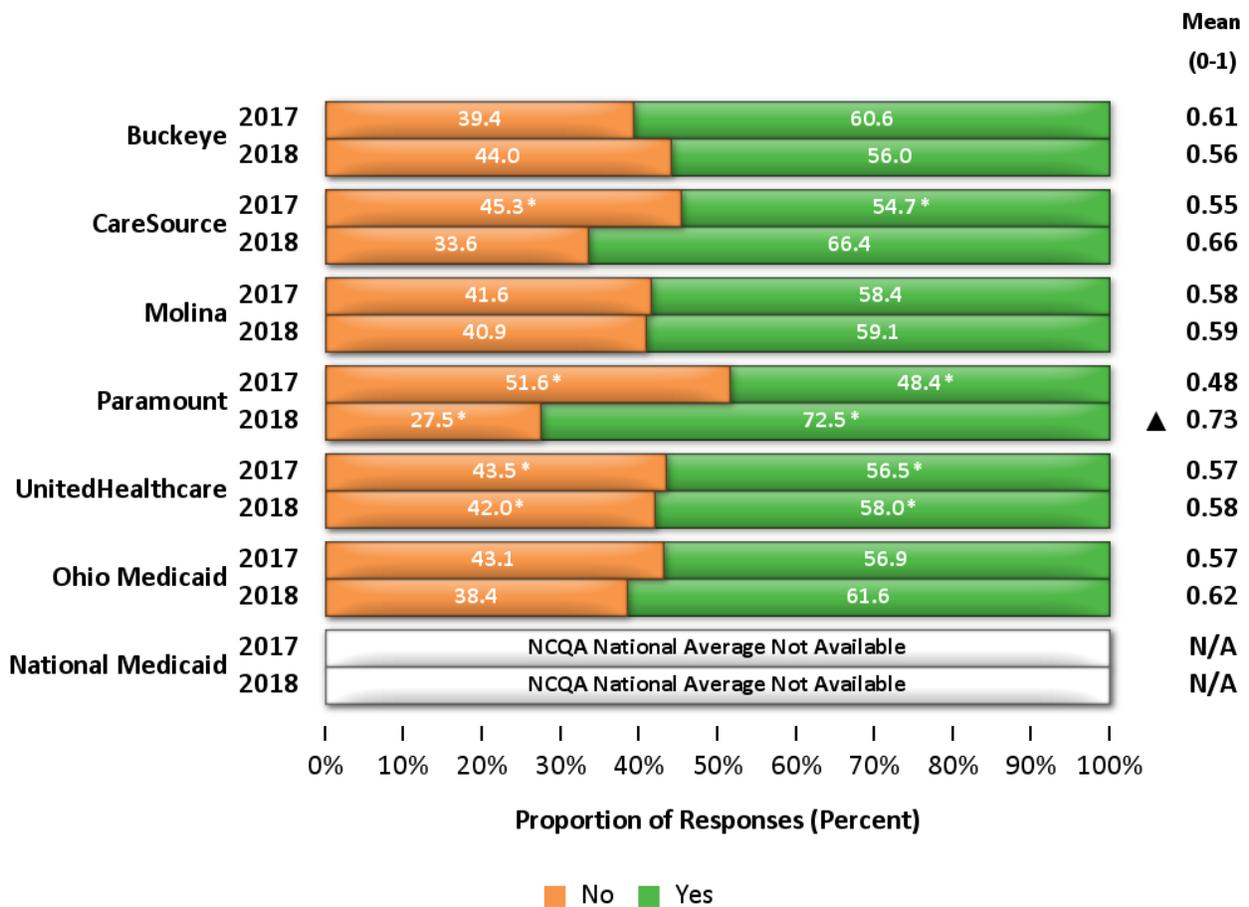
Overall, there were six *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Coordination of Care for Children with Chronic Conditions: Health Plan or Doctors Helped Coordinate Child’s Care

Question 29 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether anyone from the health plan or doctor’s office helped coordinate their child’s care among different providers or services. Figure 4-82 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.

Figure 4-82—Child Coordination of Care for CCC: Health Plan or Doctors Helped Coordinate Child’s 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.

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

Priority Areas for Quality Improvement

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

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor

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

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

Table 4-4, on page 4-166, presents the individual survey questions evaluated for the three global ratings to determine priority areas for the Ohio Medicaid Managed Care Program and each MCP.

Table 4-4—Correlation Matrix

Adult Question Number	Child Question Number	Question Language
Q4	Q4	In the last 6 months, when you/your child needed care right away, how often did you/your child get care as soon you/he or she needed?
Q6	Q6	<i>Adult:</i> In the last 6 months, how often did you get an appointment for a check-up or routine care a doctor’s office or clinic as soon as you needed? <i>Child:</i> In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?
Q10	Q11	Did you and a doctor or other health provider talk about the reasons you might want to take a medicine/you might want your child to take a medicine?
Q11	Q12	Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine/you might not want your child to take a medicine?
Q12	Q13	When you talked about (your child) starting or stopping a prescription medicine, did a doctor other health provider ask you what you thought was best for you/your child?
Q14	Q15	In the last 6 months, how often was it easy to get the care, tests, or treatment you/your child needed?
Q17	Q32	In the last 6 months, how often did your/your child’s personal doctor explain things (about your child’s health) in a way that was easy to understand?
Q18	Q33	In the last 6 months, how often did your/your child’s personal doctor listen carefully to you?
Q19	Q34	In the last 6 months, how often did your/your child’s personal doctor show respect for what you had to say?
Q20	Q37	In the last 6 months, how often did your/your child’s personal doctor spend enough time with you/your child?
Q25	Q46	In the last 6 months, how often did you get an appointment (for your child) to see a specialist as soon as you needed?
Q31	Q50	<i>Adult:</i> In the last 6 months, how often did your health plan’s customer service give you the information or help you needed? <i>Child:</i> In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?
Q32	Q51	<i>Adult:</i> In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect? <i>Child:</i> In the last 6 months, how often did customer service staff at your child’s health plan treat you with courtesy and respect?

Table 4-5 through Table 4-7 depict those survey items identified for each of the three measures (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) as being priority areas for the Ohio Medicaid Managed Care Program for the adult and general child populations.

Table 4-5—Summary of Ohio Medicaid Managed Care Program Rating of Health Plan Priority Areas

Adult
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
Q31. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
General Child
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?
Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
Q37. In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
Q50. In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed?

Table 4-6—Summary of Ohio Medicaid Managed Care Program Rating of All Health Care Priority Areas

Adult
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor’s office or clinic as soon as you needed?
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
Q25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
General Child
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?
Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
Q37. In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Table 4-7—Summary of Ohio Medicaid Managed Care Program Rating of Personal Doctor Priority Areas

Adult
Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
Q12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?
Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
General Child
Q6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor’s office or clinic, how often did you get an appointment as soon as your child needed?
Q37. In the last 6 months, how often did your child’s personal doctor spend enough time with your child?

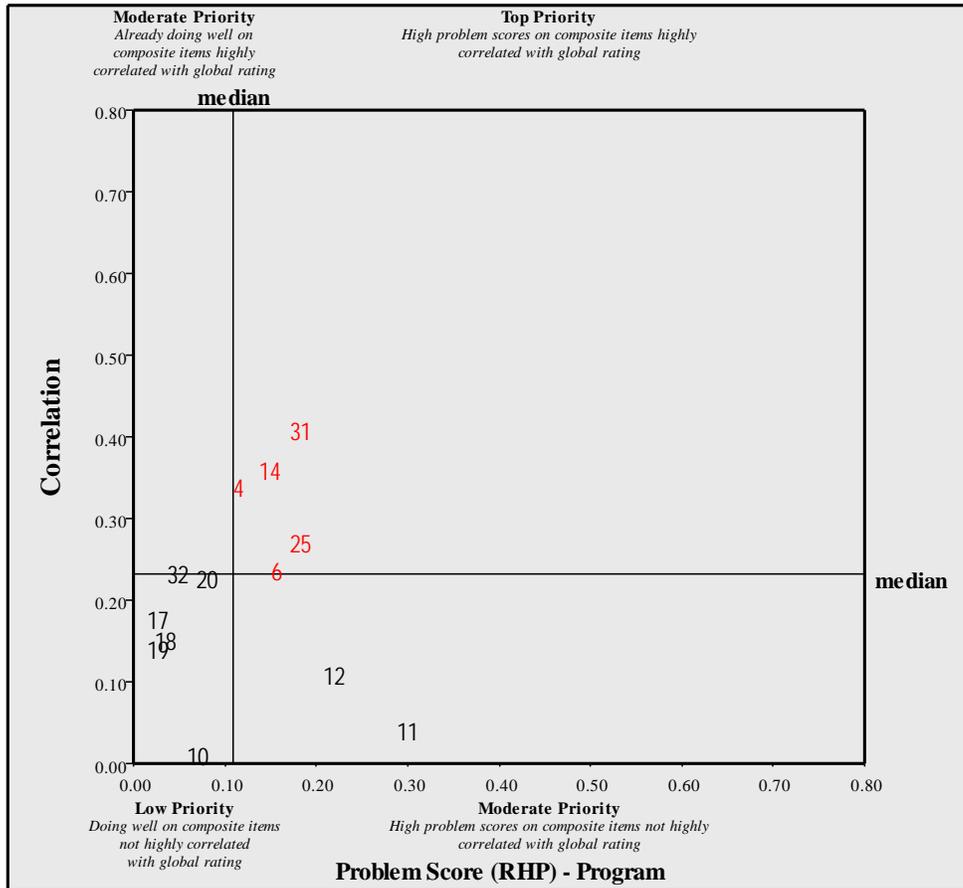
A priority matrix was used to identify priority levels of each composite item. A median of the mean problem scores for all composite items was identified. In addition, a median correlation among all composite items’ correlations with the global ratings was identified. Priority levels were assigned to the composite items based on the following:

- Low priorities—assigned to those composite items for which both the problem score, and correlation are below their respective medians.
- Moderate priorities—assigned to those composite items for which the problem score or correlation, but not both, is at or above its respective median.
- Top priorities—assigned to those composite items for which both the problem score, and correlation are at or above their respective medians.

Each global rating was assessed separately for the program and each MCP. Results are presented by measure (i.e., Rating of Health Plan [RHP], Rating of All Health Care [RHC], and Rating of Personal Doctor [RPD]). Within each measure, results are presented consecutively for the Ohio Medicaid Managed Care Program’s and each MCP’s adult and general child populations.

Rating of Health Plan

Adult Program Priority Matrix



Priority Matrix Legend (RHP) - Program

Getting Needed Care

- Q14. Easy to get treatment needed
- Q25. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q17. Personal doctor explained things in an understandable way
- Q18. Personal doctor listened carefully
- Q19. Personal doctor showed respect for what you had to say
- Q20. Personal doctor spent enough time with you

Customer Service

- Q31. Received information or help from health plan customer service
- Q32. Health plan customer service treated you with courtesy and respect

Shared Decision Making

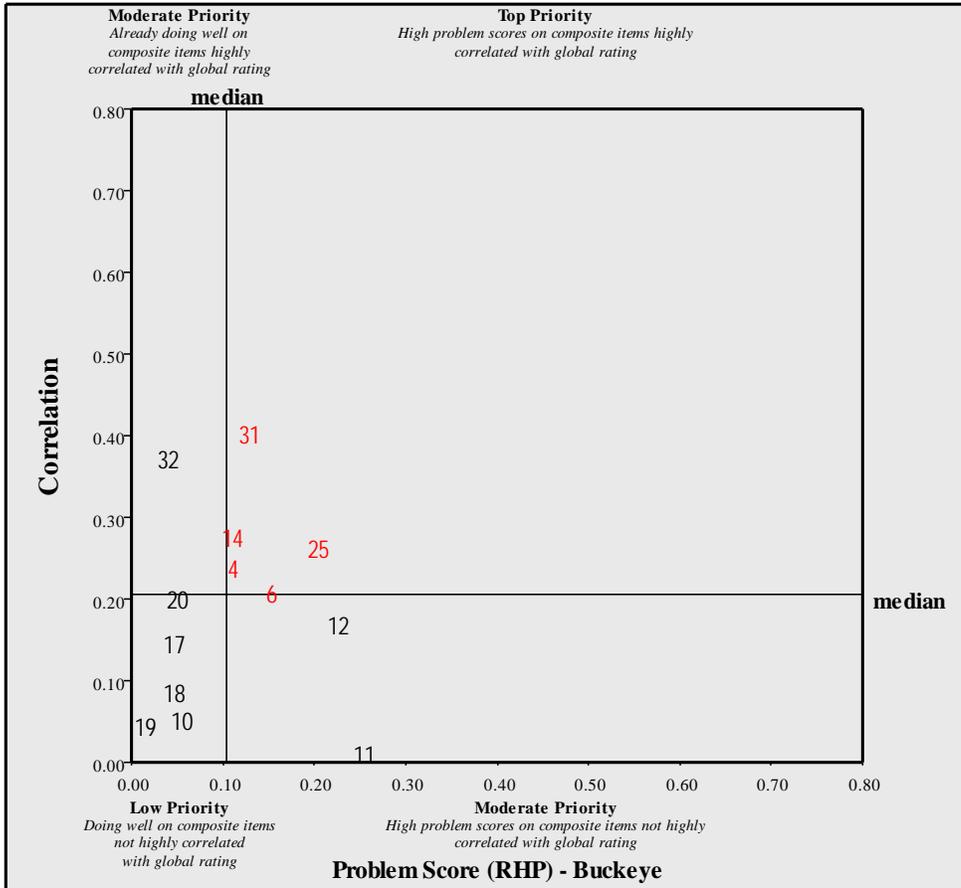
- Q10. Doctor explained reasons to take a medication
- Q11. Doctor explained reasons not to take a medication
- Q12. Doctor asked you what you thought was best for you

Note:

Top priority items are denoted in red.

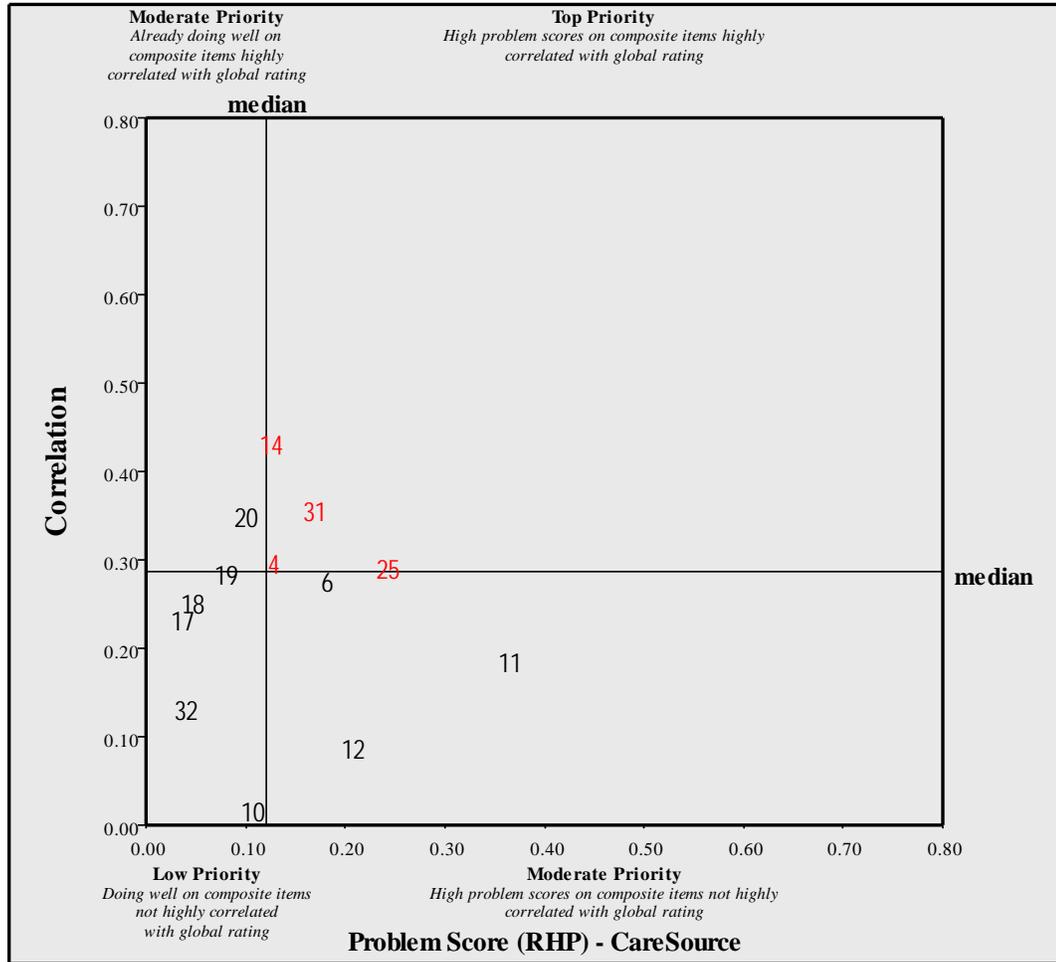
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Buckeye Priority Matrix



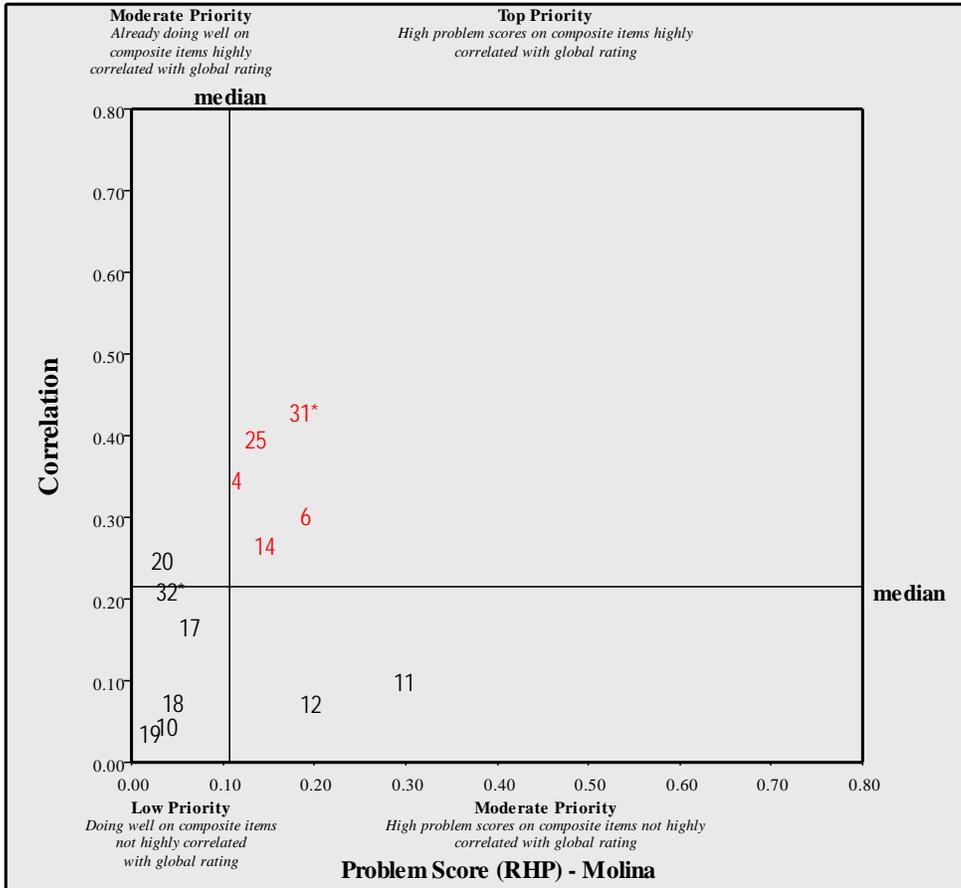
Priority Matrix Legend (RHP) - Buckeye	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult CareSource Priority Matrix



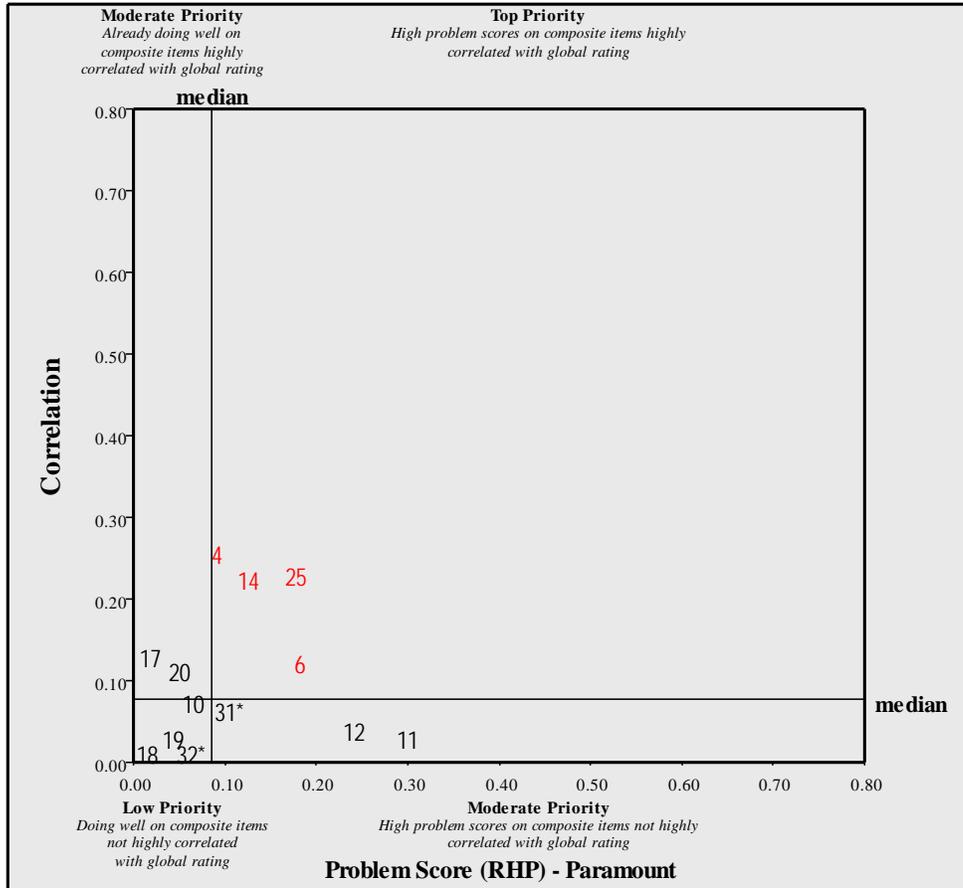
Priority Matrix Legend (RHP) - CareSource	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult Molina Priority Matrix



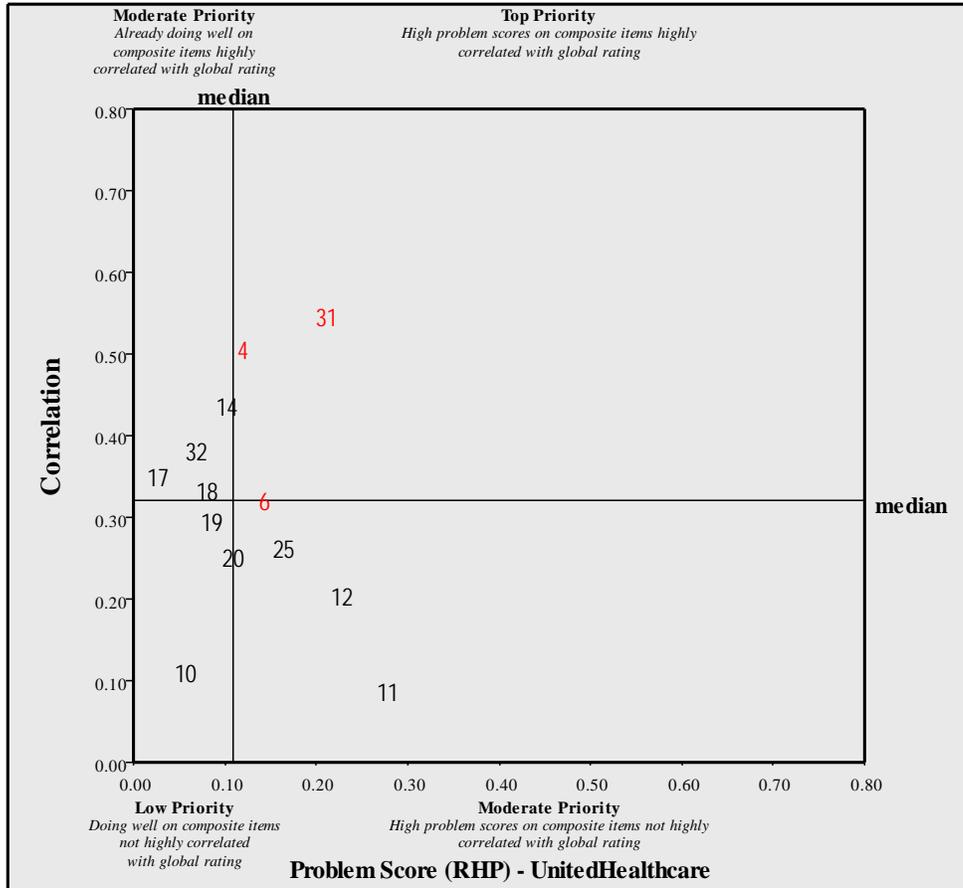
Priority Matrix Legend (RHP) - Molina	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult Paramount Priority Matrix



Priority Matrix Legend (RHP) - Paramount	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult UnitedHealthcare Priority Matrix



Priority Matrix Legend (RHP) - UnitedHealthcare

Getting Needed Care

- Q14. Easy to get treatment needed
- Q25. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q17. Personal doctor explained things in an understandable way
- Q18. Personal doctor listened carefully
- Q19. Personal doctor showed respect for what you had to say
- Q20. Personal doctor spent enough time with you

Customer Service

- Q31. Received information or help from health plan customer service
- Q32. Health plan customer service treated you with courtesy and respect

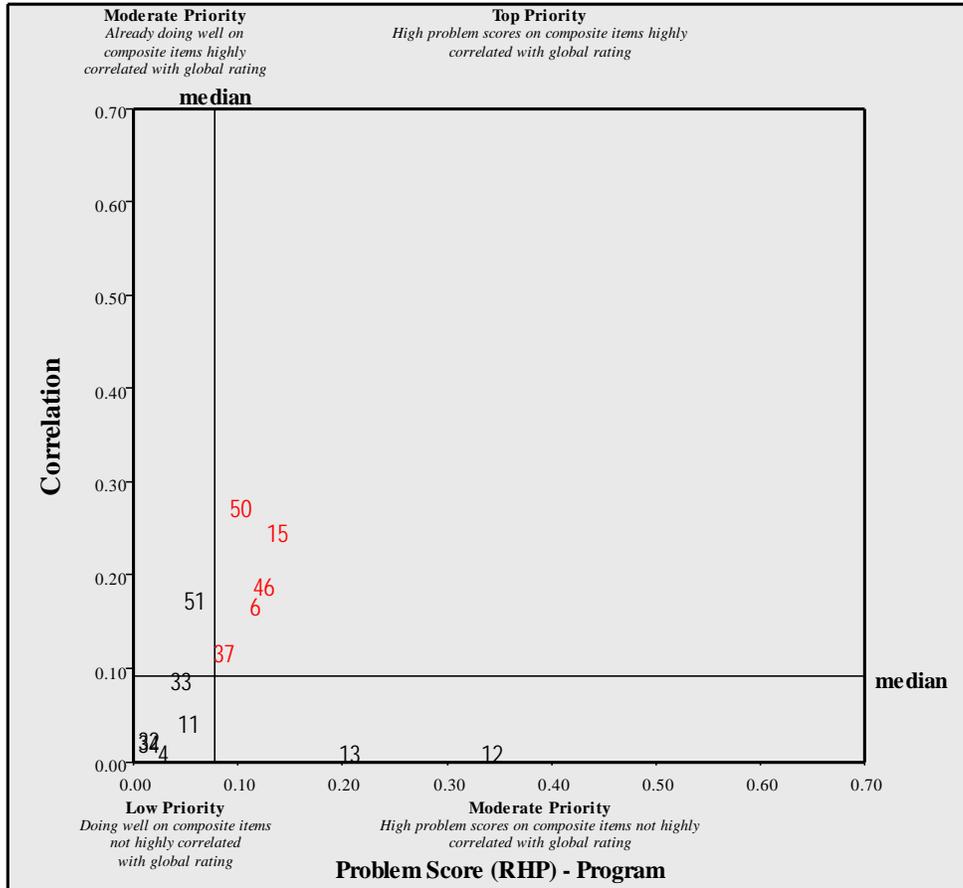
Shared Decision Making

- Q10. Doctor explained reasons to take a medication
- Q11. Doctor explained reasons not to take a medication
- Q12. Doctor asked you what you thought was best for you

Note:

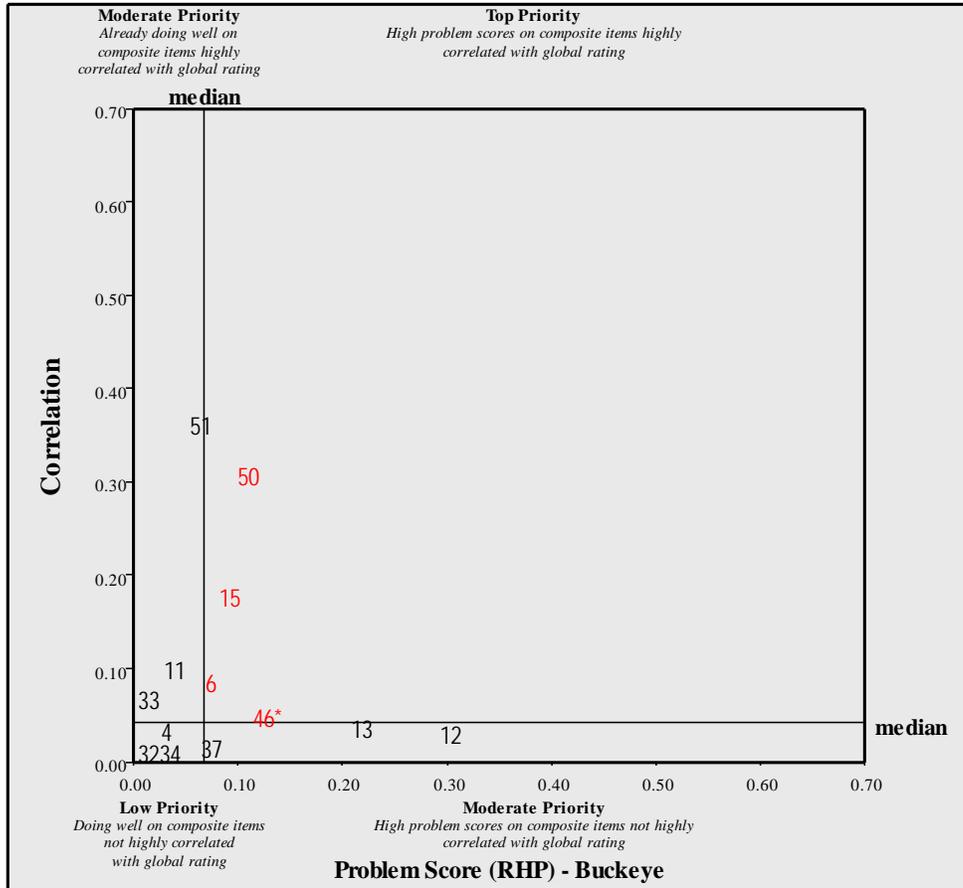
Top priority items are denoted in red.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Child Program Priority Matrix



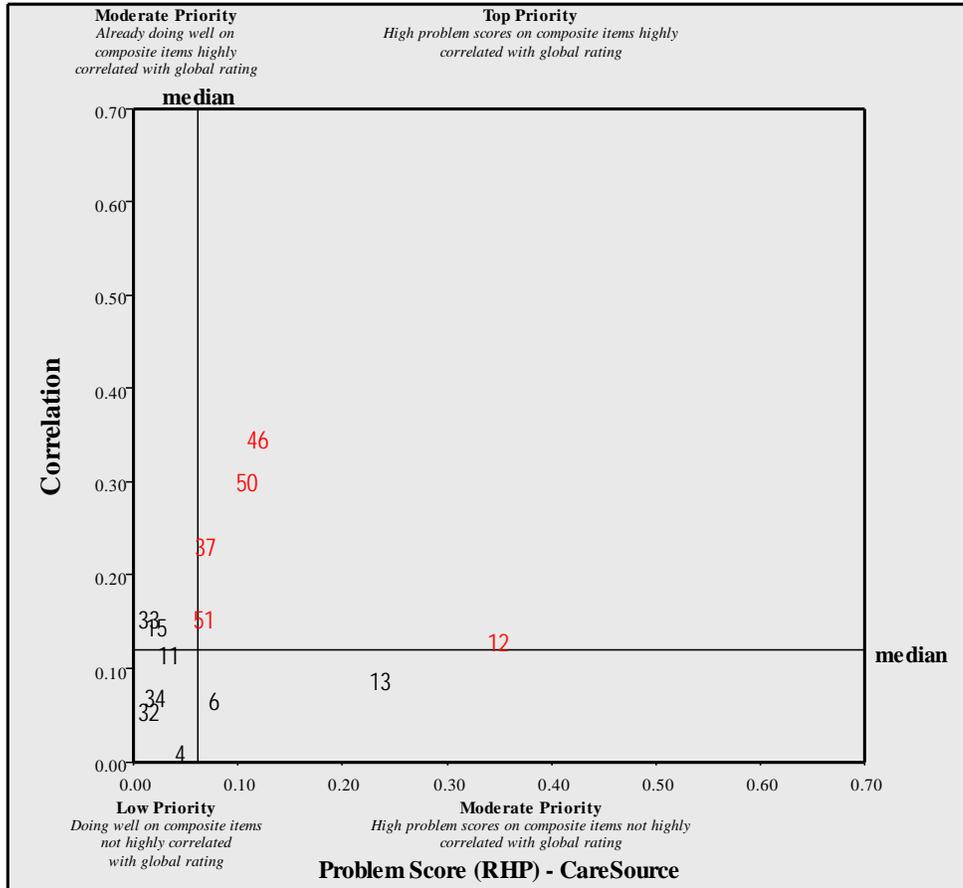
Priority Matrix Legend (RHP) - Program	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Buckeye Priority Matrix



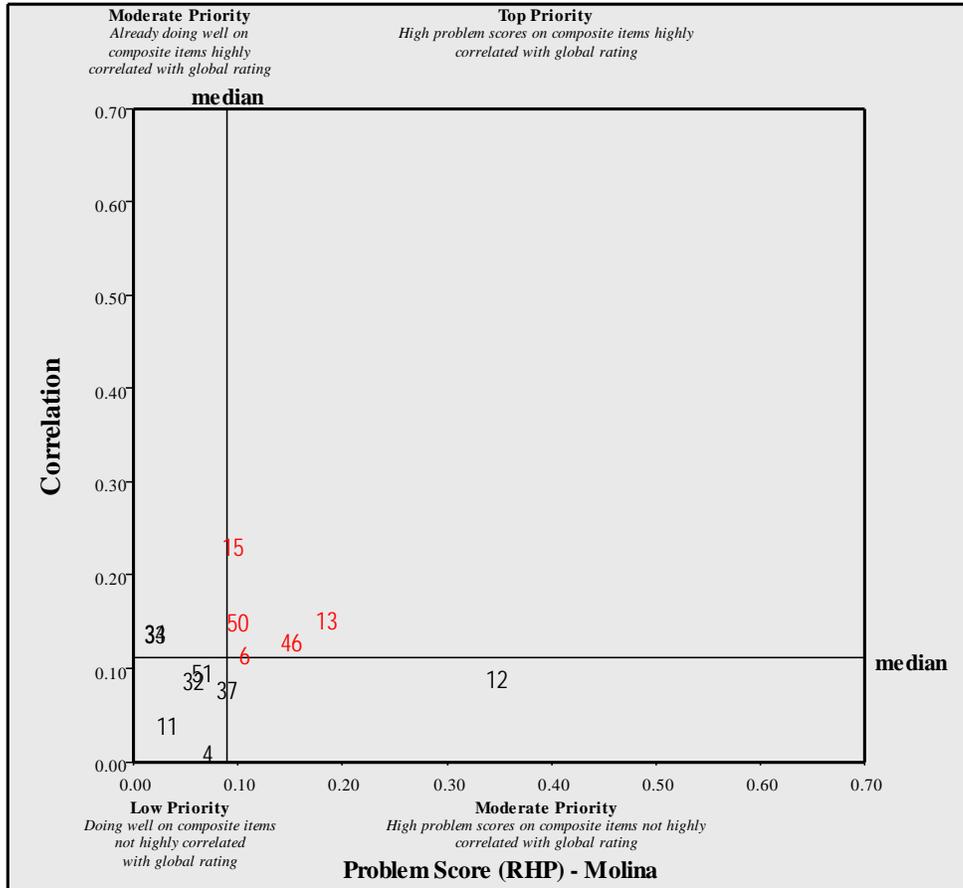
Priority Matrix Legend (RHP) - Buckeye	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child CareSource Priority Matrix



Priority Matrix Legend (RHP) - CareSource	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Molina Priority Matrix



Priority Matrix Legend (RHP) - Molina

Getting Needed Care

- Q15. Easy to get treatment needed
- Q46. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q32. Personal doctor explained things in an understandable way
- Q33. Personal doctor listened carefully
- Q34. Personal doctor showed respect for what you had to say
- Q37. Personal doctor spent enough time with your child

Customer Service

- Q50. Received information or help from health plan customer service
- Q51. Health plan customer service treated you with courtesy and respect

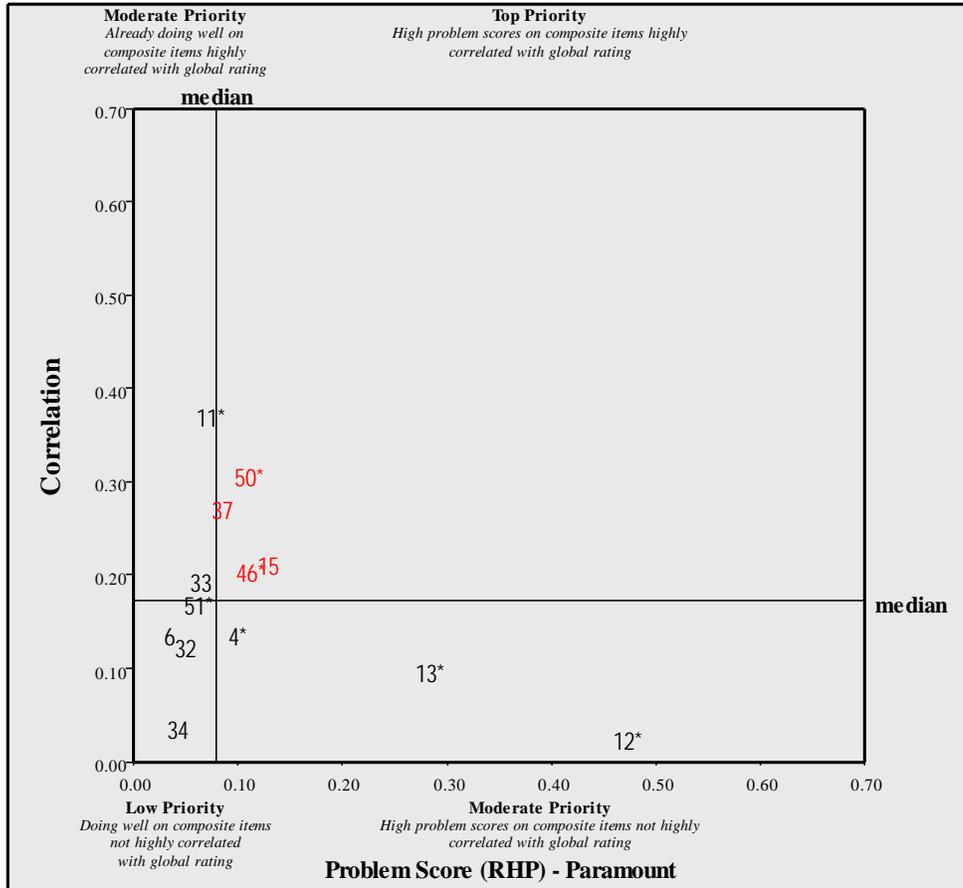
Shared Decision Making

- Q11. Doctor explained reasons to take a medication
- Q12. Doctor explained reasons not to take a medication
- Q13. Doctor asked you what you thought was best for your child

Note:

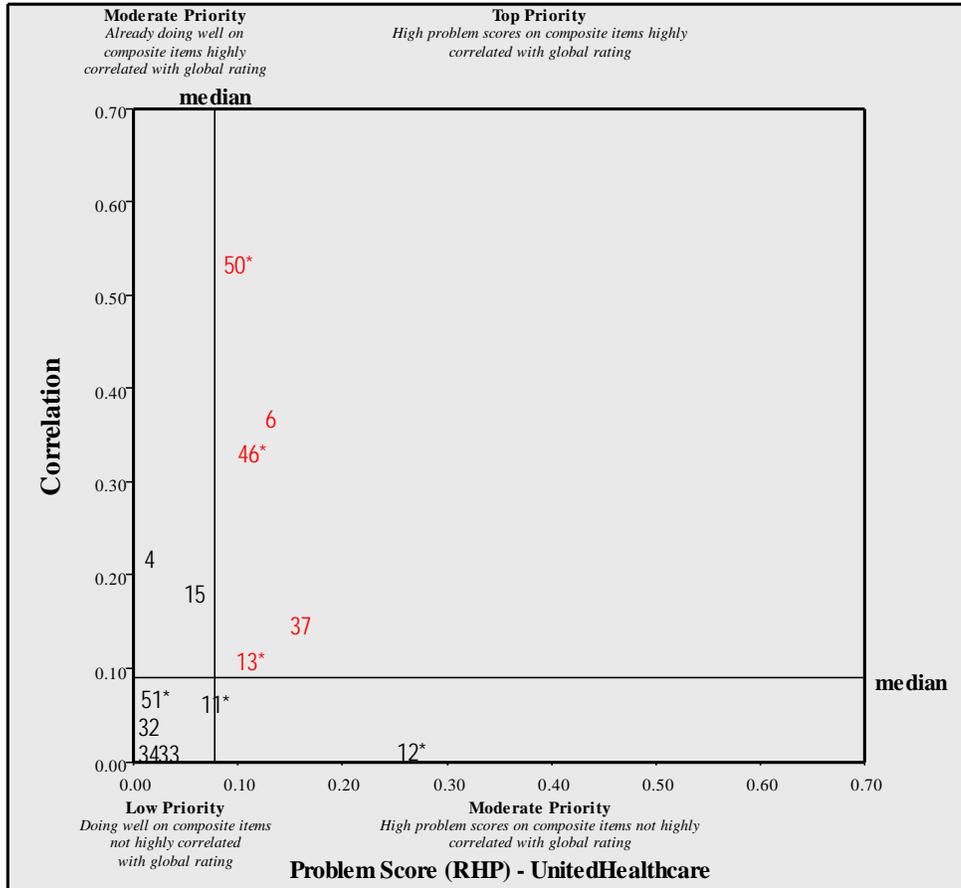
Top priority items are denoted in red.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Child Paramount Priority Matrix



Priority Matrix Legend (RHP) - Paramount	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

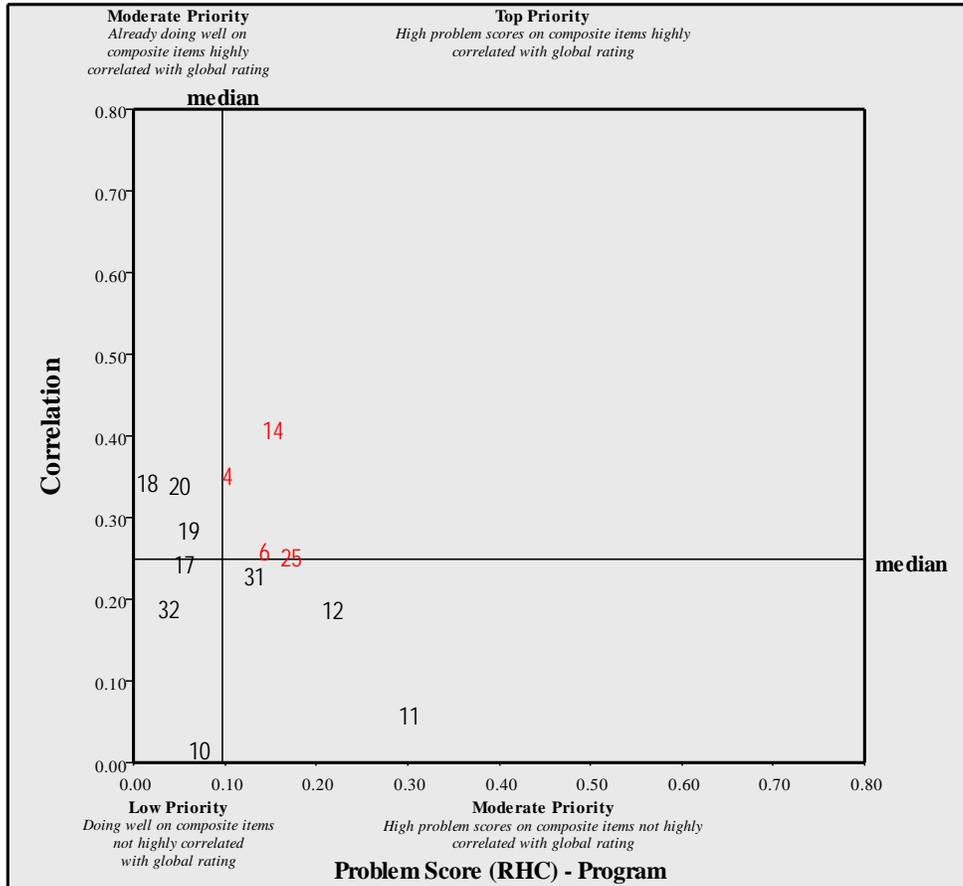
Child UnitedHealthcare Priority Matrix



Priority Matrix Legend (RHP) - UnitedHealthcare	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Rating of All Health Care

Adult Program Priority Matrix



Priority Matrix Legend (RHC) - Program

Getting Needed Care

Q14. Easy to get treatment needed

Q25. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q17. Personal doctor explained things in an understandable way

Q18. Personal doctor listened carefully

Q19. Personal doctor showed respect for what you had to say

Q20. Personal doctor spent enough time with you

Customer Service

Q31. Received information or help from health plan customer service

Q32. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q10. Doctor explained reasons to take a medication

Q11. Doctor explained reasons not to take a medication

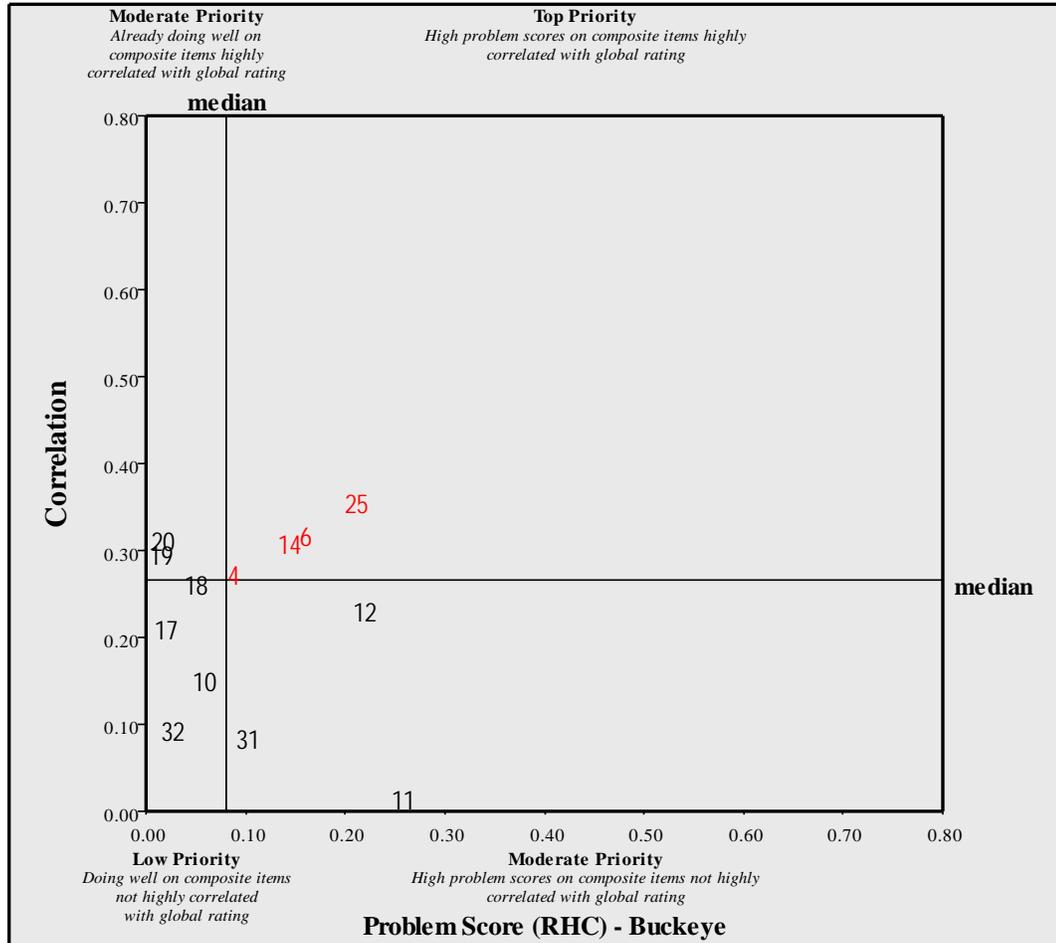
Q12. Doctor asked you what you thought was best for you

Note:

Top priority items are denoted in red.

