



2014 Ohio Medicaid Managed Care Program CAHPS® Member Satisfaction Survey Full Report

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1.	INTRODUCTION	1-1
	Overview	1-1
	Sampling Procedures	1-2
	Survey Protocol	1-5
	Response Rates	1-6
2.	DEMOGRAPHICS	2-1
	Background	2-1
	Adult and General Child Profiles	2-1
	Children with Chronic Conditions Profiles	2-5
3.	RESPONDENT/NON-RESPONDENT ANALYSIS	3-1
	Description	3-1
	Analysis	3-1
4.	ADULT AND GENERAL CHILD RESULTS	4-1
	National Comparisons	4-1
	Statewide Comparisons	4-5
	Key Drivers of Performance	4-151
	Crosstabulations	4-190
5.	CHILDREN WITH CHRONIC CONDITIONS RESULTS	5-1
	CCC and Non-CCC Comparisons	5-3
	Crosstabulations	5-92
6.	SUMMARY OF RESULTS	6-1
	Adult and General Child Results	6-1
	Children with Chronic Conditions Results	6-16
7.	CONCLUSIONS AND RECOMMENDATIONS	7-1
	Conclusions	7-1
	Cautions and Limitations	7-3
	Recommendations	7-4
8.	READER’S GUIDE	8-1
	How to Read Figures in the Results Section	8-1
	Understanding Statistical Significance	8-4
	Understanding Correlation Analysis	8-4
	Understanding Sampling Error	8-5
	Quality Improvement References	8-8

Overview

The Ohio Department of Medicaid (ODM) requires a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high quality health care services. These activities include surveys of member satisfaction and 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' 2014 survey data and report the results.

This report presents the 2014 CAHPS results of adult members and the parents or caretakers of child members enrolled in an MCP. These results are trended using the 2013 CAHPS results.

The standardized survey instruments administered in 2014 were the CAHPS 5.0H Adult Medicaid Health Plan Survey and the CAHPS 5.0H Child Medicaid Health Plan Survey (with the children with chronic conditions [CCC] measurement set). Five MCPs participated in the 2014 CAHPS Medicaid Health Plan Surveys, as listed in Table 1-1 on the following page. In 2013, two additional plans (AMERIGROUP and WellCare) were surveyed; however, for purposes of trending in this report the 2013 results for these two MCPs have been removed from the analysis. Adult members and the parents or caretakers of child members from each MCP completed the 2014 surveys from February to May 2014.

Upon analyzing the MCPs' 2014 survey data, HSAG discovered that CareSource's Medicaid Child Survey-Children with Chronic Conditions (MCS-CCC) data file was incomplete. As a result, HSAG obtained and used the data file from CareSource's independent administration in 2014 of the CAHPS 5.0H Child Medicaid Health Plan Survey. While these data were suitable for analysis, the data were limited to CareSource's general child population. Therefore, Ohio Medicaid's 2014 CAHPS reports include CareSource's results for the general child population, but do not include CareSource's results in any of the analyses related to the CCC and non-CCC populations.

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).

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

Sampling Procedures

Sample Frame

ODM required the MCPs to administer the 2014 CAHPS Surveys according to the NCQA HEDIS Specifications for Survey Measures.¹⁻³ The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2013. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2013). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2013). Table 1-2 depicts the total sample frame size (i.e., total number of members eligible for sampling) by population (adult or child) for each MCP.

MCP	Adult Sample Frame	Child Sample Frame
Buckeye	53,449	83,861
CareSource	310,294	527,537
Molina	84,096	132,177
Paramount	36,517	77,706
UnitedHealthcare	52,851	82,901

¹⁻³ National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

Sample Size

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

MCP	Adult Sample Size	General Child Sample Size
Buckeye	1,755	1,980
CareSource	2,295	2,805
Molina	1,755	2,310
Paramount	1,755	1,650
UnitedHealthcare	1,890	2,310

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

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

¹⁻⁵ National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

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

Table 1-4 CCC Supplemental Sample Sizes	
MCP	CCC Supplemental Sample Size
Buckeye	2,208
CareSource	–
Molina	1,840
Paramount	1,840
UnitedHealthcare	2,576

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

Table 1-5 MCP Oversampling Rates		
MCP	Adult Rate	General Child Rate
Buckeye	30%	20%
CareSource	70%	70%
Molina	30%	40%
Paramount	30%	0%
UnitedHealthcare	40%	40%

¹⁻⁶ The oversampling percentage varied for each MCP.

Survey Protocol

The MCPs contracted with separate survey vendors to perform the administration of the CAHPS surveys. The survey administration protocol employed by the MCPs' vendors allowed for two methods by which members could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. Sampled members received an English and/or Spanish version of the survey.¹⁻⁷ A second survey was sent to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) for sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.¹⁻⁸ It has been shown that the addition of a telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a health plan's population.¹⁻⁹

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

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

¹⁻⁷ Some MCPs chose an enhanced survey methodology and administered a Spanish version, in addition to or in place of an English version, of the survey instrument to members.

¹⁻⁸ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2014 Survey Measures*. Washington, DC: NCQA Publication, 2013.

¹⁻⁹ 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.

¹⁻¹⁰ National Committee for Quality Assurance. *HEDIS[®] 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

Response Rates

The administration of the CAHPS Surveys is comprehensive and is designed to achieve the highest possible response rate. A high response rate facilitates the generalization of the survey responses to an MCP's population. The response rate is the total number of completed surveys divided by all eligible members of the sample.¹⁻¹¹ For both the adult and child surveys, a member's survey was assigned a disposition code of "completed" if any one question was answered within the survey. Eligible members included the entire random sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were deceased, they were invalid (did not meet the criteria on page 1-2 of this report), they were mentally or physically incapacitated, or they had a language barrier.¹⁻¹² For additional information on the calculation of a completed survey and response rates, please refer to the Methodology Report.

For 2014, a total of 6,052 surveys were completed for Ohio's Medicaid Managed Care Program. This total includes 2,929 adult surveys and 3,123 general child surveys (note, child members in the CCC supplemental sample are not included in this number). The survey response rates were 29.93 percent for Ohio's Medicaid Managed Care Program, 31.43 percent for the adult population, and 28.65 percent for the general child population (which excludes children in the CCC supplemental sample).

Table 1-7 depicts the total response rates (combining adult and general child members) and the response rates by population (adult or general child) for Ohio's Medicaid Managed Care Program and all participating MCPs.

	Total Response Rate	Adult Response Rate	General Child Response Rate
Ohio Medicaid	29.93%	31.43%	28.65%
Buckeye	29.84%	32.10%	27.83%
CareSource	30.14%	33.19%	27.66%
Molina	30.96%	33.33%	29.18%
Paramount	27.08%	27.88%	26.23%
UnitedHealthcare	31.07%	30.24%	31.75%

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

¹⁻¹¹ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2014 Survey Measures*. Washington, DC: NCQA Publication, 2013.

¹⁻¹² The mentally or physically incapacitated designation is not valid for the CAHPS 5.0H Child Medicaid Health Plan Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

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

Table 1-8			
CAHPS 5.0H Medicaid Completed Surveys			
	Total Completed Surveys	Adult Completed Surveys	General Child Completed Surveys
Ohio Medicaid	6,052	2,929	3,123
Buckeye	1,091	553	538
CareSource	1,520	751	769
Molina	1,244	575	669
Paramount	914	487	427
UnitedHealthcare	1,283	563	720
<i>Please note, children in the CCC supplemental sample are not included in the number of completed surveys.</i>			

A total of 5,153 parents or caretakers of child members returned a completed survey from both the general child and CCC supplemental sample. Of the 5,153 completed child surveys, 2,241 were from children identified as having a chronic condition (CCC population) and 2,912 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 26.40 percent for Ohio's Medicaid Managed Care Program.¹⁻¹³

¹⁻¹³ Please note, this includes all children sampled (both the general child sample and the CCC supplemental sample). Per NCQA protocol, children in the CCC supplemental sample are not included in NCQA's standard child response rate calculations. Therefore, the overall child response rates reported in this paragraph should not be compared to the NCQA response rates.

This section depicts the characteristics of respondents and members who completed the CAHPS 5.0H Adult Medicaid Health Plan Survey or the CAHPS 5.0H Child Medicaid Health Plan Survey.²⁻¹ In general, the demographics of a response group may influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.

Background

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

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

Adult and General Child Profiles

The demographic data in the Adult and General Child Profiles section consists of three tables, Table 2-1 through Table 2-3. These tables depict member-level and respondent-level demographic data for adult and general child members. Member age, gender, and race/ethnicity information were derived from sample frame data. General health status, and respondent age, gender, education, and relationship to child information were derived from responses to the CAHPS Surveys.

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

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

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

Table 2-1 Adult Member Profiles						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
18 to 24	14.9%	10.5%	15.0%	12.2%	22.6%	15.1%
25 to 34	27.8%	26.2%	27.3%	25.7%	37.4%	23.8%
35 to 44	21.8%	20.1%	23.8%	17.9%	25.3%	21.7%
45 to 54	18.3%	21.0%	17.3%	23.1%	10.3%	18.8%
55 or older	17.3%	22.2%	16.5%	21.0%	4.5%	20.6%
Gender						
Male	26.7%	30.6%	25.6%	30.4%	16.6%	29.5%
Female	73.3%	69.4%	74.4%	69.6%	83.4%	70.5%
Education						
Not a High School Graduate	23.6%	23.4%	21.4%	31.4%	18.3%	23.4%
High School Graduate	37.1%	37.7%	38.4%	36.9%	35.2%	36.6%
Some College	33.3%	33.6%	34.3%	26.3%	40.1%	33.1%
College Graduate	6.0%	5.2%	6.0%	5.5%	6.4%	6.8%
Race/Ethnicity						
White	70.9%	70.9%	65.5%	70.3%	73.3%	76.7%
Black	26.3%	28.2%	31.0%	26.8%	23.8%	20.1%
Hispanic	1.6%	0.2%	2.0%	1.6%	2.3%	1.8%
Asian	0.7%	0.6%	0.0%	1.4%	0.4%	1.4%
Native American	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%
Other	0.4%	0.0%	1.5%	0.0%	0.0%	0.0%
General Health Status						
Excellent	10.7%	7.0%	10.1%	8.8%	17.7%	11.0%
Very Good	22.8%	24.4%	24.1%	19.8%	28.2%	18.4%
Good	32.2%	31.0%	32.2%	31.4%	35.2%	31.8%
Fair	26.3%	29.1%	26.5%	30.1%	15.3%	28.7%
Poor	8.0%	8.5%	7.1%	10.0%	3.6%	10.1%
<i>Please note, percentages may not total 100% due to rounding.</i>						

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

Table 2-2 presents the demographics characteristics of the general child members whose parents or caretakers completed the CAHPS 5.0H Child Medicaid Health Plan Survey. Age, gender, and race/ethnicity were derived from sample frame data, while general health status was derived from responses to the Child Medicaid Health Plan Survey.²⁻³

Table 2-2 General Child Profiles						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
Less than 2	8.7%	2.2%	12.1%	9.7%	8.7%	8.9%
2 to 4	15.0%	6.7%	16.0%	18.1%	14.1%	17.6%
5 to 7	21.2%	33.6%	15.3%	22.0%	19.7%	18.2%
8 to 10	16.3%	18.0%	14.6%	15.1%	17.3%	17.2%
11 to 13	16.9%	17.8%	15.0%	16.9%	18.5%	17.2%
14 to 17	22.1%	21.6%	27.0%	18.2%	21.8%	20.8%
Gender						
Male	53.0%	57.4%	51.2%	51.3%	51.5%	54.0%
Female	47.0%	42.6%	48.8%	48.7%	48.5%	46.0%
Race/Ethnicity						
White	74.0%	83.4%	71.0%	72.9%	71.2%	76.0%
Black	21.0%	16.2%	24.1%	19.0%	24.6%	19.6%
Hispanic	3.8%	0.0%	4.0%	6.3%	3.3%	2.9%
Asian	1.0%	0.3%	0.0%	1.8%	0.9%	1.5%
Native American	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Other	0.2%	0.0%	0.8%	0.0%	0.0%	0.0%
General Health Status						
Excellent	42.3%	39.4%	40.1%	43.0%	42.4%	45.7%
Very Good	36.0%	34.0%	37.9%	37.0%	35.5%	35.0%
Good	17.3%	21.0%	17.1%	16.5%	17.1%	15.7%
Fair	3.9%	4.3%	4.2%	3.3%	4.5%	3.3%
Poor	0.5%	1.3%	0.6%	0.2%	0.5%	0.3%
<i>Please note, percentages may not total 100% due to rounding.</i>						

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

²⁻³ CareSource’s 2014 MCS data file was used in the demographics analysis for general child members.

Respondents to the CAHPS 5.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table 2-3 presents the demographic characteristics of the parents or caretakers who completed the CAHPS 5.0H Child Medicaid Health Plan Survey. Age, gender, education, and respondent relationship to the child were derived from responses to the Child Medicaid Health Plan Survey.²⁻⁴

Table 2-3 General Child Respondent Profiles						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age						
Under 18	7.5%	10.3%	9.0%	9.0%	4.0%	4.8%
18 to 24	8.7%	8.1%	8.4%	11.4%	8.0%	7.6%
25 to 34	34.6%	38.3%	28.7%	33.8%	37.9%	36.7%
35 to 44	29.0%	23.4%	30.3%	28.3%	27.9%	32.7%
45 to 54	12.6%	12.5%	14.0%	11.2%	12.5%	12.5%
55 or older	7.6%	7.4%	9.6%	6.2%	9.8%	5.7%
Gender						
Male	10.6%	8.5%	11.3%	13.1%	7.7%	10.8%
Female	89.4%	91.5%	88.7%	86.9%	92.3%	89.2%
Education						
Not a High School Graduate	16.5%	18.7%	15.7%	19.9%	16.2%	12.7%
High School Graduate	37.9%	42.0%	35.7%	39.1%	32.2%	39.7%
Some College	36.6%	30.9%	38.8%	34.4%	39.9%	38.4%
College Graduate	9.0%	8.4%	9.7%	6.5%	11.7%	9.2%
Respondent Relationship to Child						
Parent	89.1%	89.5%	87.2%	91.5%	85.1%	90.8%
Grandparent	7.9%	8.0%	9.5%	6.9%	9.8%	5.8%
Other	3.1%	2.5%	3.3%	1.6%	5.2%	3.4%
* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members. Please note, percentages may not total 100% due to rounding.						

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

²⁻⁴ CareSource’s 2014 MCS data file was used in the demographics analysis for general child members.

Children with Chronic Conditions Profiles

The demographic data in the Children with Chronic Conditions Profiles section consists of four tables, Table 2-4 through Table 2-7. Table 2-4 and Table 2-5 depict respondent-level and member-level demographic data, respectively. Member age, gender, and race/ethnicity information were derived from sample frame data. Member general health status, and respondent age, gender, education, and relationship to child information were derived from responses to the Child Medicaid Health Plan Survey. Table 2-6 and Table 2-7 discuss the CCC population and how this population was identified. Please note, CareSource's child results for this report were derived from CareSource's MCS data file, which did not include data from the CCC supplemental sample; therefore, results for CareSource are not included in any of the analyses related to the CCC and non-CCC populations.

Respondent and Member Profiles

Respondents to the CAHPS 5.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table 2-4, on page 2-6, depicts the demographic characteristics of the respondents who completed the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members in the CCC and non-CCC populations.

Table 2-4 CCC and Non-CCC Respondent Profiles		
	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Age		
Under 18	7.7%	6.1%
18 to 24	4.9%	13.2%
25 to 34	31.8%	37.5%
35 to 44	30.5%	26.6%
45 to 54	15.0%	10.4%
55 or older	10.2%	6.2%
Gender		
Male	8.4%	11.3%
Female	91.6%	88.7%
Education		
Not a High School Graduate	16.1%	16.3%
High School Graduate	36.9%	39.0%
Some College	38.2%	36.2%
College Graduate	8.8%	8.5%
Respondent Relationship to Child		
Parent	85.3%	90.8%
Grandparent	10.2%	6.4%
Other	4.5%	2.8%
<p><i>* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS 5.0H Child Medicaid Health Plan Survey on behalf of child members. Please note, percentages may not total 100% due to rounding.</i></p>		

Table 2-4 shows the non-CCC population had a higher percentage of respondents indicate their relationship to the child member was a Parent when compared to the CCC population. The non-CCC population had a higher percentage of respondents who were 24 years of age and younger when compared to the CCC population. The CCC population had a higher percentage of respondents who were Female than the non-CCC population. The non-CCC population had a higher percentage of respondents whose self-reported education level was a High School Graduate than the CCC population.

Table 2-5 presents the demographic characteristics of the child members with and without chronic conditions in the Ohio Medicaid Managed Care Program whose parents or caretakers completed the CAHPS 5.0H Child Medicaid Health Plan Survey. The non-CCC population had a higher percentage of child members 4 years of age and younger when compared to the CCC population. The non-CCC population had a higher percentage of child members who were Female than the CCC population. The non-CCC population had a higher percentage of child members who were Black, Hispanic, or Asian than the CCC population. The non-CCC population had a higher percentage of child members whose general health status was reported as Excellent when compared to the CCC population.

Table 2-5 CCC and Non-CCC Child Member Profiles		
	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Age		
Less than 2	3.0%	12.7%
2 to 4	10.8%	18.2%
5 to 7	18.6%	19.1%
8 to 10	19.8%	14.3%
11 to 13	22.8%	14.6%
14 to 17	25.0%	21.1%
Gender		
Male	59.3%	52.2%
Female	40.7%	47.8%
Race/Ethnicity		
White	78.5%	73.7%
Black	18.4%	20.8%
Hispanic	2.5%	4.1%
Asian	0.6%	1.4%
Native American	0.0%	0.0%
Other	0.0%	0.0%
General Health Status		
Excellent	20.1%	49.2%
Very Good	38.7%	35.7%
Good	31.2%	13.3%
Fair	8.7%	1.7%
Poor	1.3%	0.1%
<i>Please note, percentages may not total 100% due to rounding.</i>		

Chronic Conditions Classification

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

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

The survey responses for child members in the CAHPS 5.0H child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 5.0H child sample) included children with chronic conditions based on the responses to the survey questions. For each category, except for the "Mental Health Services" category, the first question was a gate item for the second question, which asked whether the child's use, need, or limitations were due to a health condition. Respondents who selected "No" to the first question were instructed to skip subsequent questions in that category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the second question were instructed to skip the third question in the category. For the "Mental Health Services" category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition had lasted or was expected to last at least 12 months. Respondents who selected "No" to the first question were instructed to skip the second question in this category. Table 2-6, on page 2-9, displays the responses to the five categories of questions for all children sampled. The Ohio Medicaid CCC population included children in the CAHPS 5.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories.

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

	Ohio Medicaid CCC Population	Ohio Medicaid Non-CCC Population
Prescription Medicine		
Needs/Uses Prescription Medicine	83.7%	13.2%
Due to Health Condition	97.6%	31.4%
Condition Duration of at Least 12 Months	98.9%	0.0%
More Care		
Needs/Uses More Care	54.8%	3.4%
Due to Health Condition	96.2%	19.5%
Condition Duration of at Least 12 Months	98.9%	0.0%
Functional Limitations		
Limited Abilities	34.2%	5.9%
Due to Health Condition	95.0%	10.8%
Condition Duration of at Least 12 Months	99.4%	0.0%
Special Therapy		
Needs/Gets Therapy	25.2%	5.2%
Due to Health Condition	89.6%	11.9%
Condition Duration of at Least 12 Months	97.1%	0.0%
Mental Health Services		
Needs/Gets Counseling	52.9%	2.4%
Condition Duration of at Least 12 Months	97.7%	0.0%

Please note, the parents or caretakers of child members in the CAHPS 5.0H child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question. The percentage of “Yes” responses to the last question in each category of screener questions for members in the Ohio Medicaid Non-CCC population is always 0 percent because a “Yes” response to the final question in a category would qualify the member as having a chronic condition and therefore that member would not be part of the Ohio Medicaid Non-CCC population.

For each category of screener questions, except for the “Mental Health Services” category, 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 who selected “No” to the first question were instructed to skip subsequent questions in the category. The second question in each category of screener questions was a gate item for the third question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the second question were instructed to skip the third question in the category. For the “Mental Health Services” category, there were only two screener questions. The first question was a gate item for the second question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the first question were instructed to skip the second question in this category.

A total of 43.5 percent of all child members for whom a survey was completed (31.5 percent of child members in the CAHPS 5.0H child sample and 53.6 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table 2-6.²⁻⁵ Table 2-7 depicts the percentage of children with chronic conditions who had affirmative responses to all questions in each of the five categories. Please note, a child member can appear in more than one category.

**Table 2-7
Distribution of Categories for Children with Chronic Conditions Population**

	Prescription Medicine	More Care	Functional Limitations	Special Therapy	Mental Health Service
Ohio Medicaid CCC Population	79.8%	49.8%	30.8%	21.1%	50.1%
<i>Please note, a child member may appear in more than one category.</i>					

²⁻⁵ The 43.5 percent is derived from the number of individuals who responded “Yes” to all of the questions in at least one of the five CCC categories (as described in Table 2-6) divided by the total number of individuals in the entire child CAHPS sample (general child sample plus the CCC supplemental sample).

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

It is important to determine the magnitude of non-response bias when interpreting CAHPS Survey results because the experiences and level of satisfaction of the non-respondent population may be different than that of respondents with respect to their health care services. If those who respond to a survey are statistically different from those who do not respond, non-response bias may exist that could compromise the ability to generalize survey results. If statistically significant differences between the respondents and non-respondents are identified, then caution should be exercised when interpreting the CAHPS Survey results.

Description

The respondent/non-respondent analysis examined the adult and general child populations. The demographic information analyzed in this section was derived from administrative data. For the adult age category, members were categorized as 18 to 24, 25 to 34, 35 to 44, 45 to 54, or 55 or older. For the child age category, members were categorized as Less than 2, 2 to 4, 5 to 7, 8 to 10, 11 to 13, or 14 to 17. For the gender category, members were categorized as Male or Female. For the race/ethnicity category, members were categorized as White, Black, Hispanic, Asian, Native American, or Other. Please note, CareSource's 2014 MCS data file was used in the respondent/non-respondent analysis for general child members.

Analysis

The respondent and non-respondent populations were analyzed for statistically significant differences at the MCP and program levels. Respondents within one MCP were compared to non-respondents within the same MCP to identify any statistically significant differences for any of the demographic categories. Also, respondents within the entire Ohio Medicaid Managed Care Program were compared to non-respondents within the entire program to identify statistically significant differences. Statistically significant differences are noted with arrows. MCP-level and program-level percentages for the respondent population that were statistically higher than the non-respondent population are noted with upward (↑) arrows. MCP-level and program-level percentages for the respondent population that were statistically lower than the non-respondent population are noted with downward (↓) arrows. MCP-level and program-level percentages for the

respondent population that were not statistically different than the non-respondent population are not noted with arrows.

Adult Respondent and Non-Respondent Profiles

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

Table 3-1 Adult Respondent and Non-Respondent Profiles							
		Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age of Adult							
18 to 24	R NR	14.9% ↓ 26.8%	10.5% ↓ 26.5%	15.0% ↓ 25.5%	12.2% ↓ 24.9%	22.6% ↓ 32.6%	15.1% ↓ 24.9%
25 to 34	R NR	27.8% ↓ 36.0%	26.2% ↓ 32.1%	27.3% ↓ 36.9%	25.7% ↓ 35.7%	37.4% 38.8%	23.8% ↓ 35.9%
35 to 44	R NR	21.8% 22.9%	20.1% 22.0%	23.8% 24.0%	17.9% 21.6%	25.3% 22.6%	21.7% 23.8%
45 to 54	R NR	18.3% ↑ 9.0%	21.0% ↑ 10.9%	17.3% ↑ 8.6%	23.1% ↑ 11.0%	10.3% ↑ 4.7%	18.8% ↑ 10.2%
55 or older	R NR	17.3% ↑ 5.3%	22.2% ↑ 8.5%	16.5% ↑ 5.1%	21.0% ↑ 6.8%	4.5% ↑ 1.3%	20.6% ↑ 5.2%
Gender							
Male	R NR	26.7% 27.8%	30.6% 29.5%	25.6% 25.6%	30.4% 31.6%	16.6% ↓ 22.4%	29.5% 30.6%
Female	R NR	73.3% 72.2%	69.4% 70.5%	74.4% 74.4%	69.6% 68.4%	83.4% ↑ 77.6%	70.5% 69.4%
Race/Ethnicity							
White	R NR	68.9% ↑ 63.1%	60.0% ↑ 51.1%	65.5% 61.4%	70.3% 69.6%	73.3% ↑ 64.0%	76.7% ↑ 69.6%
Black	R NR	25.5% ↓ 29.8%	23.9% 28.2%	31.0% 34.7%	26.8% 27.5%	23.8% ↓ 30.8%	20.1% ↓ 26.8%
Hispanic	R NR	1.6% ↓ 2.3%	0.2% 0.2%	2.0% 3.0%	1.6% 1.4%	2.3% ↓ 4.2%	1.8% 2.2%
Asian	R NR	0.7% 0.8%	0.5% 0.5%	0.0% 0.0%	1.4% 1.5%	0.4% 0.9%	1.4% 1.4%
Native American	R NR	0.0% 0.1%	0.0% 0.0%	0.0% 0.2%	0.0% 0.0%	0.2% 0.2%	0.0% 0.0%
Other	R NR	0.4% 0.2%	0.0% 0.0%	1.5% 0.7%	0.0% 0.0%	0.0% 0.0%	0.0% 0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>							

General Child Respondent and Non-Respondent Profiles

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

Table 3-2 General Child Respondent and Non-Respondent Profiles							
		Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Age of Child							
Less than 2	R	8.7%	2.2%	12.1%	9.7%	8.7%	8.9%
	NR	9.0%	2.7%	13.4%	9.3%	8.7%	9.1%
2 to 4	R	15.0% ↓	6.7%	16.0% ↓	18.1%	14.1%	17.6%
	NR	17.9%	7.4%	22.4%	20.5%	17.6%	19.2%
5 to 7	R	21.2%	33.6%	15.3% ↓	22.0%	19.7%	18.2%
	NR	22.7%	37.5%	18.7%	21.6%	16.8%	20.0%
8 to 10	R	16.3%	18.0%	14.6%	15.1%	17.3%	17.2%
	NR	16.2%	17.2%	15.0%	15.2%	16.3%	17.8%
11 to 13	R	16.9%	17.8%	15.0%	16.9%	18.5%	17.2%
	NR	15.5%	18.2%	13.0%	15.9%	16.2%	15.6%
14 to 17	R	22.1% ↑	21.6% ↑	27.0% ↑	18.2%	21.8%	20.8%
	NR	18.7%	17.1%	17.6%	17.6%	24.4%	18.3%
Gender							
Male	R	53.0%	57.4%	51.2%	51.3%	51.5%	54.0%
	NR	50.9%	53.2%	48.7%	48.8%	52.0%	53.2%
Female	R	47.0%	42.6%	48.8%	48.7%	48.5%	46.0%
	NR	49.1%	46.8%	51.3%	51.2%	48.0%	46.8%
Race/Ethnicity							
White	R	68.1% ↑	45.0% ↑	71.0% ↑	72.9% ↑	71.2% ↑	76.0% ↑
	NR	58.2%	34.5%	59.7%	67.9%	59.0%	67.5%
Black	R	19.4% ↓	8.7%	24.1% ↓	19.0% ↓	24.6% ↓	19.6% ↓
	NR	27.2%	10.7%	35.1%	26.2%	34.1%	28.0%
Hispanic	R	3.5%	0.0%	4.0%	6.3%	3.3% ↓	2.9%
	NR	3.6%	0.0%	3.9%	4.4%	6.2%	3.6%
Asian	R	0.9%	0.2%	0.0%	1.8%	0.9%	1.5%
	NR	0.6%	0.4%	0.0%	1.0%	0.7%	0.9%
Native American	R	0.0%	0.0%	0.1%	0.0% ↓	0.0%	0.0%
	NR	0.1%	0.0%	0.1%	0.3%	0.0%	0.0%
Other	R	0.2%	0.0%	0.8%	0.0%	0.0%	0.0%
	NR	0.3%	0.0%	1.2%	0.1%	0.0%	0.0%
<p>An "R" indicates respondent percentages and an "NR" indicates non-respondent percentages. Respondent population percentages that are statistically higher than percentages for the non-respondent population are noted with upward arrows (↑). Respondent population percentages that are statistically lower than percentages for the non-respondent population are noted with downward arrows (↓). Respondent population percentages that are not statistically different than percentages for the non-respondent population are not noted with arrows.</p> <p>Please note, respondent-level and non-respondent-level percentages for each demographic category may not total 100% due to rounding.</p>							

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

Summary

Table 3-1, on page 3-2, and Table 3-2, on page 3-3, present the results of the Respondent/Non-Respondent analysis for the adult and general child populations, respectively. Overall, results of the analysis show that statistically significant demographic differences were found for the Ohio Medicaid Managed Care Program's adult and general child populations. The respondents to the adult survey were significantly older than the non-respondents. For the child survey, there were significantly fewer respondents than non-respondents for child members 2 to 4 years of age, and there were significantly more respondents than non-respondents for child members 14 to 17 years of age. There were significantly more respondents than non-respondents in the adult survey who were White, and significantly fewer respondents than non-respondents who were Black or Hispanic. For the child survey, there were significantly more respondents than non-respondents whose child was White, and significantly fewer respondents than non-respondents whose child was Black.

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

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

- ◆ National Comparisons
- ◆ Statewide Comparisons
- ◆ Key Drivers of Performance
- ◆ Crosstabulations

The results in this section were calculated in accordance with HEDIS specifications for survey measures.^{4.1} Per HEDIS specifications, results for the adult and child populations are reported separately, and no weighting or case-mix adjustment is performed on the results. When reviewing these findings, it should be noted that NCQA's averages and percentiles do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or MCPs. In addition, CareSource's 2014 MCS data file was used when calculating the general child member results in this section.

National Comparisons

In order to assess the overall performance of the Ohio Medicaid Managed Care Program and MCPs, the four global ratings (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often) and five composite measures (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making) were scored on a three-point scale using an NCQA-approved scoring methodology. The Ohio Medicaid Managed Care Program's and MCPs' three-point mean scores were compared to NCQA's 2014 Benchmarks and Thresholds for Accreditation, except for the Shared Decision Making composite.^{4.2} NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star ratings are based on NCQA's 2014 National Adult and Child Medicaid data.^{4.3} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 4-1.

^{4.1} National Committee for Quality Assurance. *HEDIS® 2014 Volume 3: Technical Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

^{4.2} National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2014*. Washington, DC: NCQA; July 25, 2014.

^{4.3} NCQA National Distribution of 2014 Adult and Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on April 10, 2015.

Table 4-1 Star Ratings	
Stars	Percentiles
★★★★★ Excellent	At or above the 90th percentile
★★★★☆ Very Good	At or between the 75th and 89th percentiles
★★★☆☆ Good	At or between the 50th and 74th percentiles
★★☆☆☆ Fair	At or between the 25th and 49th percentiles
★☆☆☆☆ Poor	Below the 25th percentile

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

Table 4-2, on page 4-3, shows the overall adult member satisfaction ratings on each of the four global ratings and five composite measures.

Table 4-2
Overall Adult Satisfaction Ratings on the
Global Ratings and Composite Measures

	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★★★ 2.490	★★★★★ 2.479	★★★★★ 2.547	★★★ 2.433	★★★★★ 2.523	★★★ 2.455
Rating of All Health Care	★★★ 2.366	★★★ 2.334	★★★★★ 2.445	★★ 2.314	★★★ 2.365	★★★ 2.346
Rating of Personal Doctor	★★ 2.488	★★ 2.462	★★ 2.472	★★★ 2.513	★★★ 2.511	★★ 2.490
Rating of Specialist Seen Most Often	★ 2.474	★★★ 2.519	★★ 2.490	★★★ 2.511	★ 2.359	★ 2.463
Composite Measures						
Getting Needed Care	★★ 2.365	★★ 2.360	★★★ 2.399	★★ 2.362	★★ 2.356	★★ 2.337
Getting Care Quickly	★★★ 2.448	★★★★★ 2.485	★★★ 2.427	★★★ 2.446	★★★ 2.438	★★★★★ 2.450
How Well Doctors Communicate	★★★★★ 2.652	★★★★★ 2.641	★★★★★ 2.634	★★★★★ 2.674	★★★★★ 2.687	★★★★★ 2.640
Customer Service	★★★★★ 2.609	★★ 2.512	★★★★★ 2.641	★★★★★ 2.623	★★★★★ 2.633	★★★★★ 2.628
Shared Decision Making	★★★ 2.270	★★★★★ 2.303	★★★★★ 2.297	★★ 2.237	★★★ 2.256	★★★ 2.251
What national Medicaid percentiles do the stars represent?						
90 th or Above	★★★★★	75 th - 89 th	★★★★★	50 th - 74 th	★★★	25 th - 49 th
		★★★★★		★★★	★★	Below 25 th
				★★★	★	

The Ohio Medicaid Managed Care Program scored above the 90th percentile for How Well Doctors Communicate, but scored below the 25th percentile for Rating of Specialist Seen Most Often. The Ohio Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for Rating of Health Plan and Customer Service. Furthermore, the Ohio Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for the following measures: Rating of All Health Care, Getting Care Quickly, and Shared Decision Making.

Table 4-3 shows the overall general child member satisfaction ratings on each of the four global ratings and five composite measures.

Table 4-3 Overall General Child Satisfaction Ratings on the Global Ratings and Composite Measures						
	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Global Ratings						
Rating of Health Plan	★★★ 2.573	★ 2.436	★★★★ 2.649	★★★ 2.580	★★★★★ 2.684	★★ 2.519
Rating of All Health Care	★★★★★ 2.593	★★★ 2.554	★★★★ 2.587	★★★★ 2.588	★★★★★ 2.608	★★★★★ 2.622
Rating of Personal Doctor	★★★★ 2.650	★★ 2.611	★★★★ 2.684	★★★ 2.633	★★★★ 2.668	★★★ 2.648
Rating of Specialist Seen Most Often	★★★★ 2.636	★★★★* 2.622	★★★ 2.602	★★★ 2.602	★★★★★* 2.688	★★★★★ 2.684
Composite Measures						
Getting Needed Care	★★★★ 2.521	★★★ 2.503	★★★★ 2.535	★★★ 2.480	★★★★ 2.556	★★★★ 2.533
Getting Care Quickly	★★★★★ 2.707	★★★ 2.653	★★★★★ 2.732	★★★★★ 2.717	★★★★★ 2.705	★★★★★ 2.707
How Well Doctors Communicate	★★★★★ 2.761	★★★★ 2.730	★★★★★ 2.775	★★★★ 2.720	★★★★★ 2.803	★★★★★ 2.780
Customer Service	★★★★ 2.616	★★★★ 2.602	★★★★ 2.630	★★★★★ 2.651	★★★★★ 2.674	★★★ 2.549
Shared Decision Making	★★★ 2.335	★★★★ 2.390	★★★ 2.307	★★ 2.253	★★★* 2.316	★★★★★ 2.417
What national Medicaid percentiles do the stars represent?						
90 th or Above	★★★★★	75 th - 89 th	★★★★★	50 th - 74 th	★★★★★	25 th - 49 th
		★★★★★	★★★★★	★★★★	★★★★★	★★★
			★★★★	★★★★	★★★★★	★★
			★★★★	★★★★	★★★★★	★
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.						

The Ohio Medicaid Managed Care Program scored at or above the 90th percentile for Rating of All Health Care, Getting Care Quickly, and How Well Doctors Communicate. In addition, the Ohio Medicaid Managed Care Program scored at or between the 75th and 89th percentiles for Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, and Customer Service. The Ohio Medicaid Managed Care Program scored at or between the 50th and 74th percentiles for Rating of Health Plan and Shared Decision Making.

Statewide Comparisons

For the global ratings, composite measures, composite items, individual item measures, CCC composite measures, CCC composite items, and CCC items the overall mean was provided on a three-point scale or one-point scale (for most items with “Yes/No” responses).^{4,4,4-5,4-6} Responses were classified into response categories.

For the global ratings, the response categories were:

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

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

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

The Shared Decision Making composite measure and items response categories were:

- ◆ Not at all/A little/No (Dissatisfied)
- ◆ Some (Neutral)
- ◆ A lot/Yes (Satisfied)

^{4,4} The Health Promotion and Education and Shared Decision Making: Doctor Ask About Best Medicine Choice for You/Your Child measures have “Yes” and “No” responses; however, a three-point mean was calculated for these measures, per *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

^{4,5} The Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composite measures.

^{4,6} The CCC composite measures and CCC item measures are only included in the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set). Parents or caretakers of both general child members (those in the CAHPS 5.0H child sample) and CCC members (those in the CCC supplemental sample) completed the CAHPS 5.0H Child Medicaid Health Plan Survey (with CCC measurement set), which includes the CCC composite measures and CCC items. The Statewide Comparisons section only presents the results for the general child members to the CCC composites and CCC items.

The Smoking and Tobacco Use Cessation measure response categories were:

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

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

- ◆ No (Dissatisfied)
- ◆ Yes (Satisfied)

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

Mean scores were compared to Ohio’s Medicaid Managed Care Program (program average) mean scores to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁴⁻⁷ Each of the response category percentages and the overall means were compared for statistically significant differences. For additional information on these tests for statistical significance, please refer to the Methodology Report.

Statistically significant differences between the 2014 MCP-level overall mean scores and the 2014 program average are noted with arrows. MCP-level scores that were statistically higher than the program average overall mean scores are noted with upward (↑) arrows. MCP-level scores that were statistically lower than the program average are noted with downward (↓) arrows. MCP-level scores that were not statistically different from the program average are not noted with arrows. In some instances, the mean scores for two MCPs were the same, but one was statistically different from the program average and the other was not. In these instances, it was the difference in the number of respondents between the two MCPs that explains the different statistical results. It is more likely that a statistically significant result will be found in an MCP with a larger number of respondents.

In addition, mean scores in 2014 were compared to the mean scores in 2013 to determine whether there were statistically significant differences between mean scores in 2014 and mean scores in

⁴⁻⁷ The term “mean scores” refers to the overall means.

2013. For each MCP and the program, its 2014 mean scores were compared to its 2013 mean scores. Each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between overall mean scores in 2014 and overall mean scores in 2013 for each MCP and the program average are noted with triangles. Scores that are statistically higher in 2014 than in 2013 are noted with upward (▲) triangles. Scores that are statistically lower in 2014 than in 2013 are noted with downward (▼) triangles. Scores in 2014 that are not statistically different from scores in 2013 are not noted with triangles. For additional information on the tests for statistical significance used in these trend comparisons, please refer to the Methodology Report.

Measures with less than 100 responses are noted with an asterisk (*). NCQA national Medicaid averages are presented for measures, when available, for comparison purposes. The text below the figures provides details of the statistically significant differences for the overall means and response category percentages for each measure. Arrows and triangles noting statistically significant results are only displayed for the overall means in the figures.

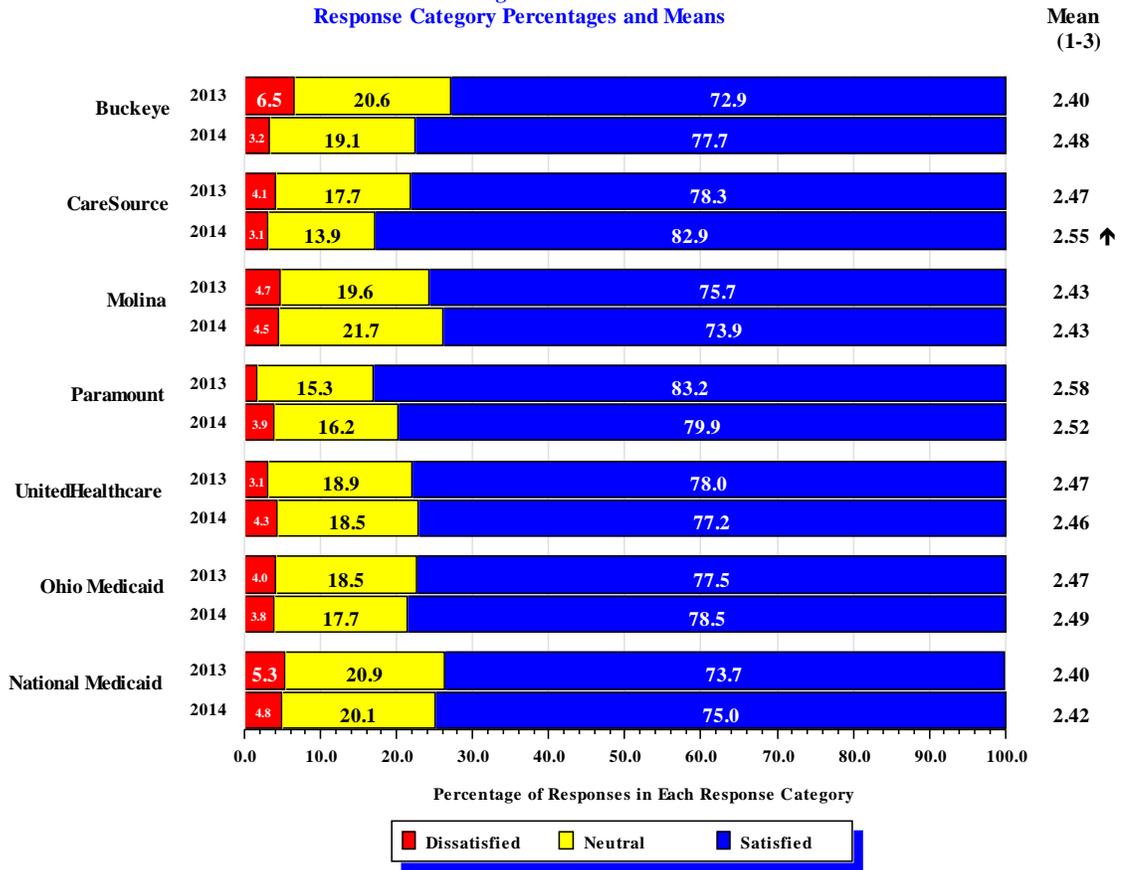
Please note, CareSource's child results were derived from CareSource's 2014 MCS data file. As a result, 2014 results for the CCC composite measures and CCC items could not be provided for CareSource.

Global Ratings

Rating of Health Plan

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

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

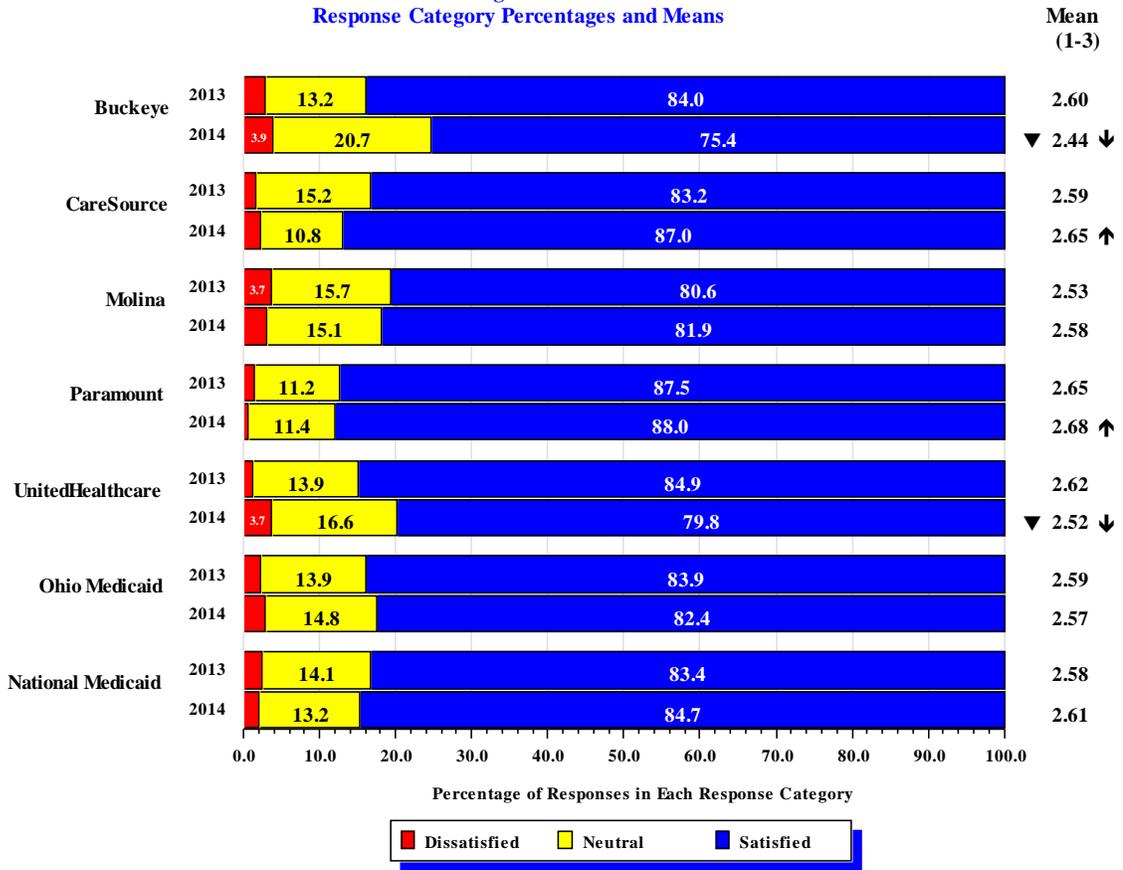
- CareSource's overall mean was significantly higher than the program average. The percentage of CareSource's respondents who gave a response of Neutral was significantly lower than the program average, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 4-2
Child Rating of Health Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

Overall, there were 11 *statistically significant* differences observed for this measure.

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

respondents who gave a response of Neutral was significantly lower than the program average, and the percentage of Paramount's respondents who gave a response of Satisfied was significantly higher than the program average.

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

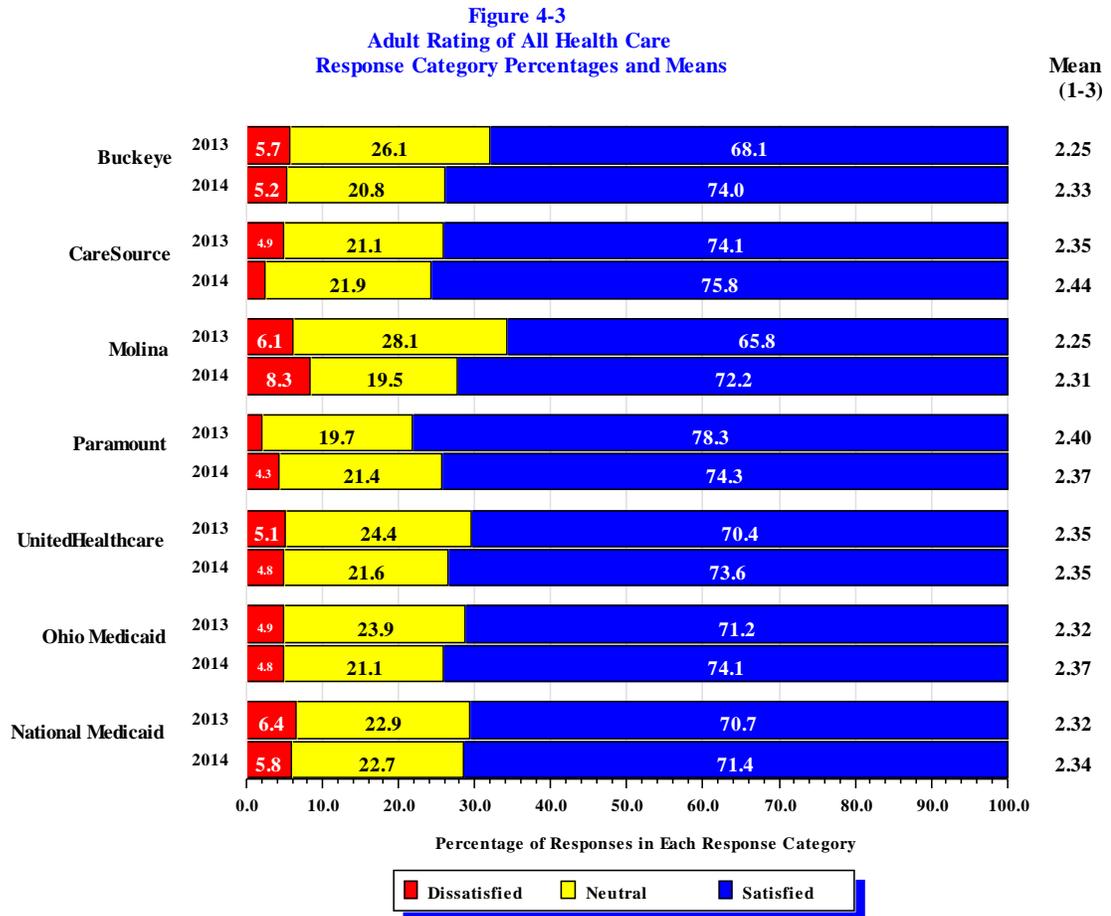
Trending Analysis

Overall, there were seven *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.
- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Rating of All Health Care

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

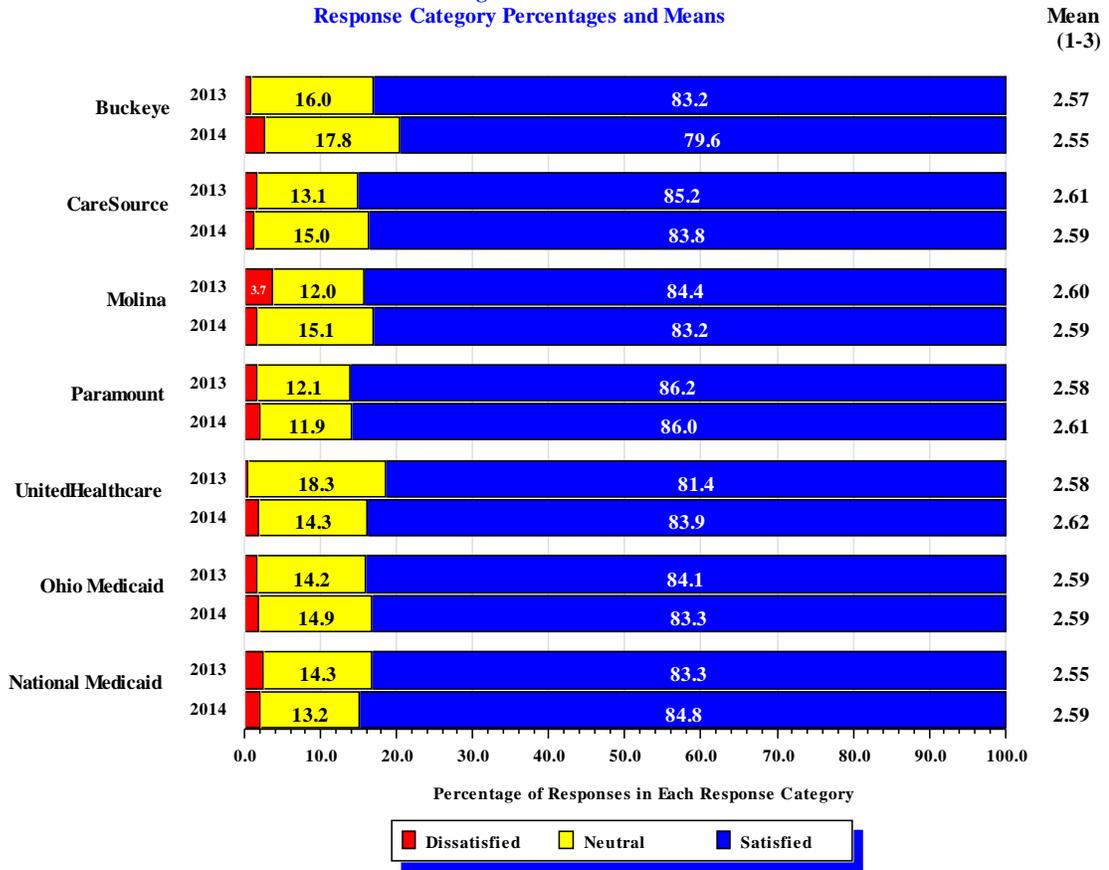
- The percentage of CareSource's respondents who gave a response of Dissatisfied was significantly lower than the program average.
- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly higher than the program average.

Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's and Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.
- The percentage of the program's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of the program's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

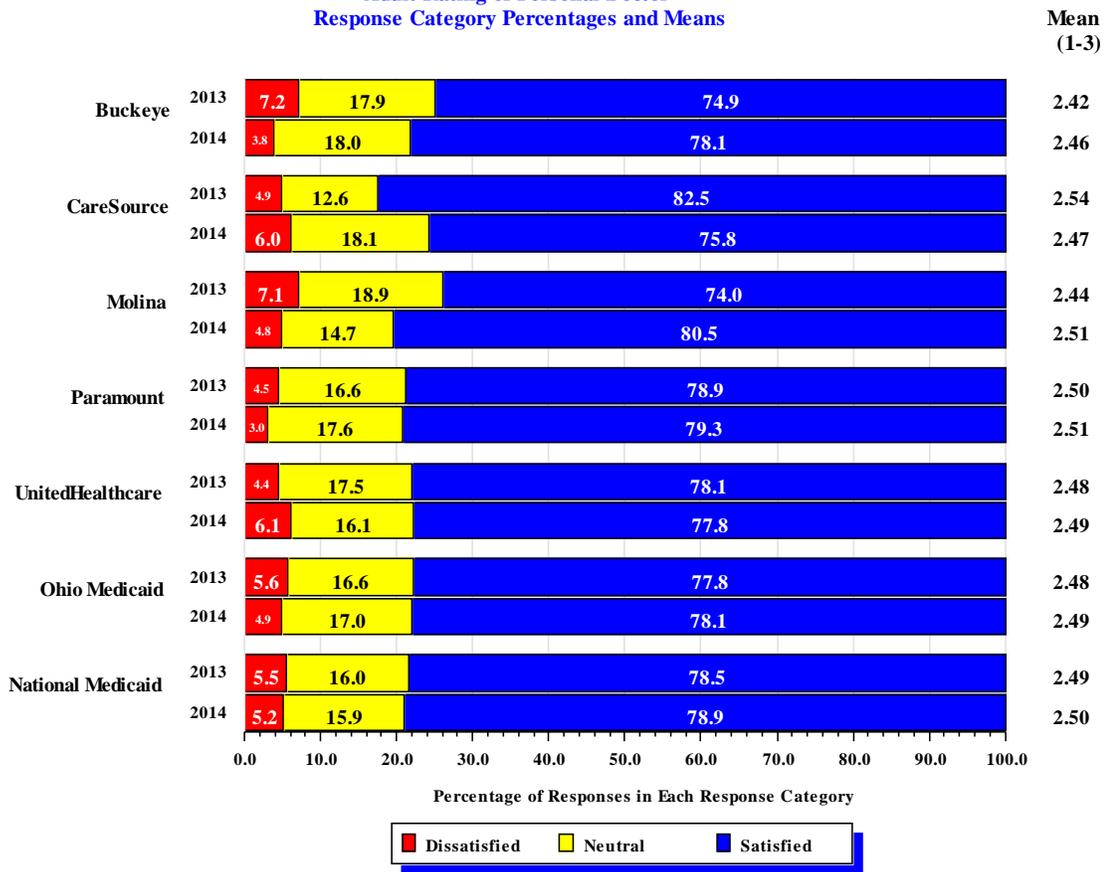
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare’s respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013.

Rating of Personal Doctor

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

Figure 4-5
Adult Rating of Personal Doctor
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

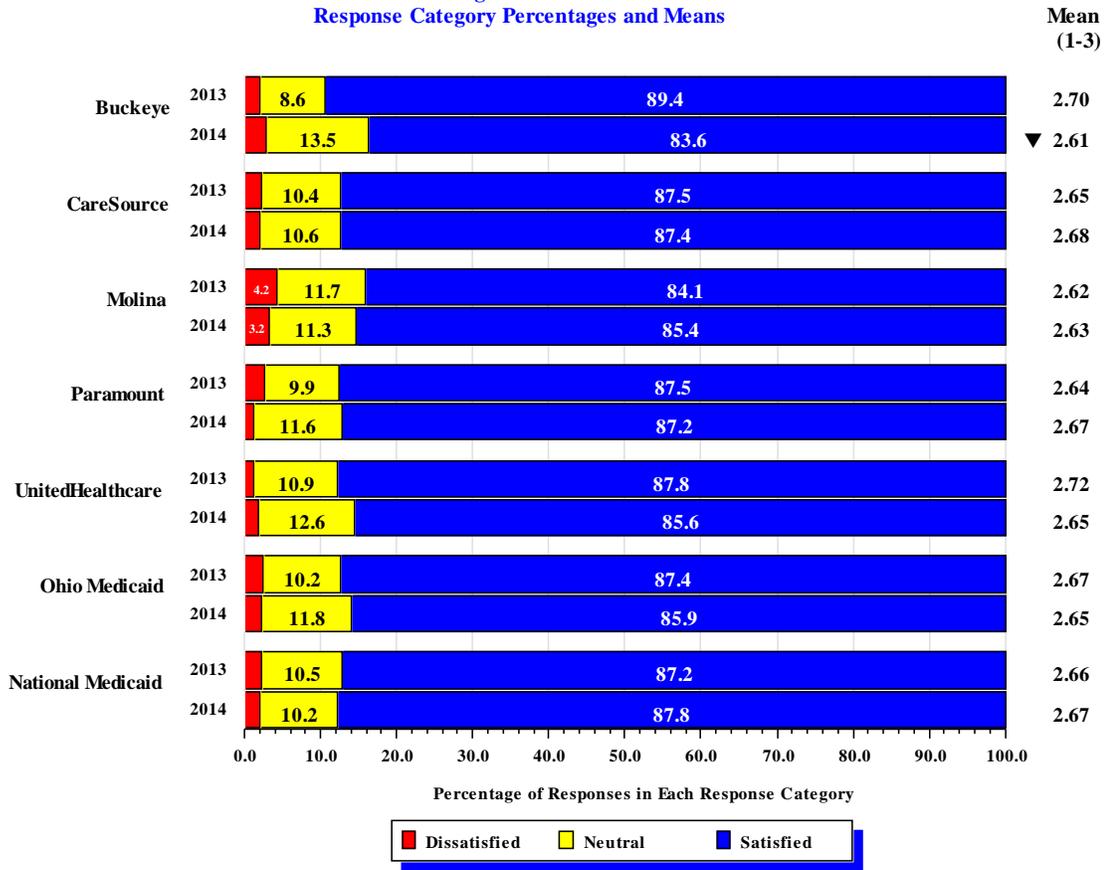
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 4-6
Child Rating of Personal Doctor
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

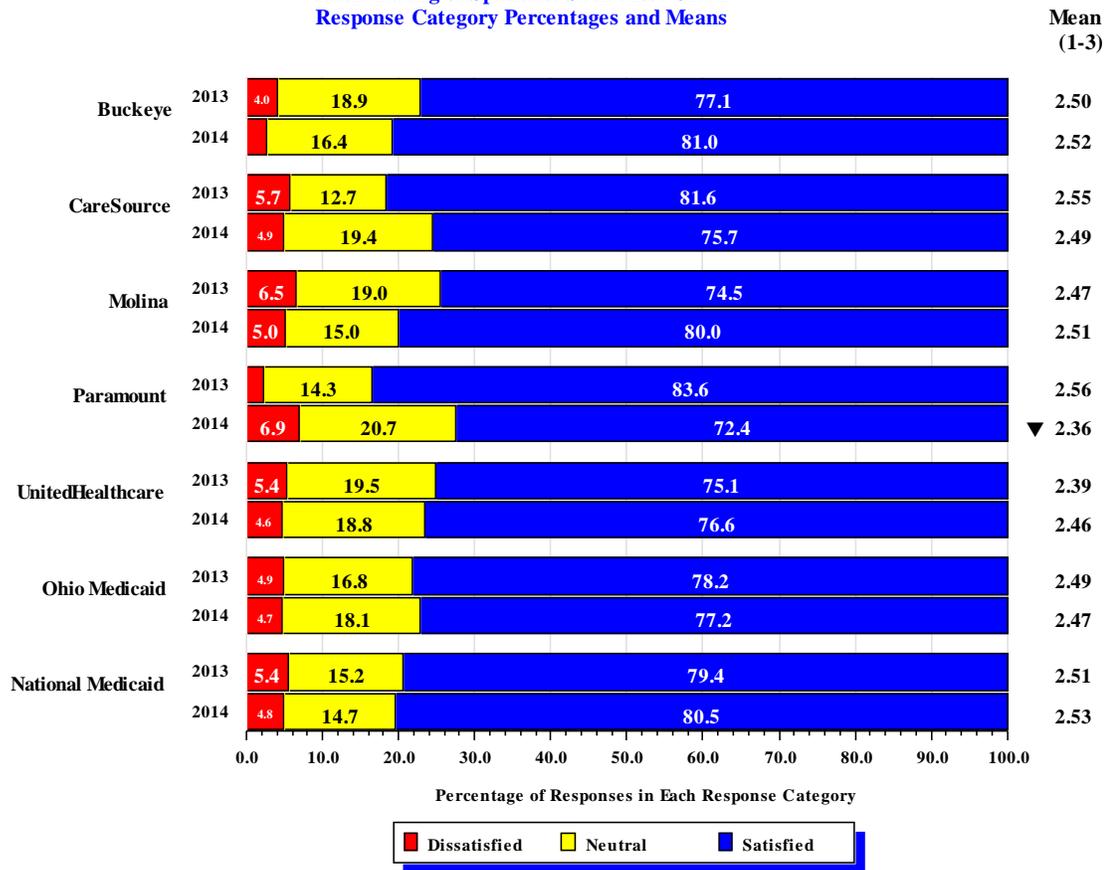
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye’s overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye’s respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye’s respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Rating of Specialist Seen Most Often

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

Figure 4-7
Adult Rating of Specialist Seen Most Often
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

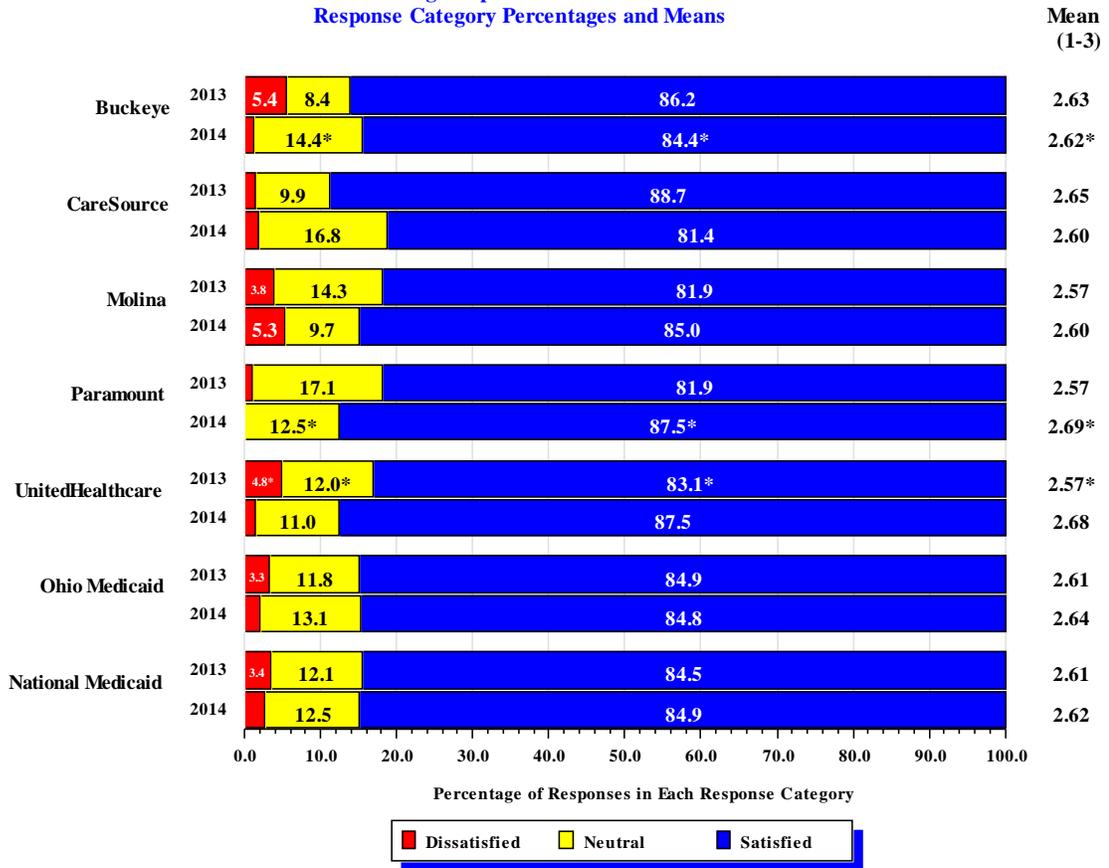
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.
- Paramount's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Paramount's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Figure 4-8
Child Rating of Specialist Seen Most Often
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

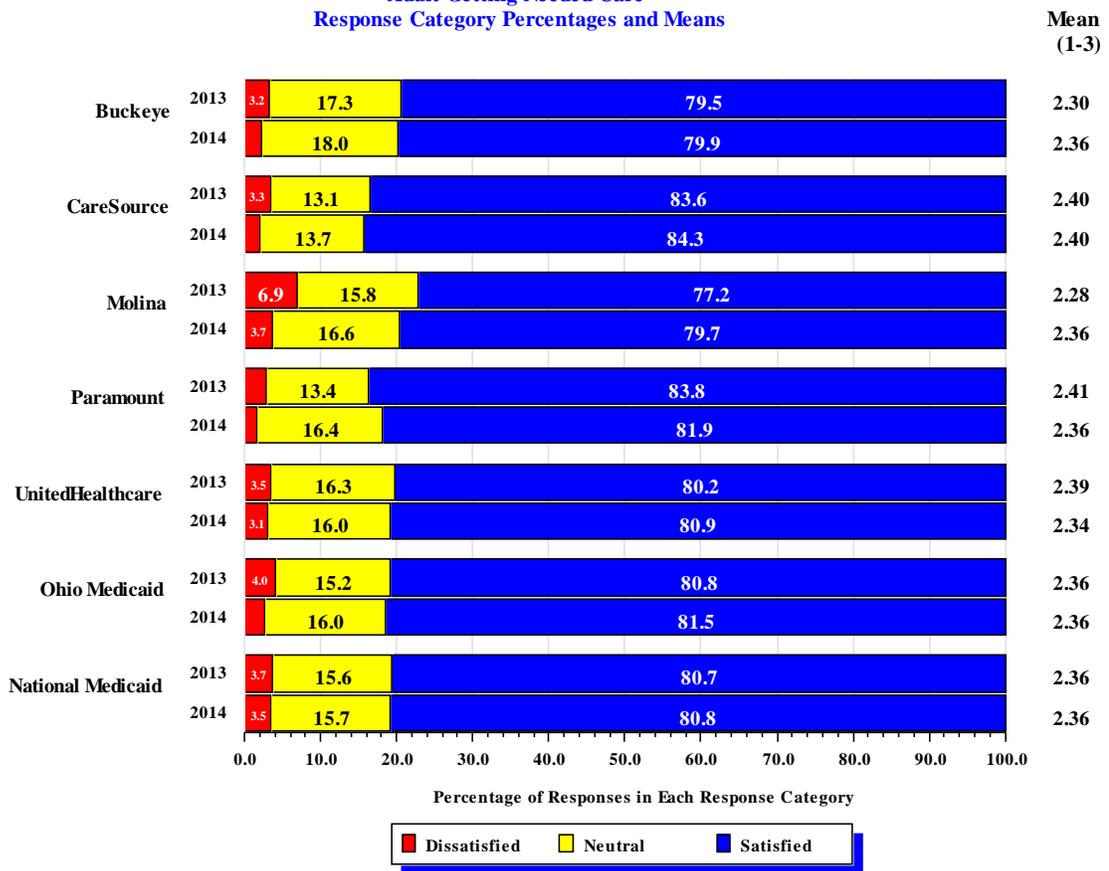
- The percentage of Buckeye’s respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.

