Ohio | Department of Medicaid

2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Methodology Report

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HSAG HEALTH SERVICES ADVISORY GROUP

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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 annual 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.

The standardized survey instruments selected for Ohio's Medicaid Managed Care Program were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the chronic conditions 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 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

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[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).

This *2018 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report* is one of three separate reports created by HSAG to provide ODM with a comprehensive analysis of the 2018 Ohio Medicaid Managed Care Program CAHPS results.

- The *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Full Report* (**Full Report**) contains eight sections examining the results of the CAHPS Surveys: (1) the "Introduction" section provides an overview of the survey administration and response-rate information; (2) the "Demographics" section depicts the characteristics of survey respondents and member demographic characteristics; (3) the "Respondent/Non-Respondent Analysis" section compares the demographic characteristics of the CAHPS Survey respondents to the non-respondents; (4) the "Adult and General Child Results" section contains four subsections with CAHPS survey results for the adult and general child populations: National Comparisons, Statewide Comparisons, Priority Areas for Quality Improvement, and Crosstabulations; (5) the "Children with Chronic Conditions Results" section analyzes the CAHPS survey results for child members with and without a chronic condition to identify whether there are significant differences between the Children with Chronic Conditions (CCC) and non-CCC populations on the measures; (6) the "Summary of Results" section summarizes the results in the "Adult and General Child Results" and "Children with Chronic Conditions Results" sections; (7) the "Conclusions and Recommendations" section discusses conclusions drawn from the findings of the results, the cautions and limitations associated with interpreting the CAHPS Survey results, and recommendations; and (8) the "Reader's Guide" section provides additional information to aid in the interpretation of the results presented in the Full Report.

- The *2018 Ohio Medicaid Managed Care Program CAHPS® Member Experience Survey Executive Summary Report* (**Executive Summary Report**) contains four sections that provide a high-level overview of the major CAHPS results presented in the Full Report: (1) the "Introduction" section provides an overview of the survey administration and a summary of findings; (2) the "Adult and General Child Results" section analyzes the adult and general child CAHPS results; (3) the "Children with Chronic Conditions Results" section analyzes the CAHPS survey results for child members with and without a chronic condition; and (4) the "Conclusions and Recommendations" section provides the conclusions, cautions and limitations, and recommendations based on the survey findings.

- The *2018 Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Methodology Report* (**Methodology Report**) contains three sections that provide a detailed description of the methodology used to perform the CAHPS analyses: (1) the "Introduction" section provides an overview of the CAHPS Surveys and the survey administration; (2) the "Data Analysis" section describes the methodology used to calculate response rates, calculate demographic frequencies, perform the respondent/non-respondent analysis, perform the analyses within the "Adult and General Child Results" and "Children with Chronic Conditions Results" sections in the Full Report and Executive Summary Report; and (3) the "Reader's Guide" section provides additional information to aid in the interpretation of the results presented in all of Ohio's Medicaid Managed Care Program CAHPS reports. A copy of the standard NCQA version of the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) are included in this report as an appendix.

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.

Survey Instruments

The survey instruments selected were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set). These are the HEDIS versions required by NCQA for use during HEDIS reporting year 2018 which represents measurement year 2017. The CAHPS Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS was a five-year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS 2.0H Survey measure as part of NCQA's HEDIS. In 2002, AHRQ convened the CAHPS Instrument Panel to reevaluate and update the CAHPS Surveys and to improve the state-of-the-art methods for assessing members' experiences with care. This reevaluation and update process resulted in the

development of the CAHPS 3.0H Surveys.[1-3] In 2006, the CAHPS Surveys were reevaluated again. The result was the development of the CAHPS 4.0 Surveys. The CAHPS 4.0H Adult Medicaid Health Plan Survey was released for use in 2007, and the CAHPS 4.0H Child Medicaid Health Plan Survey was released for use in 2009.[1-4,1-5] In 2012, AHRQ released the CAHPS 5.0 Medicaid Health Plan Surveys. Based on the CAHPS 5.0 versions, NCQA introduced new HEDIS versions of the Adult and Child Health Plan Surveys in August 2012, which are referred to as the CAHPS 5.0H Adult and Child Medicaid Health Plan Surveys, respectively.[1-6] NCQA also includes CAHPS results as part of the scoring algorithm in its accreditation program for health plans.

The CAHPS Medicaid questionnaire set includes separate versions for the adult and child populations. The surveys assess topics such as quality of care, access to care, the communication skills of providers and administrative staff, and overall experience with health plans and providers. The CAHPS 5.0H Adult Medicaid Health Plan Survey includes 53 core questions that yield 14 measures. These measures include four global rating questions, five composite measures, two individual item measures, and three Medical Assistance with Smoking and Tobacco Use Cessation measures. The CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set) includes 83 core questions that yield 16 measures. These measures include four global rating questions, five composite measures, two individual item measures, and five CCC composite measures/items. The global ratings reflect overall experience with the health plan, health care, personal physicians, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "getting needed care" or "getting care quickly"). The individual item measures are individual questions that look at a specific area of care (i.e., "health promotion and education" and "coordination of care"). The Medical Assistance with Smoking and Tobacco Use Cessation measures assess the various aspects of providing medical assistance with smoking and tobacco use cessation.

Table 1-2 lists the global ratings, composite measures, individual items, Medical Assistance with Smoking and Tobacco Use Cessation measures, CCC composite measures, and CCC items included in the CAHPS Medicaid Health Plan Surveys. Table 1-3, on page 1-6 lists the items (i.e., questions) that comprise the composite measures and CCC composite measures.

[1-3] National Committee for Quality Assurance. *HEDIS® 2003, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2002.

[1-4] National Committee for Quality Assurance. *HEDIS® 2007, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2006.

[1-5] National Committee for Quality Assurance. *HEDIS® 2009 Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication, 2008.

[1-6] National Committee for Quality Assurance. *HEDIS® 2013, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA Publication; 2012.

Table 1-2—CAHPS Medicaid Measures

Global Ratings	Composite Measures	Individual Items	Medical Assistance with Smoking and Tobacco Use Cessation Measures†	CCC Composite Measures*	CCC Items*
Rating of Health Plan	Getting Needed Care	Health Promotion and Education	Advising Smokers and Tobacco Users to Quit	Access to Specialized Services	Access to Prescription Medicines
Rating of All Health Care	Getting Care Quickly	Coordination of Care	Discussing Cessation Medications	Family-Centered Care (FCC): Personal Doctor Who Knows Child	FCC: Getting Needed Information
Rating of Personal Doctor	How Well Doctors Communicate		Discussing Cessation Strategies	Coordination of Care for Children with Chronic Conditions	
Rating of Specialist Seen Most Often	Customer Service				
	Shared Decision Making				

† *Please note, the Medical Assistance with Smoking and Tobacco Use Cessation measures are only present in the CAHPS 5.0H Adult Medicaid Health Plan Survey.*

Please note, the CCC composite measures/items are only present in the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set).

Table 1-3—Items within Composite Measures

Getting Needed Care	Getting Care Quickly	How Well Doctors Communicate	Customer Service	Shared Decision Making	Access to Specialized Services*	FCC: Personal Doctor Who Knows Child*	Coordination of Care for Children with Chronic Conditions*
Got Care Believed Necessary	Received Care as Soon as Wanted When Needed Right Away	Doctors Explained Things in Way They Could Understand	Obtained Help Needed from Customer Service	Doctor Talked About Reasons to Take a Medicine	Problem Obtaining Special Medical Equipment	Talked About How Child Feeling, Growing, or Behaving	Received Help in Contacting School or Daycare
Saw a Specialist	Received Appointment as Soon as Wanted When Care Not Needed Right Away	Doctors Listened Carefully	Health Plan Customer Service Treated with Courtesy and Respect	Doctor Talked About Reasons Not to Take a Medicine	Problem Obtaining Special Therapy	Understood How Health Conditions Affect Child's Life	Health Plan or Doctors Helped Coordinate Child's Care
		Doctors Showed Respect		Doctor Asked About Best Medicine Choice for You	Problem Obtaining Treatment or Counseling	Understood How Health Conditions Affect Family's Life	
		Doctors Spent Enough Time with Patient					

Please note, the CCC composite measures are only present in the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set).