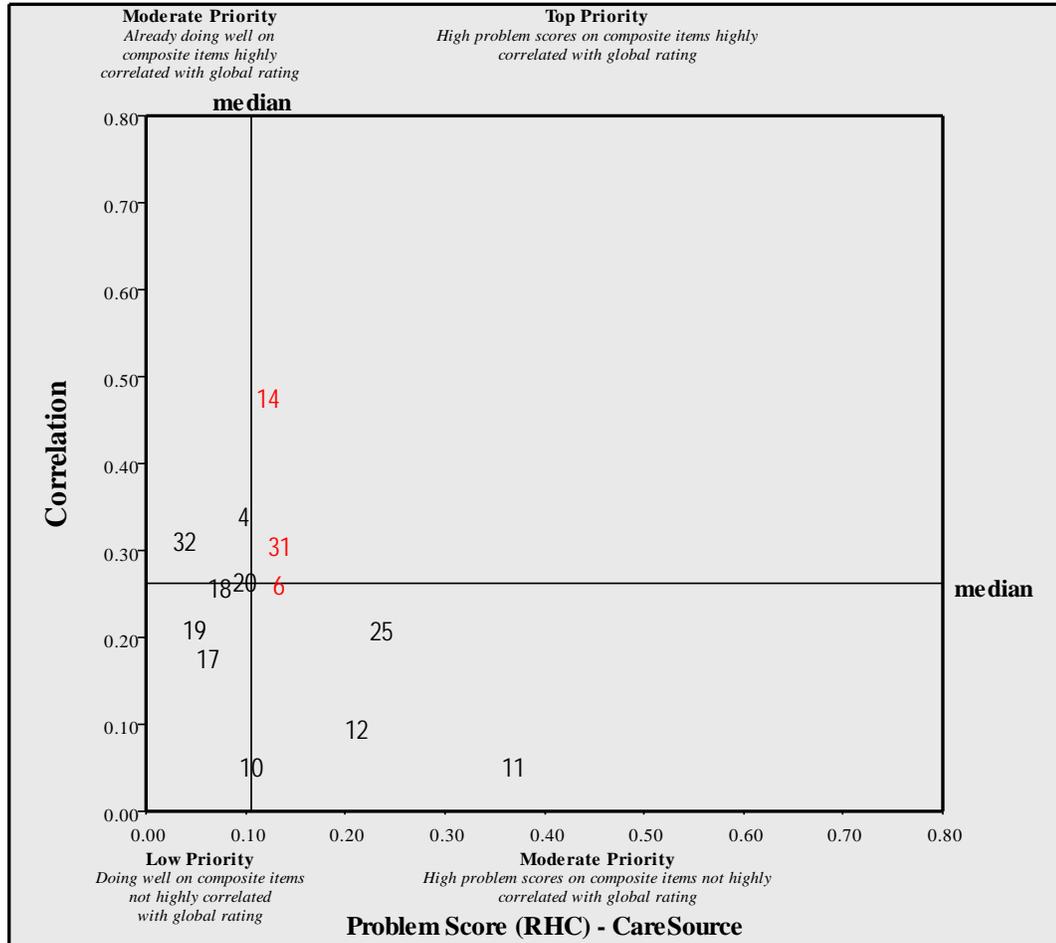
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Buckeye Priority Matrix



Priority Matrix Legend (RHC) - Buckeye	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult CareSource Priority Matrix



Priority Matrix Legend (RHC) - CareSource

Getting Needed Care

- Q14. Easy to get treatment needed
- Q25. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q17. Personal doctor explained things in an understandable way
- Q18. Personal doctor listened carefully
- Q19. Personal doctor showed respect for what you had to say
- Q20. Personal doctor spent enough time with you

Customer Service

- Q31. Received information or help from health plan customer service
- Q32. Health plan customer service treated you with courtesy and respect

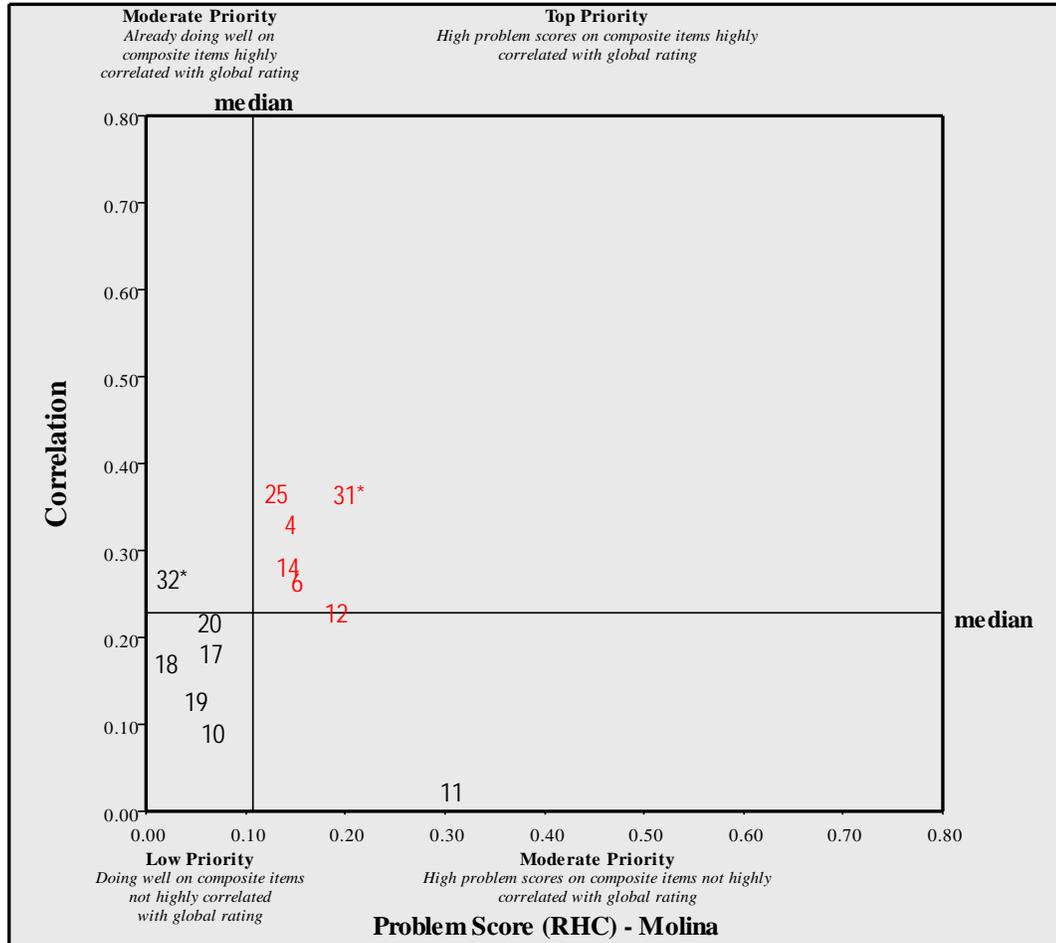
Shared Decision Making

- Q10. Doctor explained reasons to take a medication
- Q11. Doctor explained reasons not to take a medication
- Q12. Doctor asked you what you thought was best for you

Note:

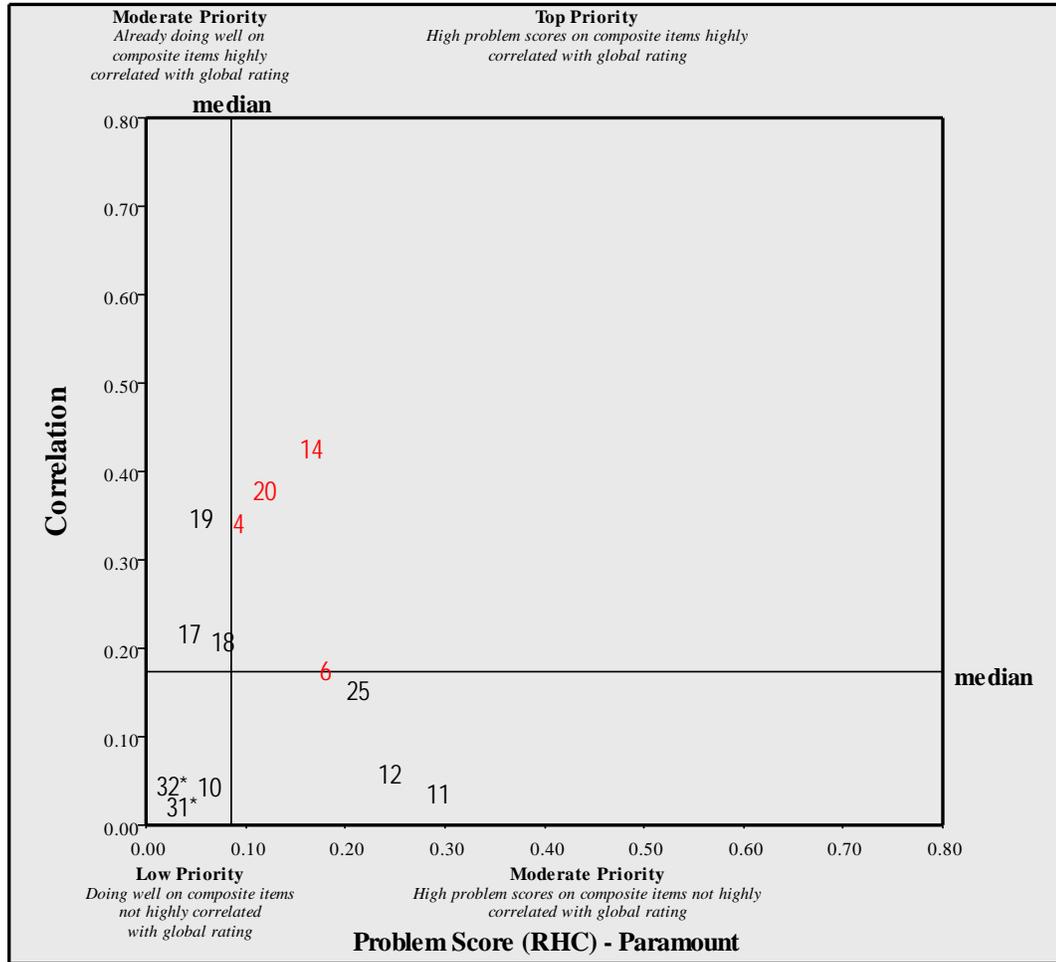
Top priority items are denoted in red.
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Molina Priority Matrix



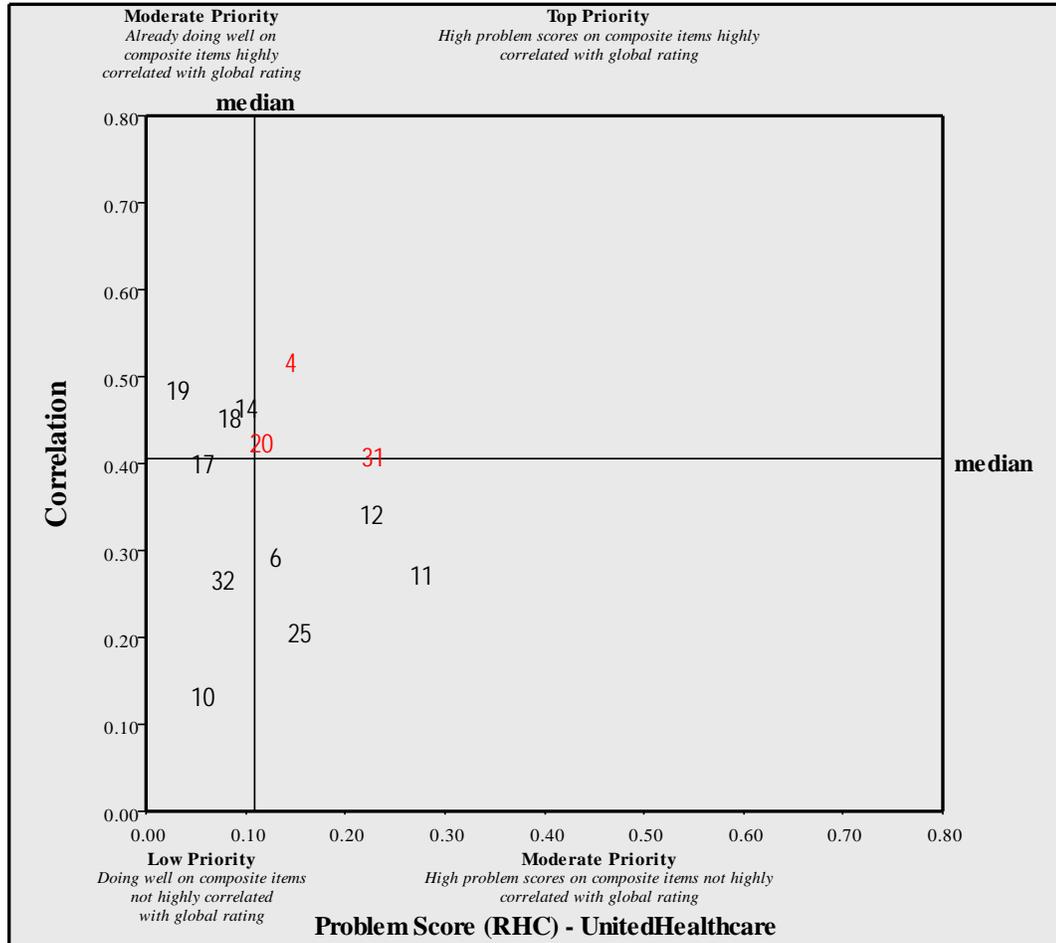
Priority Matrix Legend (RHC) - Molina	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult Paramount Priority Matrix



Priority Matrix Legend (RHC) - Paramount	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult UnitedHealthcare Priority Matrix



Priority Matrix Legend (RHC) - UnitedHealthcare

Getting Needed Care

- Q14. Easy to get treatment needed
- Q25. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q17. Personal doctor explained things in an understandable way
- Q18. Personal doctor listened carefully
- Q19. Personal doctor showed respect for what you had to say
- Q20. Personal doctor spent enough time with you

Customer Service

- Q31. Received information or help from health plan customer service
- Q32. Health plan customer service treated you with courtesy and respect

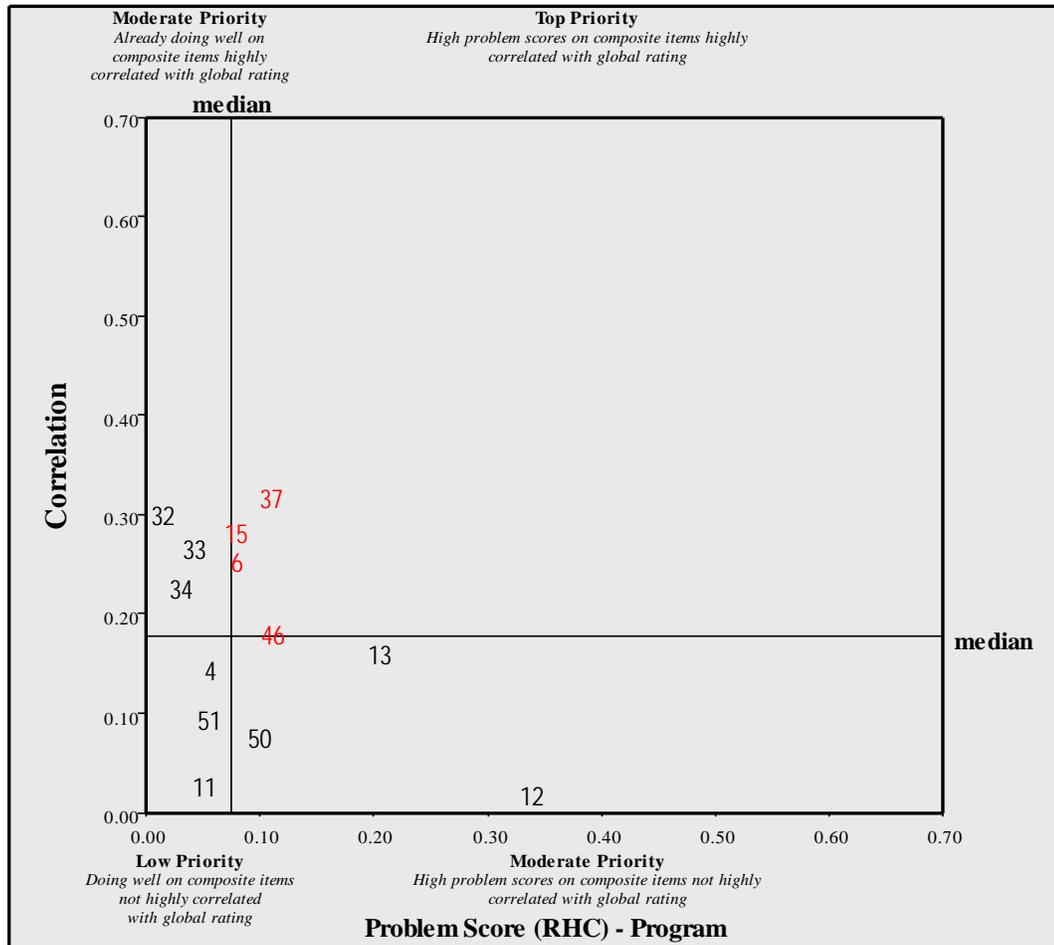
Shared Decision Making

- Q10. Doctor explained reasons to take a medication
- Q11. Doctor explained reasons not to take a medication
- Q12. Doctor asked you what you thought was best for you

Note:

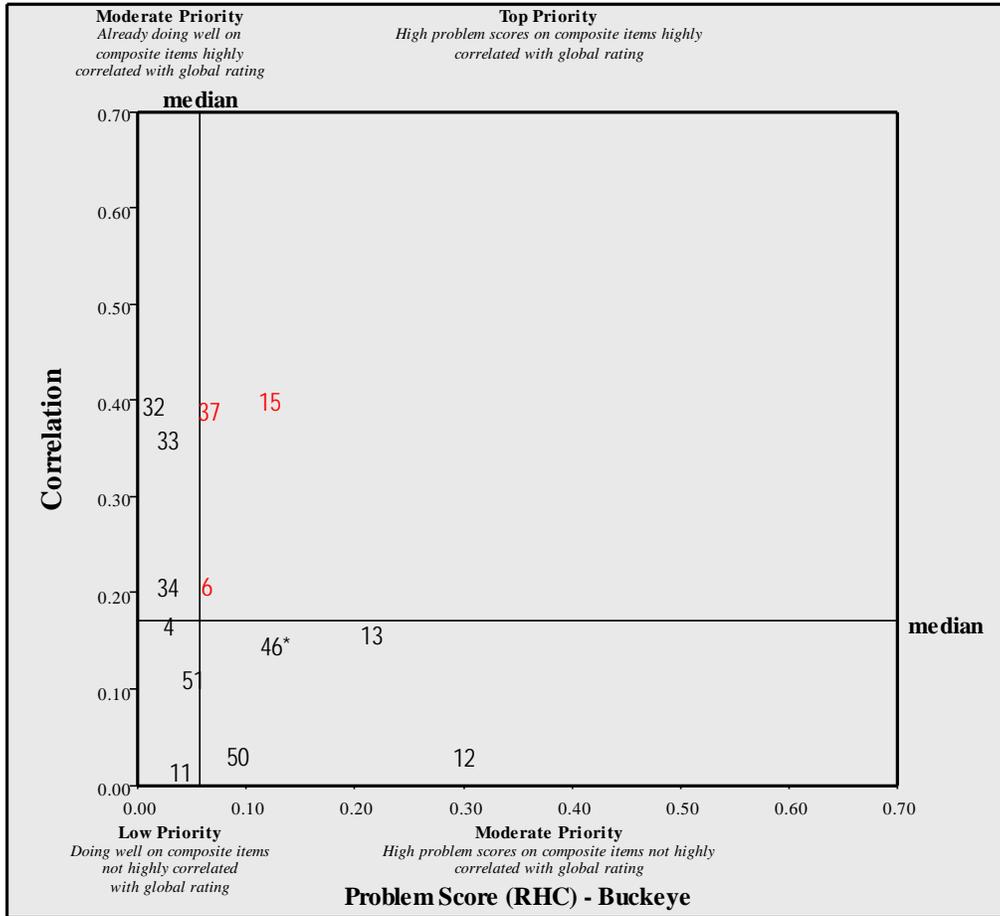
Top priority items are denoted in red.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Child Program Priority Matrix



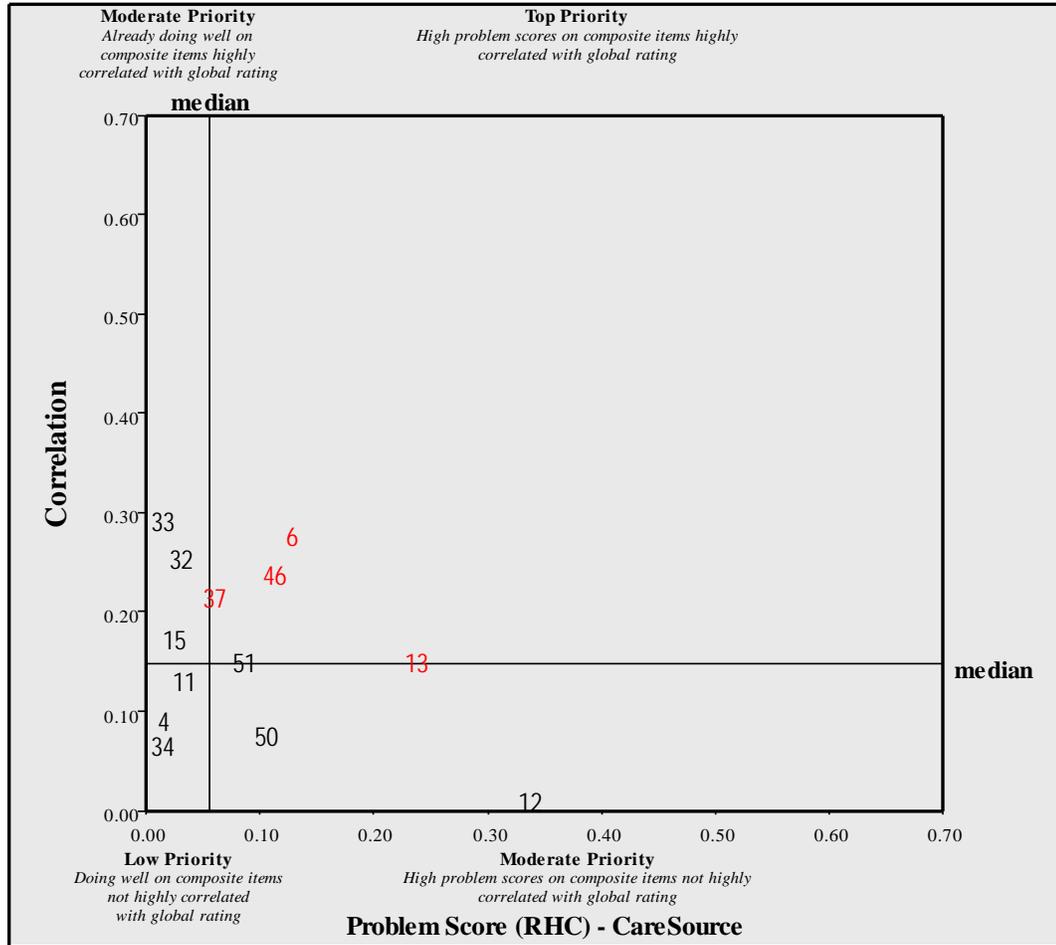
Priority Matrix Legend (RHC) - Program	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Buckeye Priority Matrix



Priority Matrix Legend (RHC) - Buckeye	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child CareSource Priority Matrix



Priority Matrix Legend (RHC) - CareSource

Getting Needed Care

Q15. Easy to get treatment needed

Q46. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q32. Personal doctor explained things in an understandable way

Q33. Personal doctor listened carefully

Q34. Personal doctor showed respect for what you had to say

Q37. Personal doctor spent enough time with your child

Customer Service

Q50. Received information or help from health plan customer service

Q51. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q11. Doctor explained reasons to take a medication

Q12. Doctor explained reasons not to take a medication

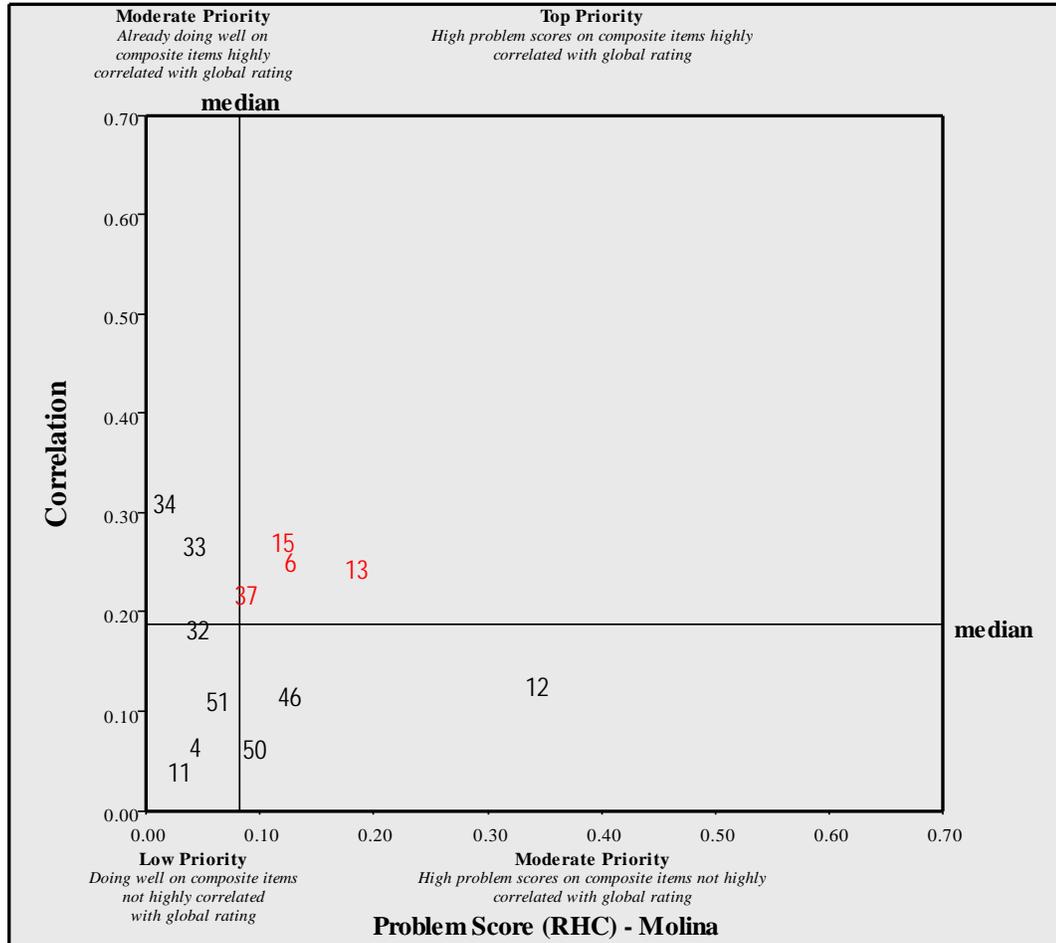
Q13. Doctor asked you what you thought was best for your child

Note:

Top priority items are denoted in red.

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

Child Molina Priority Matrix



Priority Matrix Legend (RHC) - Molina

Getting Needed Care

Q15. Easy to get treatment needed

Q46. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q32. Personal doctor explained things in an understandable way

Q33. Personal doctor listened carefully

Q34. Personal doctor showed respect for what you had to say

Q37. Personal doctor spent enough time with your child

Customer Service

Q50. Received information or help from health plan customer service

Q51. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q11. Doctor explained reasons to take a medication

Q12. Doctor explained reasons not to take a medication

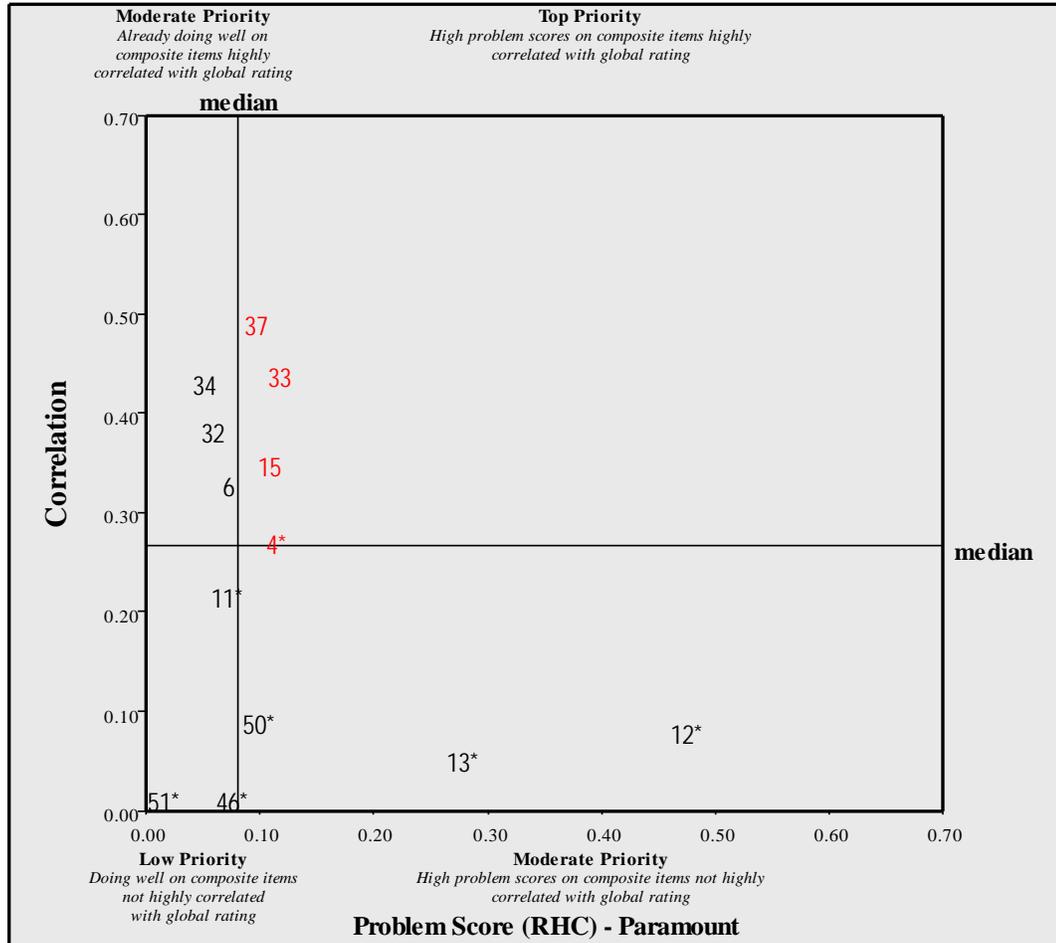
Q13. Doctor asked you what you thought was best for your child

Note:

Top priority items are denoted in red.

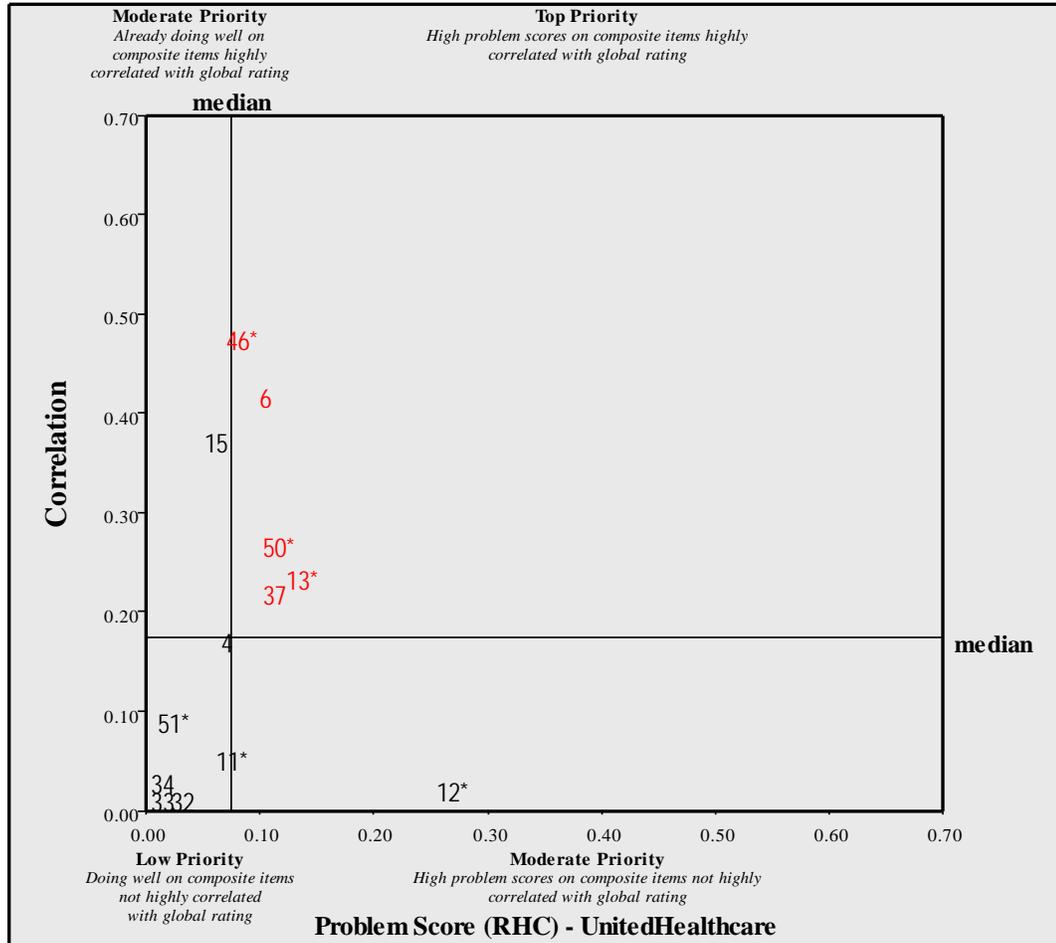
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Child Paramount Priority Matrix



Priority Matrix Legend (RHC) - Paramount	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child UnitedHealthcare Priority Matrix



Priority Matrix Legend (RHC) - UnitedHealthcare

Getting Needed Care

Q15. Easy to get treatment needed

Q46. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q32. Personal doctor explained things in an understandable way

Q33. Personal doctor listened carefully

Q34. Personal doctor showed respect for what you had to say

Q37. Personal doctor spent enough time with your child

Customer Service

Q50. Received information or help from health plan customer service

Q51. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q11. Doctor explained reasons to take a medication

Q12. Doctor explained reasons not to take a medication

Q13. Doctor asked you what you thought was best for your child

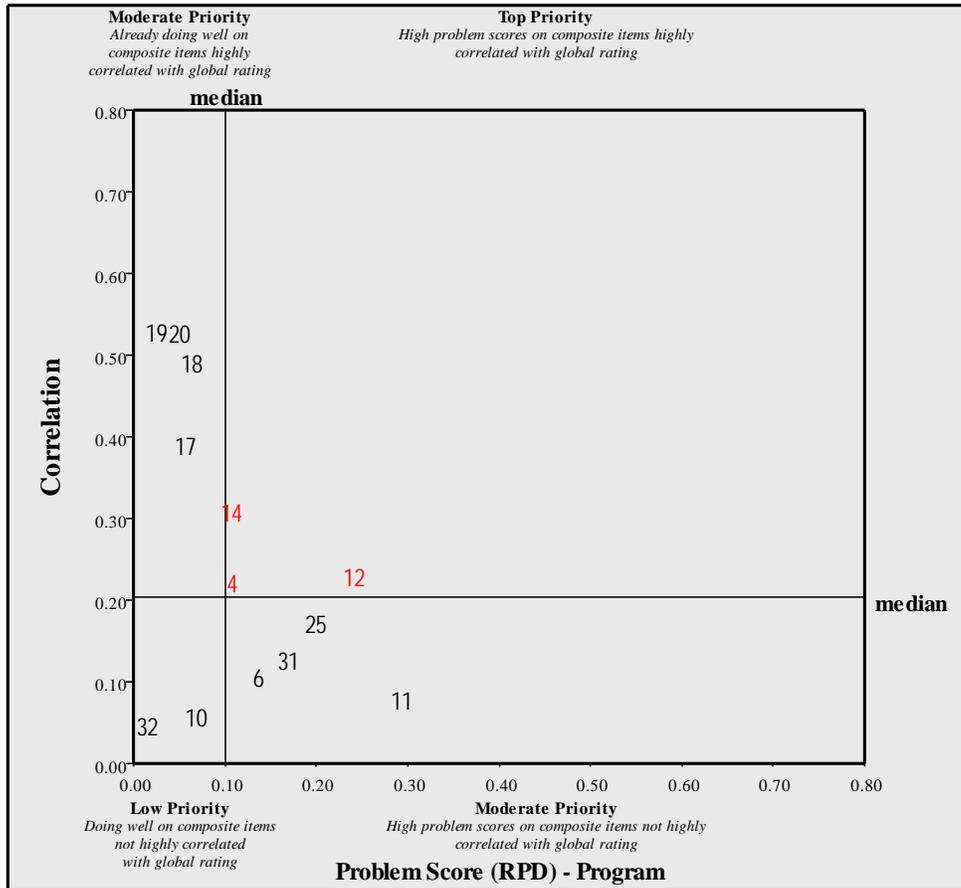
Note:

Top priority items are denoted in red.