Composite Measures and Composite Items

Adult Getting Needed Care

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

Figure 4-9
Adult Getting Needed Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

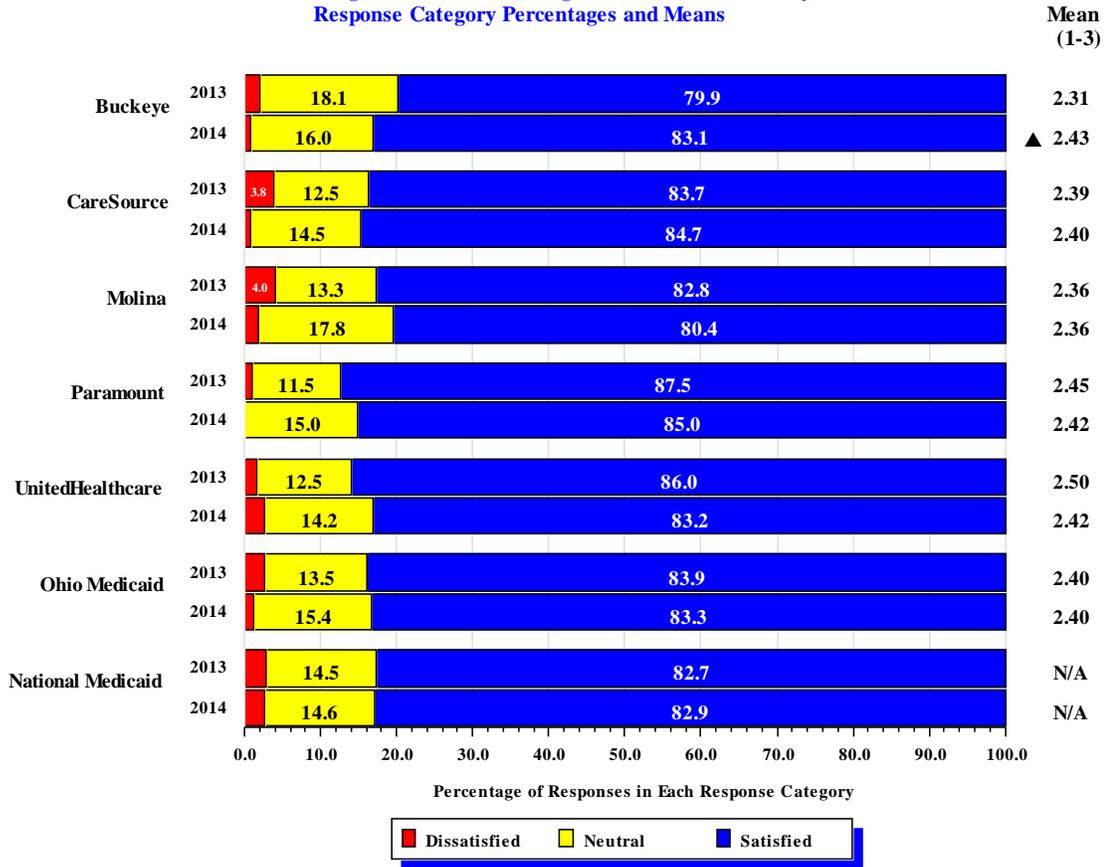
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Molina's and the program's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.

Adult Getting Needed Care: Getting Care Believed Necessary

Question 14 in the CAHPS Adult Medicaid Health Plan Survey asked how often it was easy for members to get the care, tests, or treatment they thought they needed. Figure 4-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻⁸

Figure 4-10
Adult Getting Needed Care: Getting Care Believed Necessary
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

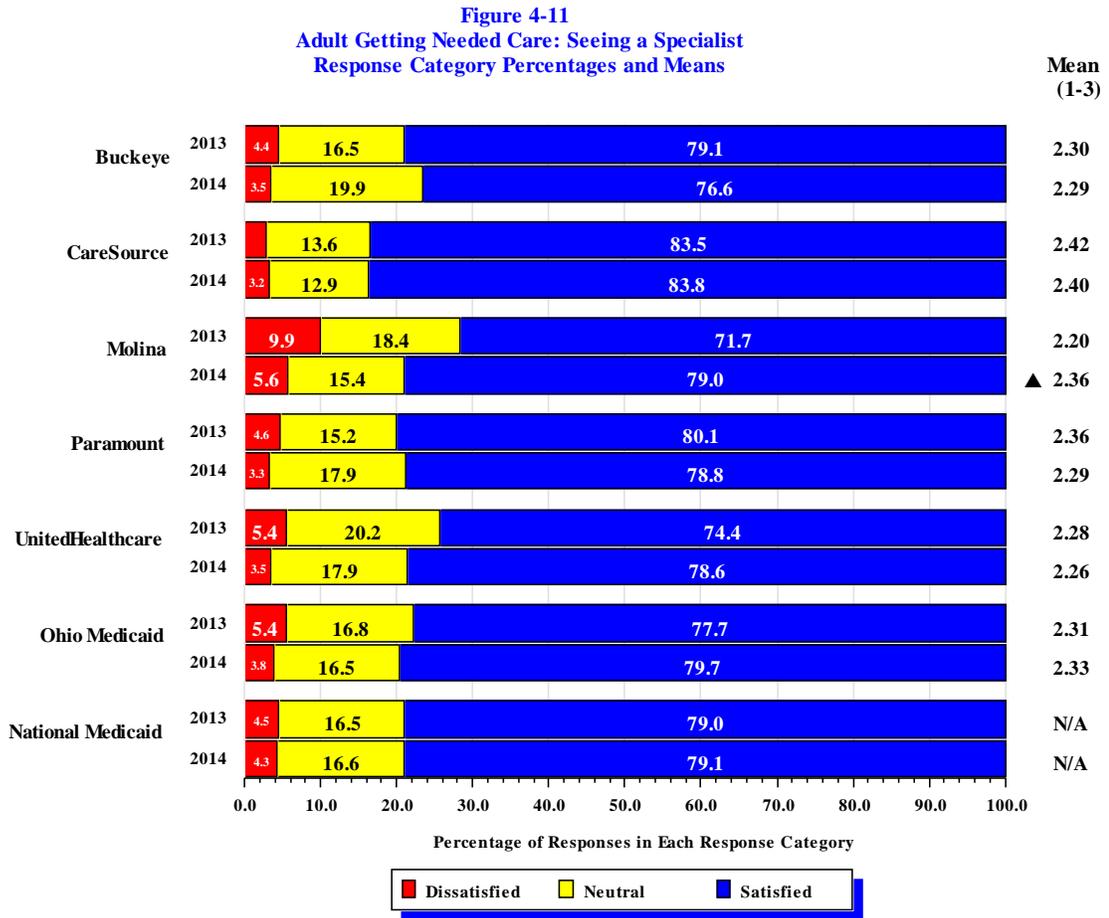
Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's and the program's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.
- Buckeye's overall mean was significantly higher in 2014 than in 2013.

Adult Getting Needed Care: Seeing a Specialist

Question 25 in the CAHPS Adult Medicaid Health Plan Survey asked how often members got an appointment with a specialist as soon as he or she needed. Figure 4-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.^{4,9}



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

^{4,9} NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

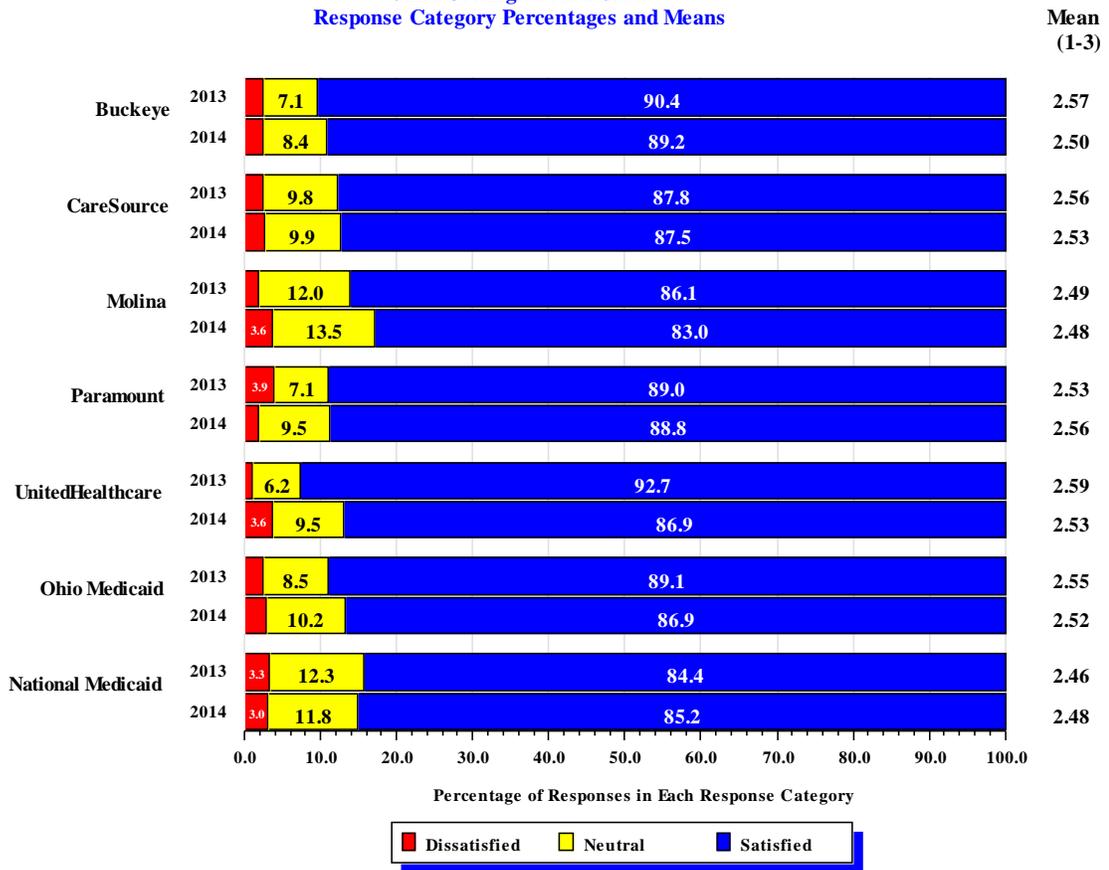
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- Molina's overall mean was significantly higher in 2014 than in 2013.

Child Getting Needed Care

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

Figure 4-12
Child Getting Needed Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

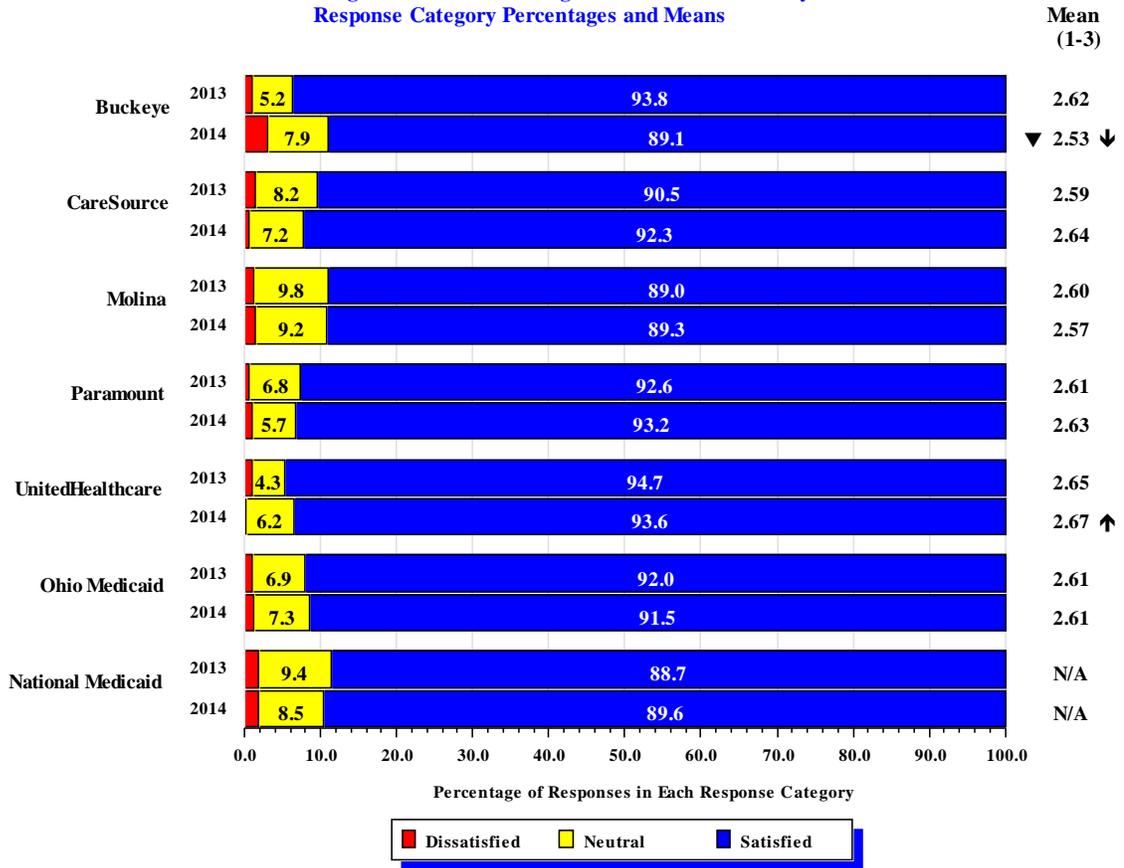
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Child Getting Needed Care: Getting Care Believed Necessary

Question 15 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often it was easy to get the care, tests, or treatment their child needed. Figure 4-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹⁰

Figure 4-13
Child Getting Needed Care: Getting Care Believed Necessary
Response Category Percentages and Means



Statistical Significance Note: ▲ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ▼ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

- Buckeye's overall mean was significantly lower than the program average. The percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher than the program average.
- UnitedHealthcare's overall mean was significantly higher than the program average. The percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly lower than the program average.

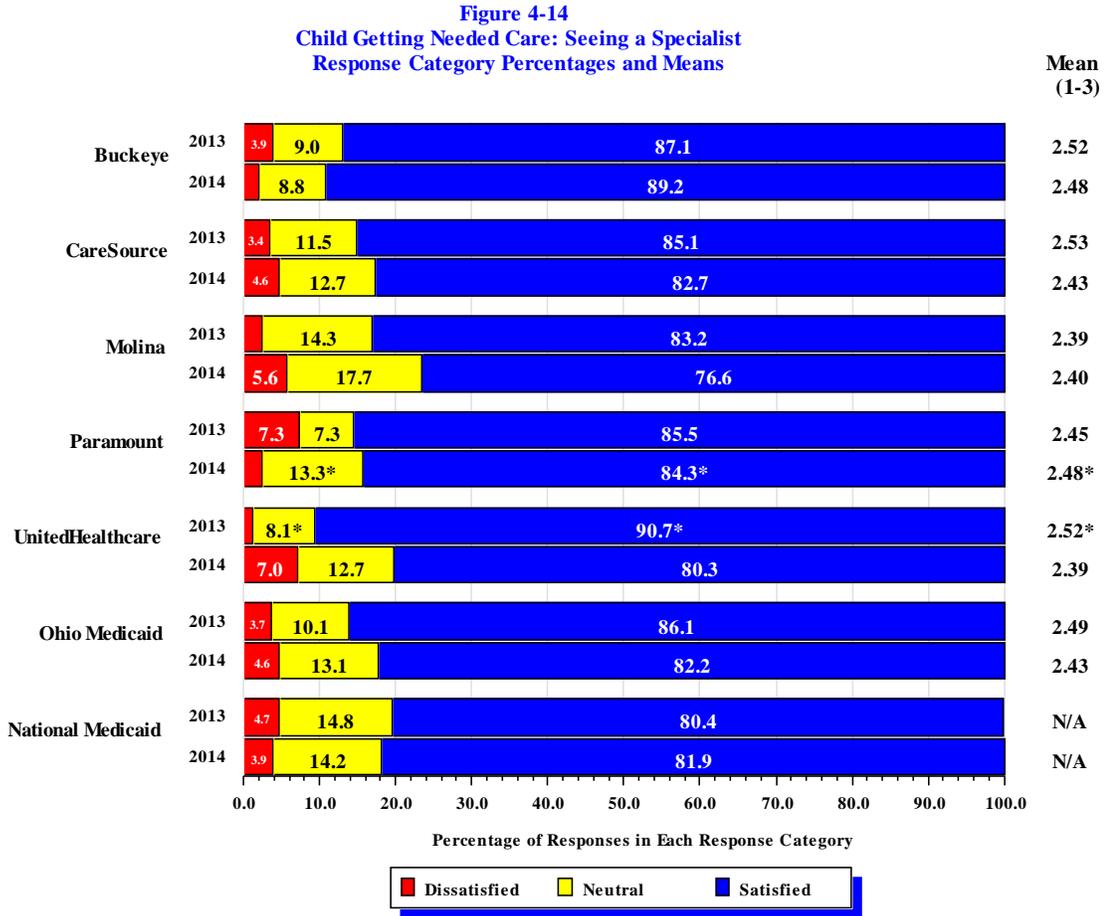
Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Child Getting Needed Care: Seeing a Specialist

Question 46 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often they got an appointment for their child to see a specialist as soon as they needed. Figure 4-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹¹



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

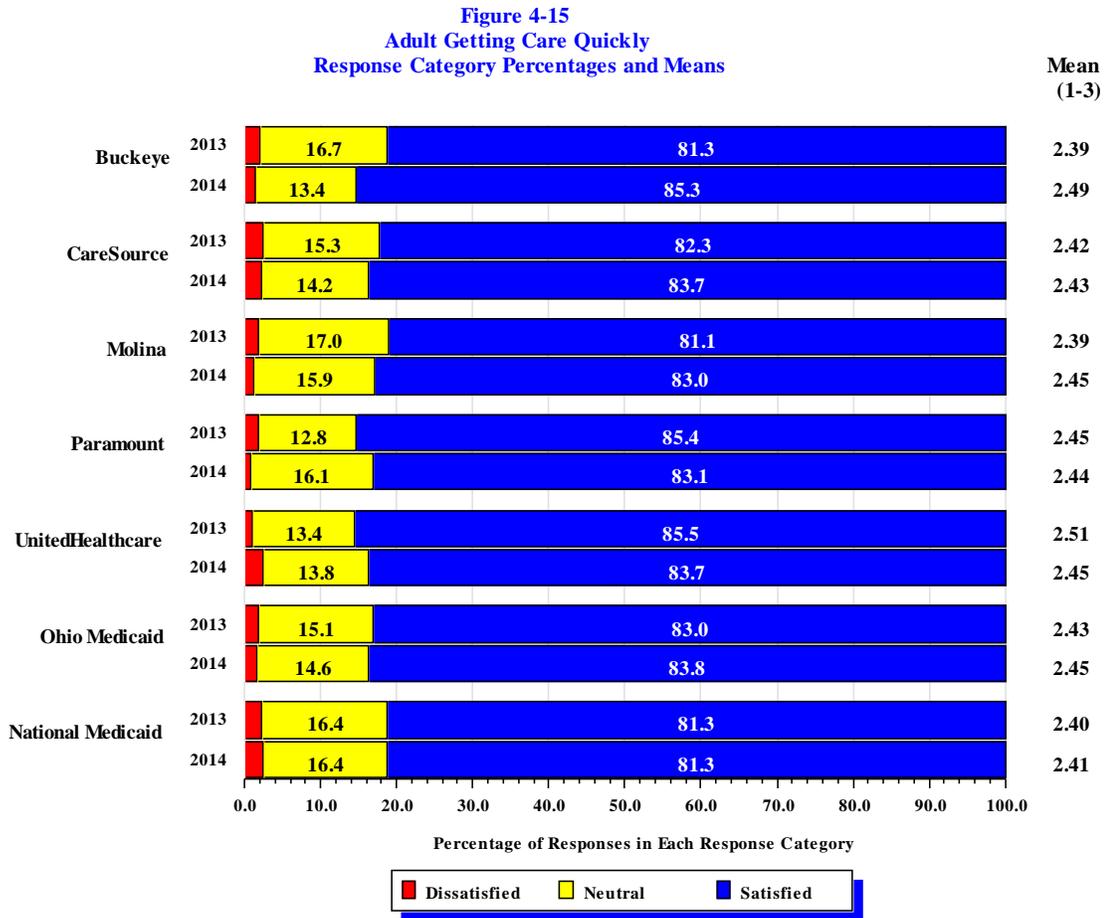
Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Adult Getting Care Quickly

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



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

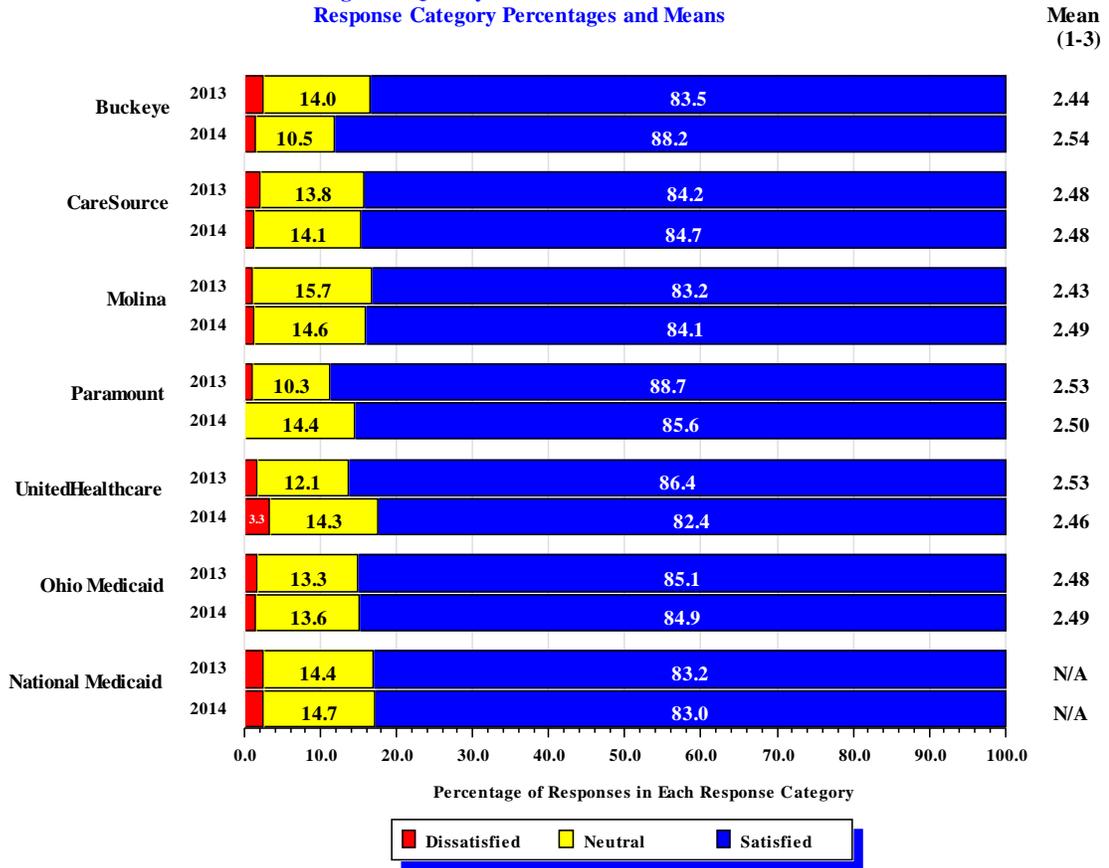
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Adult Getting Care Quickly: Received Care as Soon as Wanted

Question 4 in the CAHPS Adult Medicaid Health Plan Survey asked how often members received care as soon as they wanted when they needed care right away. Figure 4-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹²

Figure 4-16
Adult Getting Care Quickly: Received Care as Soon as Wanted
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

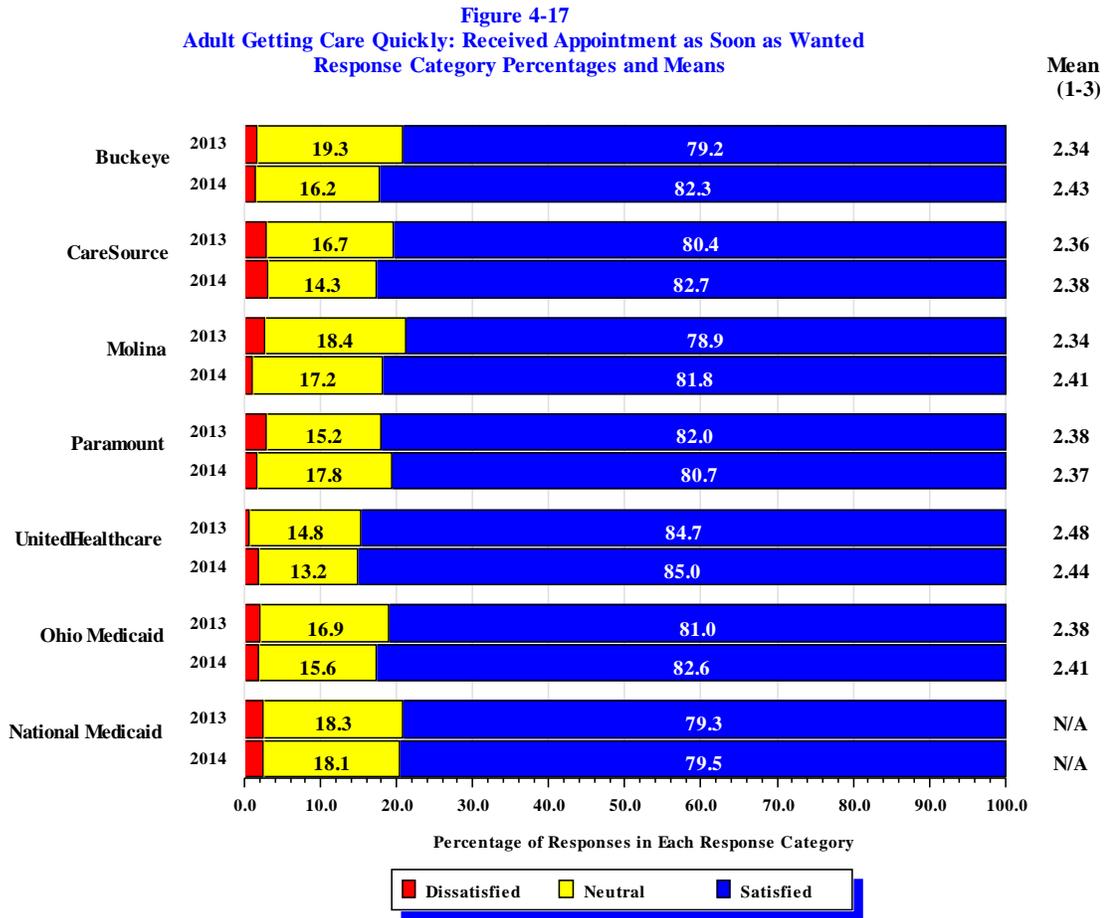
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Adult Getting Care Quickly: Received Appointment as Soon as Wanted

Question 6 in the CAHPS Adult Medicaid Health Plan Survey asked how often members received an appointment as soon as they wanted when they did not need care right away (i.e., a check-up or routine care). Figure 4-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹³



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

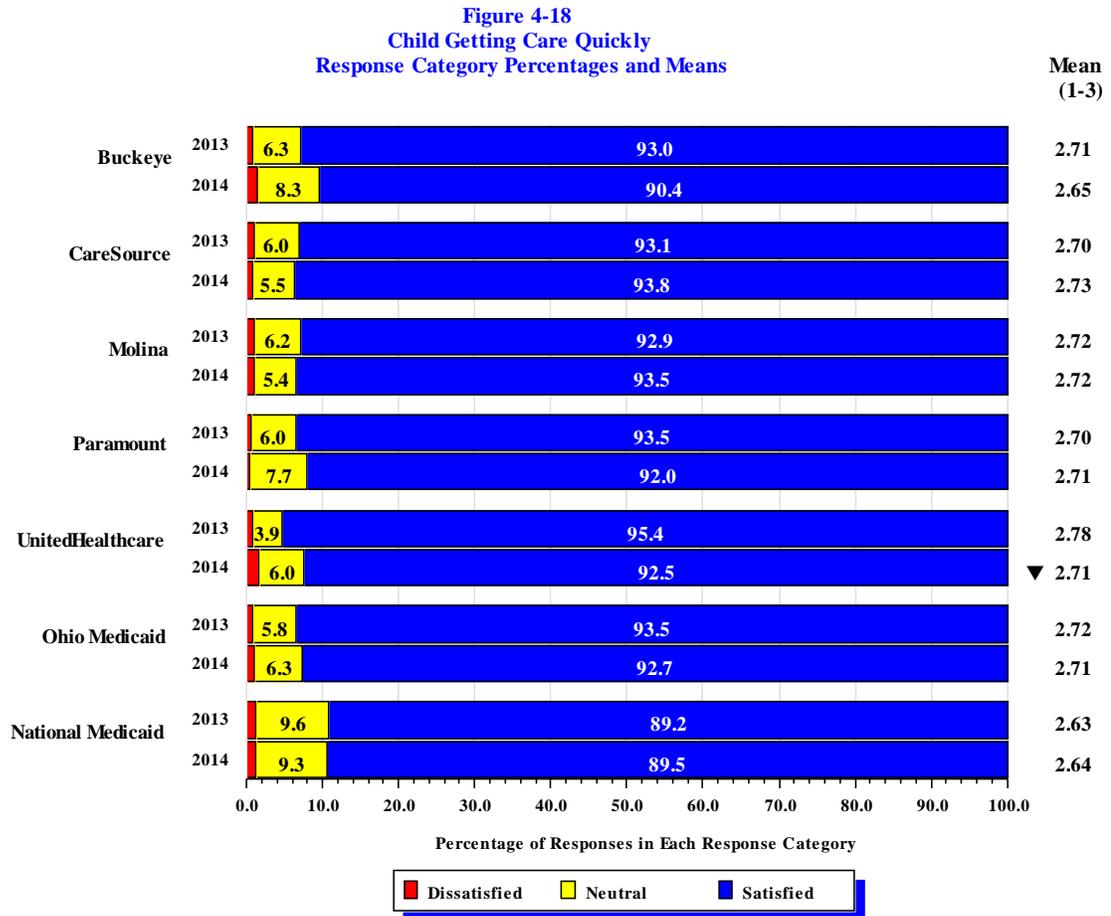
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Child Getting Care Quickly

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

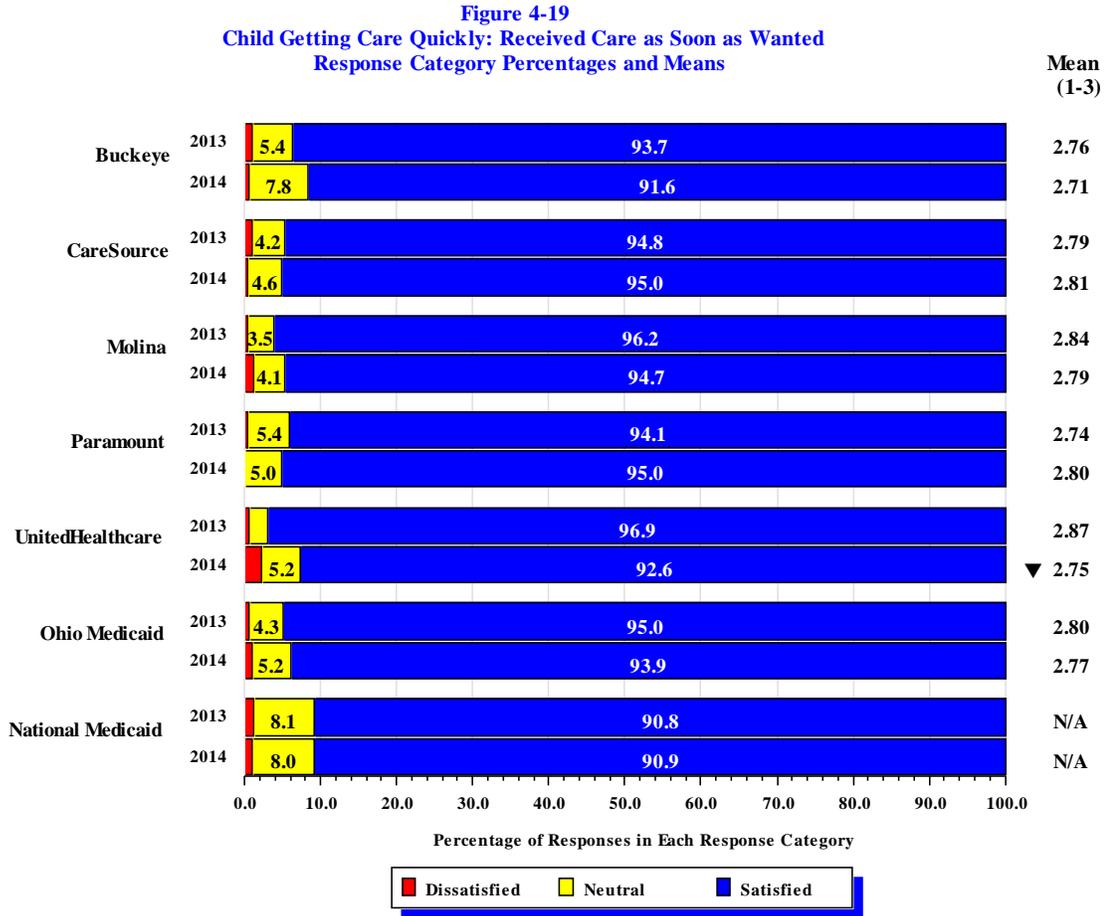
Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Child Getting Care Quickly: Received Care as Soon as Wanted

Question 4 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received care as soon as they wanted when their child needed care right away. Figure 4-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹⁴



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

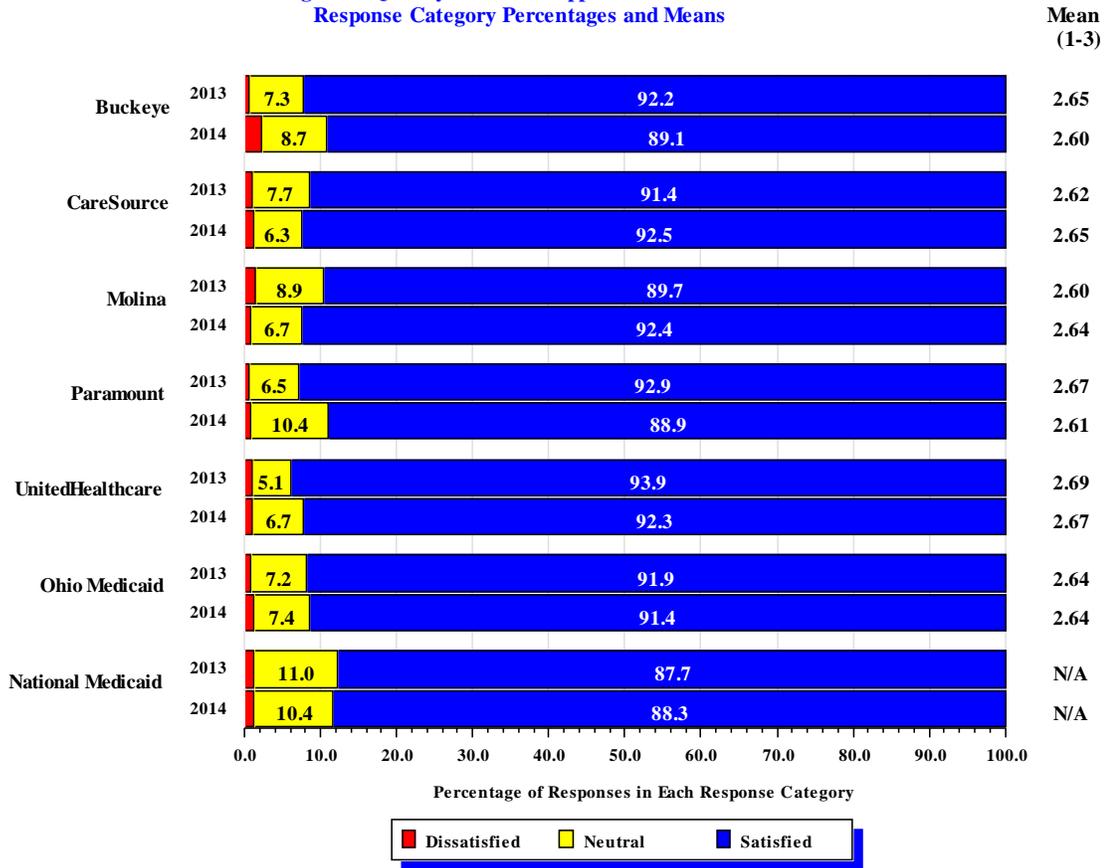
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Child Getting Care Quickly: Received Appointment as Soon as Wanted

Question 6 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers how often their child received an appointment as soon as they wanted when their child did not need care right away (i.e., a check-up or routine care). Figure 4-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻¹⁵

Figure 4-20
Child Getting Care Quickly: Received Appointment as Soon as Wanted
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

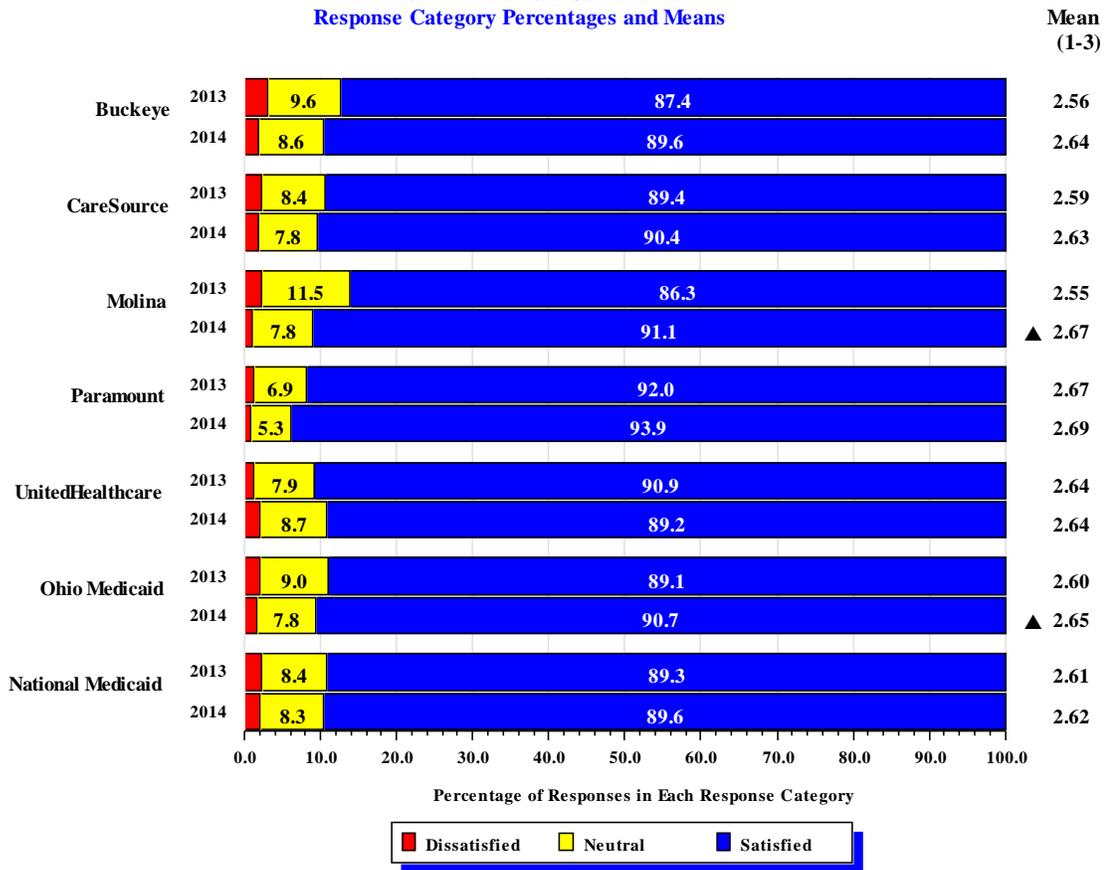
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Adult How Well Doctors Communicate

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

Figure 4-21
Adult How Well Doctors Communicate
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

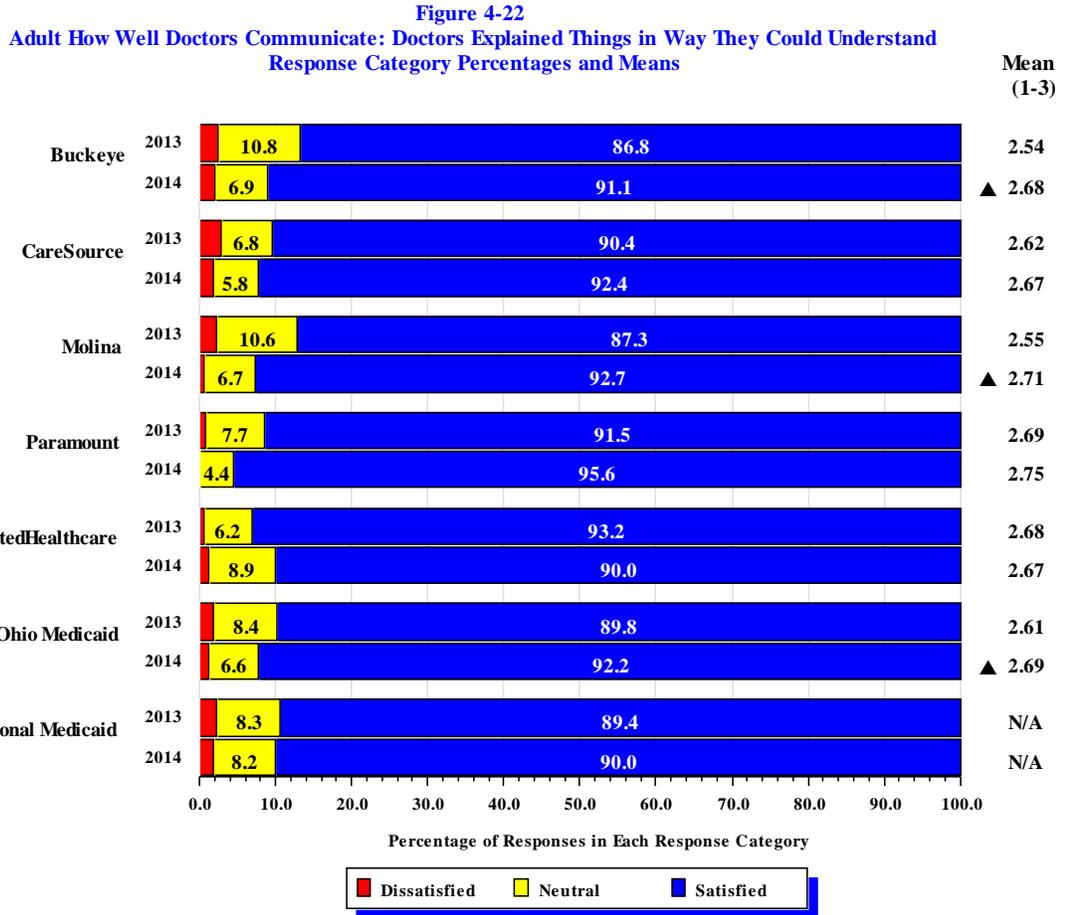
Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Molina's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The program's overall mean was significantly higher in 2014 than in 2013.

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

Question 17 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors explained things in a way they could understand. Figure 4-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁶



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

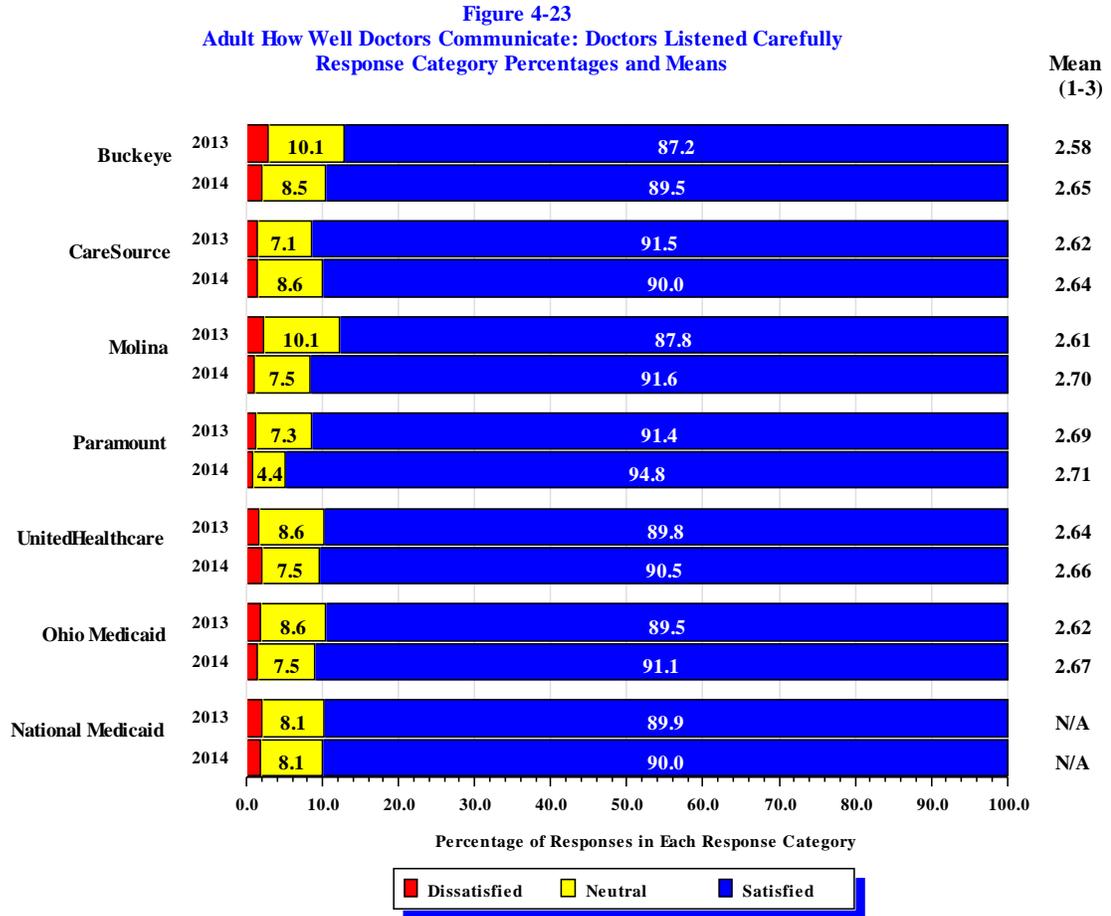
Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Molina's and the program's overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- Buckeye's overall mean was significantly higher in 2014 than in 2013.

Adult How Well Doctors Communicate: Doctors Listened Carefully

Question 18 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors listened carefully to them. Figure 4-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁷



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

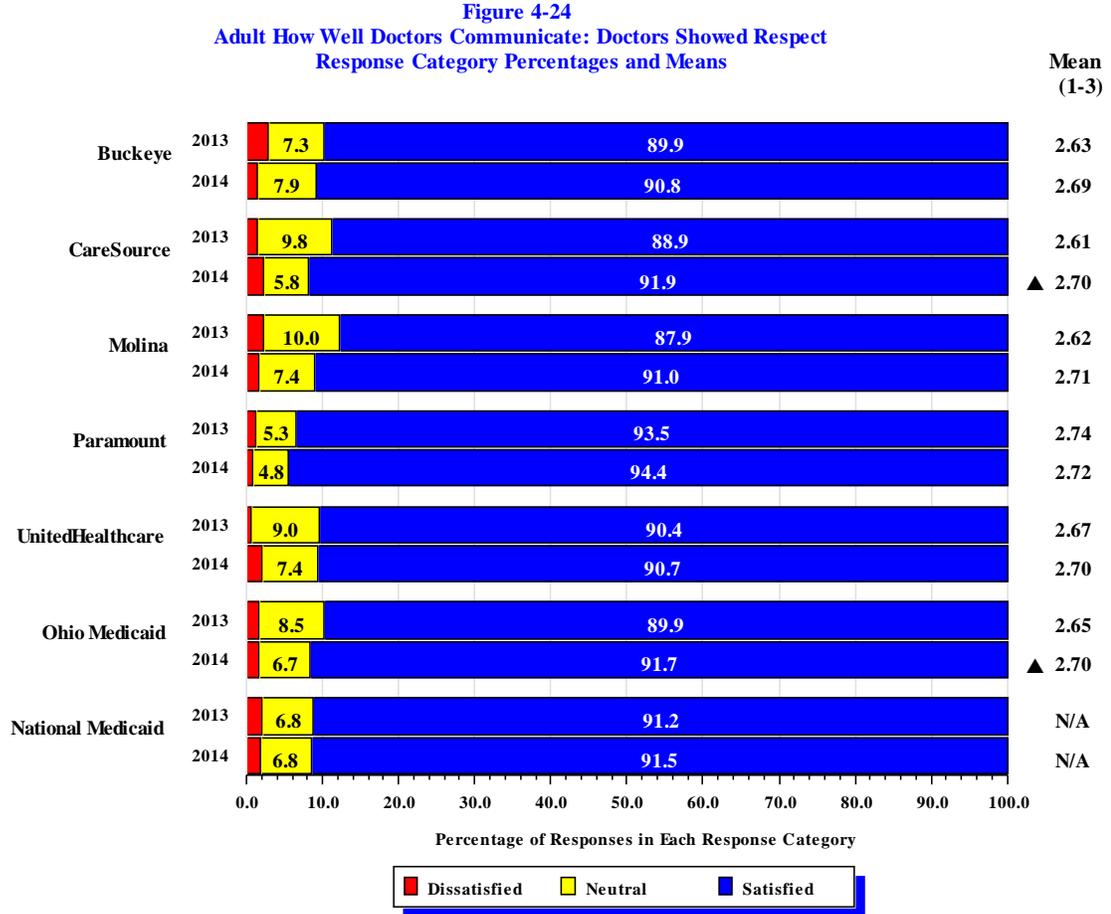
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

Adult How Well Doctors Communicate: Doctors Showed Respect

Question 19 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors showed respect for what they had to say. Figure 4-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁸



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

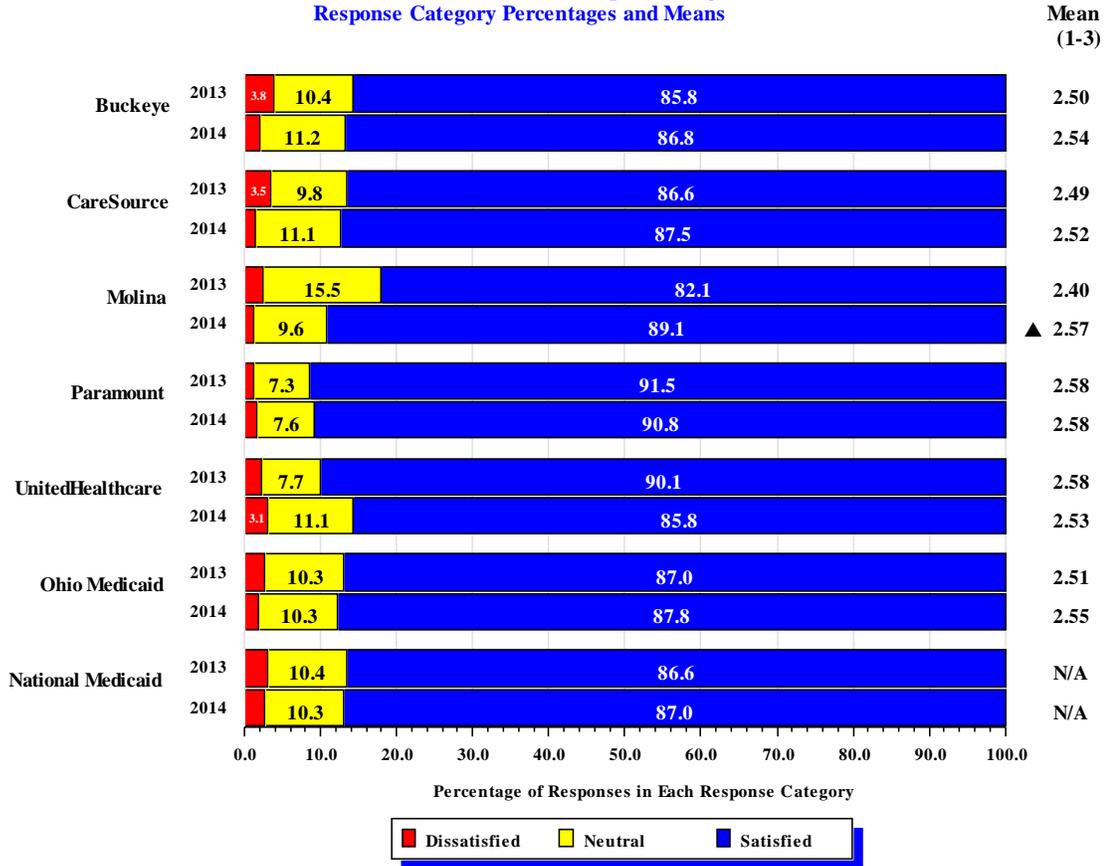
Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's and the program's overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.