Sampling Procedures

Sample Frame

HEDIS specifications require that the MCPs provide a list of all eligible members for the sampling frame. Following HEDIS requirements, the MCPs include members in the sample frame who met the following criteria:

- Were 18 years of age or older for adult members or 17 years of age or younger for child members as of December 31, 2017.
- Were currently enrolled in the MCP.
- Had been continuously enrolled for at least five of the last six months of 2017.

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

Table 1-4—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.[1-7] Table 1-5 provides a breakout of the sample sizes for each MCP for the adult and general child members.

Table 1-5—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

[1-7] Each MCP contracted with its own vendor to administer the surveys.

Child members in the CAHPS child sample frame could have a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member did not have claims or encounters that suggested that the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the member had claims or encounters that suggested that the member had a greater probability of having a chronic condition.[1-8] After selecting child members for the general child sample, a sample of child members with a prescreen code of 2 was selected from each MCP for the 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 CAHPS 5.0H Child Medicaid Health Plan Survey also includes several questions that constitute a CCC screener. This screener is used to identify children with chronic conditions from both the general child sample and CCC supplemental sample. Table 1-6 provides a breakout of the sample sizes for each MCP for the CCC supplemental sample.

Table 1-6—CCC Supplemental Sample Sizes

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

NCQA protocol permits oversampling in any increment.[1-9] MCPs were required by ODM to oversample the adult population by 30 percent. Table 1-7 provides a breakout of the oversample rates for each MCP for the adult and general child populations.

Table 1-7—MCP Oversampling Rates

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

[1-8] National Committee for Quality Assurance. *HEDIS 2018, Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA, 2017.
[1-9] The oversampling percentage varied for each MCP.

Sampling Scheme

Figure 1-1 and Figure 1-2 depict the overall sampling scheme and the pertinent populations in each of the reports. A systematic sample of at least 1,755 adult members was selected from each participating MCP.[1-10] Adult respondents from the sample comprise the adult respondent population included in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report. A systematic sample of at least 1,650 child members was selected from each participating MCP for the general child sample, and a sample of at least 1,840 child members with a prescreen code of 2 was selected from each MCP for the CCC supplemental sample.[1-11] The child results presented in the "Adult and General Child Results" section of the Ohio Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from the general child sample (i.e., the general child population).

Figure 1-1—Adult and General Child Population
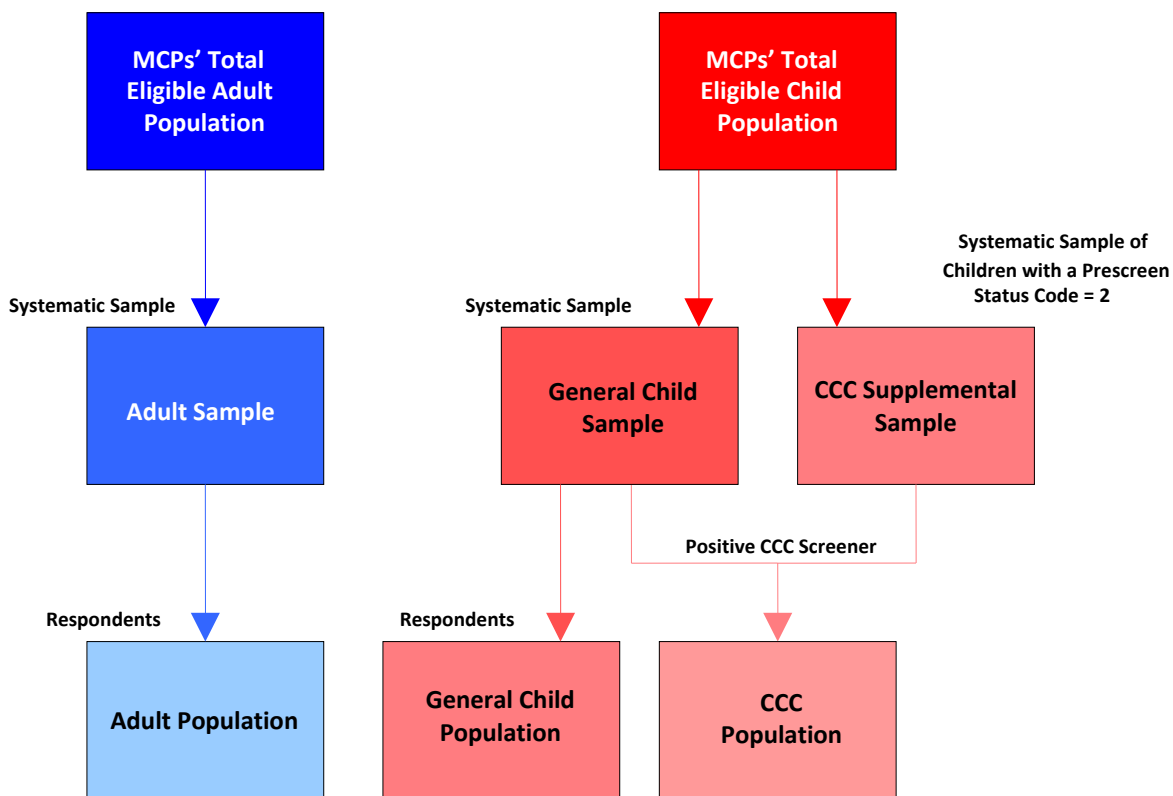
[1-10] Some MCPs chose to oversample their adult population more than the required 30 percent mandated by ODM.

[1-11] Some MCPs chose to sample their general child population more than the required 1,650 members.

For the child population, at least 3,490 child members were selected from each participating MCP.[1-12] The CAHPS 5.0H Child Medicaid Health Plan Survey includes several questions that constitute a CCC screener. This screener is used to identify children with chronic conditions from both the general child sample and CCC supplemental sample. The results presented in the "Children with Chronic Conditions Results" section of the Ohio Medicaid Managed Care Program CAHPS Full and Executive Summary Reports are based on the responses of parents or caretakers of children with (CCC population) and without (non-CCC population) chronic conditions.

Figure 1-2—CCC and Non-CCC Populations
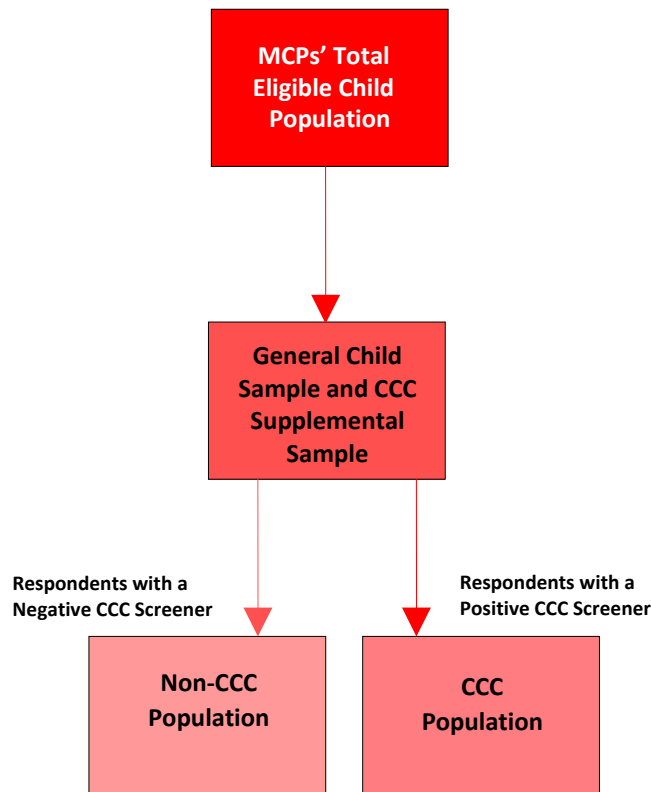
[1-12] Some MCPs chose to oversample the child population.