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

Rating of Personal Doctor

Adult Program Priority Matrix



Priority Matrix Legend (RPD) - Program

Getting Needed Care

Q14. Easy to get treatment needed

Q25. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q17. Personal doctor explained things in an understandable way

Q18. Personal doctor listened carefully

Q19. Personal doctor showed respect for what you had to say

Q20. Personal doctor spent enough time with you

Customer Service

Q31. Received information or help from health plan customer service

Q32. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q10. Doctor explained reasons to take a medication

Q11. Doctor explained reasons not to take a medication

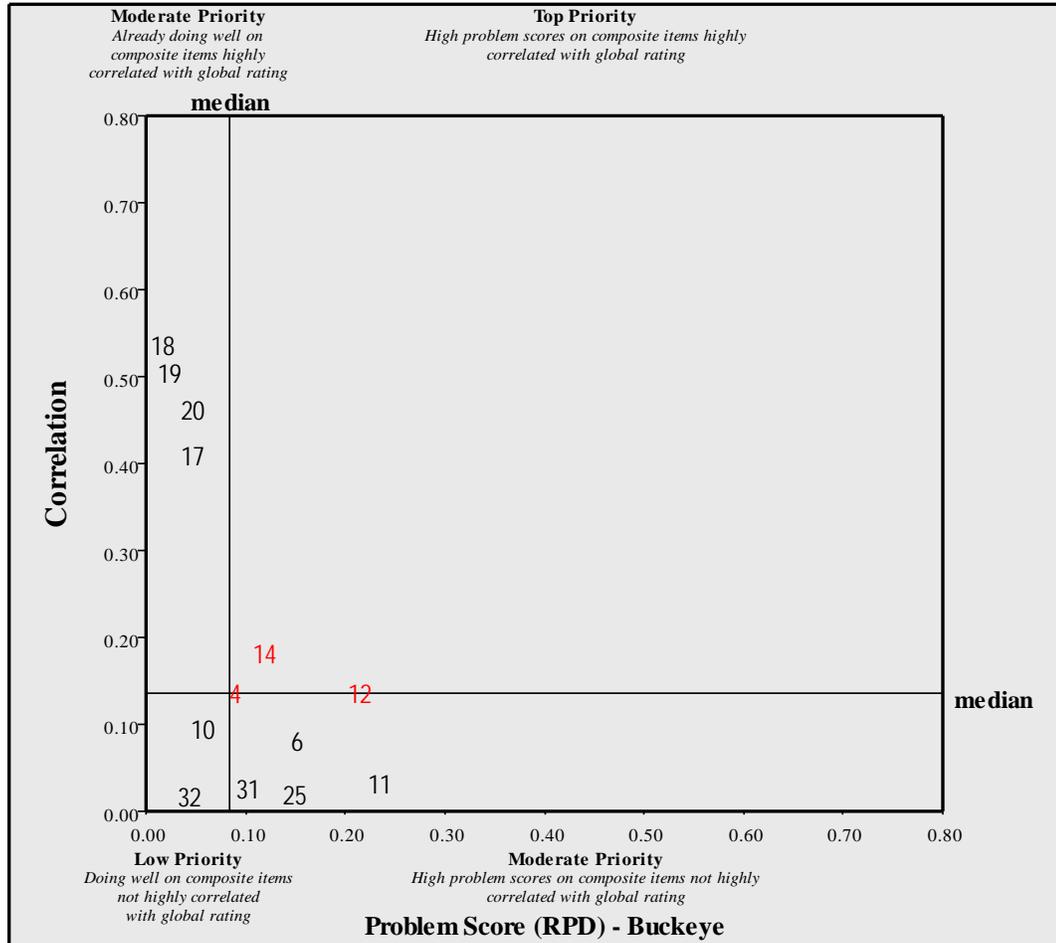
Q12. Doctor asked you what you thought was best for you

Note:

Top priority items are denoted in red.

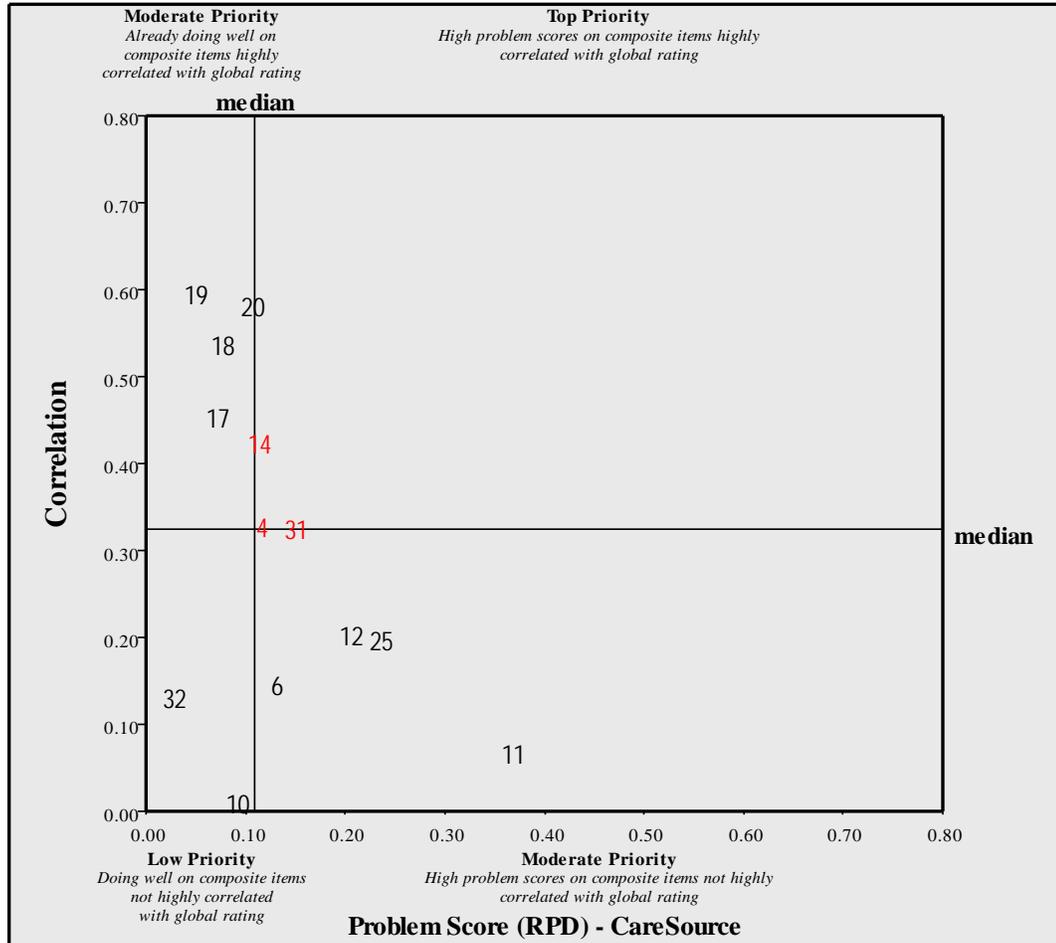
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Buckeye Priority Matrix



Priority Matrix Legend (RPD) - Buckeye	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult CareSource Priority Matrix



Priority Matrix Legend (RPD) - CareSource

Getting Needed Care

- Q14. Easy to get treatment needed
- Q25. Easy to get appointment as soon as needed

Getting Care Quickly

- Q4. Got care as soon as needed
- Q6. Got an appointment as soon as needed

How Well Doctors Communicate

- Q17. Personal doctor explained things in an understandable way
- Q18. Personal doctor listened carefully
- Q19. Personal doctor showed respect for what you had to say
- Q20. Personal doctor spent enough time with you

Customer Service

- Q31. Received information or help from health plan customer service
- Q32. Health plan customer service treated you with courtesy and respect

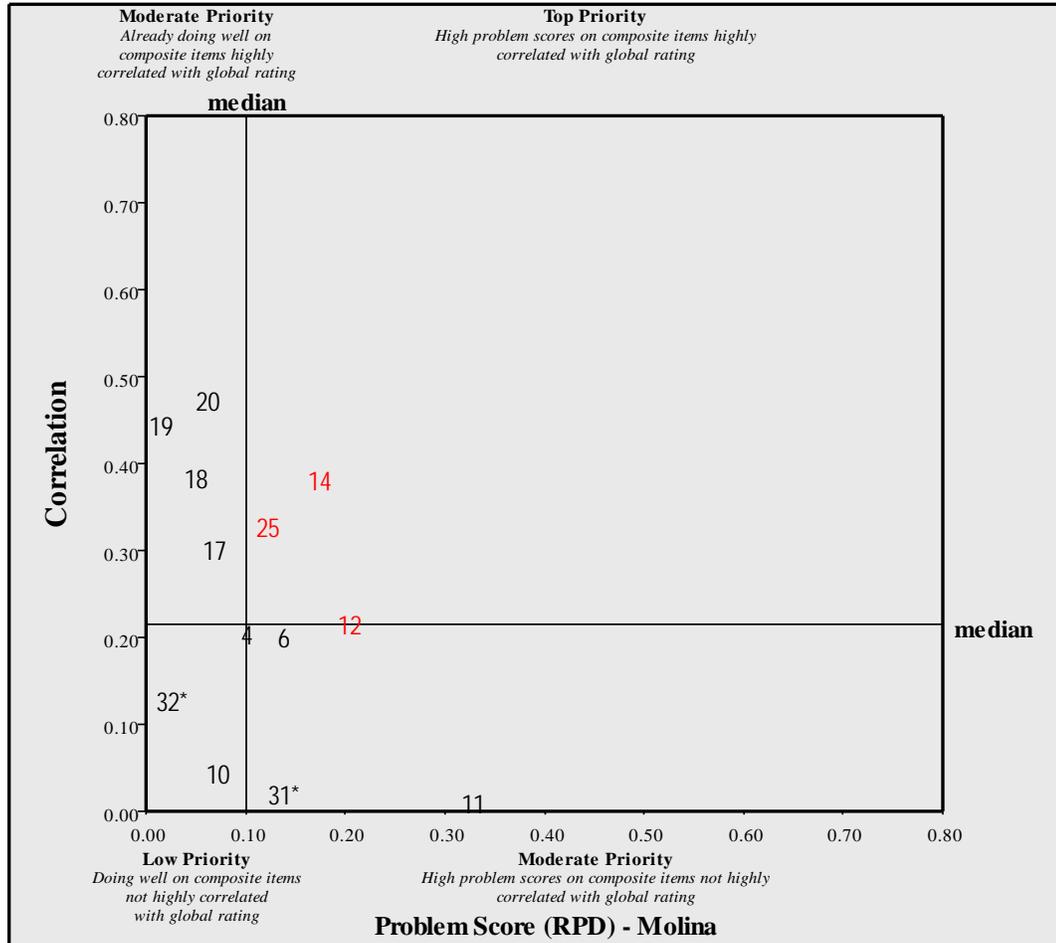
Shared Decision Making

- Q10. Doctor explained reasons to take a medication
- Q11. Doctor explained reasons not to take a medication
- Q12. Doctor asked you what you thought was best for you

Note:

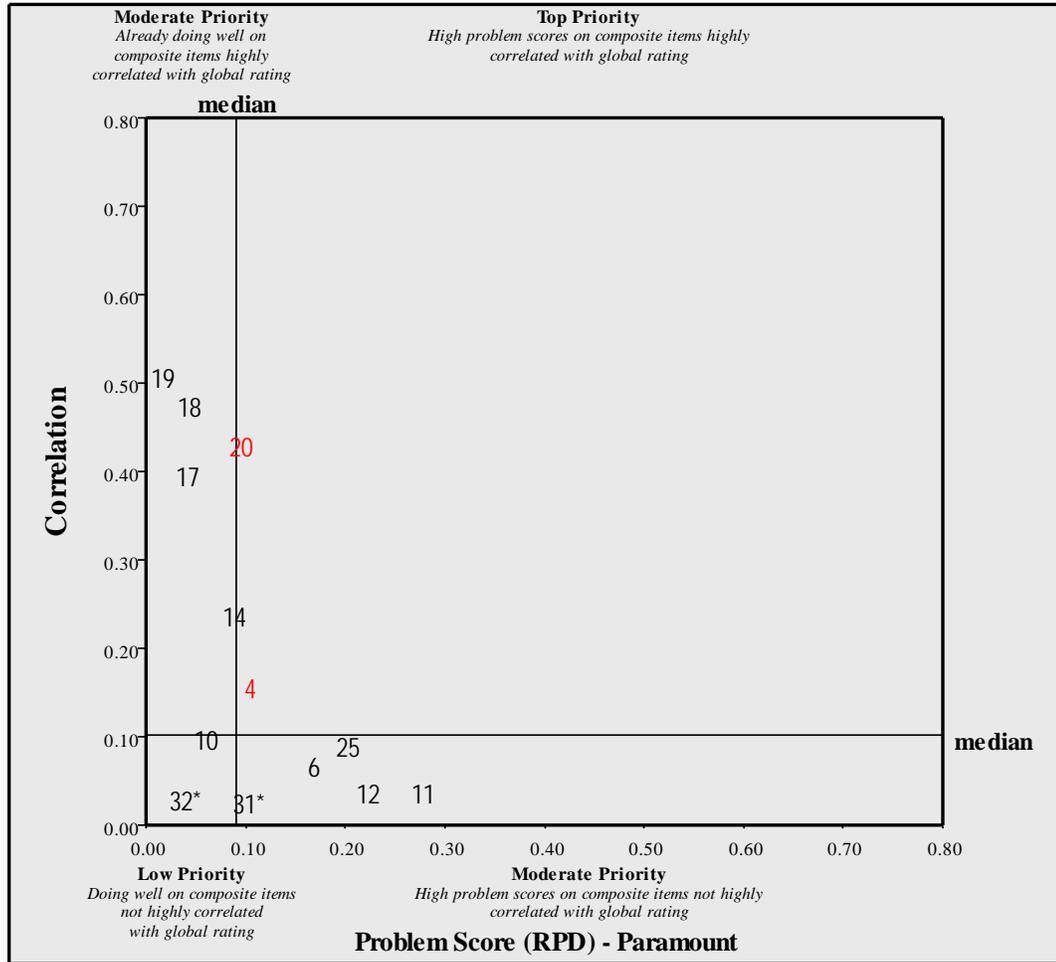
Top priority items are denoted in red.
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Molina Priority Matrix



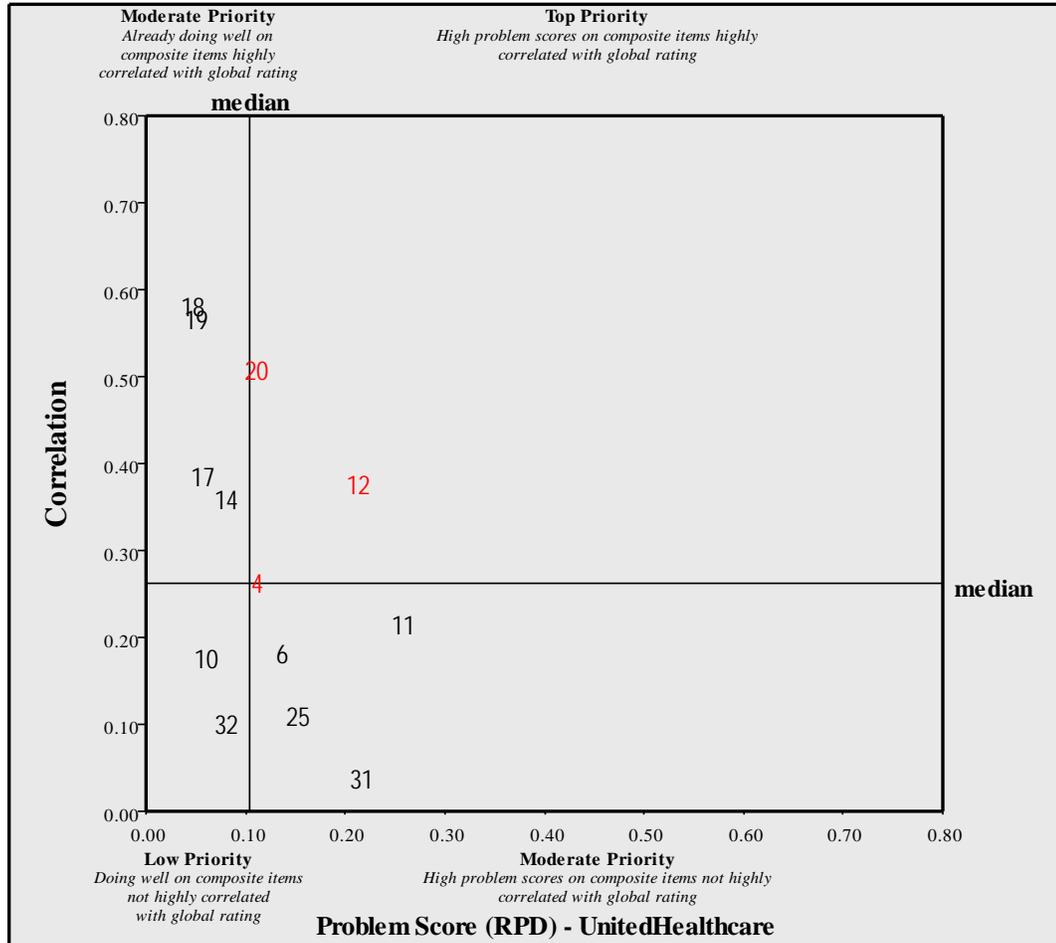
Priority Matrix Legend (RPD) - Molina	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult Paramount Priority Matrix



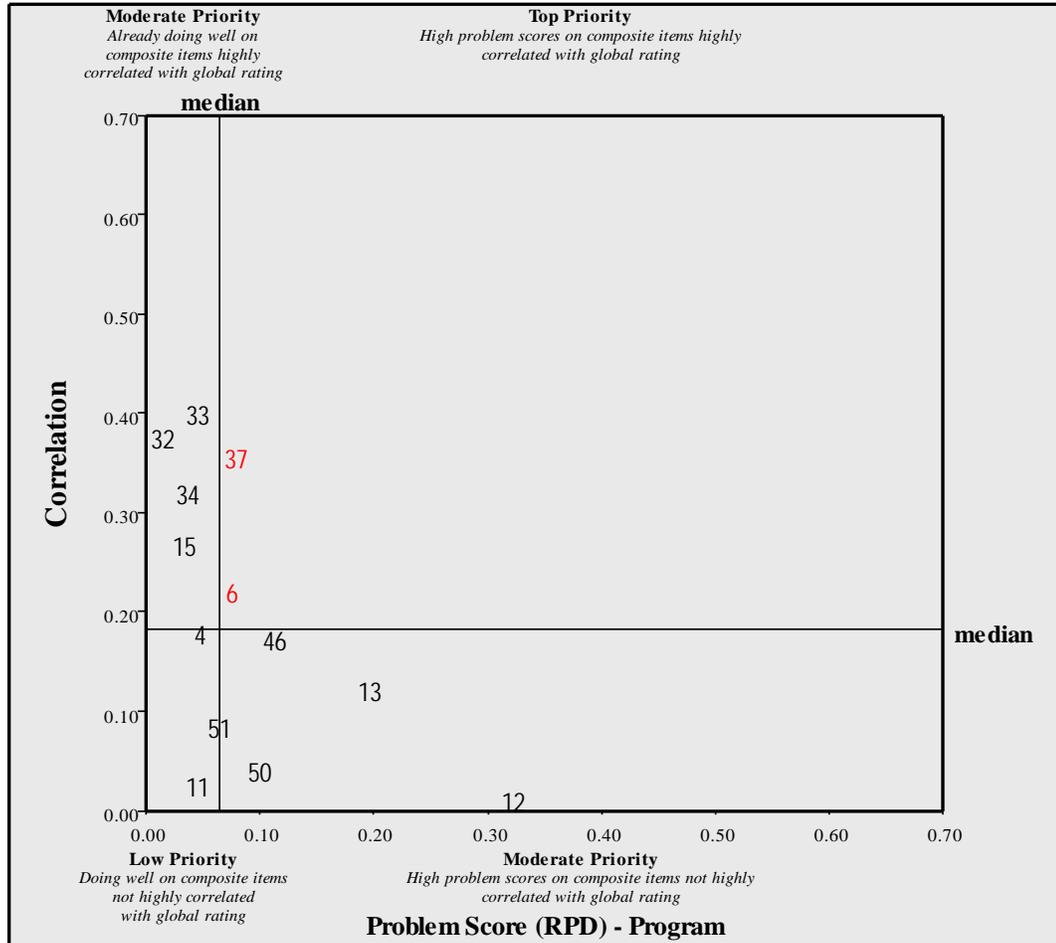
Priority Matrix Legend (RPD) - Paramount	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Adult UnitedHealthcare Priority Matrix



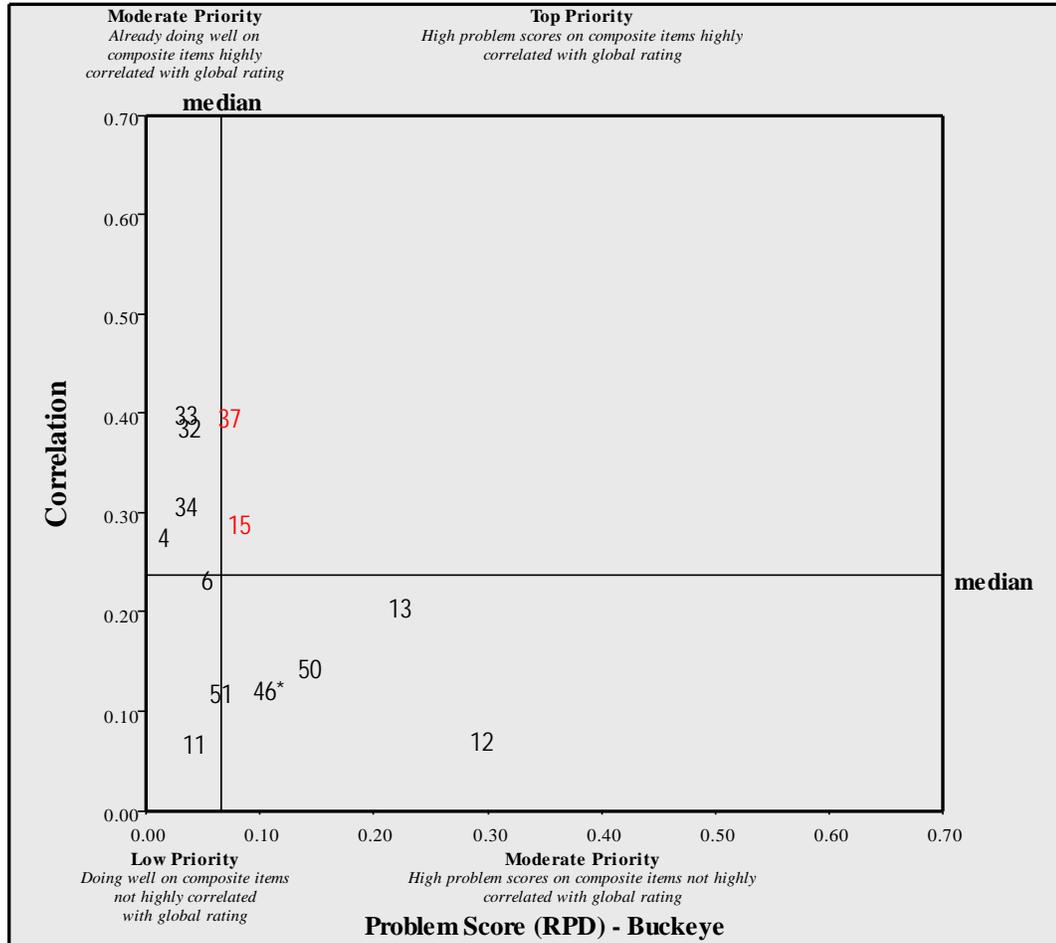
Priority Matrix Legend (RPD) - UnitedHealthcare	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17. Personal doctor explained things in an understandable way</p> <p>Q18. Personal doctor listened carefully</p> <p>Q19. Personal doctor showed respect for what you had to say</p> <p>Q20. Personal doctor spent enough time with you</p>	<p>Customer Service</p> <p>Q31. Received information or help from health plan customer service</p> <p>Q32. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q10. Doctor explained reasons to take a medication</p> <p>Q11. Doctor explained reasons not to take a medication</p> <p>Q12. Doctor asked you what you thought was best for you</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Program Priority Matrix



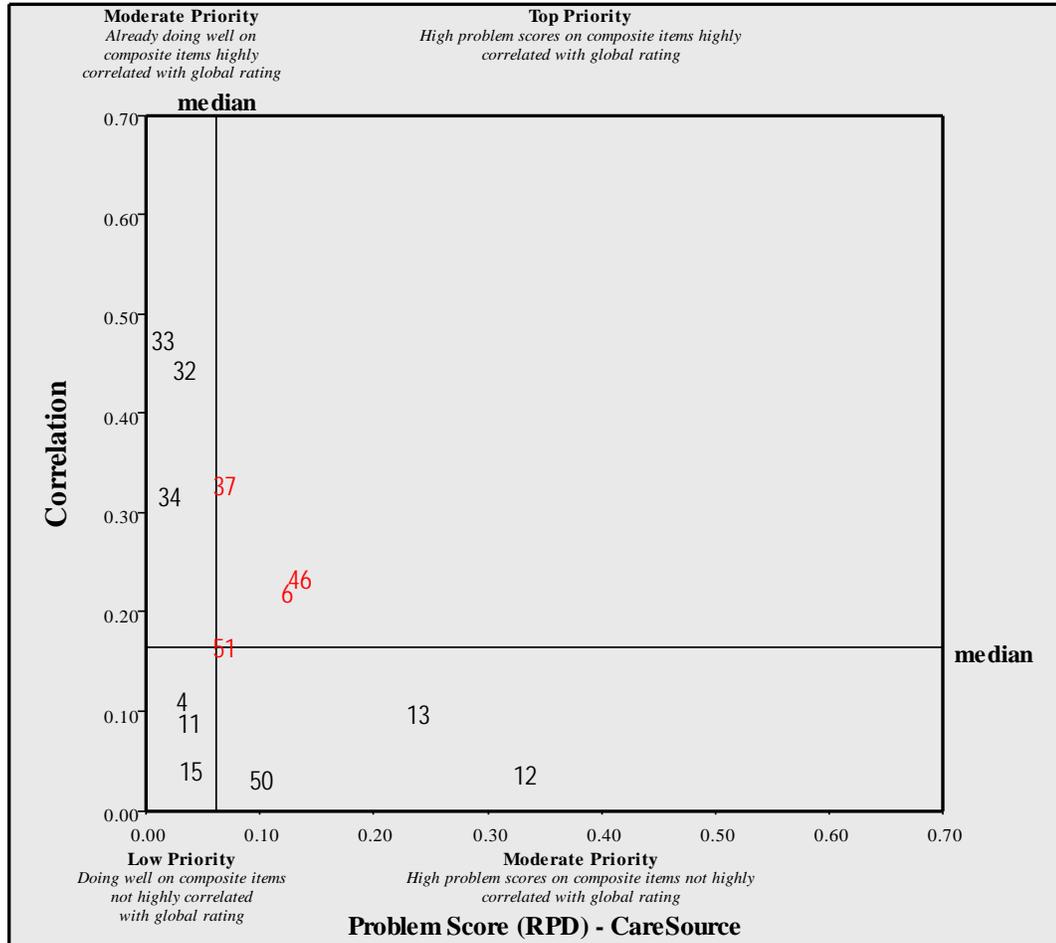
Priority Matrix Legend (RPD) - Program	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Buckeye Priority Matrix



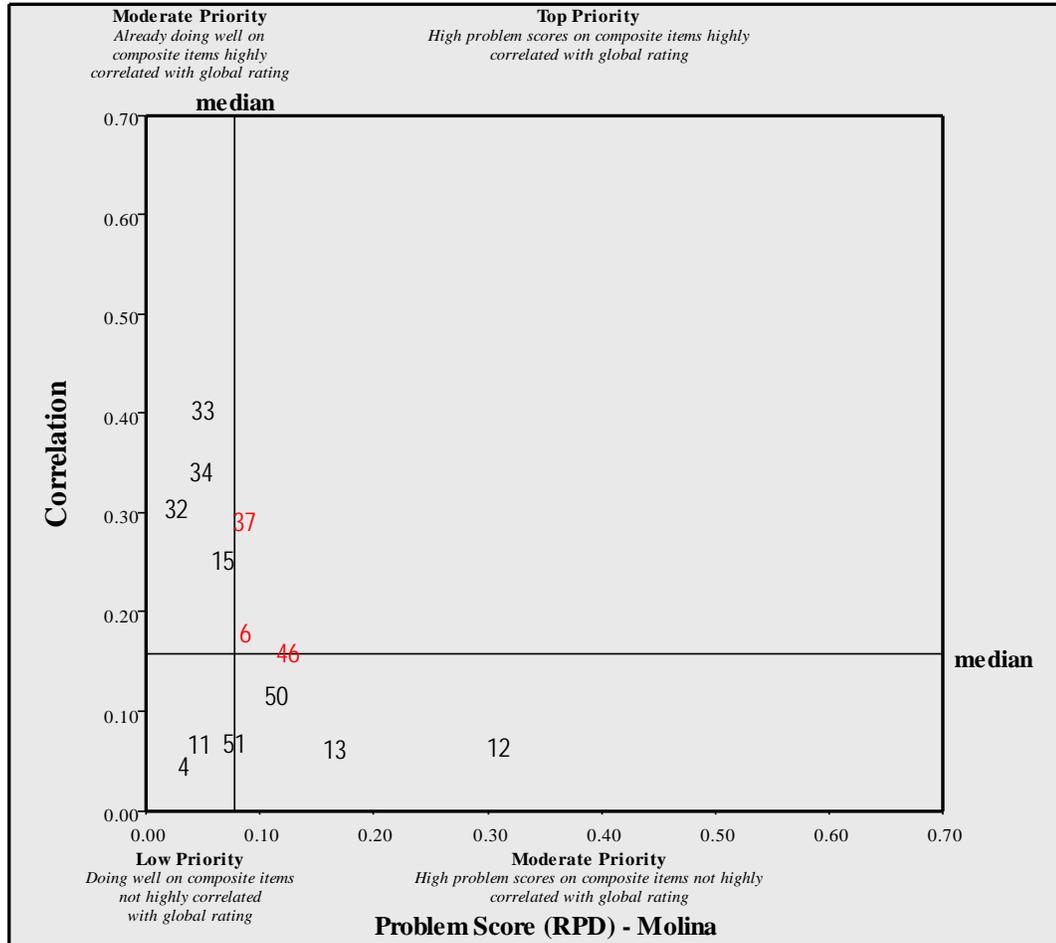
Priority Matrix Legend (RPD) - Buckeye	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child CareSource Priority Matrix



Priority Matrix Legend (RPD) - CareSource	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child Molina Priority Matrix



Priority Matrix Legend (RPD) - Molina

Getting Needed Care

Q15. Easy to get treatment needed

Q46. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q32. Personal doctor explained things in an understandable way

Q33. Personal doctor listened carefully

Q34. Personal doctor showed respect for what you had to say

Q37. Personal doctor spent enough time with your child

Customer Service

Q50. Received information or help from health plan

customer service

Q51. Health plan customer service treated you with courtesy and respect

Shared Decision Making

Q11. Doctor explained reasons to take a medication

Q12. Doctor explained reasons not to take a medication

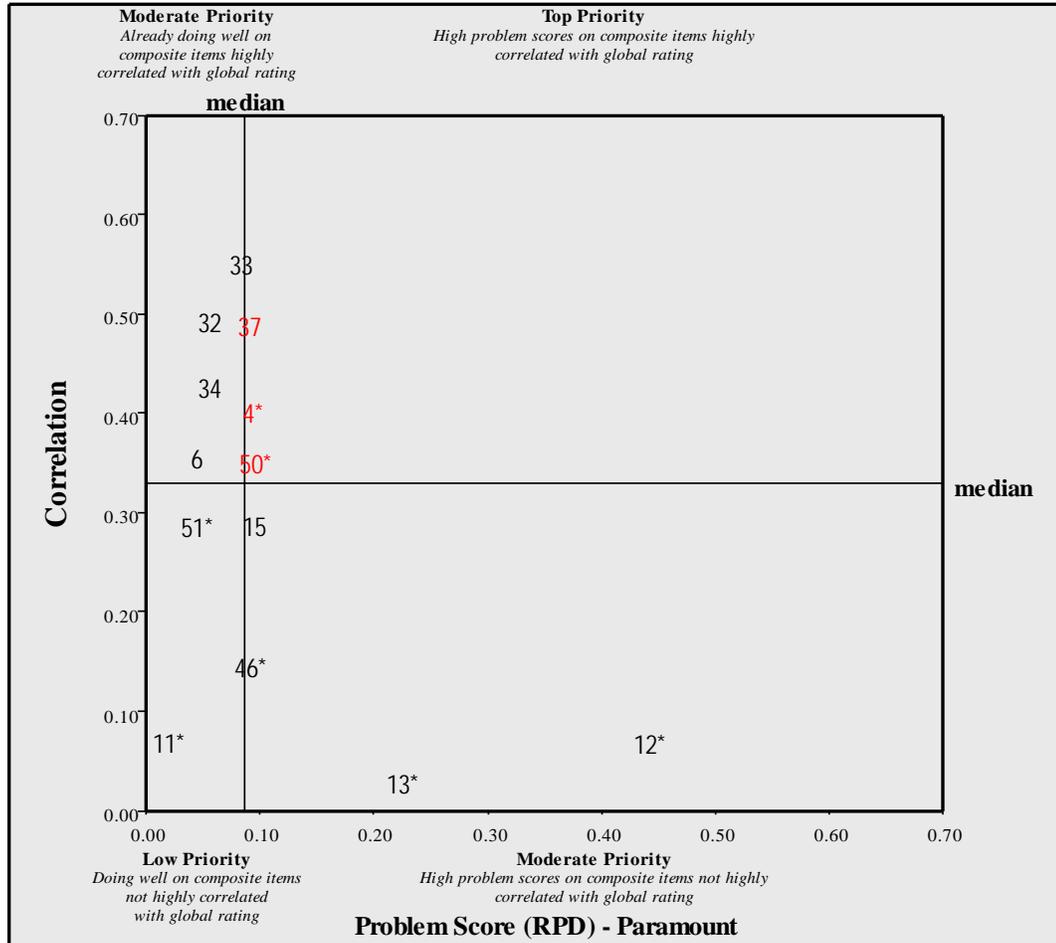
Q13. Doctor asked you what you thought was best for your child

Note:

Top priority items are denoted in red.

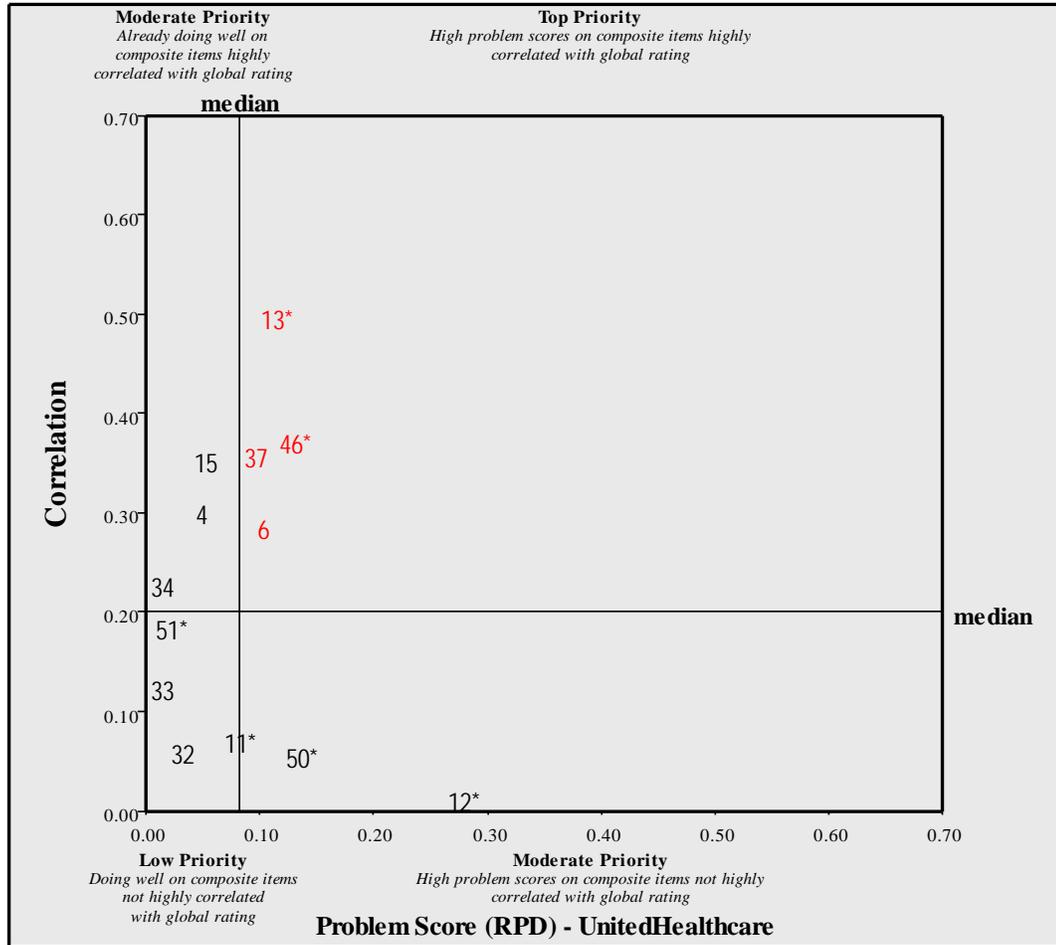
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Child Paramount Priority Matrix



Priority Matrix Legend (RPD) - Paramount	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p> <p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Child UnitedHealthcare Priority Matrix



Priority Matrix Legend (RPD) - UnitedHealthcare	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy and respect</p>
<p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p>	<p>Shared Decision Making</p> <p>Q11. Doctor explained reasons to take a medication</p> <p>Q12. Doctor explained reasons not to take a medication</p> <p>Q13. Doctor asked you what you thought was best for your child</p>
<p>How Well Doctors Communicate</p> <p>Q32. Personal doctor explained things in an understandable way</p> <p>Q33. Personal doctor listened carefully</p> <p>Q34. Personal doctor showed respect for what you had to say</p> <p>Q37. Personal doctor spent enough time with your child</p>	
<p>Note:</p> <p>Top priority items are denoted in red.</p> <p>*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>	

Crosstabulations

This section presents crosstabulations of survey responses stratified by certain demographic variables for the adult and general child populations. The demographic variables included in the tables below are: gender, age, race, ethnicity, education/respondent education, and general health status.⁴⁻³⁶

Adult and General Child Crosstabulations

Satisfaction with Health Care Providers: Had Personal Doctor

Question 15 and question 30 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked respondents if they had one person whom they thought of as their/their child’s personal doctor. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-8—Had Personal Doctor

Ohio Medicaid Managed Care Program - Adult Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	651	73.6	233	26.4
	Female	900	82.4	192	17.6
Age	18 - 34	273	69.6	119	30.4
	35 - 44	163	69.4	72	30.6
	45 - 54	424	81.9	94	18.1
	55 or older	691	83.2	140	16.8
Race (Q51)	White	1,068	82.1	233	17.9
	Black/African American	291	71.9	114	28.1
	Other	149	71.0	61	29.0
Ethnicity (Q50)	Hispanic	51	77.3	15	22.7
	Non-Hispanic	1,403	78.3	388	21.7
Education (Q49)	High School or less	936	76.7	284	23.3
	Some College or more	569	81.9	126	18.1

⁴⁻³⁶ The Other race category consists of the following: Multiracial, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and those not identified by any of the races listed here or in the table.