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

Question 20 in the CAHPS Adult Medicaid Health Plan Survey asked members to rate how often doctors spent enough time with them. Figure 4-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻¹⁹

Figure 4-25
Adult How Well Doctors Communicate: Doctors Spent Enough Time with Patient
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

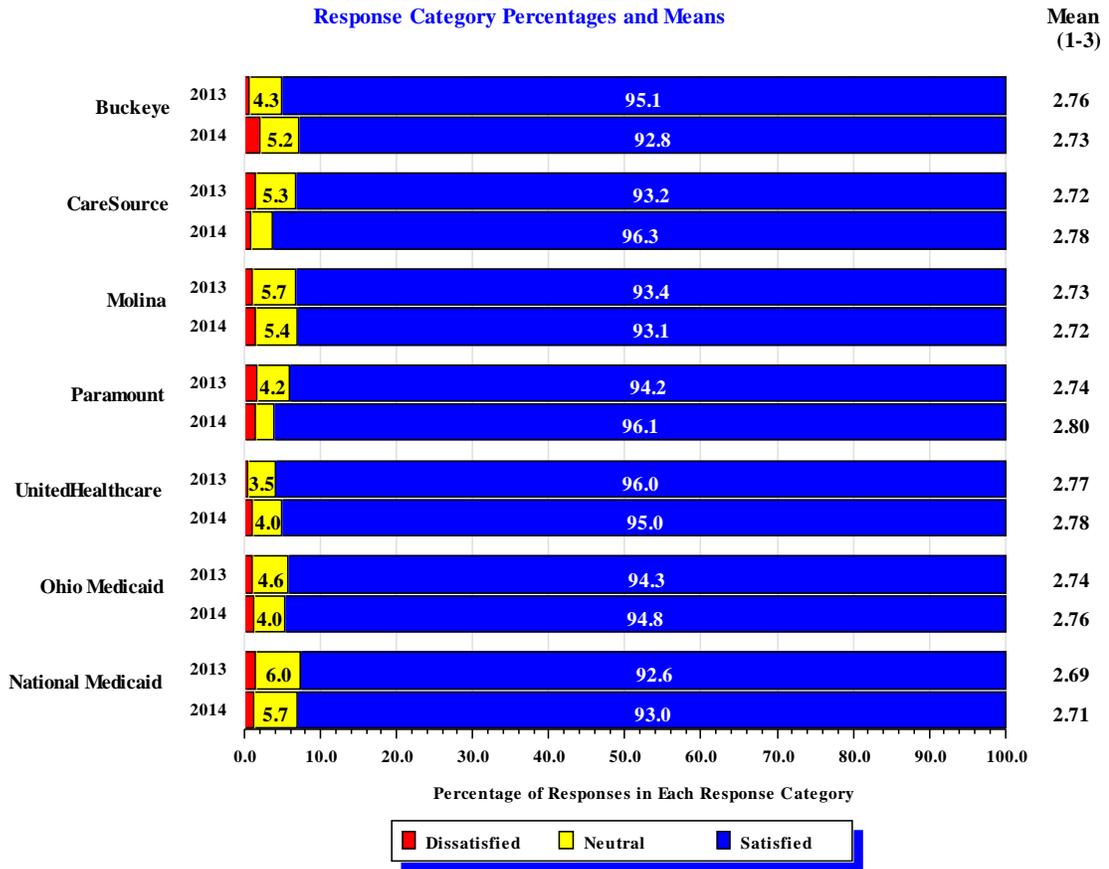
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Molina's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Child How Well Doctors Communicate

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

Figure 4-26
Child How Well Doctors Communicate
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

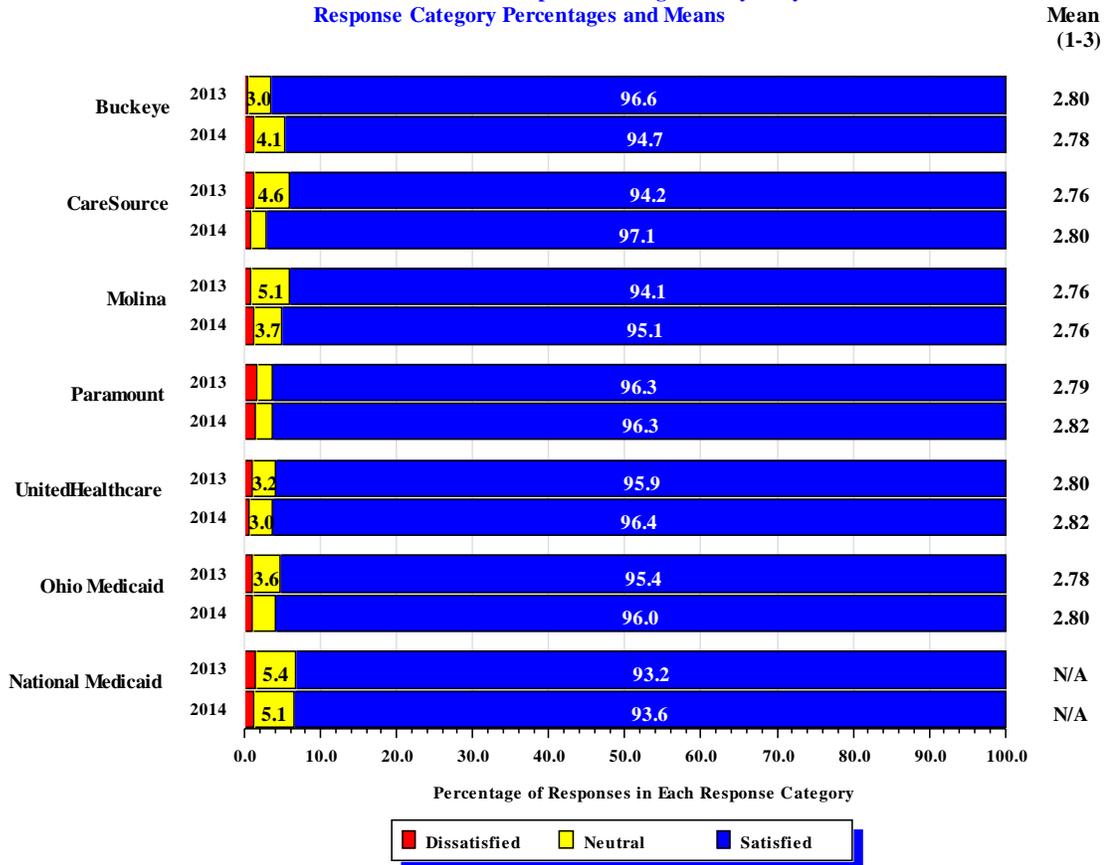
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013.
- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

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

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors explained things about their child’s health in a way they could understand. Figure 4-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁰

Figure 4-27
Child How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

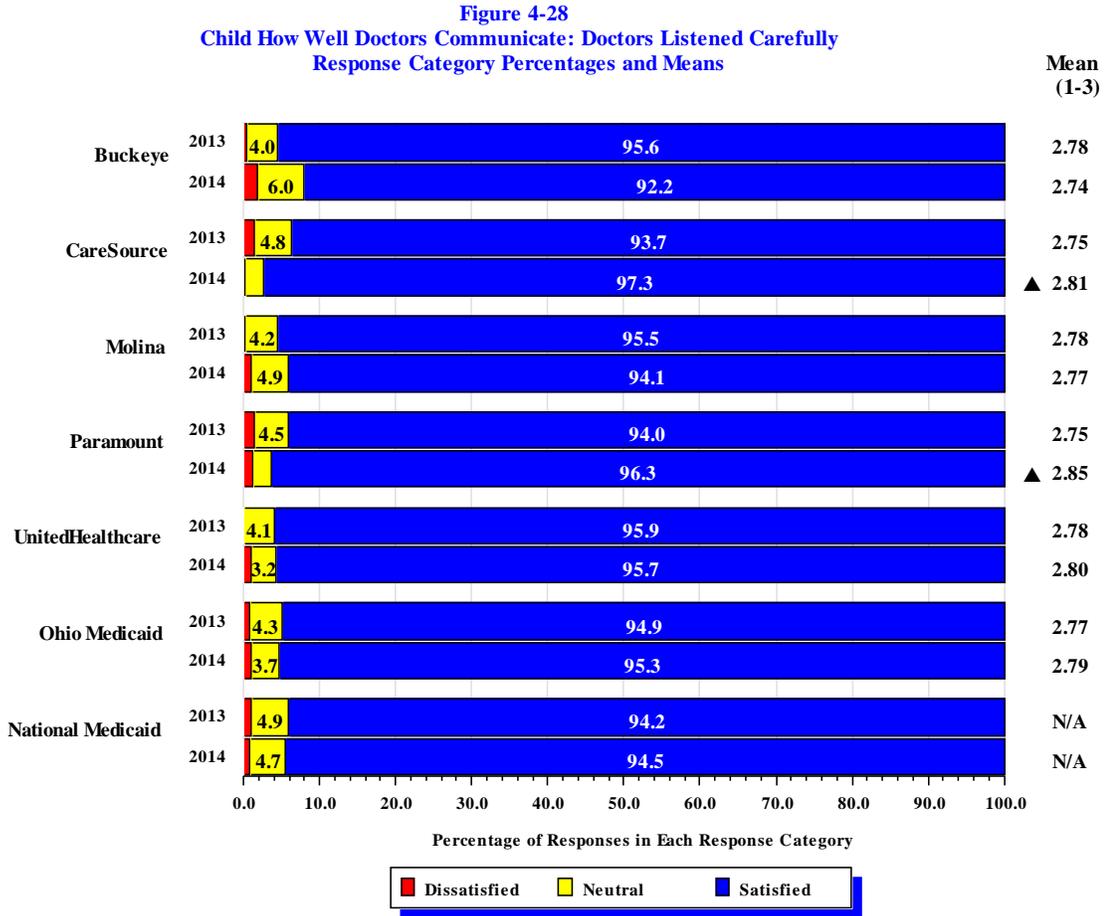
Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Child How Well Doctors Communicate: Doctors Listened Carefully

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their child’s doctors listened carefully to them. Figure 4-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²¹



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

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

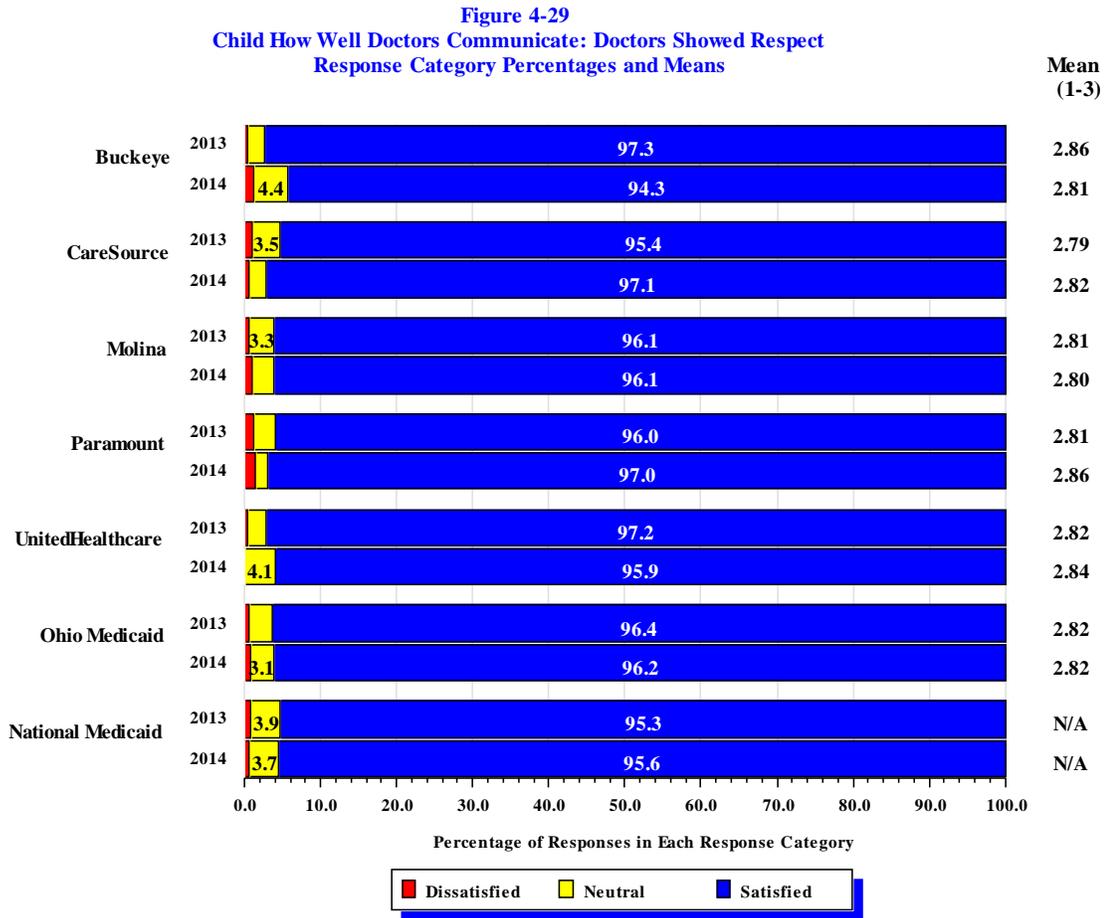
Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- Paramount's overall mean was significantly higher in 2014 than in 2013.

Child How Well Doctors Communicate: Doctors Showed Respect

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their child’s doctors showed respect for what they had to say. Figure 4-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²²



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

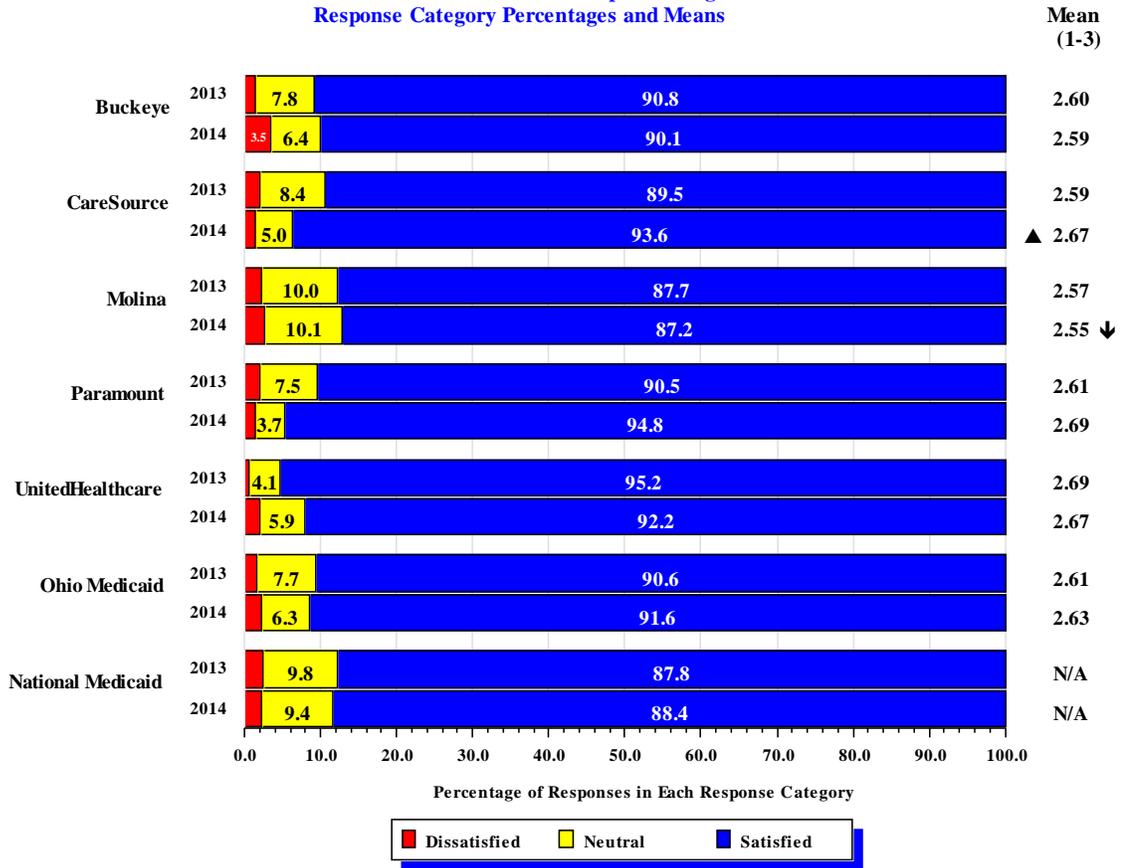
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

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

Question 37 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their child’s doctors spent enough time with their child. Figure 4-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²³

Figure 4-30
Child How Well Doctors Communicate: Doctors Spent Enough Time with Patient
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

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

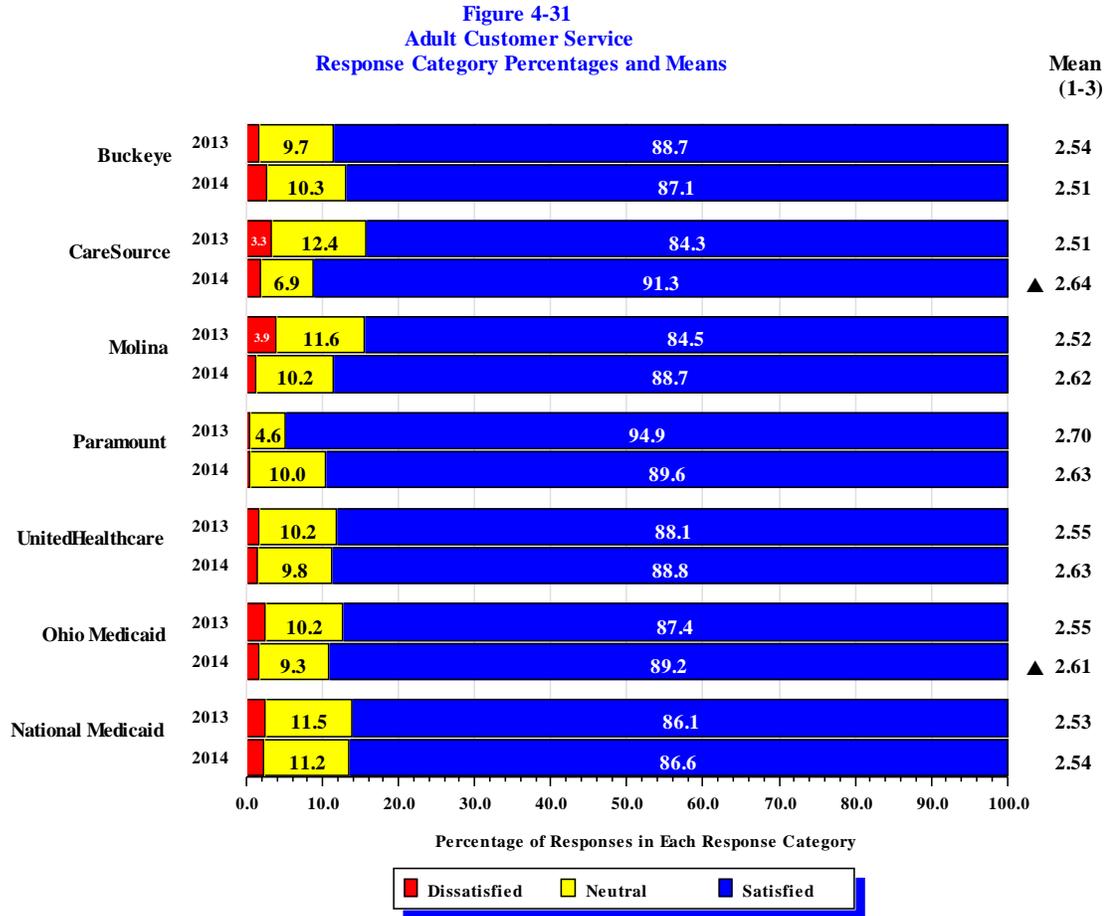
Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The percentage of Paramount's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Paramount's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Adult Customer Service

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

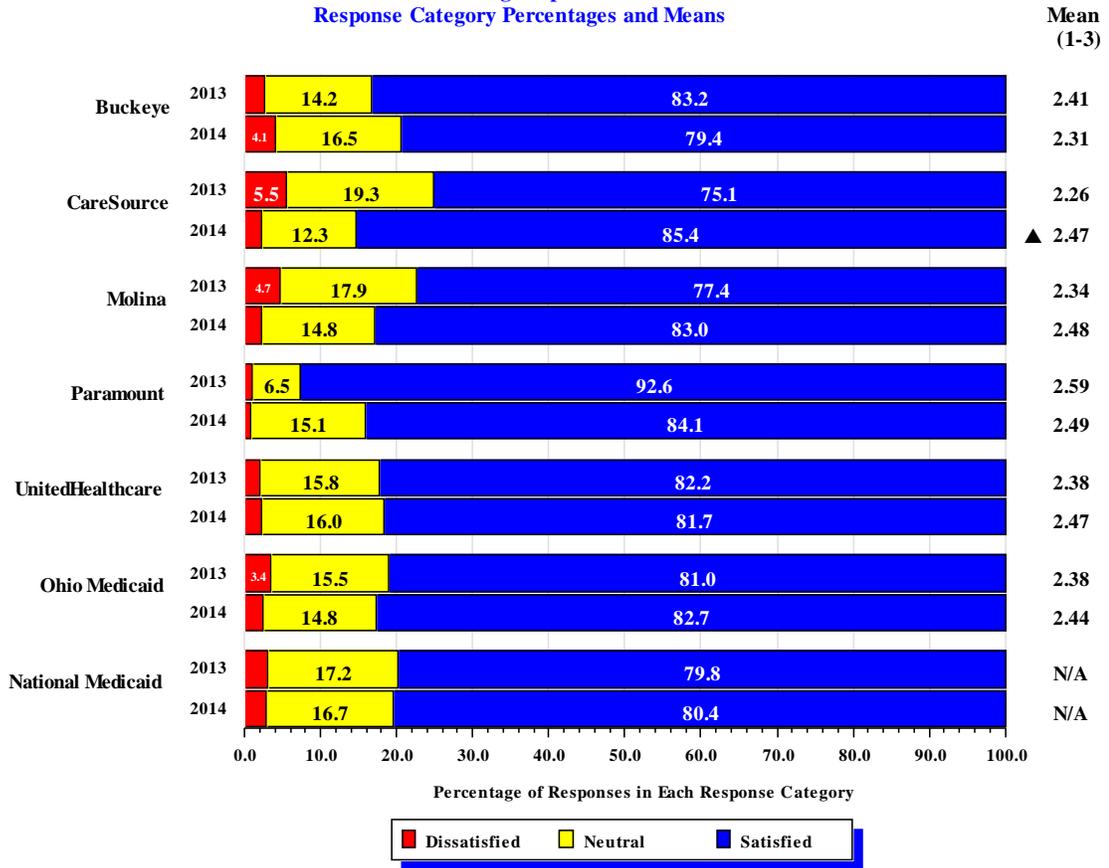
Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.
- The program's overall mean was significantly higher in 2014 than in 2013.

Adult Customer Service: Obtaining Help Needed From Customer Service

Question 31 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan’s customer service gave members the information or help they needed. Figure 4-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²⁴

Figure 4-32
Adult Customer Service: Obtaining Help Needed From Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

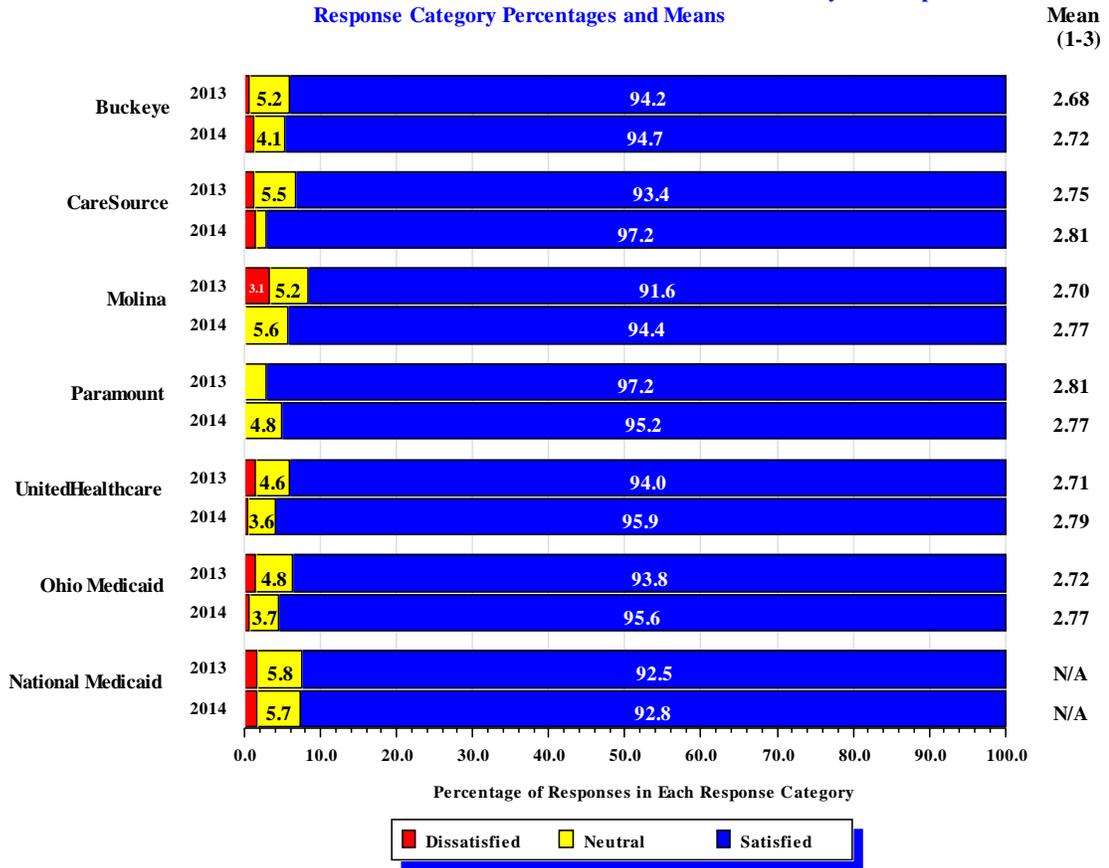
Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- The percentage of Paramount's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Paramount's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

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

Question 32 in the CAHPS Adult Medicaid Health Plan Survey asked how often the health plan’s customer service staff treated members with courtesy and respect. Figure 4-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²⁵

Figure 4-33
Adult Customer Service: Health Plan Customer Service Treated with Courtesy and Respect
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

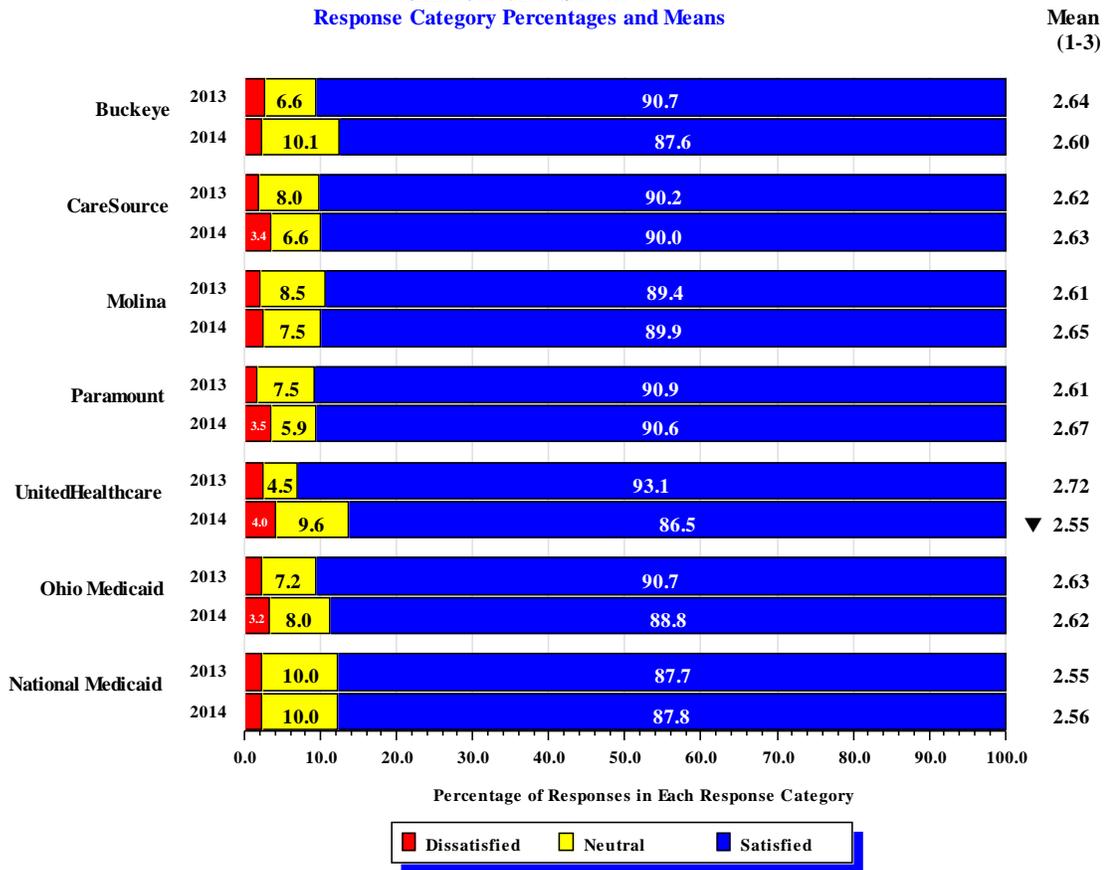
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.

Child Customer Service

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

Figure 4-34
Child Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

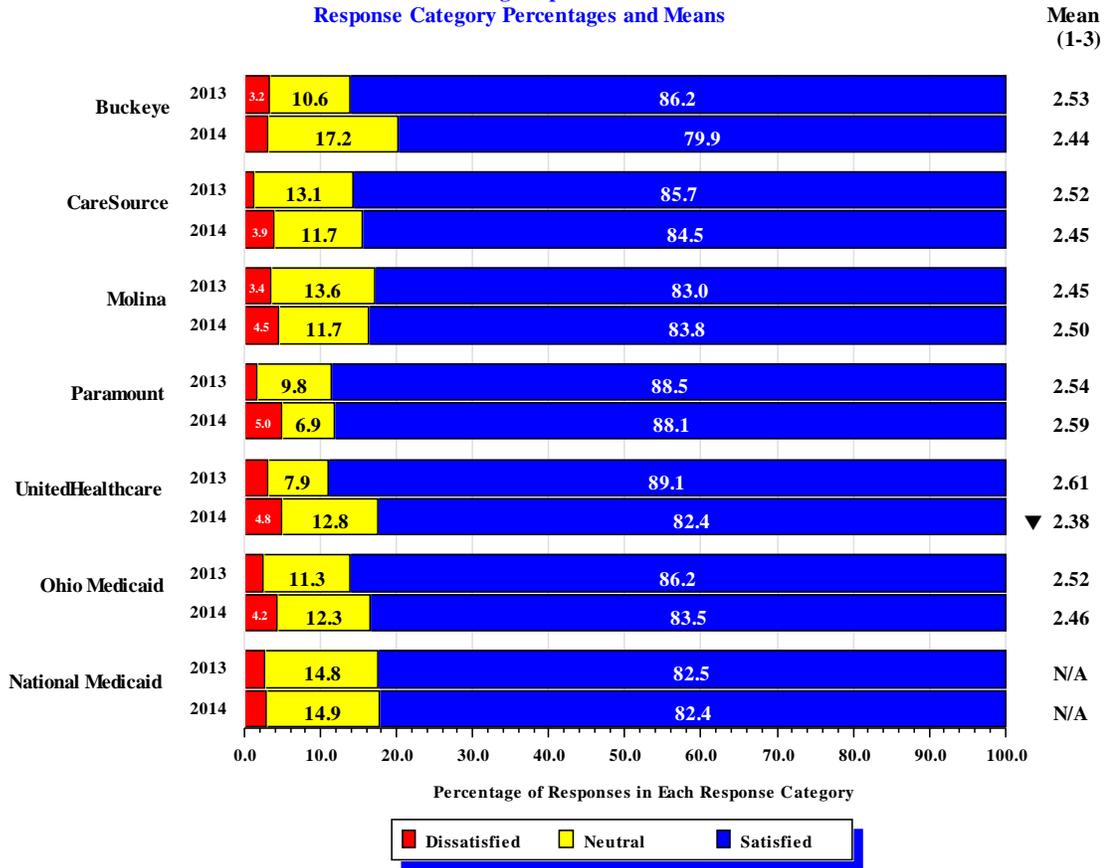
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Child Customer Service: Obtaining Help Needed From Customer Service

Question 50 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service gave them the information or help they needed. Figure 4-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁶

Figure 4-35
Child Customer Service: Obtaining Help Needed From Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻²⁶ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

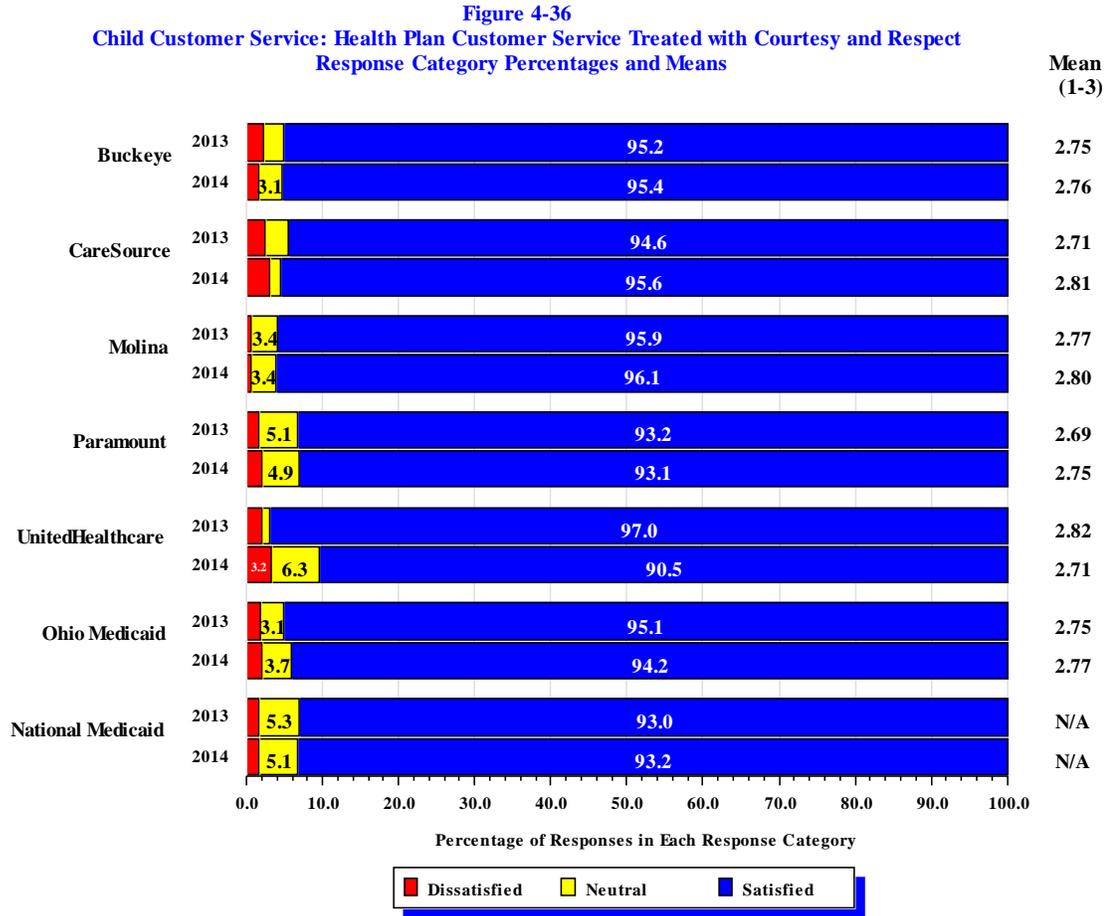
Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013.

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

Question 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child’s health plan customer service staff treated them with courtesy and respect. Figure 4-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻²⁷



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻²⁷ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

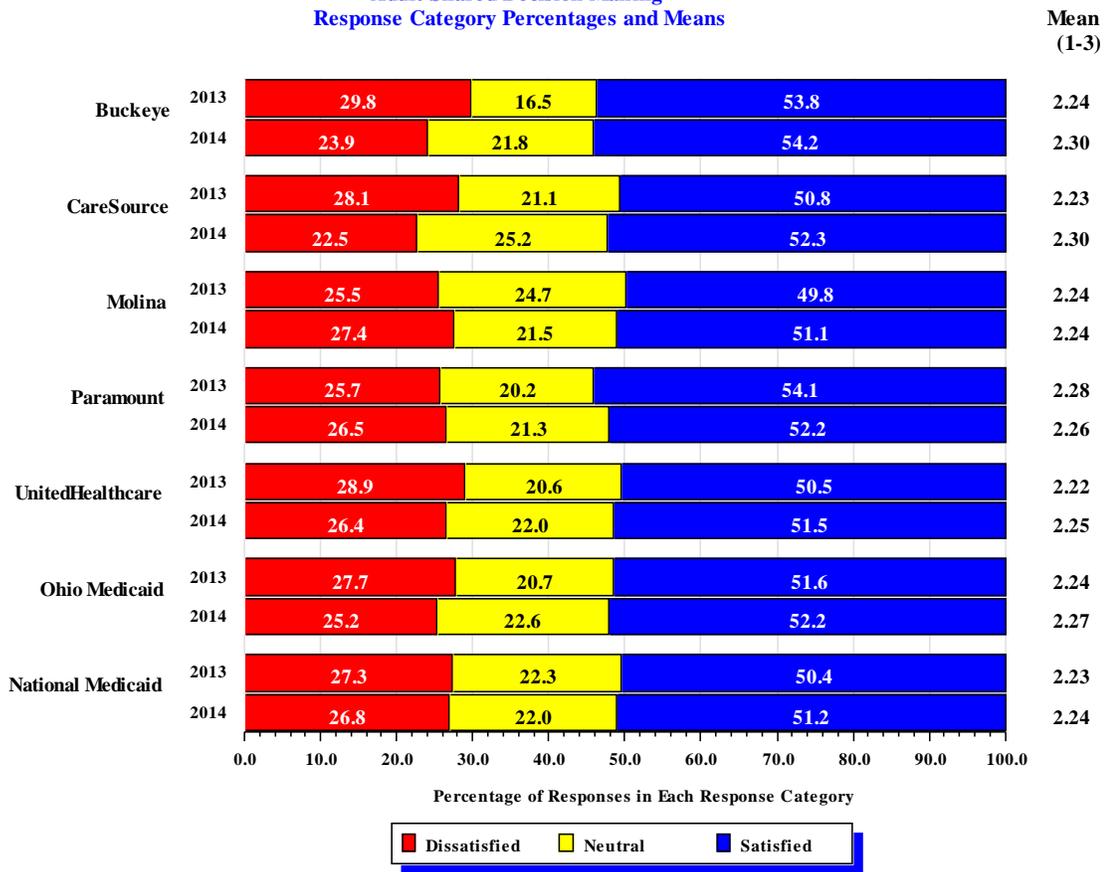
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Adult Shared Decision Making

Three questions were asked to assess the extent to which members’ doctors or other health providers discussed starting or stopping a medication with them. For each of these questions (Questions 10, 11, and 12 in the CAHPS Adult Medicaid Health Plan Survey), an overall mean was calculated for the adult population. Responses were also classified into three categories: Dissatisfied (Not at all/A little/No), Neutral (Some), and Satisfied (A lot/Yes). Figure 4-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population. The NCQA national adult Medicaid averages are presented for comparative purposes.

Figure 4-37
Adult Shared Decision Making
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

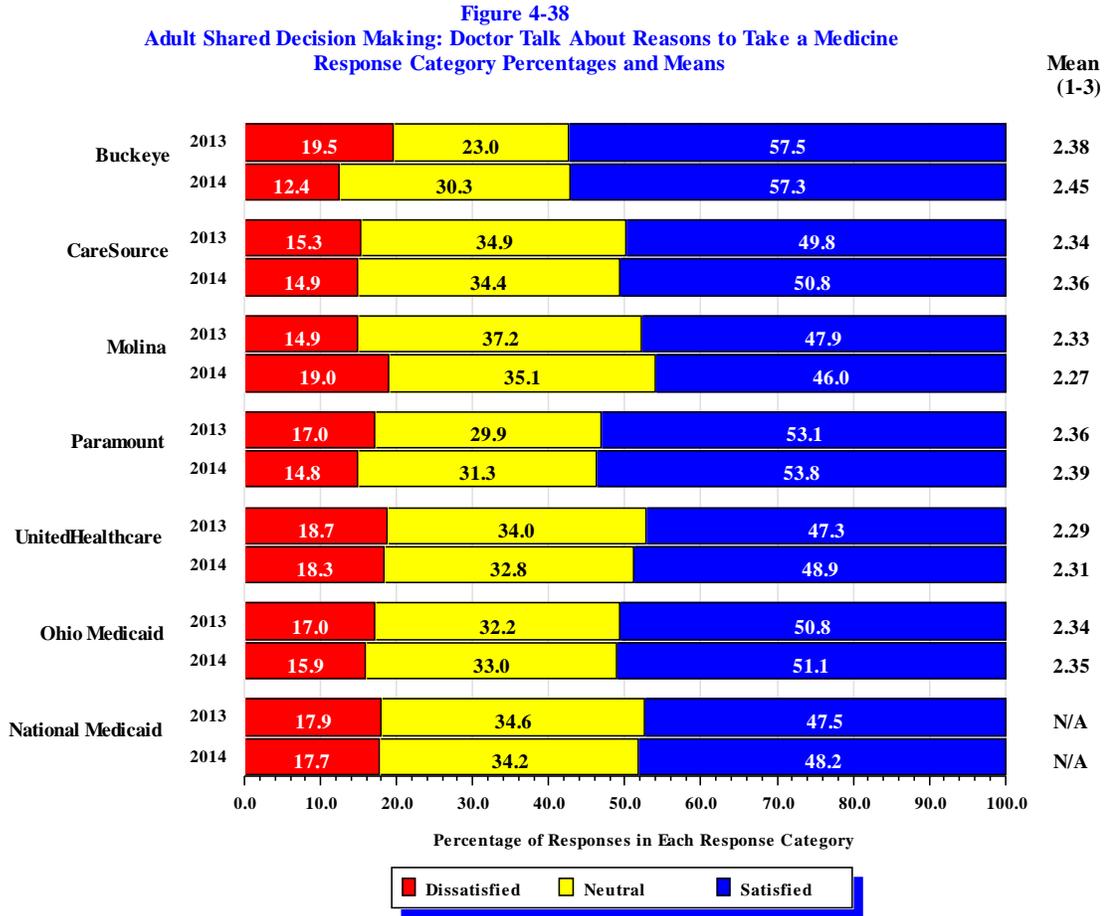
Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.

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

Question 10 in the CAHPS Adult Medicaid Health Plan Survey asked members how much a doctor or other health provider talked about the reasons they might want to take a medicine. Figure 4-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²⁸



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

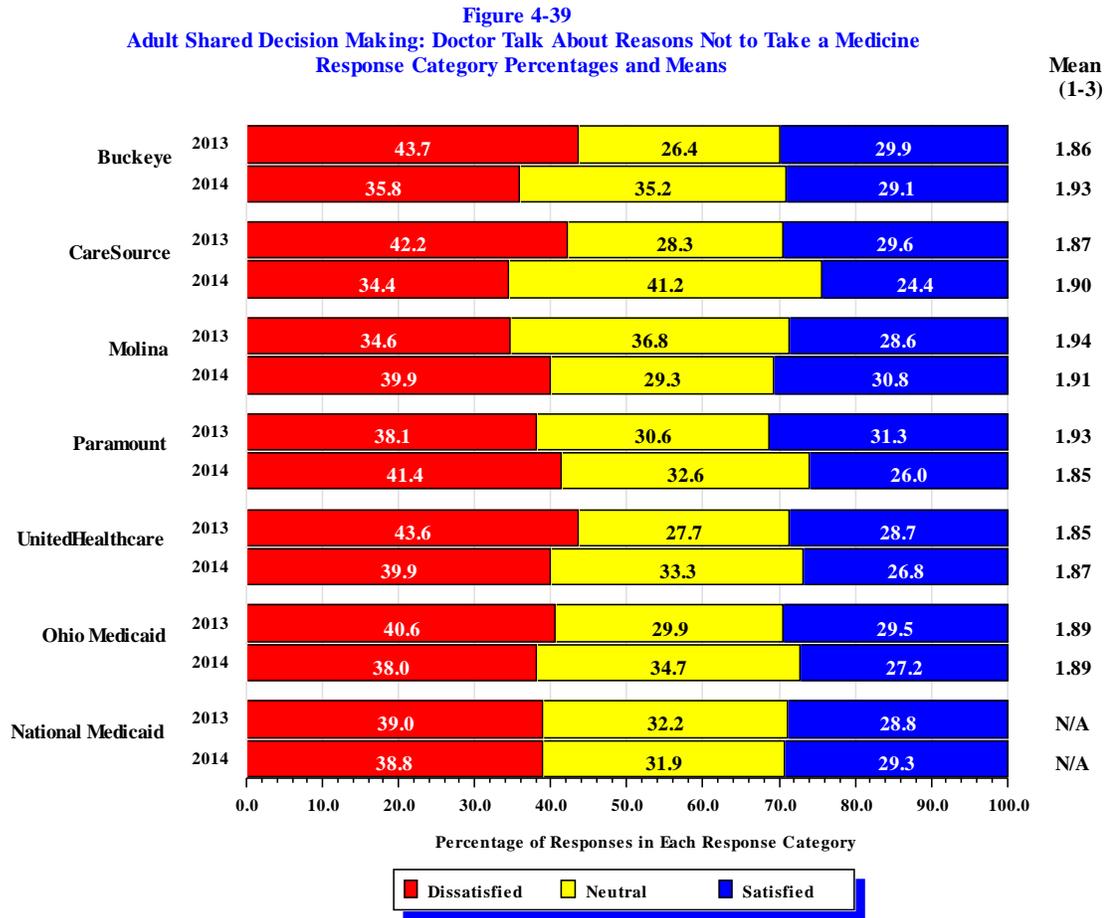
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

Question 11 in the CAHPS Adult Medicaid Health Plan Survey asked members how much a doctor or other health provider talked about the reasons they might not want to take a medicine. Figure 4-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the adult population.⁴⁻²⁹



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻²⁹ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's and the program's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.

Comparative Analysis

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

Trending Analysis

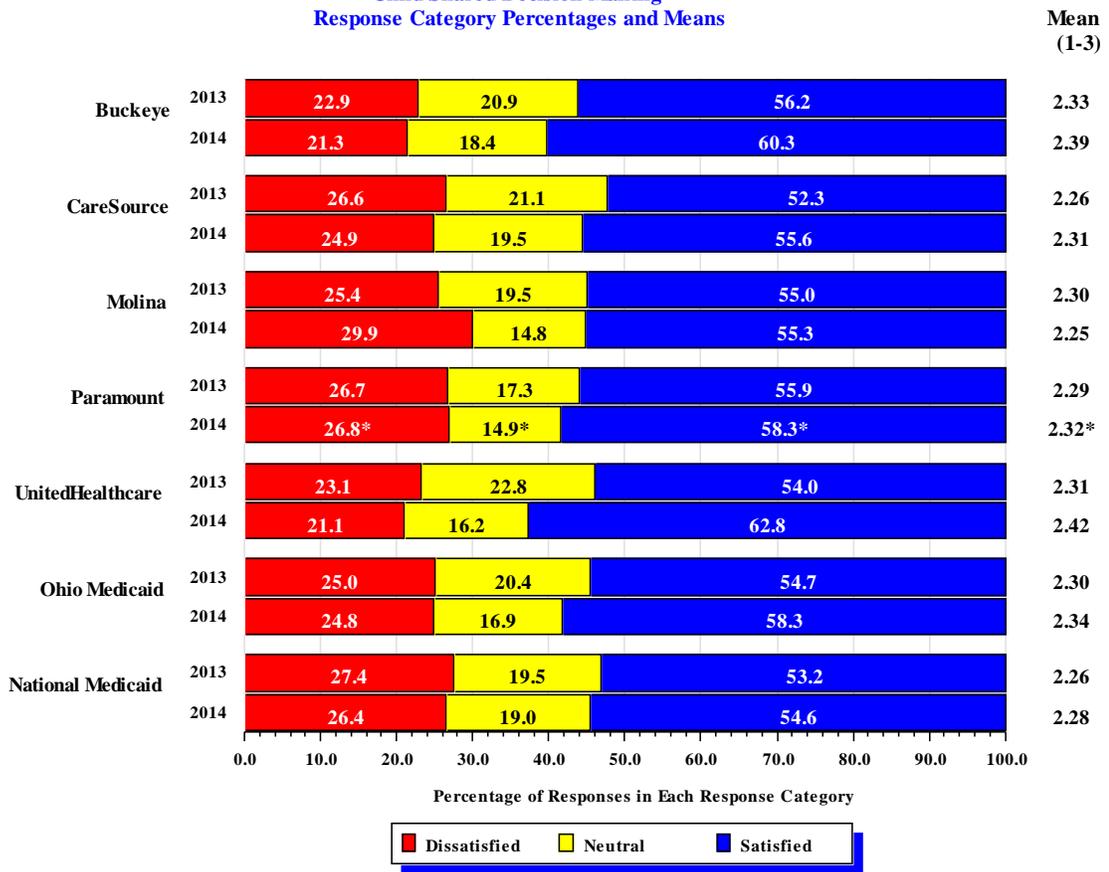
Overall, there were six *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's and the program's overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Child Shared Decision Making

Three questions were asked to parents or caretakers of child members to assess the extent to which their child’s doctors or other health providers discussed starting or stopping a medication with them. For each of these questions (Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses also were classified into three categories: Dissatisfied (Not at all/A little/No), Neutral (Some), and Satisfied (A lot/Yes). Figure 4-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population. The NCQA national child Medicaid averages are presented for comparative purposes.

Figure 4-41
Child Shared Decision Making
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

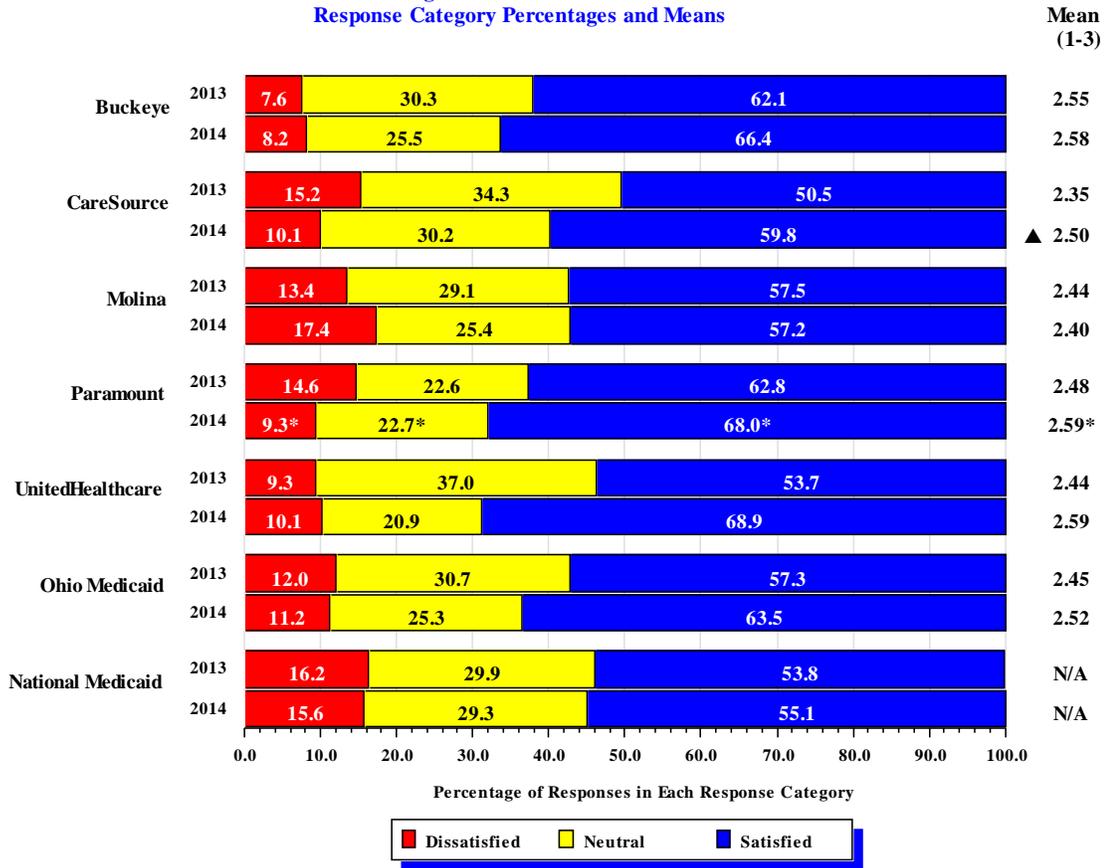
Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of the program's and UnitedHealthcare's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of the program's and UnitedHealthcare's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

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

Question 11 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how much a doctor or other health provider talked about the reasons their child might want to take a medicine. Figure 4-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻³²

Figure 4-42
Child Shared Decision Making: Doctor Talk About Reasons to Take a Medicine
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

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

Comparative Analysis

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

Trending Analysis

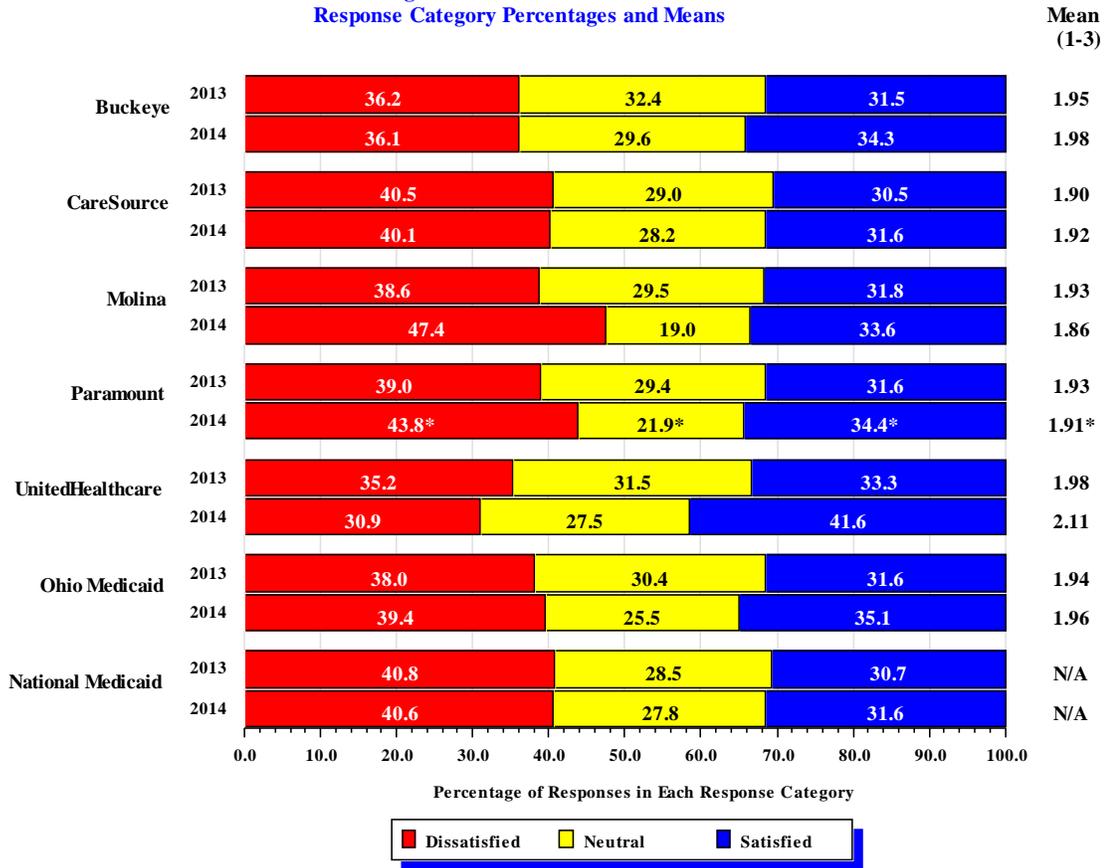
Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of the program's and UnitedHealthcare's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of the program's and UnitedHealthcare's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.
- CareSource's overall mean was significantly higher in 2014 than in 2013.

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

Question 12 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how much a doctor or other health provider talked about the reasons their child might not want to take a medicine. Figure 4-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.⁴⁻³³

Figure 4-43
Child Shared Decision Making: Doctor Talk About Reasons Not to Take a Medicine
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻³³ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly higher than the program average.
- The percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly lower than the program average.

Trending Analysis

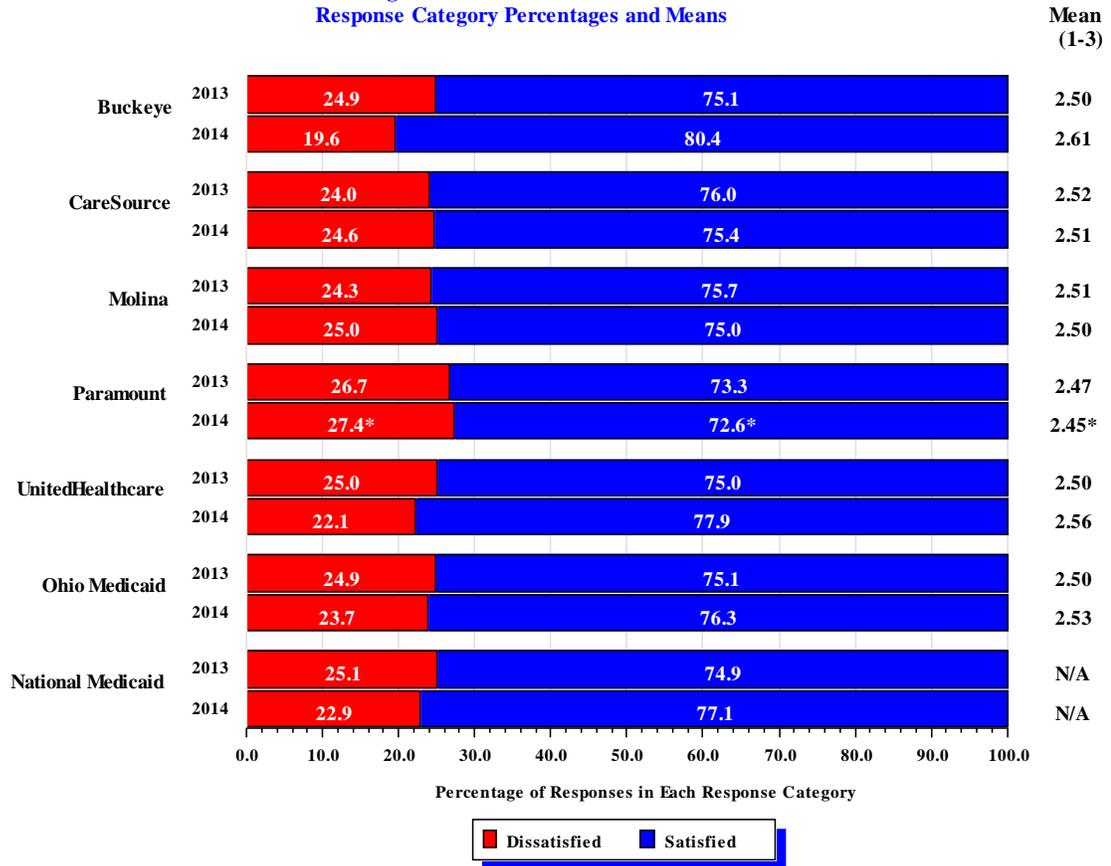
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of Molina's and the program's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.

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

Question 13 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if a doctor or other health provider asked them which medicine choice they thought was best for their child. Figure 4-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the child population.^{4-34,4-35}

Figure 4-44
Child Shared Decision Making: Doctor Ask About Best Medicine Choice for Your Child
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻³⁴ The Shared Decision Making: Doctor Ask About Best Medicine Choice for Your Child measure has “Yes” and “No” responses; however, a three-point mean was calculated for these measures, per *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.
⁴⁻³⁵ NCQA did not provide 3-point mean scores for this measure.

Comparative Analysis

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

Trending Analysis

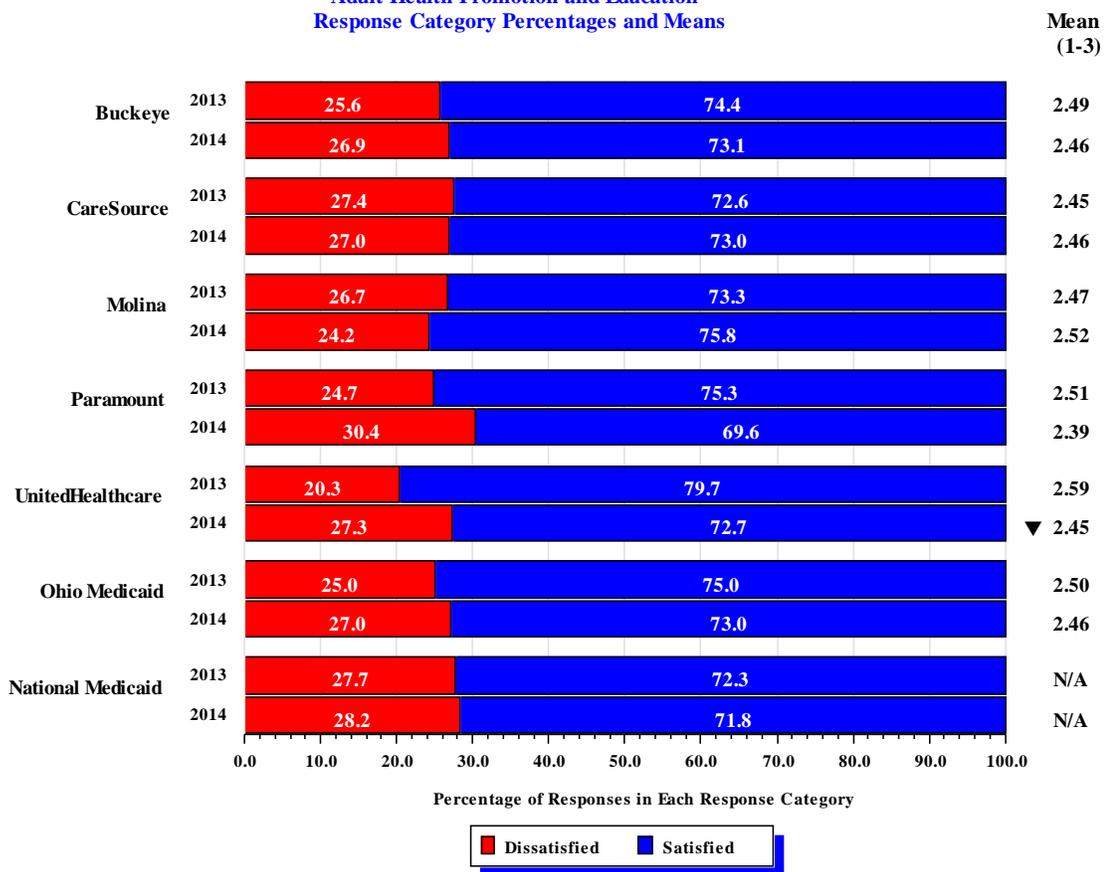
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Individual Item Measures

Health Promotion and Education

Question 8 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked respondents to rate how often their doctor/their child’s doctor or other health provider talked with them about specific things they could do to prevent illness/prevent illness in their child. Responses were classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 4-45 and Figure 4-46 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes^{4-36,4-37}

Figure 4-45
Adult Health Promotion and Education
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean
 Response category percentages may not total 100% due to rounding.

⁴⁻³⁶ NCQA did not provide 3-point mean scores for this measure.