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 all sampled members. All sampled members received an English and/or Spanish version of the survey. A second survey mailing was sent out to all non-respondents. 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 mail surveys. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey or completed a survey via the Internet. A series of at least three CATI calls was made to each non-respondent.[1-13] It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.[1-14]

According to HEDIS specifications for the CAHPS Surveys, these surveys were completed using the time frames shown in Table 1-8.

Table 1-8—CAHPS Survey Mixed-Mode Methodology Time Frames[1-15]

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

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[1-13] National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2018 Survey Measures.* Washington, DC: NCQA, 2017.

[1-14] 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.

[1-15] National Committee for Quality Assurance. *HEDIS 2018*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA, 2017.

Several different analyses were performed to generate the Ohio Medicaid Managed Care Program CAHPS 2018 Survey results. This section provides a detailed discussion of each of the analyses used to generate the Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Reports.

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.[2-1] 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 adult Medicaid and questions 3, 30, 45, 49, and 54 for child Medicaid. 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 (they did not meet criteria described on page 1-7 of this report), they were mentally or physically incapacitated, or they had a language barrier.[2-2]

$$Response\ Rate = \frac{Number\ of\ Completed\ Surveys}{Sample\ -\ Ineligbles}$$

Demographics

Seven separate analyses were performed on a series of survey questions focusing on demographic items. These analyses examined the adult, general child, and CCC populations. Table 2-1, on page 2-2, depicts the table numbers in the Full Report that correspond to the analyses performed on the adult and general child members and the source of the data (either the adult and child surveys or sample frame data) used in calculating the demographic frequencies. Additional analyses were performed on a series of survey questions focusing on demographic and health-related items in the "Children with Chronic Conditions Results" section of the Ohio Medicaid Managed Care Program CAHPS Member Experience Survey Full Report. These analyses examined child members with and without chronic conditions. Table 2-2, on page 2-3, depicts the table numbers in the "Children with Chronic Conditions Results" section of the Full Report that correspond to the analyses performed on the child members with and without chronic

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[2-1] National Committee for Quality Assurance. *HEDIS 2018*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA, 2017.

[2-2] The mentally or physically incapacitated designation is not valid for the CAHPS 5.0H Child Medicaid Health Plan Survey. Children who are mentally or physically incapacitated are eligible for inclusion in the child results.

conditions and the source of the data (either the child survey or sample frame data) used in calculating the demographic frequencies.

Table 2-1—Adult and General Child Demographic Items Analyzed in Full Report[2-3]

Demographic Category	Source of Adult Data (Adult Survey Question Number or Sample Frame)	Source of Child Data (Child Survey Question Number or Sample Frame)
Table 2-1—Adult Member Profiles		
Age	Sample Frame	
Gender	Sample Frame	
Education	49	
Race	51	
Ethnicity	50	
Health Status	36	
Table 2-2—General Child Profiles		
Age		Sample Frame
Gender		Sample Frame
Race		77
Ethnicity		76
Health Status		58
Table 2-3—General Child Respondent Profiles		
Age		78
Gender		79
Education		80
Respondent Relationship to Child		81

[2-3] Table references (i.e., Table 2-2—General Child Profiles) correspond to the table numbers in the Full Report that correspond to the analyses performed.

Table 2-2—Demographic Items Analyzed for the CCC Population[2-4]

Demographic Category	Source of Child Data (Child Survey Question Number or Sample Frame)
Table 2-4—CCC and Non-CCC Respondent Profiles	
Age	78
Gender	79
Education	80
Respondent Relationship to Child	81
Table 2-5—CCC and Non-CCC Child Member Profiles	
Age	Sample Frame
Gender	Sample Frame
Race	77
Ethnicity	76
Health Status	58
Table 2-6—Responses to CCC Screener Questions—Response of "Yes" **Table 2-7—Distribution of Categories for CCC Population**	
Prescription Medicine	60, 61, 62
More Care	63, 64, 65
Functional Limitations	66, 67, 68
Special Therapy	69, 70, 71
Mental Health Services	72, 73

[2-4] Table references (i.e., Table 2-4—CCC and Non-CCC Respondent Profiles) correspond to the table numbers in the Full Report that correspond to the analyses performed.

Respondent/Non-Respondent Analysis

An analysis of the demographic characteristics of the respondents and non-respondents to the Ohio CAHPS Surveys was conducted. This analysis examined the adult and general child populations. The demographic information analyzed was derived from sample frame data. Member age and gender were broken into categories and analyzed for statistically significant differences between the respondent and non-respondent populations. The respondent/non-respondent analysis was limited to adult and general child members.

Hypothesis Test

One type of hypothesis test was applied to the results in the "Respondent/Non-Respondent Analysis" section. A *t* test was performed to determine whether the percentage of respondents was statistically significantly different from the percentage of non-respondents within a particular demographic category. The *t* statistic was determined using the formula below:

$$t = \frac{\mu_p - \mu}{\sqrt{\omega_p + \omega}}$$

In this equation, μ_p was the percentage of respondents and μ was the percentage of non-respondents.

$\omega_p = \dfrac{s_p^2}{n_p}$ and $\omega = \dfrac{s^2}{n}$, where s_p^2 and s^2 were sample variances for respondents and non-respondents, respectively.

Assignment of Arrows

Arrows were assigned to each MCP's and Ohio's Medicaid Managed Care Program's (i.e., Ohio Medicaid's) respondent percentages to indicate whether there were statistically significant differences between the respondent percentages and the non-respondent percentages within a particular demographic category. The difference between the respondent and non-respondent percentages was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. 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.

National Comparisons Analysis

The National Comparisons analysis was conducted following NCQA protocol. The three-point means were calculated in accordance with HEDIS specifications for survey measures.[2-5] According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. However, all MCPs' CAHPS/HEDIS results were reported, regardless of the number of responses. Measures with fewer than 100 responses are noted with an asterisk. Adult and general child members in Ohio's Medicaid Managed Care Program were included in this analysis.

Three-Point Mean Calculations

Three-point means were calculated for each of the four global rating questions (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and one individual item measure (Coordination of Care). For the global rating questions, scoring was based on a three-point scale: response values of 0 through 6 were given a score of 1, response values of 7 and 8 were given a score of 2, and response values of 9 and 10 were given a score of 3. For the individual item measure, scoring was based on a three-point scale: responses of "Always" were given a score of 3, responses of "Usually" were given a score of 2, and all other responses were given a score of 1. Table 2-3, on the following page, illustrates how the three-point global rating and individual item score values were determined.

The three-point global rating and individual item means were the sum of the response scores (1, 2, or 3) divided by the total number of responses to the question.

$$\textit{Global Rating and Individual Item Mean} = \frac{\sum_{i=1}^{n} x_i}{n}$$

i = 1, …, n members responding to question
x_i = score of member on question (either 1, 2, or 3)

Three-point means were calculated for the composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service).[2-6] Scoring was based on a three-point scale: responses of "Always" were given a score of 3, responses of "Usually" were given a score of 2, and all other responses were given a score of 1. Table 2-3, on the following page, illustrates how the three-point composite score values were determined.

[2-5] National Committee for Quality Assurance. *HEDIS 2018*, *Volume 3: Specifications for Survey Measures.* Washington, DC: NCQA, 2017.
[2-6] Three-point means are not calculated for the Shared Decision Making composite measure.