Ohio Medicaid Managed Care Program - Adult Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
General Health Status (Q36)	Excellent/Very good	410	74.0	144	26.0
	Good	518	76.7	157	23.3
	Fair/Poor	593	83.3	119	16.7
Total		1,551	78.5	425	21.5

Table 4-9—Had Personal Doctor

Ohio Medicaid Managed Care Program - General Child Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	961	87.3	140	12.7
	Female	885	86.1	143	13.9
Age	Less than 2	172	87.3	25	12.7
	2 - 7	642	87.1	95	12.9
	8 - 12	514	85.4	88	14.6
	13 - 17	518	87.4	75	12.6
Race (Q77)	White	1,198	91.3	114	8.7
	Black/African American	252	83.2	51	16.8
	Other	312	77.0	93	23.0
Ethnicity (Q76)	Hispanic	170	68.5	78	31.5
	Non-Hispanic	1,613	89.4	191	10.6
Respondent Education (Q80)	High School or less	895	84.3	167	15.7
	Some College or more	867	90.7	89	9.3
General Health Status (Q58)	Excellent/Very good	1,455	88.1	196	11.9
	Good	298	82.1	65	17.9
	Fair/Poor	71	84.5	13	15.5
Total		1,846	86.7	283	13.3

Coordination of Care

Question 22 and question 40 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked respondents how often their doctor/their child’s doctor seemed informed and up-to-date about care received from other doctors. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-10—Coordination of Care

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	11	3.7	29	9.9	254	86.4
	Female	24	4.9	47	9.5	422	85.6
Age	18 - 34	5	4.0	18	14.3	103	81.7
	35 - 44	2	2.5	9	11.1	70	86.4
	45 - 54	12	5.4	18	8.1	192	86.5
	55 or older	16	4.5	31	8.7	311	86.9
Race (Q51)	White	24	4.4	63	11.4	464	84.2
	Black/African American	6	4.3	10	7.2	123	88.5
	Other	3	4.1	1	1.4	69	94.5
Ethnicity (Q50)	Hispanic	0	0.0	0	0.0	25	100.0
	Non-Hispanic	33	4.6	70	9.8	612	85.6
Education (Q49)	High School or less	13	2.9	41	9.3	388	87.8
	Some College or more	21	6.5	32	9.9	270	83.6
General Health Status (Q36)	Excellent/Very good	5	3.0	17	10.2	144	86.7
	Good	9	3.6	17	6.8	224	89.6
	Fair/Poor	21	5.8	39	10.9	299	83.3
Total		35	4.4	76	9.7	676	85.9

Table 4-11—Coordination of Care

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	10	3.0	23	6.9	298	90.0
	Female	16	5.0	31	9.7	271	85.2
Age	Less than 2	2	2.8	2	2.8	67	94.4
	2 - 7	12	5.2	21	9.1	199	85.8
	8 - 12	6	3.9	15	9.7	134	86.5
	13 - 17	6	3.1	16	8.4	169	88.5
Race (Q77)	White	19	4.2	36	8.0	393	87.7
	Black/African American	4	5.3	6	8.0	65	86.7
	Other	2	2.1	11	11.7	81	86.2
Ethnicity (Q76)	Hispanic	2	4.0	6	12.0	42	84.0
	Non-Hispanic	23	4.0	47	8.2	505	87.8
Respondent Education (Q80)	High School or less	8	2.7	24	8.1	265	89.2
	Some College or more	17	5.3	28	8.7	278	86.1
General Health Status (Q58)	Excellent/Very good	20	4.3	36	7.7	411	88.0
	Good	2	1.5	16	12.3	112	86.2
	Fair/Poor	4	9.3	1	2.3	38	88.4
Total		26	4.0	54	8.3	569	87.7

Utilization of Services: Number of Doctor’s Office or Clinic Visits

Question 7 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked how many times the member visited the doctor’s office or clinic (not counting times the member visited the emergency room). The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-12—Number of Doctor’s Office or Clinic Visits in Last Six Months

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	253	29.0	298	34.2	320	36.7
	Female	195	18.2	390	36.4	487	45.4
Age	18 - 34	111	28.7	123	31.8	153	39.5
	35 - 44	60	26.0	83	35.9	88	38.1
	45 - 54	101	20.0	175	34.6	230	45.5
	55 or older	176	21.5	307	37.5	336	41.0
Race (Q51)	White	275	21.4	472	36.7	538	41.9
	Black/African American	92	23.5	135	34.4	165	42.1
	Other	60	29.1	65	31.6	81	39.3
Ethnicity (Q50)	Hispanic	17	26.6	23	35.9	24	37.5
	Non-Hispanic	403	22.8	628	35.5	739	41.8
Education (Q49)	High School or less	295	24.8	422	35.5	473	39.7
	Some College or more	136	19.5	250	35.8	312	44.7
General Health Status (Q36)	Excellent/Very good	178	32.5	224	40.9	146	26.6
	Good	160	24.0	248	37.2	258	38.7
	Fair/Poor	107	15.3	203	29.0	390	55.7
Total		448	23.1	688	35.4	807	41.5

Table 4-13—Number of Doctor’s Office or Clinic Visits in Last Six Months

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	235	21.6	561	51.6	291	26.8
	Female	260	25.5	494	48.5	264	25.9
Age	Less than 2	17	8.5	103	51.8	79	39.7
	2 - 7	152	20.8	372	50.9	207	28.3
	8 - 12	180	30.3	280	47.1	134	22.6
	13 - 17	146	25.1	300	51.6	135	23.2
Race (Q77)	White	290	22.4	645	49.8	360	27.8
	Black/African American	73	24.3	145	48.2	83	27.6
	Other	109	27.3	206	51.5	85	21.3
Ethnicity (Q76)	Hispanic	81	32.8	113	45.7	53	21.5
	Non-Hispanic	399	22.4	903	50.7	479	26.9
Respondent Education (Q80)	High School or less	264	25.1	530	50.3	259	24.6
	Some College or more	206	21.8	471	49.8	268	28.4
General Health Status (Q58)	Excellent/Very good	404	24.7	858	52.5	371	22.7
	Good	74	20.7	160	44.8	123	34.5
	Fair/Poor	11	13.1	23	27.4	50	59.5
Total		495	23.5	1,055	50.1	555	26.4

Who Helped Coordinate Care

Question 54 and question 84 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked who helped coordinate their/their child’s care. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-14—Who Helped You Coordinate Your Care

Ohio Medicaid Managed Care Program - Adult Population											
Demographic Variables		Someone from the health plan		Someone from the doctor's office or clinic		Someone from another organization		A friend or family member		You	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender	Male	54	7.9	132	19.3	17	2.5	187	27.4	293	42.9
	Female	56	6.6	191	22.5	17	2.0	113	13.3	471	55.5
Age	18 - 34	16	5.1	36	11.5	4	1.3	89	28.4	168	53.7
	35 - 44	16	8.7	27	14.7	4	2.2	37	20.1	100	54.3
	45 - 54	30	7.7	88	22.6	8	2.1	72	18.5	191	49.1
	55 or older	48	7.4	172	26.7	18	2.8	102	15.8	305	47.3
Race (Q51)	White	69	6.8	208	20.5	23	2.3	204	20.1	513	50.4
	Black/African American	30	9.2	70	21.4	4	1.2	59	18.0	164	50.2
	Other	9	5.4	44	26.5	7	4.2	33	19.9	73	44.0
Ethnicity (Q50)	Hispanic	9	16.7	10	18.5	3	5.6	12	22.2	20	37.0
	Non-Hispanic	100	7.1	293	20.8	28	2.0	273	19.4	715	50.7
Education (Q49)	High School or less	78	8.1	215	22.2	23	2.4	232	24.0	419	43.3
	Some College or more	30	5.6	106	19.7	11	2.0	61	11.3	331	61.4
General Health Status (Q36)	Excellent/Very good	32	7.7	72	17.3	6	1.4	70	16.9	235	56.6
	Good	27	5.1	115	21.9	13	2.5	91	17.3	280	53.2
	Fair/Poor	51	8.9	131	22.9	14	2.4	133	23.2	244	42.6
Total		110	7.2	323	21.1	34	2.2	300	19.6	764	49.9

Table 4-15—Who Helped You Coordinate Your Child’s Care

Ohio Medicaid Managed Care Program - General Child Population											
Demographic Variables		Someone from the health plan		Someone from the doctor's office or clinic		Someone from another organization		A friend or family member		You	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender	Male	23	2.7	104	12.1	27	3.2	59	6.9	643	75.1
	Female	28	3.5	89	11.1	14	1.7	59	7.4	611	76.3
Age	Less than 2	8	4.9	23	14.2	6	3.7	20	12.3	105	64.8
	2 - 7	22	3.8	66	11.4	16	2.8	44	7.6	432	74.5
	8 - 12	11	2.3	55	11.6	10	2.1	21	4.4	376	79.5
	13 - 17	10	2.3	49	11.1	9	2.0	33	7.5	341	77.1
Race (Q77)	White	26	2.5	116	11.0	29	2.8	65	6.2	817	77.6
	Black/African American	6	2.5	24	10.1	8	3.4	16	6.7	184	77.3
	Other	15	4.6	43	13.1	4	1.2	34	10.3	233	70.8
Ethnicity (Q76)	Hispanic	11	6.1	33	18.2	2	1.1	19	10.5	116	64.1
	Non-Hispanic	38	2.6	159	10.9	39	2.7	99	6.8	1,124	77.0
Respondent Education (Q80)	High School or less	35	4.2	112	13.4	19	2.3	81	9.7	586	70.3
	Some College or more	15	1.9	78	9.9	20	2.5	34	4.3	644	81.4
General Health Status (Q58)	Excellent/Very good	39	3.0	135	10.4	31	2.4	86	6.6	1,010	77.6
	Good	8	2.9	41	14.6	7	2.5	27	9.6	197	70.4
	Fair/Poor	2	2.9	17	24.6	2	2.9	5	7.2	43	62.3
Total		51	3.1	193	11.6	41	2.5	118	7.1	1,254	75.7

Satisfaction with Help Received to Coordinate Care

Question 55 and question 85 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked how satisfied a respondent was with the help received to coordinate care. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-16—Satisfaction with Help Received to Coordinate Care

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Very Dissatisfied/ Dissatisfied		Neither dissatisfied nor satisfied		Satisfied/ Very satisfied	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	53	7.5	51	7.2	604	85.3
	Female	44	5.2	78	9.2	725	85.6
Age	18 - 34	11	3.5	39	12.5	261	83.9
	35 - 44	17	9.3	20	11.0	145	79.7
	45 - 54	30	7.4	33	8.2	340	84.4
	55 or older	39	5.9	37	5.6	583	88.5
Race (Q51)	White	65	6.4	91	9.0	860	84.6
	Black/African American	14	4.1	25	7.3	303	88.6
	Other	16	9.1	11	6.3	148	84.6
Ethnicity (Q50)	Hispanic	8	13.8	4	6.9	46	79.3
	Non-Hispanic	82	5.8	117	8.2	1,224	86.0
Education (Q49)	High School or less	60	6.0	74	7.4	872	86.7
	Some College or more	36	6.9	53	10.1	434	83.0
General Health Status (Q36)	Excellent/Very good	20	4.8	30	7.2	364	87.9
	Good	31	5.9	30	5.7	467	88.4
	Fair/Poor	44	7.4	67	11.2	485	81.4
Total		97	6.2	129	8.3	1,329	85.5

Table 4-17—Satisfaction with Help Received to Coordinate Your Child’s Care

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Very Dissatisfied/ Dissatisfied		Neither dissatisfied nor satisfied		Satisfied/ Very satisfied	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	44	5.5	63	7.9	691	86.6
	Female	33	4.4	51	6.8	670	88.9
Age	Less than 2	4	2.6	14	9.2	134	88.2
	2 - 7	30	5.4	40	7.2	482	87.3
	8 - 12	22	5.1	29	6.7	383	88.2
	13 - 17	21	5.1	31	7.5	362	87.4
Race (Q77)	White	51	5.3	67	7.0	839	87.7
	Black/African American	7	3.1	13	5.7	209	91.3
	Other	16	4.9	33	10.2	275	84.9
Ethnicity (Q76)	Hispanic	10	5.3	13	6.8	167	87.9
	Non-Hispanic	66	4.9	100	7.5	1,176	87.6
Respondent Education (Q80)	High School or less	50	5.9	45	5.3	751	88.8
	Some College or more	27	4.0	67	10.0	578	86.0
General Health Status (Q58)	Excellent/Very good	64	5.4	74	6.3	1,039	88.3
	Good	9	3.1	34	11.5	252	85.4
	Fair/Poor	4	5.7	5	7.1	61	87.1
Total		77	5.0	114	7.3	1,361	87.7

Hard to Take Care of Health

Question 56 in the CAHPS Adult Medicaid Health Plan Survey asked if someone from the respondent’s personal doctor’s office asked if there were things that make it hard for them to take care of their health. The following table displays the crosstabulations for this survey item for the adult population.

Table 4-18—Hard to Take Care of Health

Ohio Medicaid Managed Care Program - Adult Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	177	25.4	520	74.6
	Female	235	26.7	644	73.3
Age	18 - 34	61	19.9	246	80.1
	35 - 44	36	19.4	150	80.6
	45 - 54	118	28.5	296	71.5
	55 or older	197	29.4	472	70.6
Race (Q51)	White	267	25.7	771	74.3
	Black/African American	90	26.4	251	73.6
	Other	50	28.7	124	71.3
Ethnicity (Q50)	Hispanic	11	22.9	37	77.1
	Non-Hispanic	376	25.9	1,073	74.1
Education (Q49)	High School or less	267	26.8	731	73.2
	Some College or more	136	24.7	414	75.3
General Health Status (Q36)	Excellent/Very good	63	14.9	361	85.1
	Good	121	23.0	406	77.0
	Fair/Poor	222	36.5	387	63.5
Total		412	26.1	1,164	73.9

Received Information About Health

Question 57 and question 87 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked respondents how often their/their child’s personal doctor gave them all the information they wanted about their/their child’s health. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-19—Received Information About Health

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	85	12.2	61	8.7	553	79.1
	Female	59	6.5	81	9.0	765	84.5
Age	18 - 34	30	9.9	30	9.9	244	80.3
	35 - 44	23	12.6	22	12.1	137	75.3
	45 - 54	43	10.1	37	8.7	347	81.3
	55 or older	48	6.9	53	7.7	590	85.4
Race (Q51)	White	79	7.4	82	7.7	908	84.9
	Black/African American	38	10.9	33	9.5	277	79.6
	Other	25	15.2	22	13.3	118	71.5
Ethnicity (Q50)	Hispanic	3	5.8	6	11.5	43	82.7
	Non-Hispanic	137	9.3	128	8.7	1,211	82.0
Education (Q49)	High School or less	89	8.8	101	10.0	824	81.3
	Some College or more	52	9.2	37	6.5	477	84.3
General Health Status (Q36)	Excellent/Very good	40	9.8	25	6.1	342	84.0
	Good	54	9.9	41	7.5	452	82.6
	Fair/Poor	50	7.9	75	11.9	507	80.2
Total		144	9.0	142	8.9	1,318	82.2

Table 4-20—Received Information About Child’s Health

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	41	4.4	48	5.2	836	90.4
	Female	31	3.5	47	5.4	798	91.1
Age	Less than 2	3	1.6	6	3.1	182	95.3
	2 - 7	19	3.0	39	6.1	585	91.0
	8 - 12	28	5.7	27	5.5	436	88.8
	13 - 17	22	4.6	23	4.8	431	90.5
Race (Q77)	White	40	3.5	48	4.2	1,055	92.3
	Black/African American	12	4.5	16	6.0	240	89.6
	Other	18	5.3	25	7.4	296	87.3
Ethnicity (Q76)	Hispanic	13	6.5	22	10.9	166	82.6
	Non-Hispanic	57	3.6	70	4.5	1,445	91.9
Respondent Education (Q80)	High School or less	38	4.0	49	5.2	853	90.7
	Some College or more	29	3.5	44	5.4	747	91.1
General Health Status (Q58)	Excellent/Very good	52	3.7	59	4.2	1,288	92.1
	Good	11	3.5	29	9.3	271	87.1
	Fair/Poor	8	10.3	6	7.7	64	82.1
Total		72	4.0	95	5.3	1,634	90.7

How Child’s Body is Growing

Question 86 in the CAHPS Child Medicaid Health Plan Survey asked if the respondent talked to someone at their child’s personal doctor’s office about how their child’s body is growing. The following table displays the crosstabulations for this survey item for the general child population.

Table 4-21—How Child’s Body is Growing

Ohio Medicaid Managed Care Program - General Child Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	633	65.9	328	34.1
	Female	589	65.4	311	34.6
Age	Less than 2	170	88.5	22	11.5
	2 - 7	469	70.2	199	29.8
	8 - 12	310	58.8	217	41.2
	13 - 17	273	57.6	201	42.4
Race (Q77)	White	775	65.8	402	34.2
	Black/African American	189	72.1	73	27.9
	Other	233	62.8	138	37.2
Ethnicity (Q76)	Hispanic	127	58.3	91	41.7
	Non-Hispanic	1,076	66.6	539	33.4
Respondent Education (Q80)	High School or less	624	64.2	348	35.8
	Some College or more	574	67.8	273	32.2
General Health Status (Q58)	Excellent/Very good	935	64.8	509	35.2
	Good	226	69.1	101	30.9
	Fair/Poor	52	68.4	24	31.6
Total		1,222	65.7	639	34.3

Customer Service Composite

Two questions were asked to assess how often members were satisfied with the health plan’s 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). The following tables display the crosstabulations for this composite measure for the adult and general child populations.

Table 4-22—Customer Service Composite

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	10	3.7	21	8.0	228	88.4
	Female	6	1.6	27	7.7	314	90.7
Age	18 - 34	1	0.9	12	10.8	98	88.3
	35 - 44	4	5.4	8	11.6	54	83.0
	45 - 54	4	2.3	11	6.1	156	91.5
	55 or older	7	2.5	17	6.6	234	90.8
Race (Q51)	White	8	2.1	29	7.8	336	90.1
	Black/African American	5	3.3	13	8.7	132	88.0
	Other	2	2.9	5	7.2	63	90.0
Ethnicity (Q50)	Hispanic	0	0.0	2	7.5	19	92.5
	Non-Hispanic	15	2.6	42	7.7	493	89.7
Education (Q49)	High School or less	12	3.2	30	8.2	323	88.6
	Some College or more	4	1.6	17	7.9	195	90.5
General Health Status (Q36)	Excellent/Very good	2	1.4	10	6.8	129	91.8
	Good	8	3.6	16	7.7	184	88.6
	Fair/Poor	6	2.2	22	8.6	223	89.2
Total		15	2.5	47	7.8	541	89.7

Table 4-23—Customer Service Composite

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	7	2.3	18	6.4	256	91.3
	Female	3	1.3	15	6.2	218	92.6
Age	Less than 2	2	3.0	2	3.0	47	94.0
	2 - 7	4	2.1	10	5.9	157	92.1
	8 - 12	2	1.3	11	6.6	146	92.1
	13 - 17	3	1.8	11	7.7	124	90.5
Race (Q77)	White	7	2.3	15	5.3	263	92.4
	Black/African American	0	0.0	3	3.1	93	96.9
	Other	2	1.9	10	9.1	93	88.9
Ethnicity (Q76)	Hispanic	3	4.2	8	10.6	61	85.2
	Non-Hispanic	6	1.3	24	5.7	393	93.0
Respondent Education (Q80)	High School or less	4	1.5	16	5.8	248	92.7
	Some College or more	4	1.9	13	5.8	198	92.3
General Health Status (Q58)	Excellent/Very good	5	1.3	24	6.3	347	92.4
	Good	3	3.0	7	6.4	92	90.6
	Fair/Poor	1	3.1	1	1.6	31	95.3
Total		10	1.8	33	6.3	474	91.9

Rating of All Health Care

Question 13 and question 14 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked members to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-24—Rating of All Health Care

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	22	3.6	114	18.6	476	77.8
	Female	35	4.1	178	20.7	646	75.2
Age	18 - 34	8	2.9	53	19.3	214	77.8
	35 - 44	11	6.7	44	26.7	110	66.7
	45 - 54	24	6.0	87	21.9	287	72.1
	55 or older	14	2.2	108	17.1	511	80.7
Race (Q51)	White	35	3.5	189	19.0	772	77.5
	Black/African American	11	3.8	59	20.1	223	76.1
	Other	7	4.9	37	25.7	100	69.4
Ethnicity (Q50)	Hispanic	1	2.1	13	27.7	33	70.2
	Non-Hispanic	48	3.6	267	19.8	1,035	76.7
Education (Q49)	High School or less	30	3.4	178	20.2	673	76.4
	Some College or more	24	4.3	105	19.0	424	76.7
General Health Status (Q36)	Excellent/Very good	9	2.5	43	11.7	315	85.8
	Good	10	2.0	93	18.6	397	79.4
	Fair/Poor	37	6.4	146	25.1	398	68.5
Total		57	3.9	292	19.9	1,122	76.3

Table 4-25—Rating of All Health Care

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	11	1.3	85	10.1	743	88.6
	Female	10	1.3	76	10.2	659	88.5
Age	Less than 2	0	0.0	16	8.9	164	91.1
	2 - 7	7	1.2	61	10.7	503	88.1
	8 - 12	7	1.7	28	6.9	371	91.4
	13 - 17	7	1.6	56	13.1	364	85.2
Race (Q77)	White	10	1.0	91	9.2	890	89.8
	Black/African American	3	1.3	29	12.8	194	85.8
	Other	7	2.5	33	11.7	243	85.9
Ethnicity (Q76)	Hispanic	3	1.9	15	9.3	143	88.8
	Non-Hispanic	16	1.2	141	10.3	1,207	88.5
Respondent Education (Q80)	High School or less	8	1.0	70	9.0	698	89.9
	Some College or more	9	1.2	84	11.5	636	87.2
General Health Status (Q58)	Excellent/Very good	9	0.7	96	7.9	1,107	91.3
	Good	6	2.2	47	17.1	222	80.7
	Fair/Poor	5	6.8	17	23.3	51	69.9
Total		21	1.3	161	10.2	1,402	88.5

Rating of Health Plan

Question 35 and question 54 in the CAHPS Adult and Child Medicaid Health Plan Surveys, respectively, asked members to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-26—Rating of Health Plan

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	32	3.7	158	18.4	670	77.9
	Female	39	3.6	186	17.1	862	79.3
Age	18 - 34	13	3.4	79	20.4	295	76.2
	35 - 44	19	8.3	47	20.6	162	71.1
	45 - 54	19	3.7	93	18.2	398	78.0
	55 or older	20	2.4	125	15.2	677	82.4
Race (Q51)	White	46	3.6	224	17.4	1,015	79.0
	Black/African American	15	3.8	76	19.0	308	77.2
	Other	7	3.3	37	17.5	168	79.2
Ethnicity (Q50)	Hispanic	0	0.0	13	20.0	52	80.0
	Non-Hispanic	67	3.8	311	17.5	1,400	78.7
Education (Q49)	High School or less	43	3.6	197	16.3	969	80.1
	Some College or more	25	3.6	139	20.1	526	76.2
General Health Status (Q36)	Excellent/Very good	14	2.6	91	16.6	443	80.8
	Good	20	3.0	113	16.9	535	80.1
	Fair/Poor	37	5.2	135	19.0	538	75.8
Total		71	3.6	344	17.7	1,532	78.7

Table 4-27—Rating of Health Plan

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	17	1.6	147	13.5	922	84.9
	Female	12	1.2	138	13.5	872	85.3
Age	Less than 2	1	0.5	24	12.1	173	87.4
	2 - 7	12	1.7	84	11.6	631	86.8
	8 - 12	11	1.8	78	13.0	512	85.2
	13 - 17	5	0.9	99	17.0	478	82.1
Race (Q77)	White	18	1.4	173	13.3	1,110	85.3
	Black/African American	4	1.3	40	13.2	259	85.5
	Other	6	1.5	61	15.1	337	83.4
Ethnicity (Q76)	Hispanic	5	2.0	28	11.3	215	86.7
	Non-Hispanic	24	1.3	249	13.9	1,521	84.8
Respondent Education (Q80)	High School or less	14	1.3	123	11.5	929	87.1
	Some College or more	12	1.3	155	16.4	780	82.4
General Health Status (Q58)	Excellent/Very good	17	1.0	191	11.6	1,434	87.3
	Good	9	2.5	75	20.5	282	77.0
	Fair/Poor	3	3.7	18	22.0	61	74.4
Total		29	1.4	285	13.5	1,794	85.1

Rating of Overall Mental or Emotional Health

Question 37 and question 59 in the CAHPS Adult and Child Medicaid Health Plan Survey, respectively, asked members to rate their overall mental or emotional health. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-28—Rating of Overall Mental or Emotional Health

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	354	40.4	263	30.0	259	29.6
	Female	402	36.9	355	32.6	332	30.5
Age	18 - 34	183	46.3	114	28.9	98	24.8
	35 - 44	82	35.5	67	29.0	82	35.5
	45 - 54	150	29.4	166	32.5	194	38.0
	55 or older	341	41.1	271	32.7	217	26.2
Race (Q51)	White	486	37.5	418	32.3	392	30.2
	Black/African American	174	42.8	120	29.5	113	27.8
	Other	77	36.0	61	28.5	76	35.5
Ethnicity (Q50)	Hispanic	24	36.9	19	29.2	22	33.8
	Non-Hispanic	690	38.4	567	31.6	538	30.0
Education (Q49)	High School or less	418	34.2	390	31.9	414	33.9
	Some College or more	321	45.9	211	30.2	167	23.9
General Health Status (Q36)	Excellent/Very good	422	75.8	100	18.0	35	6.3
	Good	215	31.8	322	47.6	139	20.6
	Fair/Poor	113	15.7	194	26.9	414	57.4
Total		756	38.5	618	31.5	591	30.1

Table 4-29—Rating of Overall Mental or Emotional Health

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	719	65.7	234	21.4	141	12.9
	Female	758	73.4	194	18.8	80	7.8
Age	Less than 2	174	87.4	23	11.6	2	1.0
	2 - 7	559	76.0	125	17.0	52	7.1
	8 - 12	399	66.2	139	23.1	65	10.8
	13 - 17	345	58.7	141	24.0	102	17.3
Race (Q77)	White	914	69.3	268	20.3	137	10.4
	Black/African American	200	65.6	63	20.7	42	13.8
	Other	297	72.4	77	18.8	36	8.8
Ethnicity (Q76)	Hispanic	181	72.1	54	21.5	16	6.4
	Non-Hispanic	1,260	69.4	358	19.7	198	10.9
Respondent Education (Q80)	High School or less	718	67.1	237	22.1	115	10.7
	Some College or more	697	72.2	171	17.7	97	10.1
General Health Status (Q58)	Excellent/Very good	1,332	80.2	231	13.9	97	5.8
	Good	126	34.0	160	43.1	85	22.9
	Fair/Poor	14	16.7	33	39.3	37	44.0
Total		1,477	69.5	428	20.1	221	10.4

Rating of Overall Health

Question 36 and question 58 in the CAHPS Adult and Child Medicaid Health Plan Survey, respectively, asked members to rate their overall health. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Table 4-30—Rating of Overall Health

Ohio Medicaid Managed Care Program - Adult Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	252	28.7	307	34.9	320	36.4
	Female	305	28.0	377	34.6	409	37.5
Age	18 - 34	184	46.6	139	35.2	72	18.2
	35 - 44	58	25.1	98	42.4	75	32.5
	45 - 54	116	22.7	157	30.8	237	46.5
	55 or older	199	23.9	290	34.8	345	41.4
Race (Q51)	White	379	29.2	449	34.5	472	36.3
	Black/African American	108	26.5	153	37.5	147	36.0
	Other	61	28.8	64	30.2	87	41.0
Ethnicity (Q50)	Hispanic	19	28.8	22	33.3	25	37.9
	Non-Hispanic	515	28.6	625	34.7	659	36.6
Education (Q49)	High School or less	304	24.8	401	32.7	521	42.5
	Some College or more	245	35.1	265	37.9	189	27.0
General Health Status (Q36)	Excellent/Very good	557	100.0	0	0.0	0	0.0
	Good	0	0.0	684	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	729	100.0
Total		557	28.3	684	34.7	729	37.0

Table 4-31—Rating of Overall Health

Ohio Medicaid Managed Care Program - General Child Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	864	78.8	191	17.4	42	3.8
	Female	809	78.5	180	17.5	42	4.1
Age	Less than 2	168	84.4	27	13.6	4	2.0
	2 - 7	598	81.4	112	15.2	25	3.4
	8 - 12	471	77.7	112	18.5	23	3.8
	13 - 17	436	74.1	120	20.4	32	5.4
Race (Q77)	White	1,059	80.4	218	16.6	40	3.0
	Black/African American	234	76.7	55	18.0	16	5.2
	Other	306	74.6	80	19.5	24	5.9
Ethnicity (Q76)	Hispanic	185	73.4	52	20.6	15	6.0
	Non-Hispanic	1,435	79.2	310	17.1	67	3.7
Respondent Education (Q80)	High School or less	824	77.0	199	18.6	47	4.4
	Some College or more	773	80.3	154	16.0	36	3.7
General Health Status (Q58)	Excellent/Very good	1,673	100.0	0	0.0	0	0.0
	Good	0	0.0	371	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	84	100.0
Total		1,673	78.6	371	17.4	84	3.9

5. Children with Chronic Conditions Results

Meeting the health care needs of children with chronic conditions is costly, and the majority of national health care funds spent on children are spent on the CCC population.⁵⁻¹ Children with chronic conditions often access more and different types of services than the non-CCC population. The parents or caretakers of children with chronic conditions also have different needs than the caregivers of children without chronic conditions. Assessing member experience for the CCC population versus the non-CCC population can provide valuable information to MCPs regarding quality improvement activities they can implement to address the needs of both populations. The State of Ohio wants to ensure that the needs of families with children with chronic conditions are being met. One way to evaluate whether these needs are being met is to compare the ratings of families that have children with chronic conditions to the ratings of families that have children without chronic conditions. The State of Ohio can then determine whether there are significant differences between the ratings of the two populations and address these differences.

This section presents a comparative analysis of survey results for child members with and child members without a chronic condition. This population-to-population comparative analysis identified whether one population performed statistically significantly higher, the same, or lower on each measure than the other population.

For the global ratings, composite measures, composite items, individual item measures, CCC composite measures, CCC composite items, and CCC items, the overall mean was provided on a three-point scale or one-point scale (for most items with “Yes/No” responses).^{5-2,5-3,5-4} Responses were classified into response categories.

⁵⁻¹ National Association of Chronic Disease Directors. Why We Need Public Health to Improve Healthcare. Available at: <http://www.chronicdisease.org/?page=whyweneedph2imphc>. Accessed on: October 12, 2018.

⁵⁻² The Health Promotion and Education measure has “Yes” and “No” responses; however, a three-point mean was calculated for this measure, according to *HEDIS® 2018, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

⁵⁻³ The Shared Decision Making composite measure, and the FCC: Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, the Shared Decision Making measure and the CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated.

⁵⁻⁴ The CCC composite measures and CCC item measures are only included in the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the general child sample) and CCC members (those in the CCC supplemental sample) completed the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC items.

For the global ratings, these were the response categories:

- 0 to 4 (Dissatisfied)
- 5 to 7 (Neutral)
- 8 to 10 (Satisfied)

The following response categories were used for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items; the Coordination of Care individual item measure; the Access to Specialized Services CCC composite measure; and the Access to Prescription Medicines and FCC: Getting Needed Information CCC items:

- Never (Dissatisfied)
- Sometimes (Neutral)
- Usually/Always (Satisfied)

The following response categories were used for the Shared Decision Making composite measure and items, Health Promotion and Education individual item measure, and the FCC: Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions CCC composite measures, and the items within these CCC composites:

- No
- Yes

CCC and Non-CCC Comparisons

Each of the response category percentages and the mean scores for the CCC population were compared to the response category percentages and the mean scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. For additional information on these tests for statistical significance, please refer to the *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report*.

Statistically significant differences between the 2018 mean scores for the CCC and non-CCC populations are noted with arrows. Mean scores for one population that were statistically significantly higher than mean scores for the other population are noted with upward (↑) arrows. Conversely, mean scores for one population that were statistically significantly lower than mean scores for the other population are noted with downward (↓) arrows. 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 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.

In addition, scores in 2018 were compared to scores in 2017 to determine whether there were statistically significant differences for the CCC and non-CCC populations. Statistically significant differences between mean scores in 2018 and mean scores in 2017 for the CCC and non-CCC populations are noted with triangles to the left of the mean. Mean scores that were statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Mean scores that were statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Mean scores in 2018 that were not statistically significantly different from mean scores in 2017 are not noted with triangles.

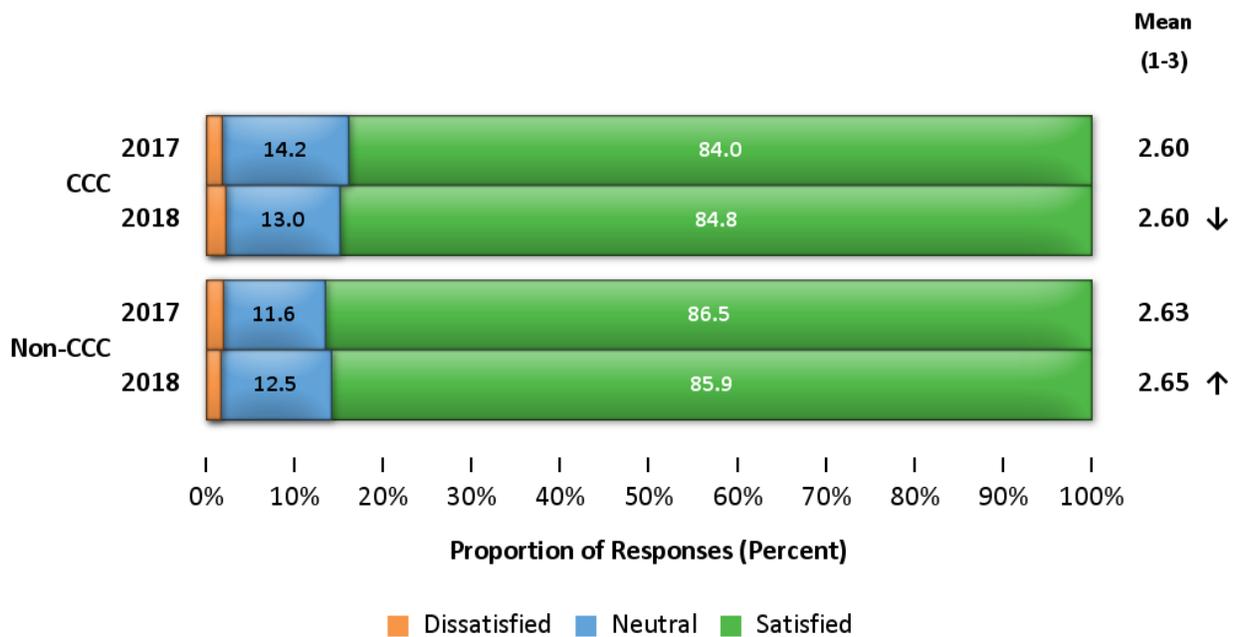
Please note, no national Medicaid data are available for the CCC and non-CCC comparisons analysis. Furthermore, statistically significant differences for response category percentages are not displayed in the figures, but rather are described in the text below the figures.

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 5-1 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-1—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.

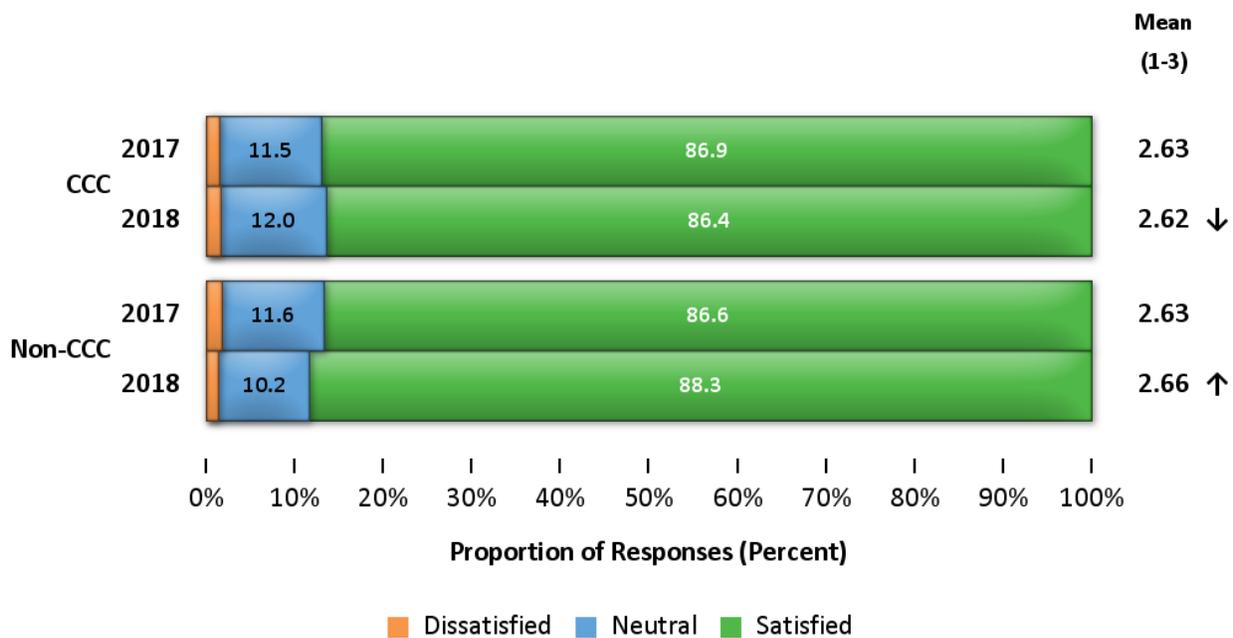
Trending Analysis

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 5-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-2—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.

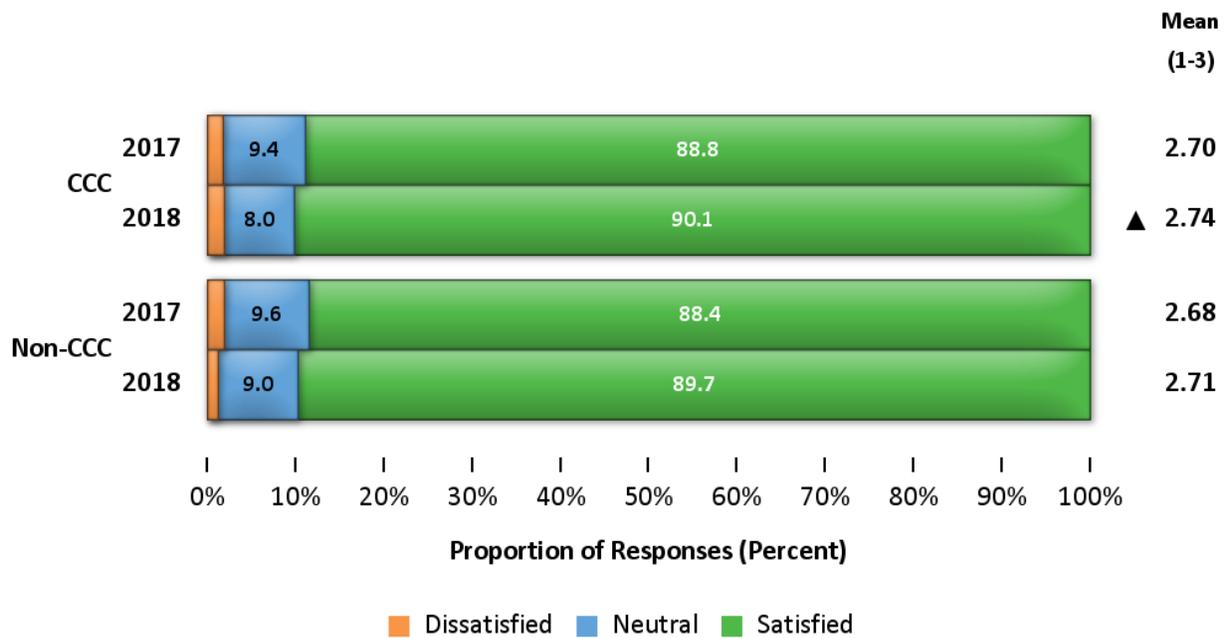
Trending Analysis

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 5-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-3—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

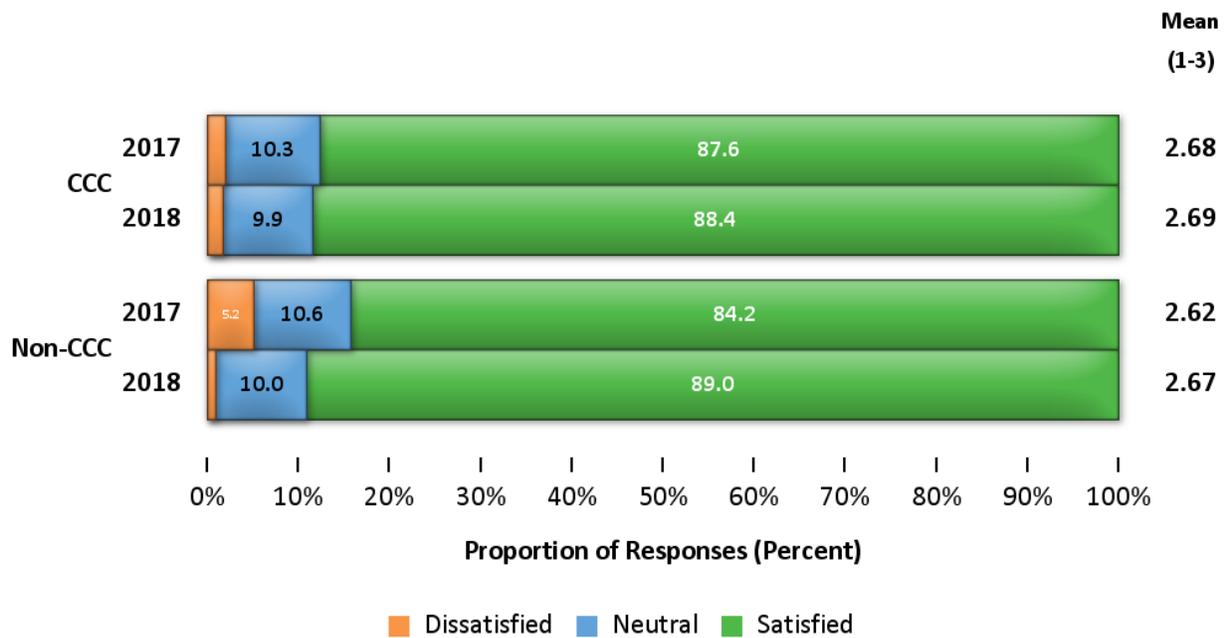
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- 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 5-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-4—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.

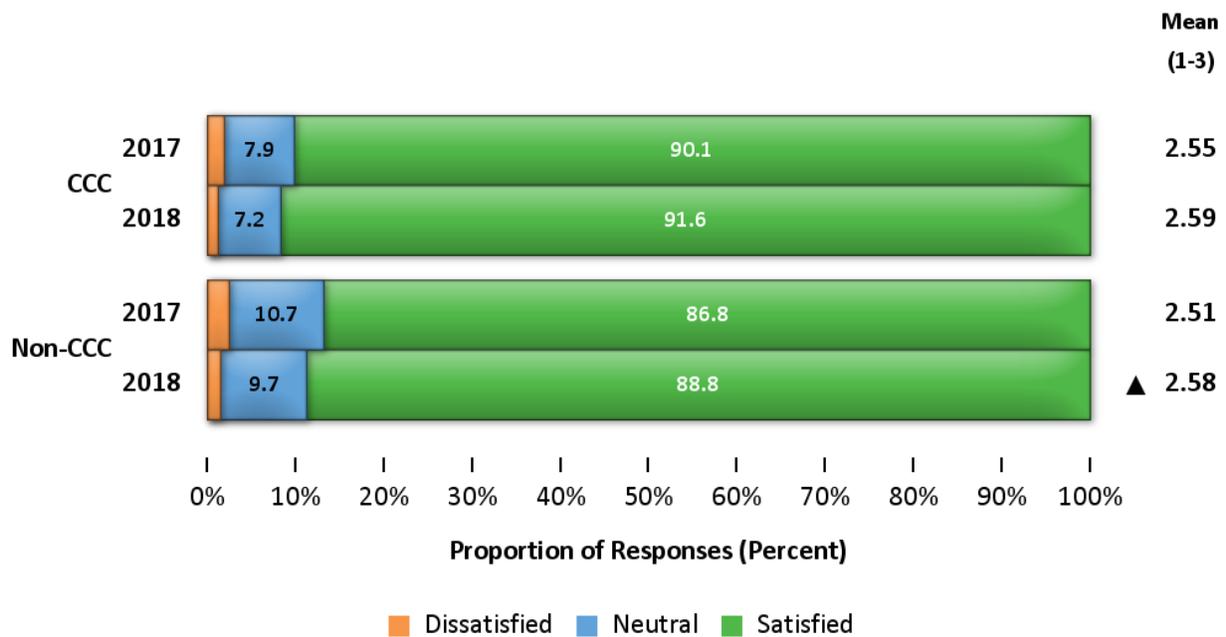
- The percentage of non-CCC respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

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

**Figure 5-5—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

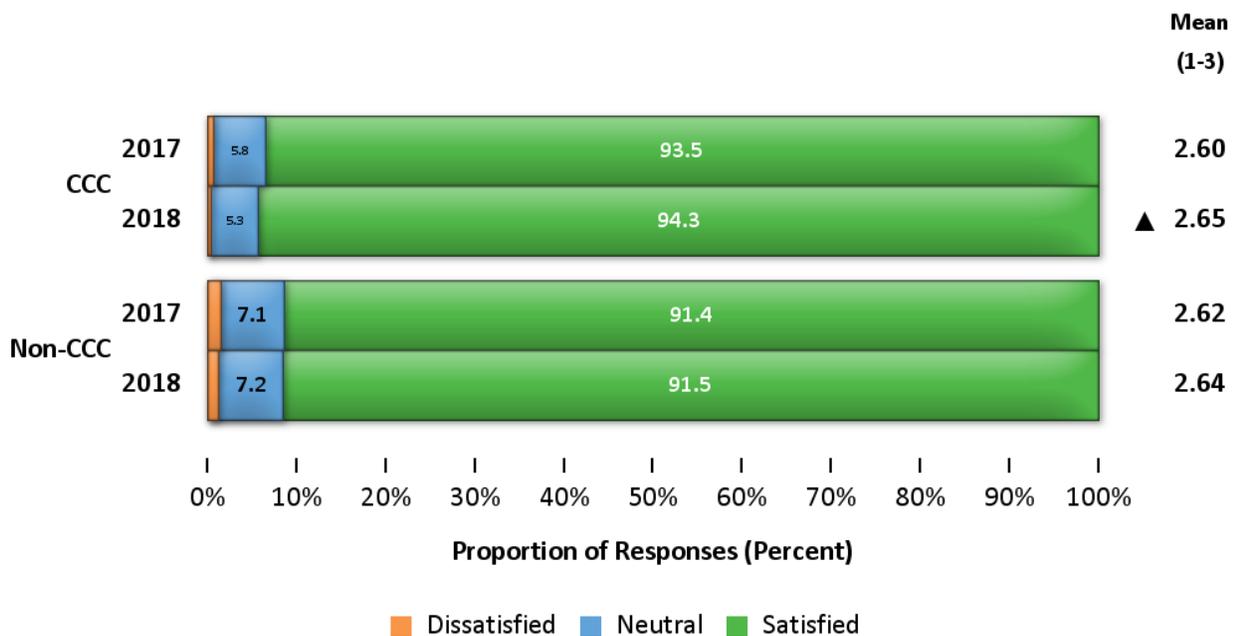
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Getting Needed Care: Got Care Believed Necessary

Question 15 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often it was easy to get the care, tests, or treatment their child needed. Figure 5-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-6—CCC and Non-CCC Comparisons: Getting Needed Care – Got Care Believed Necessary
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 percentage of CCC respondents who gave a response of Dissatisfied was significantly lower than that of non-CCC respondents; similarly, the percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

Trending Analysis

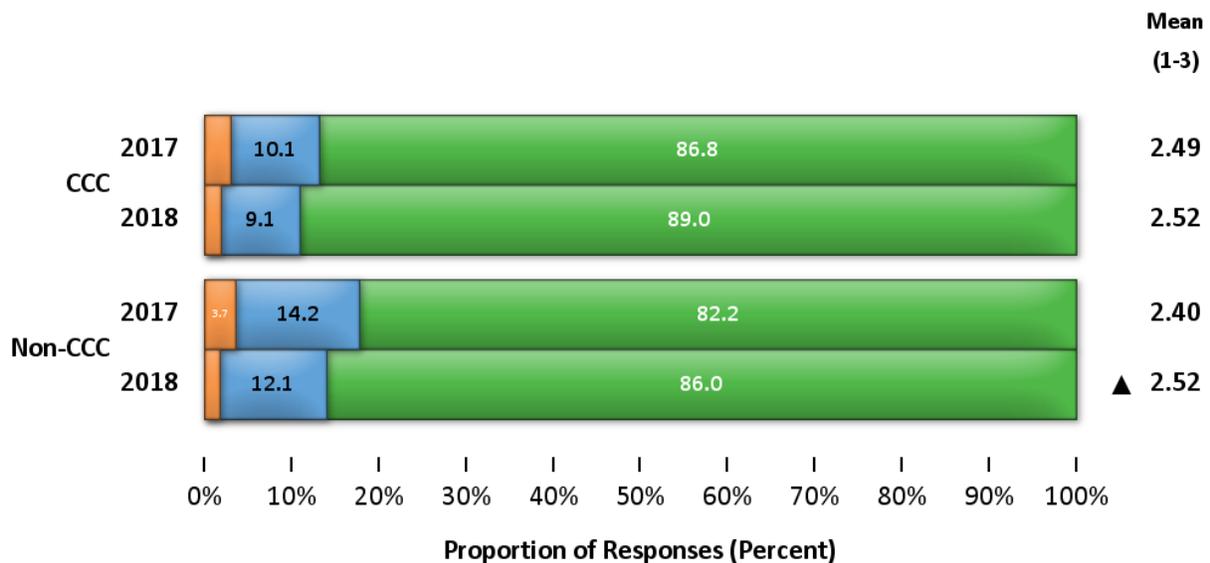
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Getting Needed Care: Saw a Specialist

Question 46 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often they got an appointment for their child to see a specialist as soon as they needed. Figure 5-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-7—CCC and Non-CCC Comparisons: Getting Needed Care – Saw a Specialist
Response Category Percentages and Means



■ Dissatisfied ■ Neutral ■ Satisfied
 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

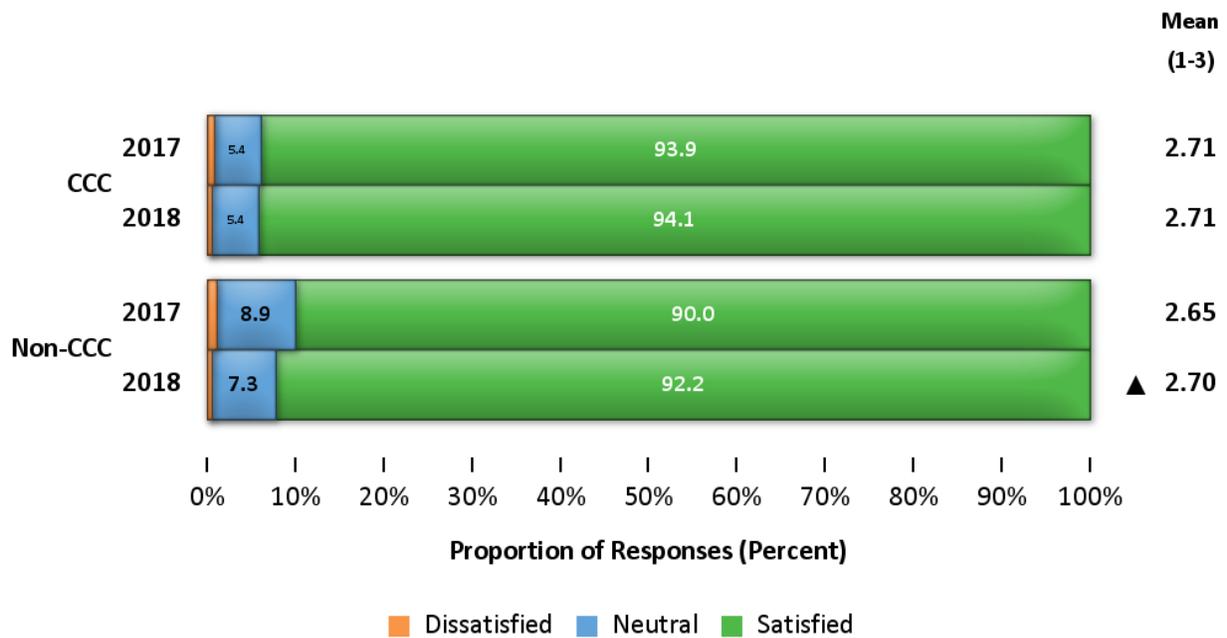
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

- The overall mean for 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 5-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-8—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

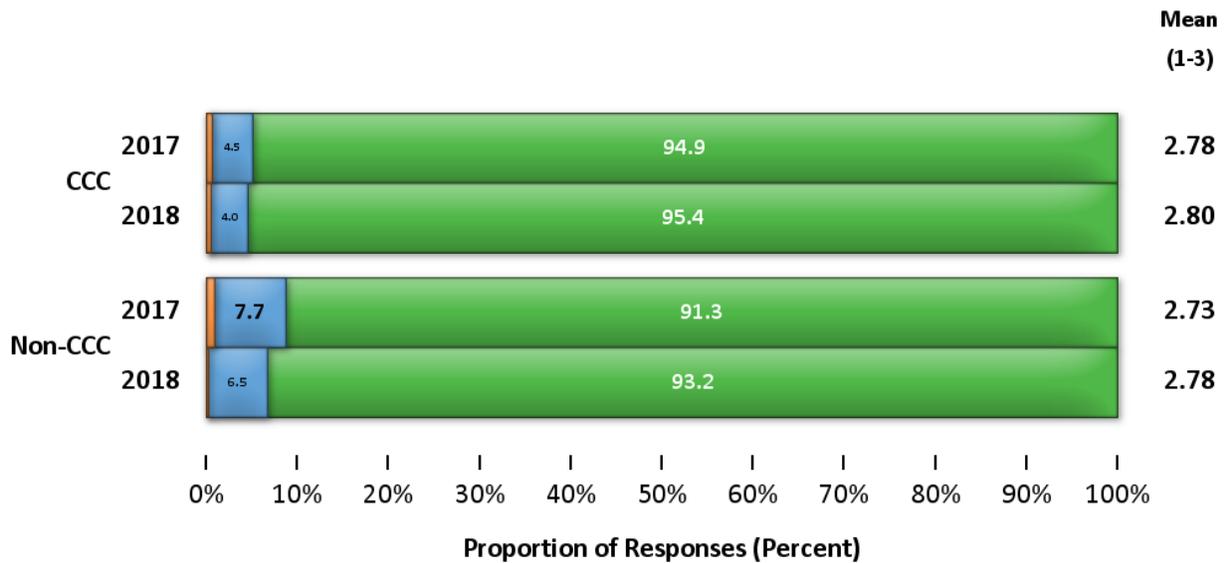
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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.