⁴⁻³⁷ The Health Promotion and Education measure has “Yes” and “No” responses; however, a three-point mean was calculated for these measures, per *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

Comparative Analysis

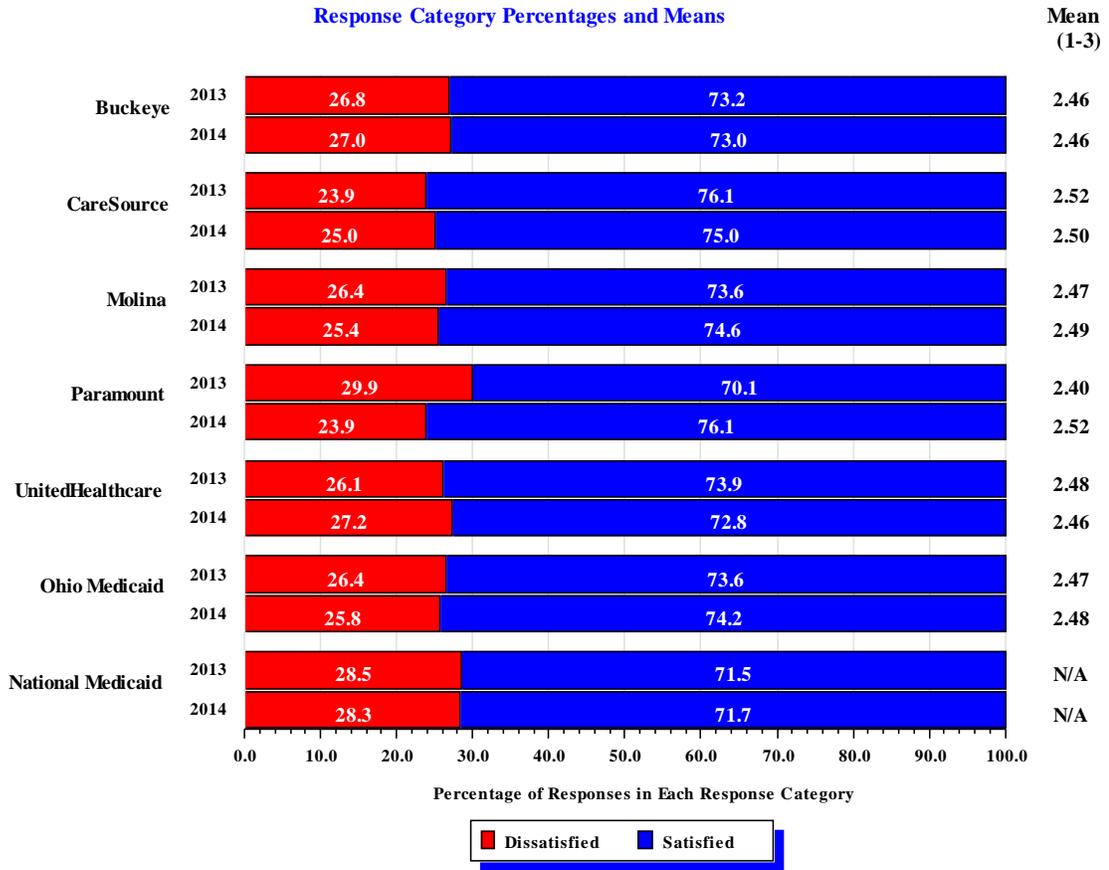
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- UnitedHealthcare's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Figure 4-46
Child Health Promotion and Education
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

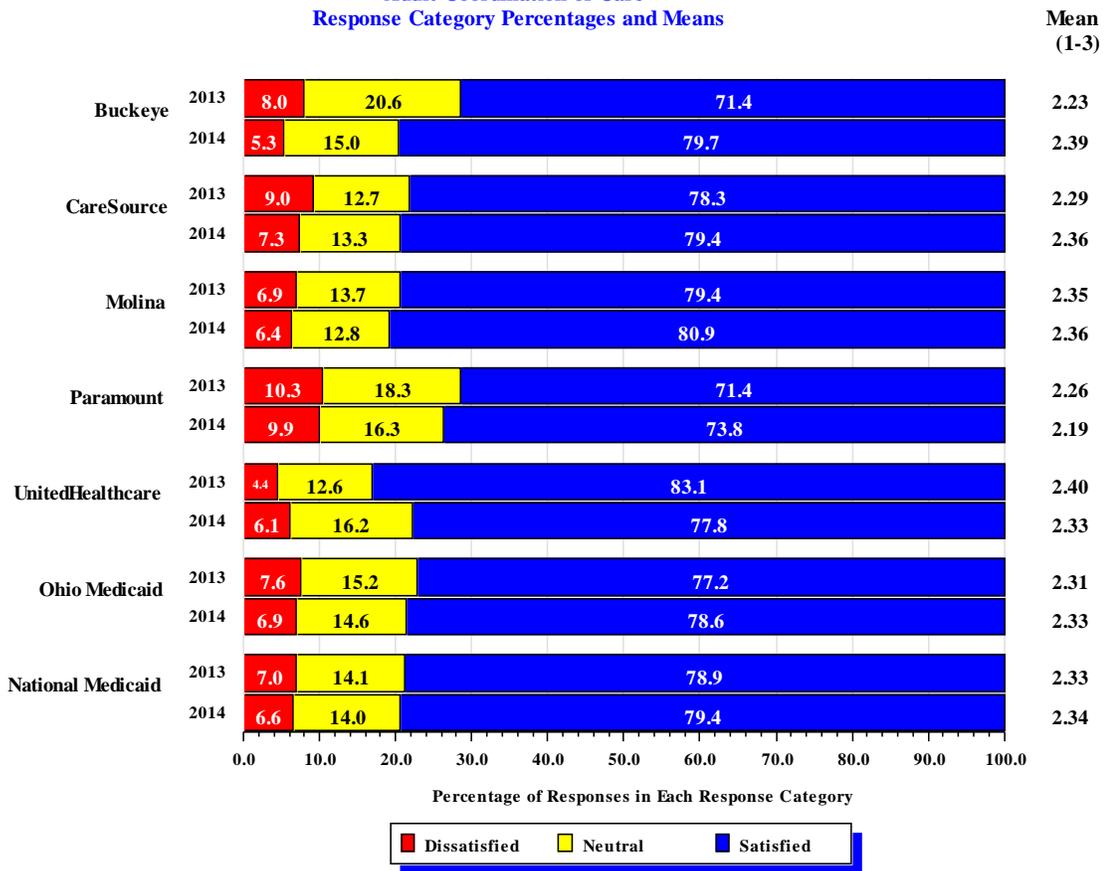
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Coordination of Care

Question 22 in the CAHPS Adult Medicaid Health Plan Survey and Question 40 in the CAHPS Child Medicaid Health Plan Survey asked respondents to rate how often their doctor/their child’s doctor seemed informed and up-to-date about care they/their child received from other doctors. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 4-47 and Figure 4-48 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively. The NCQA national adult and child Medicaid averages are presented for comparative purposes.

Figure 4-47
Adult Coordination of Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

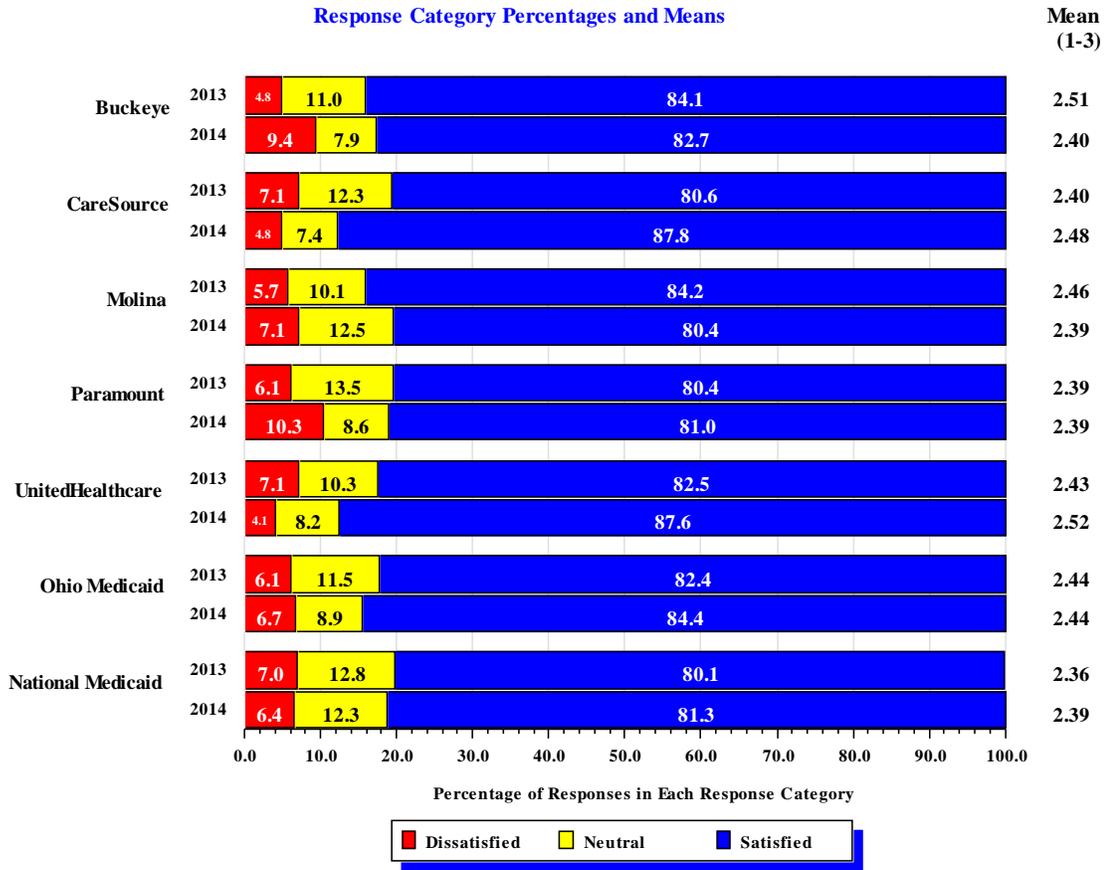
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 4-48
Child Coordination of Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

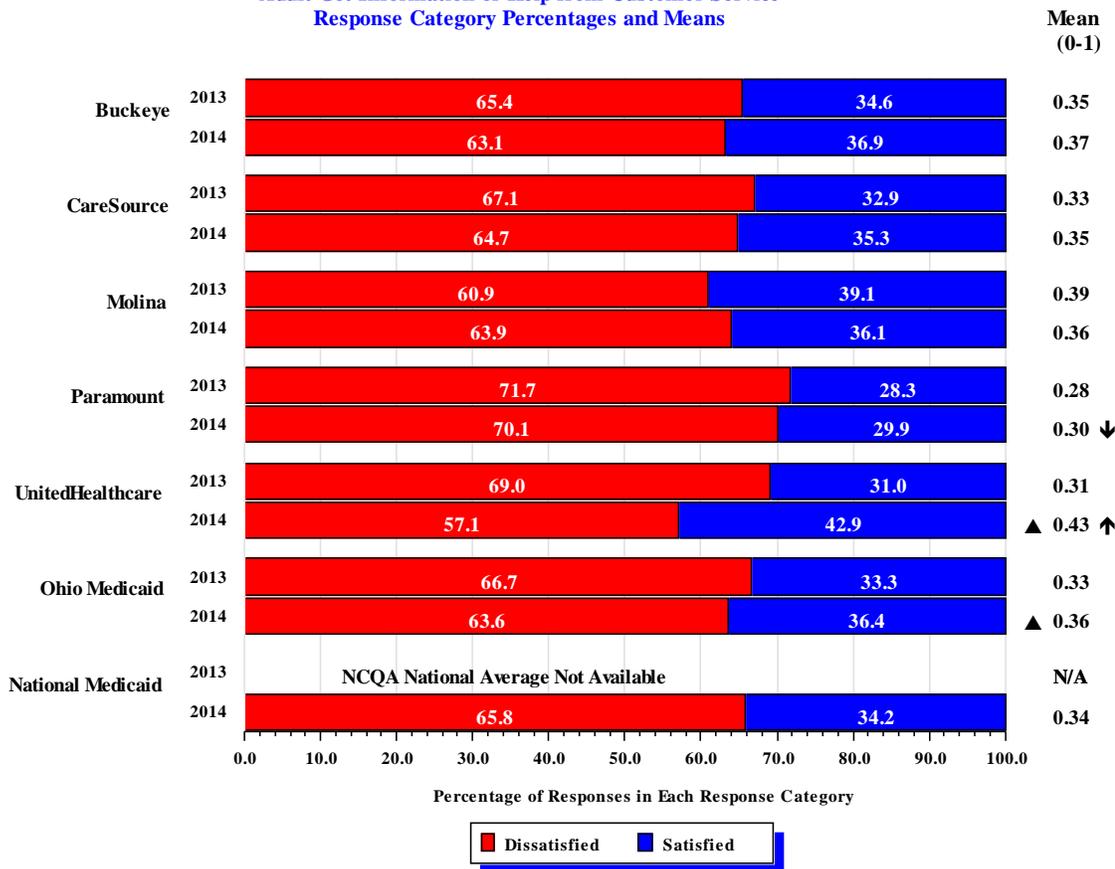
- The percentage of CareSource’s respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Satisfaction with Health Plan

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

Question 30 in the CAHPS Adult Medicaid Health Plan Survey and Question 49 in the CAHPS Child Medicaid Health Plan Survey asked whether members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated for respondents. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes).⁴⁻³⁸ Figure 4-49 and Figure 4-50 depict the overall mean scores and the percentage of respondents in each of the response categories for the adult population and child population, respectively.

Figure 4-49
Adult Got Information or Help from Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁴⁻³⁸ For questions with “No” and “Yes” response categories, responses of “No” were given a score of 0 and responses of “Yes” were given a score of 1.

Comparative Analysis

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

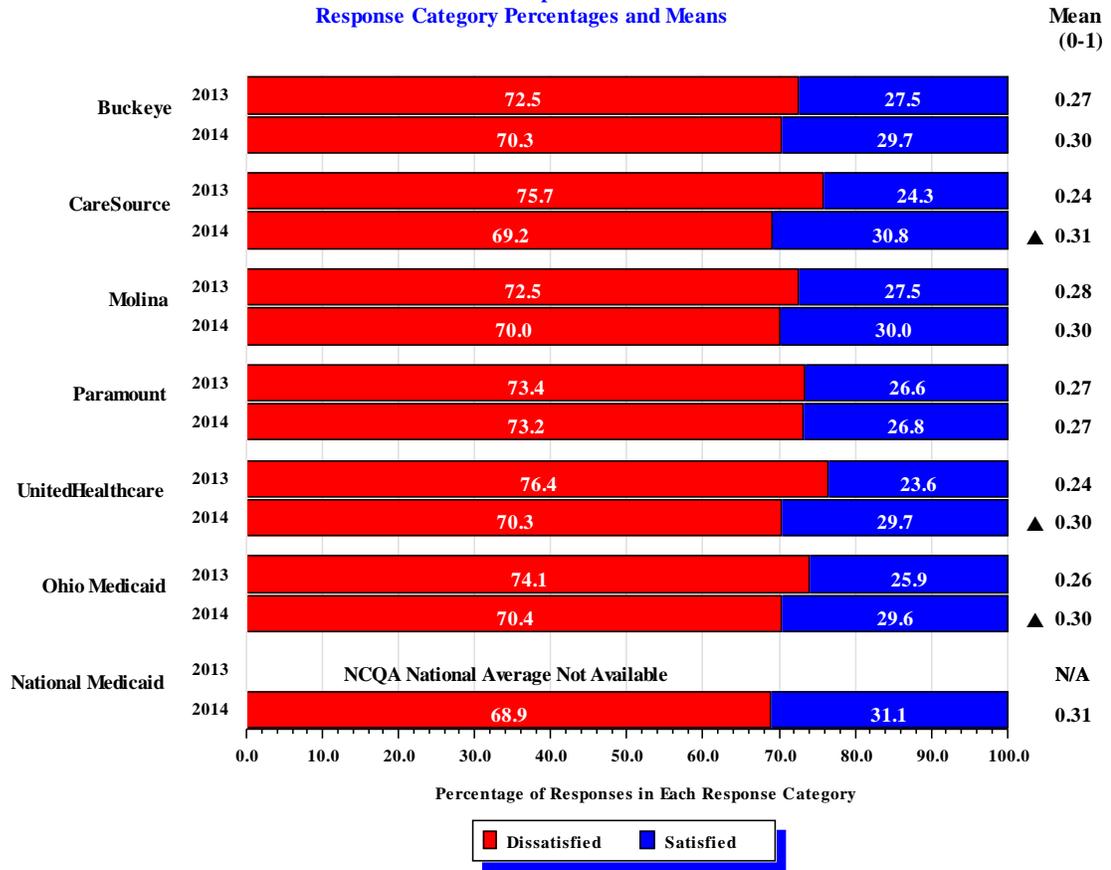
- Paramount's overall mean was significantly lower than the program average. The percentage of Paramount's respondents who gave a response of Dissatisfied was significantly higher than the program average, whereas the percentage of Paramount's respondents who gave a response of Satisfied was significantly lower than the program average.
- UnitedHealthcare's overall mean was significantly higher than the program average. The percentage of UnitedHealthcare's respondents who gave a response of Dissatisfied was significantly lower than the program average, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly higher than the program average.

Trending Analysis

Overall, there were six *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The program's and UnitedHealthcare's overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Figure 4-50
Child Got Information or Help from Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

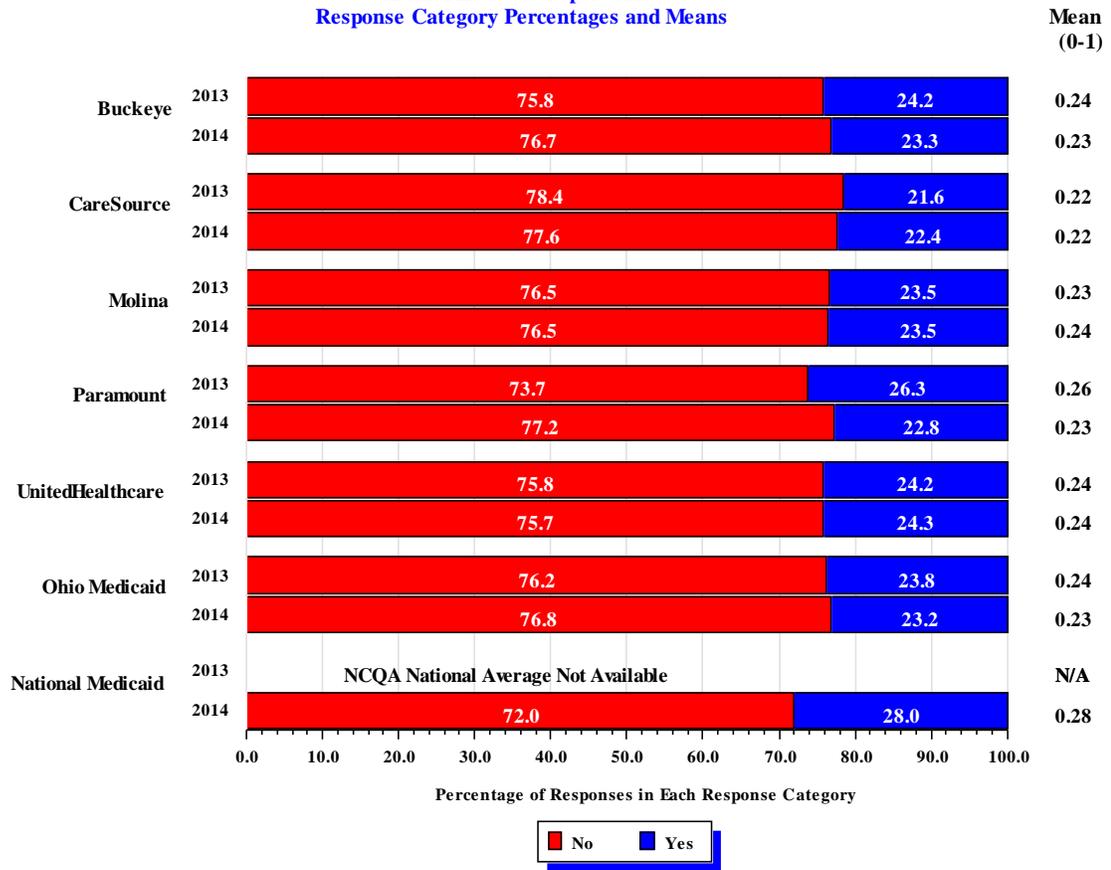
Overall, there were nine *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource’s, the program’s, and UnitedHealthcare’s overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Satisfaction with Health Plan: Filled Out Paperwork

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

Figure 4-51
Adult Filled Out Paperwork
Response Category Percentages and Means



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

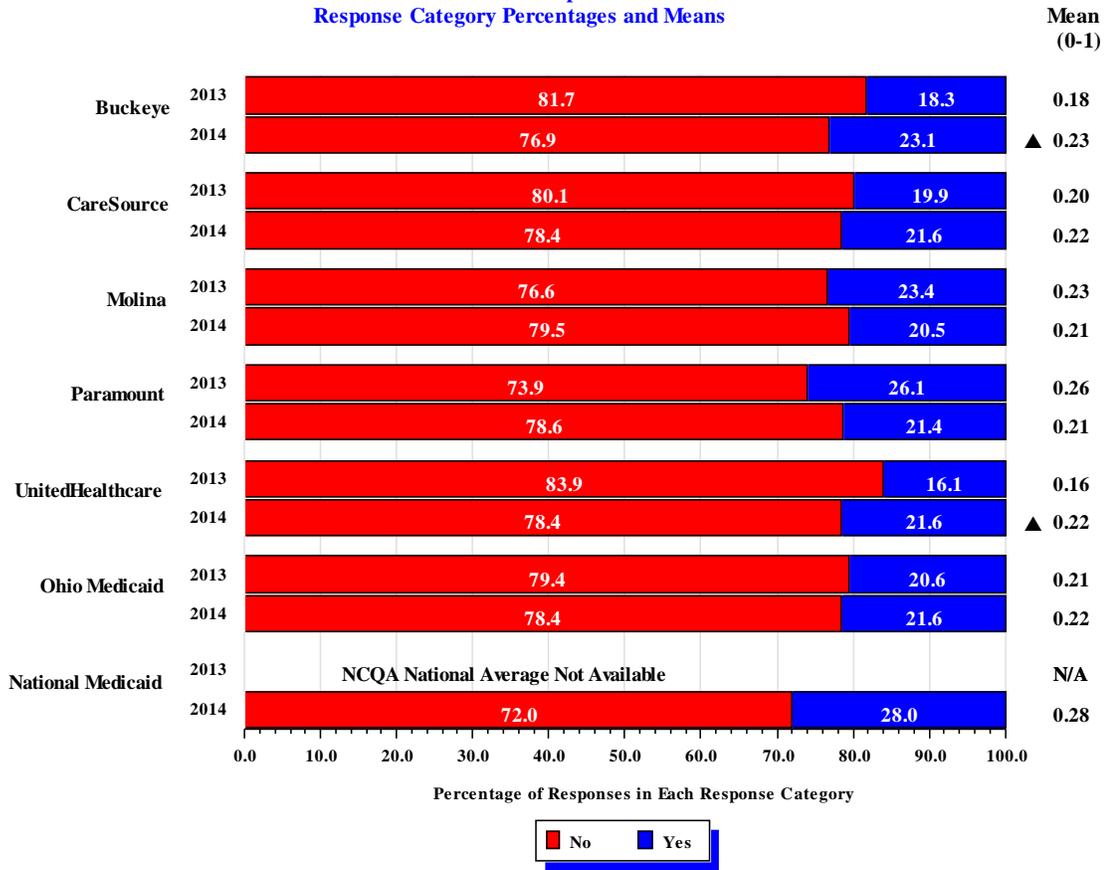
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 4-52
Child Filled Out Paperwork
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

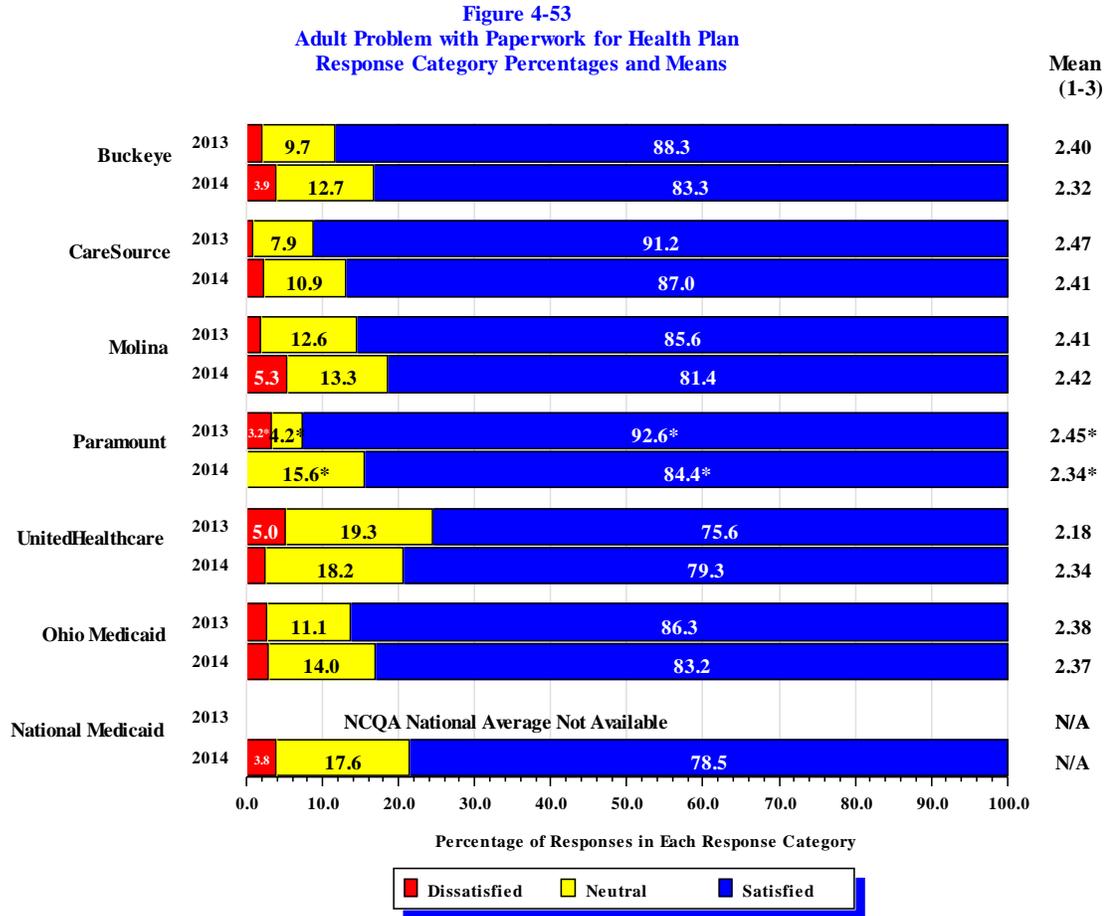
Trending Analysis

Overall, there were six statistically significant differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye’s and UnitedHealthcare’s overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2014 than in 2013.

Satisfaction with Health Plan: Problem with Paperwork for Health Plan

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



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

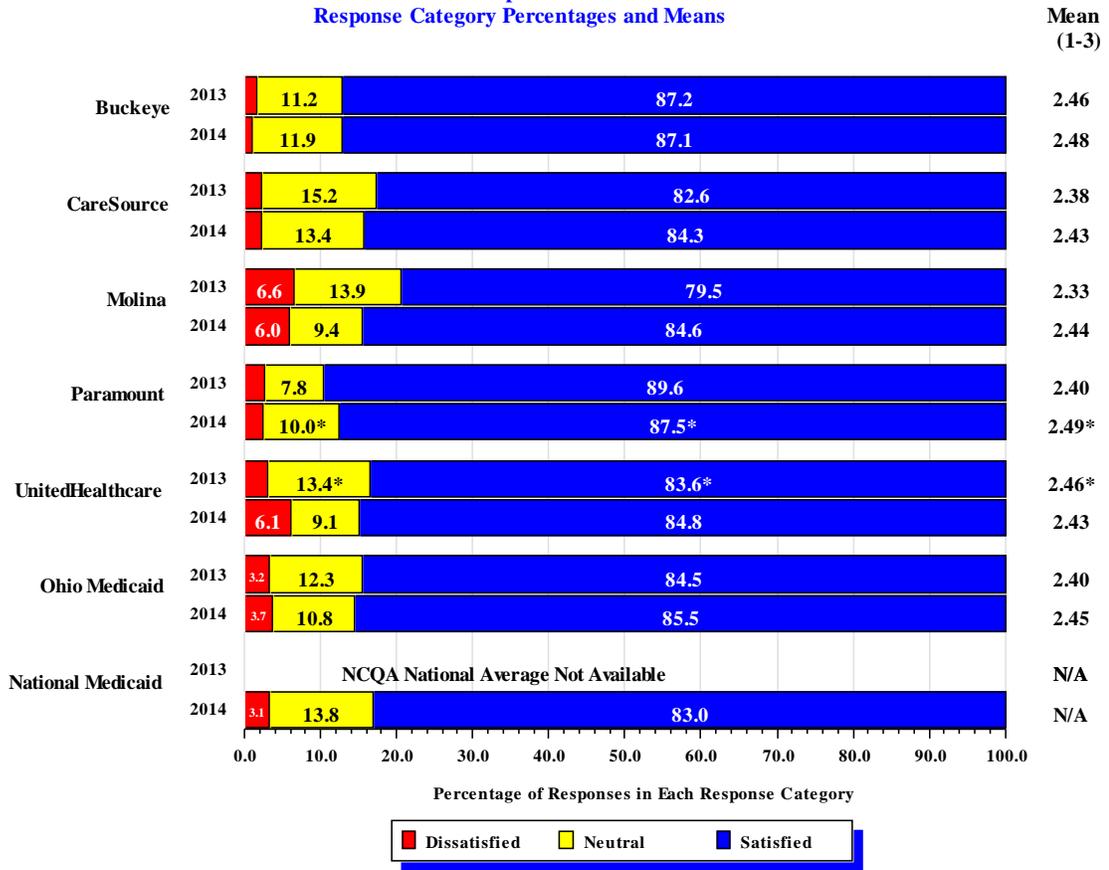
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of Paramount's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013.

Figure 4-54
Child Problem with Paperwork for Health Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

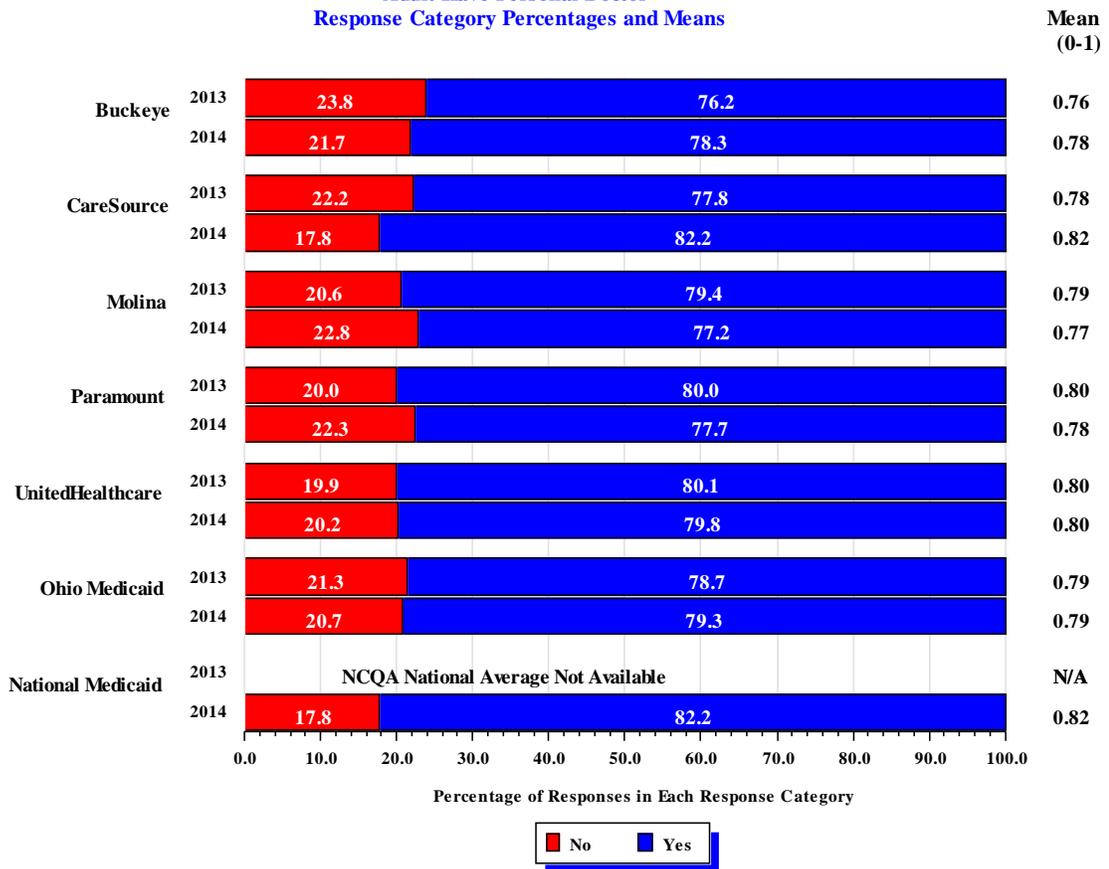
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Satisfaction with Health Care Providers

Satisfaction with Health Care Providers: Have Personal Doctor

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

**Figure 4-55
Adult Have Personal Doctor
Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

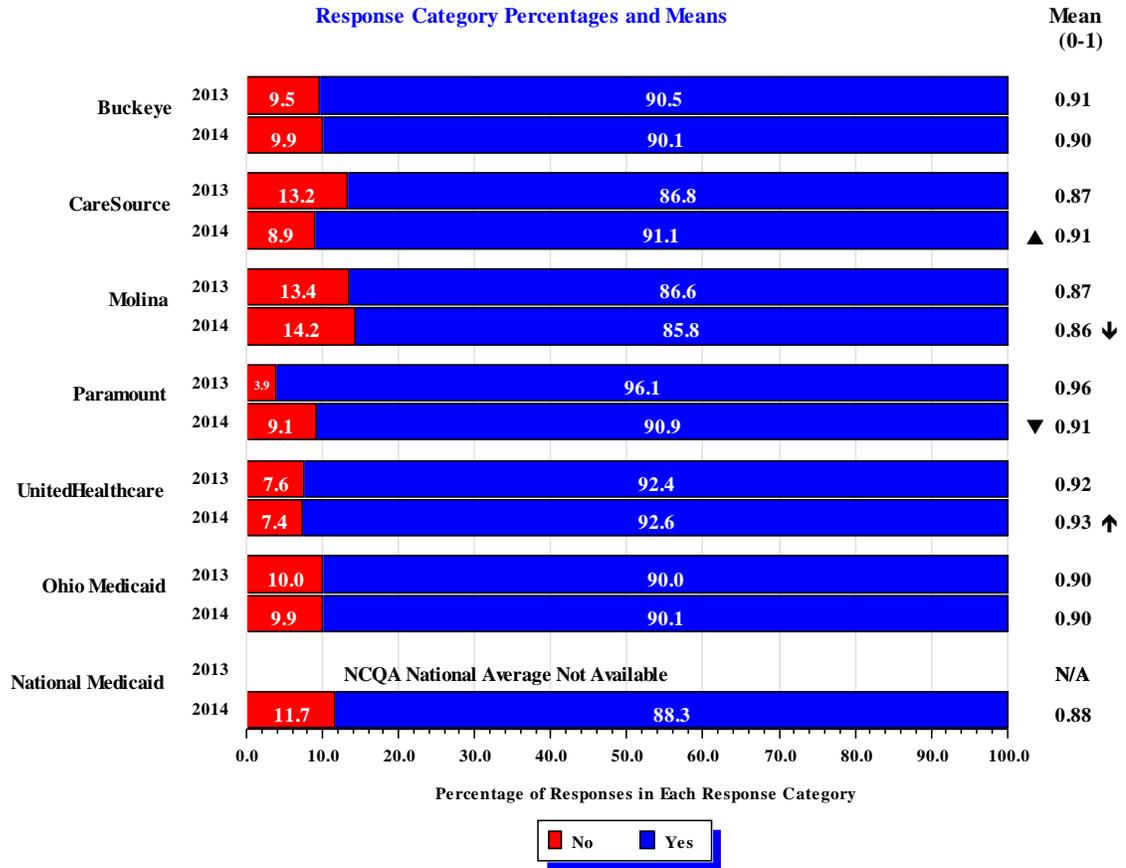
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 4-56
Child Have Personal Doctor
Response Category Percentages and Means



Statistical Significance Note: ▲ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
▼ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
▲ indicates the 2014 mean is significantly higher than the 2013 mean
▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

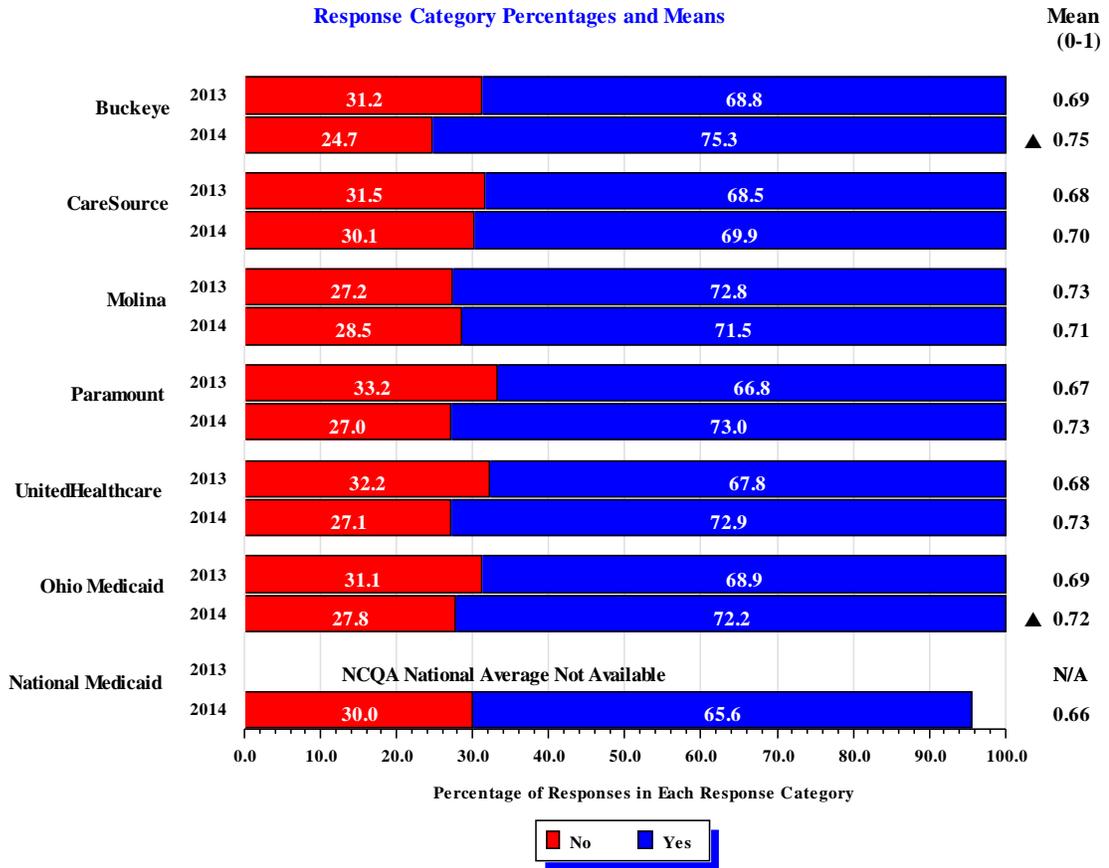
Overall, there were six *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- CareSource's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of CareSource's respondents who gave a response of No was significantly lower in 2014 than in 2013, whereas the percentage of CareSource's respondents who gave a response of Yes was significantly higher in 2014 than in 2013.
- Paramount's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Paramount's respondents who gave a response of No was significantly higher in 2014 than in 2013, whereas the percentage of Paramount's respondents who gave a response of Yes was significantly lower in 2014 than in 2013.

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

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

Figure 4-57
Child Child Able to Talk with Doctors
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

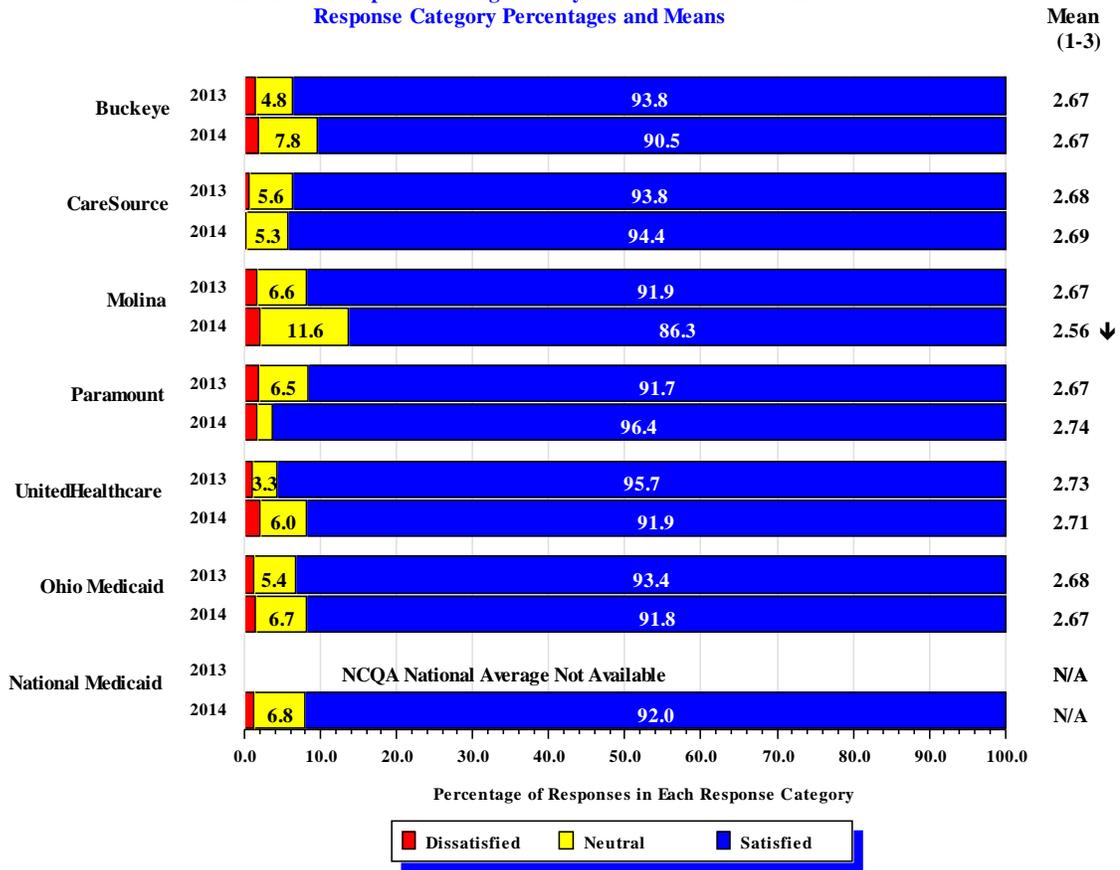
Overall, there were six *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's and the program's overall means were significantly higher in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of No was significantly lower in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Yes was significantly higher in 2014 than in 2013.

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

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

Figure 4-58
Child Doctors Explained Things in Way Child Could Understand
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

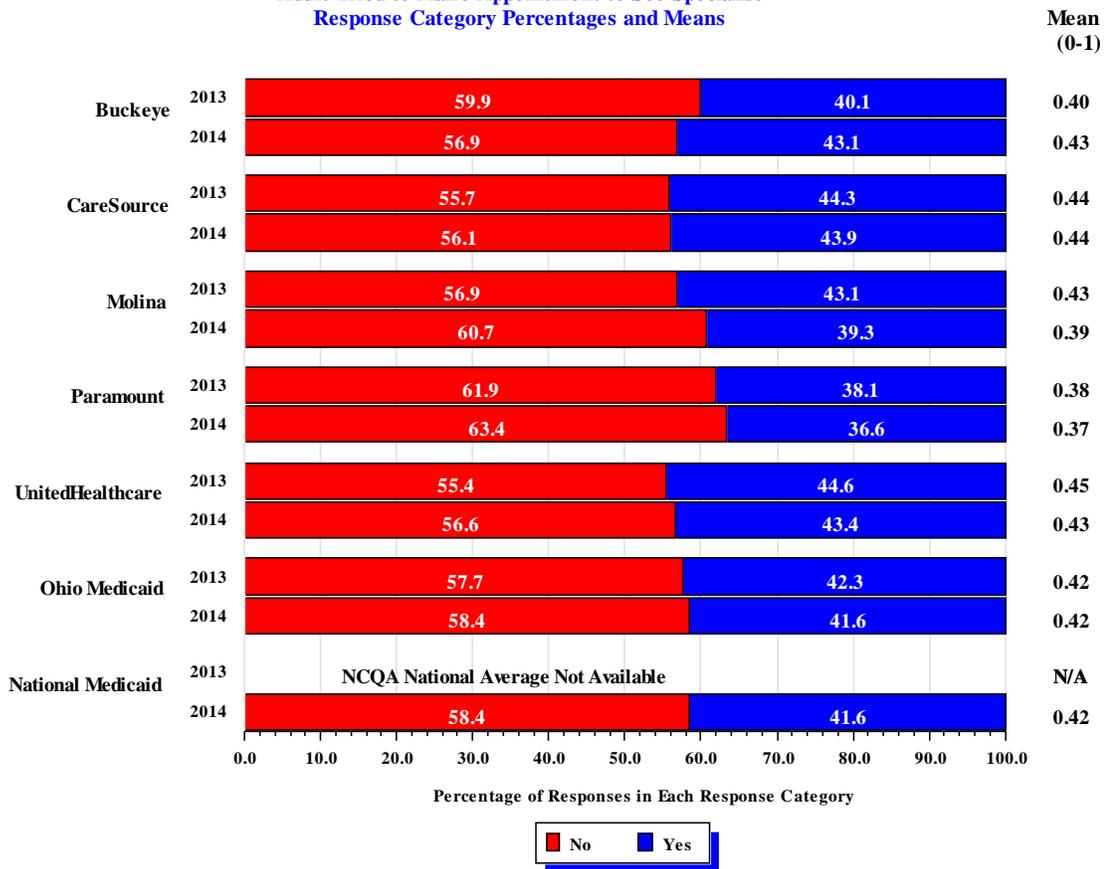
- The percentage of Molina's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of Paramount's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Paramount's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Access to Care

Access to Care: Tried to Make Appointment to See Specialist

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

Figure 4-59
Adult Tried to Make Appointment to See Specialist
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

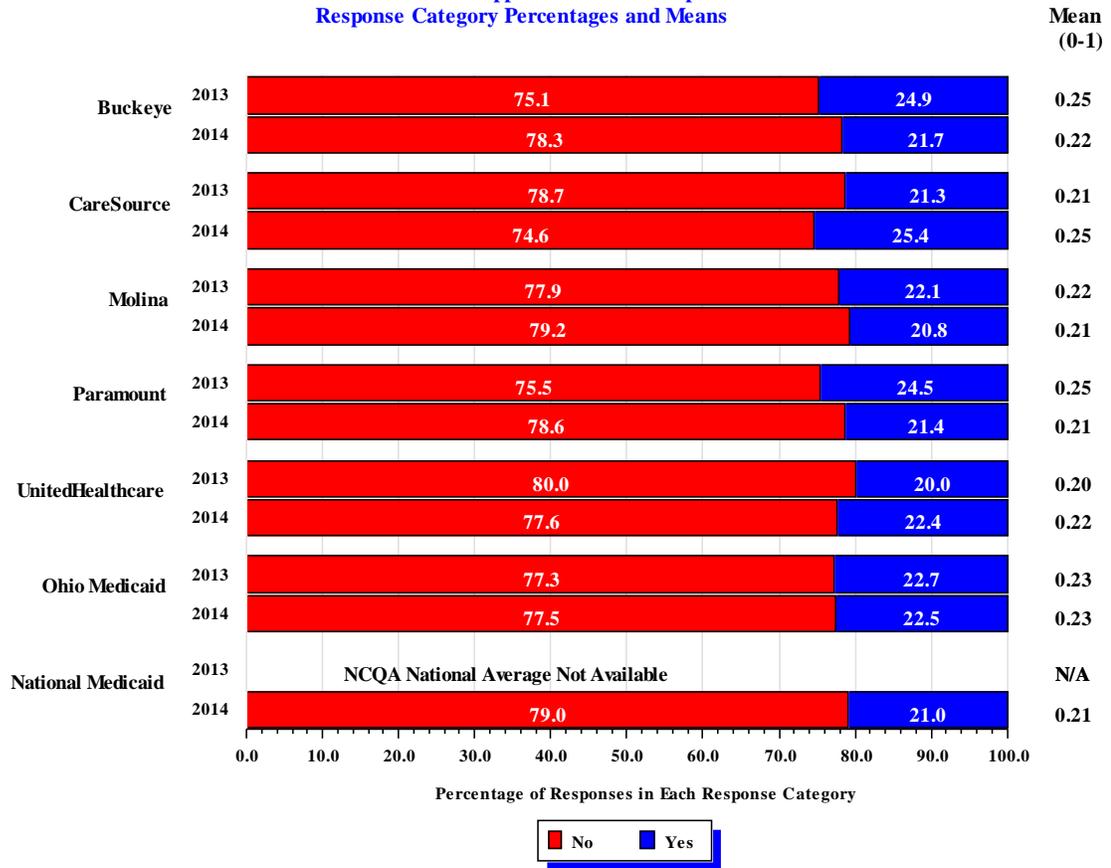
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 4-60
Child Tried to Make Appointment to See Specialist
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

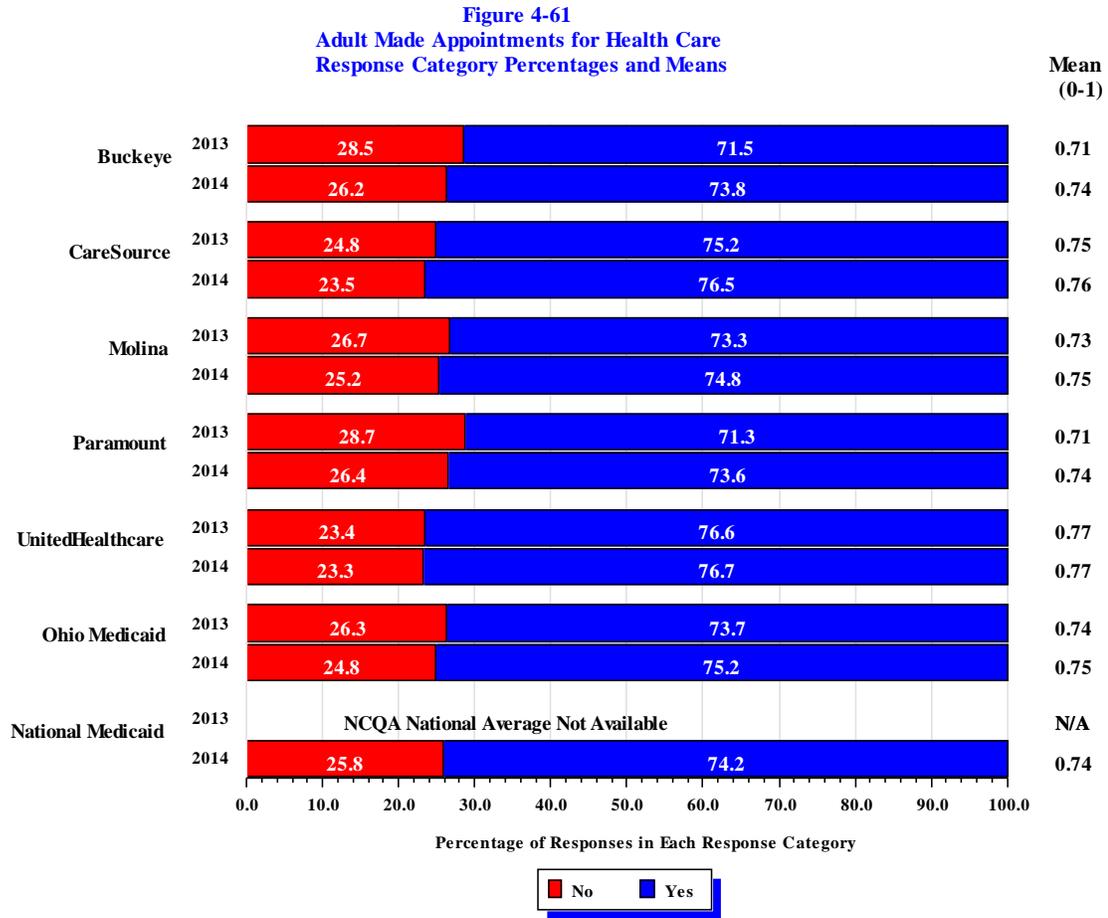
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Care: Made Appointments for Health Care

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

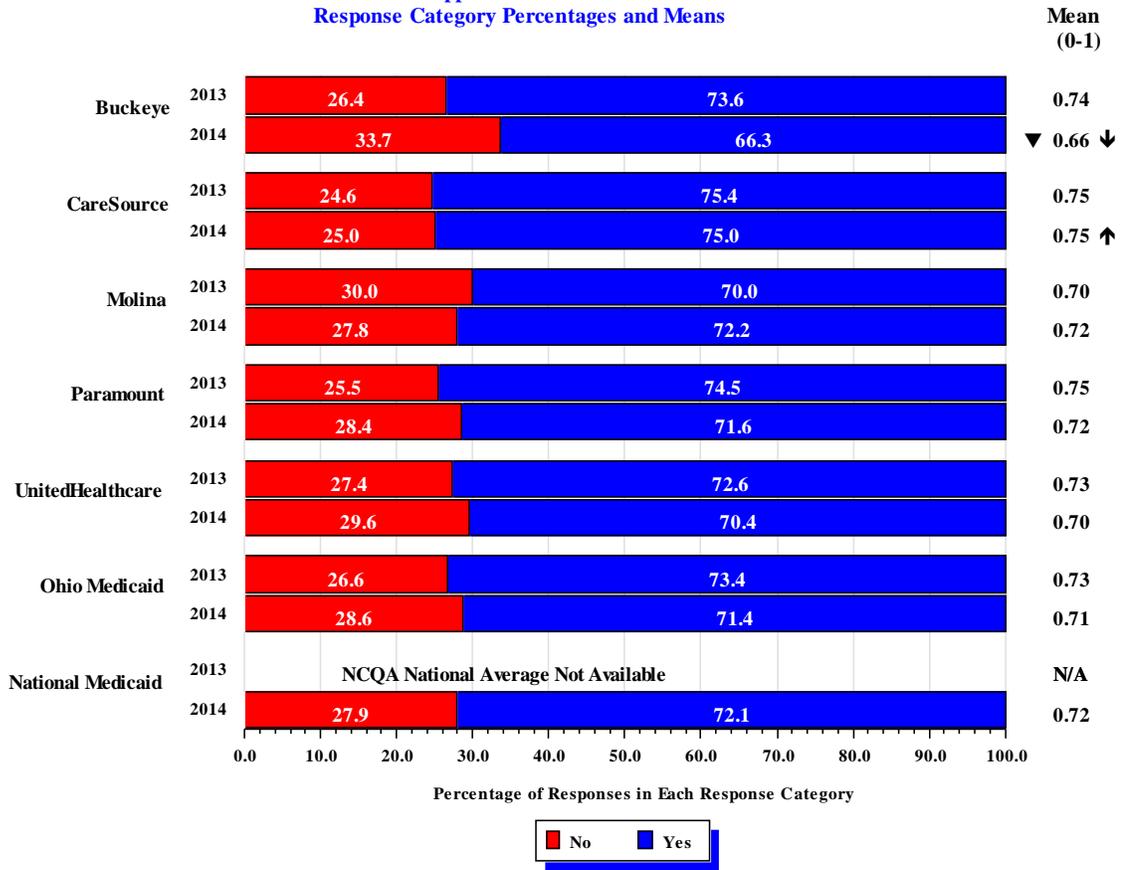
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Figure 4-62
Child Made Appointments for Health Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

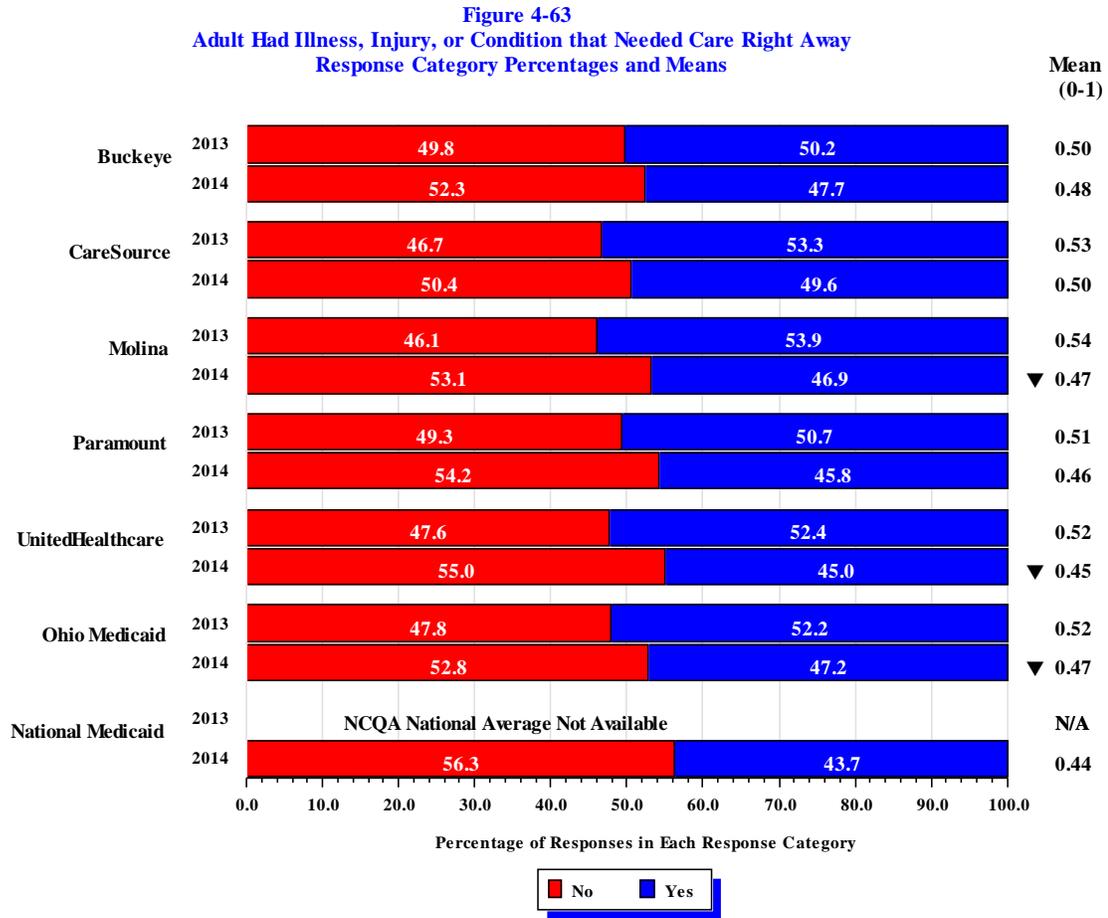
Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of No was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye's respondents who gave a response of Yes was significantly lower in 2014 than in 2013.

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

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

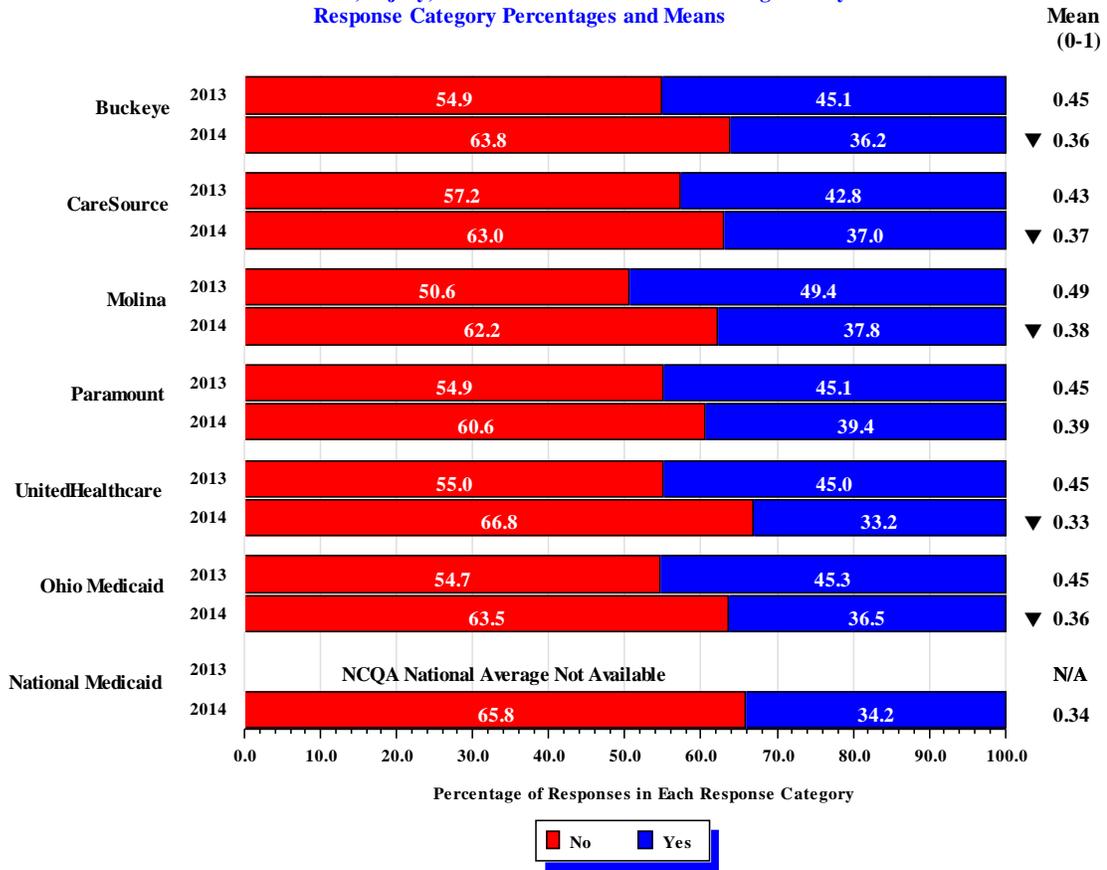
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were nine *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Molina's, UnitedHealthcare's, and the program's overall means were significantly lower in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2014 than in 2013.

Figure 4-64
Child Had Illness, Injury, or Condition that Needed Care Right Away
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

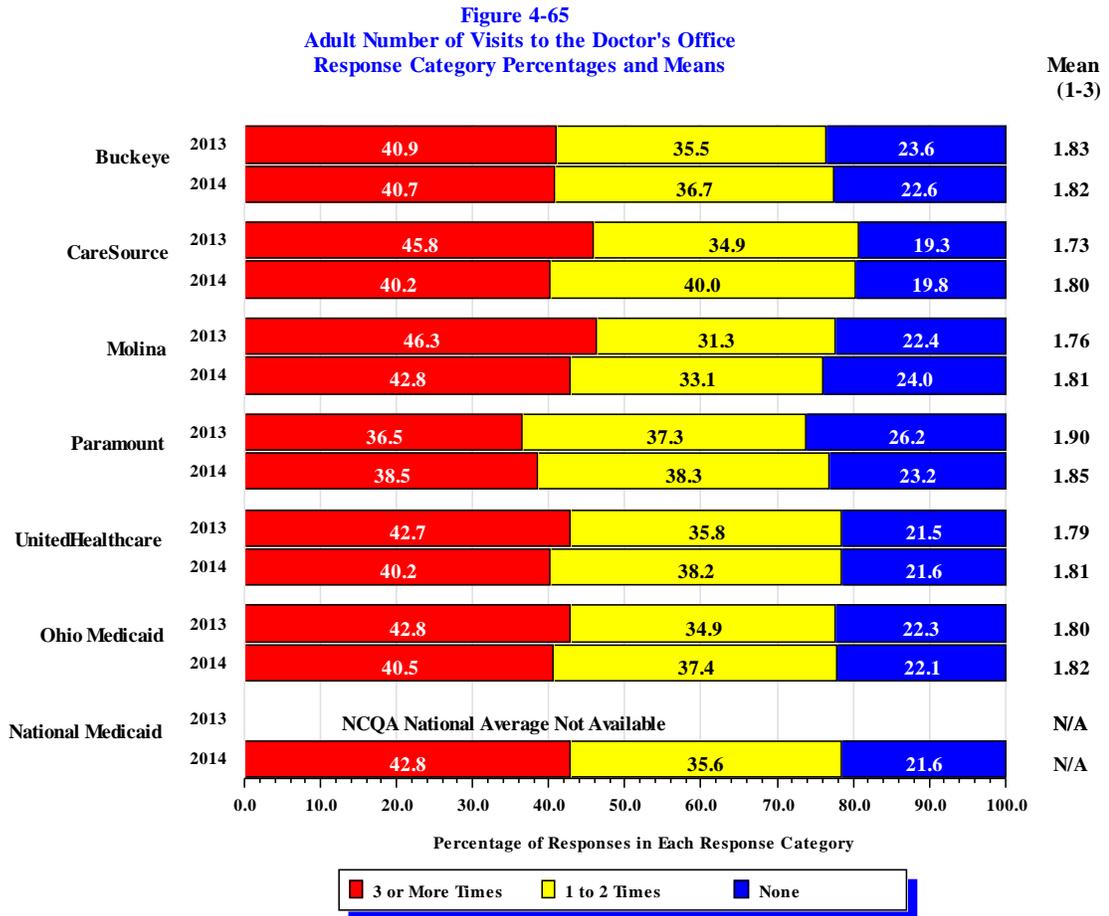
Overall, there were 15 *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye’s, CareSource’s, Molina’s, UnitedHealthcare’s, and the program’s overall means were significantly lower in 2014 than in 2013. Furthermore, the percentage of their respondents who gave a response of No was significantly higher in 2014 than in 2013, whereas the percentage of their respondents who gave a response of Yes was significantly lower in 2014 than in 2013.