The three-point composite mean was the average of the mean score for each question included in the composite measure. That is, each question contributed equally to the average, regardless of the number of respondents to the question.

$$Composite\ Measure\ = \frac{1}{m}\sum_{i=1}^{m}\left(\sum_{j=1}^{n_i}\frac{x_{ij}}{n_i}\right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 1, 2, or 3)

Table 2-3—Determining Three-Point Score Values

Response Category	Score Values
Global Ratings: 0-10 Format	
0 – 6	1
7 – 8	2
9 – 10	3
Composite Measures/Individual Item Measure: Never/Sometimes/Usually/Always Format	
Never	1
Sometimes	1
Usually	2
Always	3

The "National Comparisons" section depicts results using a one-to-five-star rating system. For adult and general child members, star assignments were assigned based on a comparison of each measure's three-point means to NCQA's 2018 Benchmarks and Thresholds for Accreditation.[2-7]

Each year, NCQA releases the national benchmarks and thresholds for the HEDIS/CAHPS Survey results required for NCQA's accreditation of managed care organizations (MCOs) for the Medicaid population. NCQA requires MCOs to submit HEDIS and CAHPS data as part of the MCO accreditation process. Using these data submissions, NCQA recalculates the summary statistics annually for each HEDIS measure. These recalculated national results are compared to prior year's accreditation benchmarks and thresholds. If there is minimal change to the national performance, accreditation benchmarks and thresholds are held constant. If performance changes, NCQA considers updating the benchmarks and thresholds. In addition, should changes to the measures impact trending, NCQA will recalculate the benchmarks and thresholds and update as necessary to avoid penalizing the plans.

[2-7] National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2018*. Washington, DC: NCQA. August 20, 2018.

Table 2-4 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Table 2-4—Star Ratings

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

Table 2-5 provides a crosswalk of the number of stars to the adult national Medicaid three-point means on the global ratings, composite measures, and individual item measure.

Table 2-5—Overall Adult Medicaid Member Ratings Crosswalk

Measure	★★★★★	★★★★	★★★	★★	★
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

Table 2-6 provides a crosswalk of the number of stars to the general child national Medicaid three-point means on the global ratings, composite measures, and individual item measure.

Table 2-6—Overall General Child Medicaid Member Ratings Crosswalk

	Number of Stars				
Measure	★★★★★	★★★★	★★★	★★	★
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 Analysis

The "Statewide Comparisons Analysis" section presents results based on NCQA methodology. According to HEDIS specifications, results for the adult and child populations were reported separately, and no weighting or case-mix adjustment was performed on the results. However, all MCPs' CAHPS/HEDIS results were reported, regardless of the number of responses. Measures with fewer than 100 responses are noted with an asterisk. Adult and general child members in Ohio's Medicaid Managed Care Program were included in this analysis.

Overall Mean Calculations

For each global rating, composite measure, composite item, individual item, and question within the four specific areas of interest (i.e., Satisfaction with Health Plan, Satisfaction with Health Care Providers, Access to Care, and Utilization of Services), an overall mean was calculated on a three-point scale.[2-8,2-9]

[2-8] The Shared Decision Making composite, Family-Centered Care (FCC): Personal Doctor Who Knows Child, and Coordination of Care for Children with Chronic Conditions CCC composites consist of questions with Yes/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 composite measures have a maximum mean score of 1.0, and three-point means could not be calculated.

[2-9] For the questions within the four areas of interest, the mean was provided on a three-point scale or on a scale of 0 to 1, depending on the item.

Additional information on how the three-point means for the global ratings and composite measures are calculated can be found in Table 2-3, on page 2-6.

The overall mean for each composite item and each question within the four specific areas of interest was the sum of the response scores divided by the total number of responses to the item.

$$\textit{Item Overall Mean} \quad = \frac{\sum\limits_{i=1}^{n} x_i}{n}$$

i = 1, …, n members responding to item
x_i = score of member on item

Response Category Percentages

Response category percentages were calculated for each measure. For the global ratings, responses were classified into three categories:

- Satisfied—8 to 10
- Neutral—5 to 7
- Dissatisfied—0 to 4

For measures with a top-box score of "Usually/Always," responses were classified into three categories:

- Satisfied—Usually/Always
- Neutral—Sometimes
- Dissatisfied—Never

For measures with a top-box score of "Yes," responses were classified into two categories:

- Yes
- No

For questions within the four areas of interest, the response categories varied depending on the item.

For the global ratings, composite items, individual items, and questions within the four areas of interest, each of the response category percentages was calculated using the standard question summary rate formula. In other words, separate response category percentages (or question summary rates) were calculated for each of the response categories. Therefore, the total of these response category percentages was 100 percent.

$$\textit{Question Summary Rate (QSR)} = \frac{\sum_{i=1}^{n} x_i}{n}$$

i = 1, …, n members responding to question
x_i = score of member on question (either 0 or 1)

For the composite measures, separate response category percentages (or global proportions) were calculated for each of the response categories. For each response category, a score was calculated. This step was repeated for each of the questions in the composite. The average proportion for each response category was determined across all questions in the composite. This average was the composite global proportion. Each question contributed equally to the average regardless of the number of respondents to the question. Therefore, the total of the response category percentages was 100 percent.

$$\textit{Composite Global Proportion (GP)} = \frac{1}{m} \sum_{i=1}^{m} \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, …, m questions in a composite
j = 1, …, n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

For the Medical Assistance with Smoking and Tobacco Use Cessation measures, three rates were calculated:

- Advising Smokers and Tobacco Users to Quit
- Discussing Cessation Medications
- Discussing Cessation Strategies

Responses of "Sometimes," "Usually," and "Always" were used to determine if the member qualified for inclusion in the numerator. To be included in the denominator, members must have indicated that they were current smokers or tobacco users. NCQA's methodology of calculating a rolling average using the current and prior years' results was used. Separate response category percentages were calculated for each of the response categories.

$$Rate = \frac{(Year\ 1\ Numerator + Year\ 2\ Numerator)}{(Year\ 1\ Denominator + Year\ 2\ Denominator)}$$

Comparative Hypothesis Tests

MCP-level scores were compared to the Ohio Medicaid scores to determine whether there were statistically significant differences between the scores for each MCP and the Ohio Medicaid scores. Each of the response category percentages and the overall means were compared for statistically significant differences.

Two types of hypothesis tests were applied to the CAHPS Survey comparative results in the "Statewide Comparisons Analysis" section. First, a global F test was calculated, which determined whether the difference between MCP means was significant. The F statistic was determined using the formula below:

$$F = (1/(P-1))\sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The F statistic, as calculated above, had an F distribution with ($P-1$, q) degrees of freedom, where q was equal to n/P (i.e., the average number of respondents in an MCP). Due to these qualities, this F test produced p values that were slightly larger than they should have been; therefore, finding significant differences between MCPs was less likely. For Ohio Medicaid, an alpha-level of 0.05 was used. If the F test demonstrated MCP-level differences (i.e., $p < 0.05$), then a t test was performed for each MCP.

The t test determined whether each MCP's mean was statistically significantly different from the overall means of the other participating MCPs in the state. The equation for the differences was as follows:

$$\Delta_p = \hat{\mu}_p - (1/P)\sum_{p'} \hat{\mu}_{p'} = ((P-1)/P)\hat{\mu}_p - \sum_{p'}^* (1/P)\hat{\mu}_{p'}$$

In this equation, $\sum^*$ was the sum of all MCPs except MCP p.

The variance of Δ_p was:

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The t statistic was $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and had a t distribution with ($n_p - 1$) degrees of freedom. This statistic also produced p values that were slightly larger than they should have been; therefore, finding significant differences between an MCP p and the combined results of all MCPs was less likely.

Trending Hypothesis Test

Mean scores in 2018 were compared to the mean scores in 2017 to determine whether there were statistically significant differences between scores in 2018 and 2017. For each MCP and the program, the 2018 mean scores were compared to the 2017 mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. One type of

hypothesis test was applied to the CAHPS Survey trend results in the "Statewide Comparisons Analysis" section. A *t* test was performed to determine whether the MCP or program average mean in 2018 was statistically significantly different from the MCP or program average mean in 2017. The equation for the difference was as follows:

$$\Delta = \mu_1 - \frac{\mu_1 + \mu_2}{2} = \frac{\mu_1 - \mu_2}{2}$$

In this equation, μ_1 was the MCP or program average mean in 2018 and μ_2 was the MCP or program average mean in 2017.