Getting Care Quickly: Received Care as Soon as Wanted

Question 4 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received care as soon as they wanted when their child needed care right away. Figure 5-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-9—CCC and Non-CCC Comparisons: Getting Care Quickly – Received Care as Soon as Wanted 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 percentage of CCC respondents who gave a response of Neutral was significantly lower than that of non-CCC respondents.

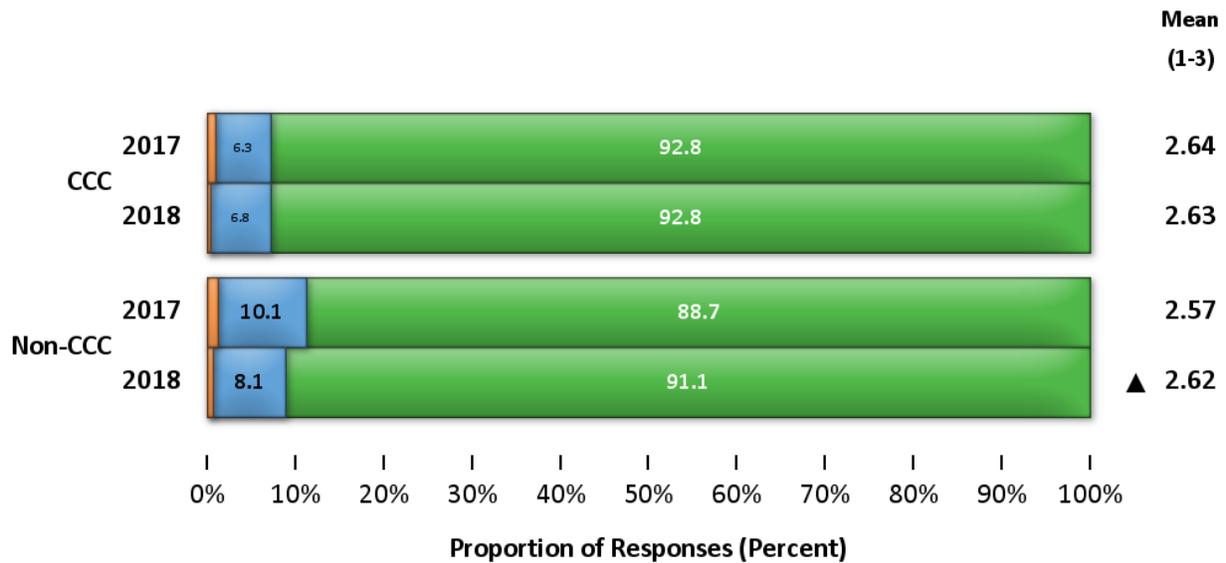
Trending Analysis

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

Getting Care Quickly: Received Appointment as Soon as Wanted

Question 6 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received an appointment as soon as they wanted when their child did not need care right away (i.e., a check-up or routine care). Figure 5-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-10—CCC and Non-CCC Comparisons: Getting Care Quickly – Received Appointment as Soon as Wanted
Response Category Percentages and Means



■ Dissatisfied ■ Neutral ■ Satisfied
 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

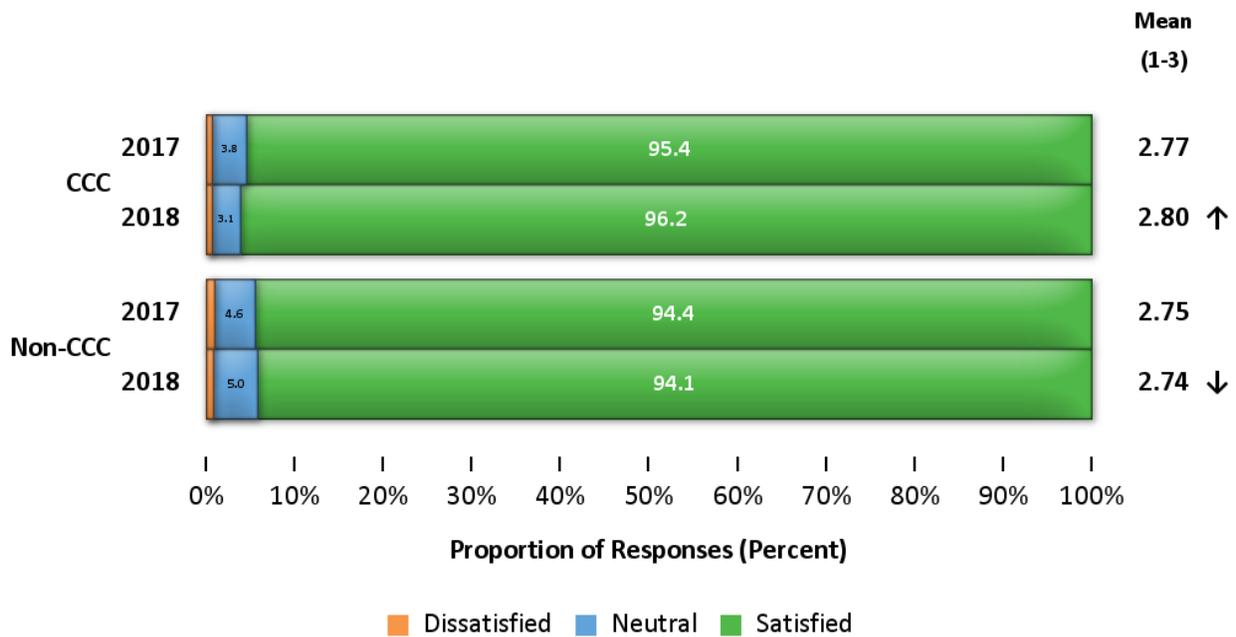
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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 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 their child’s doctors communicated well. For each of these questions (questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-11—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.

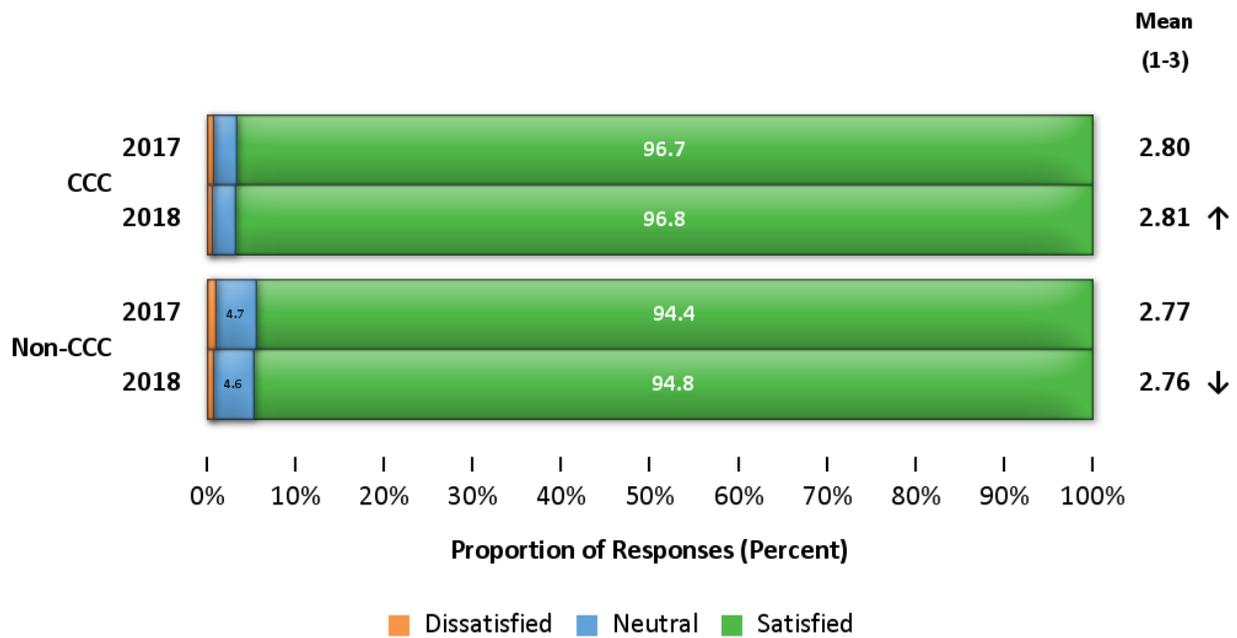
Trending Analysis

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

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

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often doctors explained things about their child’s health in a way they could understand. Figure 5-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-12—CCC and Non-CCC Comparisons: How Well Doctors Communicate – Doctors Explained Things in Way They Could Understand 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.

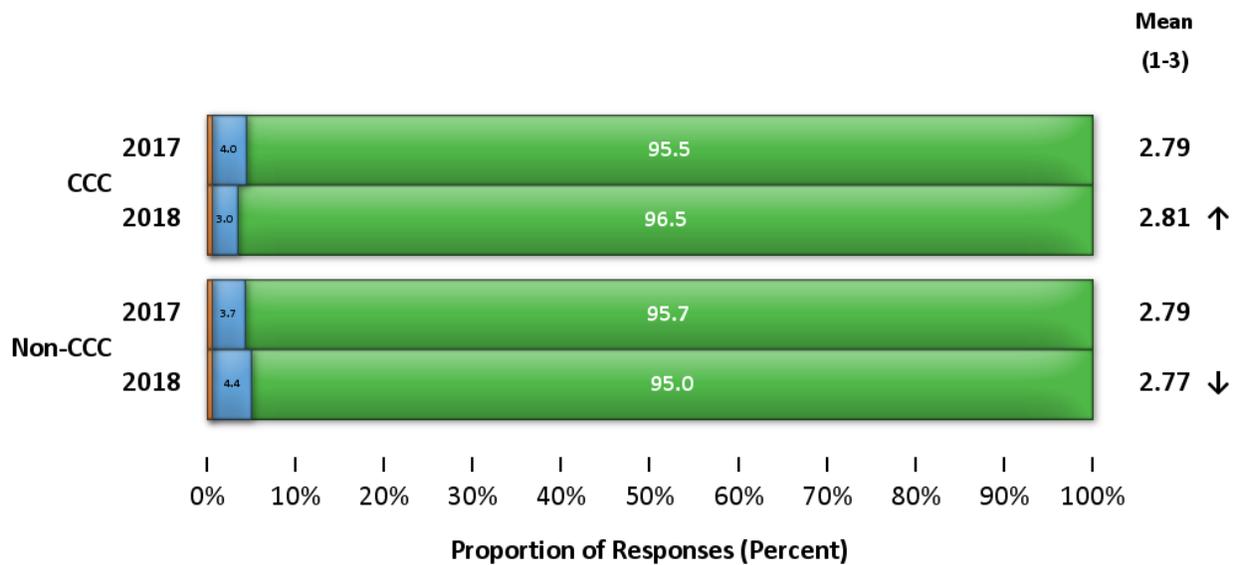
Trending Analysis

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

How Well Doctors Communicate: Doctors Listened Carefully

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors listened carefully to them. Figure 5-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-13—CCC and Non-CCC Comparisons: How Well Doctors Communicate – Doctors Listened Carefully Response Category Percentages and Means



■ Dissatisfied ■ Neutral ■ Satisfied
 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 higher than that of non-CCC respondents.

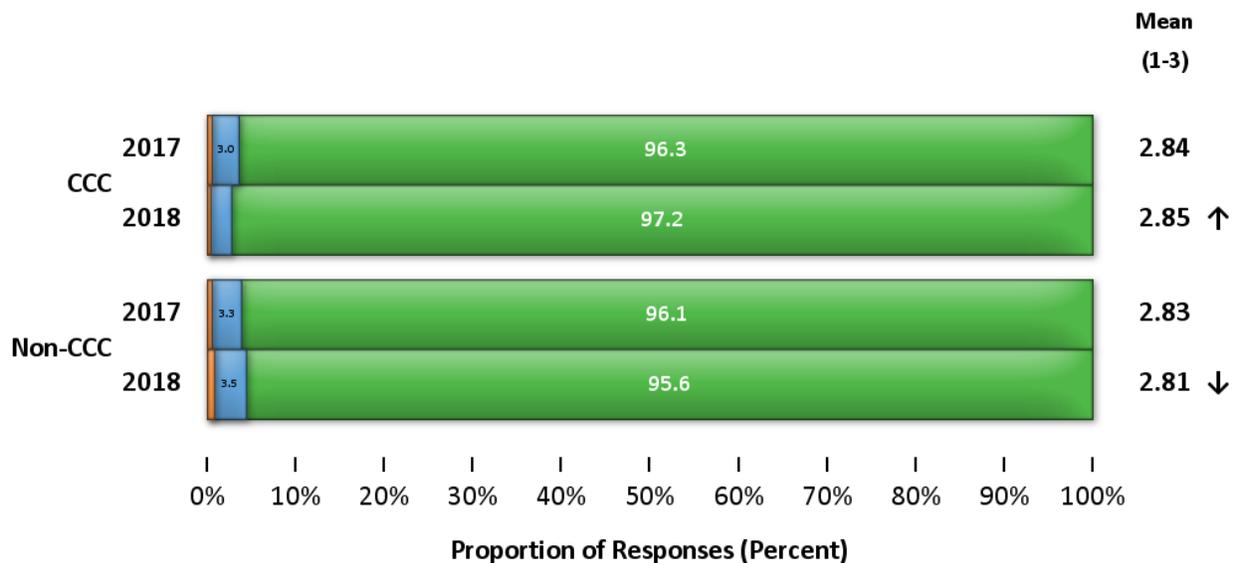
Trending Analysis

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

How Well Doctors Communicate: Doctors Showed Respect

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors showed respect for what they had to say. Figure 5-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-14—CCC and Non-CCC Comparisons: How Well Doctors Communicate – Doctors Showed Respect 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 overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

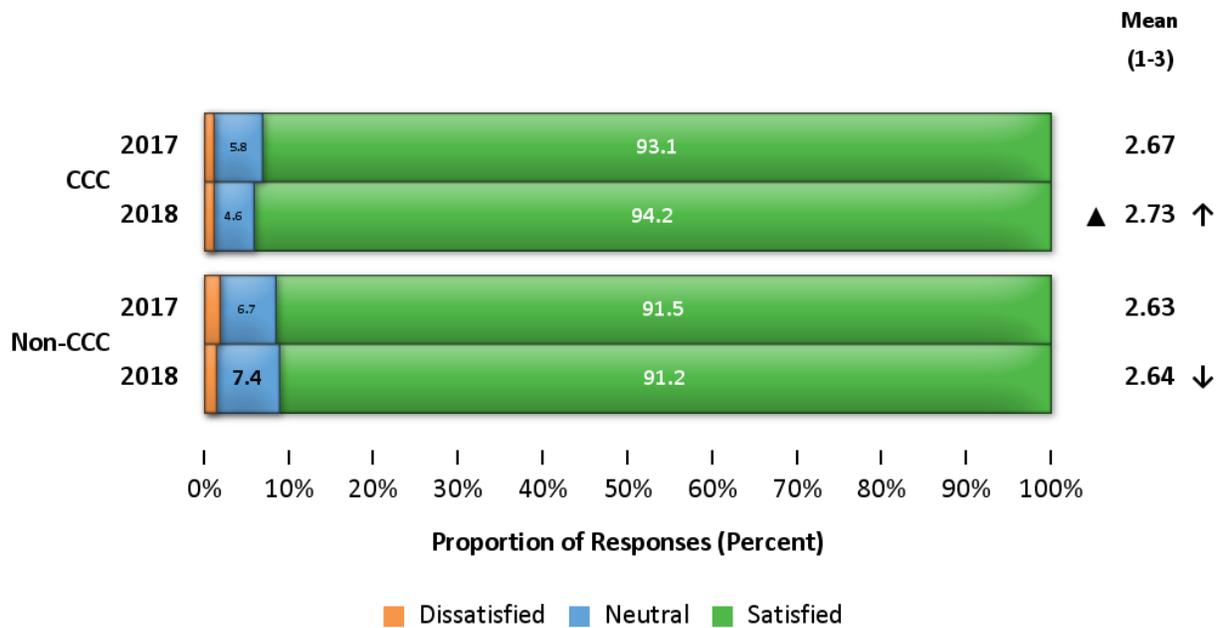
Trending Analysis

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

How Well Doctors Communicate: Doctors Spent Enough Time with Patient

Question 37 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctors spent enough time with their child. Figure 5-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-15—CCC and Non-CCC Comparisons: How Well Doctors Communicate – Doctors Spent Enough Time with Patient 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

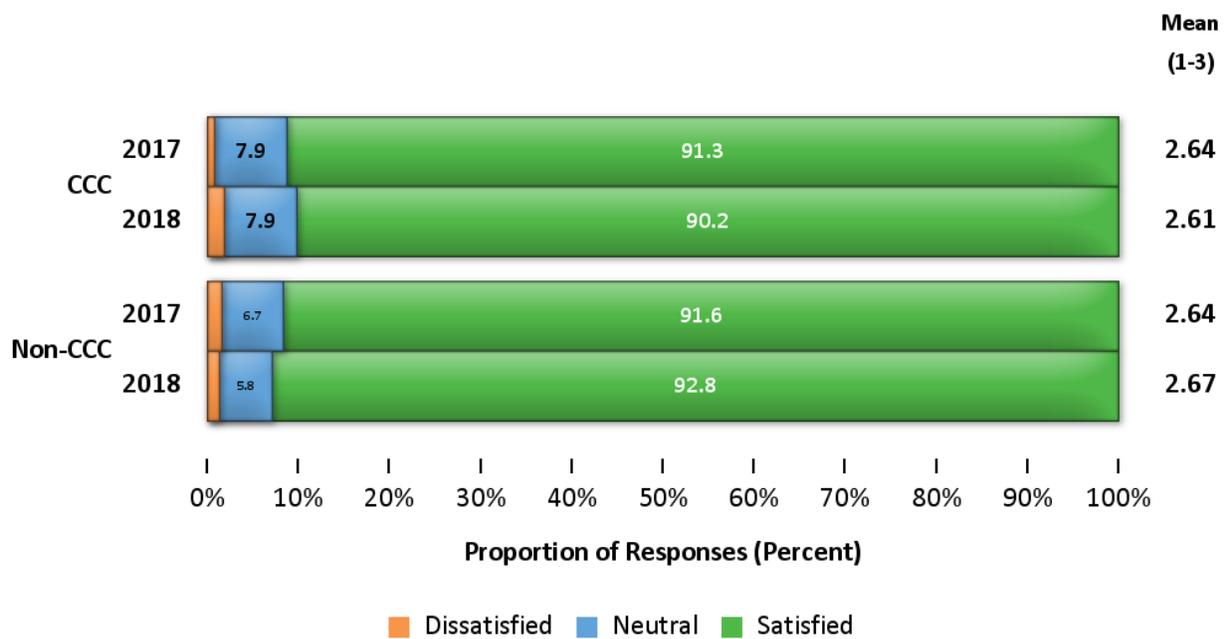
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

Customer Service

Two questions were asked to assess how often parents or caretakers of child members were satisfied with the customer service of their child’s health plan. For each of these questions (questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-16—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.

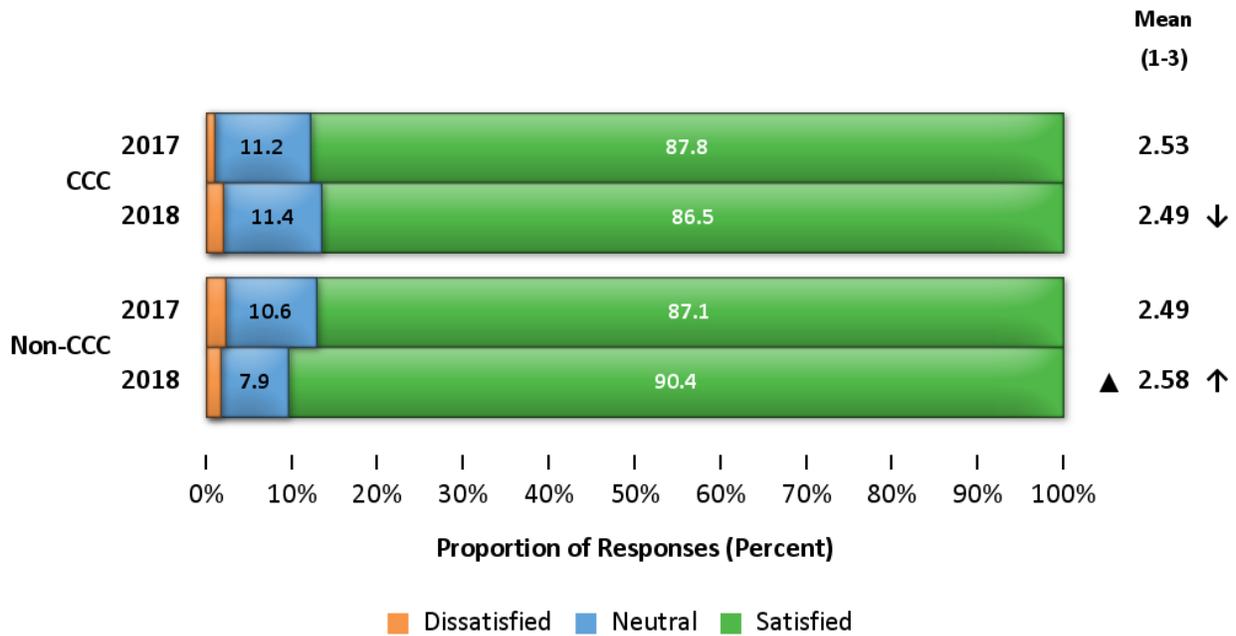
Trending Analysis

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

Customer Service: Obtained Help Needed from Customer Service

Question 50 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service gave them the information or help they needed. Figure 5-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-17—CCC and Non-CCC Comparisons: Customer Service –
Obtained Help Needed from 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 two *statistically significant* differences observed for this measure.

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

Trending Analysis

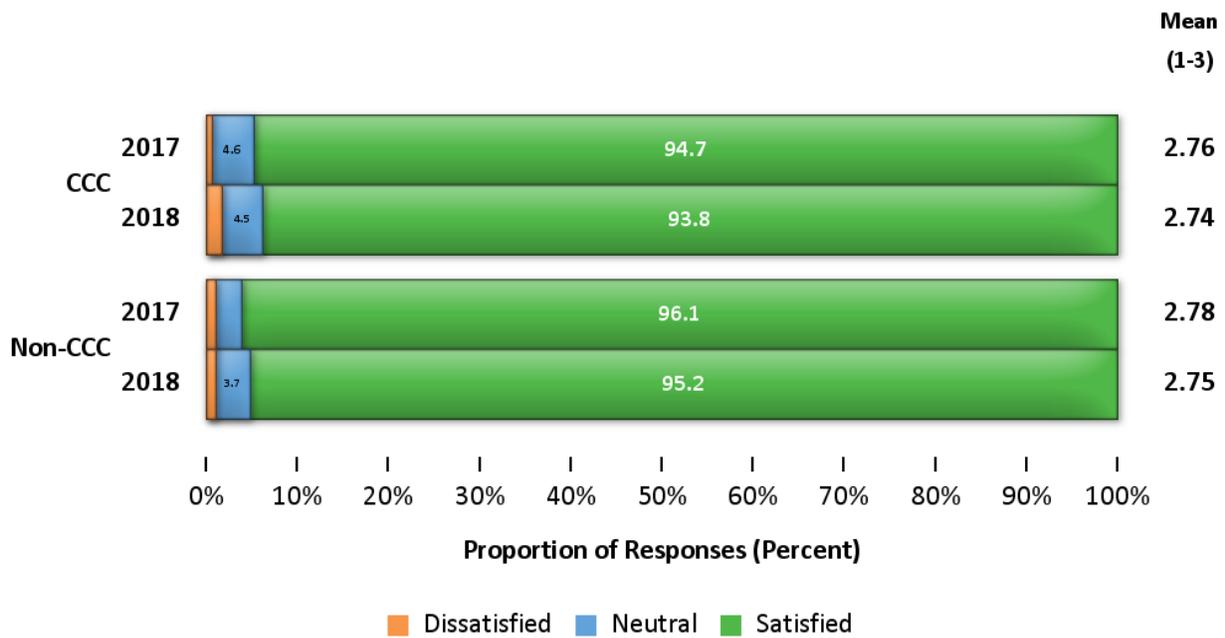
Overall, there was one *statistically significant* difference between scores in 2018 and scores in 2017 for this measure.

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

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

Question 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service staff treated them with courtesy and respect. Figure 5-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-18—CCC and Non-CCC Comparisons: Customer Service – Health Plan Customer Service Treated with Courtesy and Respect 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.

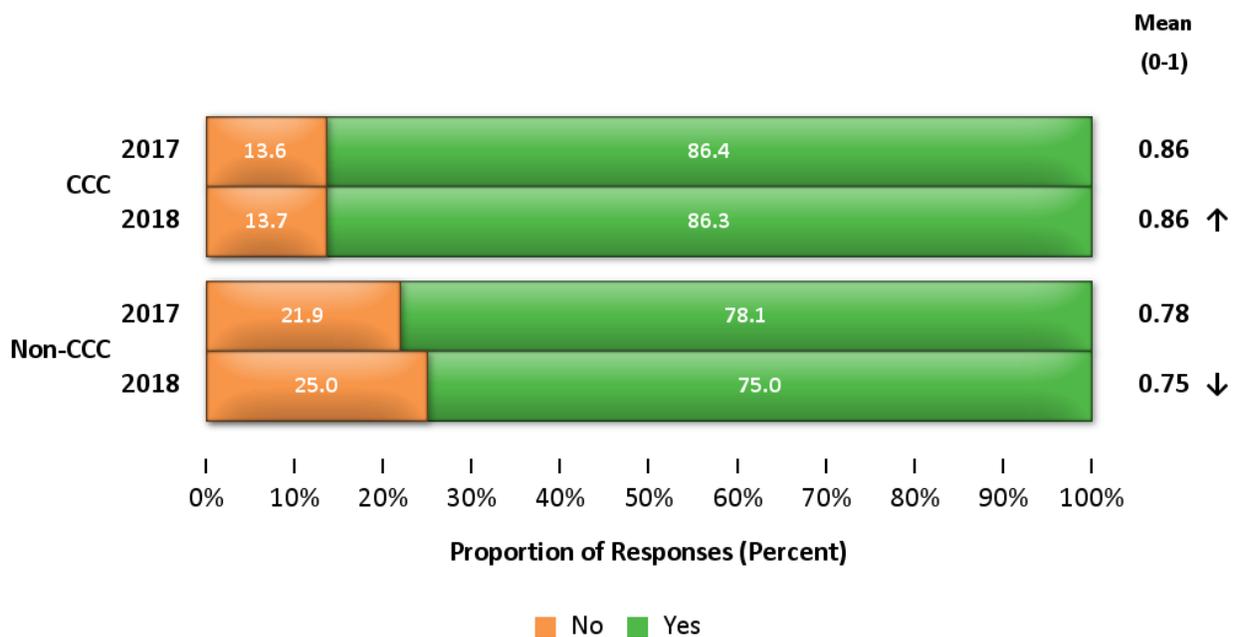
Trending Analysis

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 medication with them. For each of these questions (questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses also were classified into two categories: No and Yes. Figure 5-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-19—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.

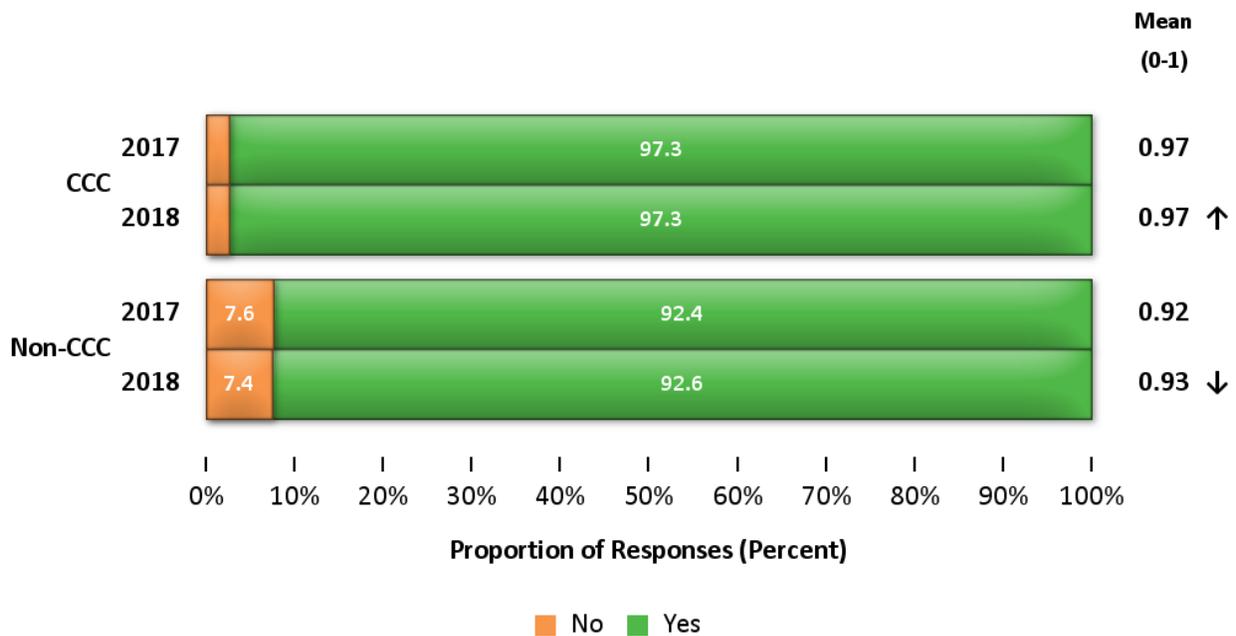
Trending Analysis

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

Shared Decision Making: Doctor Talked About Reasons to Take a Medicine

Question 11 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider talked about the reasons their child might want to take a medicine. Figure 5-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-20—CCC and Non-CCC Comparisons: Shared Decision Making – Doctor Talked About Reasons to Take a Medicine 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.

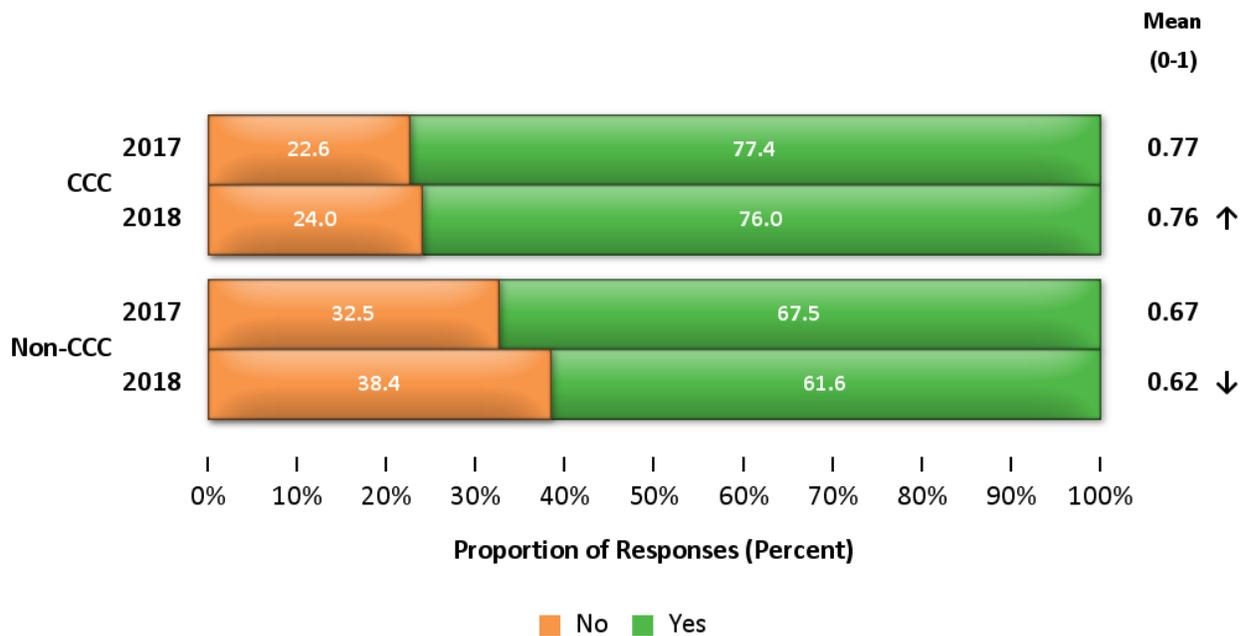
Trending Analysis

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

Shared Decision Making: Doctor Talked About Reasons Not to Take a Medicine

Question 12 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider talked about the reasons their child might not want to take a medicine. Figure 5-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-21—CCC and Non-CCC Comparisons: Shared Decision Making – Doctor Talked About Reasons Not to Take a Medicine 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.

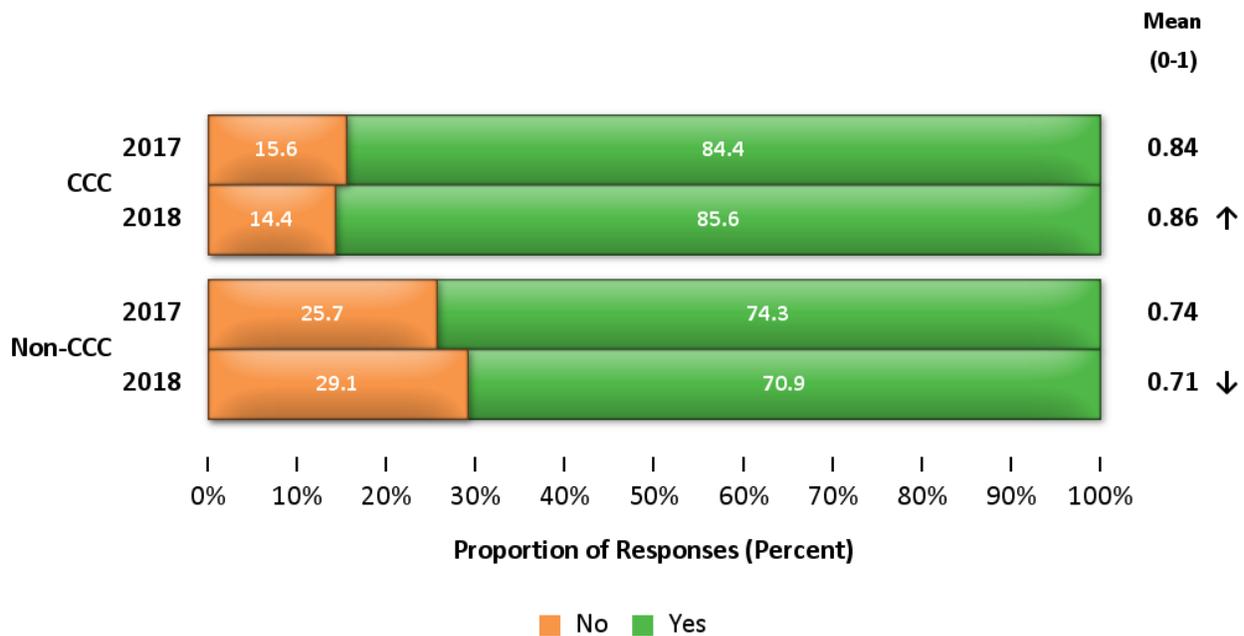
Trending Analysis

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

Shared Decision Making: Doctor Asked About Best Medicine Choice for Your Child

Question 13 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider asked them which medicine choice they thought was best for their child. Figure 5-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-22—CCC and Non-CCC Comparisons: Shared Decision Making – Doctor Asked About Best Medicine Choice for Your Child 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

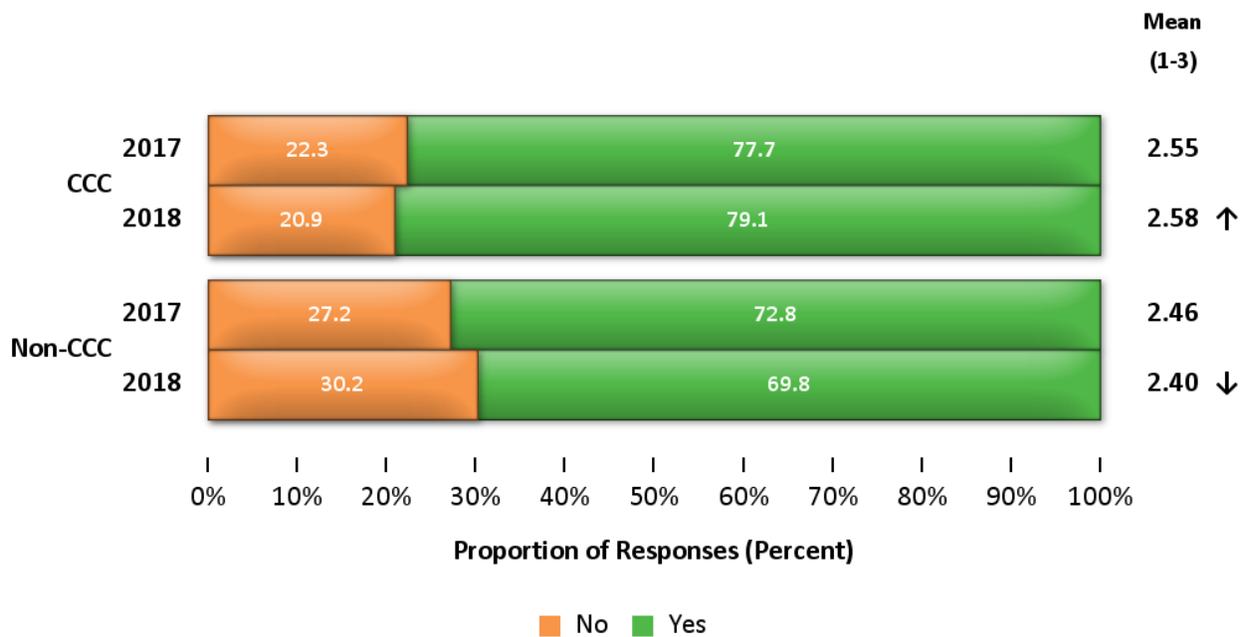
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

Individual Items

Health Promotion and Education

Question 8 in the CAHPS Child Medicaid Health Plan Surveys asked parents or caretakers of child members how often their child’s doctor or other health provider talked with them about specific things they could do to prevent illness in their child. Responses were classified into two categories: No and Yes. Figure 5-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-23—CCC and Non-CCC Comparisons: Health Promotion and Education
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.