Utilization of Services

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

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



Statistical Significance Note:
 ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

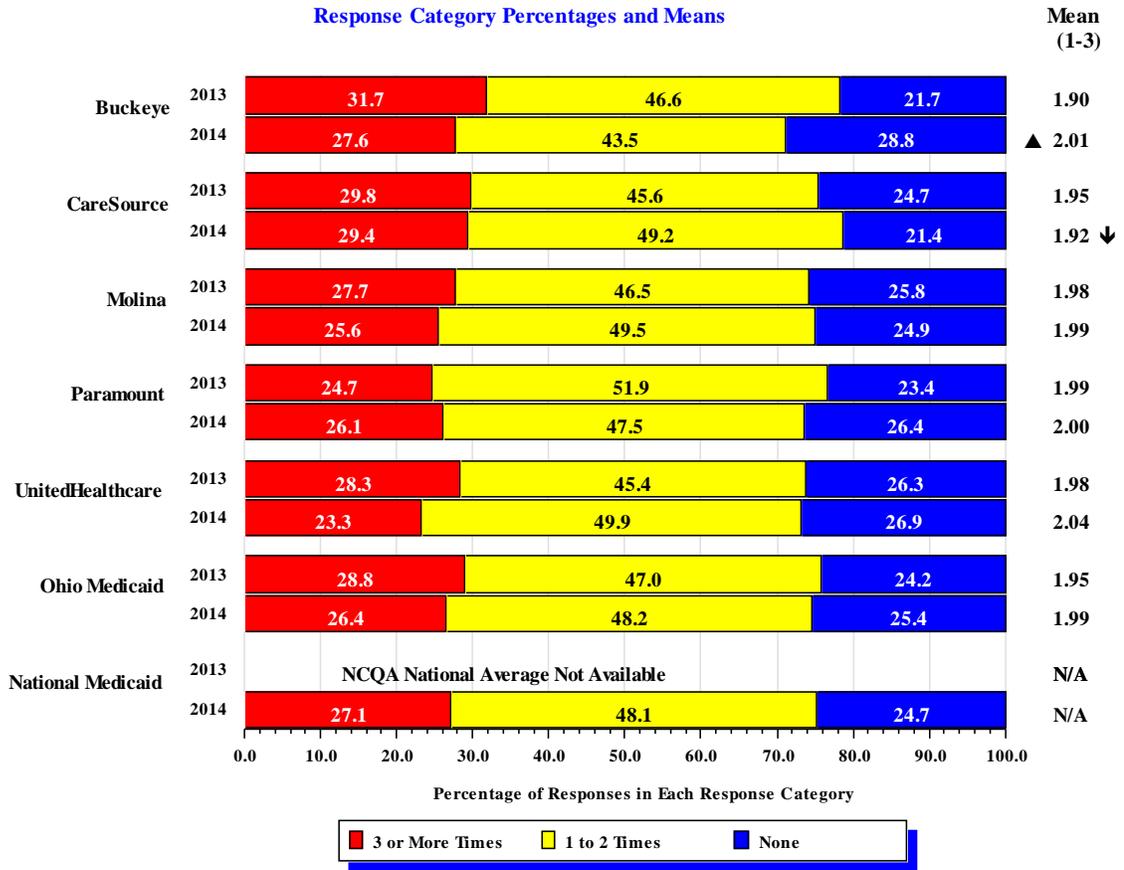
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The percentage of CareSource's respondents who gave a response of 3 or More Times was significantly lower in 2014 than in 2013.

Figure 4-66
Child Number of Visits to the Doctor's Office
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP's mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP's mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

- CareSource's overall mean was significantly lower than the program average. The percentage of CareSource's respondents who gave a response of None was significantly lower than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

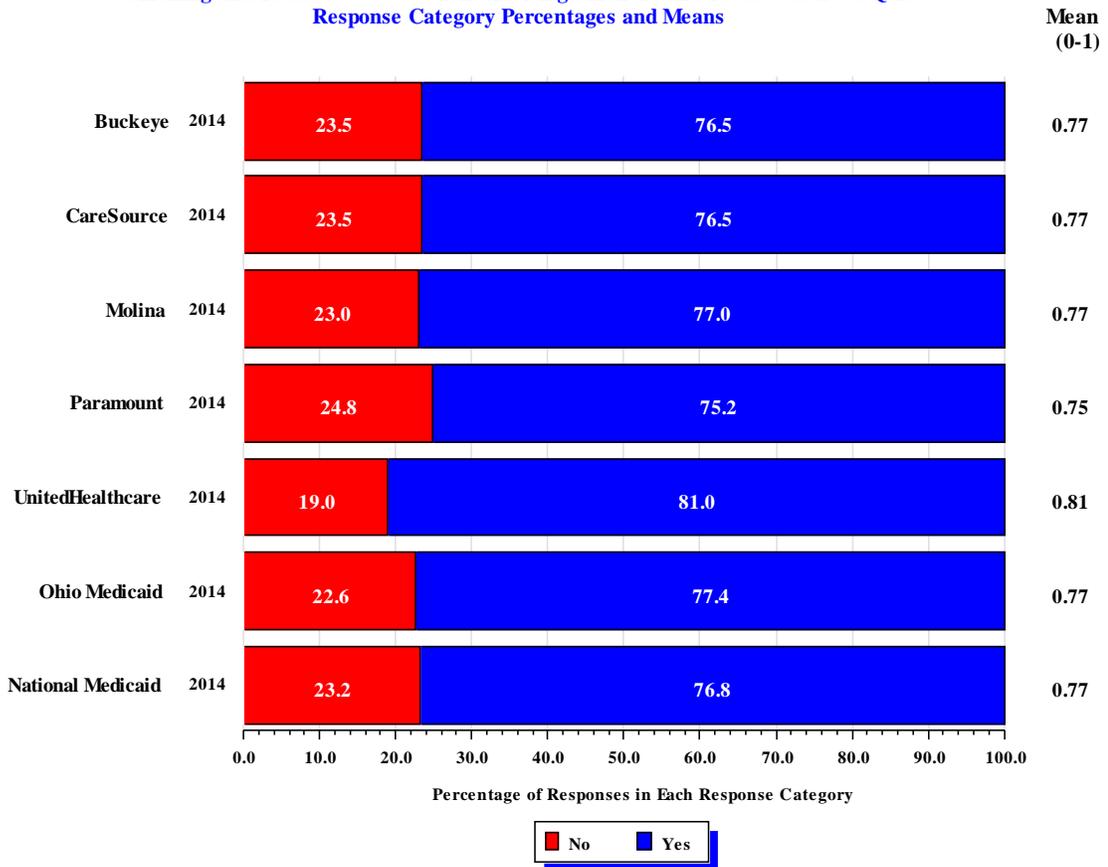
- Buckeye's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of None was significantly higher in 2014 than in 2013.
- The percentage of the program's respondents who gave a response of 3 or More Times was significantly lower in 2014 than in 2013.

Medical Assistance with Smoking and Tobacco Use Cessation⁴⁻³⁹

Advising Smokers and Tobacco Users to Quit

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

Figure 4-67
Smoking and Tobacco Use Cessation: Advising Smokers and Tobacco Users to Quit
Response Category Percentages and Means



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

Response category percentages may not total 100% due to rounding.

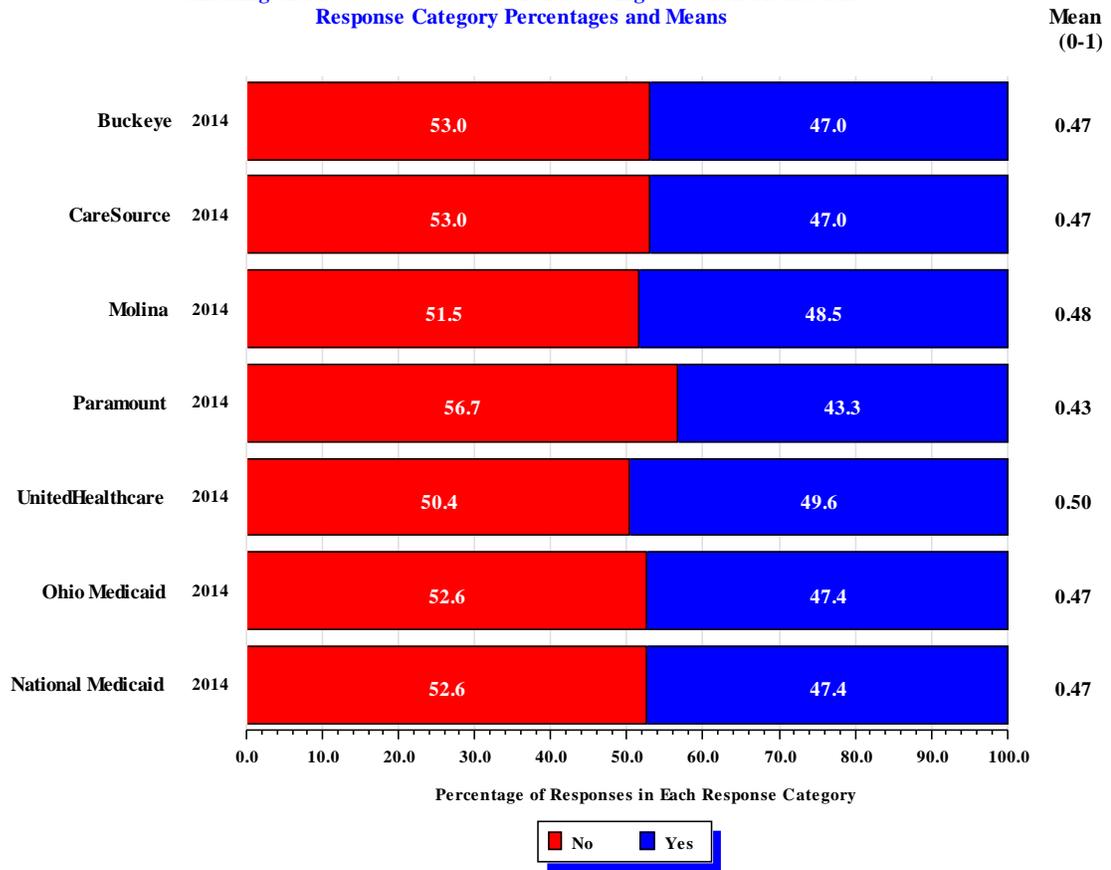
Overall, there were no *statistically significant* differences observed for this measure.

⁴⁻³⁹ The Medical Assistance with Smoking and Tobacco Use Cessation measures (Questions 40, 41, and 42) are only included in the CAHPS 5.0H Adult Medicaid Health Plan Survey. These measures require two years’ worth of survey data to be reported (i.e., the measures are reported as 2-year rolling averages); therefore, 2014 is the first year that rates are reportable for these measures.

Discussing Cessation Medications

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

Figure 4-68
Smoking and Tobacco Use Cessation: Discussing Cessation Medications
Response Category Percentages and Means



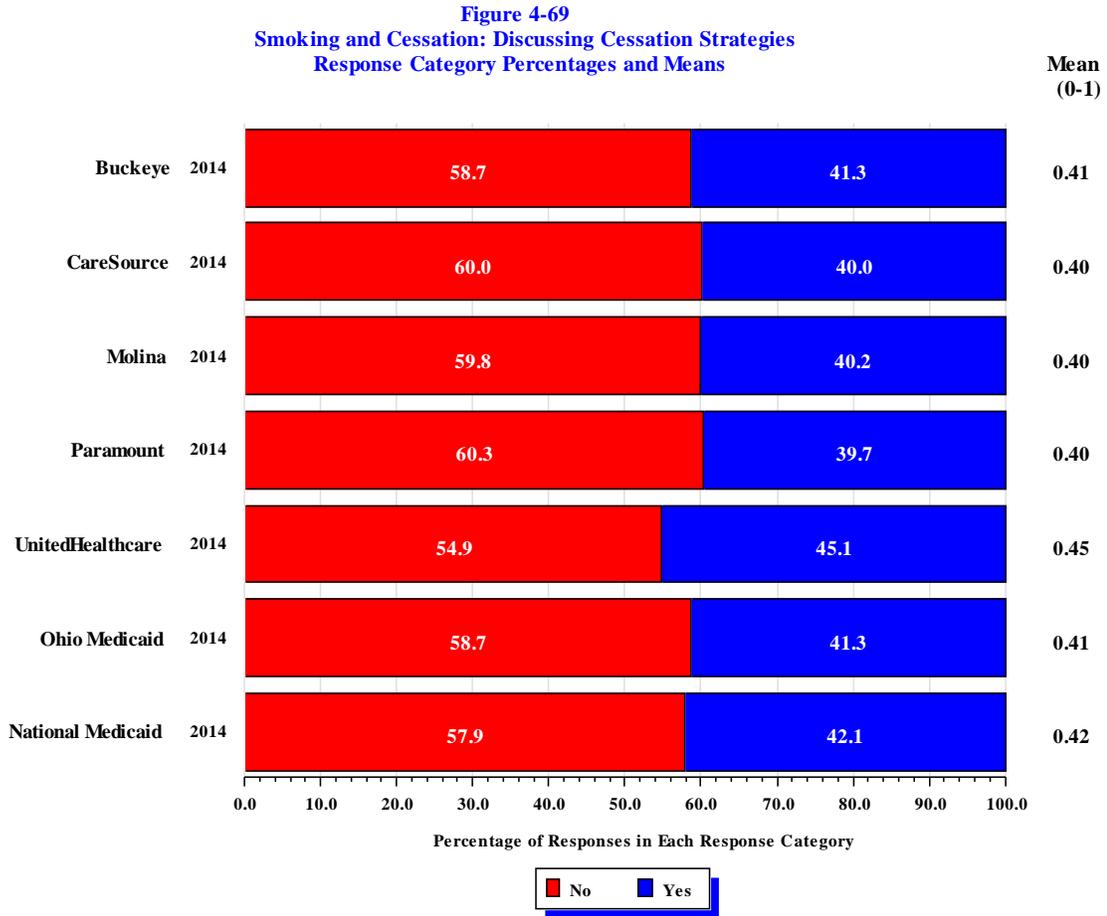
Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean

Response category percentages may not total 100% due to rounding.

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

Discussing Cessation Strategies

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



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

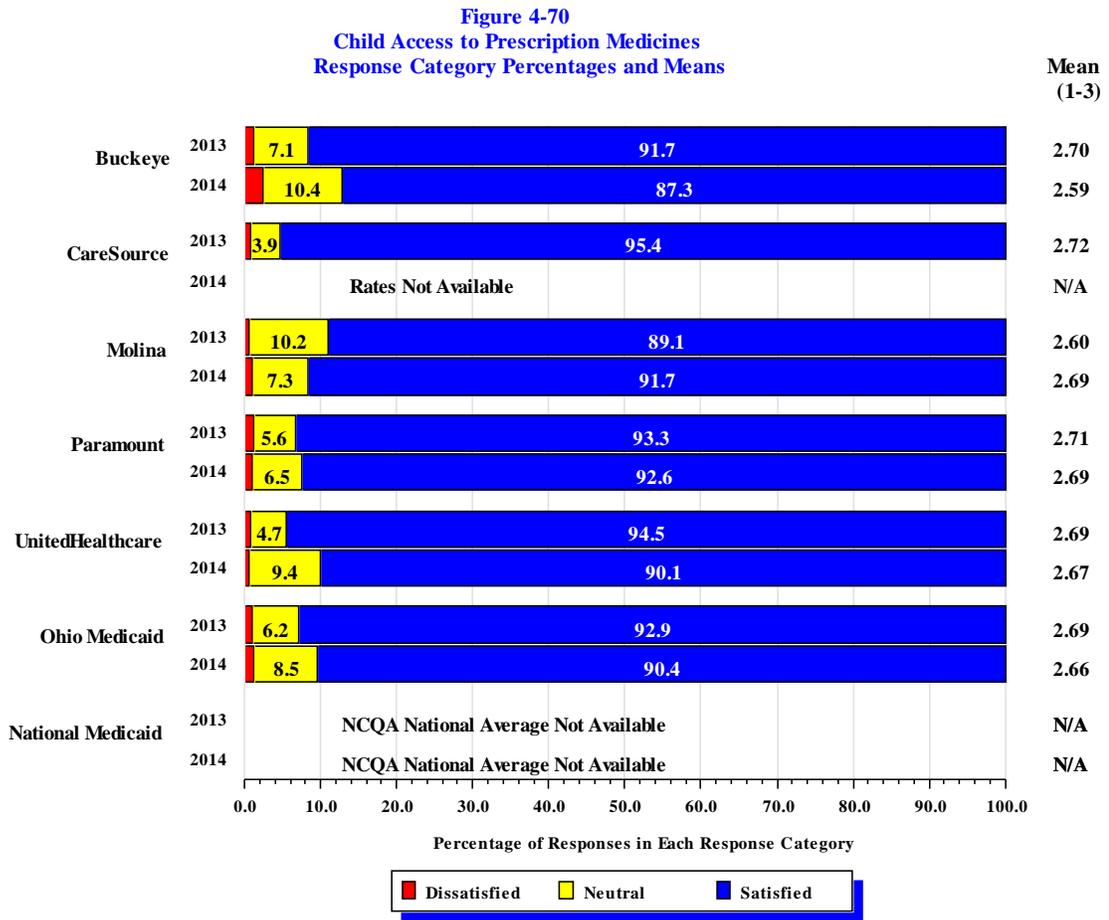
Response category percentages may not total 100% due to rounding.

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

CCC Composites and CCC Items

Access to Prescription Medicines

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

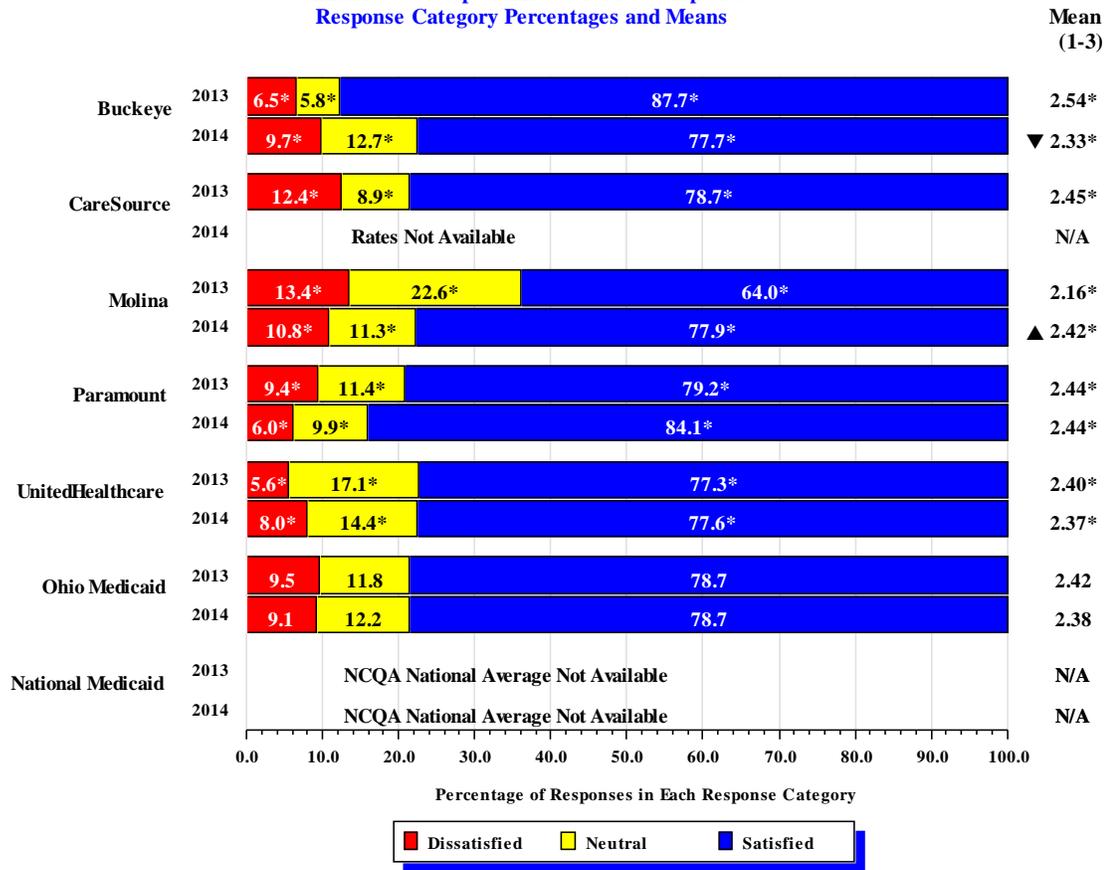
Overall, there were four *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of the program's and UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of the program's and UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Access to Specialized Services

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

Figure 4-71
Child Access to Specialized Services Composite
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

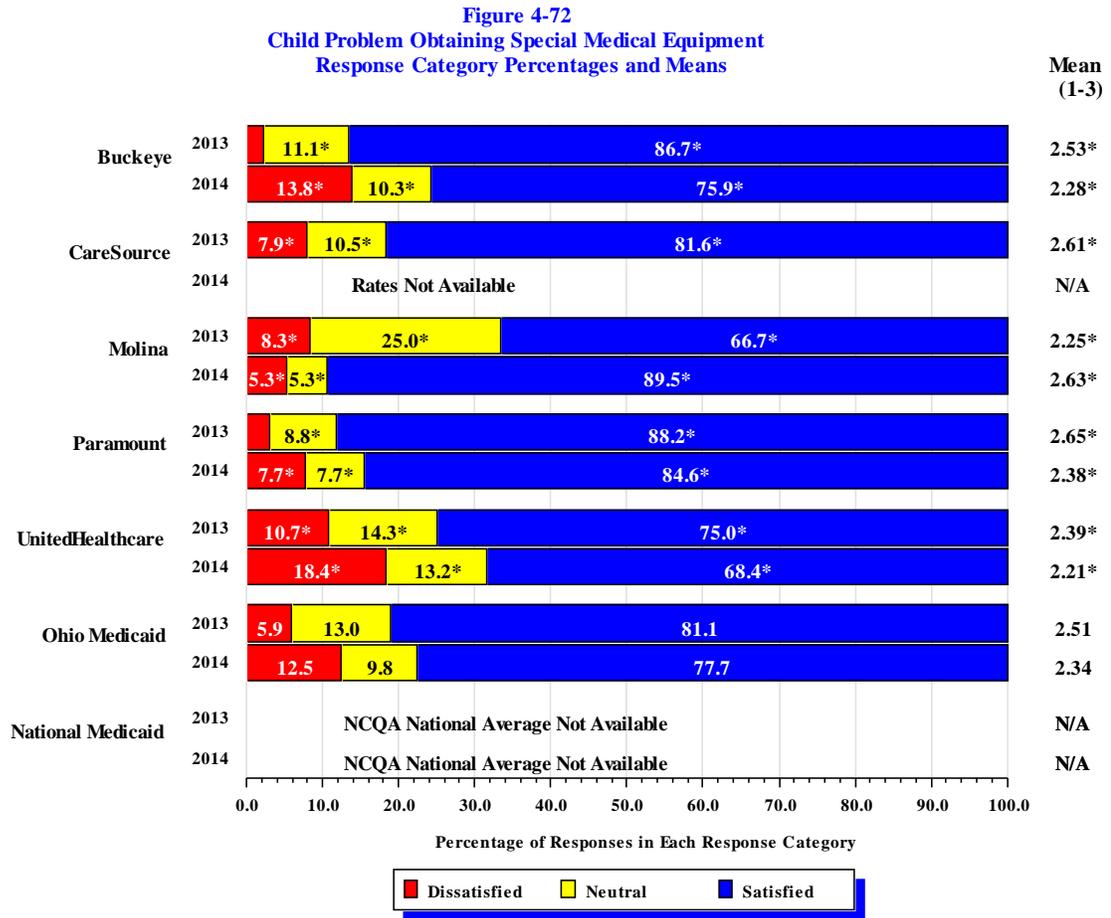
Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- Molina's overall mean was significantly higher in 2014 than in 2013. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2014 than in 2013, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Access to Specialized Services: Problem Obtaining Special Medical Equipment

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

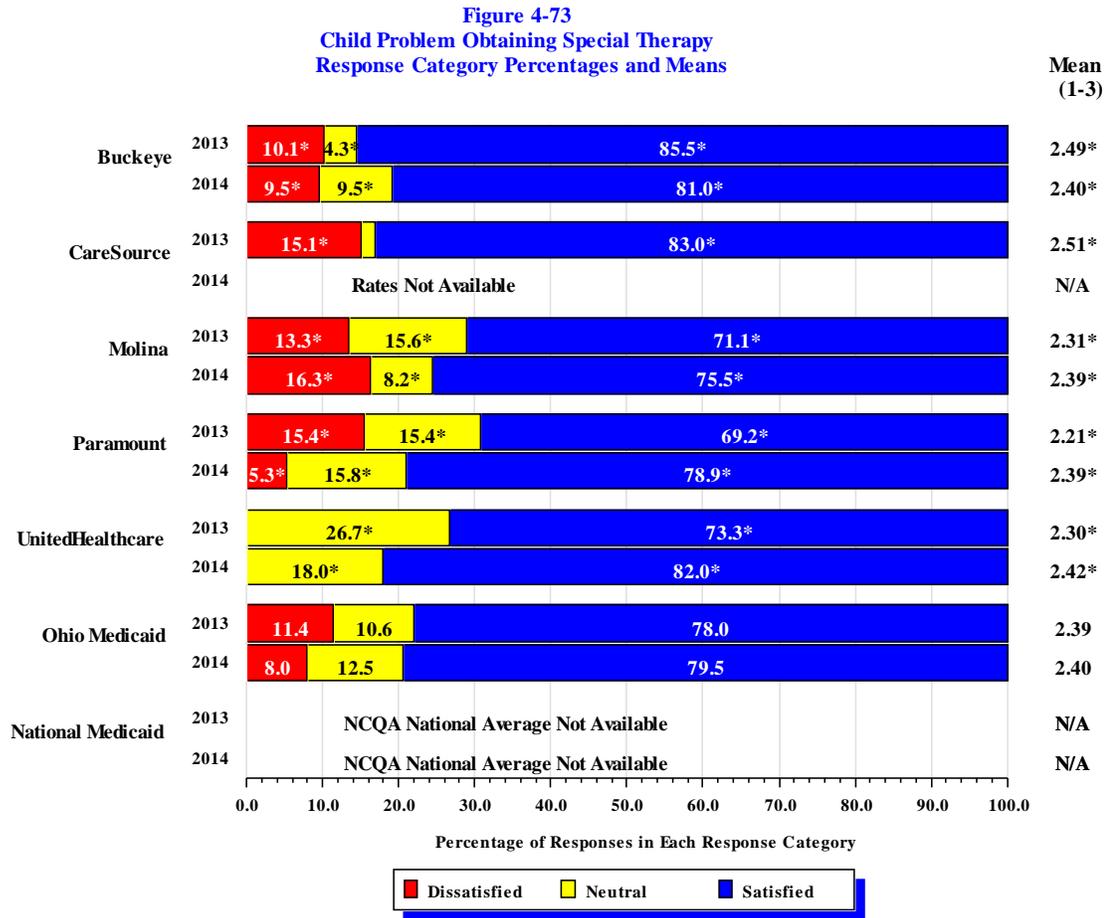
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Specialized Services: Problem Obtaining Special Therapy

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

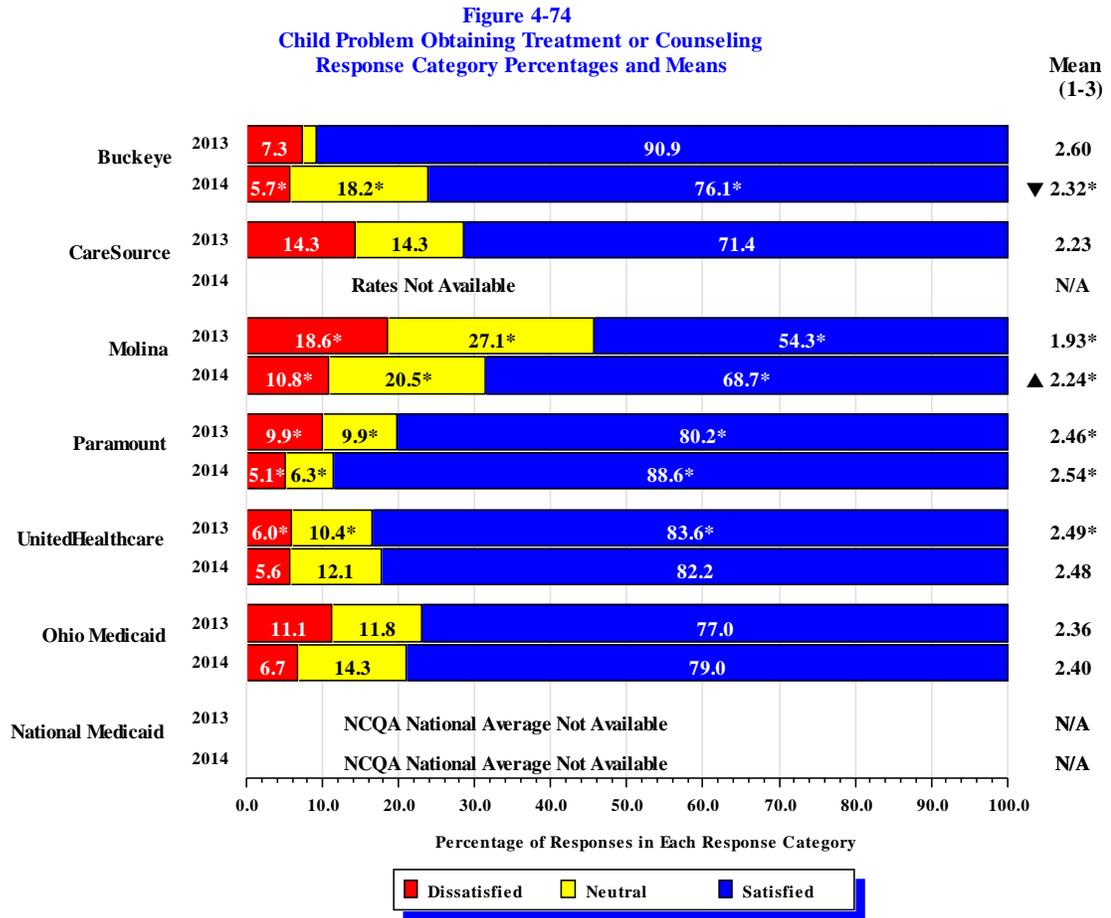
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Specialized Services: Problem Obtaining Treatment or Counseling

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

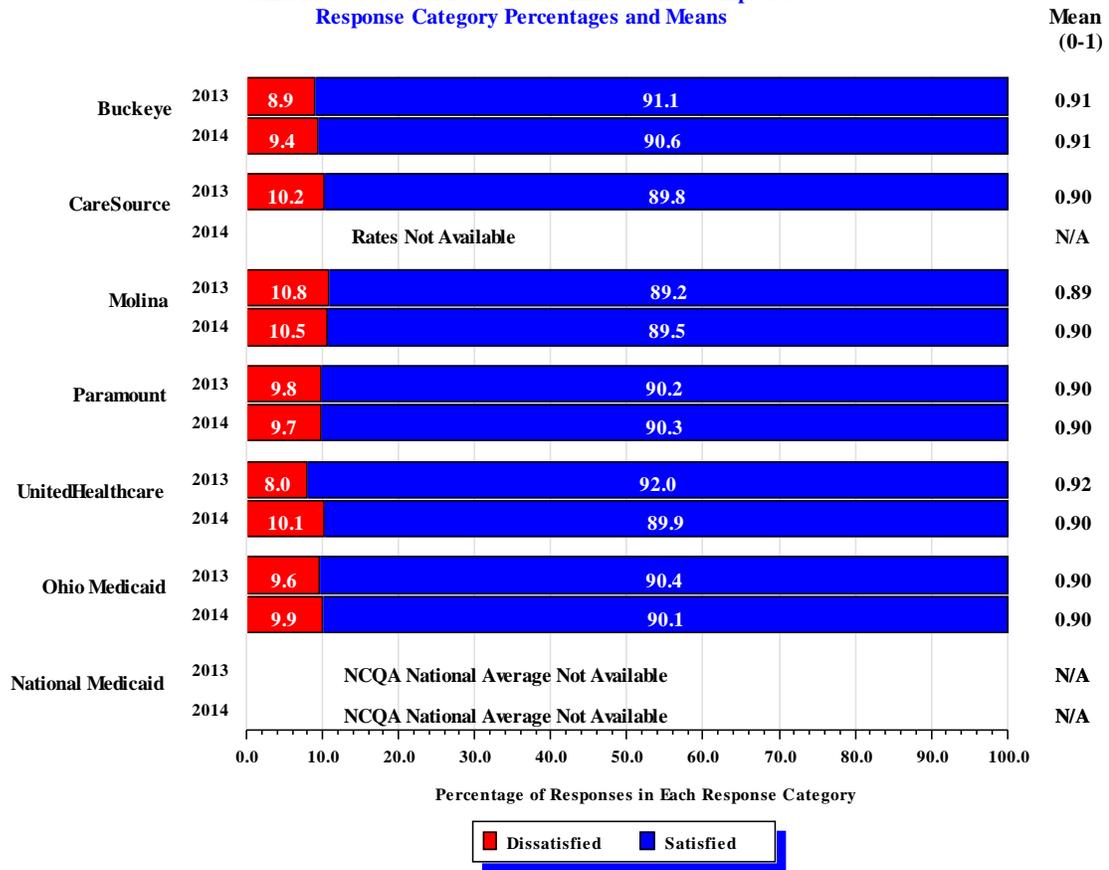
Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- Molina's overall mean was significantly higher in 2014 than in 2013.
- The percentage of the program's respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.

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

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

Figure 4-75
Child FCC: Personal Doctor Who Knows Child Composite
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

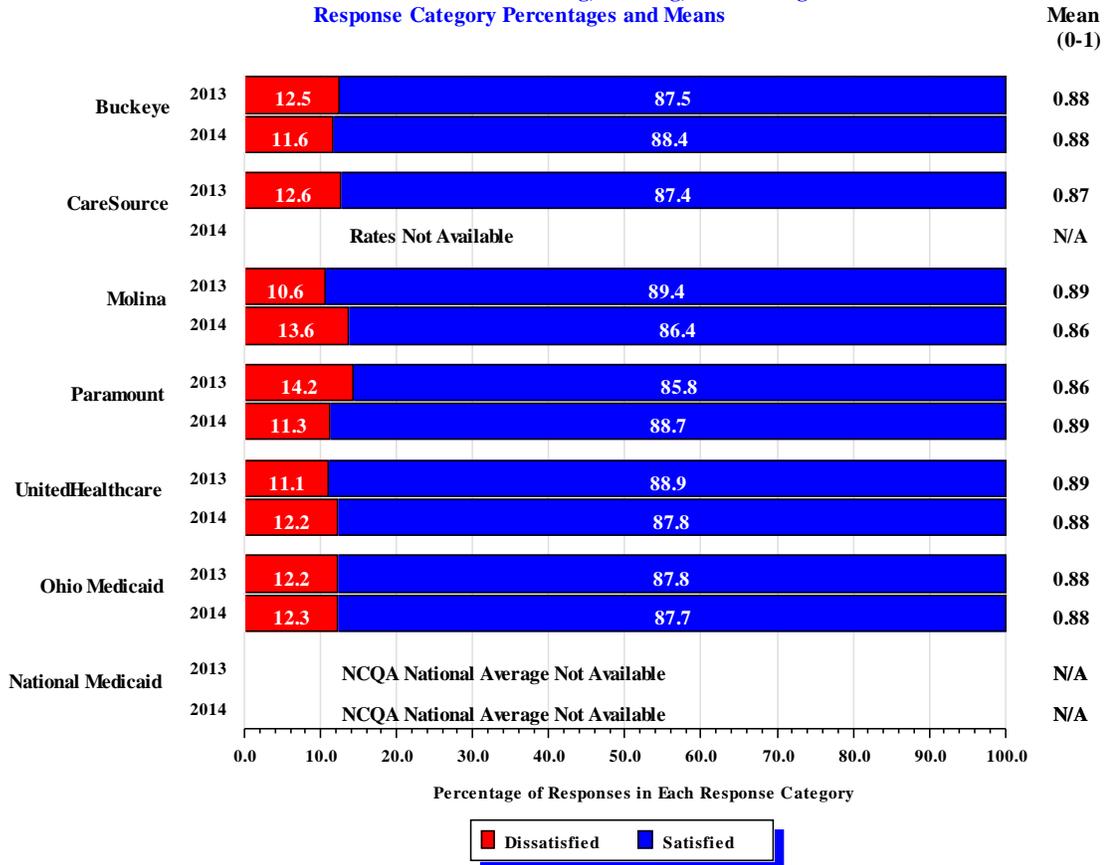
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 4-76
Child Talked About How Child Feeling, Growing, or Behaving
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

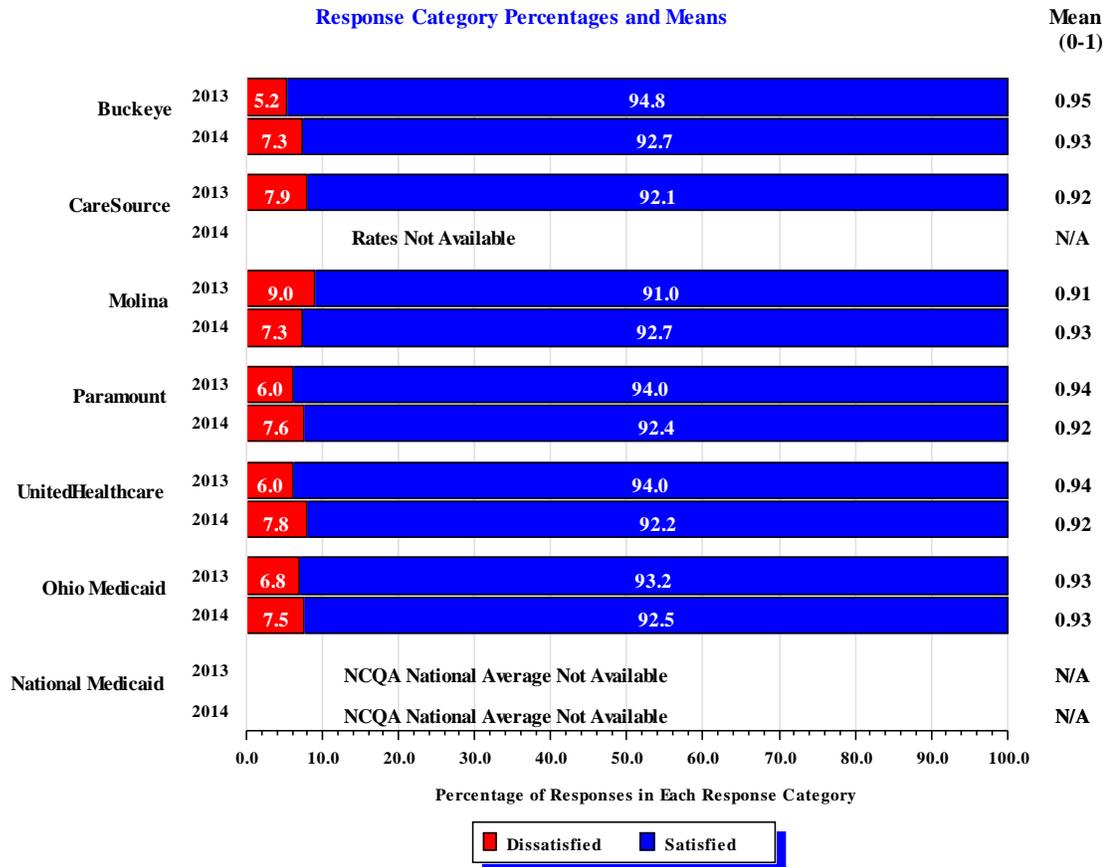
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 4-77
Child Understands How Health Conditions Affect Child's Life
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP's mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP's mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

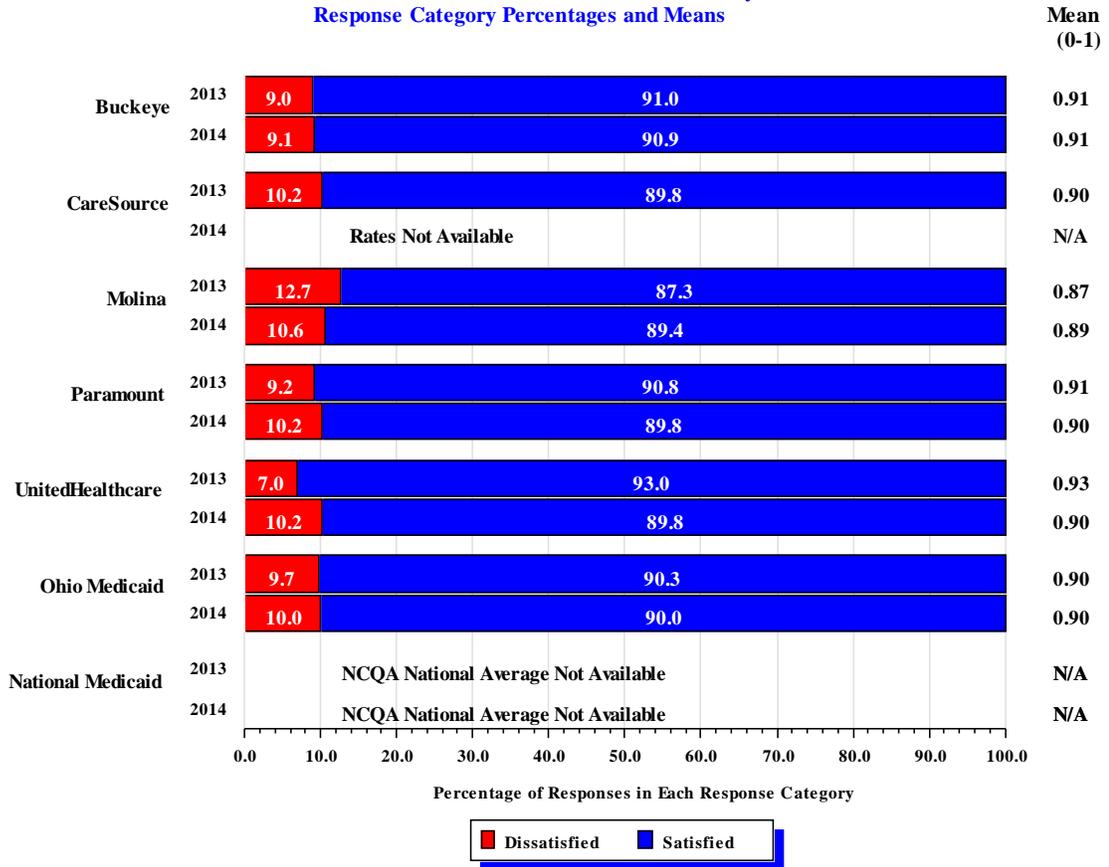
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 4-78
Child Understands How Health Conditions Affect Family's Life
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

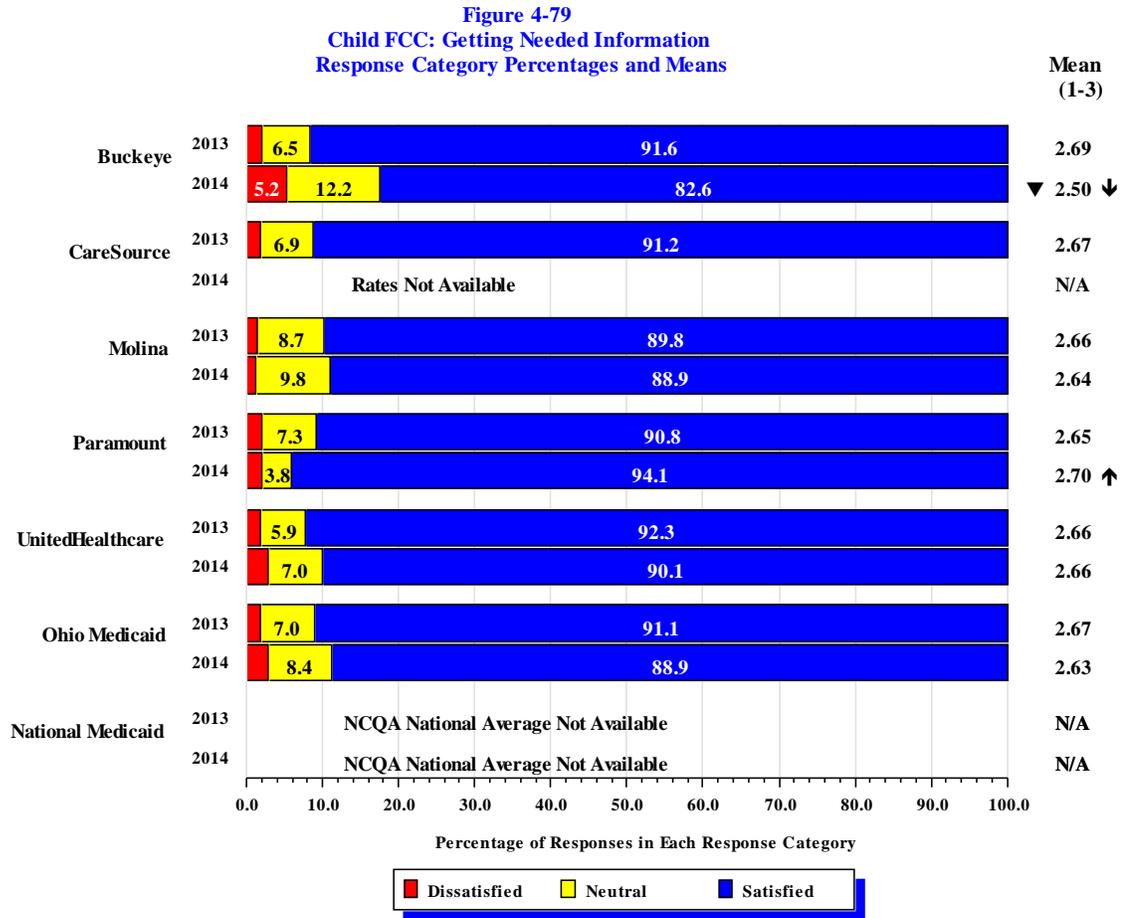
Overall, there were no *statistically significant* differences observed for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

FCC: Getting Needed Information

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



Statistical Significance Note: ▲ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ▼ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

- Buckeye's overall mean was significantly lower than the program average. The percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher than the program average, similarly the percentage of Buckeye's respondents who gave a response of Neutral was significantly higher than the program average, and the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower than the program average.
- The percentage of Molina's respondents who gave a response of Dissatisfied was significantly lower than the program average.
- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Neutral was significantly lower than the program average, whereas the percentage of Paramount's respondents who gave a response of Satisfied was significantly higher than the program average.

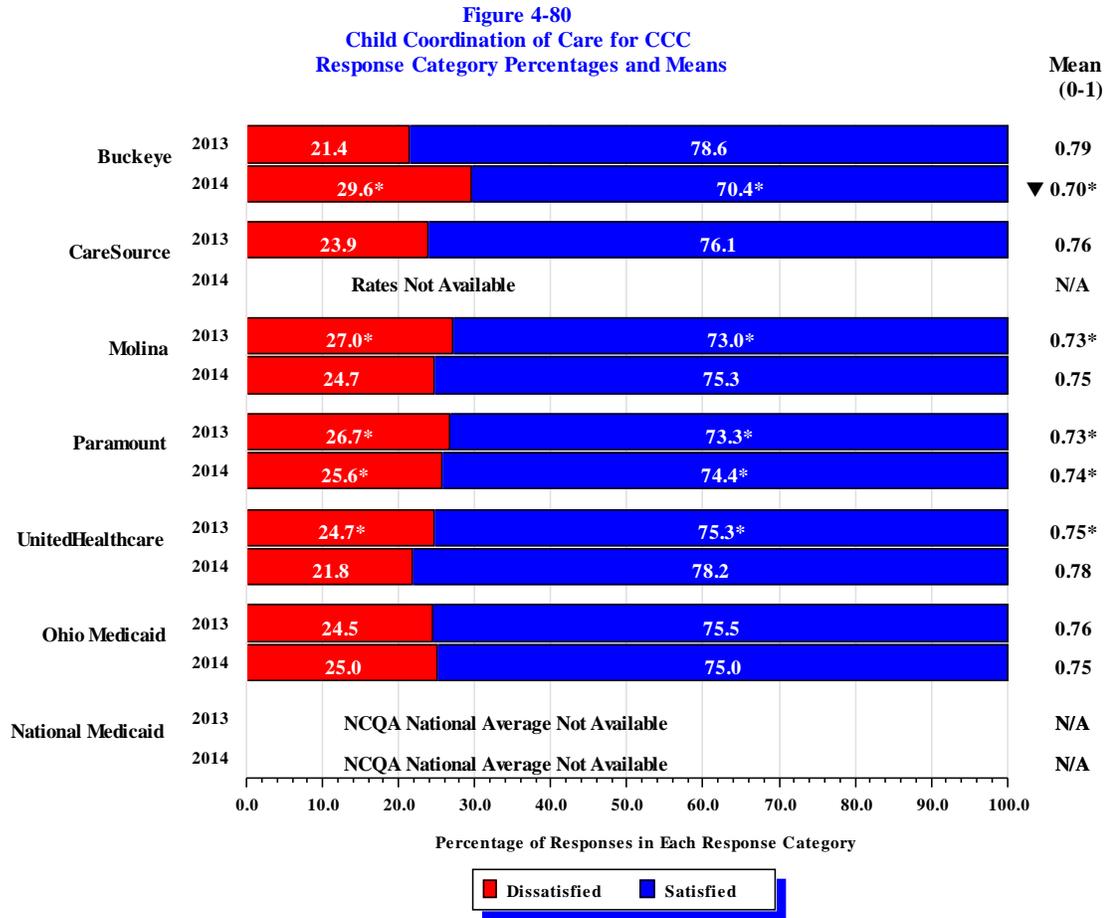
Trending Analysis

Overall, there were five *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. The percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, similarly the percentage of Buckeye's respondents who gave a response of Neutral was significantly higher in 2014 than in 2013 and the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.
- The percentage of the program's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Coordination of Care for Children With Chronic Conditions

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



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

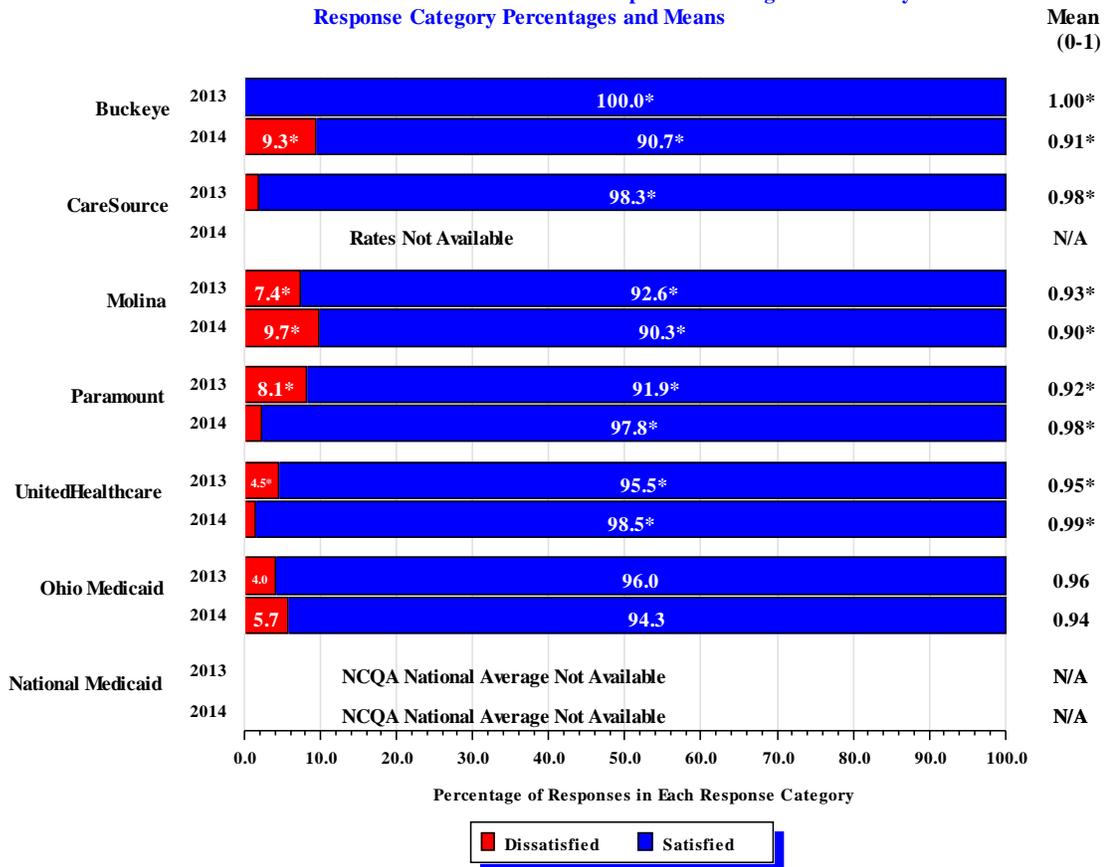
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- Buckeye's overall mean was significantly lower in 2014 than in 2013. Furthermore, the percentage of Buckeye's respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of Buckeye's respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

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

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

Figure 4-81
Child Coordination of Care for CCC: Child Received Help in Contacting School or Daycare
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

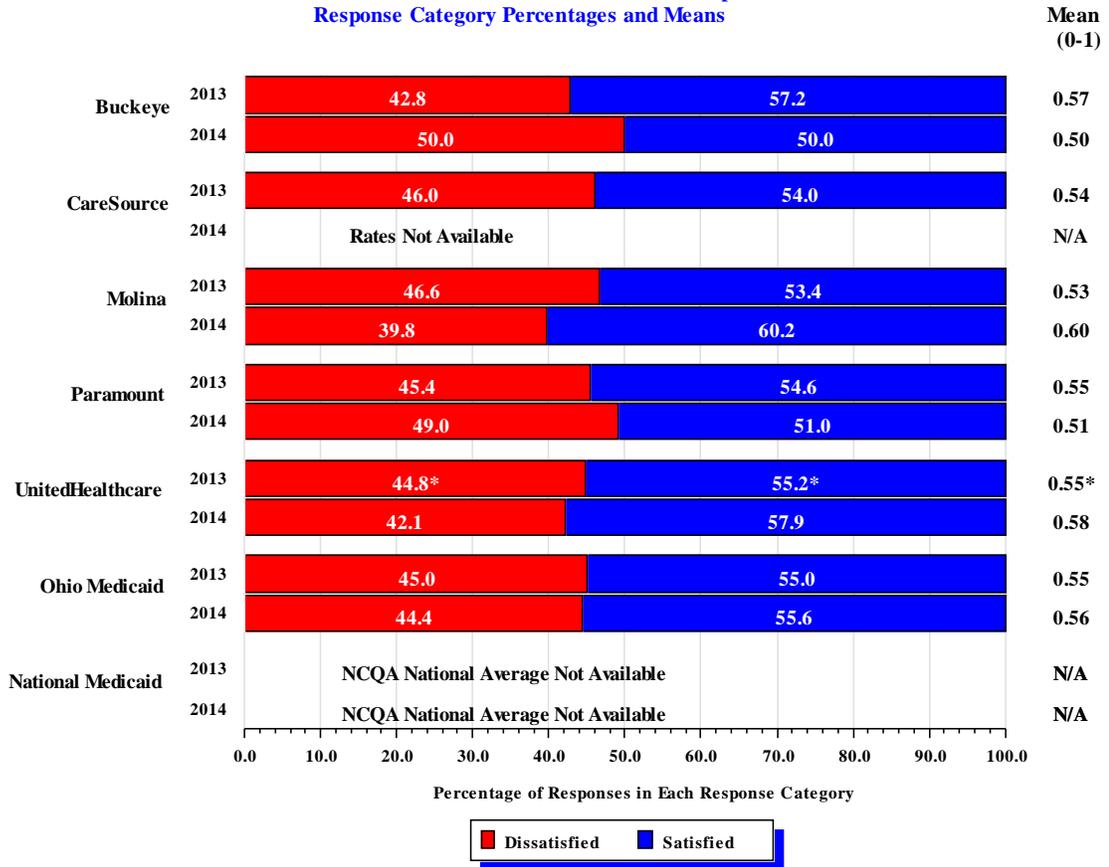
Trending Analysis

Overall, there were no statistically significant differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 4-82
Child Coordination of Care for CCC: Child Health Plan or Doctors Helped Coordinate Child’s Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the MCP’s mean is significantly higher than the Ohio Medicaid mean
 ↓ indicates the MCP’s mean is significantly lower than the Ohio Medicaid mean
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Key Drivers of Performance

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

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

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

Key drivers of satisfaction are defined as those survey items that (1) have a problem score that is greater than or equal to the health plan's/program's median problem score for all items examined, and (2) have a correlation that is greater than or equal to the health plan's/program's median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Methodology Report.

A correlation analysis was performed on each of the composite items listed below with the three global ratings (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor). For additional information on the correlation analysis, please refer to the Methodology Report.

- ◆ Getting Needed Care—Seeing a Specialist.
- ◆ Getting Needed Care—Getting Care Believed Necessary.
- ◆ Getting Care Quickly—Received Care as Soon as Wanted.
- ◆ Getting Care Quickly—Received Appointment as Soon as Wanted.
- ◆ How Well Doctors Communicate—Doctors Listened Carefully.
- ◆ How Well Doctors Communicate—Doctors Explained Things in a Way They Could Understand.
- ◆ How Well Doctors Communicate—Doctors Showed Respect.
- ◆ How Well Doctors Communicate—Doctors Spent Enough Time With Patient.
- ◆ Customer Service—Obtaining Help Needed From Customer Service.
- ◆ Customer Service—Health Plan Customer Service Treated with Courtesy and Respect.
- ◆ Shared Decision Making—Doctor Talk About Reasons to Take a Medicine.
- ◆ Shared Decision Making—Doctor Talk About Reasons Not to Take a Medicine.
- ◆ Shared Decision Making—Doctor Ask About Best Medicine Choice for You/Your Child.

Table 4-4 through Table 4-6 depict those survey items identified for each of the three measures (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor) as being key drivers of satisfaction for the Ohio Medicaid Managed Care Program for the adult and general child populations.

Table 4-4	
Summary of Ohio Medicaid Managed Care Program Rating of Health Plan Key Drivers	
Adult	
Q14.	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
Q25.	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
Q31.	In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
General Child	
Q37.	In the last 6 months, how often did your child's personal doctor spend enough time with your child?
Q46.	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
Q50.	In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

Table 4-5	
Summary of Ohio Medicaid Managed Care Program Rating of All Health Care Key Drivers	
Adult	
Q12.	When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best?
Q14.	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
Q25.	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
General Child	
Q13.	When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
Q15.	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
Q46.	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Table 4-6 Summary of Ohio Medicaid Managed Care Program Rating of Personal Doctor Key Drivers	
Adult	
Q10.	When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medication?
Q12.	When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best?
Q14.	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
General Child	
Q11.	In the last 6 months, how often did your child's doctor talk about the reasons to take a medication?
Q13.	When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
Q15.	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
Q37.	In the last 6 months, how often did your child's personal doctor spend enough time with your child?

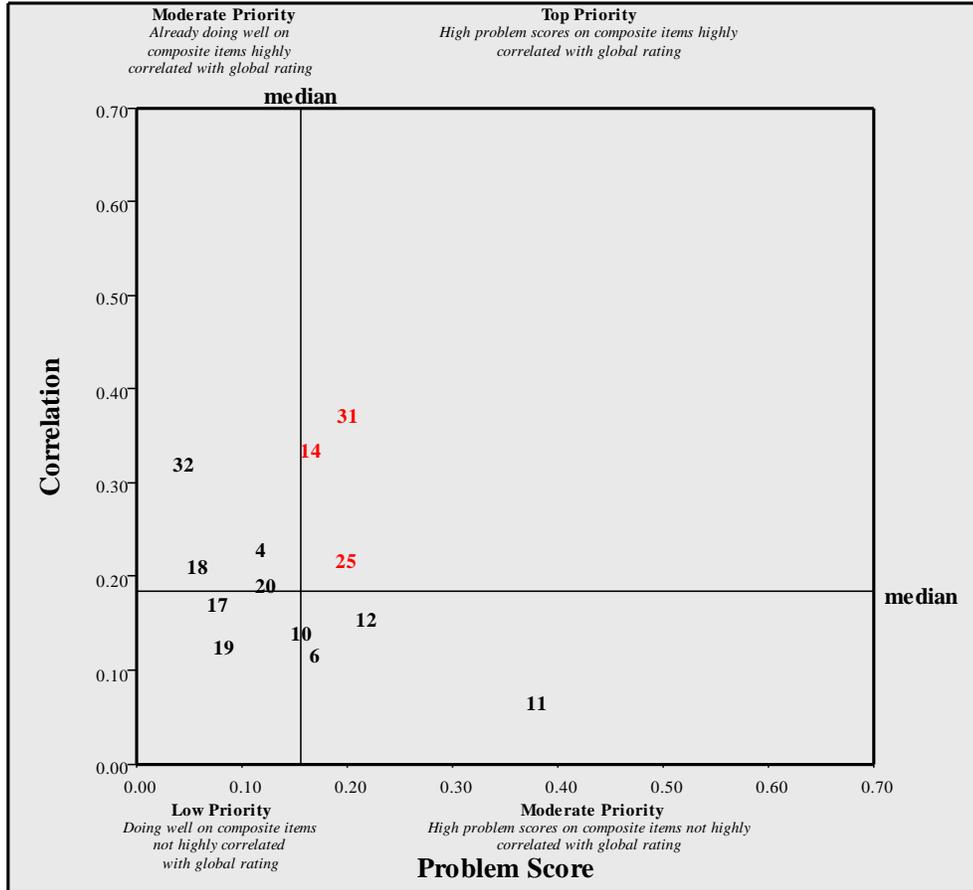
A priority matrix was used to identify priority levels of each composite item. A median of the mean problem scores for all composite items was identified. In addition, a median correlation among all composite items' correlations with the global ratings was identified. Priority levels were assigned to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

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

Each global rating was assessed separately for the program and each MCP. **Top priorities indicate composite items that are key drivers.** Results are presented by measure (i.e., Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor). Within each measure, results are presented consecutively for the Ohio Medicaid Managed Care Program's and each MCP's adult and general child populations.