The variance of Δ was:

$$\hat{V}(\Delta) = \frac{\hat{V}_1 + \hat{V}_2}{4}$$

The *t* statistic was $\Delta/\sqrt{\hat{V}(\Delta)}$ and had a *t* distribution with ($n_p - 1$) degrees of freedom. This statistic also produced *p* values that were slightly larger than they should have been; therefore, finding significant differences between an MCP *p* and the combined results of all MCPs was less likely.

Since NCQA calculates a rolling average using the current and prior years' results for the Medical Assistance with Smoking and Tobacco Use Cessation measures, the following was used to compare scores in 2018 to scores in 2017. The equations for the rolling averages Y1 and Y2 were as follow:

$$Y1 = W1 * X1 + (1 - W1) * X2$$

$$Y2 = W2 * X3 + (1 - W2) * X2$$

$$W1 = \frac{N1}{N1 + N2} \quad , \quad W2 = \frac{N3}{N3 + N2}$$

In these equations, *X1*, *X2*, and *X3* were the scores for 2016, 2017, and 2018, respectively, and *N1*, *N2*, and *N3* were the number of respondents to the measures in 2016, 2017, and 2018, respectively.

A *t* test was performed to determine whether the score in 2018 was statistically significantly different from the score in 2017. The *t* statistic was determined using the formulas below:

$$T = \frac{Y2 - Y1}{\sqrt{Var(Y2 - Y1)}}$$

$$Degree\ of\ Freedom = \sum_i N_i - 3$$

In the first equation, $Var(Y2 - Y1)$ was the variance of difference between the score in 2018 and the score in 2017.

The equation for the variance of difference was as follows:

$$Var(Y2 - Y1) = W1^2 * Var(X1) + (W2 - W1)^2 * Var(X2) + W2^2 * Var(X3)$$

In this equation, *Var(X1)*, *Var(X2)*, and *Var(X3)* were the variances for the scores in 2016, 2017, and 2018, respectively.

Assignment of Arrows

Arrows were assigned to each MCP's overall means to indicate whether there were statistically significant differences between MCP-level mean scores and the Ohio Medicaid mean scores. The difference in MCP performance from the Ohio Medicaid average was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. MCP-level scores that were statistically significantly higher than the Ohio Medicaid average are noted with upward (↑) arrows. MCP-level scores that were statistically significantly lower than the Ohio Medicaid average are noted with downward (↓) arrows. MCP-level scores that were not statistically significantly different from the Ohio Medicaid average are not noted with arrows.

Assignment of Triangles

Directional triangles were assigned to each MCP's overall means to indicate whether there were statistically significant differences between MCP-level mean scores in 2018 and MCP-level mean scores in 2017. Directional triangles were also assigned to the program's overall means to indicate whether there were statistically significant differences between program-level mean scores in 2018 and program-level mean scores in 2017. The difference in performance from 2017 to 2018 was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. Scores that were statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 are not noted with triangles.

Priority Areas for Quality Improvement

To determine potential items for quality improvement efforts, a priority areas analysis was performed. The purpose of the priority areas analysis is to help decision makers identify specific aspects of care that will benefit most from quality improvement (QI) activities. The analysis provides information on:

- How *well* the health plan/program is performing on the survey item.
- How *important* that item is to overall member experience.

The priority areas analysis focused on the following three global ratings: 1) Rating of Health Plan, 2) Rating of All Health Care, and 3) Rating of Personal Doctor.

HSAG compared these global ratings to each question to generate the priority areas. Table 2-7, on page 2-15, presents the individual survey questions evaluated for the three global ratings to determine priority areas.

Table 2-7—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	*Adult:* 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? *Child:* 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	*Adult:* In the last 6 months, how often did your health plan's customer service give you the information or help you needed? *Child:* 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	*Adult:* In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? *Child:* In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

Problem Scores

The perceived performance on a composite item is measured by calculating a *problem score*, in which a negative experience with care is defined as a problem and assigned a "1," and a non-negative experience is assigned a "0." The higher the problem score, the more negative the member experience with the aspect of service measured by that question. The problem score can range from 0 to 1.

Table 2-8 depicts the problem score assignments for the different response categories.

Table 2-8—Problem Score Assignment

Never/Sometimes/Usually/Always Format		
Response Category	**Classification**	**Code**
Never	Problem	1
Sometimes	Problem	1
Usually	Not a problem	0
Always	Not a problem	0
No response	Not classified	Missing
No/Yes Format		
Response Category	**Classification**	**Code**
No	Problem	1
Yes	Not a problem	0
No response	Not classified	Missing

It should be noted that, since the priority areas analysis is based on data from individual health plans, the problem scores and correlations are **not** case-mix adjusted for differences among the populations.

A problem score above the median problem score is considered to be "high." A correlation above the median correlation is considered to be "high." Priority areas are those items for which the problem score and correlation are both at or above their respective medians. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have disproportionate influence in prioritizing individual questions.

The problem score mean was the sum of the problem scores (0 or 1) divided by the total number of responses to the composite item questions.

$$Problem\ Score\ Mean\ = \sum_{i}^{n} \frac{x_i}{n}$$

i = 1, ..., n members responding to composite items
x_i = score of member on composite item (either 0 or 1)

Correlation Analysis

The relationship between the composite item's problem score and the global rating's 10-point mean was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations.

$$\rho_{X,Y} = \frac{\text{cov}(X,Y)}{\sigma_X \sigma_Y}$$

The correlation can range from -1 to 1, with negative values indicating a negative relationship between the global rating and a particular composite item's problem score. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of r is used in the analysis, and the range for r is 0 to 1. An r of zero indicates no relationship between the response to a question and satisfaction. As r increases, the importance of the question to the respondent's satisfaction increases.

Priority Assignment

A priority matrix was used to identify priority levels of each composite item. Each global rating was assessed separately for the program and each MCP. Separate analyses were performed for the adult and child populations. To determine the priority level for each composite item, the following steps took place:

1. The median of the problem scores for all composite items was identified.
2. The median correlation among all composite items' correlations with the global rating was identified.
3. A matrix was developed with the correlation on the y-axis and the problem score on the x-axis. The medians (as described in steps 1 and 2) were used to divide the matrix into quadrants.
4. Composite items were placed within the priority matrix depending on how the composite items' problem scores and correlations compared to the medians.
5. Priority levels were assigned to the composite items based on the following:
   - Low priorities were those composite items for which both the problem score, and correlation were below their respective medians.
   - Moderate priorities were those composite items for which the problem score or correlation, but not both, was at or above its respective median.
   - Top priorities were those composite items for which both the problem score, and correlation were at or above their respective medians.

CCC and Non-CCC Comparative Analysis

An analysis of the Ohio CAHPS results was conducted for the "CCC and Non-CCC Comparisons" section of the reports. This section presented results for child members whose parents or caretakers completed a survey from both the general child and CCC supplemental samples. For the "CCC and Non-CCC Comparisons" section, no threshold number of responses was required for the results to be reported.

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 (with the chronic conditions measurement set). This series contained five sets of survey questions that focused on specific health care needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needs or uses **prescription medicine**.
- Child needs or uses **more medical care, mental health services, or educational services** than other children of the same age need or use.
- Child has **limitations** in the ability to do what other children of the same age do.
- Child needs or uses **special therapy**.
- Child needs or uses **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 (those in the CCC population) and which did not (those in the non-CCC population). Therefore, the general population of children (i.e., those in the general child sample) could have included children with chronic conditions based on the responses to the survey questions. For each category, except for the Mental Health Services category, there were three screener questions. The first question was a gate item for the second question and asked whether the child's use or need was due to a health condition. Respondents that selected "No" to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents that 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 has lasted or is expected to last at least 12 months. Respondents that selected "No" to the first question were instructed to skip the second question in this category. The 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.

Overall Mean Calculations and Response Category Percentages

The calculations performed for the "CCC and Non-CCC Comparisons" section were similar to those performed for the statewide comparisons analysis. However, the groups being compared were not MCPs; they were the CCC and the non-CCC populations. As was done for the statewide comparisons analysis, an overall mean and response category percentages were calculated for each measure. Additional information on the calculation of overall means and response category percentages can be found beginning on page 2-9.