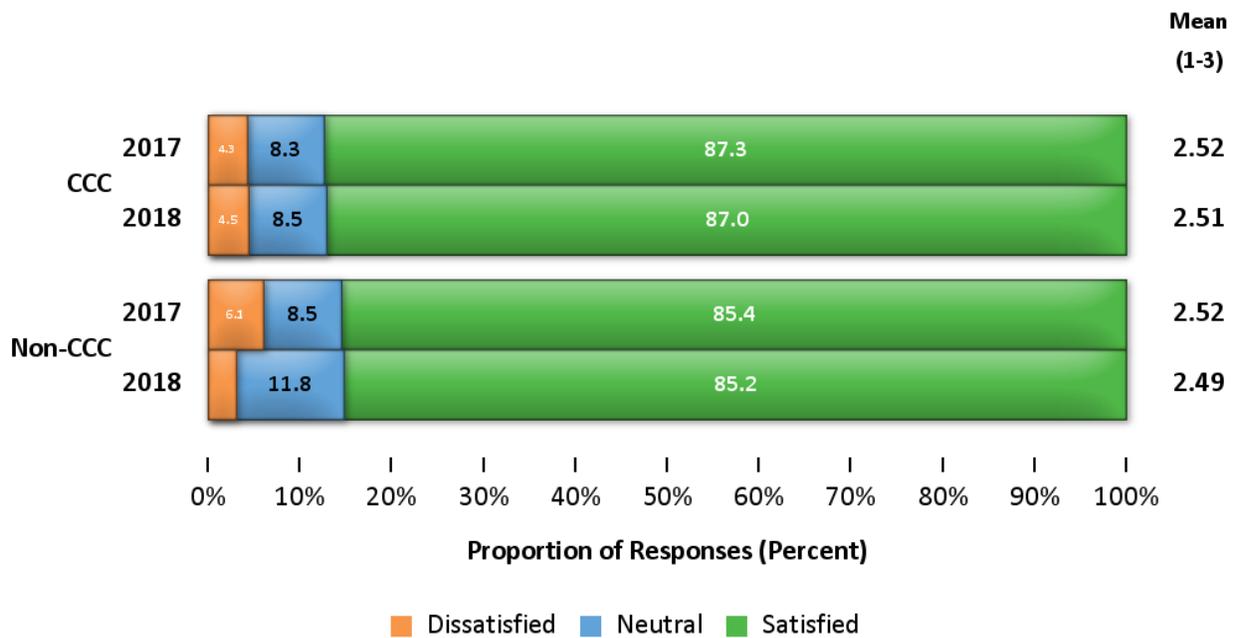
Trending Analysis

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

Coordination of Care

Question 40 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctor seemed informed and up-to-date about the care their child received from other doctors. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-24—CCC and Non-CCC Comparisons: Coordination of 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 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.

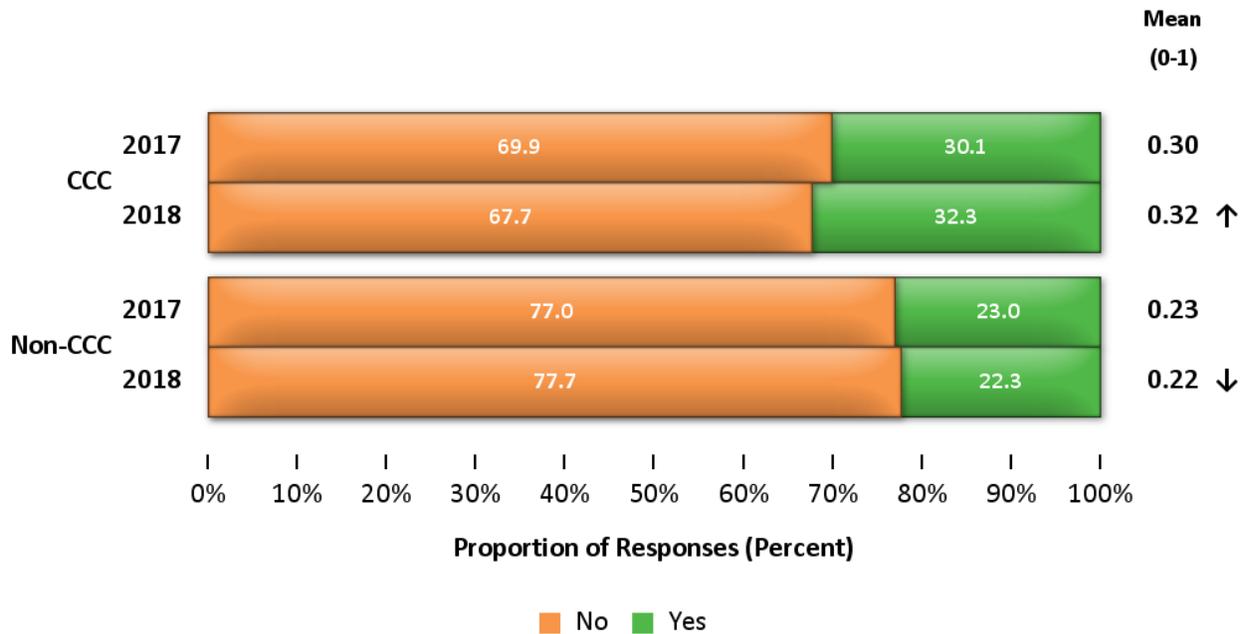
- The percentage of non-CCC respondents who gave a response of Dissatisfied was significantly lower in 2018 than in 2017.

Satisfaction with Health Plan

Got Information or Help from Customer Service

Question 49 asked whether the parents or caretakers of child members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-25—CCC and Non-CCC Comparisons: Satisfaction with Health Plan – Got Information or Help from 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 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.

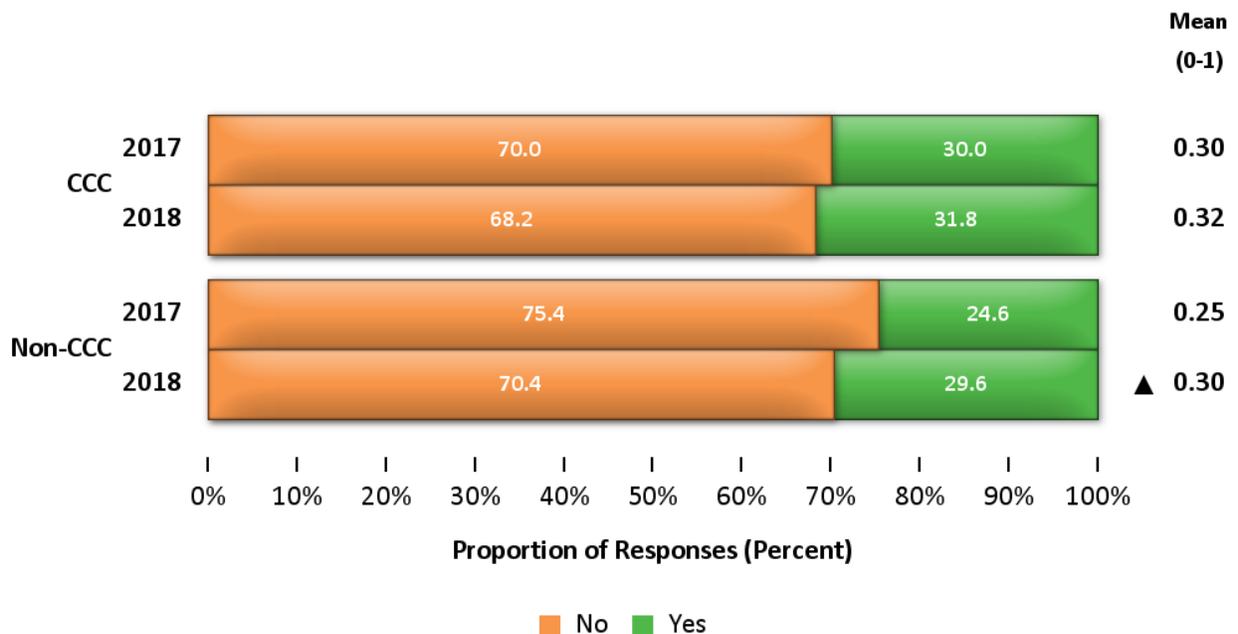
Trending Analysis

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

Filled Out Paperwork

Question 52 asked parents or caretakers of child members if they had filled out paperwork for their child’s health plan. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-26—CCC and Non-CCC Comparisons: Satisfaction with Health Plan – Filled Out Paperwork 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

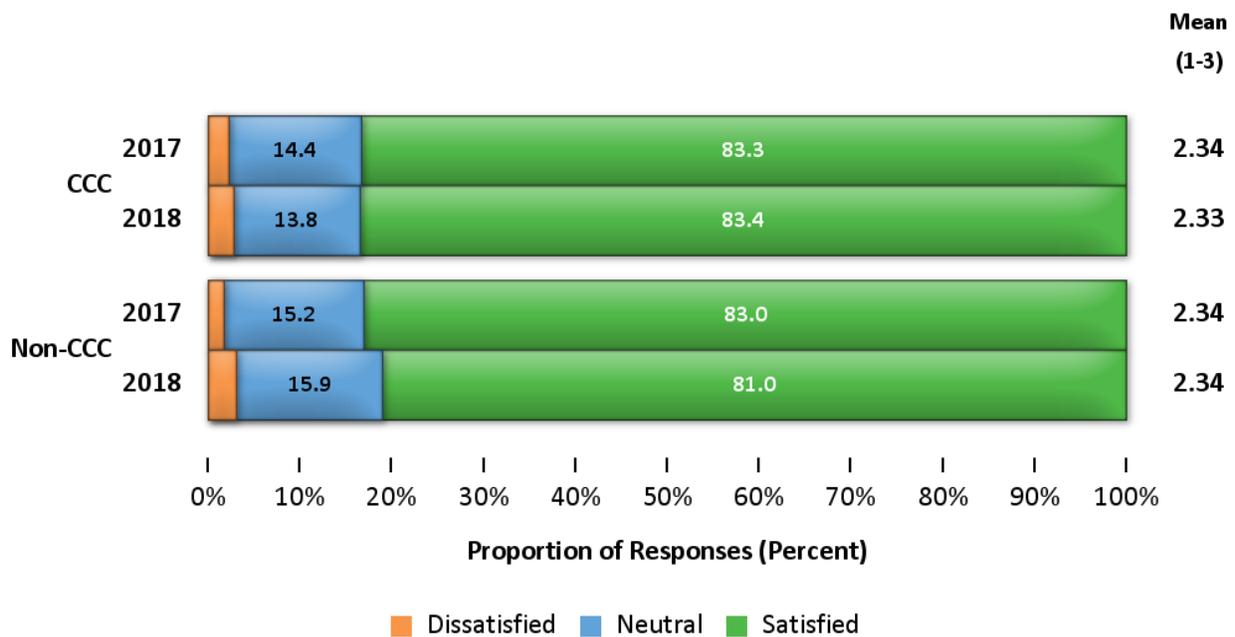
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- 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 No was significantly lower in 2018 than in 2017, whereas the percentage of non-CCC respondents who gave a response of Yes was significantly higher in 2018 than in 2017.

Problem with Paperwork for Health Plan

Question 53 asked the parents or caretakers of child members how often forms were easy to fill out for their child’s health plan. For this question, an overall mean on a 1 to 3 scale was calculated. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-27—CCC and Non-CCC Comparisons: Satisfaction with Health Plan – Problem with Paperwork for 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 were no statistically significant differences observed for this measure.

Trending Analysis

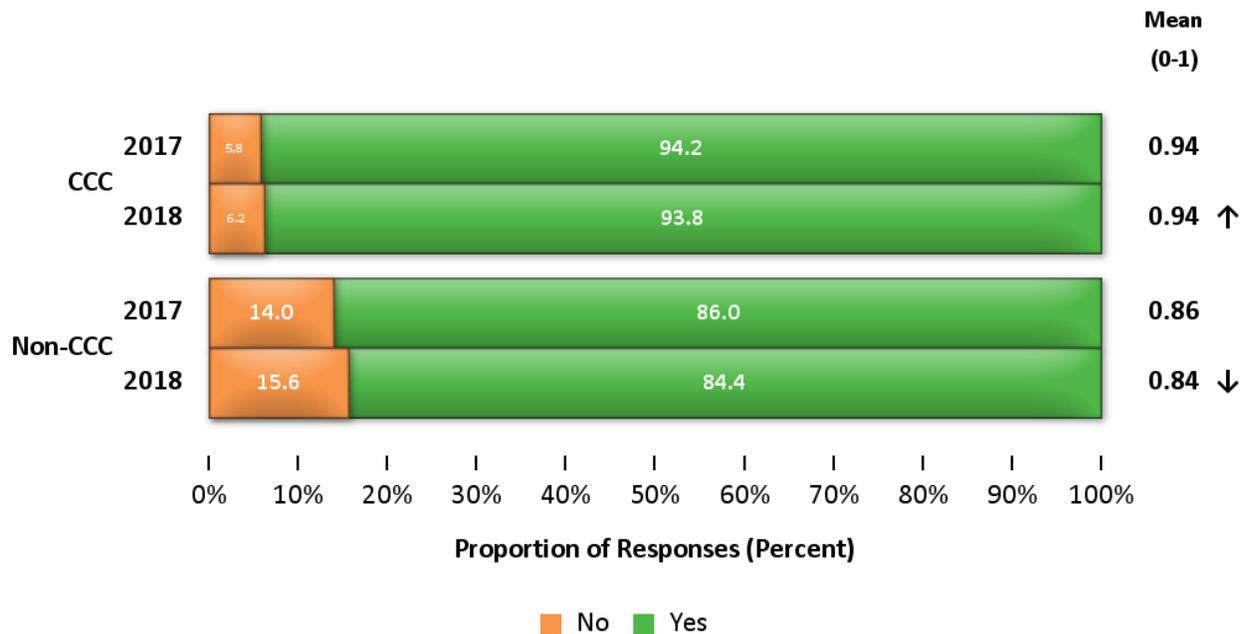
Overall, there were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Satisfaction with Health Care Providers

Had Personal Doctor

Question 30 asked parents or caretakers whether their child had one person as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-28—CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers – Had 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 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.

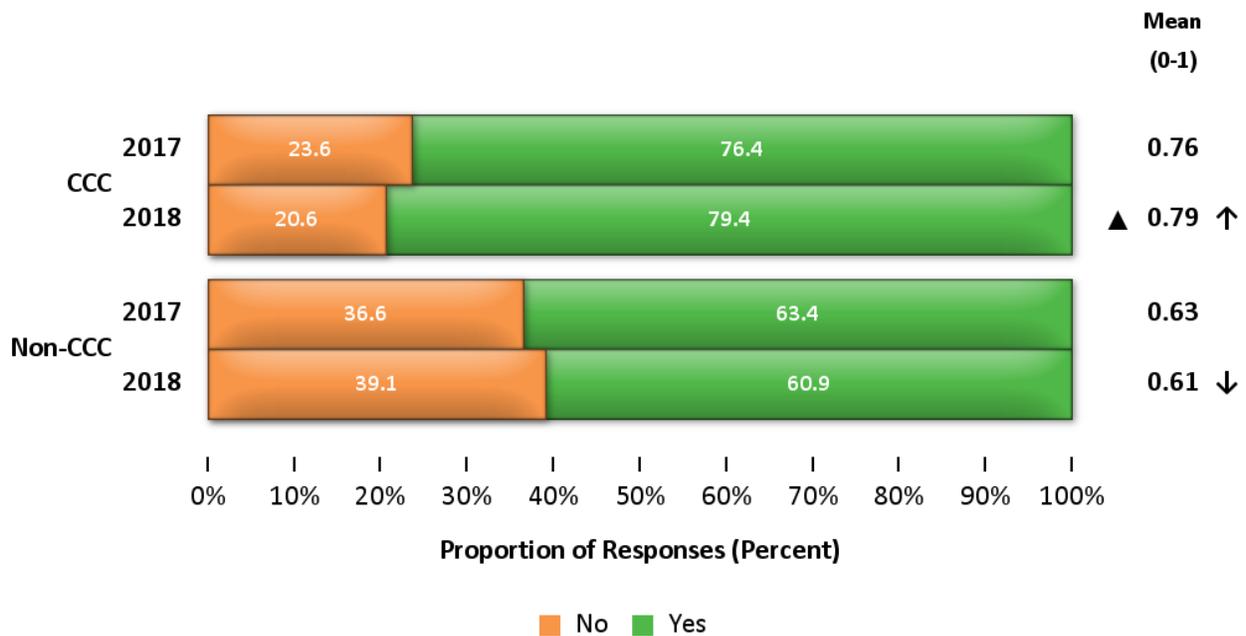
Trending Analysis

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

Child Able to Talk with Doctors

Question 35 asked parents or caretakers whether their child was able to talk with doctors about their health care. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-29—CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers – Child Able to Talk with Doctors
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

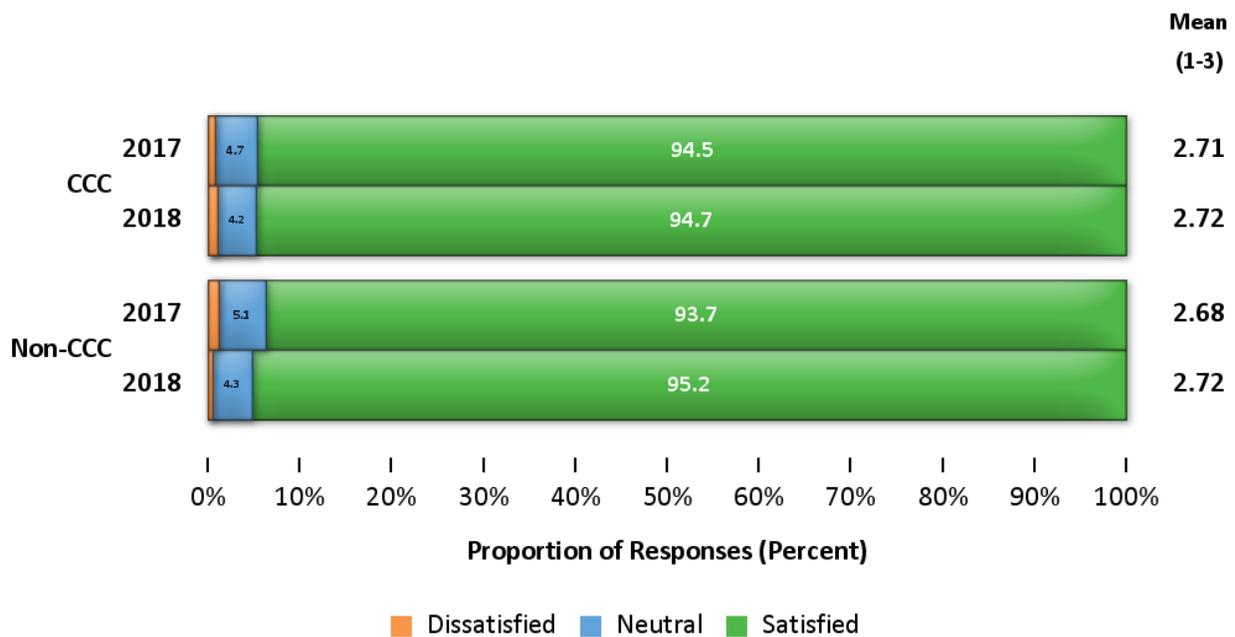
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Doctors Explained Things in Way Child Could Understand

Question 36 asked the parents or caretakers of child members often their child’s personal doctor explained things to their child in a way they could understand. For this question, an overall mean on a 1 to 3 scale was calculated. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-30—CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers – Doctor Explained Things in Way Child Could Understand 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

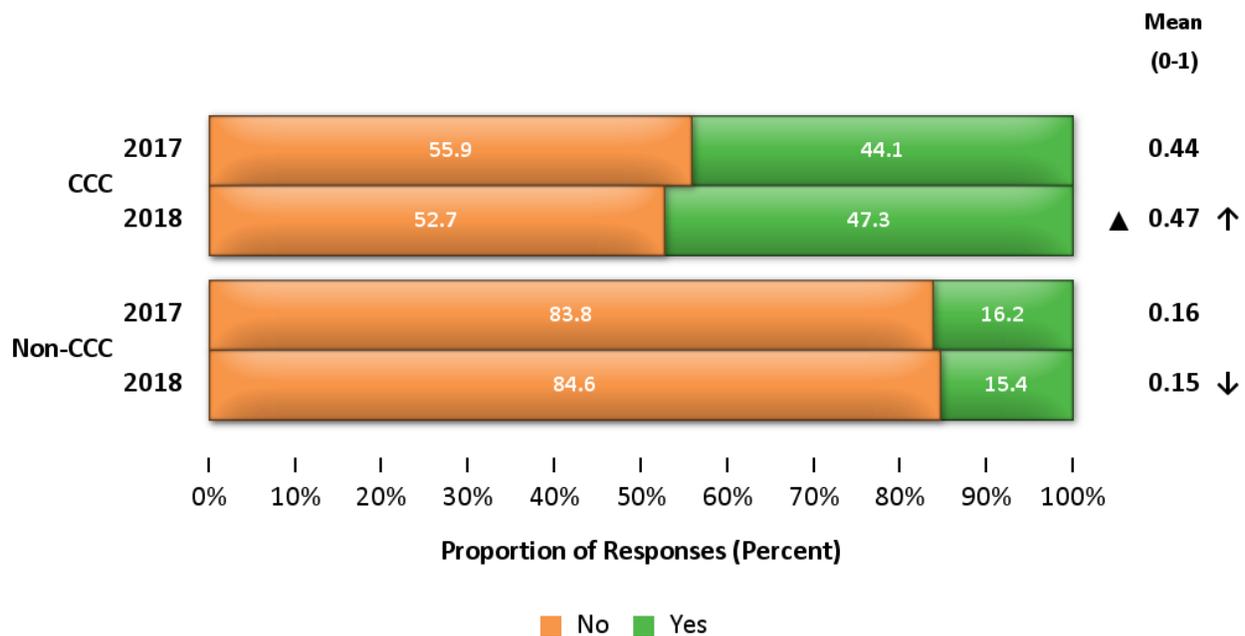
Overall, there were no statistically significant differences between scores in 2018 and scores in 2017 for this measure.

Access to Care

Tried to Make Appointment to See Specialist

Question 45 asked whether the parents or caretakers of child members tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-31—CCC and Non-CCC Comparisons: Access to Care – Tried to Make Appointment to See Specialist 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

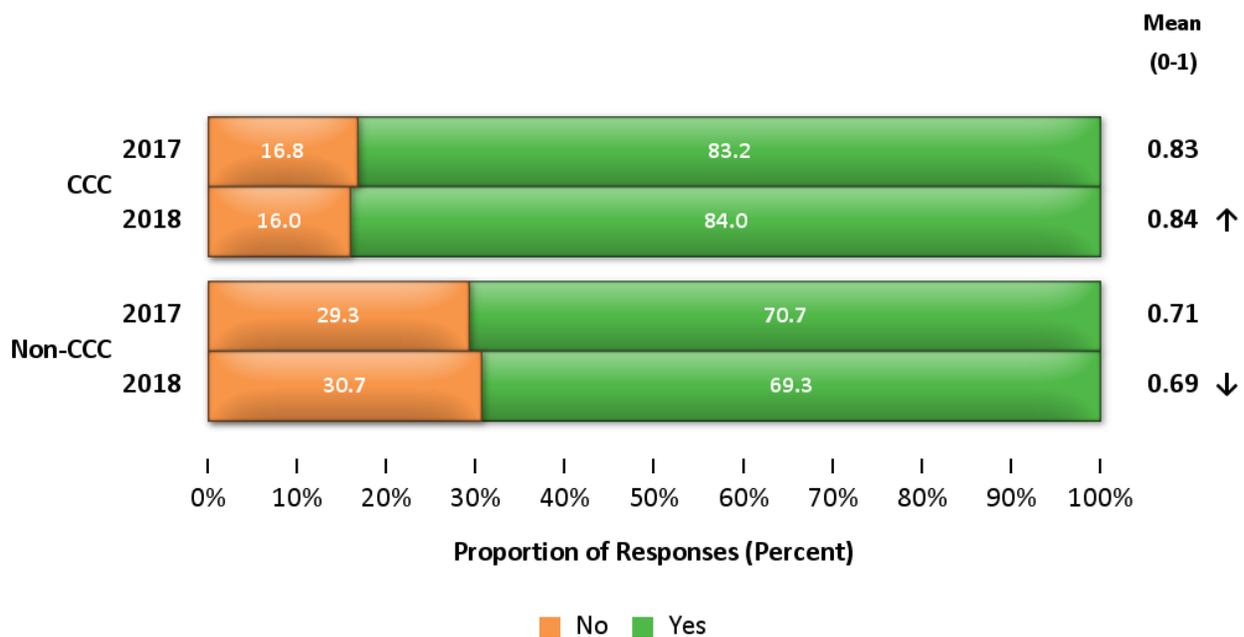
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

Made Appointments for Health Care

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

Figure 5-32—CCC and Non-CCC Comparisons: Access to Care – Made Appointments for 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 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.

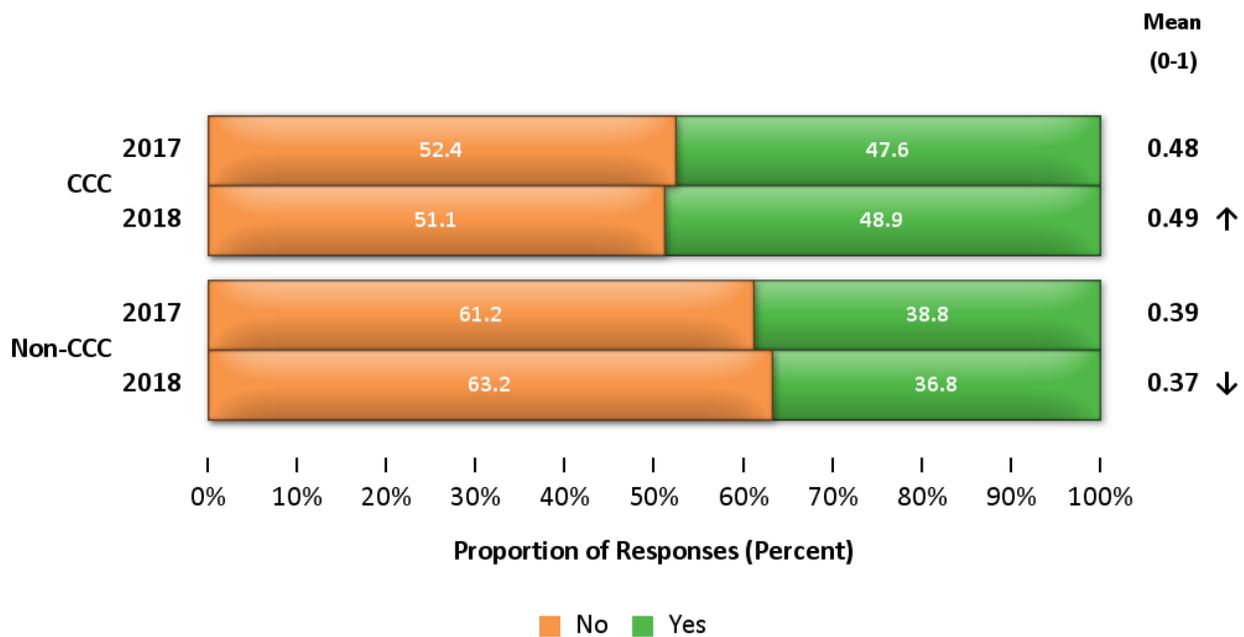
Trending Analysis

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

Had Illness, Injury, or Condition that Needed Care Right Away

Question 3 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether their child had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-33—CCC and Non-CCC Comparisons: Access to Care – Had Illness, Injury, or Condition that Needed Care Right Away 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.

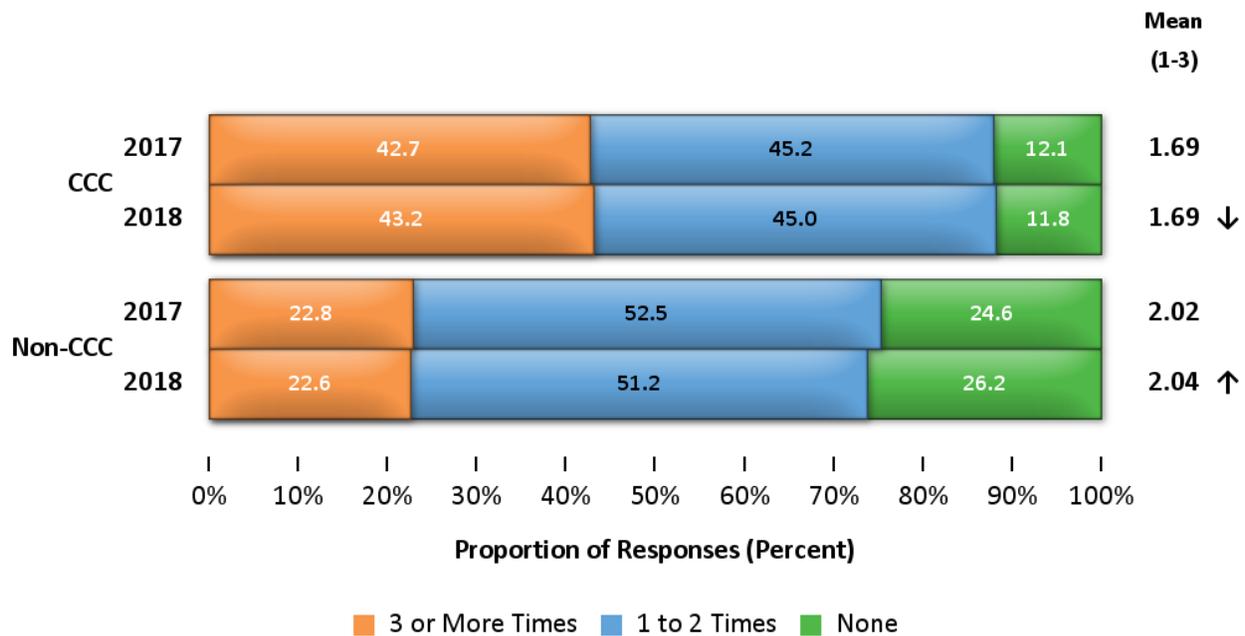
Trending Analysis

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

Utilization of Services

Question 7 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many times their child visited the doctor’s office or clinic (not counting times the child visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated. Responses were also classified into three categories: “3 or More Times,” “1 to 2 Times,” and “None.” Figure 5-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-34—CCC and Non-CCC Comparisons: Utilization of Services – Number of Visits to the Doctor’s Office 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 four *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 3 or More Times was significantly higher than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of 1 to 2 Times was significantly lower than that of non-CCC respondents, and the percentage of CCC respondents who gave a response of None was significantly lower than that of non-CCC respondents.

Trending Analysis

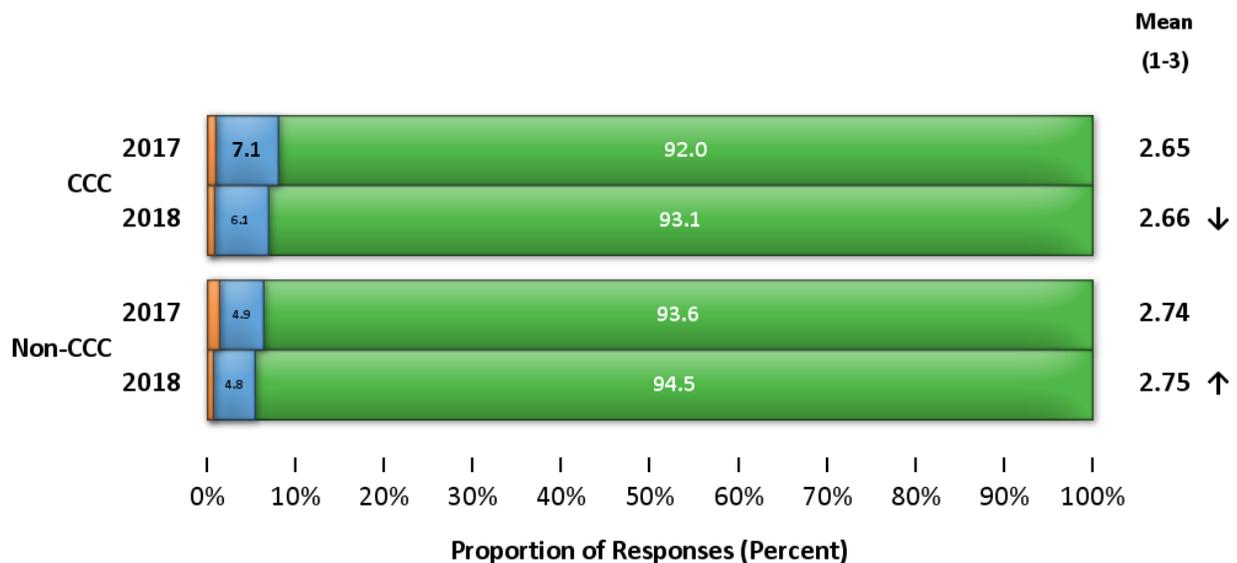
Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

CCC Composites and CCC Items

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their health plan. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-35—CCC and Non-CCC Comparisons: Access to Prescription Medicines
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.

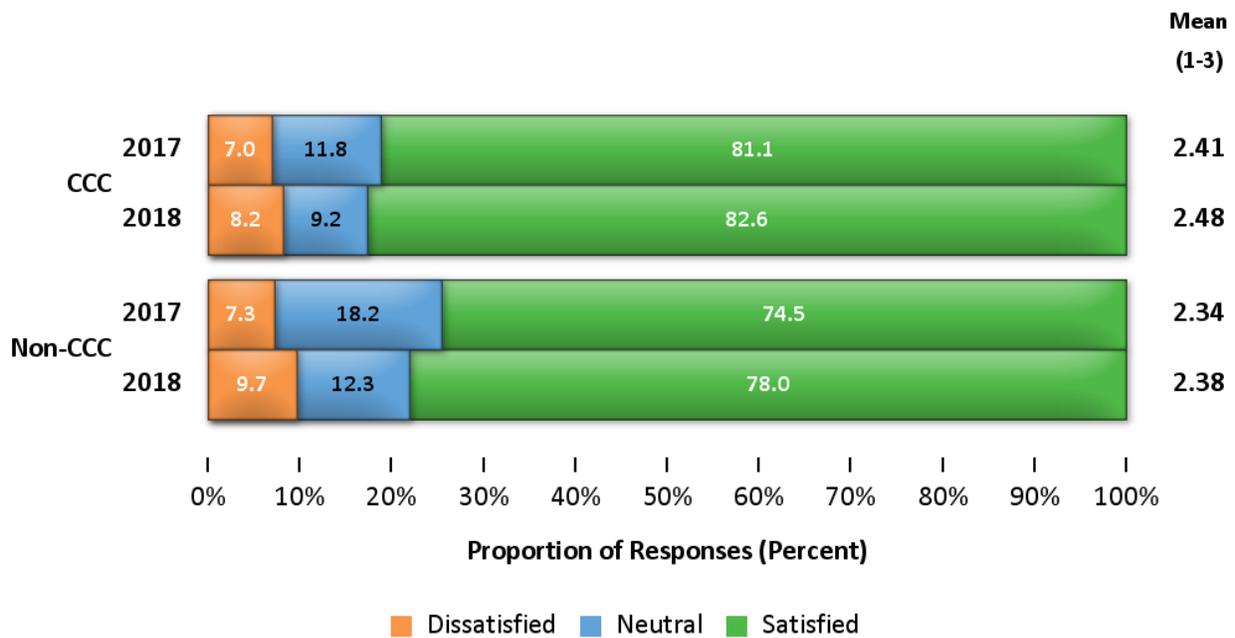
Trending Analysis

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

Access to Specialized Services

Three questions (questions 20, 23, and 26 in the CAHPS Child Medicaid Health Plan Survey) were asked to parents or caretakers of children to assess how often it was easy for their child to obtain access to specialized services. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-36—CCC and Non-CCC Comparisons: Access to Specialized Services
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

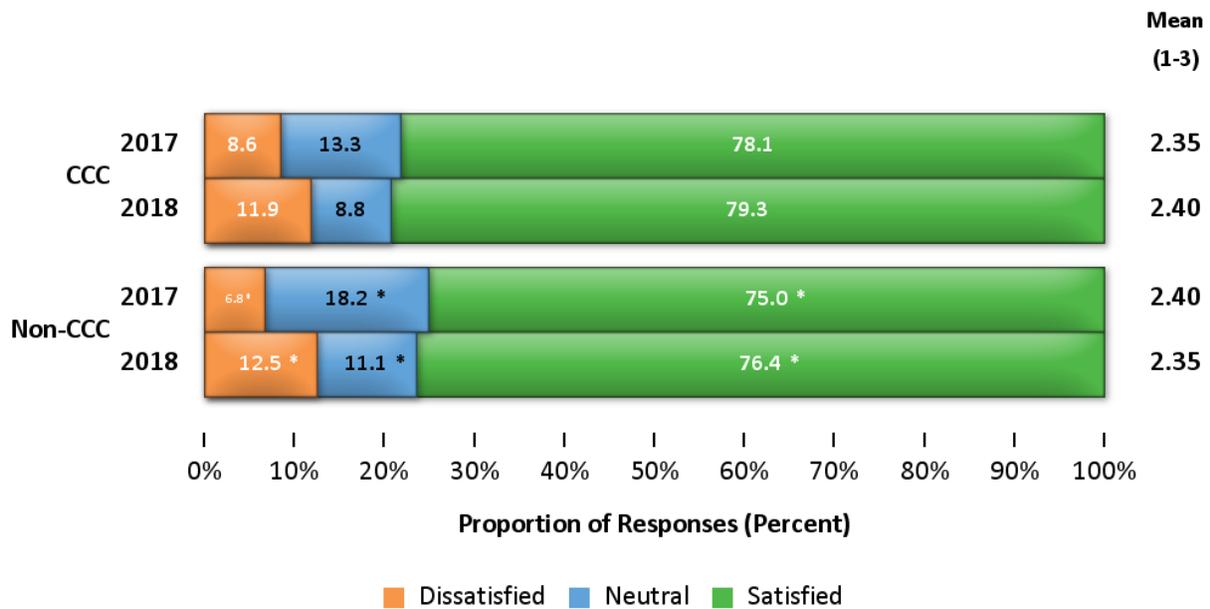
Overall, there was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

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

Access to Specialized Services: Special Medical Equipment

Question 20 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get special medical equipment or devices for their child. Figure 5-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-37—CCC and Non-CCC Comparisons: Access to Specialized Services – Special Medical Equipment 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.

*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.

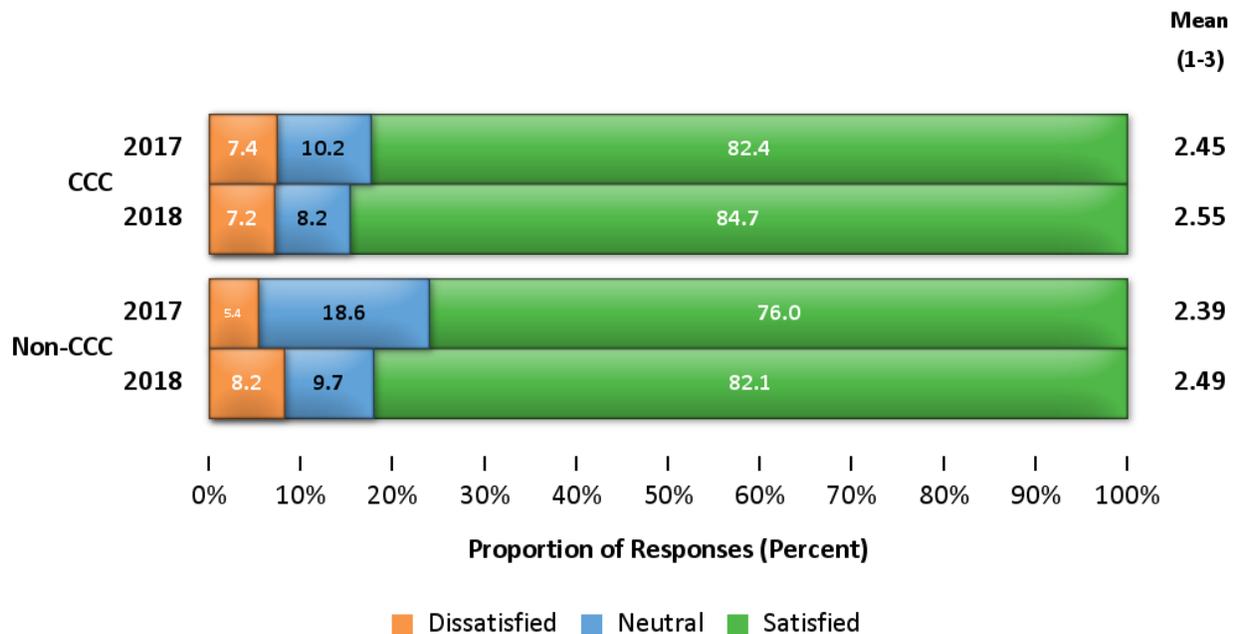
Trending Analysis

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

Access to Specialized Services: Special Therapy

Question 23 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get special therapy for their child. Figure 5-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-38—CCC and Non-CCC Comparisons: Access to Specialized Services – Special Therapy 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

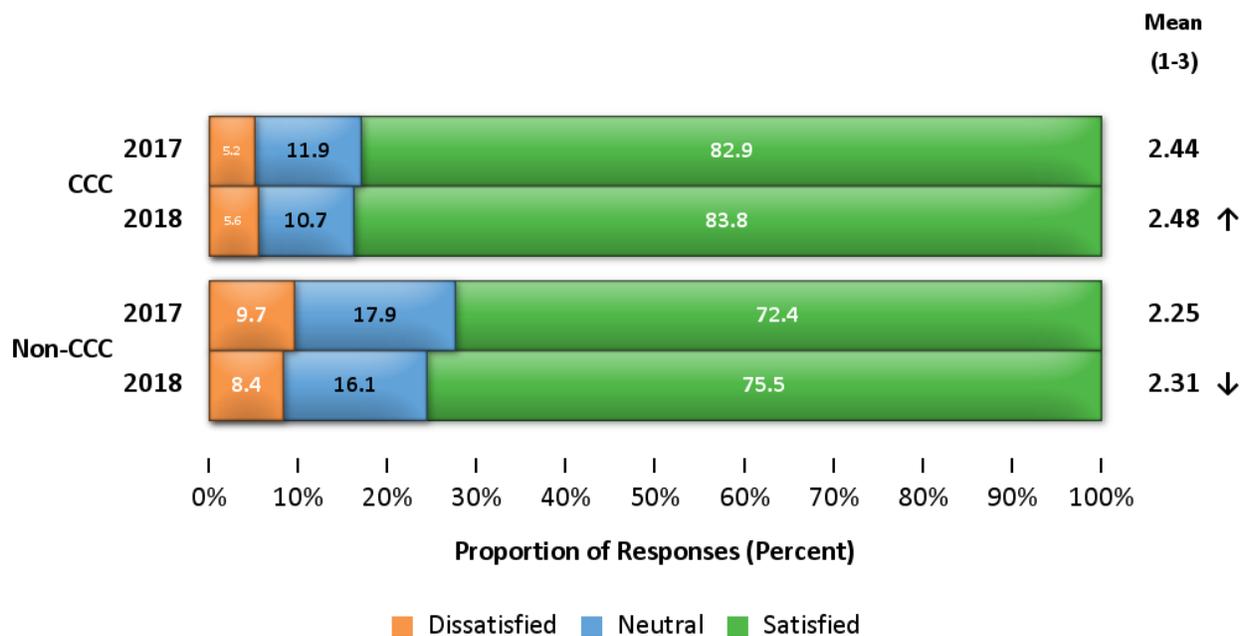
Overall, there was one statistically significant difference between scores in 2018 and scores in 2017 for this measure.