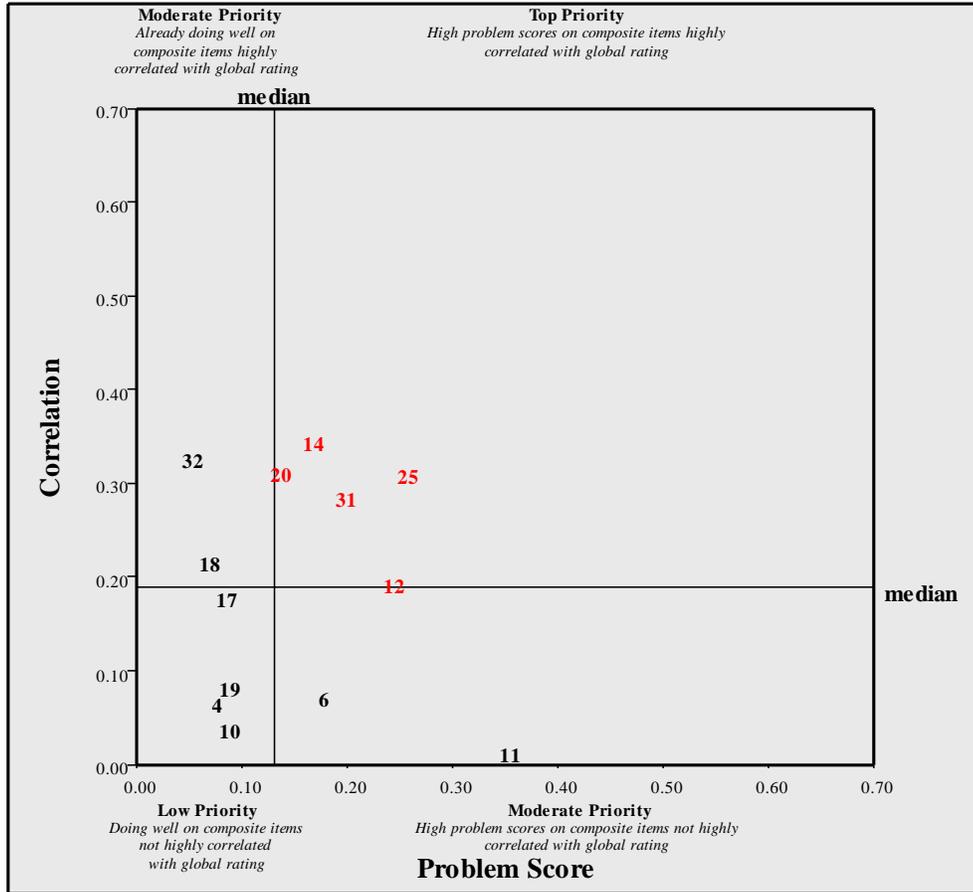
Rating of Health Plan

Adult Program Priority Matrix



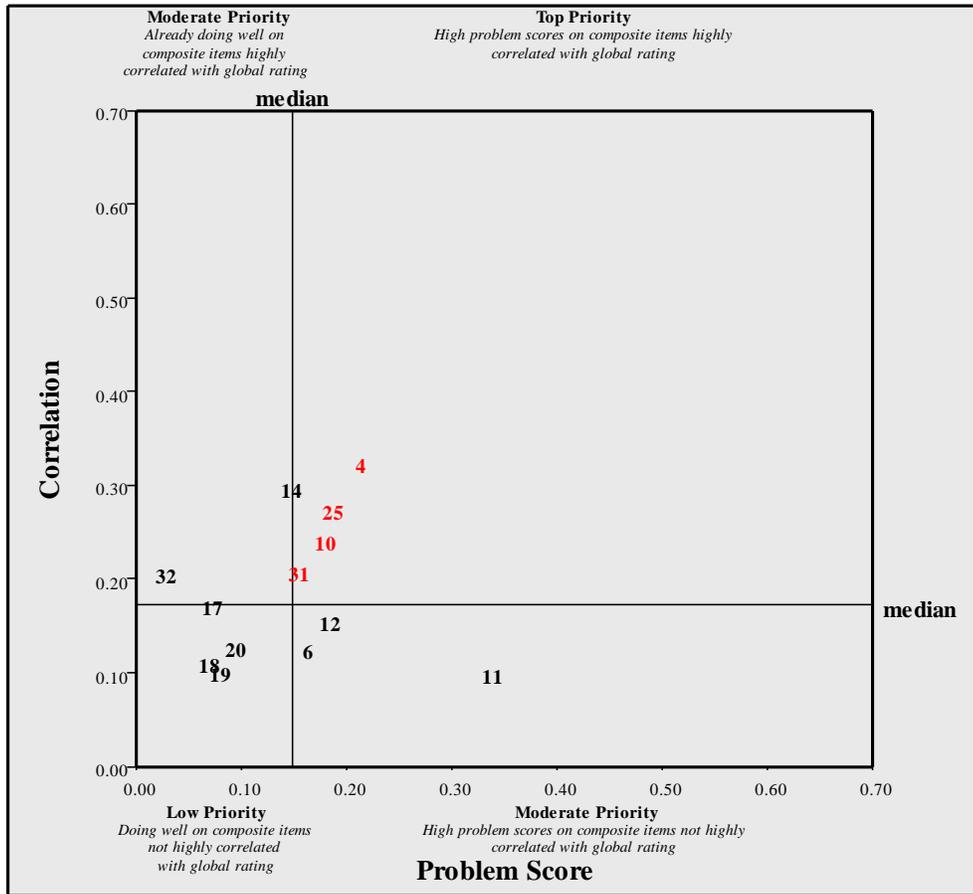
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Buckeye Priority Matrix



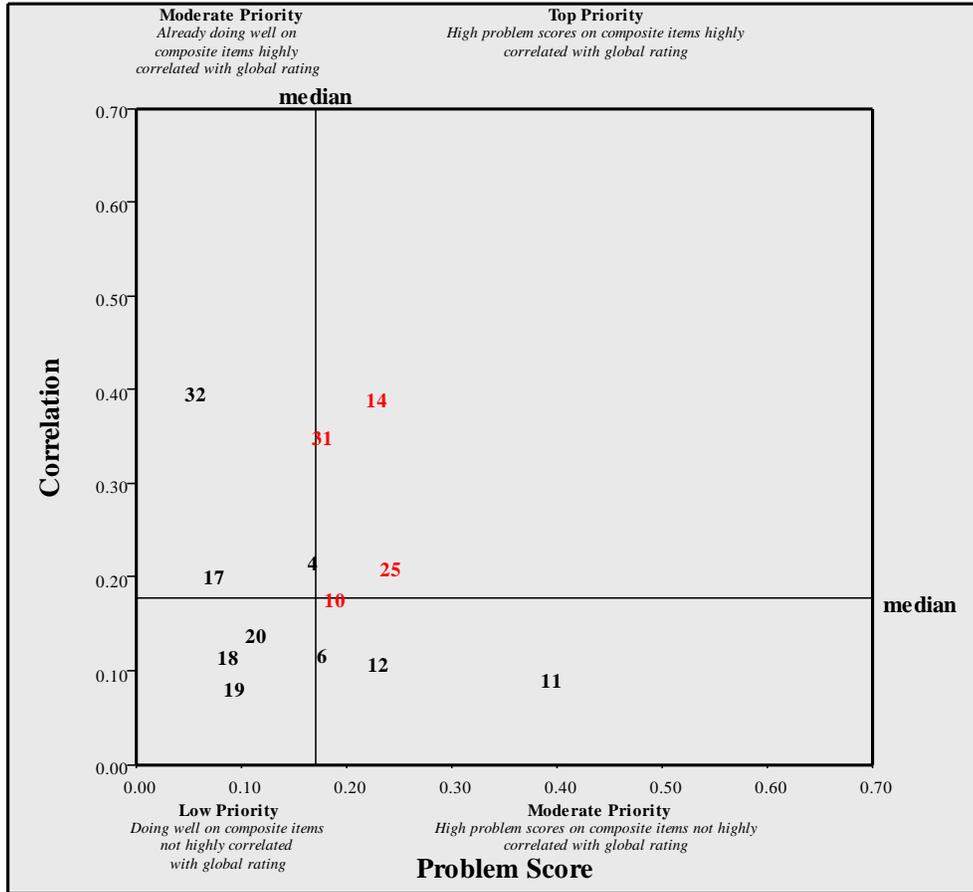
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult CareSource Priority Matrix



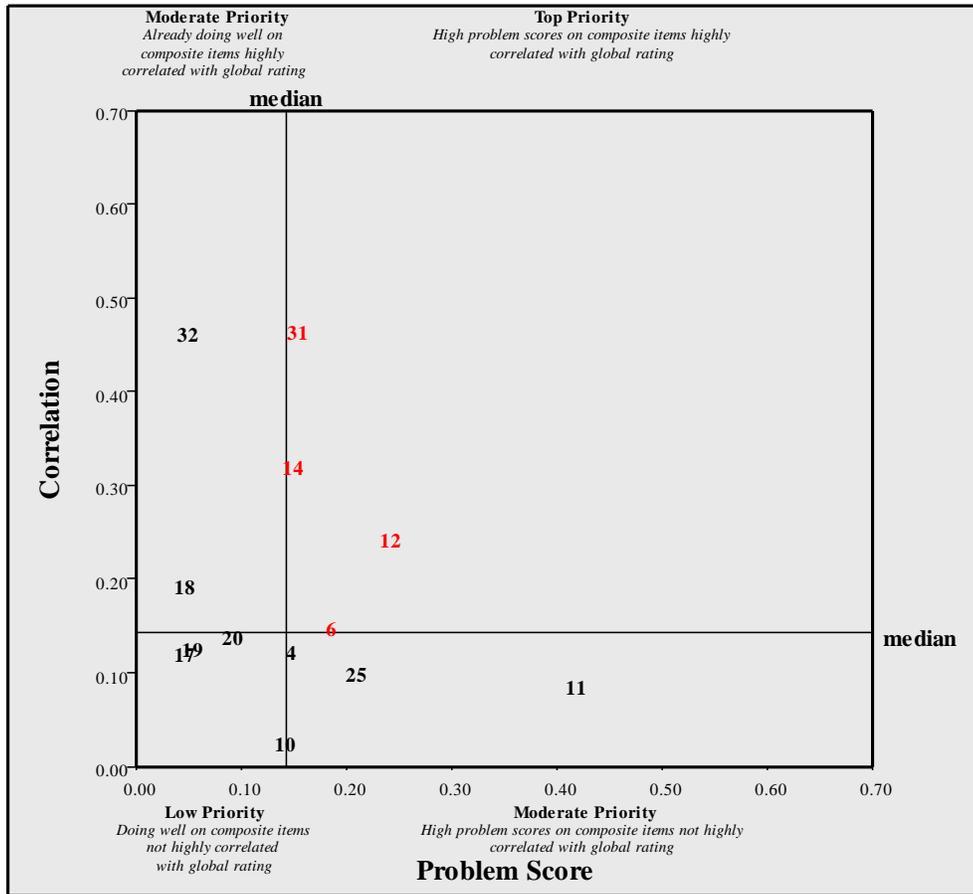
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Molina Priority Matrix



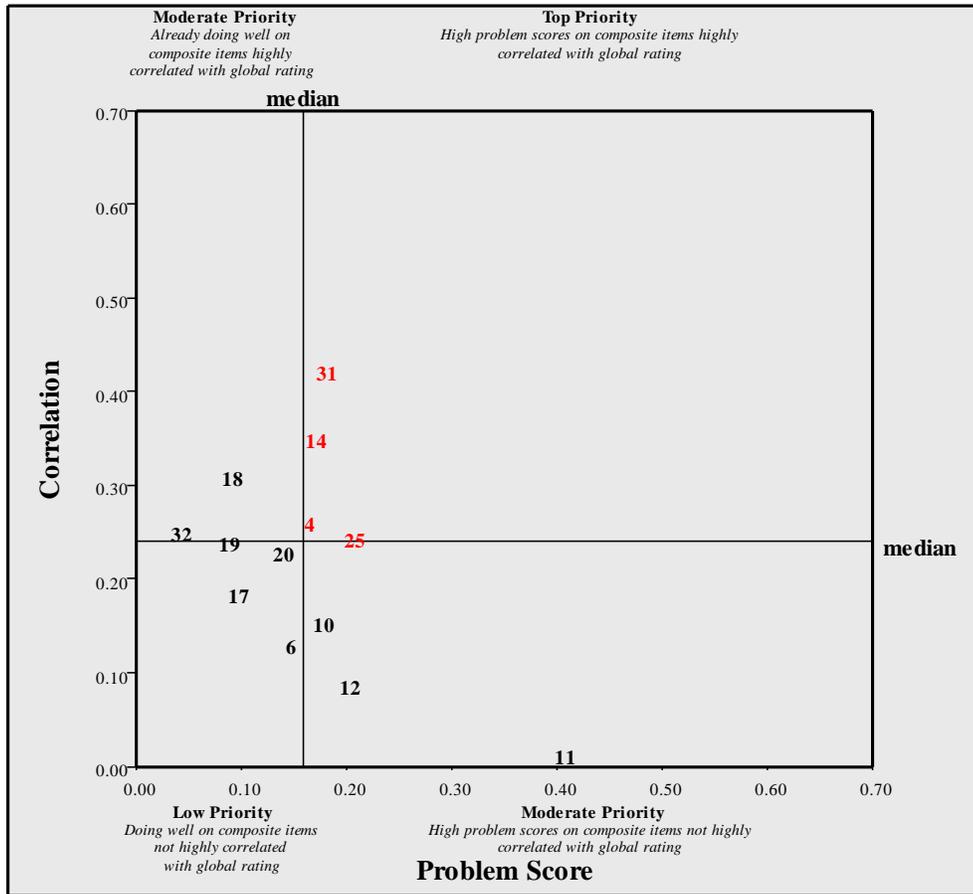
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Paramount Priority Matrix



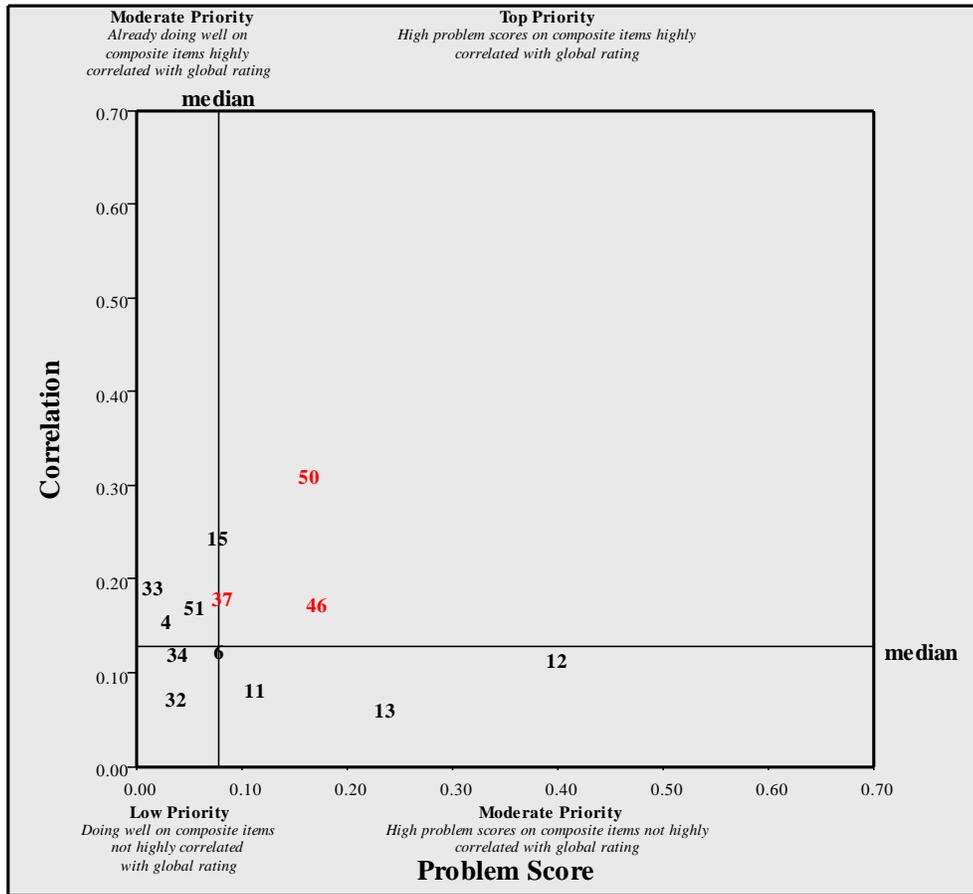
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult UnitedHealthcare Priority Matrix



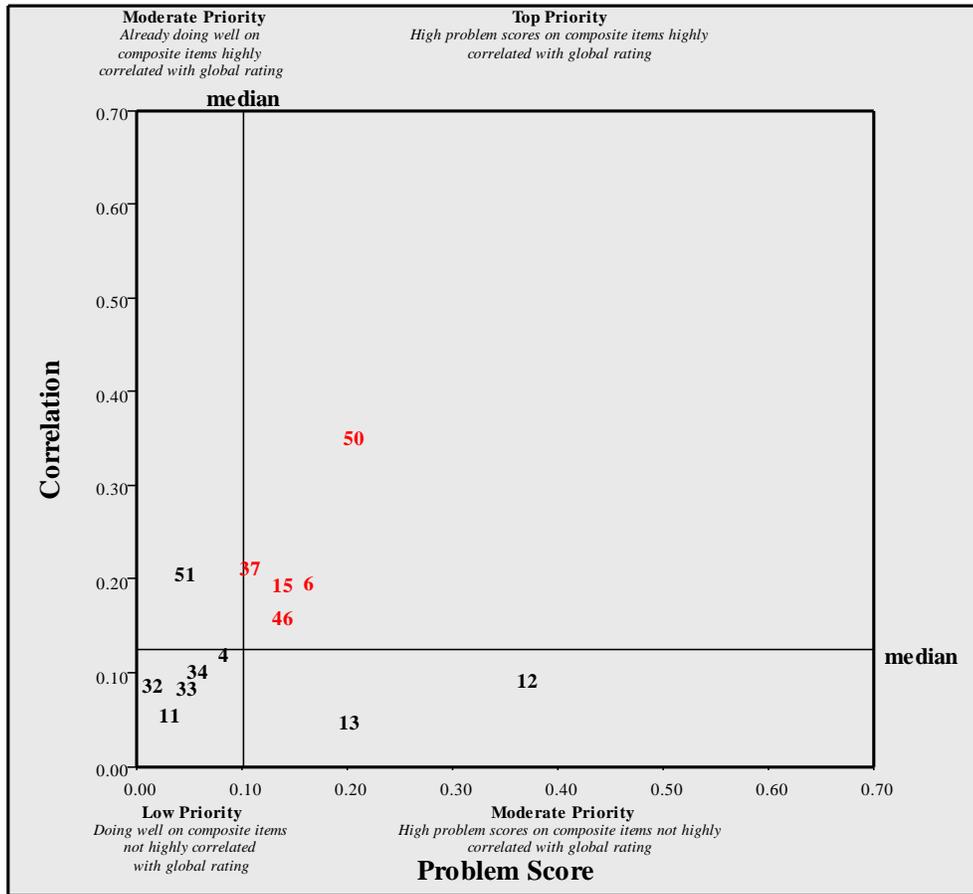
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Child Program Priority Matrix



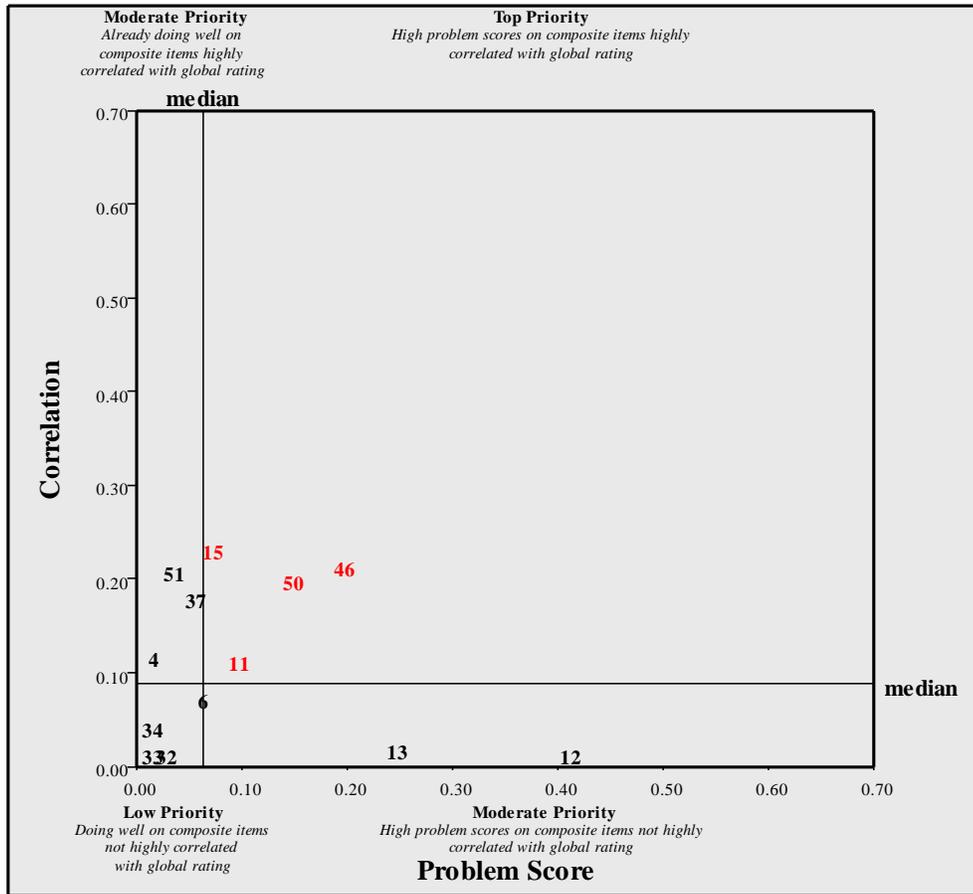
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Buckeye Priority Matrix



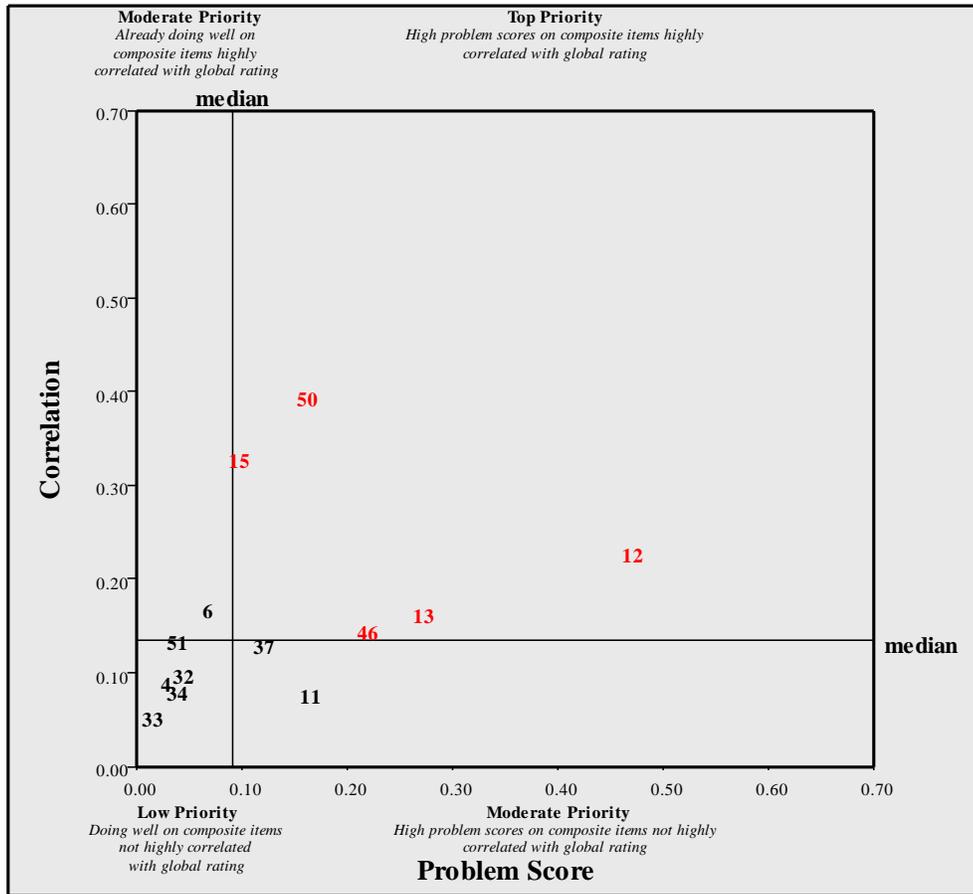
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child CareSource Priority Matrix



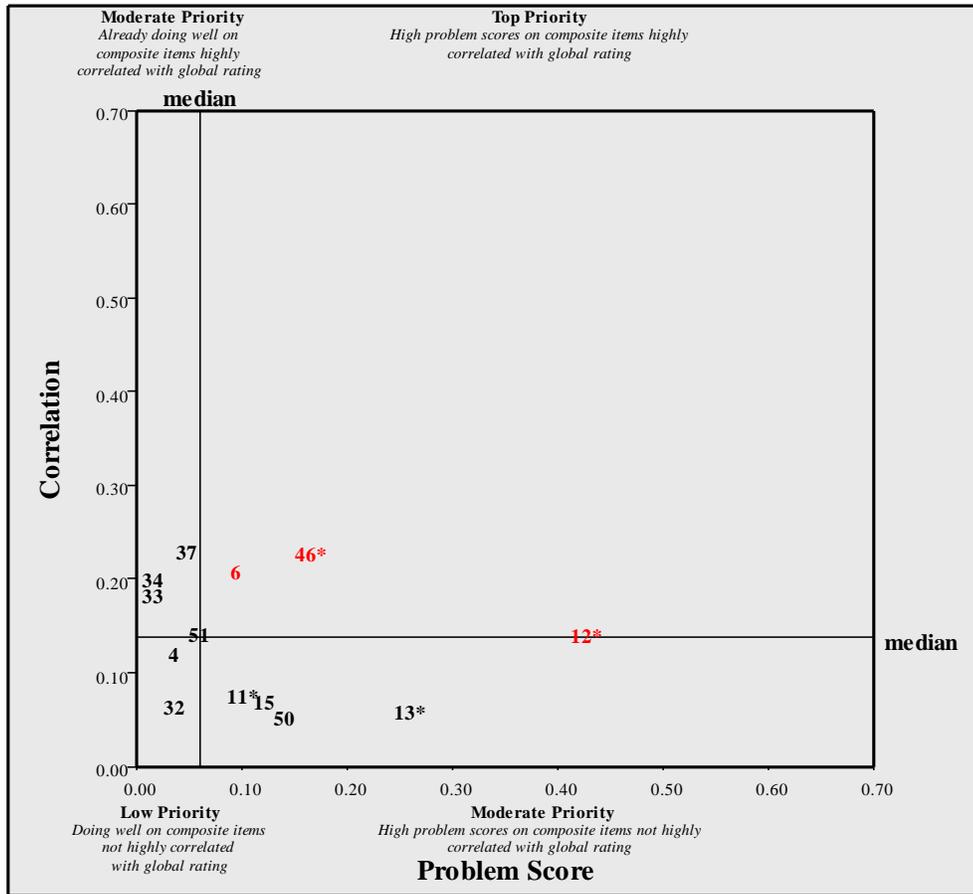
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Molina Priority Matrix



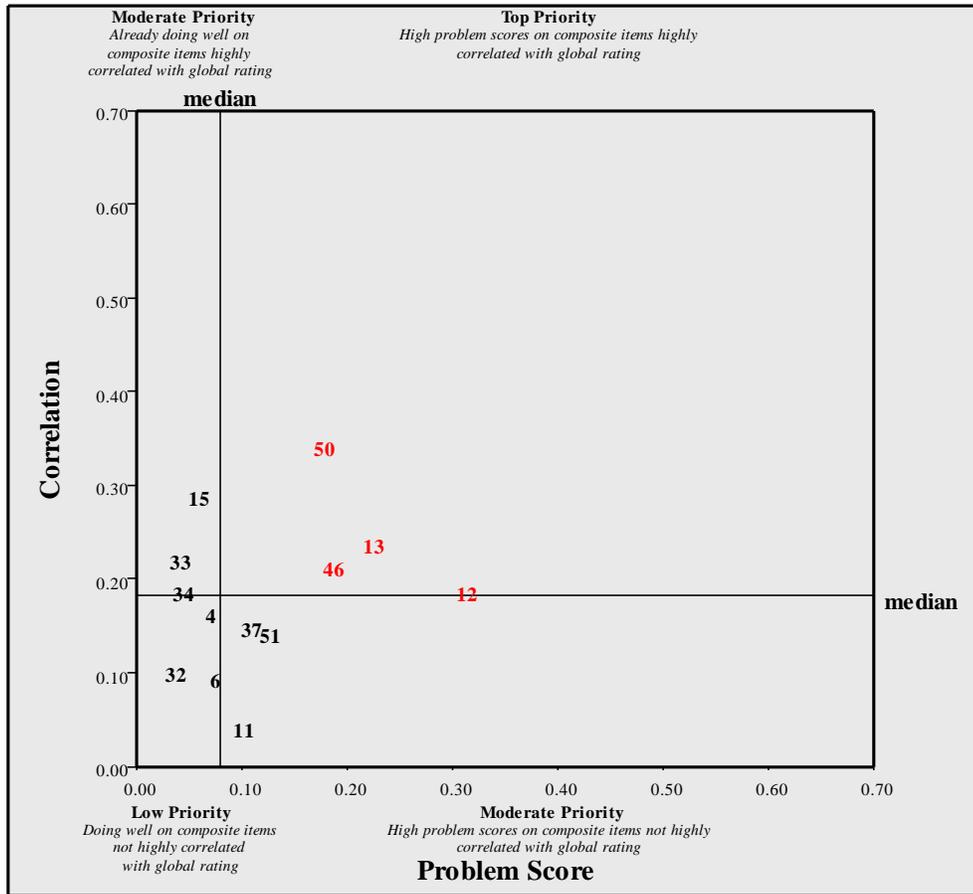
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Paramount Priority Matrix



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

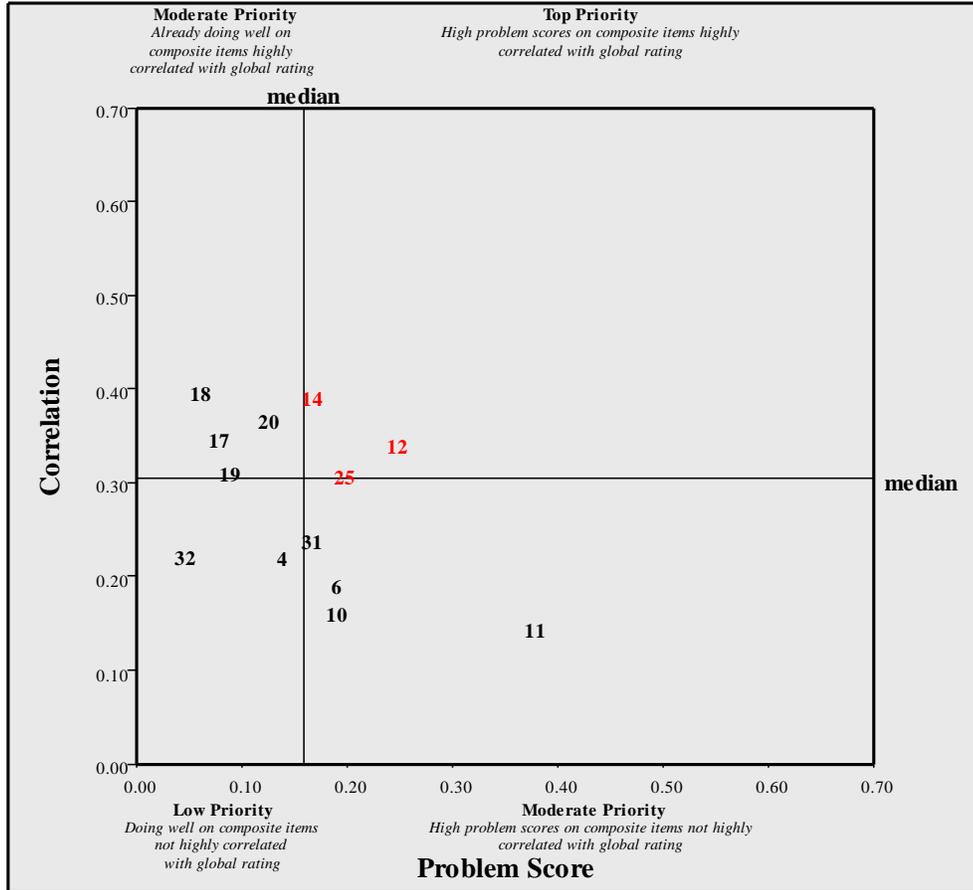
Child UnitedHealthcare Priority Matrix



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

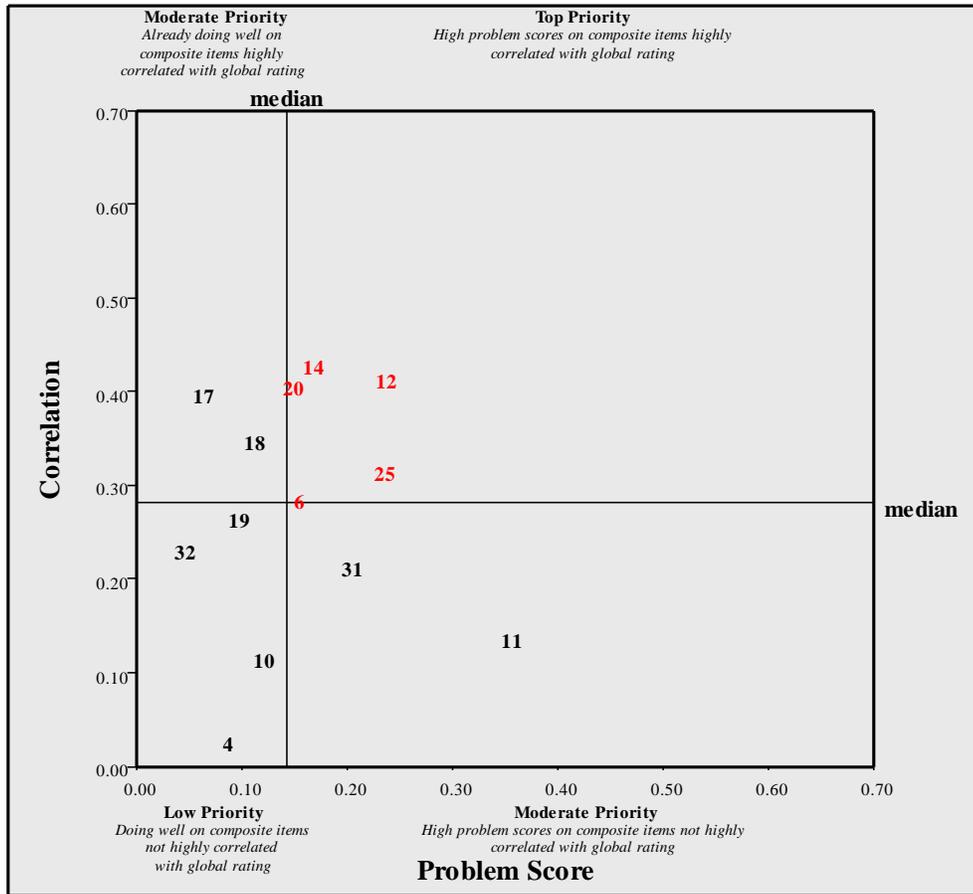
Rating of All Health Care

Adult Program Priority Matrix



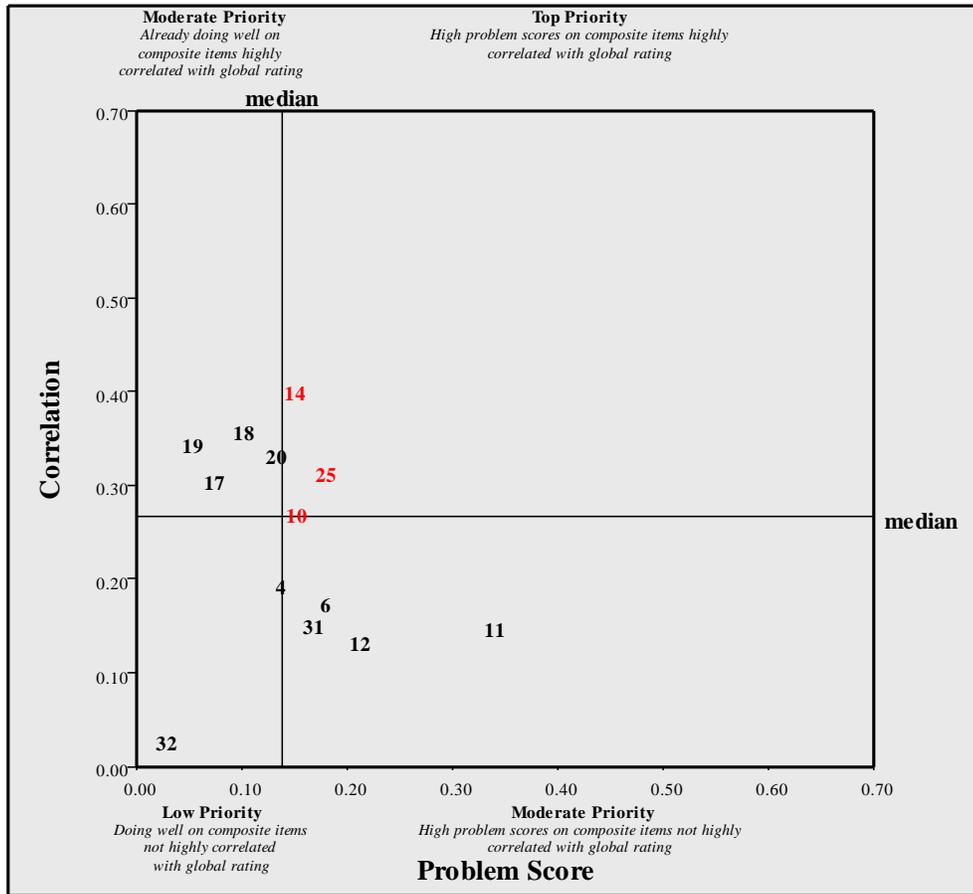
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Buckeye Priority Matrix



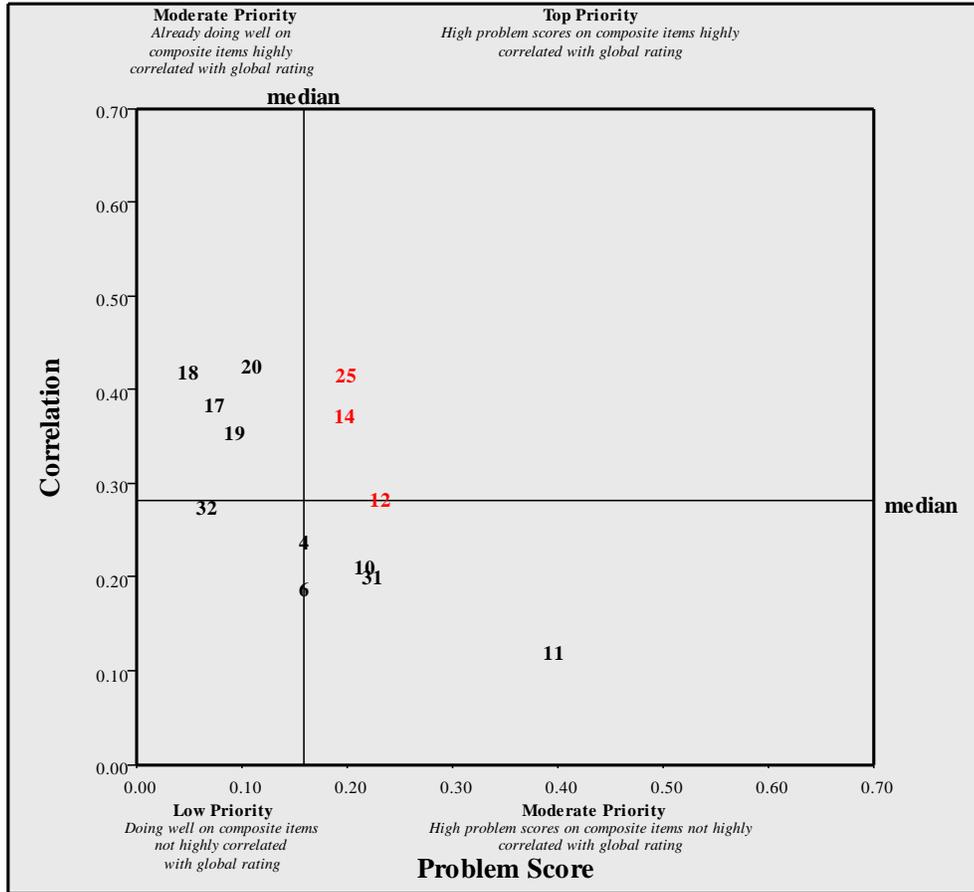
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult CareSource Priority Matrix



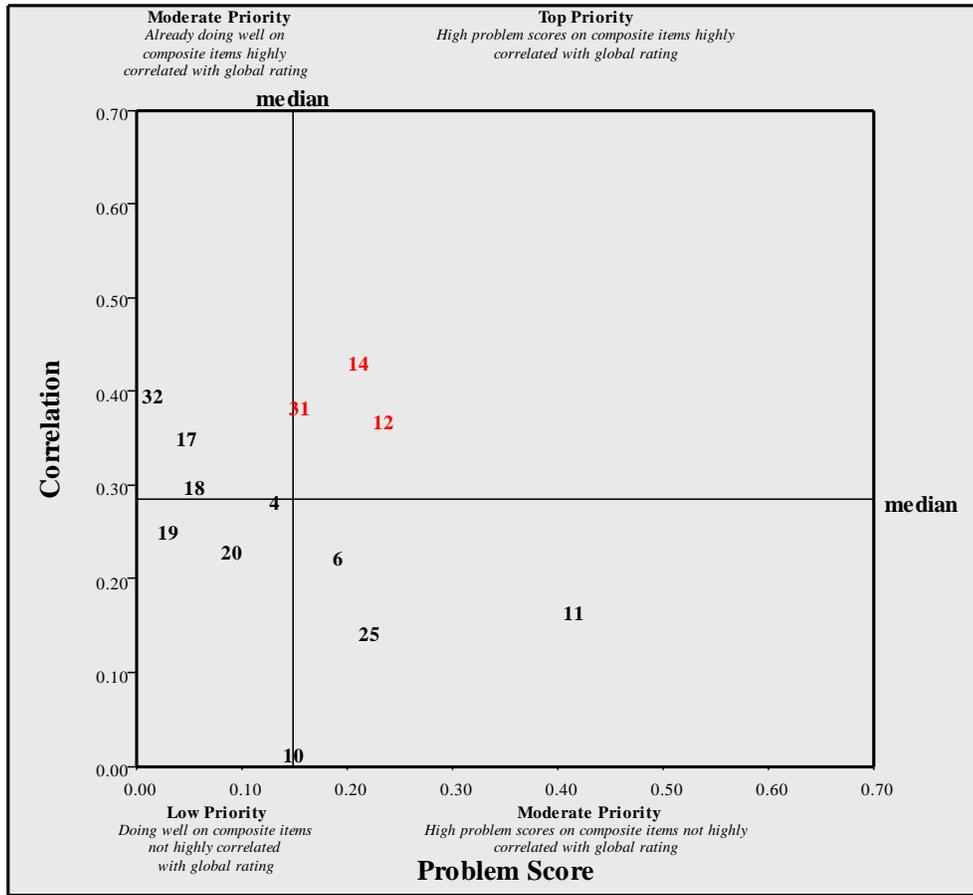
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Molina Priority Matrix



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

Adult Paramount Priority Matrix



Priority Matrix Legend

Getting Needed Care

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

Getting Care Quickly

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

How Well Doctors Communicate

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

Customer Service

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

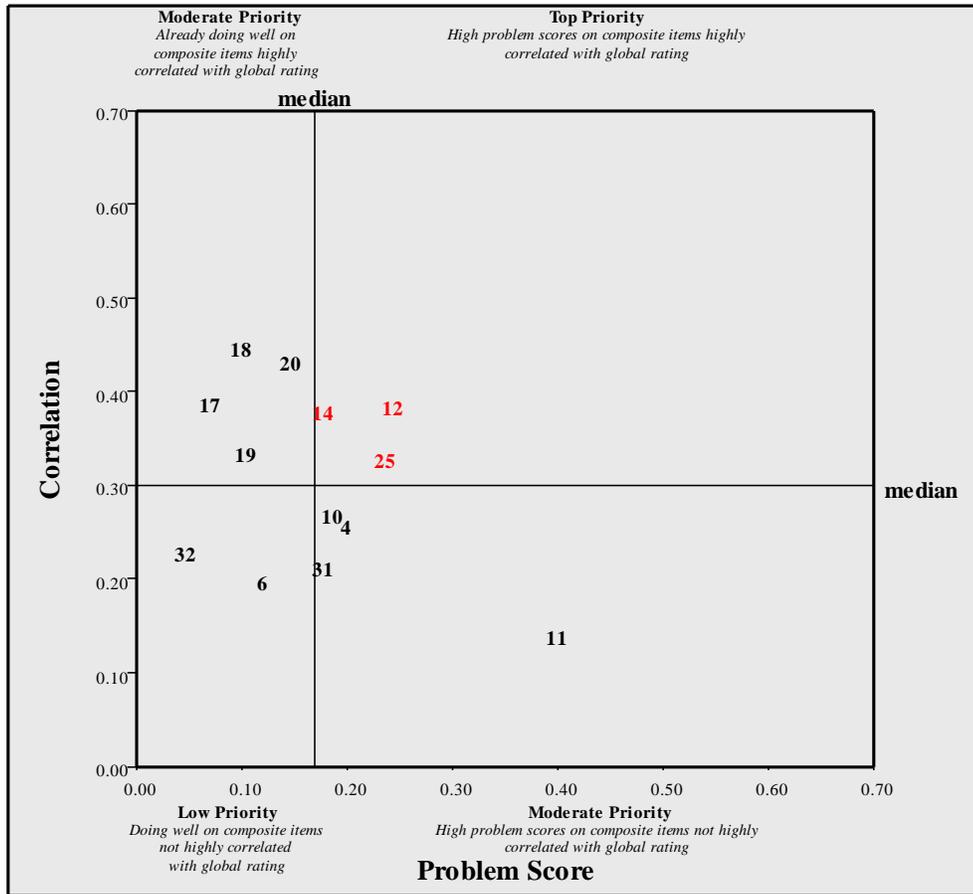
Shared Decision Making

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

Note:

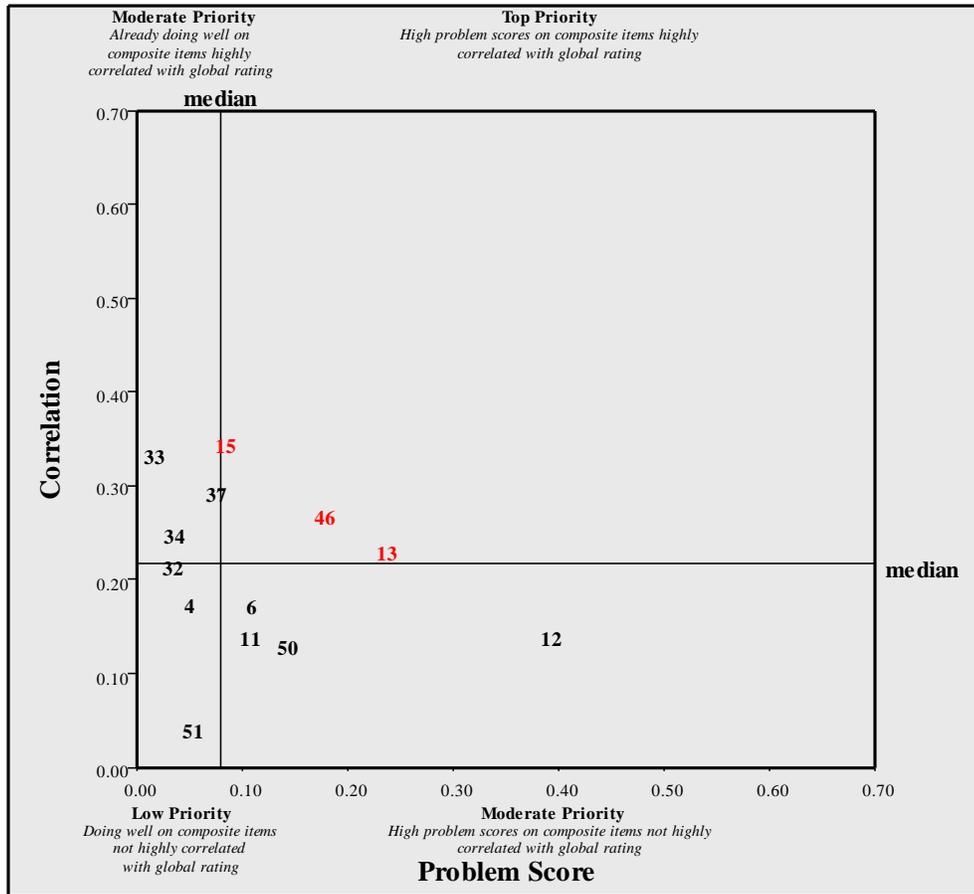
Top priority items are denoted in red.
 *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult UnitedHealthcare Priority Matrix



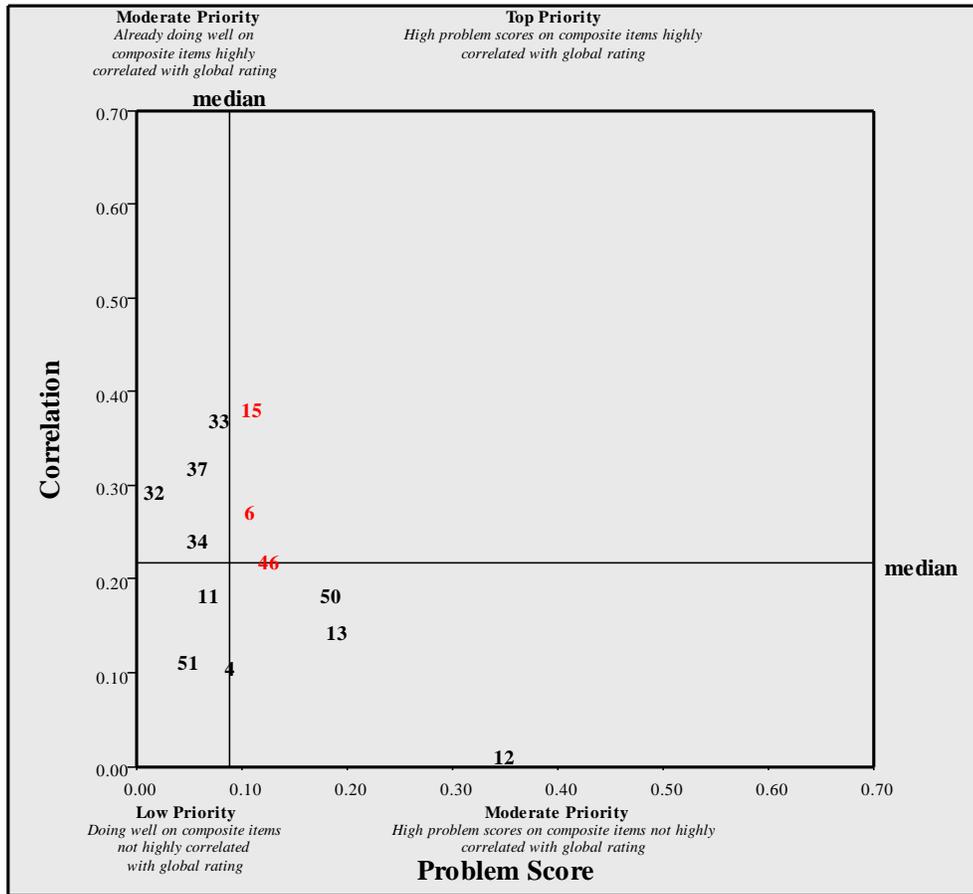
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Child Program Priority Matrix



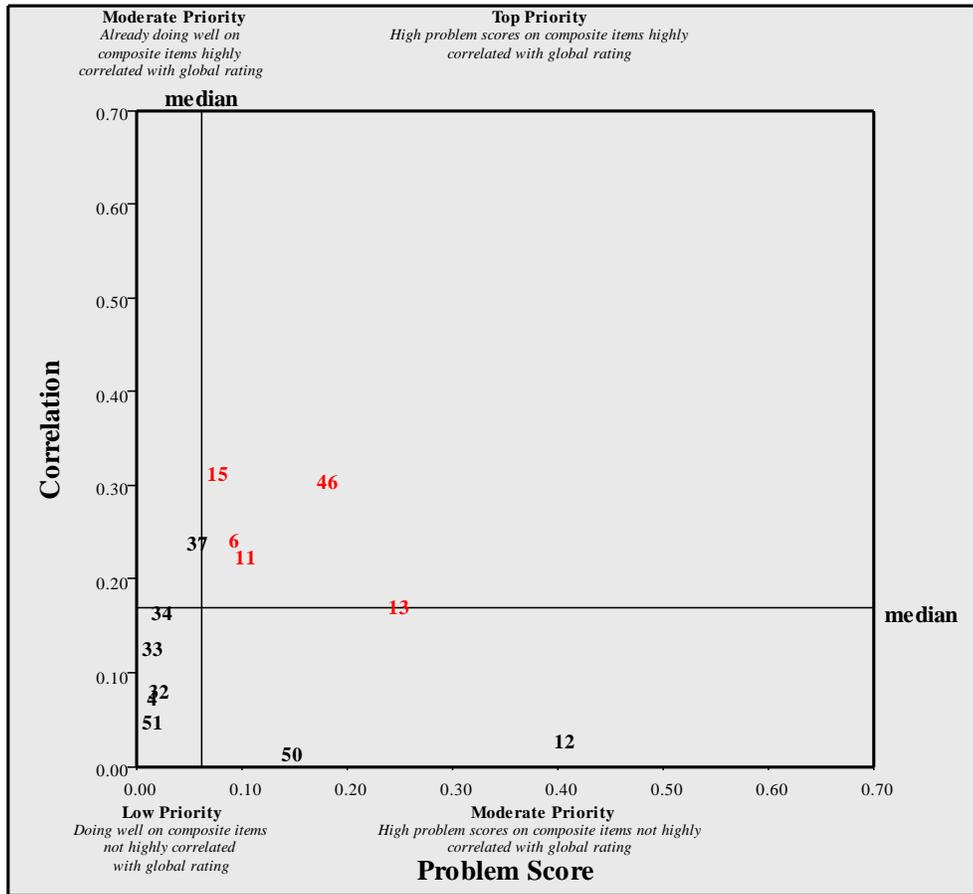
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Buckeye Priority Matrix



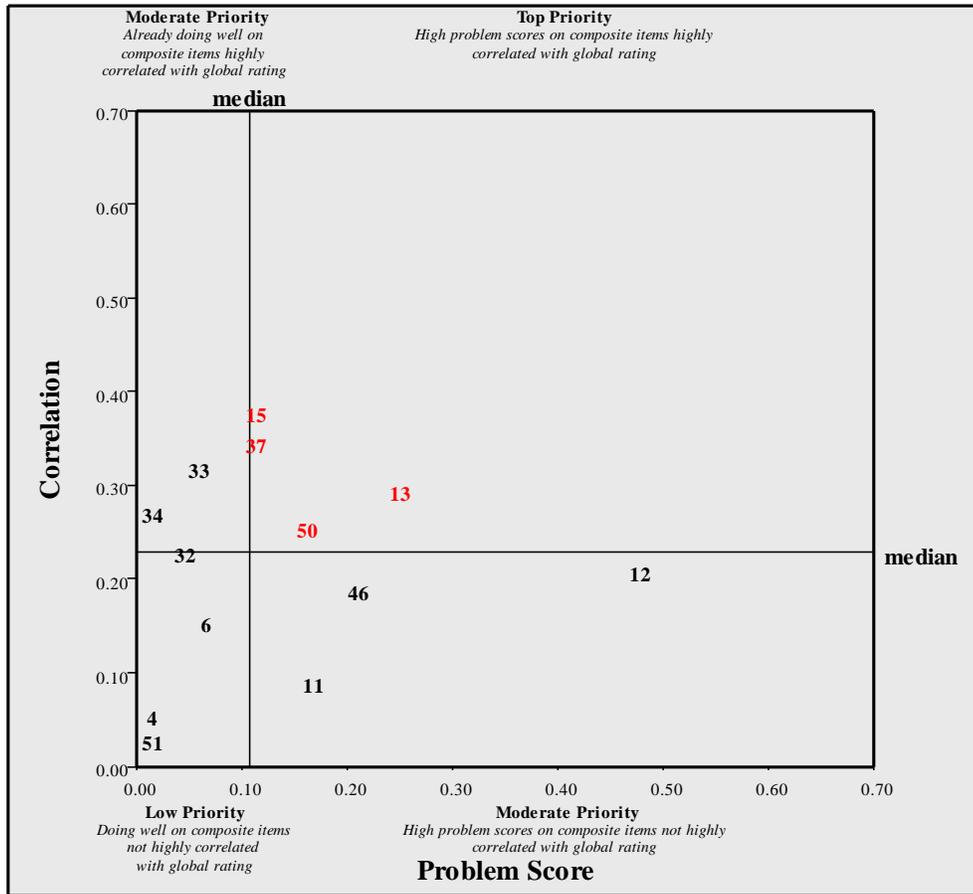
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child CareSource Priority Matrix



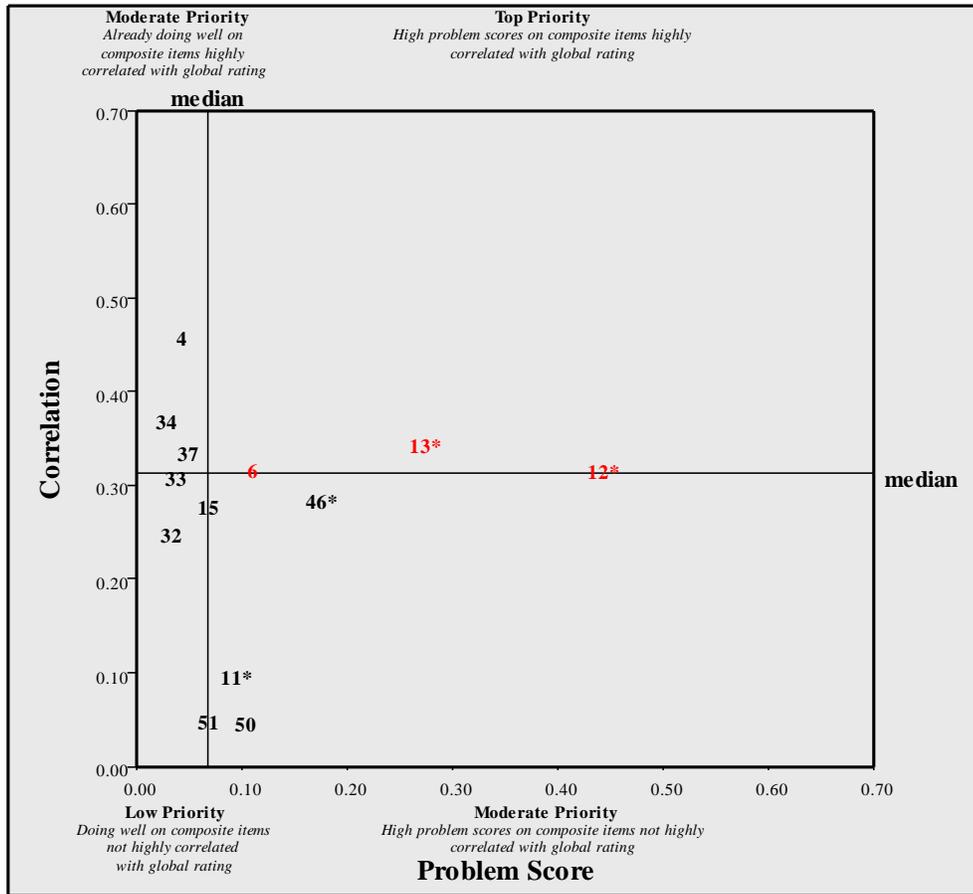
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Molina Priority Matrix



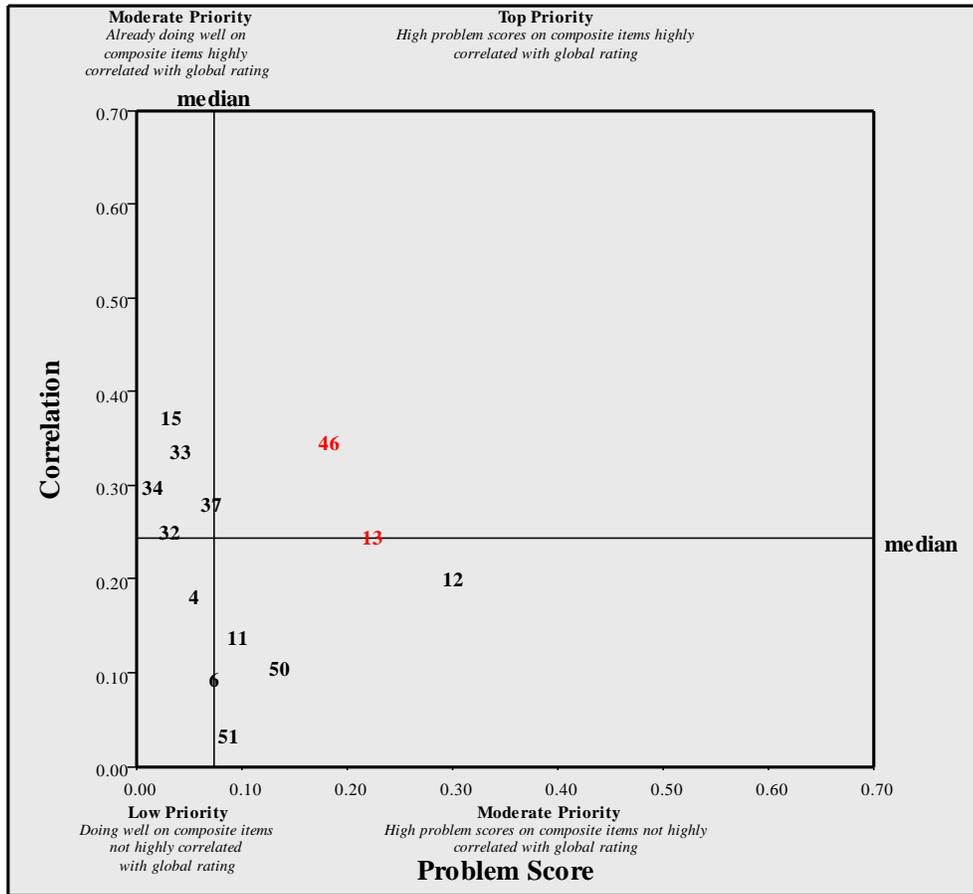
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Paramount Priority Matrix