Scores for the CCC population were compared to the scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. Each of the response category percentages and the overall means were compared for statistically significant differences. The *t* test determined whether the CCC population's score was statistically significantly different from the non-CCC population's score. The *t* statistic was determined using the formula below:

$$t = \frac{\mu_p - \mu}{\sqrt{\omega_p + \omega}}$$

In this equation, μ_p was the percentage of CCC respondents and μ was the percentage of non-CCC respondents. $\omega_p = \frac{s_p^2}{n_p}$ and $\omega = \frac{s^2}{n}$, where s_p^2 and s^2 were sample variances for respondents in CCC and non-CCC respondents, respectively.

Assignment of Arrows

Arrows were assigned to each population's overall means to indicate whether there were statistically significant differences between the populations. The difference between the populations was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. Scores for one population that were statistically significantly higher than scores for the other population are noted with upward (↑) arrows. Scores for one population that were statistically significantly lower than scores for the other population are noted with downward (↓) arrows. Scores for one population that were not statistically significantly different from the other population are not noted with arrows.

Assignment of Triangles

Directional triangles were assigned to each population's overall means to indicate whether there were statistically significant differences between population-level mean scores in 2018 and population-level mean scores in 2017. The difference in performance from 2017 to 2018 was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. Scores that were statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Scores in 2018 that were not statistically significantly different from scores in 2017 are not noted with triangles.

Understanding Sampling Error

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

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

Since every member in an MCP's total population was not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques were 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 $\pm$ 10 percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. The size of the sampling error shown in Figure 3-1, on page 3-2, was based on the number of completed surveys. Figure 3-1 indicates that if 400 MCP members completed a survey, the margin of error would be $\pm$ 4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population was greater than 2,000, as is the case with 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 3-1—Sampling Error and the Number of Completed Surveys
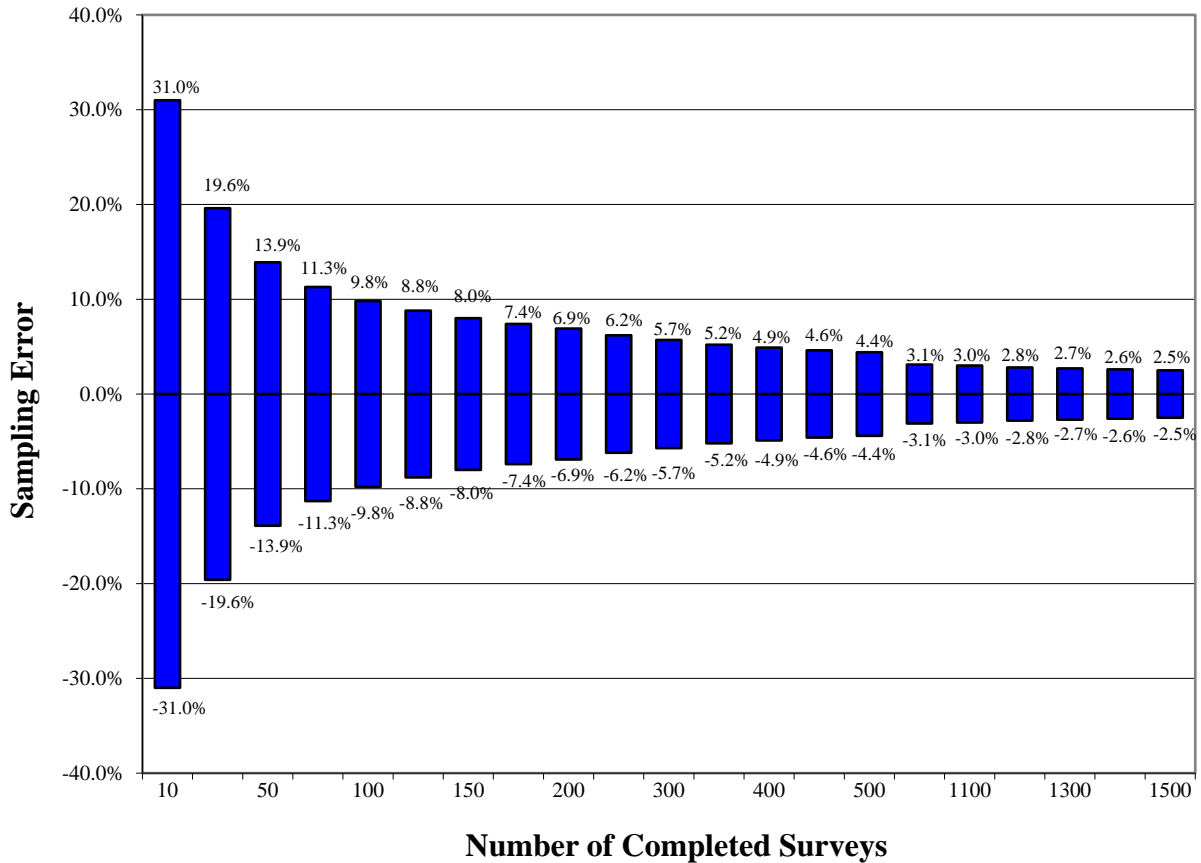
As Figure 3-1 demonstrates, sampling error declines as the number of completed surveys increases.[3-1] Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences 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 being reviewed will influence the interpretation of results. Table 3-1 depicts the sampling errors for various numbers of responses.[3-2]

Table 3-1—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

[3-1] Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.
[3-2] Ibid.

It may be helpful to review how sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid program 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 members of an MCP 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 program average when sampling error is included. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. At the same time, lack of statistical significance is not the same as lack of importance. The significance of this 5 percentage-point difference is open to interpretation at both the individual MCP level and the state level.

After potential sampling error has been taken into consideration, it is recommended that MCP-level results calculated using NCQA methodology be compared to the 2018 program average (using NCQA methodology), NCQA's 2018 CAHPS Benchmarks and Thresholds for Accreditation (for adult and general child results), and the 2017 NCQA national Medicaid averages.

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 statistically significant. Statistical tests enabled HSAG to determine if the results of the analyses were statistically significant. However, statistical significance does not necessarily equate to clinical significance, and vice versa. Statistical significance is influenced by the number of observations (i.e., the larger the number of observations, the more likely a statistically significant result will be found). Clinical significance depends on the magnitude of the effect being studied. While results may be statistically significant because the study was larger, small differences in rates may not be important from a clinical point of view.

Understanding Correlation Analysis

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

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

Calculating correlation statistics yields a number called the coefficient of correlation. The coefficient may vary from 0.00 to +/-1.00. The strength of a correlation depends on its size, not its sign. For example, a correlation of -0.72 is stronger than a correlation of +0.53. As the correlation coefficient approaches 0.00, it can be inferred that there is no correlation between the two variables. The priority areas 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 affect change in the results of 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.

Limitations and Cautions

The findings presented in the reports were subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

Case-Mix Adjustment

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.[3-3]

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.

[3-3] 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.

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 provide different ratings of 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.

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.

The survey instruments selected for the 2018 Adult and Child Medicaid Managed Care Program Consumer Experience Survey were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the CCC measurement set). This section provides a copy of the standard NCQA HEDIS version of these surveys. The survey instruments do not include the ODM supplemental questions or any plan-specific supplemental questions.

HEDIS 2018 CAHPS Health Plan Survey 5.0H Adult Questionnaire (Medicaid)

CAHPS® 5.0H Adult Questionnaire (Medicaid)
SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.

- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☑ Yes   ➔**If Yes, Go to Question 1**

☐ No

{This box should be placed on the Cover Page}

1. **Our records show that you are now in {INSERT HEALTH PLAN NAME/ STATE MEDICAID PROGRAM NAME}. Is that right?**
    1☐   Yes ➔ **If Yes, Go to Question 3**
    2☐   No

2. **What is the name of your health plan? (Please print)**

    _____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.

3. **In the last 6 months, did you have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?**
    1☐ Yes
    2☐ No ➔ **If No, Go to Question 5**

4. **In the last 6 months, when you <u>needed care right away</u>, how often did you get care as soon as you needed?**
    1☐ Never
    2☐ Sometimes
    3☐ Usually
    4☐ Always

5. **In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> at a doctor's office or clinic?**
    1☐ Yes
    2☐ No ➔ **If No, Go to Question 7**

6. **In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> at a doctor's office or clinic as soon as you needed?**
    1☐ Never
    2☐ Sometimes
    3☐ Usually
    4☐ Always

7. **In the last 6 months, <u>not</u> counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?**

   0 ☐ None ➜ **If None, Go to Question 15**

   1 ☐ 1 time

   2 ☐ 2

   3 ☐ 3

   4 ☐ 4

   5 ☐ 5 to 9

   6 ☐ 10 or more times

8. **In the last 6 months, did you and a doctor or other health provider talk about specific things you could do to prevent illness?**

   1 ☐ Yes

   2 ☐ No

9. **In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?**

   1 ☐ Yes

   2 ☐ No ➜ **If No, Go to Question 13**

10. **Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?**

    1 ☐ Yes

    2 ☐ No

11. **Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?**

    1 ☐ Yes

    2 ☐ No

12. **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?**

    1 ☐ Yes

    2 ☐ No

13. **Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?**

    00 ☐ 0 Worst health care possible

    01 ☐ 1

    02 ☐ 2

    03 ☐ 3

    04 ☐ 4

    05 ☐ 5

    06 ☐ 6

    07 ☐ 7

    08 ☐ 8

    09 ☐ 9

    10 ☐ 10 Best health care possible

14. **In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?**

    1 ☐ Never

    2 ☐ Sometimes

    3 ☐ Usually

    4 ☐ Always

YOUR PERSONAL DOCTOR

15. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

1☐ Yes

2☐ No ➔ If **No, Go to Question 24**

16. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

0☐ None ➔ **If None, Go to Question 23**

1☐ 1 time

2☐ 2

3☐ 3

4☐ 4

5☐ 5 to 9

6☐ 10 or more times

17. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

18. In the last 6 months, how often did your personal doctor listen carefully to you?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

19. In the last 6 months, how often did your personal doctor show respect for what you had to say?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

21. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

1☐ Yes

2☐ No ➔ **If No, Go to Question 23**

22. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

23. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

00 ☐ 0 Worst personal doctor possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments to see a specialist?

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 28**

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

26. How many specialists have you seen in the last 6 months?

0 ☐ None ➔ If **None, Go to Question 28**

1 ☐ 1 specialist

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 or more specialists

27. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 00 ☐ 0 Worst specialist possible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- 1 ☐ Yes
- 2 ☐ No ➔ **If No, Go to Question 30**

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

30. In the last 6 months, did you get information or help from your health plan's customer service?

- 1 ☐ Yes
- 2 ☐ No ➔ **If No, Go to Question 33**

31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

¹☐ Yes

²☐ No ➔ **If No, Go to Question 35**

34. In the last 6 months, how often were the forms from your health plan easy to fill out?

¹☐ Never

²☐ Sometimes

³☐ Usually

⁴☐ Always

35. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

⁰⁰☐ 0 Worst health plan possible

⁰¹☐ 1

⁰²☐ 2

⁰³☐ 3

⁰⁴☐ 4

⁰⁵☐ 5

⁰⁶☐ 6

⁰⁷☐ 7

⁰⁸☐ 8

⁰⁹☐ 9

¹⁰☐ 10 Best health plan possible

ABOUT YOU

36. In general, how would you rate your overall health?

¹☐ Excellent

²☐ Very Good

³☐ Good

⁴☐ Fair

⁵☐ Poor

37. In general, how would you rate your overall <u>mental or emotional health</u>?

¹☐ Excellent

²☐ Very Good

³☐ Good

⁴☐ Fair

⁵☐ Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2017?

¹☐ Yes

²☐ No

³☐ Don't know

39. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

¹☐ Every day

²☐ Some days

³☐ Not at all ➔ **If Not at all, Go to Question 43**

⁴☐ Don't know ➔ **If Don't know, Go to Question 43**

40. **In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

41. **In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

42. **In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.**
   1☐ Never
   2☐ Sometimes
   3☐ Usually
   4☐ Always

43. **In the last 6 months, did you get health care 3 or more times for the same condition or problem?**
   1☐ Yes
   2☐ No ➔**If No, Go to Question 45**

44. **Is this a condition or problem that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.**
   1☐ Yes
   2☐ No

45. **Do you now need or take medicine prescribed by a doctor? Do <u>not</u> include birth control.**
   1☐ Yes
   2☐ No ➔**If No, Go to Question 47**

46. **Is this medicine to treat a condition that has lasted for at least 3 months? Do <u>not</u> include pregnancy or menopause.**
   1☐ Yes
   2☐ No

47. **What is your age?**
   1☐ 18 to 24
   2☐ 25 to 34
   3☐ 35 to 44
   4☐ 45 to 54
   5☐ 55 to 64
   6☐ 65 to 74
   7☐ 75 or older

48. **Are you male or female?**
   1☐ Male
   2☐ Female

49. What is the highest grade or level of school that you have completed?

1 ☐ 8th grade or less

2 ☐ Some high school, but did not graduate

3 ☐ High school graduate or GED

4 ☐ Some college or 2-year degree

5 ☐ 4-year college graduate

6 ☐ More than 4-year college degree

50. Are you of Hispanic or Latino origin or descent?

1 ☐ Yes, Hispanic or Latino

2 ☐ No, Not Hispanic or Latino

51. What is your race? Mark one or more.

a ☐ White

b ☐ Black or African-American

c ☐ Asian

d ☐ Native Hawaiian or other Pacific Islander

e ☐ American Indian or Alaska Native

f ☐ Other

52. Did someone help you complete this survey?

1 ☐ Yes ➔ **If Yes, Go to Question 53**

2 ☐ No ➔ **Thank you. Please return the completed survey in the postage-paid envelope.**

53. How did that person help you? Mark one or more.

a ☐ Read the questions to me

b ☐ Wrote down the answers I gave

c ☐ Answered the questions for me

d ☐ Translated the questions into my language

e ☐ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

HEDIS 2018 CAHPS Health Plan Survey 5.0H Child Questionnaire
(With CCC Measure)

CAHPS® 5.0H Child Questionnaire (With CCC Measure)
SURVEY INSTRUCTIONS

- Answer each question by marking the box to the left of your answer.

- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

  ☑ Yes **➔If Yes, Go to Question 1**

  ☐ No

{This box should be placed on the Cover Page}

Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. **Our records show that your child is now in {INSERT STATE MEDICAID PROGRAM NAME}. Is that right?**
   1 ☐ Yes ➔ **If Yes, Go to Question 3**
   2 ☐ No

2. **What is the name of your child's health plan? (please print)**
   _____

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your child's health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> include the times your child went for dental care visits.