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

Access to Specialized Services: Treatment or Counseling

Question 26 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get treatment or counseling for their child. Figure 5-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-39—CCC and Non-CCC Comparisons: Access to Specialized Services – Treatment or Counseling 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 overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

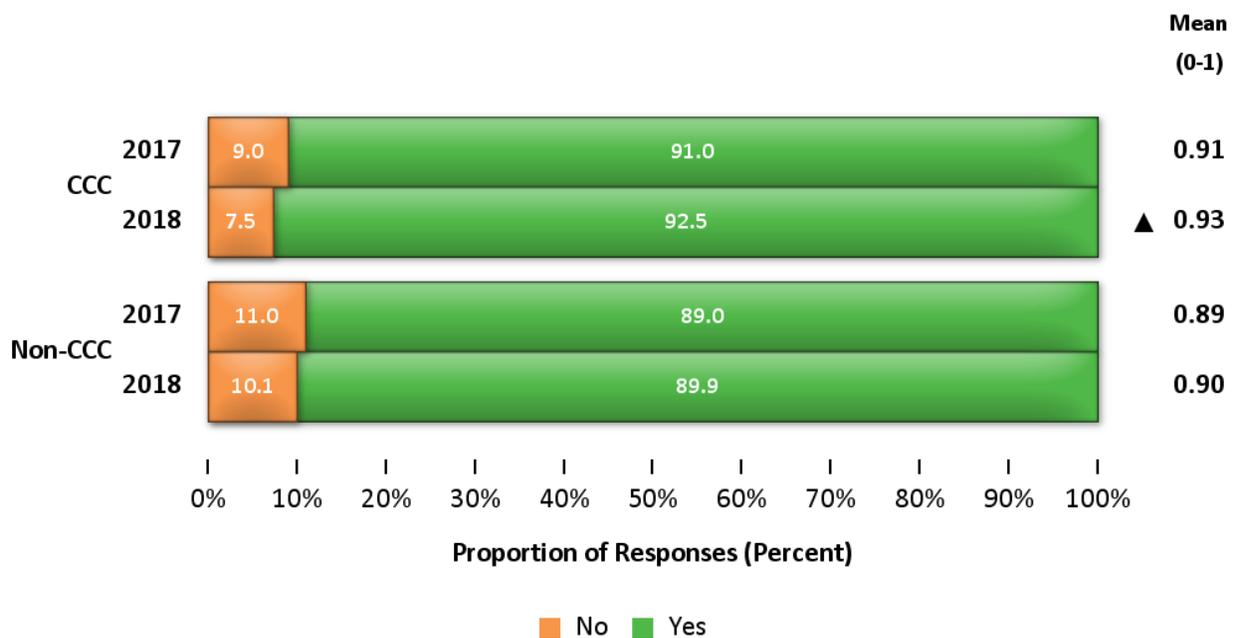
Trending Analysis

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

FCC: Personal Doctor Who Knows Child

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (questions 38, 43, and 44 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated. Responses were also classified into two categories: No and Yes. Figure 5-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-40—CCC and Non-CCC Comparisons: FCC: Personal Doctor Who Knows Child 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

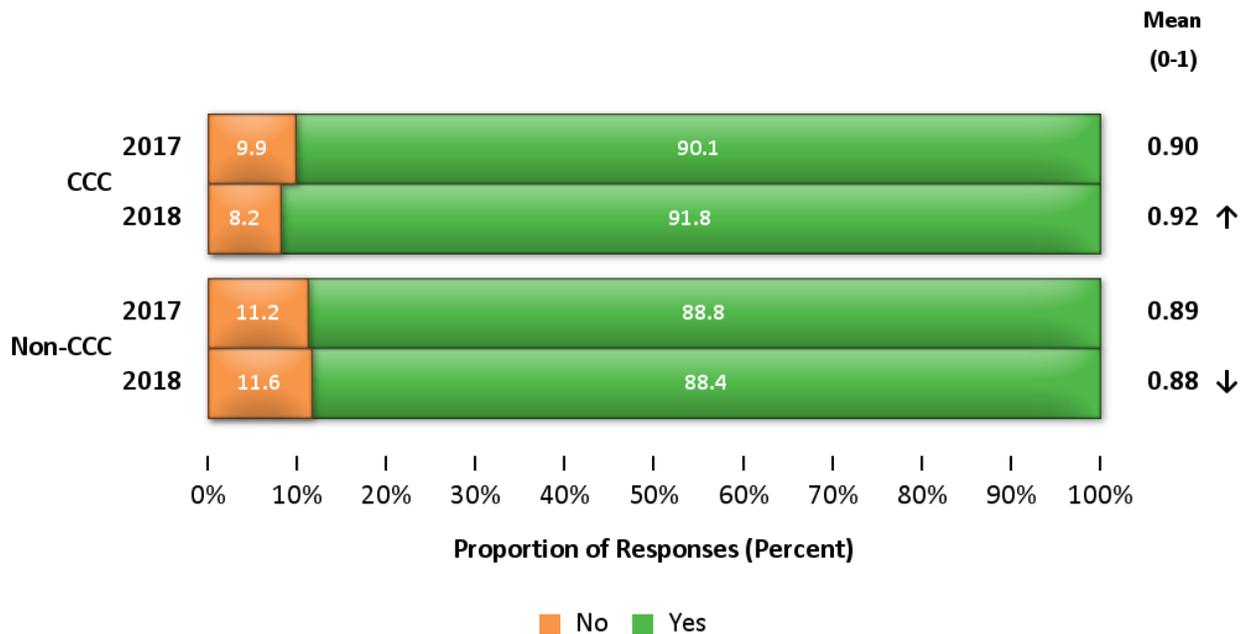
Overall, there were three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

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

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

Question 38 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if their child’s doctor talked about how their child is feeling, growing, or behaving. Figure 5-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-41—CCC and Non-CCC Comparisons: FCC: Personal Doctor Who Knows Child – Talked About How Child Feeling, Growing, or Behaving 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.

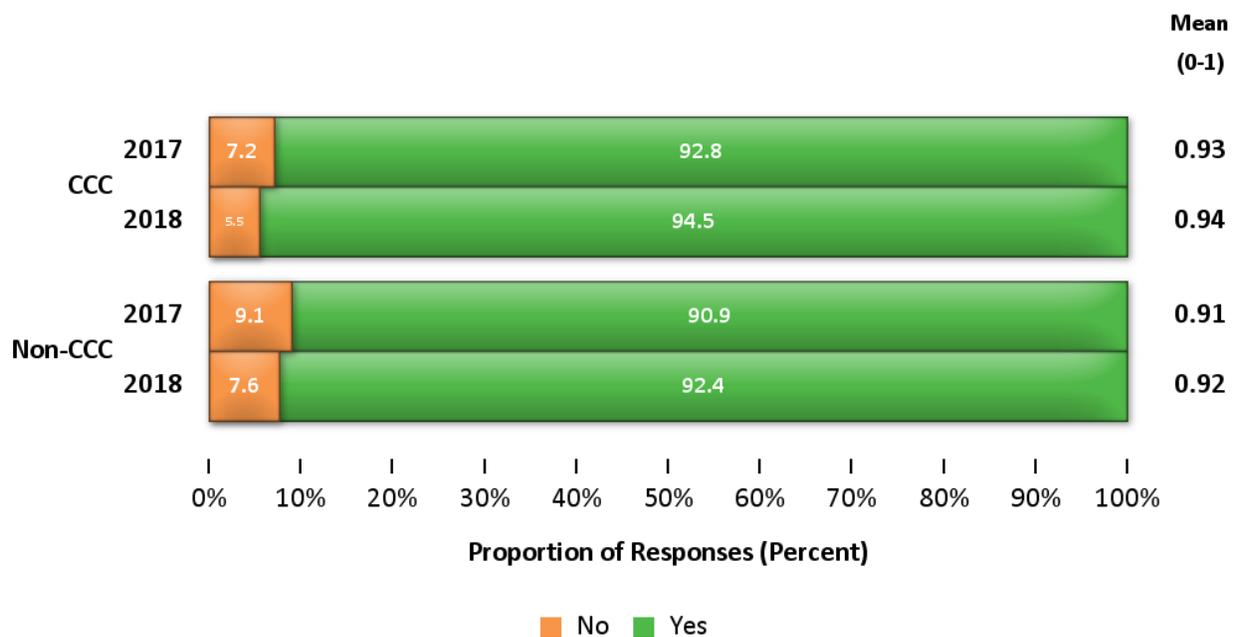
Trending Analysis

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

FCC: Personal Doctor Who Knows Child – Understands How Health Conditions Affect Child’s Life

Question 43 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers to assess if their child’s doctor understands how their child’s medical, behavioral, or other health conditions affect their child’s life. Figure 5-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-42—CCC and Non-CCC Comparisons: FCC: Personal Doctor Who Knows Child – Understands How Health Conditions Affect Child’s Life
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.

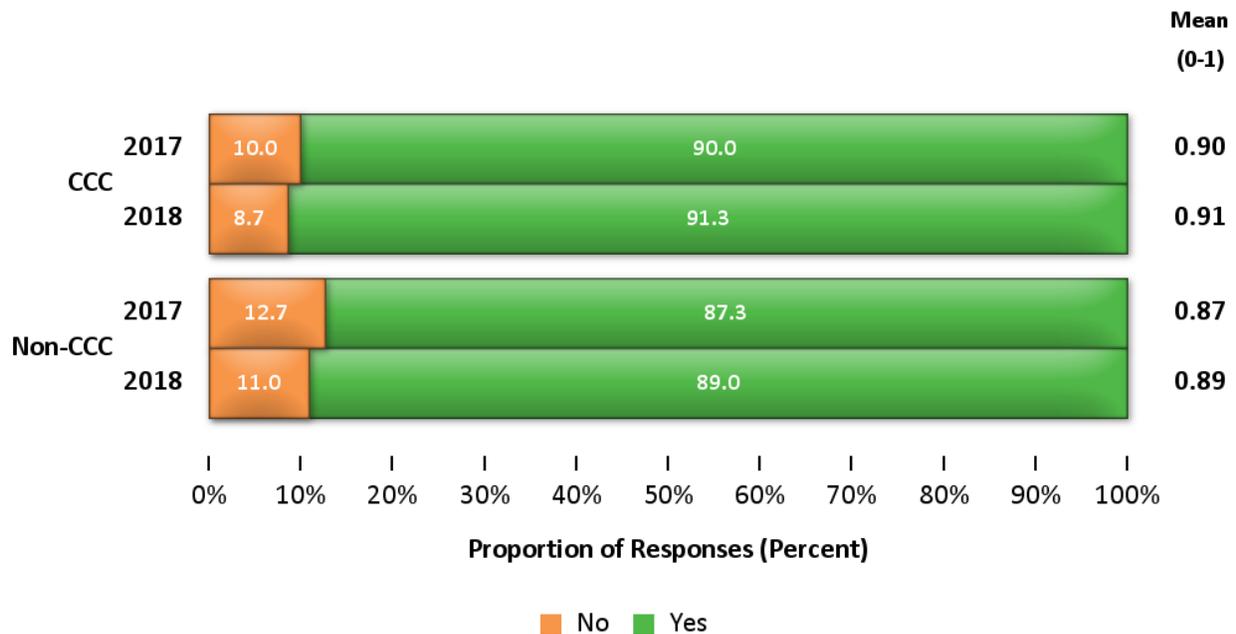
Trending Analysis

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

FCC: Personal Doctor Who Knows Child – Understands How Health Conditions Affect Family’s Life

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers to assess if their child’s doctor understands how their child’s medical, behavioral, or other health conditions affect their family’s life. Figure 5-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-43—CCC and Non-CCC Comparisons: FCC: Personal Doctor Who Knows Child – Understands How Health Conditions Affect Family’s Life
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.

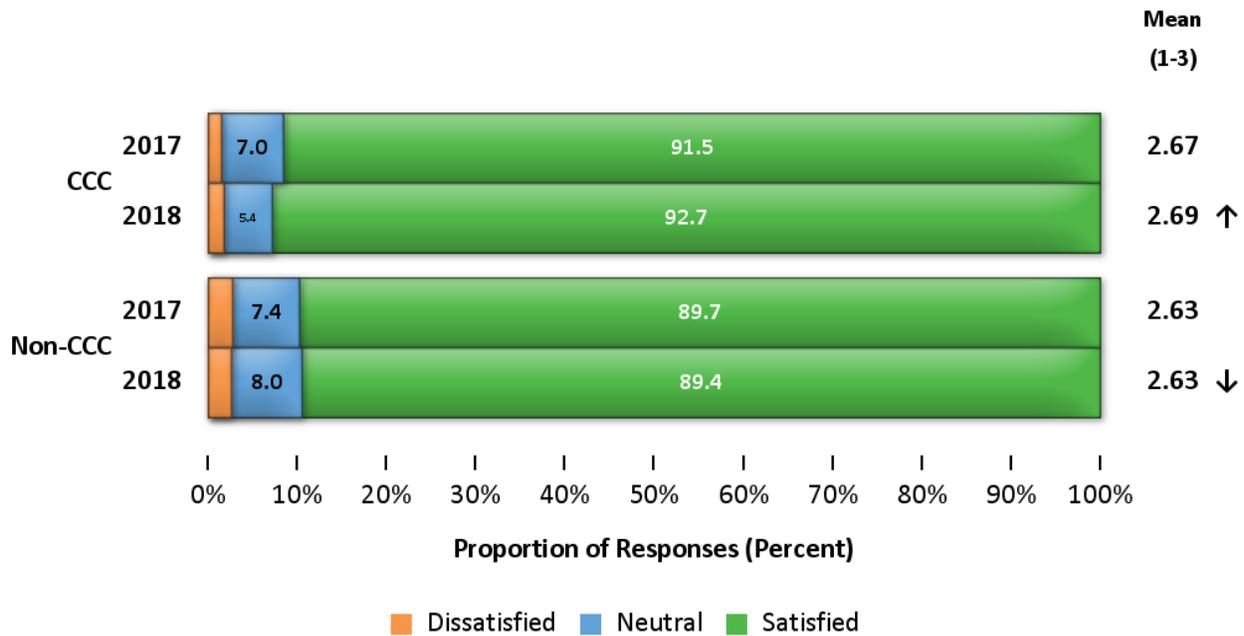
Trending Analysis

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

FCC: Getting Needed Information

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members how often their questions were answered by doctors or other health providers. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-44—CCC and Non-CCC Comparisons: FCC: Getting Needed Information
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.

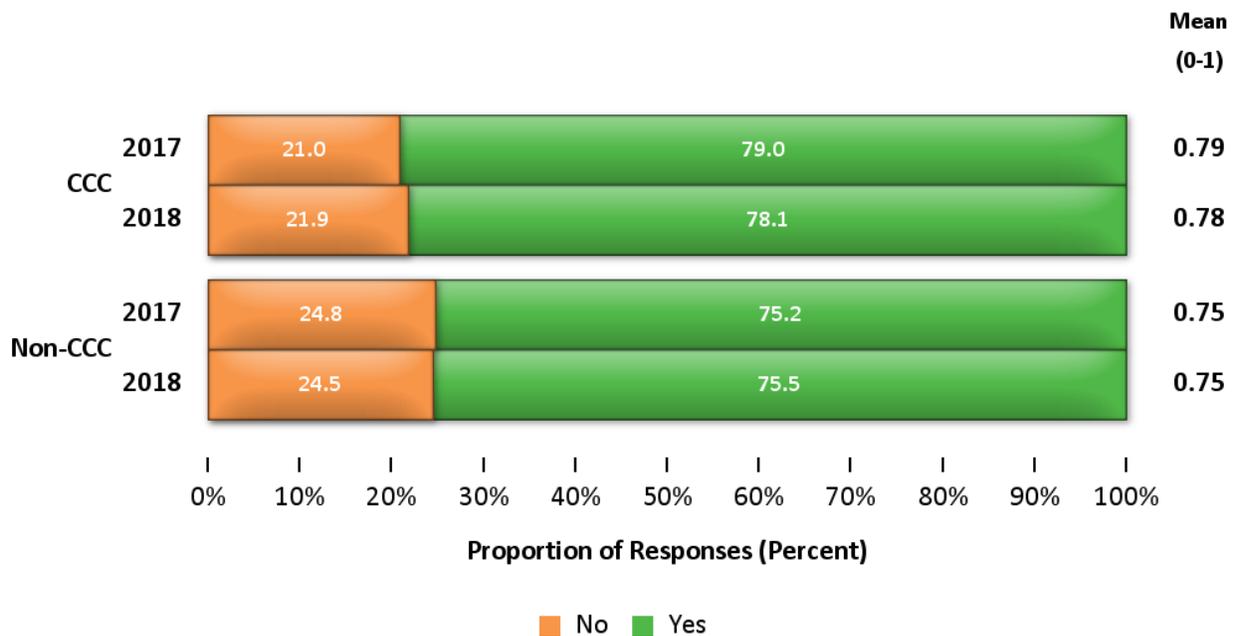
Trending Analysis

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

Coordination of Care for Children with Chronic Conditions

Two questions (questions 18 and 29 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess whether parents or caretakers of children received help in coordinating their child’s care. For each of these questions, an overall mean on a 0 to 1 scale was calculated. Responses were classified into two categories: No and Yes. Figure 5-45 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-45—CCC and Non-CCC Comparisons: Coordination of Care for CCC
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.

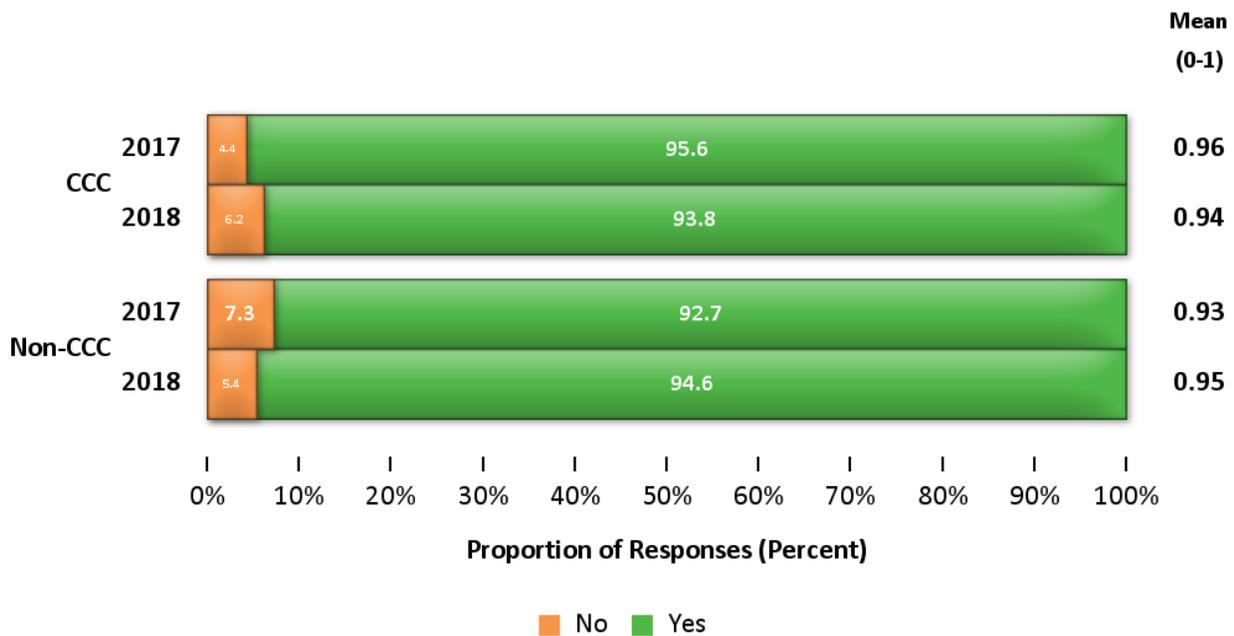
Trending Analysis

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

Coordination of Care for CCC – Received Help in Contacting School or Daycare

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if their child’s doctor or other health providers helped contact their child’s school or daycare. Figure 5-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-46—CCC and Non-CCC Comparisons: Coordination of Care for CCC – Received Help in Contacting School or Daycare 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.

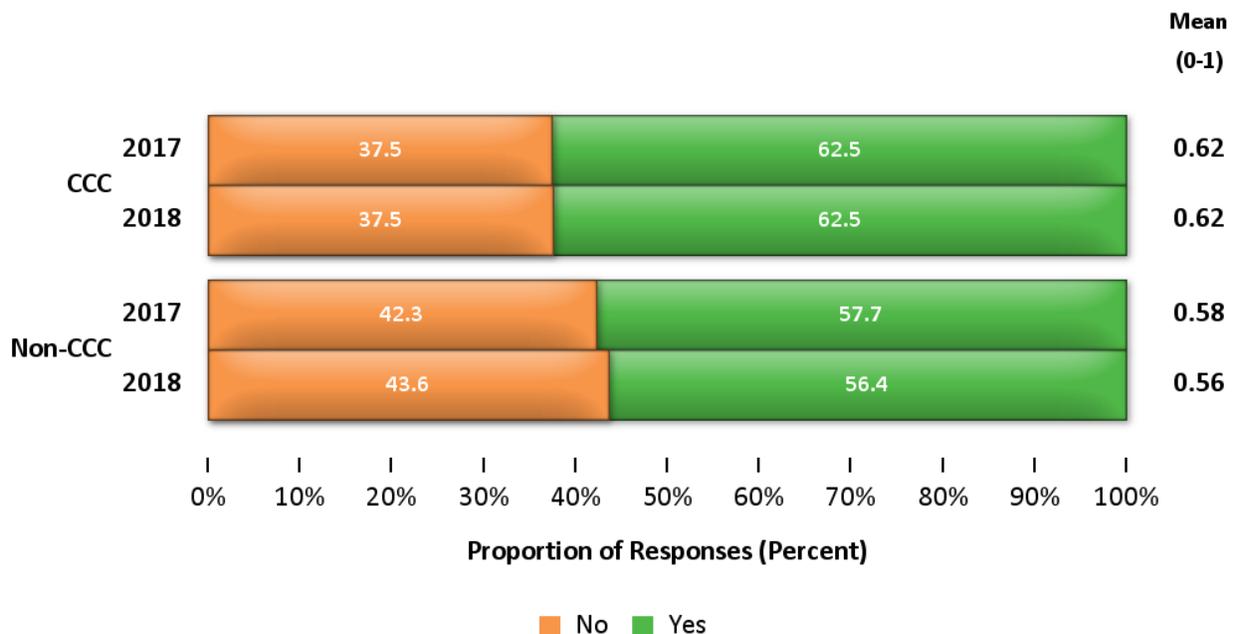
Trending Analysis

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

Coordination of Care for CCC – Health Plan or Doctors Helped Coordinate Child’s Care

Question 29 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if they received help coordinating their child’s care. Figure 5-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

**Figure 5-47—CCC and Non-CCC Comparisons: Coordination of Care for CCC – Health Plan or Doctors Helped Coordinate Child’s 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 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.

Crosstabulations

This section presents crosstabulations of the survey responses for several survey items stratified by certain demographic variables for the CCC population only. The demographic variables included in the tables below are: gender, age, race, ethnicity, respondent education, and general health status.⁵⁻⁵

Satisfaction with Health Care Providers: Had Personal Doctor

Question 30 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had one person as their personal doctor. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-1—Had Personal Doctor

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	1,009	94.7	56	5.3
	Female	723	92.5	59	7.5
Age	Less than 2	61	93.8	4	6.2
	2 - 7	421	92.1	36	7.9
	8 - 12	585	94.7	33	5.3
	13 - 17	665	94.1	42	5.9
Race (Q77)	White	1,158	95.1	60	4.9
	Black/African American	251	89.0	31	11.0
	Other	287	93.2	21	6.8
Ethnicity (Q76)	Hispanic	124	84.4	23	15.6
	Non-Hispanic	1,562	94.6	89	5.4
Respondent Education (Q80)	High School or less	799	92.6	64	7.4
	Some College or more	893	95.0	47	5.0
General Health Status (Q58)	Excellent/Very good	1,049	93.9	68	6.1
	Good	491	94.6	28	5.4
	Fair/Poor	175	91.6	16	8.4
Total		1,732	93.8	115	6.2

⁵⁻⁵ The Other race category consists of the following: Multiracial, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, and those not identified by any of the races listed here or in the table.

Coordination of Care

Question 40 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s doctor seemed informed and up-to-date about care received from other doctors. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-2—Coordination of Care

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	24	4.8	41	8.2	434	87.0
	Female	17	4.2	36	8.8	356	87.0
Age	Less than 2	0	0.0	7	16.3	36	83.7
	2 - 7	9	4.1	17	7.8	192	88.1
	8 - 12	18	6.2	20	6.8	254	87.0
	13 - 17	14	3.9	33	9.3	308	86.8
Race (Q77)	White	29	4.6	57	9.1	542	86.3
	Black/African American	7	6.0	8	6.8	102	87.2
	Other	5	3.5	12	8.3	127	88.2
Ethnicity (Q76)	Hispanic	0	0.0	4	6.8	55	93.2
	Non-Hispanic	40	4.8	72	8.7	714	86.4
Respondent Education (Q80)	High School or less	13	3.4	28	7.4	339	89.2
	Some College or more	27	5.3	49	9.7	430	85.0
General Health Status (Q58)	Excellent/Very good	23	4.4	32	6.2	464	89.4
	Good	13	4.9	31	11.6	224	83.6
	Fair/Poor	4	3.6	14	12.5	94	83.9
Total		41	4.5	77	8.5	790	87.0

Utilization of Services: Number of Doctor’s Office or Clinic Visits

Question 7 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many times their child visited the doctor’s office or clinic (not counting times the member visited the emergency room). The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-3—Number of Doctor’s Office or Clinic Visits in Last Six Months

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	136	13.1	480	46.3	420	40.5
	Female	77	10.1	329	43.2	356	46.7
Age	Less than 2	2	3.1	22	34.4	40	62.5
	2 - 7	42	9.5	193	43.9	205	46.6
	8 - 12	75	12.5	269	44.8	256	42.7
	13 - 17	94	13.5	325	46.8	275	39.6
Race (Q77)	White	136	11.5	525	44.4	522	44.1
	Black/African American	43	15.5	135	48.7	99	35.7
	Other	31	10.3	131	43.5	139	46.2
Ethnicity (Q76)	Hispanic	25	17.7	54	38.3	62	44.0
	Non-Hispanic	183	11.4	736	45.7	691	42.9
Respondent Education (Q80)	High School or less	105	12.5	388	46.1	349	41.4
	Some College or more	105	11.5	402	44.0	406	44.5
General Health Status (Q58)	Excellent/Very good	137	12.6	524	48.3	423	39.0
	Good	57	11.3	217	42.9	232	45.8
	Fair/Poor	18	9.3	62	32.1	113	58.5
Total		213	11.8	809	45.0	776	43.2

Who Helped Coordinate Child’s Care

Question 84 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members who helped to coordinate their child’s care. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-4—Who Helped You Coordinate Your Child’s Care

Ohio Medicaid Managed Care Program - CCC Population											
Demographic Variables		Someone from the health plan		Someone the doctor's office or clinic		Someone from another organization		A friend or family member		You	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Gender	Male	25	2.9	138	16.0	43	5.0	48	5.5	611	70.6
	Female	16	2.6	98	15.6	33	5.3	33	5.3	447	71.3
Age	Less than 2	2	3.6	9	16.4	4	7.3	6	10.9	34	61.8
	2 - 7	13	3.5	61	16.4	17	4.6	27	7.2	255	68.4
	8 - 12	12	2.4	73	14.4	26	5.1	21	4.1	375	74.0
	13 - 17	14	2.5	93	16.7	29	5.2	27	4.8	394	70.7
Race (Q77)	White	24	2.4	154	15.6	49	5.0	54	5.5	705	71.5
	Black/African American	8	3.4	39	16.6	16	6.8	13	5.5	159	67.7
	Other	8	3.1	38	14.7	11	4.3	13	5.0	188	72.9
Ethnicity (Q76)	Hispanic	5	4.5	28	25.0	9	8.0	6	5.4	64	57.1
	Non-Hispanic	35	2.6	204	15.0	67	4.9	74	5.4	979	72.0
Respondent Education (Q80)	High School or less	22	3.2	131	18.9	33	4.8	54	7.8	453	65.4
	Some College or more	18	2.3	100	12.8	42	5.4	26	3.3	597	76.2
General Health Status (Q58)	Excellent/Very good	20	2.2	135	14.8	48	5.3	50	5.5	658	72.2
	Good	15	3.6	67	16.3	18	4.4	25	6.1	287	69.7
	Fair/Poor	5	3.2	32	20.4	9	5.7	6	3.8	105	66.9
Total		41	2.7	236	15.8	76	5.1	81	5.4	1,058	70.9

Satisfaction with Help Received to Coordinate Child’s Care

Question 85 in the CAHPS Child Medicaid Health Plan Surveys asked parents or caretakers of child members how satisfied they were with the help they received to coordinate their child’s care. The following tables display the crosstabulations for this survey item for the CCC population.

Table 5-5—Satisfaction with Help Received to Coordinate Your Child’s Care

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Very Dissatisfied/ Dissatisfied		Neither Dissatisfied nor Satisfied		Satisfied/ Very Satisfied	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	61	7.3	74	8.9	697	83.8
	Female	35	5.8	53	8.8	516	85.4
Age	Less than 2	4	7.8	9	17.6	38	74.5
	2 - 7	23	6.2	32	8.6	318	85.3
	8 - 12	37	7.8	32	6.7	406	85.5
	13 - 17	32	6.0	54	10.1	451	84.0
Race (Q77)	White	55	5.8	81	8.6	806	85.6
	Black/African American	17	7.5	18	8.0	191	84.5
	Other	22	8.7	27	10.7	204	80.6
Ethnicity (Q76)	Hispanic	4	3.5	12	10.4	99	86.1
	Non-Hispanic	89	6.9	115	8.9	1,094	84.3
Respondent Education (Q80)	High School or less	45	6.3	44	6.2	624	87.5
	Some College or more	50	7.1	83	11.7	575	81.2
General Health Status (Q58)	Excellent/Very good	60	7.1	58	6.8	731	86.1
	Good	22	5.4	49	12.0	338	82.6
	Fair/Poor	13	8.0	19	11.7	131	80.4
Total		96	6.7	127	8.8	1,213	84.5

How Child’s Body is Growing

Question 86 in the CAHPS Child Medicaid Health Plan Survey asked if respondents talked to someone at their child’s personal doctor’s office about how their child’s body is growing. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-6—How Child’s Body is Growing

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	716	74.5	245	25.5
	Female	525	72.4	200	27.6
Age	Less than 2	56	88.9	7	11.1
	2 - 7	340	79.8	86	20.2
	8 - 12	421	74.1	147	25.9
	13 - 17	424	67.4	205	32.6
Race (Q77)	White	824	73.9	291	26.1
	Black/African American	202	77.1	60	22.9
	Other	204	69.9	88	30.1
Ethnicity (Q76)	Hispanic	87	64.9	47	35.1
	Non-Hispanic	1,134	74.4	391	25.6
Respondent Education (Q80)	High School or less	588	72.9	219	27.1
	Some College or more	640	74.1	224	25.9
General Health Status (Q58)	Excellent/Very good	739	73.1	272	26.9
	Good	351	75.0	117	25.0
	Fair/Poor	135	72.2	52	27.8
Total		1,241	73.6	445	26.4

Received Information About Child’s Health

Question 87 in the CAHPS Child Medicaid Health Plan Survey asked if respondents received all the information they wanted about their child’s health from their child’s personal doctor. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-7—Received Information About Child’s Health

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	39	4.0	36	3.7	895	92.3
	Female	11	1.5	35	4.9	671	93.6
Age	Less than 2	1	1.6	3	4.8	58	93.5
	2 - 7	8	1.9	21	5.0	392	93.1
	8 - 12	21	3.8	20	3.6	519	92.7
	13 - 17	20	3.1	27	4.2	597	92.7
Race (Q77)	White	32	2.8	43	3.8	1,052	93.3
	Black/African American	8	3.1	12	4.6	239	92.3
	Other	9	3.2	14	5.0	259	91.8
Ethnicity (Q76)	Hispanic	8	6.3	8	6.3	112	87.5
	Non-Hispanic	42	2.7	61	4.0	1,426	93.3
Respondent Education (Q80)	High School or less	21	2.6	36	4.5	745	92.9
	Some College or more	29	3.3	35	4.0	802	92.6
General Health Status (Q58)	Excellent/Very good	22	2.2	31	3.1	962	94.8
	Good	16	3.4	26	5.6	425	91.0
	Fair/Poor	11	5.9	14	7.6	160	86.5
Total		50	3.0	71	4.2	1,566	92.8

Customer Service Composite

Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often they were satisfied with the customer service at their child’s health plan. The table below displays the crosstabulations for this composite measure for the CCC population.

Table 5-8—Customer Service Composite

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	7	1.9	23	6.9	306	91.2
	Female	5	1.8	23	9.4	219	88.8
Age	Less than 2	1	3.4	1	1.7	28	94.8
	2 - 7	4	2.6	11	7.8	122	89.6
	8 - 12	3	1.6	15	7.7	172	90.7
	13 - 17	4	1.5	21	9.0	204	89.4
Race (Q77)	White	9	2.4	26	7.4	321	90.2
	Black/African American	0	0.0	8	7.4	101	92.6
	Other	3	2.6	8	8.2	88	89.3
Ethnicity (Q76)	Hispanic	2	2.8	6	10.5	46	86.6
	Non-Hispanic	10	1.9	37	7.4	458	90.8
Respondent Education (Q80)	High School or less	6	1.9	21	7.1	270	91.0
	Some College or more	5	1.9	22	8.5	231	89.5
General Health Status (Q58)	Excellent/Very good	6	1.6	25	7.2	312	91.2
	Good	4	2.5	12	7.3	143	90.2
	Fair/Poor	2	2.1	9	11.8	62	86.1
Total		11	1.9	46	7.9	524	90.2

Rating of All Health Care

Question 14 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members 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.” The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-9—Rating of All Health Care

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	18	2.0	102	11.4	772	86.5
	Female	8	1.2	86	12.7	584	86.1
Age	Less than 2	1	1.6	10	16.1	51	82.3
	2 - 7	8	2.0	50	12.7	337	85.3
	8 - 12	4	0.8	51	9.8	467	89.5
	13 - 17	13	2.2	77	13.0	501	84.8
Race (Q77)	White	15	1.4	123	11.8	901	86.7
	Black/African American	6	2.6	29	12.5	197	84.9
	Other	5	1.9	35	13.2	225	84.9
Ethnicity (Q76)	Hispanic	0	0.0	14	12.2	101	87.8
	Non-Hispanic	25	1.8	167	11.8	1,221	86.4
Respondent Education (Q80)	High School or less	12	1.6	82	11.2	639	87.2
	Some College or more	13	1.6	102	12.8	683	85.6
General Health Status (Q58)	Excellent/Very good	14	1.5	83	8.8	844	89.7
	Good	5	1.1	70	15.8	369	83.1
	Fair/Poor	7	4.0	33	19.1	133	76.9
Total		26	1.7	188	12.0	1,356	86.4

Rating of Health Plan

Question 54 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members 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.” The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-10—Rating of Health Plan

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	26	2.5	128	12.1	902	85.4
	Female	14	1.8	110	14.2	652	84.0
Age	Less than 2	1	1.6	9	14.1	54	84.4
	2 - 7	8	1.8	56	12.3	392	86.0
	8 - 12	13	2.1	76	12.4	524	85.5
	13 - 17	18	2.6	97	13.9	584	83.5
Race (Q77)	White	26	2.2	145	12.0	1,035	85.8
	Black/African American	7	2.5	45	16.0	230	81.6
	Other	7	2.3	45	14.7	255	83.1
Ethnicity (Q76)	Hispanic	4	2.7	20	13.6	123	83.7
	Non-Hispanic	36	2.2	211	12.9	1,391	84.9
Respondent Education (Q80)	High School or less	22	2.6	91	10.6	745	86.8
	Some College or more	17	1.8	142	15.2	775	83.0
General Health Status (Q58)	Excellent/Very good	14	1.3	116	10.5	978	88.3
	Good	12	2.3	81	15.9	418	81.8
	Fair/Poor	14	7.2	40	20.5	141	72.3
Total		40	2.2	238	13.0	1,554	84.8

Rating of Overall Mental or Emotional Health

Question 59 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate their child’s overall mental or emotional health. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-11—Rating of Overall Mental or Emotional Health

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	425	39.9	331	31.1	310	29.1
	Female	321	41.1	243	31.1	217	27.8
Age	Less than 2	49	75.4	11	16.9	5	7.7
	2 - 7	235	51.4	122	26.7	100	21.9
	8 - 12	229	37.2	217	35.3	169	27.5
	13 - 17	233	32.8	224	31.5	253	35.6
Race (Q77)	White	482	39.5	393	32.2	345	28.3
	Black/African American	115	40.8	72	25.5	95	33.7
	Other	135	43.8	94	30.5	79	25.6
Ethnicity (Q76)	Hispanic	65	44.2	48	32.7	34	23.1
	Non-Hispanic	668	40.4	503	30.4	481	29.1
Respondent Education (Q80)	High School or less	328	38.0	284	32.9	252	29.2
	Some College or more	401	42.7	276	29.4	263	28.0
General Health Status (Q58)	Excellent/Very good	610	54.7	311	27.9	195	17.5
	Good	103	19.8	209	40.3	207	39.9
	Fair/Poor	29	14.9	50	25.8	115	59.3
Total		746	40.4	574	31.1	527	28.5

Rating of Overall Health

Question 58 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate their child’s overall health. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-12—Rating of Overall Health

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	669	62.9	295	27.7	100	9.4
	Female	453	58.4	228	29.4	95	12.2
Age	Less than 2	38	58.5	21	32.3	6	9.2
	2 - 7	302	66.7	118	26.0	33	7.3
	8 - 12	383	62.3	169	27.5	63	10.2
	13 - 17	399	56.4	215	30.4	93	13.2
Race (Q77)	White	765	63.0	336	27.7	113	9.3
	Black/African American	165	58.9	78	27.9	37	13.2
	Other	173	56.2	99	32.1	36	11.7
Ethnicity (Q76)	Hispanic	87	59.6	39	26.7	20	13.7
	Non-Hispanic	1,011	61.5	465	28.3	169	10.3
Respondent Education (Q80)	High School or less	511	59.1	252	29.2	101	11.7
	Some College or more	586	62.9	254	27.3	92	9.9
General Health Status (Q58)	Excellent/Very good	1,122	100.0	0	0.0	0	0.0
	Good	0	0.0	523	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	195	100.0
Total		1,122	61.0	523	28.4	195	10.6

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their child’s health plan. The table below displays the crosstabulations for this survey item for the CCC population.

Table 5-13—Access to Prescription Medicines

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	7	0.8	61	6.9	821	92.4
	Female	6	0.9	33	5.0	620	94.1
Age	Less than 2	3	5.4	5	8.9	48	85.7
	2 - 7	2	0.6	26	7.2	334	92.3
	8 - 12	3	0.6	31	6.0	487	93.5
	13 - 17	5	0.8	32	5.3	572	93.9
Race (Q77)	White	7	0.7	58	5.6	979	93.8
	Black/African American	2	0.9	14	6.4	204	92.7
	Other	2	0.8	21	8.2	232	91.0
Ethnicity (Q76)	Hispanic	4	3.4	7	6.0	106	90.6
	Non-Hispanic	8	0.6	87	6.3	1,294	93.2
Respondent Education (Q80)	High School or less	5	0.7	41	5.7	671	93.6
	Some College or more	8	1.0	51	6.4	737	92.6
General Health Status (Q58)	Excellent/Very good	6	0.7	42	4.6	871	94.8
	Good	5	1.1	27	6.1	412	92.8
	Fair/Poor	2	1.2	25	14.5	145	84.3
Total		13	0.8	94	6.1	1,441	93.1

Access to Specialized Services CCC Composite

A series of three questions (questions 20, 23, and 26 in the CAHPS Child Medicaid Health Plan Survey) was asked in order to assess how often it was easy for child members to obtain access to specialized services. The table below displays the crosstabulations for this composite measure for the CCC population.

Table 5-14—Access to Specialized Services CCC Composite

Ohio Medicaid Managed Care Program - CCC Population							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	16	7.7	26	8.7	233	83.7
	Female	17	9.1	21	9.9	169	81.0
Age	Less than 2	0	0.0	0	4.8	14	95.2
	2 - 7	10	7.9	16	11.8	105	80.3
	8 - 12	15	11.1	13	7.8	134	81.1
	13 - 17	8	8.2	18	9.9	150	81.9
Race (Q77)	White	19	8.1	29	8.8	261	83.2
	Black/African American	3	4.1	7	8.2	72	87.7
	Other	9	12.4	10	10.6	63	76.9
Ethnicity (Q76)	Hispanic	2	4.5	6	13.0	34	82.5
	Non-Hispanic	30	8.4	41	8.9	361	82.7
Respondent Education (Q80)	High School or less	11	6.0	20	9.7	183	84.3
	Some College or more	21	10.3	26	8.7	208	81.0
General Health Status (Q58)	Excellent/Very good	14	7.8	24	8.3	216	83.9
	Good	12	8.4	15	9.9	124	81.7
	Fair/Poor	7	10.7	8	10.8	56	78.4
Total		33	8.2	47	9.2	402	82.6

Coordination of Care for CCC Composite

Two questions (questions 18 and 29 in the CAHPS Child Medicaid Health Plan Survey) were asked in order to assess whether parents or caretakers of child members received help in coordinating their child’s care. The table below displays the crosstabulations for this composite measure for the CCC population.

Table 5-15—Coordination of Care for CCC Composite

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	209	77.0	95	23.0
	Female	183	79.5	68	20.5
Age	Less than 2	16	90.0	4	10.0
	2 - 7	106	79.9	37	20.1
	8 - 12	128	75.3	61	24.7
	13 - 17	141	78.4	61	21.6
Race (Q77)	White	257	77.4	117	22.6
	Black/African American	61	84.9	15	15.1
	Other	65	76.9	28	23.1
Ethnicity (Q76)	Hispanic	37	83.6	9	16.4
	Non-Hispanic	346	77.7	150	22.3
Respondent Education (Q80)	High School or less	165	79.3	58	20.7
	Some College or more	216	77.2	102	22.8
General Health Status (Q58)	Excellent/Very good	197	77.4	92	22.6
	Good	125	77.3	52	22.7
	Fair/Poor	62	81.6	18	18.4
Total		391	78.1	162	21.9

CCC Population Categories

A series of questions in the CAHPS 5.0H Child Medicaid Health Plan Survey that focused on specific health care needs and conditions was used to identify children with chronic conditions. Child members with affirmative responses to all questions in at least one of the following five categories were considered to have a chronic condition:

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

The following tables display the crosstabulations for these survey items for the CCC population.