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

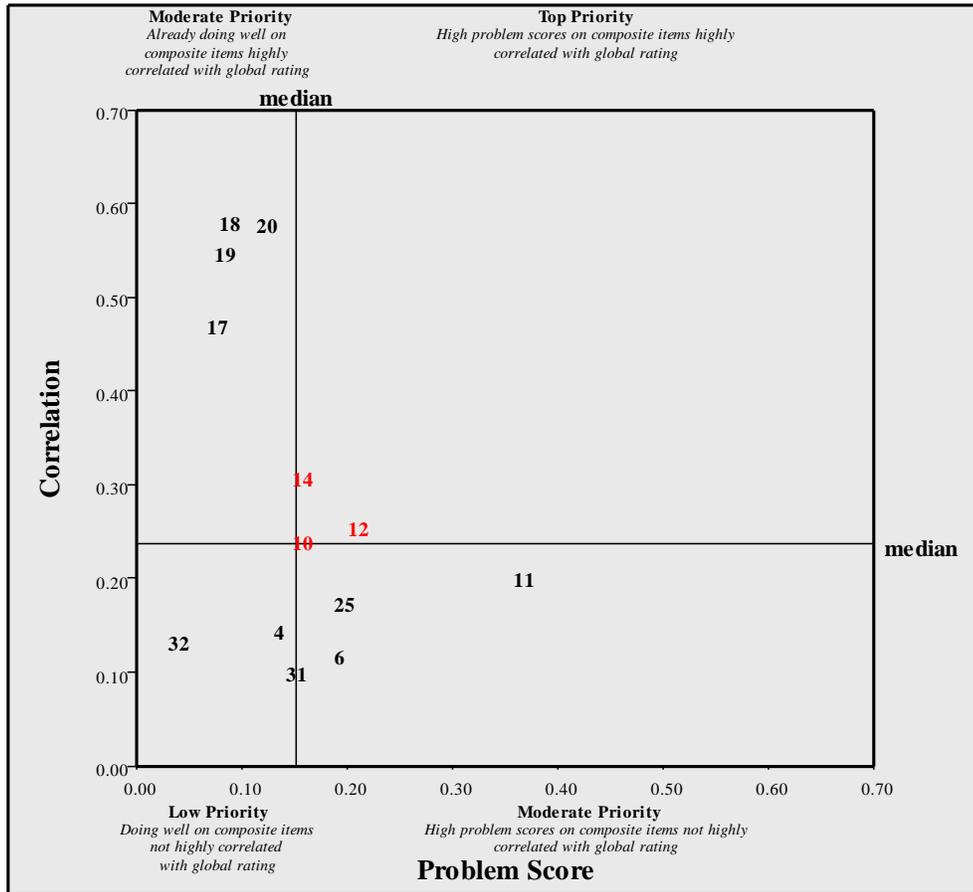
Child UnitedHealthcare Priority Matrix



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

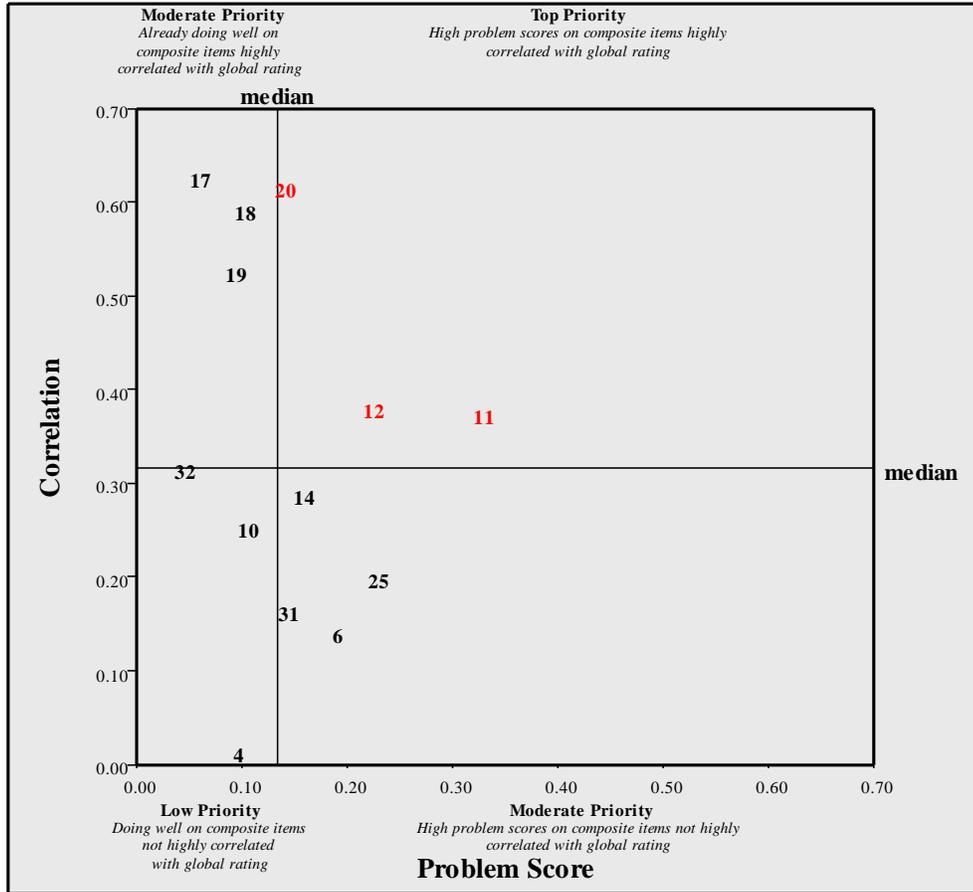
Rating of Personal Doctor

Adult Program Priority Matrix



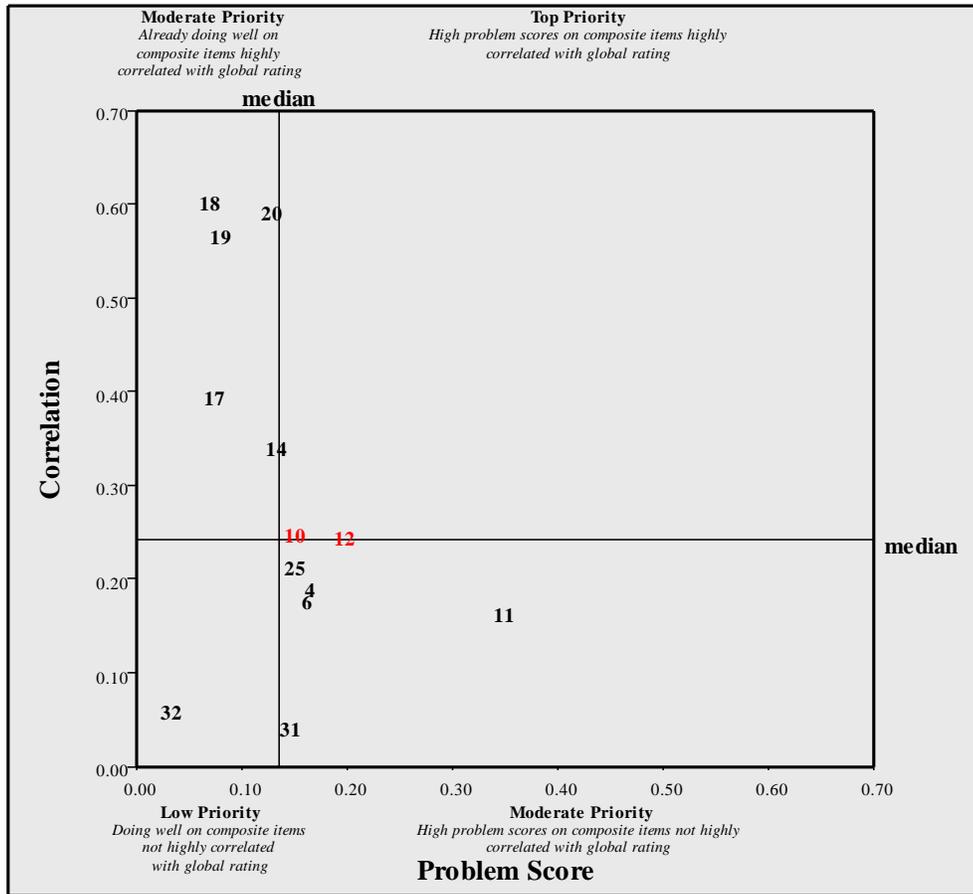
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult Buckeye Priority Matrix



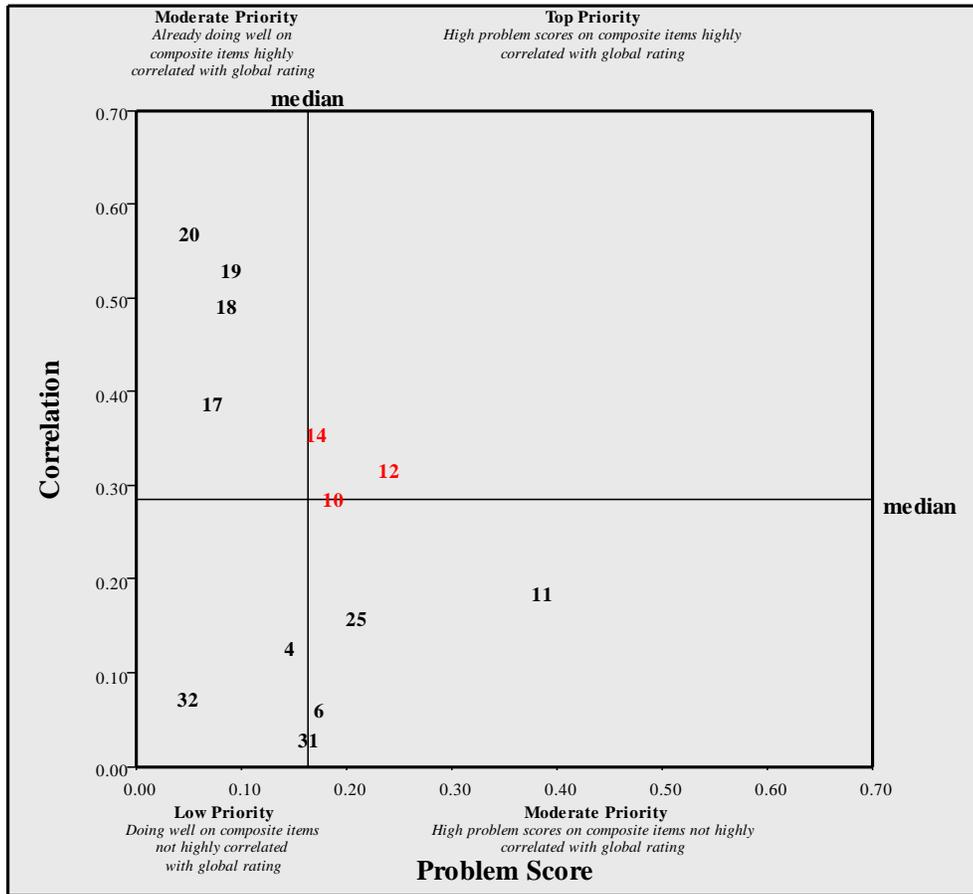
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult CareSource Priority Matrix



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

Adult Molina Priority Matrix



Priority Matrix Legend

Getting Needed Care

Q14. Easy to get treatment needed

Q25. Easy to get appointment as soon as needed

Getting Care Quickly

Q4. Got care as soon as needed

Q6. Got an appointment as soon as needed

How Well Doctors Communicate

Q17. Personal doctor explained things in an understandable way

Q18. Personal doctor listened carefully

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

Q20. Personal doctor spent enough time with you

Customer Service

Q31. Received information or help from health plan customer service

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

Shared Decision Making

Q10. Doctor explained reasons to take a medication

Q11. Doctor explained reasons not to take a medication

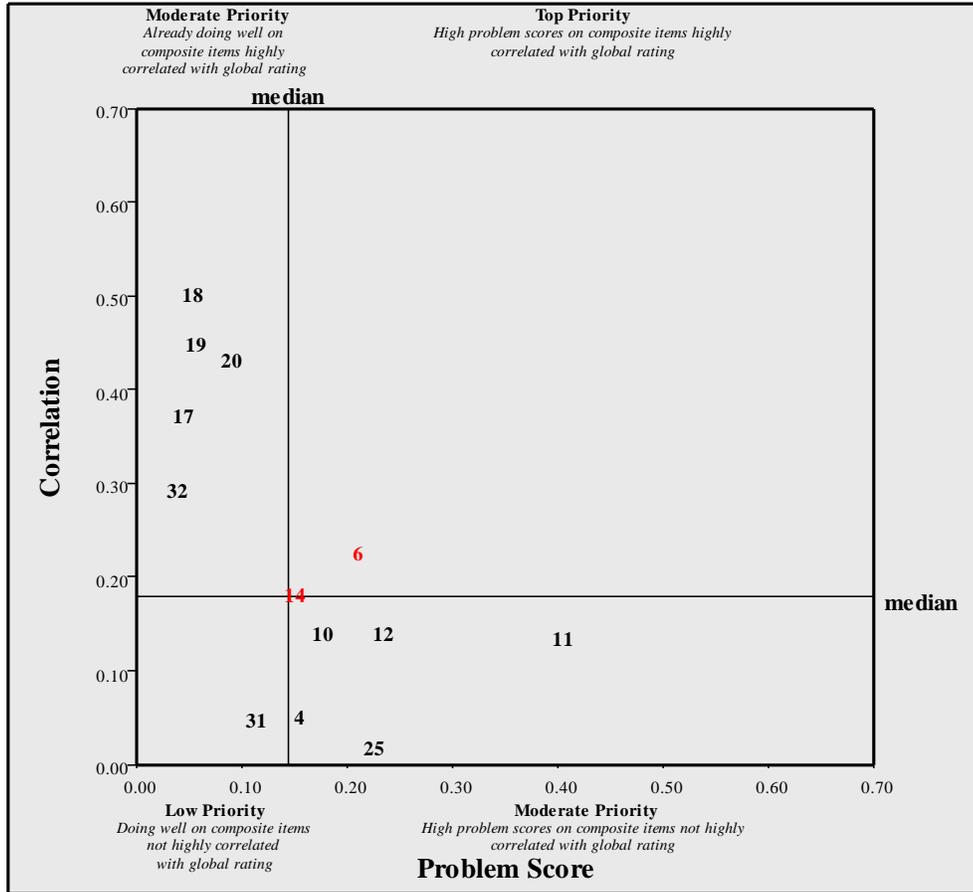
Q12. Doctor asked you what you thought was best for you

Note:

Top priority items are denoted in red.

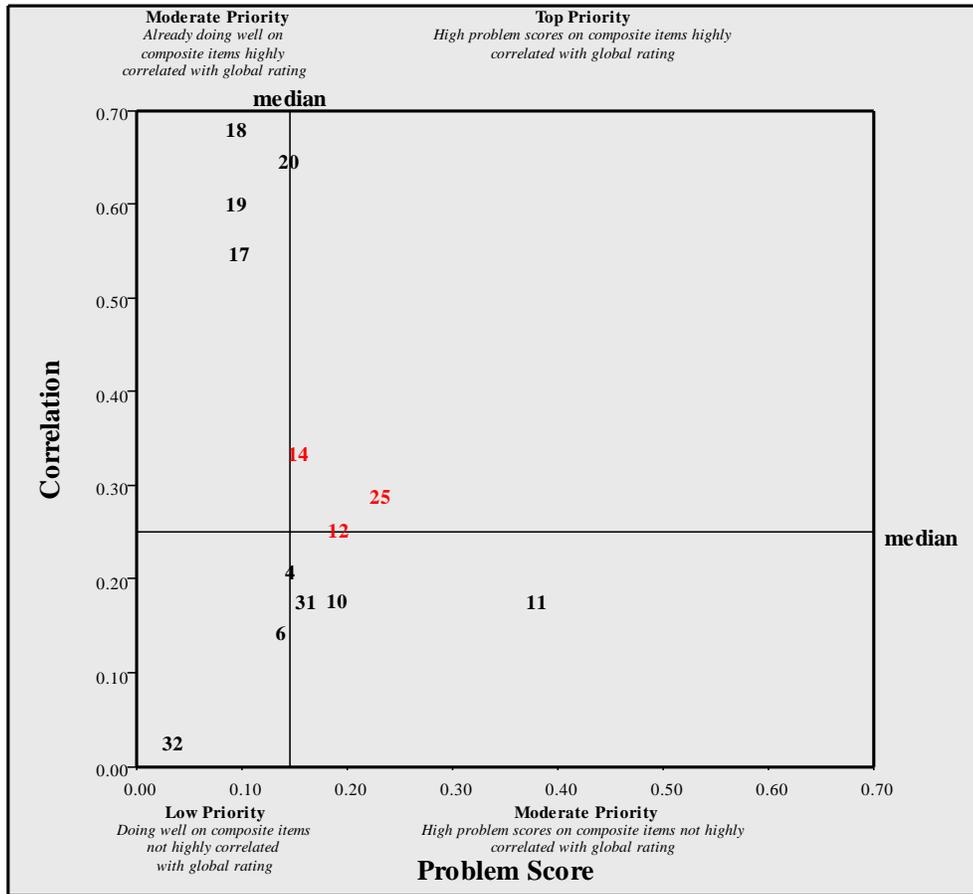
*Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.

Adult Paramount Priority Matrix



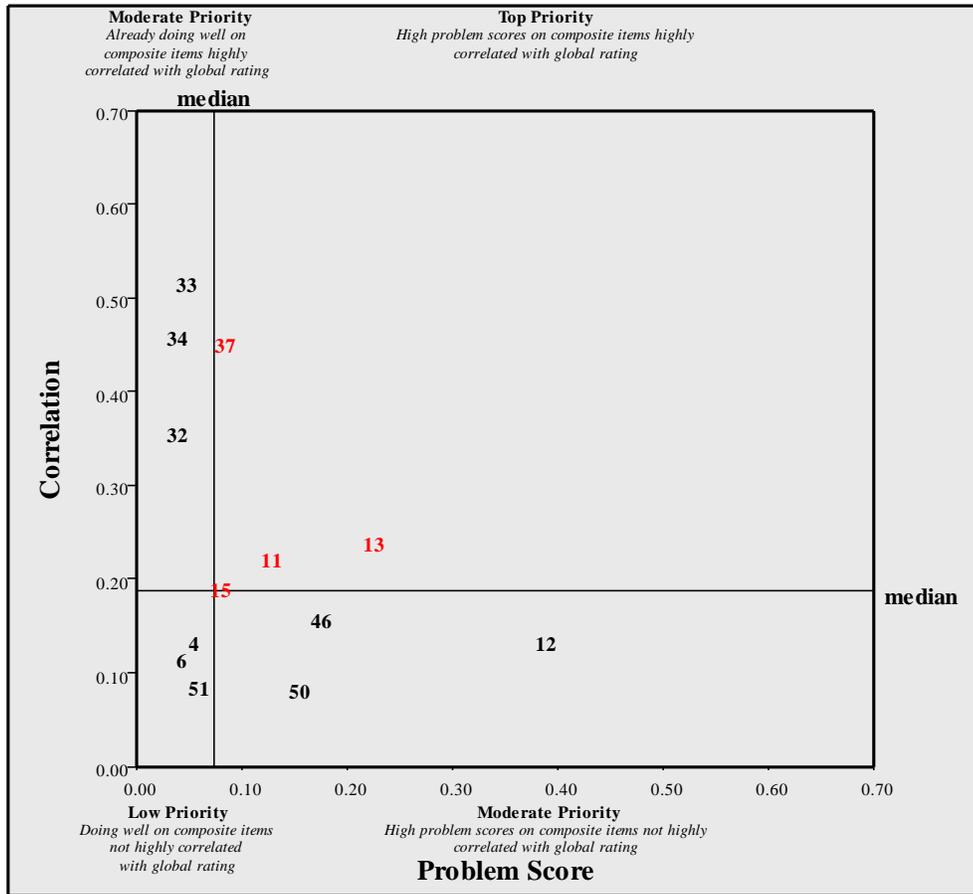
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Adult UnitedHealthcare Priority Matrix



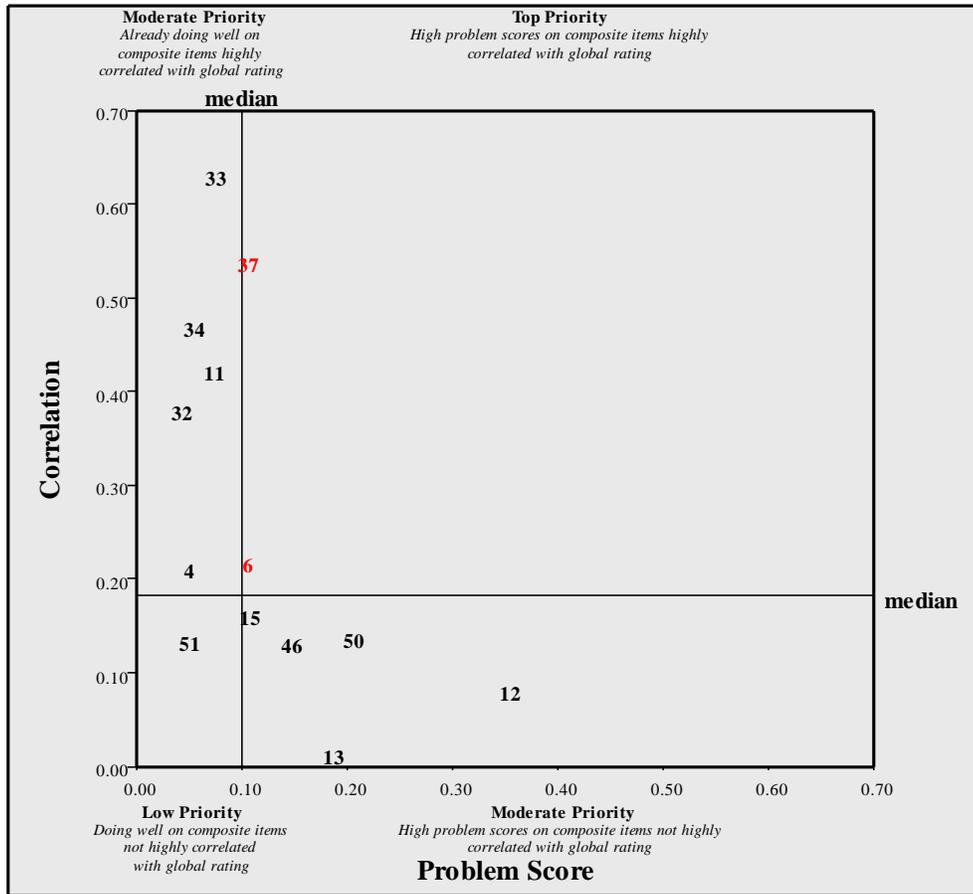
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q14. Easy to get treatment needed</p> <p>Q25. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q17.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

Child Program Priority Matrix



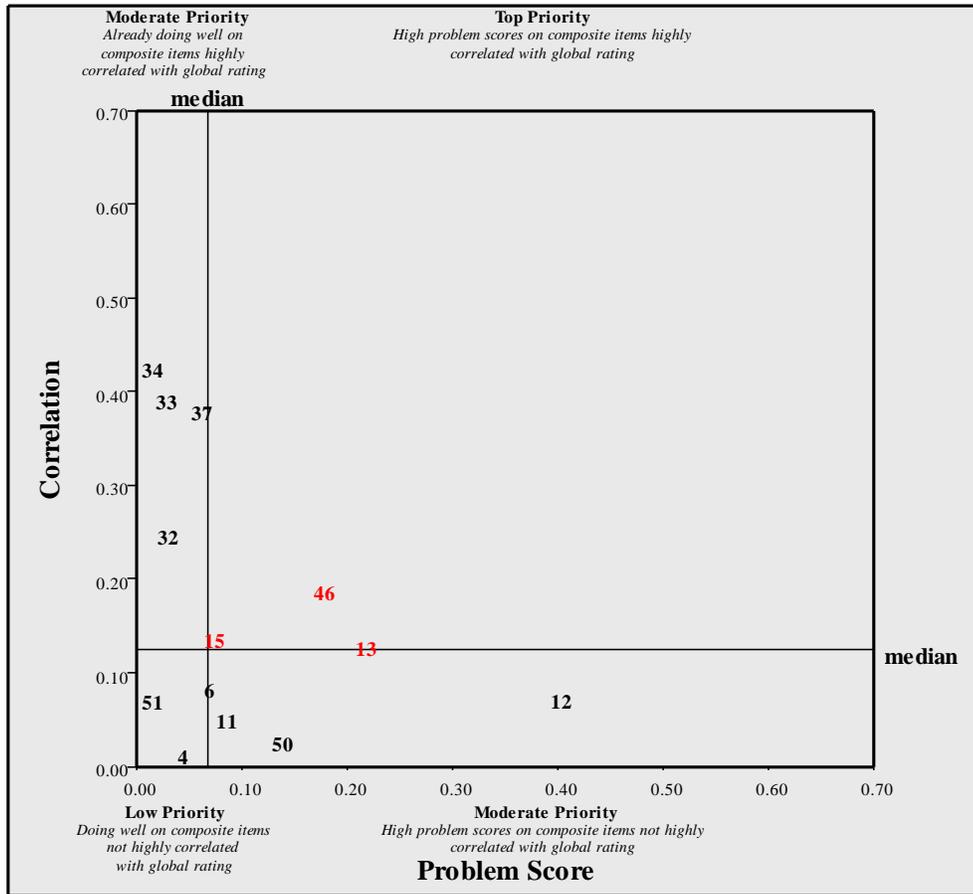
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Buckeye Priority Matrix



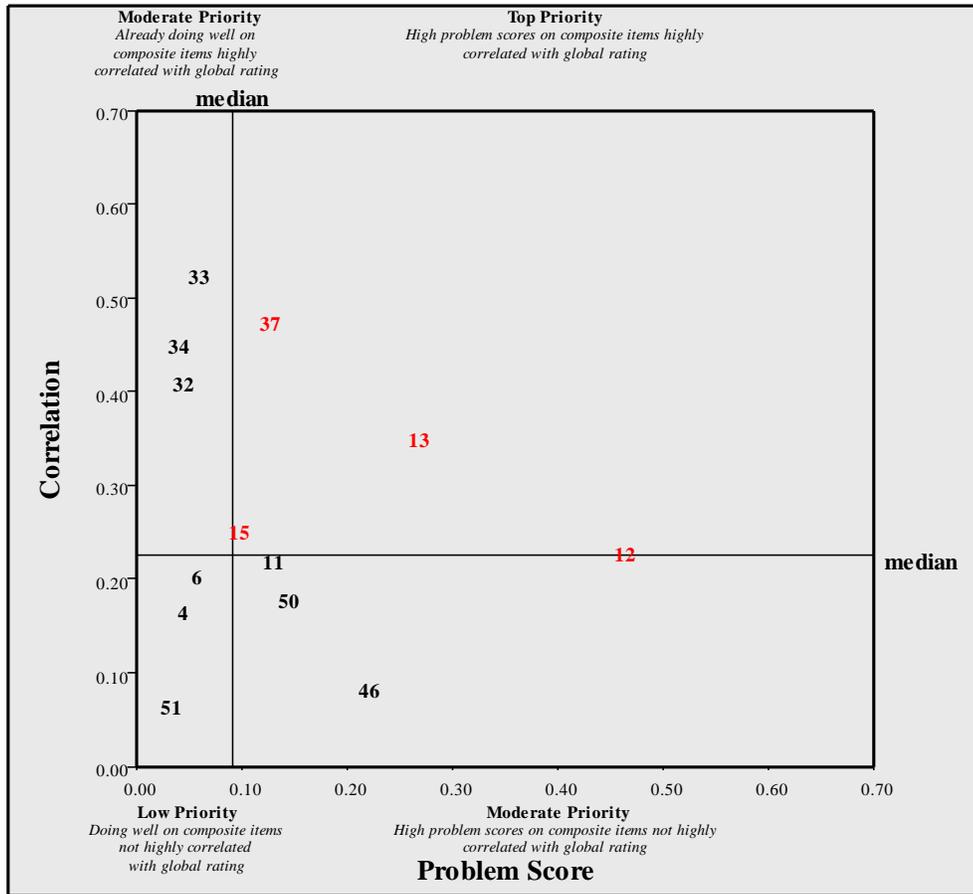
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p>	<p>Customer Service</p> <p>Q50. Received information or help from health plan customer service</p> <p>Q51. Health plan customer service treated you with courtesy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

Child CareSource Priority Matrix



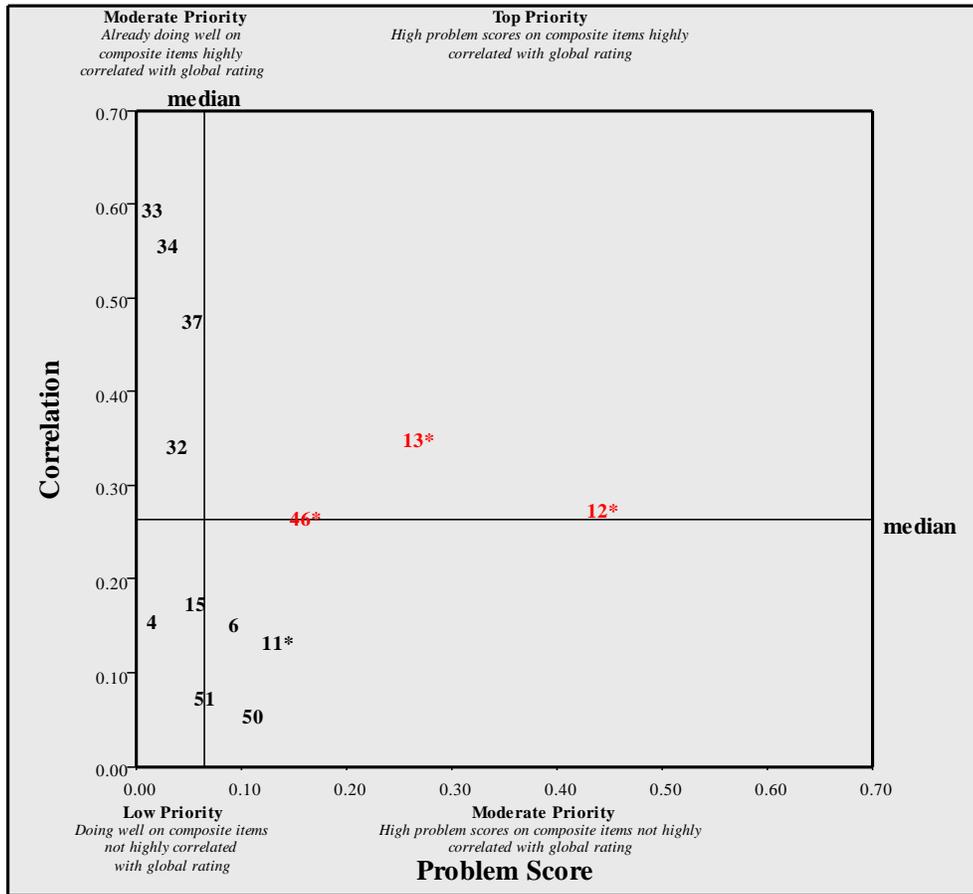
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Molina Priority Matrix



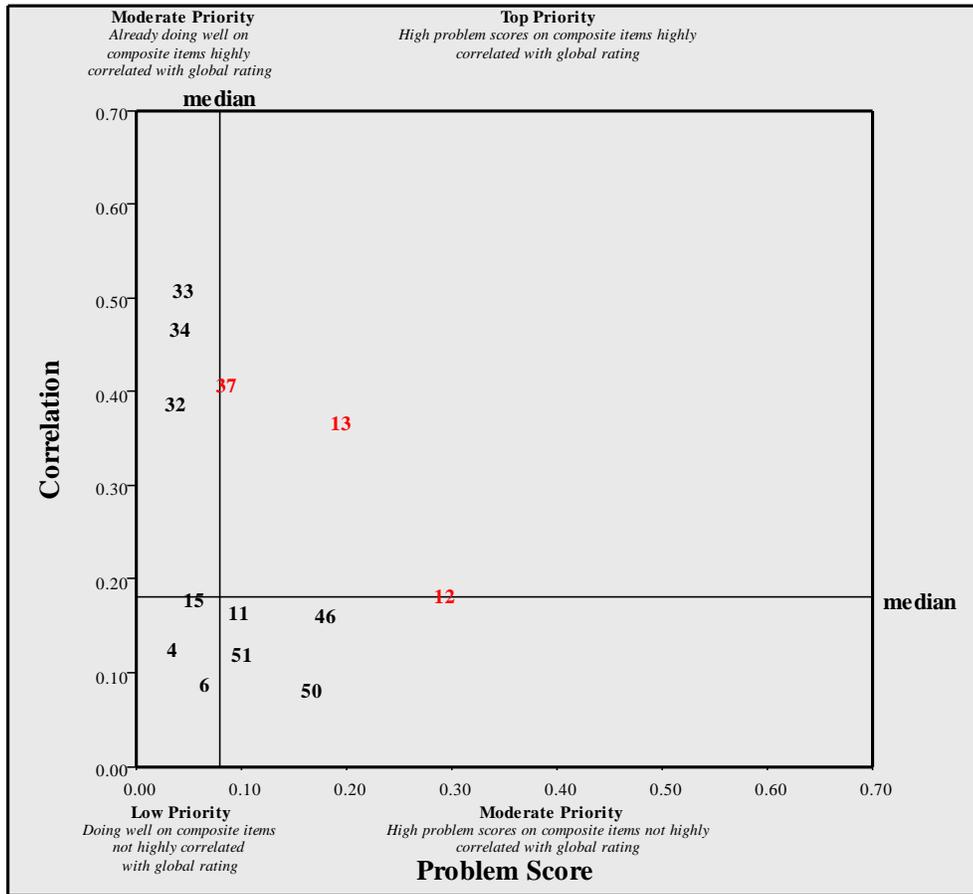
Priority Matrix Legend	
<p>Getting Needed Care</p> <p>Q15. Easy to get treatment needed</p> <p>Q46. Easy to get appointment as soon as needed</p> <p>Getting Care Quickly</p> <p>Q4. Got care as soon as needed</p> <p>Q6. Got an appointment as soon as needed</p> <p>How Well Doctors Communicate</p> <p>Q32.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

Child Paramount Priority Matrix



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

Child UnitedHealthcare Priority Matrix



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

Crosstabulations

This section presents crosstabulations of the survey responses for several survey items stratified by certain demographic variables for the adult and general child populations. The demographic variables included in the tables below are: gender, age, race/ethnicity, education/respondent education, and general health status.⁴⁻⁴⁰

Adult and General Child Crosstabulations

Satisfaction with Health Care Providers: Have Personal Doctor

Question 15 in the CAHPS Adult Medicaid Health Plan Survey and Question 30 in the CAHPS Child Medicaid Health Plan Survey asked whether members had one person who they thought of as their personal doctor. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population					
Have Personal Doctor (Q15)					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	556	77.8	159	22.2
	Female	1,548	79.8	391	20.2
Age	18 - 34	808	72.3	309	27.7
	35 - 44	474	82.6	100	17.4
	45 - 54	421	86.1	68	13.9
	55 or older	401	84.6	73	15.4
Race/Ethnicity	White	1,512	80.9	356	19.1
	Black/African American	481	75.3	158	24.7
	Other	56	78.9	15	21.1
Education (Q53)	High School or less	1,189	79.0	316	21.0
	Some College or more	791	80.5	191	19.5
General Health Status (Q36)	Excellent/Very good	624	73.0	231	27.0
	Good	667	81.2	154	18.8
	Fair/Poor	727	84.1	137	15.9
Total		2,104	79.3	550	20.7

⁴⁻⁴⁰ The Other race/ethnicity category consists of the following: Asian, Hispanic, Native American, and those not identified by any of the race/ethnicities listed here or in the table.

Ohio Medicaid Managed Care Program - General Child Population					
Have Personal Doctor (Q30)					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	1,385	90.0	154	10.0
	Female	1,244	90.3	134	9.7
Age	Less than 2	241	92.7	19	7.3
	2 - 7	963	91.4	91	8.6
	8 - 12	723	89.8	82	10.2
	13 - 17	702	88.0	96	12.0
Race/Ethnicity	White	1,875	93.1	139	6.9
	Black/African American	466	84.6	85	15.4
	Other	102	76.7	31	23.3
Respondent Education (Q80)	High School or less	1,288	87.7	180	12.3
	Some College or more	1,151	93.2	84	6.8
General Health Status (Q58)	Excellent/Very good	1,956	90.5	206	9.5
	Good	415	87.4	60	12.6
	Fair/Poor	112	91.8	10	8.2
Total		2,629	90.1	288	9.9

Coordination of Care

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

Ohio Medicaid Managed Care Program - Adult Population							
Coordination of Care (Q22)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	17	7.1	35	14.6	188	78.3
	Female	49	6.8	105	14.5	568	78.7
Age	18 - 34	31	9.1	59	17.4	250	73.5
	35 - 44	13	6.1	30	14.1	170	79.8
	45 - 54	11	5.0	33	15.1	175	79.9
	55 or older	11	5.8	18	9.5	161	84.7
Race/Ethnicity	White	49	7.0	102	14.5	551	78.5
	Black/African American	14	6.6	32	15.0	167	78.4
	Other	2	8.7	4	17.4	17	73.9
Education (Q53)	High School or less	34	6.4	80	15.2	414	78.4
	Some College or more	27	7.2	52	13.8	297	79.0
General Health Status (Q36)	Excellent/Very good	11	4.9	27	11.9	188	83.2
	Good	15	5.1	40	13.7	238	81.2
	Fair/Poor	36	8.7	69	16.7	309	74.6
Total		66	6.9	140	14.6	756	78.6

Ohio Medicaid Managed Care Program - General Child Population							
Coordination of Care (Q40)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	26	6.2	42	10.0	350	83.7
	Female	28	7.1	30	7.7	334	85.2
Age	Less than 2	5	5.7	5	5.7	77	88.5
	2 - 7	23	7.8	28	9.5	244	82.7
	8 - 12	15	7.4	22	10.9	165	81.7
	13 - 17	11	4.9	17	7.5	198	87.6
Race/Ethnicity	White	41	6.9	59	9.9	494	83.2
	Black/African American	8	6.2	7	5.4	115	88.5
	Other	1	3.6	2	7.1	25	89.3
Respondent Education (Q80)	High School or less	21	5.7	36	9.8	312	84.6
	Some College or more	30	7.6	32	8.1	333	84.3
General Health Status (Q58)	Excellent/Very good	35	6.3	44	8.0	473	85.7
	Good	9	5.6	15	9.3	138	85.2
	Fair/Poor	9	13.8	10	15.4	46	70.8
Total		54	6.7	72	8.9	684	84.4

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

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

Ohio Medicaid Managed Care Program - Adult Population							
Number of Doctor's Office or Clinic Visits in Last Six Months (Q7)							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	199	27.9	272	38.2	241	33.8
	Female	381	19.9	711	37.1	825	43.0
Age	18 - 34	290	26.1	430	38.7	390	35.1
	35 - 44	130	22.8	205	36.0	235	41.2
	45 - 54	75	15.5	174	35.9	236	48.7
	55 or older	85	18.3	174	37.5	205	44.2
Race/Ethnicity	White	417	22.7	660	35.9	763	41.5
	Black/African American	127	19.9	267	41.8	245	38.3
	Other	18	24.7	29	39.7	26	35.6
Education (Q53)	High School or less	333	22.5	552	37.3	593	40.1
	Some College or more	209	21.7	353	36.6	402	41.7
General Health Status (Q36)	Excellent/Very good	268	31.9	346	41.2	225	26.8
	Good	171	21.2	319	39.5	318	39.4
	Fair/Poor	109	12.9	262	31.0	473	56.0
Total		580	22.1	983	37.4	1,066	40.5

Ohio Medicaid Managed Care Program - General Child Population							
Number of Doctor's Office or Clinic Visits in Last Six Months (Q7)							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	392	25.5	745	48.4	401	26.1
	Female	347	25.3	659	48.0	368	26.8
Age	Less than 2	29	11.3	111	43.4	116	45.3
	2 - 7	239	22.8	556	53.1	253	24.1
	8 - 12	238	29.7	374	46.7	189	23.6
	13 - 17	233	28.9	363	45.0	211	26.1
Race/Ethnicity	White	482	24.0	960	47.8	565	28.2
	Black/African American	155	28.3	273	49.9	119	21.8
	Other	37	27.6	72	53.7	25	18.7
Respondent Education (Q80)	High School or less	394	27.2	684	47.3	368	25.4
	Some College or more	290	23.9	594	49.0	328	27.1
General Health Status (Q58)	Excellent/Very good	599	28.1	1,054	49.4	480	22.5
	Good	84	18.0	206	44.2	176	37.8
	Fair/Poor	14	12.0	45	38.5	58	49.6
Total		739	25.4	1,404	48.2	769	26.4

Number of Days Had to Wait Between Making an Appointment and Seeing a Doctor

Question 6a in the CAHPS Adult and Child Medicaid Health Plan Surveys asked how many days a member had to wait between making an appointment and actually seeing a health provider (not counting times the member needed health care right away). The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population							
Number of Days Had to Wait Between Making Appointment and Seeing Doctor (Q6a)							
Demographic Variables		0 to 14 days		15 to 60 days		61 days or longer	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	344	74.9	93	20.3	22	4.8
	Female	1,179	82.8	200	14.0	45	3.2
Age	18 - 34	622	85.1	94	12.9	15	2.1
	35 - 44	348	85.1	51	12.5	10	2.4
	45 - 54	290	76.9	73	19.4	14	3.7
	55 or older	263	71.9	75	20.5	28	7.7
Race/Ethnicity	White	1,113	82.8	184	13.7	47	3.5
	Black/African American	339	76.2	89	20.0	17	3.8
	Other	34	73.9	12	26.1	0	0.0
Education (Q53)	High School or less	867	82.1	156	14.8	33	3.1
	Some College or more	570	79.7	118	16.5	27	3.8
General Health Status (Q36)	Excellent/Very good	461	86.8	57	10.7	13	2.4
	Good	469	80.3	97	16.6	18	3.1
	Fair/Poor	535	76.6	130	18.6	33	4.7
Total		1,523	80.9	293	15.6	67	3.6

Ohio Medicaid Managed Care Program - General Child Population							
Number of Days Had to Wait Between Making Appointment and Seeing Doctor (Q6a)							
Demographic Variables		0 to 14 days		15 to 60 days		61 days or longer	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	712	88.9	71	8.9	18	2.2
	Female	622	89.9	56	8.1	14	2.0
Age	Less than 2	151	93.2	10	6.2	1	0.6
	2 - 7	514	88.9	48	8.3	16	2.8
	8 - 12	347	89.0	35	9.0	8	2.1
	13 - 17	322	88.7	34	9.4	7	1.9
Race/Ethnicity	White	948	91.6	68	6.6	19	1.8
	Black/African American	225	82.4	40	14.7	8	2.9
	Other	52	85.2	6	9.8	3	4.9
Respondent Education (Q80)	High School or less	673	89.4	63	8.4	17	2.3
	Some College or more	565	89.0	57	9.0	13	2.0
General Health Status (Q58)	Excellent/Very good	972	90.1	83	7.7	24	2.2
	Good	232	88.2	25	9.5	6	2.3
	Fair/Poor	59	83.1	11	15.5	1	1.4
Total		1,334	89.4	127	8.5	32	2.1

How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available

Question 6b in the CAHPS Adult and Child Medicaid Health Plan Surveys asked how often a member had to wait for an appointment because the health provider worked limited hours or had few available appointments. The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population							
How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available (Q6b)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	282	60.9	130	28.1	51	11.0
	Female	775	53.4	490	33.8	185	12.8
Age	18 - 34	393	53.3	251	34.1	93	12.6
	35 - 44	235	56.0	134	31.9	51	12.1
	45 - 54	208	54.2	130	33.9	46	12.0
	55 or older	221	59.4	105	28.2	46	12.4
Race/Ethnicity	White	781	57.0	440	32.1	148	10.8
	Black/African American	223	49.7	154	34.3	72	16.0
	Other	25	54.3	12	26.1	9	19.6
Education (Q53)	High School or less	628	58.3	324	30.1	126	11.7
	Some College or more	374	51.4	261	35.9	92	12.7
General Health Status (Q36)	Excellent/Very good	319	59.2	162	30.1	58	10.8
	Good	327	55.1	203	34.2	64	10.8
	Fair/Poor	373	52.5	232	32.6	106	14.9
Total		1,057	55.3	620	32.4	236	12.3

Ohio Medicaid Managed Care Program - General Child Population							
How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available (Q6b)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	528	65.2	197	24.3	85	10.5
	Female	452	65.2	183	26.4	58	8.4
Age	Less than 2	120	74.1	31	19.1	11	6.8
	2 - 7	373	64.0	159	27.3	51	8.7
	8 - 12	251	64.2	104	26.6	36	9.2
	13 - 17	236	64.3	86	23.4	45	12.3
Race/Ethnicity	White	678	65.3	276	26.6	84	8.1
	Black/African American	187	66.8	63	22.5	30	10.7
	Other	35	56.5	21	33.9	6	9.7
Respondent Education (Q80)	High School or less	498	66.0	176	23.3	81	10.7
	Some College or more	424	65.9	175	27.2	44	6.8
General Health Status (Q58)	Excellent/Very good	753	69.4	244	22.5	88	8.1
	Good	154	57.7	84	31.5	29	10.9
	Fair/Poor	34	47.9	27	38.0	10	14.1
Total		980	65.2	380	25.3	143	9.5

Customer Service Composite

Two questions were asked to assess how often members were satisfied with customer service (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey). The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population							
Customer Service Composite							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	6	2.4	20	8.7	203	88.8
	Female	9	1.2	65	9.5	609	89.3
Age	18 - 34	6	1.6	38	11.0	298	87.4
	35 - 44	2	1.0	17	8.3	180	90.7
	45 - 54	3	1.5	19	9.8	172	88.7
	55 or older	4	2.0	12	6.5	162	91.5
Race/Ethnicity	White	10	1.6	56	9.2	545	89.2
	Black/African American	4	1.4	23	9.1	221	89.5
	Other	1	2.1	3	12.5	21	85.4
Education (Q53)	High School or less	8	1.6	46	9.4	437	89.0
	Some College or more	6	1.6	34	9.2	330	89.2
General Health Status (Q36)	Excellent/Very good	3	1.1	23	8.7	239	90.2
	Good	4	1.3	22	8.4	238	90.3
	Fair/Poor	8	2.0	38	10.2	324	87.8
Total		14	1.5	85	9.3	811	89.2

Ohio Medicaid Managed Care Program - General Child Population							
Customer Service Composite							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	16	3.7	37	8.7	374	87.6
	Female	10	2.5	28	7.2	342	90.2
Age	Less than 2	2	3.1	5	6.9	59	90.0
	2 - 7	9	3.0	25	8.3	267	88.7
	8 - 12	7	3.0	17	7.9	192	89.1
	13 - 17	8	3.6	18	8.0	199	88.5
Race/Ethnicity	White	15	2.9	42	8.1	459	89.0
	Black/African American	6	3.3	13	7.5	149	89.2
	Other	3	5.0	3	4.9	46	90.1
Respondent Education (Q80)	High School or less	13	2.9	35	7.7	398	89.3
	Some College or more	11	3.2	27	8.1	289	88.6
General Health Status (Q58)	Excellent/Very good	19	3.2	49	8.3	519	88.5
	Good	6	3.6	11	6.2	152	90.2
	Fair/Poor	1	1.1	5	10.2	39	88.6
Total		26	3.2	65	8.0	716	88.8

Rating of All Health Care

Members were asked to rate all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population							
Rating of All Health Care (Q13)							
		0 to 4		5 to 7		8 to 10	
Demographic Variables		Number	Percent	Number	Percent	Number	Percent
Gender	Male	22	4.4	92	18.4	387	77.2
	Female	75	5.0	331	22.0	1,099	73.0
Age	18 - 34	44	5.5	187	23.3	573	71.3
	35 - 44	15	3.5	89	20.7	326	75.8
	45 - 54	20	5.0	82	20.4	300	74.6
	55 or older	18	4.9	65	17.6	287	77.6
Race/Ethnicity	White	65	4.7	277	19.8	1,054	75.5
	Black/African American	28	5.6	122	24.5	347	69.8
	Other	1	1.9	9	16.7	44	81.5
Education (Q53)	High School or less	52	4.6	225	19.9	852	75.5
	Some College or more	38	5.1	175	23.4	535	71.5
General Health Status (Q36)	Excellent/Very good	21	3.7	83	14.6	465	81.7
	Good	19	3.0	150	24.0	456	73.0
	Fair/Poor	55	7.6	169	23.2	503	69.2
Total		97	4.8	423	21.1	1,486	74.1

Ohio Medicaid Managed Care Program - General Child Population							
Rating of All Health Care (Q14)							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	21	1.9	155	13.8	951	84.4
	Female	18	1.8	163	16.2	828	82.1
Age	Less than 2	2	0.9	35	15.4	190	83.7
	2 - 7	8	1.0	116	14.6	670	84.4
	8 - 12	18	3.2	92	16.6	445	80.2
	13 - 17	11	2.0	75	13.4	474	84.6
Race/Ethnicity	White	21	1.4	214	14.2	1,268	84.4
	Black/African American	9	2.3	58	15.0	319	82.6
	Other	4	4.3	14	14.9	76	80.9
Respondent Education (Q80)	High School or less	23	2.2	147	14.1	874	83.7
	Some College or more	10	1.1	132	14.3	779	84.6
General Health Status (Q58)	Excellent/Very good	12	0.8	184	12.0	1,332	87.2
	Good	9	2.4	72	18.9	299	78.7
	Fair/Poor	11	10.8	28	27.5	63	61.8
Total		39	1.8	318	14.9	1,779	83.3

Rating of Health Plan

Members were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” The following tables display the crosstabulations for this survey item for the adult and general child populations.

Ohio Medicaid Managed Care Program - Adult Population							
Rating of Health Plan (Q35)							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	20	2.9	118	17.0	556	80.1
	Female	75	4.1	330	18.0	1,430	77.9
Age	18 - 34	44	4.2	209	19.8	803	76.0
	35 - 44	17	3.1	108	19.6	426	77.3
	45 - 54	13	2.7	79	16.6	383	80.6
	55 or older	21	4.7	52	11.6	374	83.7
Race/Ethnicity	White	62	3.5	296	16.5	1,435	80.0
	Black/African American	26	4.3	126	21.1	446	74.6
	Other	4	6.2	10	15.4	51	78.5
Education (Q53)	High School or less	42	2.9	241	16.4	1,185	80.7
	Some College or more	49	5.1	194	20.1	723	74.8
General Health Status (Q36)	Excellent/Very good	22	2.6	127	15.1	692	82.3
	Good	23	2.9	164	20.4	617	76.7
	Fair/Poor	46	5.4	147	17.3	659	77.3
Total		95	3.8	448	17.7	1,986	78.5

Ohio Medicaid Managed Care Program - General Child Population							
Rating of Health Plan (Q54)							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	39	2.7	210	14.5	1,197	82.8
	Female	37	2.8	197	15.2	1,065	82.0
Age	Less than 2	4	1.6	29	11.8	213	86.6
	2 - 7	14	1.4	152	15.3	826	83.3
	8 - 12	32	4.3	113	15.1	604	80.6
	13 - 17	26	3.4	113	14.9	619	81.7
Race/Ethnicity	White	44	2.3	268	14.0	1,609	83.8
	Black/African American	17	3.4	76	15.4	401	81.2
	Other	3	2.4	11	8.7	113	89.0
Respondent Education (Q80)	High School or less	40	2.8	186	12.9	1,214	84.3
	Some College or more	32	2.7	194	16.2	975	81.2
General Health Status (Q58)	Excellent/Very good	46	2.2	289	13.7	1,777	84.1
	Good	16	3.4	86	18.4	366	78.2
	Fair/Poor	11	9.2	24	20.2	84	70.6
Total		76	2.8	407	14.8	2,262	82.4

Rating of Overall Mental or Emotional Health

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

Ohio Medicaid Managed Care Program - Adult Population							
Rating of Overall Mental or Emotional Health (Q37)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	289	41.2	211	30.1	202	28.8
	Female	828	44.2	515	27.5	532	28.4
Age	18 - 34	579	54.0	290	27.0	204	19.0
	35 - 44	270	48.3	151	27.0	138	24.7
	45 - 54	143	29.5	130	26.9	211	43.6
	55 or older	125	27.1	155	33.6	181	39.3
Race/Ethnicity	White	781	42.7	531	29.0	517	28.3
	Black/African American	277	45.5	158	25.9	174	28.6
	Other	33	48.5	20	29.4	15	22.1
Education (Q53)	High School or less	563	37.3	435	28.8	510	33.8
	Some College or more	514	52.5	268	27.4	197	20.1
General Health Status (Q36)	Excellent/Very good	646	75.8	140	16.4	66	7.7
	Good	300	36.6	363	44.3	157	19.1
	Fair/Poor	159	18.3	210	24.1	502	57.6
Total		1,117	43.3	726	28.2	734	28.5

Ohio Medicaid Managed Care Program - General Child Population							
Rating of Overall Mental or Emotional Health (Q59)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	986	67.4	292	20.0	184	12.6
	Female	994	75.0	217	16.4	114	8.6
Age	Less than 2	234	94.0	14	5.6	1	0.4
	2 - 7	781	78.0	158	15.8	62	6.2
	8 - 12	479	62.9	172	22.6	110	14.5
	13 - 17	486	62.6	165	21.3	125	16.1
Race/Ethnicity	White	1,405	72.2	355	18.2	186	9.6
	Black/African American	359	70.7	84	16.5	65	12.8
	Other	99	76.2	25	19.2	6	4.6
Respondent Education (Q80)	High School or less	990	67.2	300	20.4	183	12.4
	Some College or more	938	76.1	191	15.5	103	8.4
General Health Status (Q58)	Excellent/Very good	1,778	82.1	270	12.5	118	5.4
	Good	162	34.0	213	44.7	102	21.4
	Fair/Poor	27	22.1	22	18.0	73	59.8
Total		1,980	71.0	509	18.3	298	10.7

Rating of Overall Health

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

Ohio Medicaid Managed Care Program - Adult Population							
Rating of Overall Health (Q36)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	208	29.8	219	31.4	271	38.8
	Female	651	34.9	607	32.5	607	32.5
Age	18 - 34	505	47.3	386	36.1	177	16.6
	35 - 44	218	39.4	172	31.0	164	29.6
	45 - 54	81	16.8	130	27.0	270	56.1
	55 or older	55	12.0	138	30.0	267	58.0
Race/Ethnicity	White	604	33.2	605	33.3	608	33.5
	Black/African American	206	34.0	176	29.0	224	37.0
	Other	27	39.1	23	33.3	19	27.5
Education (Q53)	High School or less	427	28.6	463	31.0	605	40.5
	Some College or more	395	40.5	337	34.6	243	24.9
General Health Status (Q36)	Excellent/Very good	859	100.0	0	0.0	0	0.0
	Good	0	0.0	826	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	878	100.0
Total		859	33.5	826	32.2	878	34.3

Ohio Medicaid Managed Care Program - General Child Population							
Rating of Overall Health (Q58)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	1,131	77.3	261	17.8	71	4.9
	Female	1,052	79.4	221	16.7	52	3.9
Age	Less than 2	224	90.3	21	8.5	3	1.2
	2 - 7	819	81.7	159	15.9	24	2.4
	8 - 12	587	76.6	133	17.4	46	6.0
	13 - 17	553	71.6	169	21.9	50	6.5
Race/Ethnicity	White	1,565	80.6	304	15.7	72	3.7
	Black/African American	393	76.9	90	17.6	28	5.5
	Other	97	74.6	27	20.8	6	4.6
Respondent Education (Q80)	High School or less	1,097	74.6	296	20.1	77	5.2
	Some College or more	1,023	83.0	170	13.8	39	3.2
General Health Status (Q58)	Excellent/Very good	2,183	100.0	0	0.0	0	0.0
	Good	0	0.0	482	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	123	100.0
Total		2,183	78.3	482	17.3	123	4.4

5. CHILDREN WITH CHRONIC CONDITIONS RESULTS

Meeting the health care needs of children with chronic conditions is costly, and the majority of national health care funds spent on children are spent on the CCC population.⁵⁻¹ Children with chronic conditions often access more services and different types of services than the non-CCC population. The parents or caretakers of children with chronic conditions also have different needs than the caregivers of children without chronic conditions. Assessing member satisfaction for the CCC population versus the non-CCC population can provide valuable information to MCPs regarding quality improvement activities they can implement to address the needs of both populations. The State of Ohio wants to ensure that the needs of families with children with chronic conditions are being met. One way to evaluate whether or not these needs are being met is to compare the satisfaction ratings of families with children with chronic conditions to the satisfaction ratings of families that have children without chronic conditions. The State of Ohio can then determine whether there are significant differences between the satisfaction ratings of the two populations and address these differences.

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

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

⁵⁻¹ National Committee for Quality Assurance. *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2013.

⁵⁻² The Health Promotion and Education and Shared Decision Making: Doctor Ask About Best Medicine Choice for You/Your Child measures have “Yes” and “No” responses; however, a three-point mean was calculated for these measures, per *HEDIS® 2014, Volume 3: Specifications for Survey Measures*. A response of “Yes” is given a score of 3 and a response of “No” is given a score of 1.

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

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

For the global ratings, the response categories were:

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

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

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

The Shared Decision Making composite measure and items response categories were:

- ◆ Not at all/A little/No (Dissatisfied)
- ◆ Some (Neutral)
- ◆ A lot/Yes (Satisfied)

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

- ◆ No (Dissatisfied)
- ◆ Yes (Satisfied)

CCC and Non-CCC Comparisons

Each of the response category percentages and the mean scores for the CCC population were compared to the response category percentages and the mean scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population.⁵⁻⁵ For additional information on these tests for statistical significance, please refer to the Methodology Report.

Statistically significant differences between the 2014 mean scores for the CCC and non-CCC populations are noted with arrows. Scores for one population that are statistically higher than scores for the other population are noted with upward (↑) arrows. Conversely, scores for one population that are statistically lower than scores for the other population are noted with downward (↓) arrows. Scores for one population that are not statistically different from the other population are not noted with arrows. If it is true that one population's mean score is significantly higher (↑) than that of the other's, then it follows that the other population's mean score is significantly lower (↓). Therefore, in the figures presented in this section, a pair of arrows (↑ and ↓) to the right of the mean is indicative of a single statistical test and is noted as one statistically significant difference in the narrative rather than two. For example, if it is true that the three-point mean of CCC respondents was significantly lower than that of non-CCC respondents, then it must be true that the three-point mean of non-CCC respondents was significantly higher than that of CCC respondents. This represents one statistically significant difference.

In addition, mean scores in 2014 were compared to the mean scores in 2013 to determine whether there were statistically significant differences between mean scores in 2014 and mean scores in 2013 for the CCC and non-CCC populations. Statistically significant differences between overall mean scores in 2014 and overall mean scores in 2013 for the CCC and non-CCC populations are noted with triangles to the left of the mean. Scores that are statistically higher in 2014 than in 2013 are noted with upward (▲) triangles. Scores that are statistically lower in 2014 than in 2013 are noted with downward (▼) triangles. Scores in 2014 that are not statistically different from scores in 2013 are not noted with triangles.

Please note, no national Medicaid data are available for the CCC and non-CCC comparisons analysis. Furthermore, statistically significant differences for response category percentages are not displayed in the figures, but rather are described in the text below the figures. In addition, CareSource's child results for this report were derived from CareSource's 2014 MCS data file, which did not include data to identify the CCC population; therefore, results for CareSource are not included in any of the analyses related to the CCC and non-CCC populations.

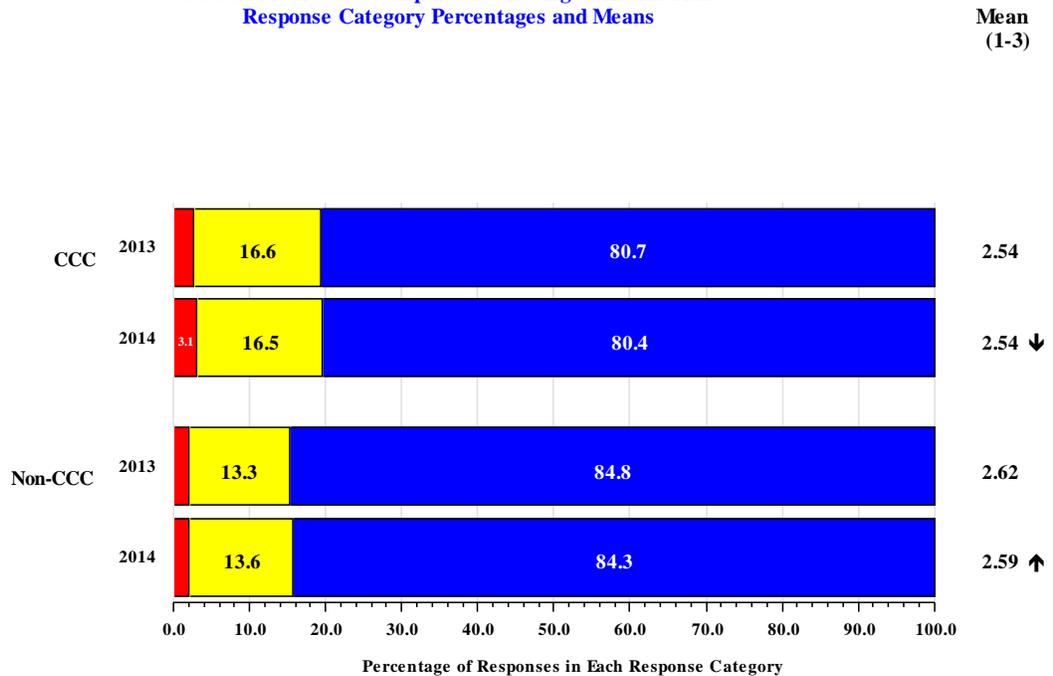
⁵⁻⁵ The term "mean scores" refers to the overall means.