3. **In the last 6 months, did your child have an illness, injury, or condition that <u>needed care right away</u> in a clinic, emergency room, or doctor's office?**
   1 ☐ Yes
   2 ☐ No ➔ **If No, Go to Question 5**

4. **In the last 6 months, when your child <u>needed care right away</u>, how often did your child get care as soon as he or she needed?**
   1 ☐ Never
   2 ☐ Sometimes
   3 ☐ Usually
   4 ☐ Always

5. **In the last 6 months, did you make any appointments for a <u>check-up or routine care</u> for your child at a doctor's office or clinic?**
   1 ☐ Yes
   2 ☐ No ➔ **If No, Go to Question 7**

6. **In the last 6 months, when you made an appointment for a <u>check-up or routine care</u> for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?**
   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

7. **In the last 6 months, <u>not</u> counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?**
   [0] ☐ None ➔ **If None, Go to Question 16**
   [1] ☐ 1 time
   [2] ☐ 2
   [3] ☐ 3
   [4] ☐ 4
   [5] ☐ 5 to 9
   [6] ☐ 10 or more times

8. **In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?**
   [1] ☐ Yes
   [2] ☐ No

9. **In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?**
   [1] ☐ Never
   [2] ☐ Sometimes
   [3] ☐ Usually
   [4] ☐ Always

10. **In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?**
    [1] ☐ Yes
    [2] ☐ No ➔ **If No, Go to Question 14**

11. **Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?**
    [1] ☐ Yes
    [2] ☐ No

12. **Did you and a doctor or other health provider talk about the reasons you might <u>not</u> want your child to take a medicine?**
    [1] ☐ Yes
    [2] ☐ No

13. **When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?**

   1 ☐ Yes

   2 ☐ No

14. **Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?**

   00 ☐ 0   Worst health care possible

   01 ☐ 1

   02 ☐ 2

   03 ☐ 3

   04 ☐ 4

   05 ☐ 5

   06 ☐ 6

   07 ☐ 7

   08 ☐ 8

   09 ☐ 9

   10 ☐ 10 Best health care possible

15. **In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?**

   1 ☐ Never

   2 ☐ Sometimes

   3 ☐ Usually

   4 ☐ Always

16. **Is your child now enrolled in any kind of school or daycare?**

   1 ☐ Yes

   2 ☐ No ➜ If **No, Go to Question 19**

17. **In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?**

   1 ☐ Yes

   2 ☐ No ➜ **If No, Go to Question 19**

18. **In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?**

   1 ☐ Yes

   2 ☐ No

SPECIALIZED SERVICES

19. **Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**
    1 ☐ Yes
    2 ☐ No   ➔**If No, Go to Question 22**

20. **In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**
    1 ☐ Never
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

21. **Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**
    1 ☐ Yes
    2 ☐ No

22. **In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**
    1 ☐ Yes
    2 ☐ No ➔**If No, Go to Question 25**

23. **In the last 6 months, how often was it easy to get this therapy for your child?**
    1 ☐ Never
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

24. **Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**
    1 ☐ Yes
    2 ☐ No

25. **In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?**
    1 ☐ Yes
    2 ☐ No ➔**If No, Go to Question 28**

26. **In the last 6 months, how often was it easy to get this treatment or counseling for your child?**
    1 ☐ Never
    2 ☐ Sometimes
    3 ☐ Usually
    4 ☐ Always

27. **Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?**
    1 ☐ Yes
    2 ☐ No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

1☐ Yes

2☐ No ➔ **If No, Go to Question 30**

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

1☐ Yes

2☐ No

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

1☐ Yes

2☐ No ➔ **If No, Go to Question 45**

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

0☐ None ➔ **If None, Go to Question 41**

1☐ 1 time

2☐ 2

3☐ 3

4☐ 4

5☐ 5 to 9

6☐ 10 or more times

32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

1☐ Never

2☐ Sometimes

3☐ Usually

4☐ Always

34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

35. Is your child able to talk with doctors about his or her health care?

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 37**

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for <u>your child</u> to understand?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

1 ☐ Yes

2 ☐ No

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 41**

40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

00 ☐ 0 Worst personal doctor possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10 Best personal doctor possible

42. **Does your child have any medical, behavioral, or other health conditions that have lasted for more than <u>3 months</u>?**

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 45**

43. **Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?**

1 ☐ Yes

2 ☐ No

44. **Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your <u>family's</u> day-to-day life?**

1 ☐ Yes

2 ☐ No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do <u>not</u> include dental visits or care your child got when he or she stayed overnight in a hospital.

45. **Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?**

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 49**

46. **In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

47. **How many specialists has your child seen in the last 6 months?**

0 ☐ None ➔ **If None, Go to Question 49**

1 ☐ 1 specialist

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ 5 or more specialists

48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 00 ☐ 0   Worst specialist possible
- 01 ☐ 1
- 02 ☐ 2
- 03 ☐ 3
- 04 ☐ 4
- 05 ☐ 5
- 06 ☐ 6
- 07 ☐ 7
- 08 ☐ 8
- 09 ☐ 9
- 10 ☐ 10   Best specialist possible

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

49. In the last 6 months, did you get information or help from customer service at your child's health plan?

- 1 ☐ Yes
- 2 ☐ No ➔ **If No, Go to Question 52**

50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- 1 ☐ Never
- 2 ☐ Sometimes
- 3 ☐ Usually
- 4 ☐ Always

52. In the last 6 months, did your child's health plan give you any forms to fill out?

- 1 ☐ Yes
- 2 ☐ No ➔ **If No, Go to Question 54**

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

00 ☐ 0   Worst health plan possible

01 ☐ 1

02 ☐ 2

03 ☐ 3

04 ☐ 4

05 ☐ 5

06 ☐ 6

07 ☐ 7

08 ☐ 8

09 ☐ 9

10 ☐ 10   Best health plan possible

PRESCRIPTION MEDICINES

55. In the last 6 months, did you get or refill any prescription medicines for your child?

1 ☐ Yes

2 ☐ No ➔ **If No, Go to Question 58**

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

1 ☐ Yes

2 ☐ No

ABOUT YOUR CHILD AND YOU

58. In general, how would you rate your child's overall health?
1 ☐ Excellent
2 ☐ Very Good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

59. In general, how would you rate your child's overall <u>mental or emotional</u> health?
1 ☐ Excellent
2 ☐ Very Good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 63**

61. Is this because of any medical, behavioral, or other health condition?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 63**

62. Is this a condition that has lasted or is expected to last for at least 12 months?
1 ☐ Yes
2 ☐ No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 66**

64. Is this because of any medical, behavioral, or other health condition?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 66**

65. Is this a condition that has lasted or is expected to last for at least 12 months?
1 ☐ Yes
2 ☐ No

66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 69**

67. Is this because of any medical, behavioral, or other health condition?
1 ☐ Yes
2 ☐ No ➔ **If No, Go to Question 69**

68. Is this a condition that has lasted or is expected to last for at least 12 months?
1 ☐ Yes
2 ☐ No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
1☐ Yes
2☐ No ➔ **If No, Go to Question 72**

70. Is this because of any medical, behavioral, or other health condition?
1☐ Yes
2☐ No ➔ **If No, Go to Question 72**

71. Is this a condition that has lasted or is expected to last for at least 12 months?
1☐ Yes
2☐ No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
1☐ Yes
2☐ No ➔ **If No, Go to Question 74**

73. Has this problem lasted or is it expected to last for at least 12 months?
1☐ Yes
2☐ No

74. What is your child's age?
00☐ Less than 1 year old
_____ YEARS OLD *(write in)*

75. Is your child male or female?
1☐ Male
2☐ Female

76. Is your child of Hispanic or Latino origin or descent?
1☐ Yes, Hispanic or Latino
2☐ No, not Hispanic or Latino

77. What is your child's race? Mark one or more.
a☐ White
b☐ Black or African-American
c☐ Asian
d☐ Native Hawaiian or other Pacific Islander
e☐ American Indian or Alaska Native
f☐ Other

78. What is your age?
0☐ Under 18
1☐ 18 to 24
2☐ 25 to 34
3☐ 35 to 44
4☐ 45 to 54
5☐ 55 to 64
6☐ 65 to 74
7☐ 75 or older

79. Are you male or female?
1☐ Male
2☐ Female

80. What is the highest grade or level of school that you have completed?

1 ☐ 8th grade or less

2 ☐ Some high school, but did not graduate

3 ☐ High school graduate or GED

4 ☐ Some college or 2-year degree

5 ☐ 4-year college graduate

6 ☐ More than 4-year college degree

81. How are you related to the child?

1 ☐ Mother or father

2 ☐ Grandparent

3 ☐ Aunt or uncle

4 ☐ Older brother or sister

5 ☐ Other relative

6 ☐ Legal guardian

7 ☐ Someone else

82. Did someone help you complete this survey?

1 ☐ Yes ➔ **If Yes, Go to Question 83**

2 ☐ No ➔ **Thank you. Please return the completed survey in the postage-paid envelope.**

83. How did that person help you? Mark one or more.

a ☐ Read the questions to me

b ☐ Wrote down the answers I gave

c ☐ Answered the questions for me

d ☐ Translated the questions into my language

e ☐ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.