Table 5-16—Use of or Need for Prescription Medicines

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	819	76.6	250	23.4
	Female	590	75.1	196	24.9
Age	Less than 2	41	64.1	23	35.9
	2 - 7	306	66.7	153	33.3
	8 - 12	500	80.6	120	19.4
	13 - 17	562	78.9	150	21.1
Race (Q77)	White	923	75.3	302	24.7
	Black/African American	213	75.8	68	24.2
	Other	240	77.4	70	22.6
Ethnicity (Q76)	Hispanic	108	73.0	40	27.0
	Non-Hispanic	1,256	75.7	403	24.3
Respondent Education (Q80)	High School or less	654	75.3	215	24.7
	Some College or more	720	76.4	223	23.6
General Health Status (Q58)	Excellent/Very good	826	73.8	294	26.3
	Good	407	78.1	114	21.9
	Fair/Poor	162	83.5	32	16.5
Total		1,409	76.0	446	24.0

Table 5-17—Above Average Use or Need for Medical, Mental Health, or Education Services

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	582	55.6	464	44.4
	Female	415	53.5	361	46.5
Age	Less than 2	28	43.8	36	56.3
	2 - 7	239	53.0	212	47.0
	8 - 12	349	57.5	258	42.5
	13 - 17	381	54.4	319	45.6
Race (Q77)	White	665	55.3	538	44.7
	Black/African American	134	48.2	144	51.8
	Other	180	59.0	125	41.0
Ethnicity (Q76)	Hispanic	96	64.9	52	35.1
	Non-Hispanic	878	53.9	751	46.1
Respondent Education (Q80)	High School or less	445	52.2	408	47.8
	Some College or more	534	57.5	394	42.5
General Health Status (Q58)	Excellent/Very good	499	45.5	598	54.5
	Good	330	64.1	185	35.9
	Fair/Poor	152	80.0	38	20.0
Total		997	54.7	825	45.3

Table 5-18—Functional Limitations Compared with Others of Same Age

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	372	35.2	686	64.8
	Female	239	30.8	538	69.2
Age	Less than 2	19	30.2	44	69.8
	2 - 7	165	36.3	289	63.7
	8 - 12	200	32.6	414	67.4
	13 - 17	227	32.2	477	67.8
Race (Q77)	White	403	33.3	809	66.7
	Black/African American	92	32.9	188	67.1
	Other	100	32.7	206	67.3
Ethnicity (Q76)	Hispanic	43	29.1	105	70.9
	Non-Hispanic	553	33.7	1,090	66.3
Respondent Education (Q80)	High School or less	262	30.5	596	69.5
	Some College or more	336	35.9	600	64.1
General Health Status (Q58)	Excellent/Very good	255	23.1	848	76.9
	Good	207	40.0	311	60.0
	Fair/Poor	134	69.1	60	30.9
Total		611	33.3	1,224	66.7

Table 5-19—Use of or Need for Specialized Therapies

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	296	27.9	764	72.1
	Female	189	24.3	589	75.7
Age	Less than 2	22	34.9	41	65.1
	2 - 7	170	37.4	284	62.6
	8 - 12	164	26.7	450	73.3
	13 - 17	129	18.2	578	81.8
Race (Q77)	White	314	25.9	898	74.1
	Black/African American	89	31.6	193	68.4
	Other	75	24.3	234	75.7
Ethnicity (Q76)	Hispanic	44	29.7	104	70.3
	Non-Hispanic	436	26.5	1,212	73.5
Respondent Education (Q80)	High School or less	228	26.5	632	73.5
	Some College or more	248	26.4	691	73.6
General Health Status (Q58)	Excellent/Very good	237	21.4	873	78.6
	Good	160	30.8	359	69.2
	Fair/Poor	80	42.1	110	57.9
Total		485	26.4	1,353	73.6

Table 5-20—Treatment or Counseling for Emotional or Developmental Problems

Ohio Medicaid Managed Care Program - CCC Population					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	639	59.9	428	40.1
	Female	438	56.4	339	43.6
Age	Less than 2	11	16.9	54	83.1
	2 - 7	230	50.5	225	49.5
	8 - 12	371	60.4	243	39.6
	13 - 17	465	65.5	245	34.5
Race (Q77)	White	713	58.5	505	41.5
	Black/African American	160	56.9	121	43.1
	Other	188	60.6	122	39.4
Ethnicity (Q76)	Hispanic	86	57.7	63	42.3
	Non-Hispanic	970	58.6	684	41.4
Respondent Education (Q80)	High School or less	497	57.7	365	42.3
	Some College or more	560	59.4	382	40.6
General Health Status (Q58)	Excellent/Very good	612	54.9	502	45.1
	Good	311	60.3	205	39.7
	Fair/Poor	140	72.2	54	27.8
Total		1,077	58.4	767	41.6

6. Summary of Results

Adult and General Child Results

National Comparisons

Overall member ratings for four CAHPS global ratings, four CAHPS composite measures, and one individual item measure were compared to NCQA’s 2018 Benchmarks and Thresholds for Accreditation.⁶⁻¹ Table 6-1 includes the high-scoring CAHPS measures (i.e., five [★★★★★] stars) for the Ohio Medicaid Managed Care Program and each MCP for the adult population.

Table 6-1—Adult Population National Comparisons Summary—High Scoring Measures

Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
	Coordination of Care				
Customer Service	Customer Service	Customer Service		Customer Service*	
	Getting Care Quickly				Getting Care Quickly
					Getting Needed Care
How Well Doctors Communicate					
Rating of Personal Doctor	Rating of Personal Doctor			Rating of Personal Doctor	
					Rating of Specialist Seen Most Often

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

- The Ohio Medicaid and all MCPs scored at or above the 90th percentile for the How Well Doctors Communicate composite measure.
- Buckeye, CareSource, Paramount, and the Ohio Medicaid Managed Care Program scored at or above the 90th percentile for the Customer Service composite measure.
- Buckeye, Paramount, and the Ohio Medicaid Managed Care Program scored at or above the 90th percentile for the Rating of Personal Doctor global rating.
- Buckeye and UnitedHealthcare scored at or above the 90th percentile for the Getting Care Quickly composite measure.
- Buckeye scored at or above the 90th percentile for the Coordination of Care individual item measure.

⁶⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA; August 20, 2018.

- UnitedHealthcare scored at or above the 90th percentile for the Getting Needed Care composite measure and Rating of Specialist Seen Most Often global rating.

Table 6-2 includes the low-scoring CAHPS measures (i.e., one [★] star) for the Ohio Medicaid Managed Care Program and each MCP for the adult population.

Table 6-2—Adult Population National Comparisons Summary—Low Scoring Measures

Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
			Rating of All Health Care		
		Rating of Specialist Seen Most Often			

- Molina scored below the 25th percentile for the Rating of All Health Care global rating.
- CareSource scored below the 25th percentile for the Rating of Specialist Seen Most Often global rating.

Table 6-3 includes the high-scoring CAHPS measures (i.e., five [★★★★★] stars) for the Ohio Medicaid Managed Care Program and each MCP for the general child population. The Ohio Medicaid Managed Care Program and all MCPs did not have any low-scoring CAHPS measures (i.e., one [★] star) for the general child population.

Table 6-3—General Child Population National Comparisons Summary—High Scoring Measures

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

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

- The Ohio Medicaid and all MCPs scored at or above the 90th percentile for the Rating of All Health Care global rating and Rating of Personal Doctor global rating.
- Buckeye, CareSource, Paramount, UnitedHealthcare, and the Ohio Medicaid Managed Care Program scored at or above the 90th percentile for the Customer Service composite measure, Getting Care Quickly composite measure, and Rating of Specialist Seen Most Often global rating.
- Buckeye, CareSource, Molina, and the Ohio Medicaid Managed Care Program scored at or above the 90th percentile for the How Well Doctors Communicate composite measure.
- CareSource, Paramount, and UnitedHealthcare scored at or above the 90th percentile for the Getting Needed Care composite measure.
- CareSource, Paramount, and the Ohio Medicaid Managed Care Program scored at or above the 90th percentile for the Coordination of Care individual item measure.
- CareSource scored at or above the 90th percentile for the Rating of Health Plan global rating.

Statewide Comparisons

The Statewide Comparisons analysis results are grouped into four main statistically significant categories: 1) statistically significantly higher than the program average, 2) statistically significantly lower than the program average, 3) 2018 mean statistically significantly higher than 2017 mean, and 4) 2018 mean statistically significantly lower than 2017 mean. The categories are based on the assignment of arrows and triangles to the MCPs’ overall means on the global ratings, composite measures, composite items, individual item measures, additional items, CCC composites, CCC composite items, and CCC items. Table 6-4 and Table 6-5 show the highlights from these comparisons for the adult and general child populations, respectively.

Table 6-4—Adult Population Statewide Comparisons

Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
▲ Doctor Spent Time with Patient	▼ Had Illness that Needed Care Right Away	▲ Made Appts for Health Care	▲ Filled Out Paperwork	▲ Getting Care Quickly	▼ Made Appts for Health Care
	▲ Coordination of Care	▼ Received Care as Soon as Wanted		▲ Received Care as Soon as Wanted	
	▲ How Well Doctors Communicate	▼ Seeing a Specialist		▲ Health Promotion and Education	
	▲ Doctor Showed Respect	▼ Rating of Specialist Seen Most Often			
	▲ Doctor Spent Time with Patient	▼ Shared Decision Making			
	▲ Rating of Personal Doctor	▼ Talk about Reasons to Take Medicine			
	▲ Number of Visits to the Doctor	▼ Talk about Reasons Not to Take Medicine			
		▼ Number of Visits to the Doctor			
▲ Statistically significantly higher than the program average ▼ Statistically significantly lower than the program average			▲ 2018 mean statistically significantly higher than 2017 mean ▼ 2018 mean statistically significantly lower than 2017 mean		

The results from the Statewide Comparisons revealed that all MCPs and the Ohio Medicaid had statistically significant findings for the adult population.

- The Ohio Medicaid Managed Care Program’s overall mean was statistically significantly higher in 2018 than in 2017 on one measure.
- Buckeye’s overall mean was statistically significantly higher than the program average on one measure and statistically significantly lower than the program average on one measure. Buckeye’s overall mean was statistically significantly higher in 2018 than in 2017 on five measures.
- CareSource’s overall mean was statistically significantly higher than the program average on one measure and statistically significantly lower than the program average on one measure. CareSource’s overall mean was statistically significantly lower in 2018 than in 2017 on six measures.
- Molina’s overall mean was not statistically significantly higher or lower than the program average on any measures. Molina’s overall mean was statistically significantly higher in 2018 than in 2017 on one measure.
- Paramount’s overall mean was not statistically significantly higher or lower than the program average on any measures. Paramount’s overall mean was statistically significantly higher in 2018 than in 2017 on three measures.
- UnitedHealthcare’s overall mean was statistically significantly lower than the program average on one measure. UnitedHealthcare’s overall mean was not statistically significantly higher or lower in 2018 than in 2017 on any measures.

Table 6-5—General Child Population Statewide Comparisons

Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
▲ Getting Care Quickly	↑ Had Personal Doctor	↑▲ Had Illness that Needed Care Right Away	▲ Received Help in Contacting School/Daycare*	▲ Problem Obtaining Treatment/Counseling*	▲ Customer Service*
▲ Getting Needed Care	↑ Information or Help from Customer Service	↑▲ Access to Prescription Medicines	↓ Had Personal Doctor	▲ Plan Helped Coordinate Child Care*	↑ Cust Service Treat with Courtesy/Respect*
▲ Rating of Personal Doctor	↑ Filled Out Paperwork	▼ Received Help in Contacting School/Daycare*		▲ Getting Needed Care	▲ Ask about Best Medicine Choice for You*
▼ Talk about Reasons Not to Take Medicine		▲ Getting Needed Care		▲ Seeing a Specialist*	↓ Information or Help from Customer Service
▲ Filled Out Paperwork		▲ Getting Care Believed Necessary		▼ Shared Decision Making*	↓▲ Filled Out Paperwork
		▲ Health Promotion and Education		▼ Talk about Reasons Not to Take Medicine*	
		▲ Rating of All Health Care		▼ Had Personal Doctor	
		↑ Rating of Health Plan			
		▼ Had Personal Doctor			
		↑▲ Information or Help from Customer Service			
↑ Statistically significantly higher than the program average ↓ Statistically significantly lower than the program average			▲ 2018 mean statistically significantly higher than 2017 mean ▼ 2018 mean statistically significantly lower than 2017 mean		
<i>*Caution should be exercised when interpreting this result since scores were based on fewer than 100 respondents.</i>					

The results from the Statewide Comparisons revealed that all MCPs and the Ohio Medicaid had statistically significant findings for the general child population.

- The Ohio Medicaid Managed Care Program’s overall mean was statistically significantly higher in 2018 than in 2017 on four measures. Conversely, the Ohio Medicaid Managed Care Program’s overall mean was statistically significantly lower in 2018 than in 2017 on one measure.
- Buckeye’s overall mean was statistically significantly higher than the program average on three measures. Buckeye’s overall mean was not statistically significantly higher or lower in 2018 than in 2017 on any measures.
- CareSource’s overall mean was statistically significantly higher than the program average on four measures. In addition, CareSource’s overall mean was statistically significantly higher in 2018 than in 2017 on seven measures. Conversely, CareSource’s overall mean was statistically significantly lower in 2018 than in 2017 on two measures.
- Molina’s overall mean was statistically significantly lower than the program average on one measure. Molina’s overall mean was statistically significantly higher in 2018 than in 2017 on one measure.
- Paramount’s overall mean was not statistically significantly higher or lower than the program average on any measures. Paramount’s overall mean was statistically significantly higher in 2018 than in 2017 on four measures. Conversely, Paramount’s overall mean was statistically significantly lower in 2018 than in 2017 on three measures.
- UnitedHealthcare’s overall mean was statistically significantly higher than the program average on one measure. Conversely, UnitedHealthcare’s overall mean was statistically significantly lower than the program average on two measures. UnitedHealthcare’s overall mean was statistically significantly higher in 2018 than in 2017 on three measures.

Priority Areas for Quality Improvement

The priority areas (i.e., survey composite items) for each of the three global ratings were assessed separately for the adult and general child populations. For each population, findings are provided for the program and each MCP. For this analysis, a mean problem score was calculated for each composite item; a correlation analysis was performed to compare global rating performance to composite items’ mean problem scores; and each composite item was assigned to a priority level. Table 6-6 through Table 6-11 show the top priority areas (as indicated by a ✓) for each global rating at the program and MCP levels for the adult and general child populations.

Table 6-6—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 6-7—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 6-8—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 6-9—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 6-10—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 6-11—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			✓			

The following CAHPS items (i.e., survey questions) were priority areas for the **Ohio Medicaid Managed Care Program adult population** for Rating of Health Plan (RHP), Rating of All Health Care (RHC), and/or Rating of Personal Doctor (RPD):

- Q4. Got care as soon as needed (RHP, RHC, RPD).
- Q6. Got an appointment as soon as needed (RHP, RHC).
- Q12. Doctor asked what you thought was best for you (RPD).
- Q14. Easy to get treatment needed (RHP, RHC, RPD).
- Q25. Got an appointment with specialist as soon as needed (RHP, RHC).
- Q31. Received information or help from health plan customer service (RHP).

The following CAHPS items (i.e., survey questions) were priority areas for the **Ohio Medicaid Managed Care Program general child population** for RHP, RHC, and/or RPD:

- Q6. Got an appointment as soon as needed (RHP, RHC, RPD).
- Q15. Easy to get treatment needed (RHP, RHC).
- Q37. Personal doctor spent enough time with your child (RHP, RHC, RPD).
- Q46. Got an appointment with specialist as soon as needed (RHP, RHC).
- Q50. Received information or help from health plan customer service (RHP).

Adult and General Child Crosstabulations

Crosstabulations of the survey responses for 13 survey items, stratified by certain demographic variables, were presented in the “Adult and General Child Results” section. A summary of findings for each item is described below.

Satisfaction with Health Care Providers: Had Personal Doctor

The percentage of adult members who had a personal doctor:

- Is highest for members 55 years of age or older.
- Is highest for White members.
- Decreases as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child had a personal doctor:

- Is highest for children 13 to 17 years of age.
- Is highest for White child members.
- Increases with the parent’s or caretaker’s level of education.

Coordination of Care

The percentage of adult members who reported that their personal doctor usually or always seemed informed and up-to-date about the care they received from other doctors:

- Is higher for Male members.
- Increases with age.
- Is highest for members of an Other race.
- Is higher for Hispanic members.

For the general child population, the percentage of parents or caretakers who reported their child’s personal doctor usually or always seemed informed and up-to-date about the care their child received from other doctors:

- Is higher for Male child members.
- Decreases for children 2 to 7 years of age.
- Is highest for White child members.

Utilization of Services: Number of Doctor's Office or Clinic Visits

The percentage of adult members who reported having three or more visits to the doctor's office or clinic in the last six months:

- Is higher for Female members.
- Is highest for members 45 to 54 years of age.
- Decreases as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child had three or more visits to the doctor's office or clinic in the last six months:

- Is highest for children who are less than 2 years of age.
- Is higher for Non-Hispanic child members.
- Decreases as general health of child improves.

Who Helped Coordinate Care

The percentage of adult members who reported coordinating their own care:

- Is higher for Female members.
- Is higher for Non-Hispanic members.
- Decreases as general health declines.

For the general child population, the percentage of parents or caretakers who reported having helped coordinate their child's care:

- Is highest for children who are 8 to 12 years of age.
- Is higher for Non-Hispanic child members.
- Increases as general health of child improves.

Satisfaction with Help Received to Coordinate Care

The percentage of adult members who reported being very satisfied or satisfied with the help they received to coordinate care:

- Is highest for members 55 years of age or older.
- Is highest for Black/African American members.
- Is higher for Non-Hispanic members.

For the general child population, the percentage of parents or caretakers who reported being very satisfied or satisfied with the help they received to coordinate their child's care:

- Is higher for Female child members.
- Is highest for Black/African American child members.

Hard to Take Care of Health

The percentage of adult members who reported being asked by someone at their personal doctor's office if there were things that make it hard for them to take care of their health:

- Is higher for Female members.
- Is highest for members 55 years of age or older.
- Is higher for Non-Hispanic members.
- Decreases as general health improves.

Received Information About Health

The percentage of adult members who reported that their personal doctor usually or always gave them all the information they wanted about their health:

- Is higher for Female members.
- Is highest for members 55 years of age or older.
- Increases as general health improves.

For the general child population, the percentage of parents or caretakers who reported that their child's personal doctor usually or always gave them all the information they wanted about their child's health:

- Is highest for children who are less than 2 years of age.
- Is higher for Non-Hispanic members.
- Increases as general health of child improves.

How Child's Body is Growing

For the general child population, the percentage of parents or caretakers who reported that someone from their child's personal doctor's office talked about how their child's body is growing:

- Is highest for children less than 2 years of age.
- Is higher for Black/African American child members.
- Increases with parent's or caretaker's level of education.

Customer Service Composite

The percentage of adult members who reported being satisfied with their health plan's customer service:

- Is higher for Female members.
- Is highest for members 45 to 54 years of age.
- Is highest for Hispanic members.

For the general child population, the percentage of parents or caretakers who reported being satisfied with the customer service of their child's health plan:

- Is higher for Female child members.
- Is highest for children less than 2 years of age.
- Is higher for Non-Hispanic child members.

Rating of All Health Care

The percentage of adult members who reported being satisfied with their health care:

- Is highest for White members.
- Is highest for members 55 years of age or older.
- Increases substantially as general health improves.

For the general child population, the percentage of parents or caretakers who reported being satisfied with their child's health care:

- Is lowest for children 13 to 17 years of age.
- Is highest for White child members.
- Increases as general health of child improves.

Rating of Health Plan

The percentage of adult members who reported being satisfied with their health plan:

- Is higher for Female members.
- Is lowest for Black/African American members.
- Decreases as general health declines.

For the general child population, the percentage of parents or caretakers who reported they were satisfied with their child's health plan:

- Is highest for children who are less than 2 years of age.
- Is higher for Hispanic child members.
- Increases as general health of child improves.

Rating of Overall Mental or Emotional Health

The percentage of adult members who reported having excellent or very good mental or emotional health:

- Is higher for Male members.
- Is lowest for members 45 to 54 years of age.
- Increases with member's level of education.
- Increases substantially as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child having excellent or very good mental or emotional health:

- Is higher for Female child members.
- Decreases substantially as child age increases.
- Increases with parent's or caretaker's level of education.
- Increases substantially as general health of child improves.

Rating of Overall Health

The percentage of adult members who reported having excellent or very good overall health:

- Is higher for Male members.
- Is lowest for members 45 to 54 years of age.
- Is higher for Hispanic members.
- Increases with member's level of education.

For the general child population, the percentage of parents or caretakers who reported their child having excellent or very good overall health:

- Decreases as age of the child increases.
- Is highest for White child members.
- Is higher for Non-Hispanic child members.
- Increases with parent's or caretaker's level of education.

Children with Chronic Conditions Results

CCC and Non-CCC Comparative Analysis

Table 6-12 summarizes the results of the comparative analysis presented in the “Children with Chronic Conditions Results” section. The items listed in the table are limited to those items where statistically significant differences between the populations’ means were identified.

Table 6-12—CCC and Non-CCC Comparative Analysis Summary of Results

Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Global Ratings		
Rating of All Health Care	Non-CCC	CCC
Rating of Health Plan	Non-CCC	CCC
Composite Measures		
Customer Service: Obtaining Help Needed From Customer Service	Non-CCC	CCC
How Well Doctors Communicate	CCC	Non-CCC
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand	CCC	Non-CCC
How Well Doctors Communicate: Doctors Listened Carefully	CCC	Non-CCC
How Well Doctors Communicate: Doctors Showed Respect	CCC	Non-CCC
How Well Doctors Communicate: Doctors Spent Enough Time With Patient	CCC	Non-CCC
Shared Decision Making	CCC	Non-CCC
Shared Decision Making: Doctor Talk About Reasons to Take a Medicine	CCC	Non-CCC
Shared Decision Making: Doctor Talk About Reasons Not to Take a Medicine	CCC	Non-CCC
Shared Decision Making: Doctor Ask About Best Medicine Choice for You	CCC	Non-CCC
Individual Items		
Health Promotion and Education	CCC	Non-CCC
CCC Composite Measures		
Access to Prescription Medicines	Non-CCC	CCC
Problem Obtaining Treatment/Counseling	CCC	Non-CCC
FCC: Child Feeling Growing Behaving	CCC	Non-CCC
Getting Needed Information	CCC	Non-CCC
Satisfaction with Health Plan		
Got Information or Help from Customer Service	CCC	Non-CCC
Satisfaction with Health Care Providers		
Had Personal Doctor	CCC	Non-CCC
Child Able to Talk with Doctors	CCC	Non-CCC

Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Access to Care		
Tried to Make Appointment to See Specialist	CCC	Non-CCC
Made Appointments for Health Care	CCC	Non-CCC
Had Illness That Needed Care Right Away	CCC	Non-CCC
Utilization of Services		
Number of Visits to the Doctor	Non-CCC	CCC

The overall means for the non-CCC population were statistically significantly higher than that of the CCC population for five measures, whereas the overall means for the CCC population were statistically significantly higher than that of the non-CCC population for 19 measures.

CCC and Non-CCC Trend Analysis

Table 6-13 summarizes the results of the trend analysis presented in the “Children with Chronic Conditions Results” section. The items listed in the table are limited to those items where statistically significant differences between the populations’ means were identified.

Table 6-13—CCC and Non-CCC Trend Analysis Summary of Results

Measure	Population with Significantly Higher Score in 2018	Population with Significantly Lower Score in 2018
Global Ratings		
Rating of Personal Doctor	CCC	—
Composite Measures		
Customer Service: Obtaining Help Needed From Customer Service	Non-CCC	—
Getting Care Quickly	Non-CCC	—
Getting Care Quickly: Received Appointment as Soon as Wanted	Non-CCC	—
Getting Needed Care	Non-CCC	—
Getting Needed Care: Seeing a Specialist	Non-CCC	—
Getting Needed Care: Getting Care Believed Necessary	CCC	—
How Well Doctors Communicate: Doctors Spent Enough Time With Patient	CCC	—
CCC Composite Measures		
FCC: Personal Doctor Who Knows Child	CCC	—
Satisfaction with Health Plan		
Filled Out Paperwork	Non-CCC	—
Satisfaction with Health Care Providers		
Child Able to Talk with Doctors	CCC	—
Access to Care		
Tried to Make Appointment to See Specialist	CCC	—

The overall means for the CCC and non-CCC populations were not statistically significantly lower in 2018 than in 2017 for any measures. However, the overall means for the CCC and non-CCC populations were statistically significantly higher in 2018 than in 2017 for six measures.

CCC Population Crosstabulations

Crosstabulations of the survey responses for 20 survey items, stratified by certain demographic variables, were presented in the “Children with Chronic Conditions Results” section. A summary of findings for each item for the CCC population is described below.

Satisfaction with Health Care Providers: Had Personal Doctor

The percentage of parents or caretakers who reported that their child had a personal doctor:

- Is higher for Male child members.
- Is highest for children 8 to 12 years of age.
- Is highest for White child members.
- Increases with parent’s or caretaker’s level of education.

Coordination of Care

The percentage of parents or caretakers who reported their child’s personal doctor usually or always seemed informed and up-to-date about the care their child received from other doctors:

- Is highest for children 2 to 7 years of age.
- Is highest for members of an Other race.
- Is higher for Hispanic child members.
- Decreases as the level of parent’s or caretaker’s education increases.

Utilization of Services: Number of Doctor’s Office or Clinic Visits

The percentage of parents or caretakers who reported their child visited the doctor’s office three or more times in the last six months:

- Is higher for Female child members.
- Is highest for children less than 2 years of age.
- Is highest for Hispanic child members.
- Increases substantially as the general health of the child declines.

Who Helped Coordinate Child's Care

The percentage of parents or caretakes who reported having helped coordinate their child's care:

- Is highest for Female child members.
- Is highest for children 8 to 12 years of age.
- Is lower for Hispanic child members.
- Increases as the general health of the child improves.

Satisfaction with Help Received to Coordinate Child's Care

The percentage of parents or caretakers who reported being very satisfied or satisfied with the help they received to coordinate their child's care:

- Is highest for Female child members.
- Is highest for children 8 to 12 years of age.
- Is higher for Hispanic child members.
- Increases as the general health of the child improves.

How Child's Body is Growing

The percentage of parents or caretakers who reported that someone from their child's personal doctor's office talked about how their child's body is growing:

- Is highest for Male child members.
- Is highest for children less than two years of age.
- Is lowest for child members of an Other race.

Received Information About Child's Health

The percentage of parents or caretakers who reported their child's personal doctor usually or always gave them all the information they wanted about their child's health:

- Is highest for Female child members.
- Is highest for children less than 2 years of age.
- Is higher for White child members.

Customer Service Composite

The percentage of parents or caretakers who reported being satisfied with their child's health plan customer service:

- Is highest for Male child members.
- Is highest for children less than 2 years of age.
- Is highest for Black/African American child members.
- Is higher for Non-Hispanic child members.

Rating of All Health Care

The percentage of parents or caretakers who reported being satisfied with their child's health care:

- Is highest for children 8 to 12 years of age.
- Is highest for White child members.
- Is higher for Hispanic child members.
- Decreases as the general health of the child declines.

Rating of Health Plan

The percentage of parents or caretakers who reported being satisfied with their child's health plan:

- Is highest for children 2 to 7 years of age.
- Is highest for White child members.
- Increases as the general health of the child improves.

Rating of Overall Mental or Emotional Health

The percentage of parents or caretakers who reported their child having excellent or very good mental or emotional health:

- Decreases substantially as the child's age increases.
- Is highest for child members of an Other race.
- Is higher for Hispanic child members.
- Increases with parent's or caretaker's level of education.
- Increases substantially as the general health of the child improves.

Rating of Overall Health

The percentage of parents or caretakers who reported their child having excellent or very good overall health:

- Is higher for Male child members.
- Is lowest for children 13 to 17 years of age.
- Is higher for Non-Hispanic child members.
- Increases with parent's or caretaker's level of education.

Access to Prescription Medicines

The percentage of parents or caretakers who reported usually or always having access to prescription medicines for their child:

- Is lowest for children less than 2 years of age.
- Is higher for Non-Hispanic child members.
- Increases as the general health of the child improves.

Access to Specialized Services CCC Composite

The percentage of parents or caretakers who reported being satisfied with their child's access to specialized services:

- Is higher for Male child members.
- Is lowest for children 2 to 7 years of age.
- Decreases as the level of parents' or caretakers' education increases.
- Increases as the general health of the child improves.

Coordination of Care for CCC Composite

The percentage of parents or caretakers who reported receiving help in coordinating their child's care:

- Is highest for children less than 2 years of age.
- Is highest for Black/African American child members.
- Is higher for Hispanic child members.

CCC Population Categories

Use of or Need for Prescription Medicines

The percentage of parents or caretakers who reported their child used or needed prescription medicines:

- Is higher for Male child members.
- Is highest for children 8 to 12 years of age.
- Is lower for Hispanic child members.
- Increases as the general health of the child declines.

Above-Average Use or Need for Medical, Mental Health, or Education Services

The percentage of parents or caretakers who reported their child had above average use or need for medical, mental health, or education services:

- Is highest for children 8 to 12 years of age.
- Is lowest for Black/African American child members.
- Increases with parent's or caretaker's level of education.
- Increases as the general health of the child declines.

Functional Limitations Compared with Others of Same Age

The percentage of parents or caretakers who reported their child had functional limitations compared with others of the same age:

- Is higher for Male child members.
- Is lowest for children less than 2 years of age.
- Is lowest for child members of an Other race.
- Increases as the general health of the child declines.

Use of or Need for Specialized Therapies

The percentage of parents or caretakers who reported their child used or needed specialized therapies:

- Is higher for Male child members.
- Is highest for children 2 to 7 years of age.
- Is highest for Black/African American child members.
- Is lower for Non-Hispanic child members.
- Increases as the general health of the child declines.

Treatment or Counseling for Emotional or Developmental Problems

The percentage of parents or caretakers who reported their child had received treatment or counseling for emotional or developmental problems:

- Is higher for Male child members.
- Is highest for children 13 to 17 years of age.
- Is highest for child members of an Other race.

7. Conclusions and Recommendations

Conclusions

The responses rates notably decreased from 2017 to 2018 for both the adult and general child populations across most of the MCPs, particularly for CareSource’s and Molina’s adult population and Buckeye’s, Molina’s, and Paramount’s child population. The table below provides a comparison of response rates from 2017 to 2018.

Table 7-1—Adult and General Child Response Rate Comparison

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-HealthCare
Adult Response Rates						
2017 Response Rates	22.47%	19.48%	25.73%	25.70%	19.98%	22.06%
2018 Response Rates	20.26%	19.00%	22.38%	20.28%	18.58%	21.47%
Difference	-2.21%	-0.48%	-3.35%	-5.42%	-1.40%	-0.59%
General Child Response Rates						
2017 Response Rates	16.30%	15.68%	17.30%	17.61%	17.81%	12.60%
2018 Response Rates	14.33%	12.04%	16.46%	14.91%	14.81%	13.10%
Difference	-1.97%	-3.64%	-0.84%	-2.70%	-3.00%	0.50%

While response rates are decreasing at a national level for adult and general child CAHPS surveys, ODM should take into consideration various effects on the survey results due to the decrease in response rates across the MCPs, such as non-response bias and survey vendor effects. For more information on non-response bias and survey vendor effects, please refer to the “Cautions and Limitations” section.

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), Customer Service (adult and general child), and Coordination of Care (general child).

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

has the lowest results (i.e., one measure was at or between the 25th and 49th percentiles and one measure was at or between the 50th and 74th percentiles).

The statewide comparisons analysis revealed significant differences for the adult and general child populations when compared between the MCPs' and program's mean scores. Buckeye's and CareSource's mean scores were statistically significantly higher than the program mean scores more frequently than any other MCP, while UnitedHealthcare's mean scores were statistically significantly lower than the program mean scores more frequently than any other MCP.

In addition, the trend analysis revealed significant differences for the adult and general child populations between the MCPs' and program's 2018 mean scores compared to the MCPs' and program's 2017 mean scores. The following presents the number of measures where the 2018 mean scores were statistically significantly higher than the 2017 mean scores: Ohio Medicaid (five measures), Buckeye (five measures), CareSource (seven measures), Molina (two measures), Paramount (seven measures), and UnitedHealthcare (three measures). In addition, the following presents the number of measures where the 2018 mean scores were statistically significantly lower than the 2017 mean scores: Ohio Medicaid (one measure), CareSource (eight measures), and Paramount (three measures).

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); easy to get treatment (RHP, RHC); and receiving information or help from the health plan's customer service (RHP).

An evaluation of survey responses stratified by demographic variables revealed differences amongst demographic categories. For both the adult and general child populations, White members were more likely to have a personal doctor than Black or African American members or those of another race. Adult and general child members visited the doctor's office more often as their general health declined. Members that had good, fair, or poor general health were less likely to be satisfied with all their health care and health plan when compared to those with excellent or very good general health. Younger adult members (i.e., 18-34 years) were more likely to rate their overall health and overall mental or emotional health as Excellent or Very Good. In addition, parents/caretakers of child members less than 2 years old were more likely to rate their child's overall health and overall mental or emotional health as Excellent or Very Good.

Child with Chronic Conditions Results

The CCC and non-CCC populations reported different results. In general, the CCC population reported slightly higher rates (i.e., more measures with a higher mean score) than the non-CCC population. The CCC population's mean scores were statistically significantly higher than the non-CCC population for 19 measures. In addition, the mean scores for the CCC and non-CCC populations were statistically significantly higher in 2018 than 2017 for six measures. No measures were statistically significantly lower in 2018 than 2017 for the CCC and non-CCC populations.

An evaluation of survey responses stratified by demographic variables revealed differences amongst demographic categories for the CCC population. White child members were more likely to have a personal doctor than Black or African American child members and those of another race. Children visited the doctor's office more often as their general health declined. Parents or caretakers of child members that had good, fair, or poor general health were less likely to be satisfied with all their child's health care and health plan when compared to those with excellent or very good general health. As expected, child members with good, fair, or poor general health used or needed more prescription medicines; medical, mental health, or education services; specialized therapies; had more functional limitations; and received more treatment or counseling for emotional or developmental problems when compared to those with excellent or very good general health.

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, 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 some limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

Case-Mix Adjustment

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 to account for these differences.⁷⁻¹

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 completely to the MCP. The analyses described in the CAHPS reports identify whether members in different MCPs give different ratings with their MCPs. 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.

⁷⁻¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

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 BCMH program, children in the custody of PCSAs, children receiving federal adoption assistance, and individuals receiving services through the 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.

8. Reader's Guide

How to Read Figures in the Results Section

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

National Comparisons

Star ratings were determined for each CAHPS measure using the three-point mean percentile distributions in Table 8-1.

Table 8-1—Star Ratings Crosswalk

Stars	Adult and General Child Percentiles
★	Below the 25th percentile
★★	At or above the 25th and below the 50th percentiles
★★★	At or above the 50th and below the 75th percentiles
★★★★	At or above the 75th and below the 90th percentiles
★★★★★	At or above the 90th percentile

Table 8-2 and Table 8-3 show the adult and general child Medicaid Benchmarks and Thresholds for Accreditation, respectively, used to derive the overall member ratings on each CAHPS measure.⁸⁻¹

Table 8-2—Overall Adult Medicaid Member Ratings Crosswalk

Measure	Number of Stars				
	★★★★★	★★★★	★★★	★★	★
Rating of Health Plan	> 2.550	2.510 – 2.549	2.460 – 2.509	2.390 – 2.459	0 – 2.389
Rating of All Health Care	> 2.480	2.440 – 2.479	2.390 – 2.439	2.350 – 2.389	0 – 2.349
Rating of Personal Doctor	> 2.570	2.530 – 2.569	2.500 – 2.529	2.430 – 2.499	0 – 2.429
Rating of Specialist Seen Most Often	> 2.590	2.560 – 2.589	2.510 – 2.559	2.480 – 2.509	0 – 2.479
Getting Needed Care	> 2.470	2.430 – 2.469	2.390 – 2.429	2.330 – 2.389	0 – 2.329
Getting Care Quickly	> 2.520	2.470 – 2.519	2.430 – 2.469	2.370 – 2.429	0 – 2.369
How Well Doctors Communicate	> 2.640	2.580 – 2.639	2.540 – 2.579	2.480 – 2.539	0 – 2.479
Customer Service	> 2.610	2.580 – 2.609	2.540 – 2.579	2.480 – 2.539	0 – 2.479
Coordination of Care	> 2.530	2.480 – 2.529	2.430 – 2.479	2.360 – 2.429	0 – 2.359

⁸⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA, August 20, 2018.

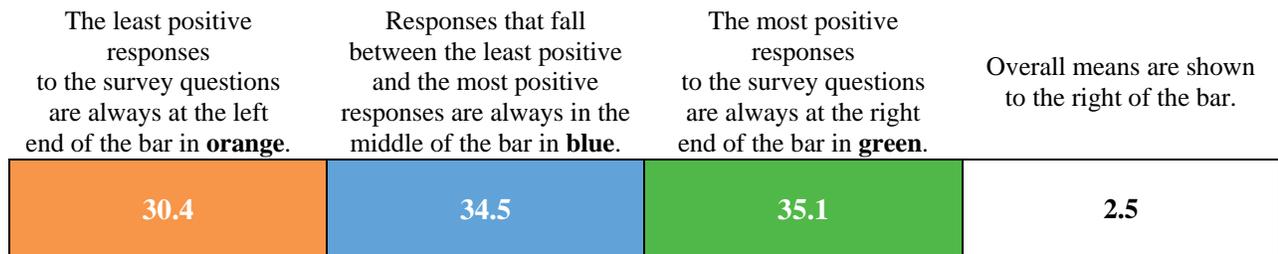
Table 8-3—Overall General Child Medicaid Member Ratings Crosswalk

Measure	Number of Stars				
	★★★★★	★★★★	★★★	★★	★
Rating of Health Plan	> 2.670	2.620 – 2.669	2.570 – 2.619	2.510 – 2.569	0 – 2.509
Rating of All Health Care	> 2.590	2.570 – 2.589	2.520 – 2.569	2.490 – 2.519	0 – 2.489
Rating of Personal Doctor	> 2.690	2.650 – 2.689	2.620 – 2.649	2.580 – 2.619	0 – 2.579
Rating of Specialist Seen Most Often	> 2.660	2.620 – 2.659	2.590 – 2.619	2.530 – 2.589	0 – 2.529
Getting Needed Care	> 2.600	2.550 – 2.599	2.470 – 2.549	2.380 – 2.469	0 – 2.379
Getting Care Quickly	> 2.690	2.660 – 2.689	2.610 – 2.659	2.540 – 2.609	0 – 2.539
How Well Doctors Communicate	> 2.750	2.720 – 2.749	2.680 – 2.719	2.630 – 2.679	0 – 2.629
Customer Service	> 2.630	2.580 – 2.629	2.530 – 2.579	2.500 – 2.529	0 – 2.499
Coordination of Care	> 2.530	2.500 – 2.529	2.420 – 2.499	2.350 – 2.419	0 – 2.349

Statewide Comparisons

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

Separate bar graphs were created for each measure. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item’s response categories for Ohio’s Medicaid Managed Care Program and its participating MCPs.



For figures with two response categories, only green and orange bars are depicted. For certain questions, response categories are neither more positive nor less positive. For these questions, the colors of the bars simply identify different response categories. Numbers within the bars represent the percentage of respondents in the response category. Overall means are shown to the right of the bars.

Arrows (↑ and ↓) to the right of the overall means indicate statistically significant differences between an MCP’s mean scores in 2018 and the program average in 2018. Triangles (▲ and ▼) to the left of the overall means indicate statistically significant differences between mean scores in 2018 and mean scores in 2017 for each MCP and the program average. All statistically significant findings are discussed within the text of the “Statewide Comparisons” section. National Medicaid averages are provided in the graphs as a reference, when available.

Each priority matrix is broken out into four parts based on the median problem score and the median correlation with the global rating. Composite items with high problem scores and correlations with the global rating are considered a top priority. Top priority areas indicate that the program or the MCP is not doing well on a composite item driving the global performance rating. Low priority composite items indicate the program or the MCP is performing well on an item that is not highly correlated with the global rating. Moderate priority composite items are those items the program or the MCP is either not performing well on or has a high correlation with the global rating. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have a disproportionate influence in prioritizing individual questions.

A problem score above the median is considered to be “high.” In other words, if the score for a particular question has a higher “problem” rating than the median of all questions, then the problem rating is considered to be “high.” If this question’s correlation with the global rating is also high, then that question falls into the “Top Priority” quadrant on the matrix. If this same question’s correlation with the global rating is low, then that question falls into the “Moderate Priority” quadrant. In this manner, all questions in each composite are categorized into the four quadrants on the matrix. Questions that appear in the “Top Priority” quadrant may be considered the most significant problem areas in that they also have the highest correlation with the global rating (i.e., improvement in performance on these questions is most likely to improve performance on the global rating).

Understanding Statistical Significance

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

Understanding Correlation Analysis

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

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

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

It is important to understand that it is possible for two variables to be strongly related (i.e., correlated) but not have one variable cause another. The priority matrices identify the questions that have the greatest potential to effect change in overall member experience with the global ratings. Nothing in these matrices is intended to indicate causation. For example, respondents may report a negative experience with ease of getting care, tests, or treatment and also a low overall rating of the health plan. This does not indicate that difficulty in getting care, tests, or treatment causes lower ratings of the health plan. The strength of the relationship between the two only helps to understand whether the difficulty of getting care, tests, or treatments should be a top priority or not.

Understanding Sampling Error

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

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

Since every member in an MCP's total population is not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques are used to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is ± 10 percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results

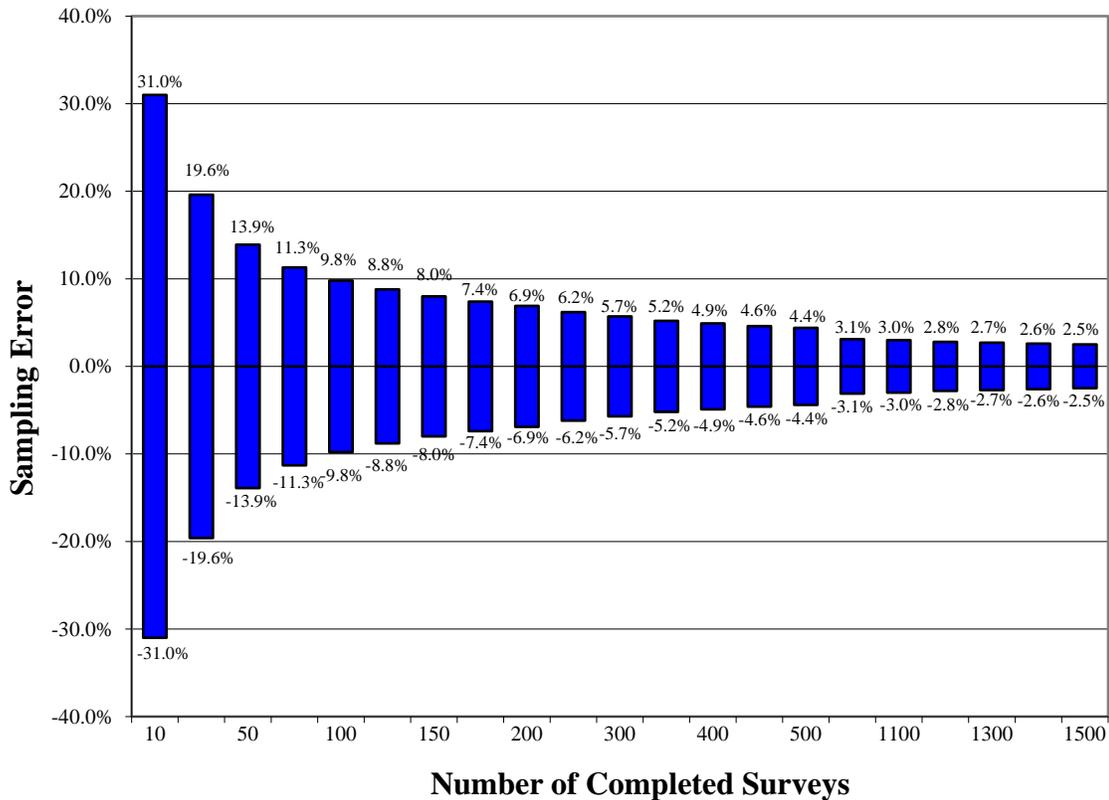
from a single sample in 95 of the 100 samples. Table 8-4 depicts the sampling errors for various numbers of responses.⁸⁻²

Table 8-4—Sampling Error and the Number of Survey Responses

Number of Responses	100	150	200	250	300	350	400	500
Approximate Sampling Error (%)	± 9.8	± 8.0	± 6.9	± 6.2	± 5.7	± 5.2	± 4.9	± 4.4

The size of the sampling error shown in Figure 8-1 is based on the number of completed surveys. Figure 8-1 indicates that if 400 MCP members complete a survey, the margin of error is ±4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population is greater than 2,000, as is the case with most Medicaid MCPs. As the number of members completing a survey decreases, the sampling error increases. Lower response rates may bias results because the proportion of members responding to a survey may not necessarily reflect the randomness of the entire sample.

Figure 8-1—Sampling Error and the Number of Completed Surveys



⁸⁻² Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

As Figure 8-1 demonstrates, sampling error declines as the number of completed surveys increases.⁸⁻³ Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are reviewed will influence the interpretation of results.

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

⁸⁻³ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

Quality Improvement References

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