Global Ratings

Rating of Health Plan

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

Figure 5-1
CCC and Non-CCC Comparisons: Rating of Health Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

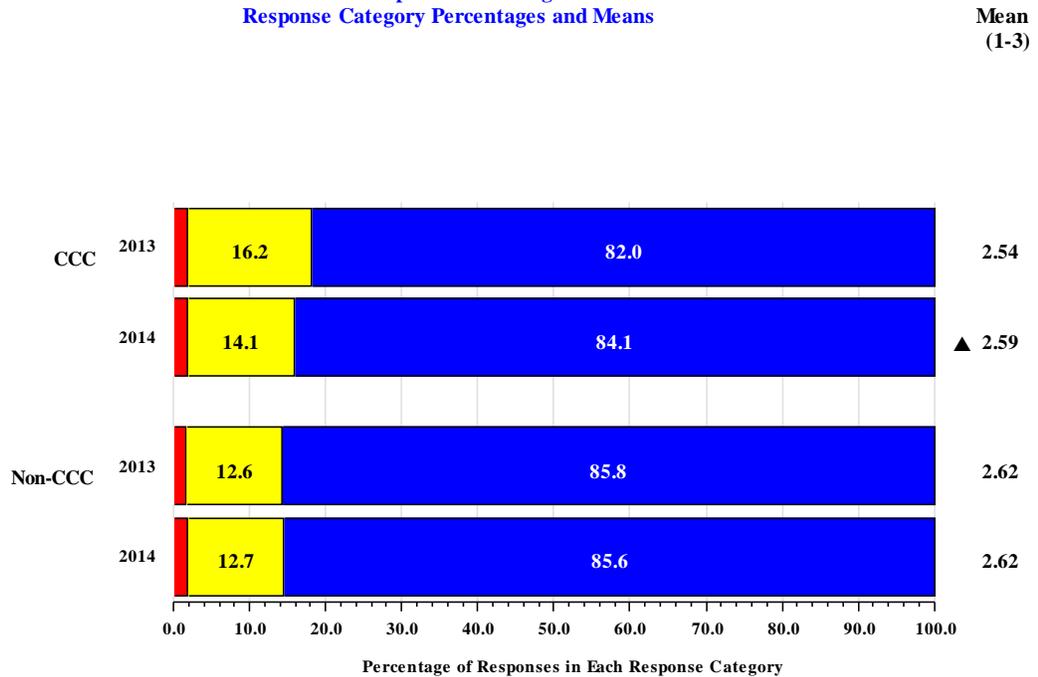
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Rating of All Health Care

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

Figure 5-2
CCC and Non-CCC Comparisons: Rating of All Health Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

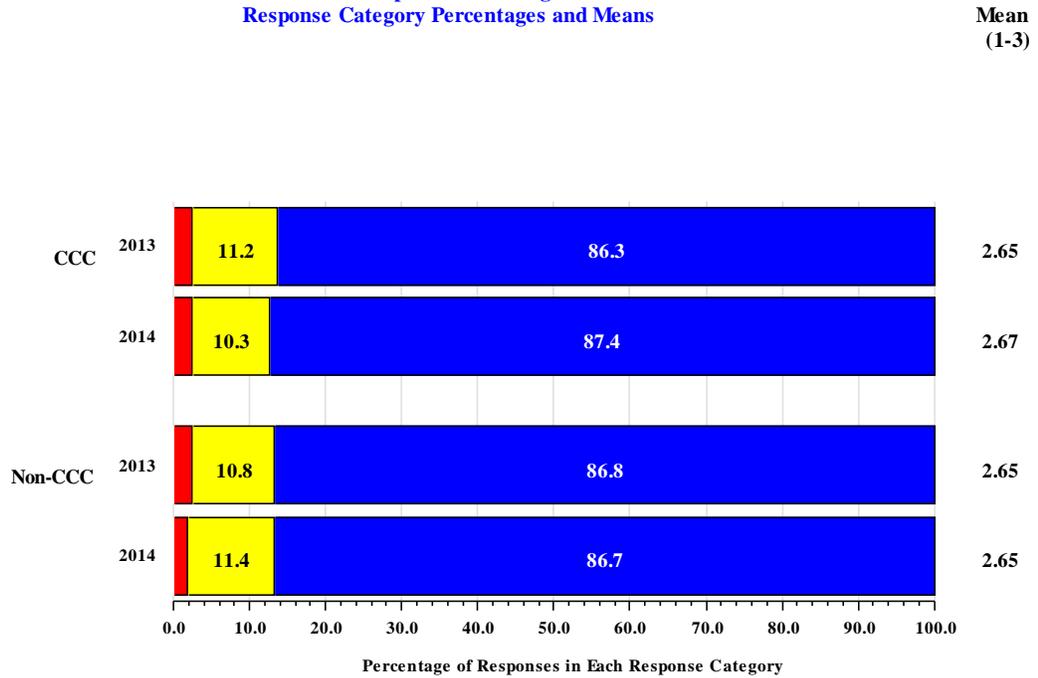
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly higher in 2014 than in 2013.

Rating of Personal Doctor

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

Figure 5-3
CCC and Non-CCC Comparisons: Rating of Personal Doctor
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

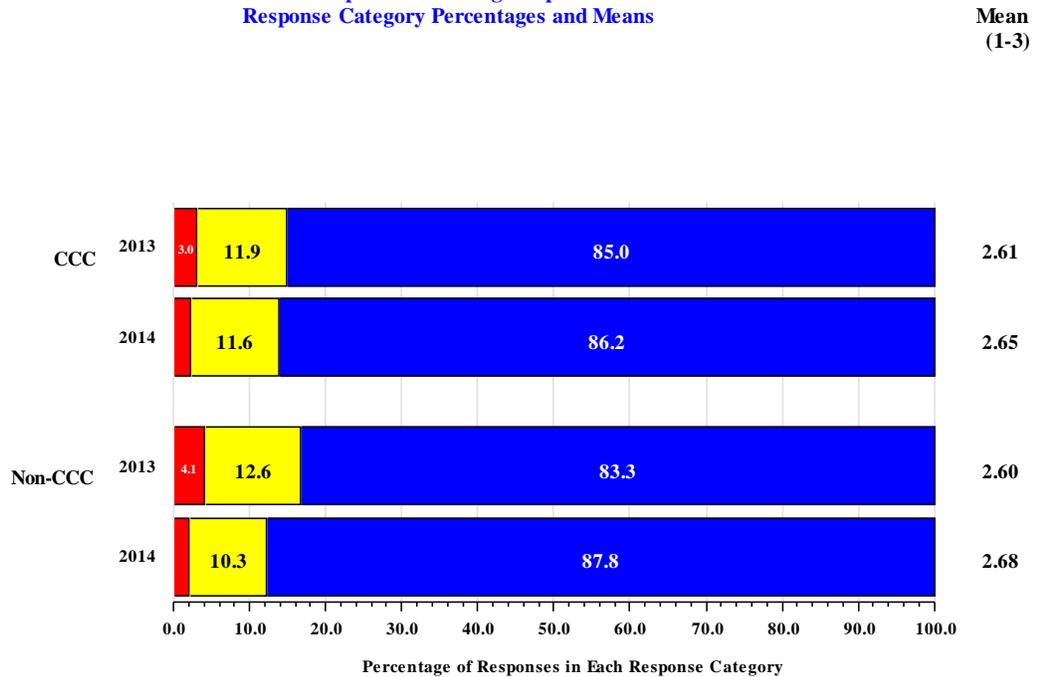
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Rating of Specialist Seen Most Often

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

Figure 5-4
CCC and Non-CCC Comparisons: Rating of Specialist Seen Most Often
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

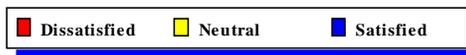
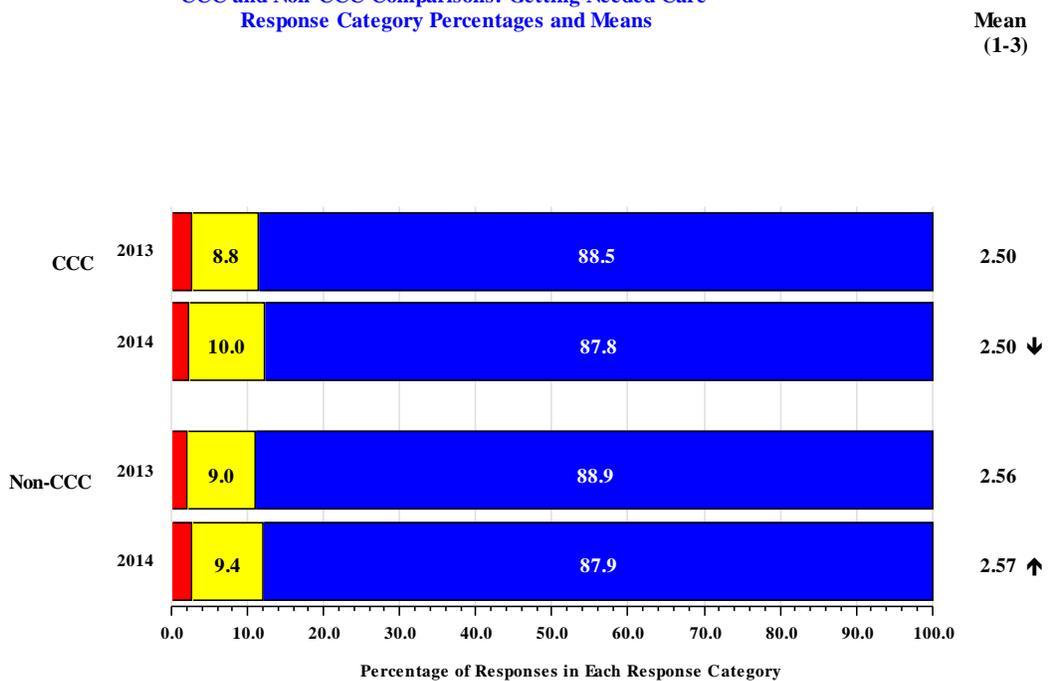
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Composite Measures

Getting Needed Care

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

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



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

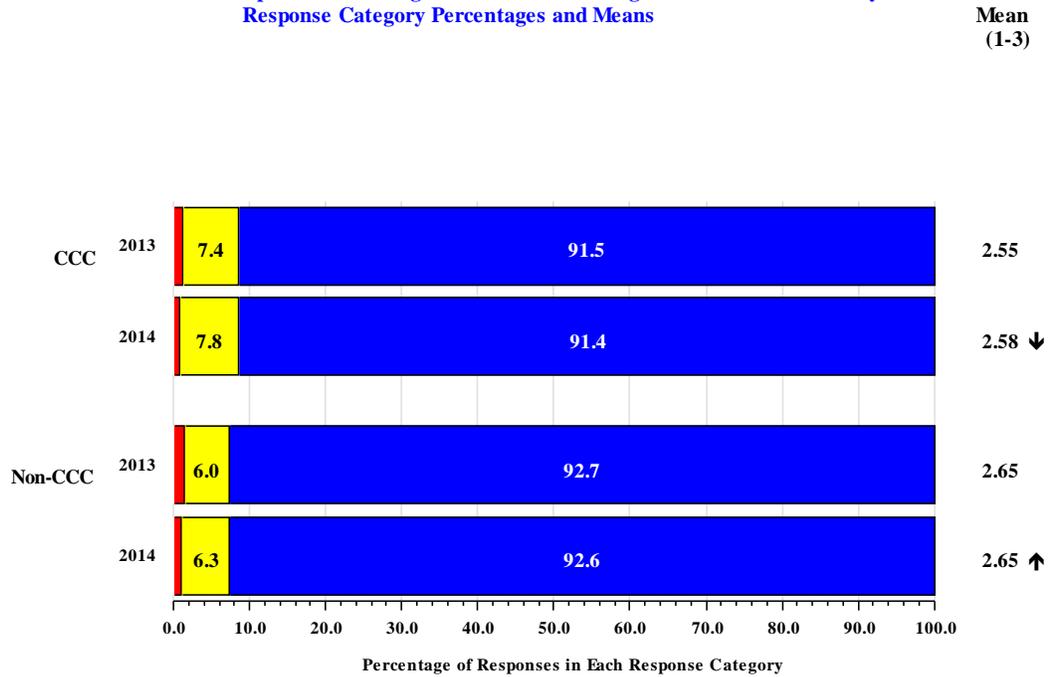
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Getting Needed Care: Getting Care Believed Necessary

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

Figure 5-6
CCC and Non-CCC Comparisons: Getting Needed Care - Getting Care Believed Necessary
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

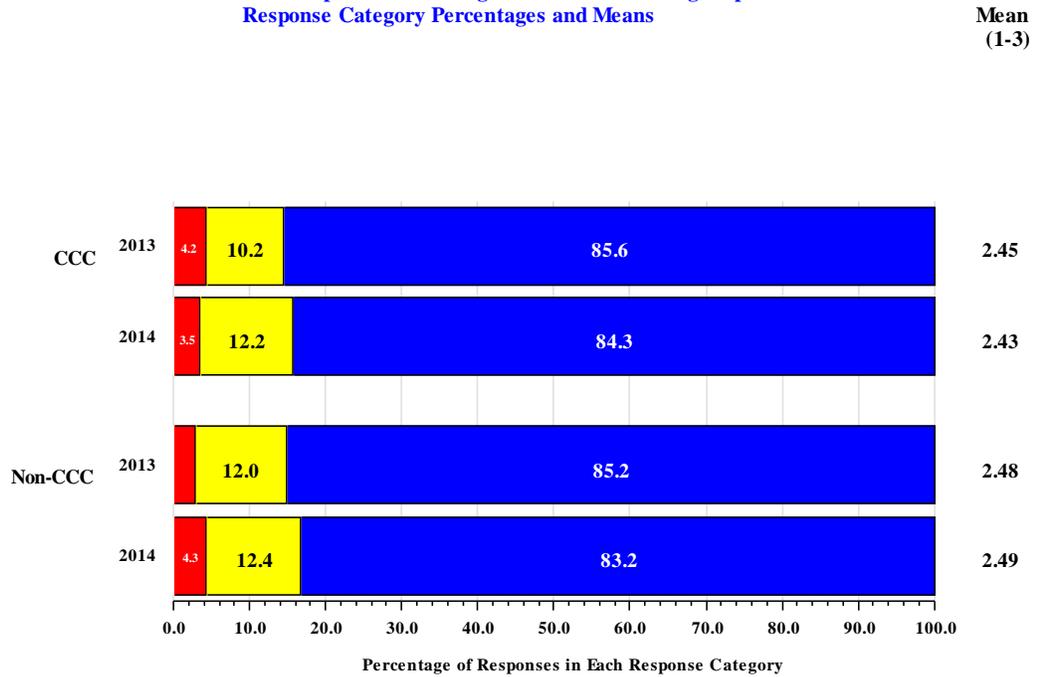
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Getting Needed Care: Seeing a Specialist

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

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



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

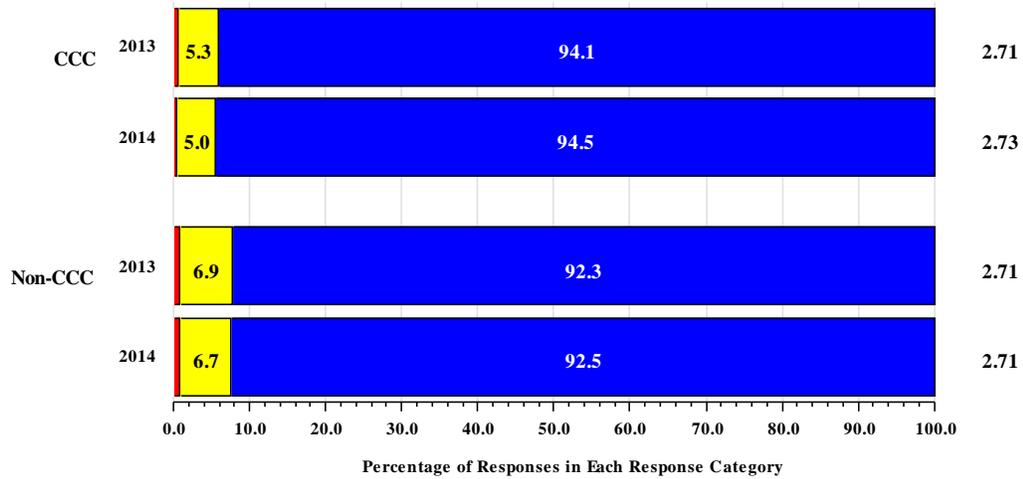
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Getting Care Quickly

Two questions were asked to parents or caretakers to assess how often their child received care quickly (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Surveys). Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-8
CCC and Non-CCC Comparisons: Getting Care Quickly
Response Category Percentages and Means

Mean
(1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

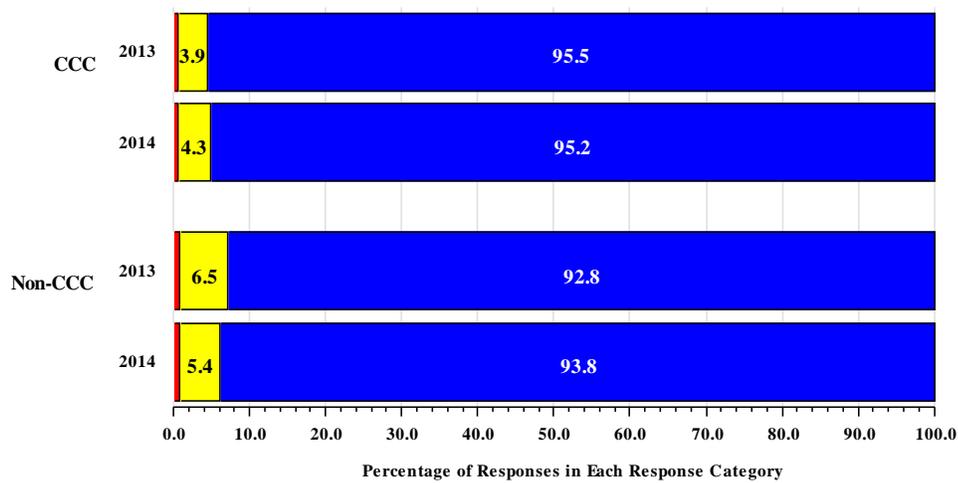
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Getting Care Quickly: Received Care as Soon as Wanted

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

Figure 5-9
CCC and Non-CCC Comparisons: Getting Care Quickly - Received Care as Soon as Wanted
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

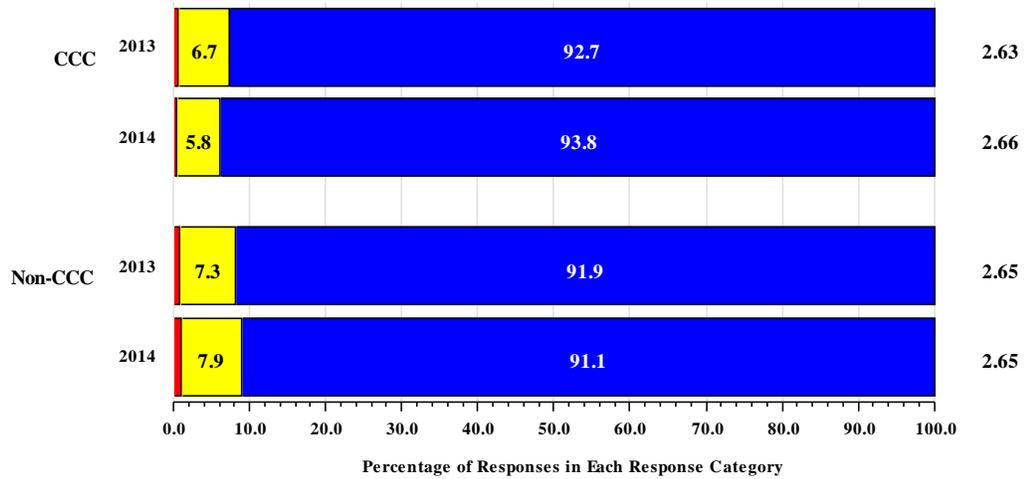
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Getting Care Quickly: Received Appointment as Soon as Wanted

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

Figure 5-10
CCC and Non-CCC Comparisons: Getting Care Quickly - Received Appointment as Soon as Wanted
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

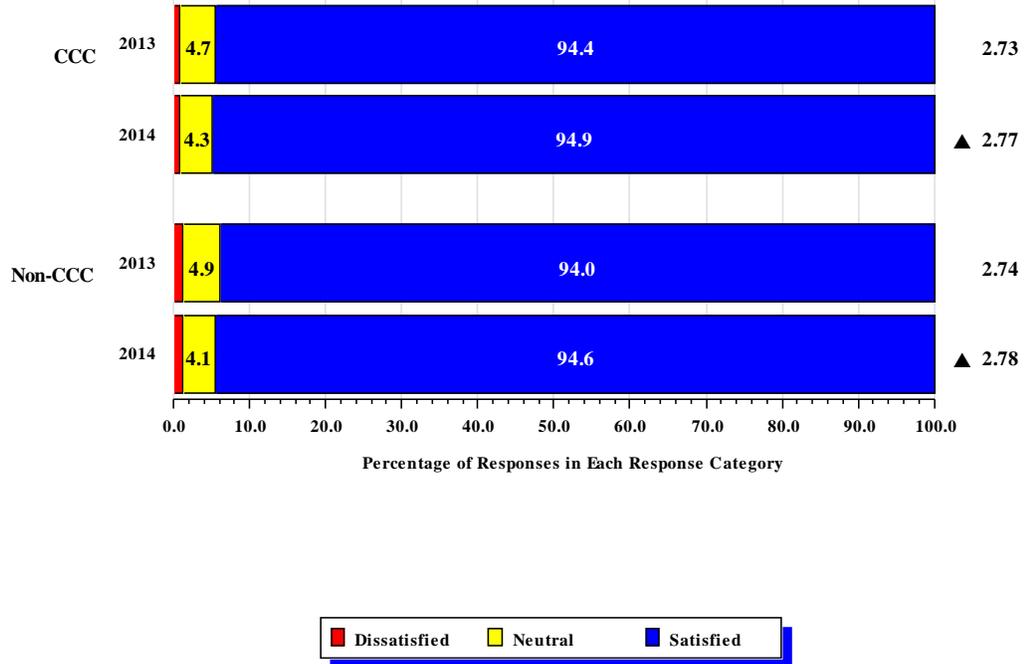
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

How Well Doctors Communicate

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

Figure 5-11
CCC and Non-CCC Comparisons: How Well Doctors Communicate
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

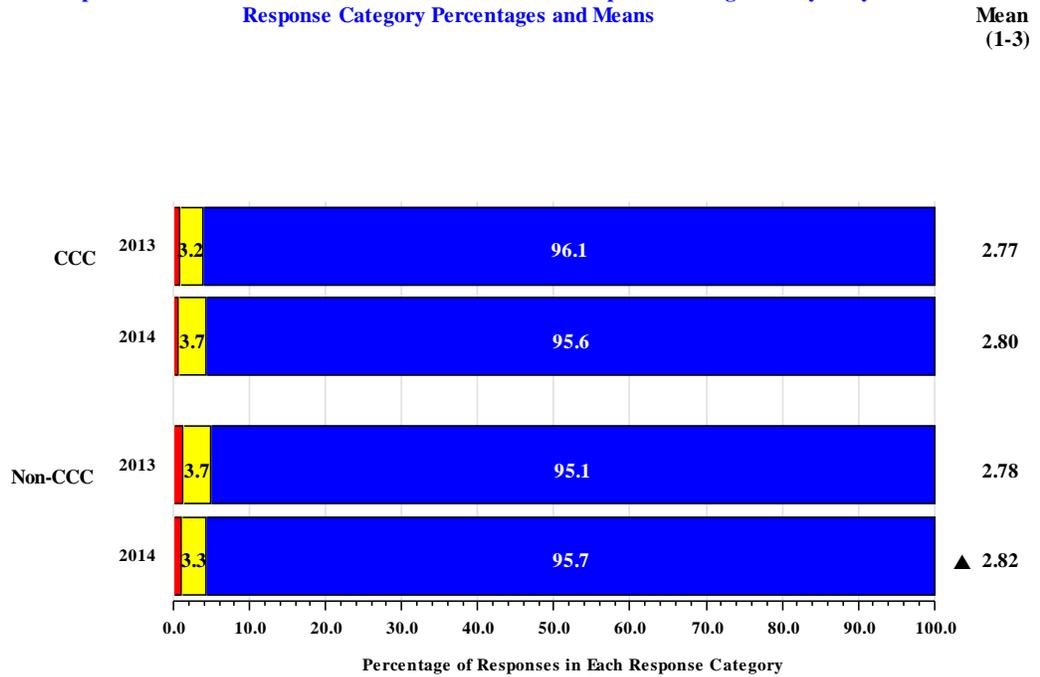
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly higher in 2014 than in 2013.

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

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

Figure 5-12
CCC and Non-CCC Comparisons: How Well Doctors Communicate - Doctors Explained Things in Way They Could Understand
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

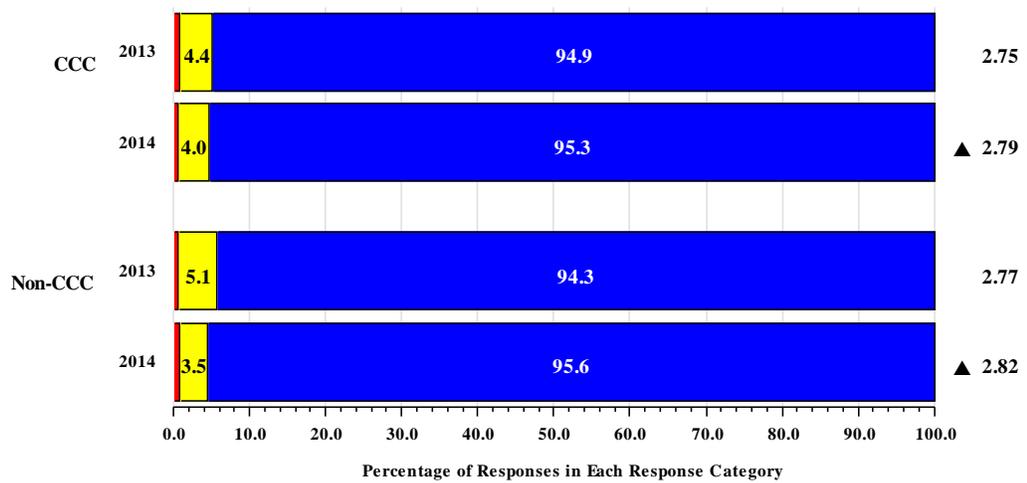
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013.

How Well Doctors Communicate: Doctors Listened Carefully

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

Figure 5-13
CCC and Non-CCC Comparisons: How Well Doctors Communicate - Doctors Listened Carefully
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

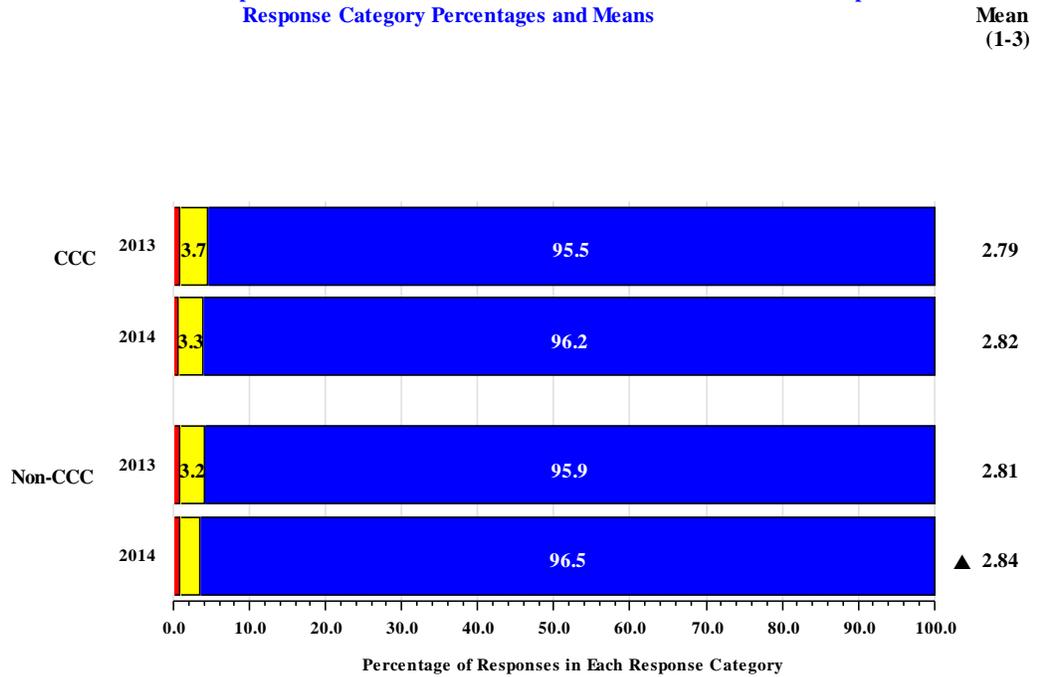
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly higher in 2014 than in 2013.
- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of non-CCC respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.

How Well Doctors Communicate: Doctors Showed Respect

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

Figure 5-14
CCC and Non-CCC Comparisons: How Well Doctors Communicate - Doctors Showed Respect
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

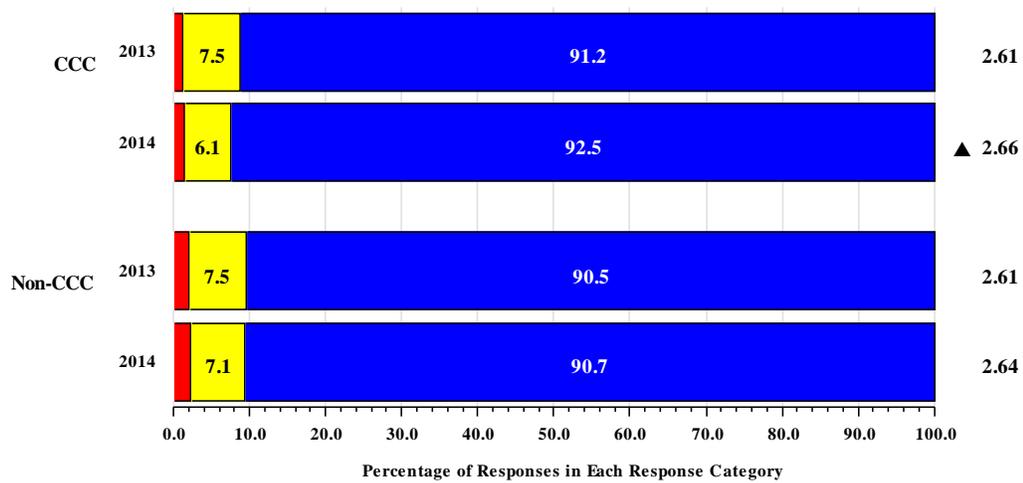
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013.

How Well Doctors Communicate: Doctors Spent Enough Time With Patient

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

Figure 5-15
CCC and Non-CCC Comparisons: How Well Doctors Communicate - Doctors Spent Enough Time With Patient
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

- The percentage of CCC respondents who gave a response of Satisfied was significantly higher than that of non-CCC respondents.

Trending Analysis

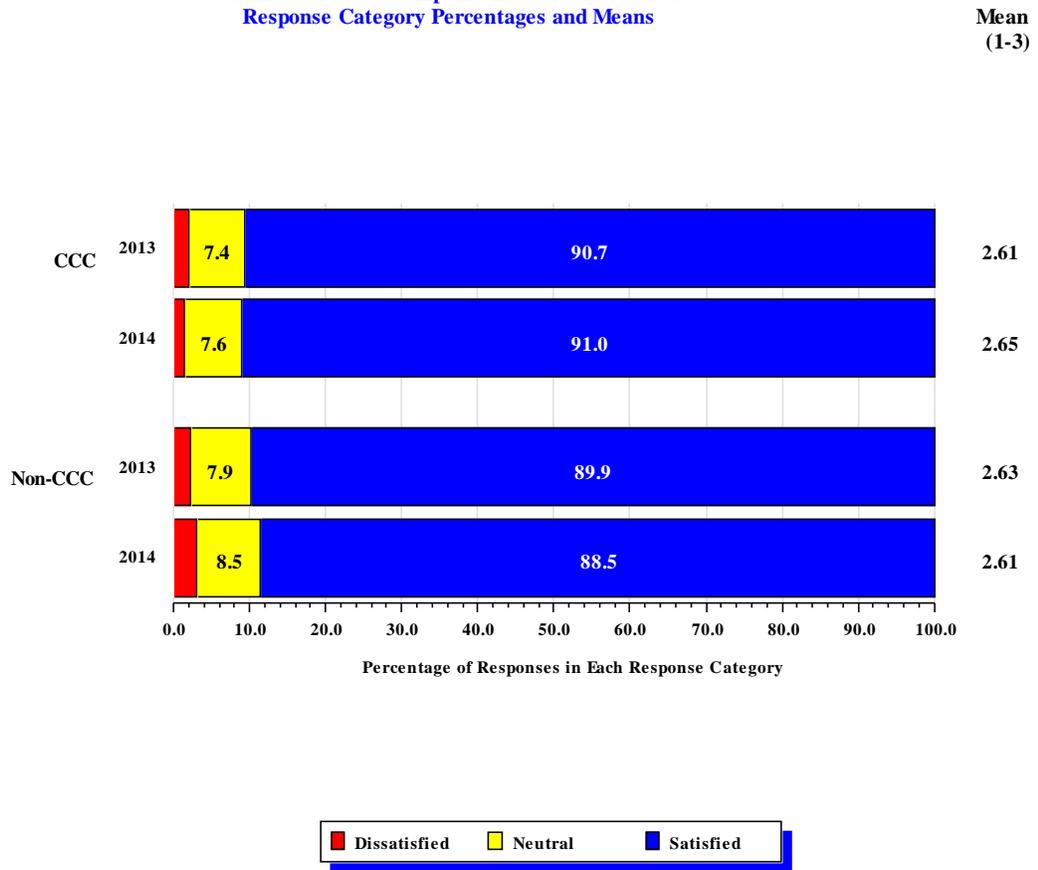
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly higher in 2014 than in 2013.

Customer Service

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

Figure 5-16
CCC and Non-CCC Comparisons: Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

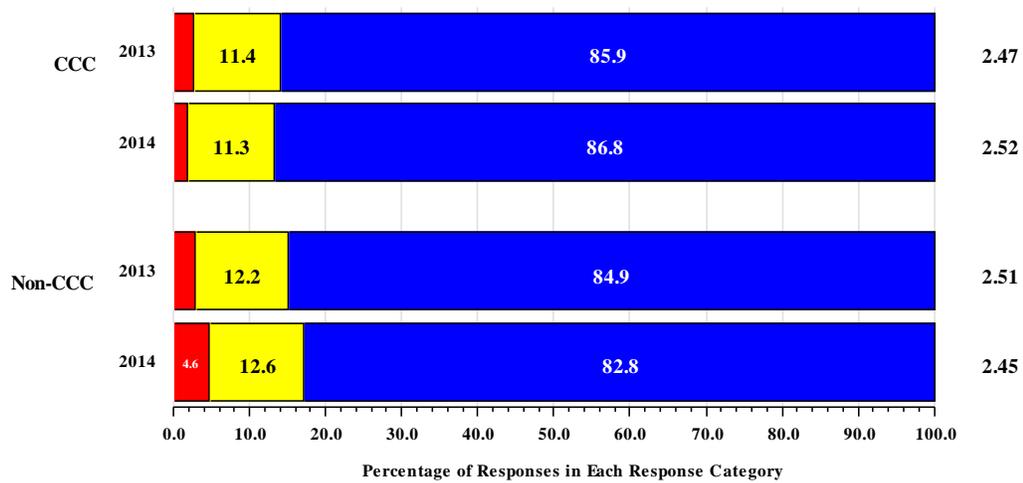
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Customer Service: Obtaining Help Needed From Customer Service

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

Figure 5-17
CCC and Non-CCC Comparisons: Customer Service - Obtaining Help Needed From Customer Service
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

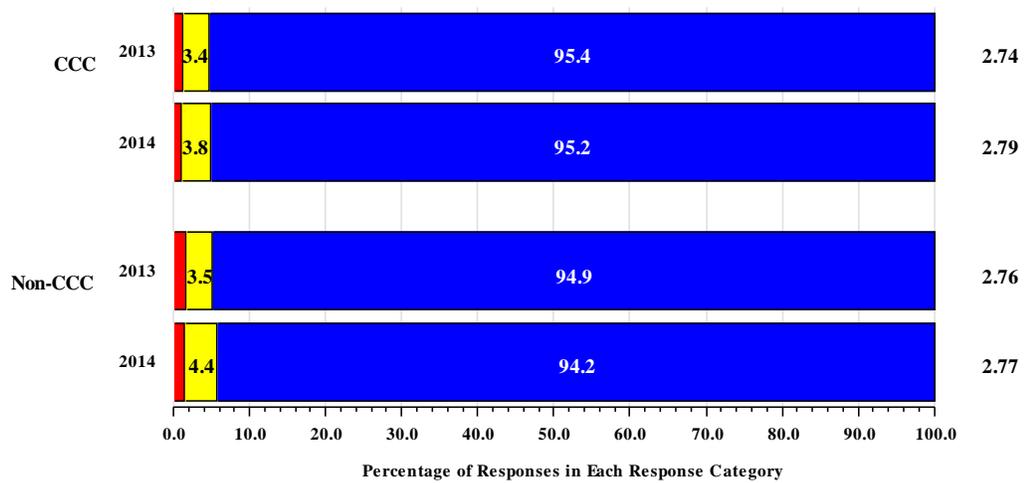
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 5-18
CCC and Non-CCC Comparisons: Customer Service - Health Plan Customer Service Treated with Courtesy and Respect
Response Category Percentages and Means
Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

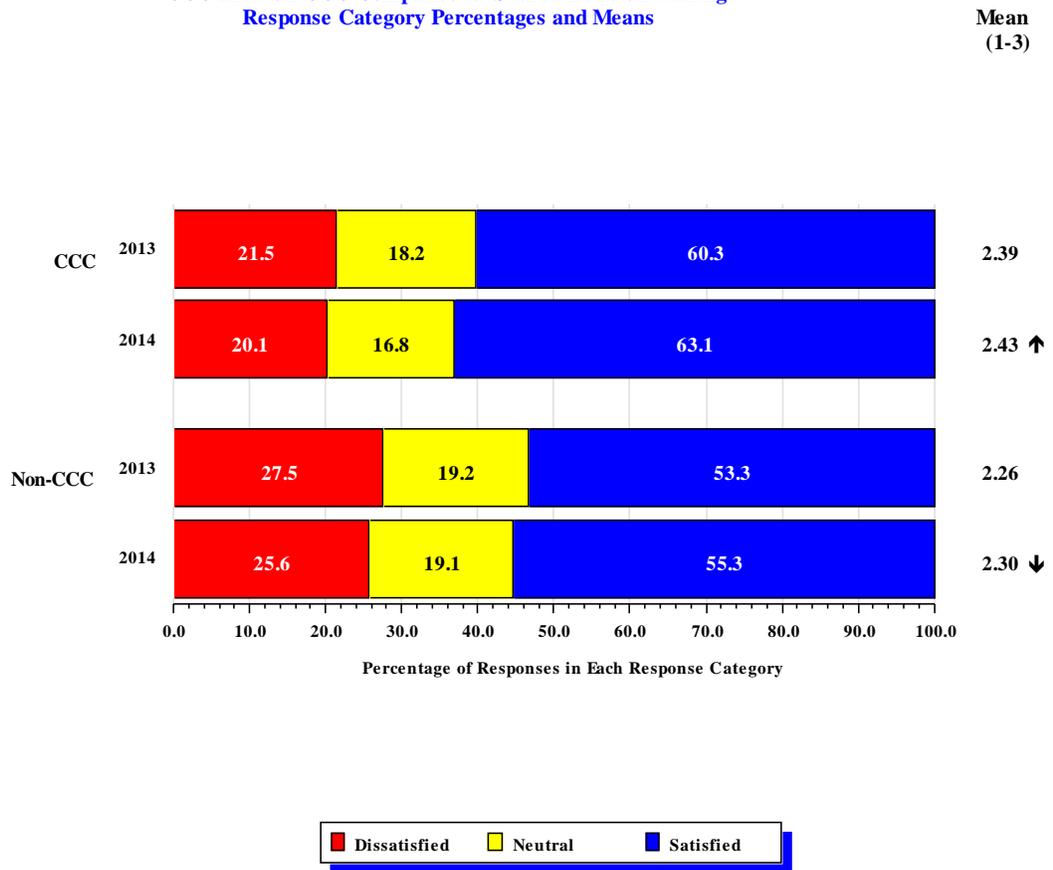
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Shared Decision Making

Three questions were asked to parents or caretakers of child members to assess the extent to which their child’s doctors or other health providers discussed starting or stopping a medication with them. For each of these questions (Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the child population. Responses also were classified into three categories: Dissatisfied (Not at all/A little/No), Neutral (Some), and Satisfied (A lot/Yes). Figure 5-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-19
CCC and Non-CCC Comparisons: Shared Decision Making
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

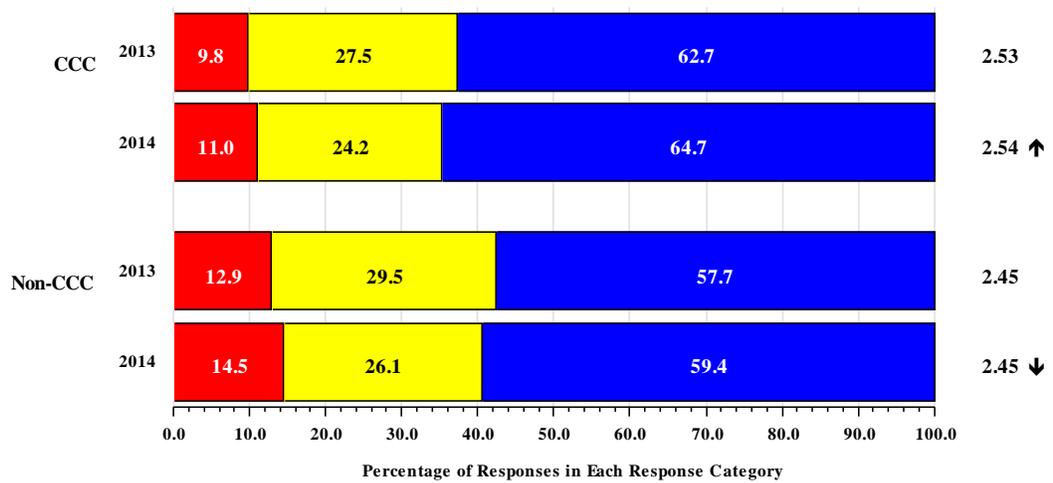
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 5-20
CCC and Non-CCC Comparisons: Shared Decision Making - Doctor Talk About Reasons to Take a Medicine
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

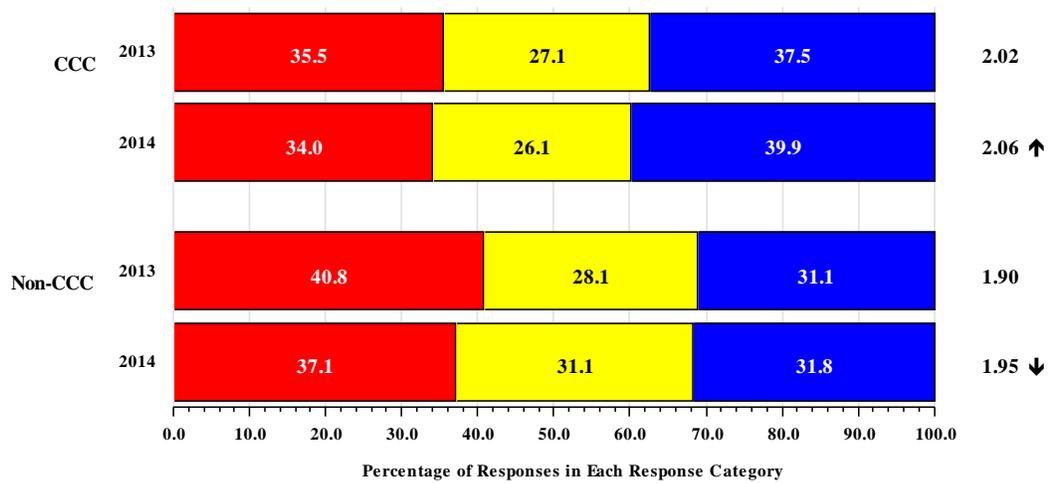
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 5-21
CCC and Non-CCC Comparisons: Shared Decision Making - Doctor Talk About Reasons Not to Take a Medicine
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

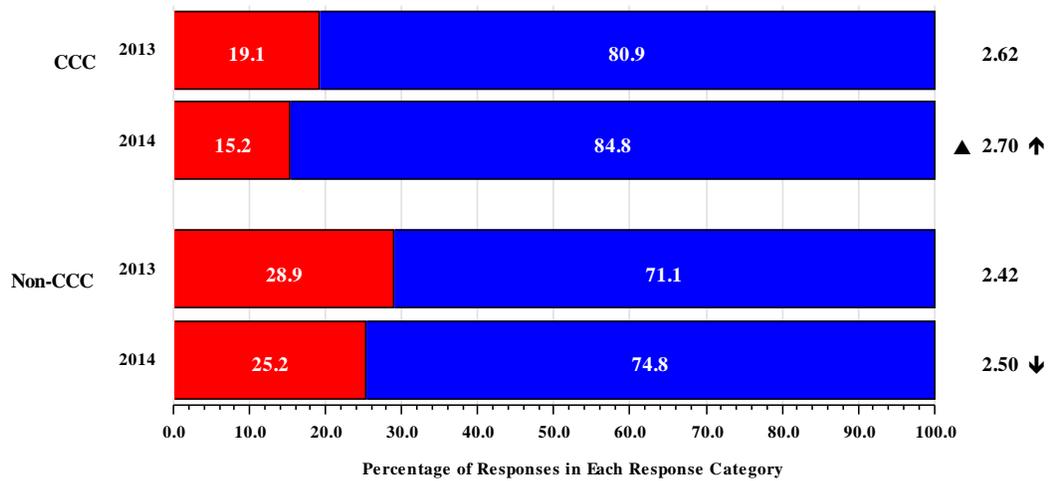
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 5-22
CCC and Non-CCC Comparisons: Shared Decision Making - Doctor Ask About Best Medicine Choice for Your Child
Response Category Percentages and Means
Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

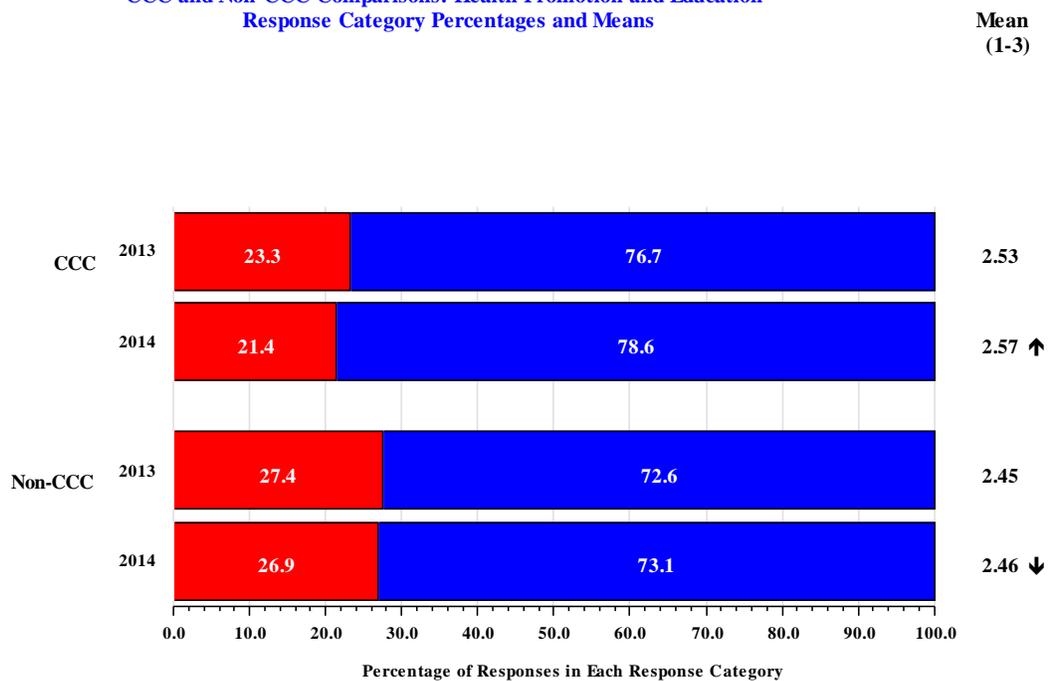
- The overall mean for CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of CCC respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of CCC respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Individual Items

Health Promotion and Education

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

**Figure 5-23
CCC and Non-CCC Comparisons: Health Promotion and Education
Response Category Percentages and Means**



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

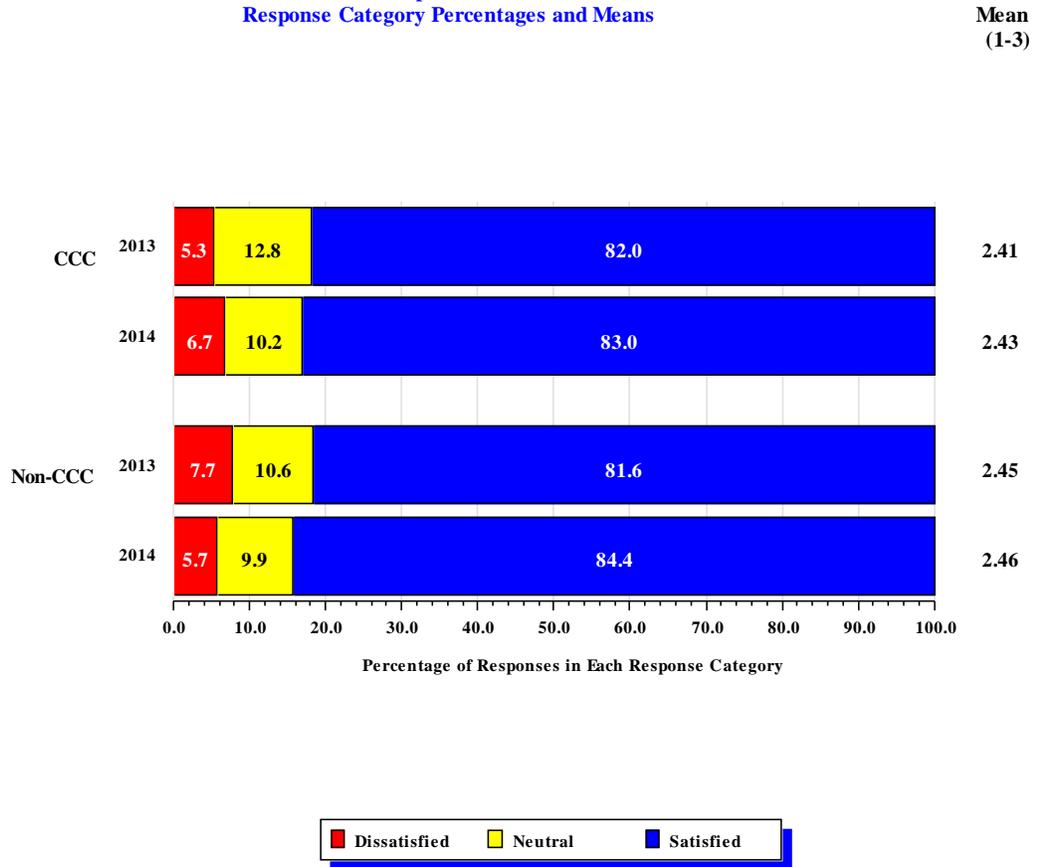
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Coordination of Care

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

Figure 5-24
CCC and Non-CCC Comparisons: Coordination of Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

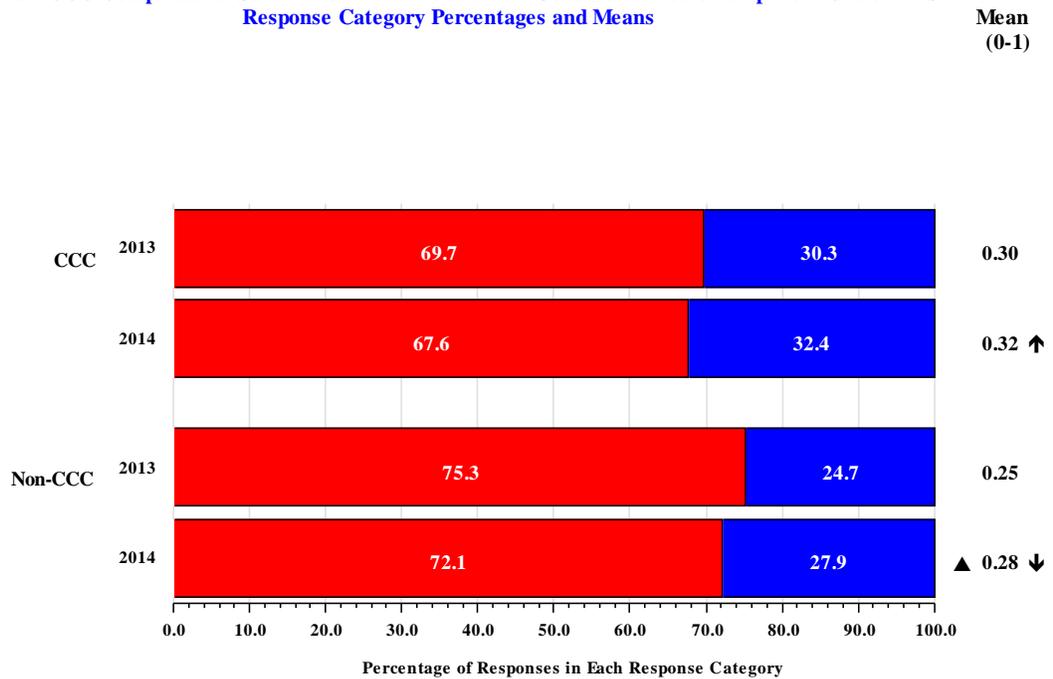
Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Satisfaction with Health Plan

Got Information or Help from Customer Service

Question 49 asked whether the parents or caretakers of child members got information or help from customer service. For these questions, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes).⁵⁻⁶ Figure 5-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-25
CCC and Non-CCC Comparisons: Satisfaction with Health Plan - Got Information or Help from Customer Service
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁵⁻⁶ For questions with “No” and “Yes” response categories, responses of “No” were given a score of 0 and responses of “Yes” were given a score of 1.

Comparative Analysis

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

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

Trending Analysis

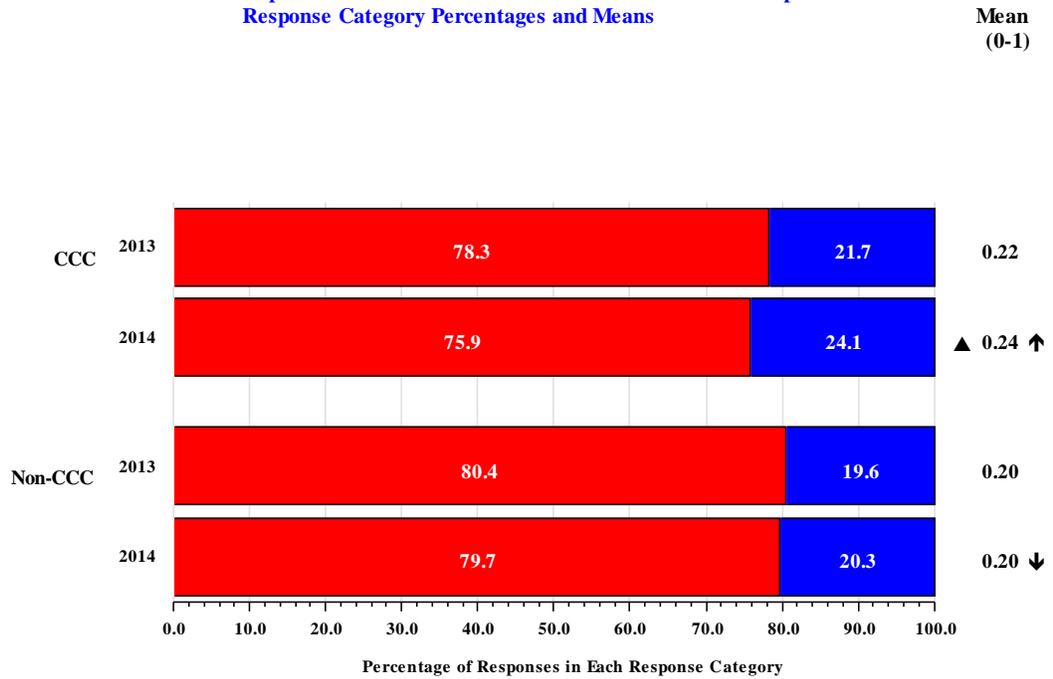
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of non-CCC respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013, whereas the percentage of non-CCC respondents who gave a response of Satisfied was significantly higher in 2014 than in 2013.

Filled Out Paperwork

Question 52 asked parents or caretakers of child members if they had filled out paperwork for their child’s health plan. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: No and Yes.⁵⁻⁷ Figure 5-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-26
CCC and Non-CCC Comparisons: Satisfaction with Health Plan - Filled Out Paperwork
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

⁵⁻⁷ For questions with “No” and “Yes” response categories, responses of “No” were given a score of 0 and responses of “Yes” were given a score of 1.

Comparative Analysis

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

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

Trending Analysis

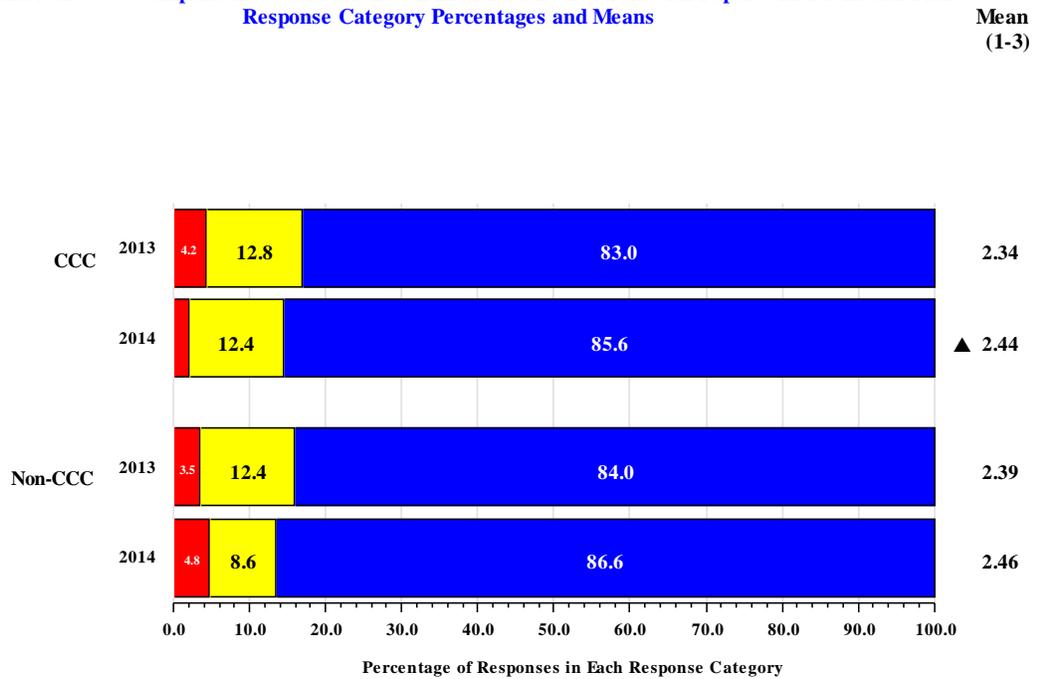
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of CCC respondents who gave a response of No was significantly lower in 2014 than in 2013, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher in 2014 than in 2013.

Problem with Paperwork for Health Plan

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

Figure 5-27
CCC and Non-CCC Comparisons: Satisfaction with Health Plan - Problem with Paperwork for Health Plan
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

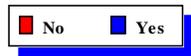
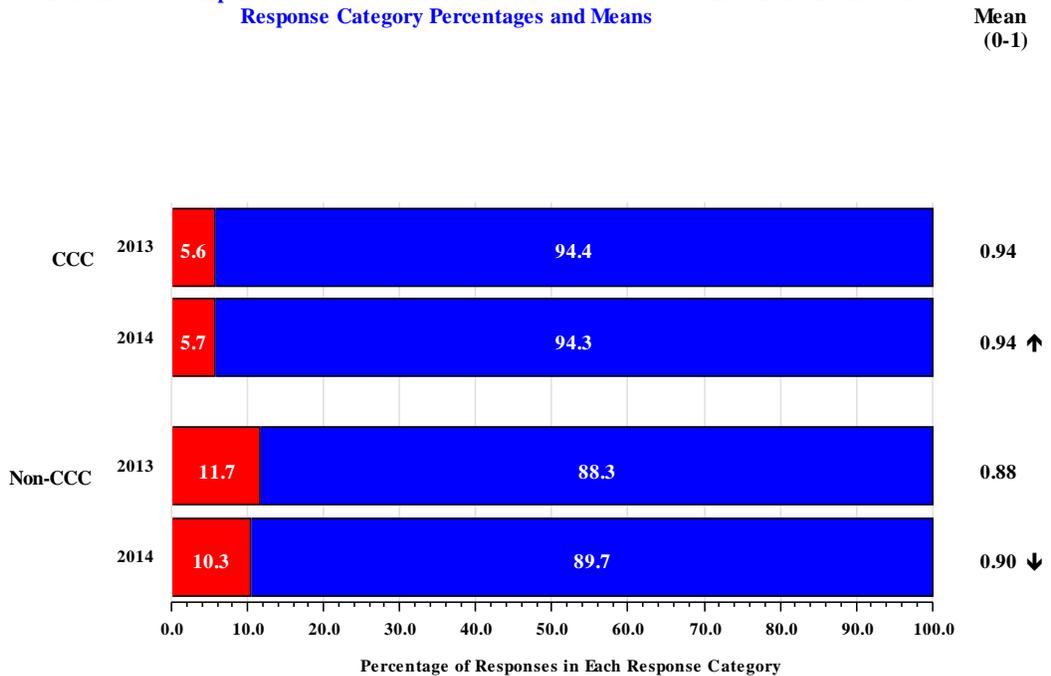
- The overall mean for CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of CCC respondents who gave a response of Dissatisfied was significantly lower in 2014 than in 2013.
- The percentage of non-CCC respondents who gave a response of Neutral was significantly lower in 2014 than in 2013.

Satisfaction with Health Care Providers

Have Personal Doctor

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

Figure 5-28
CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers - Have Personal Doctor
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

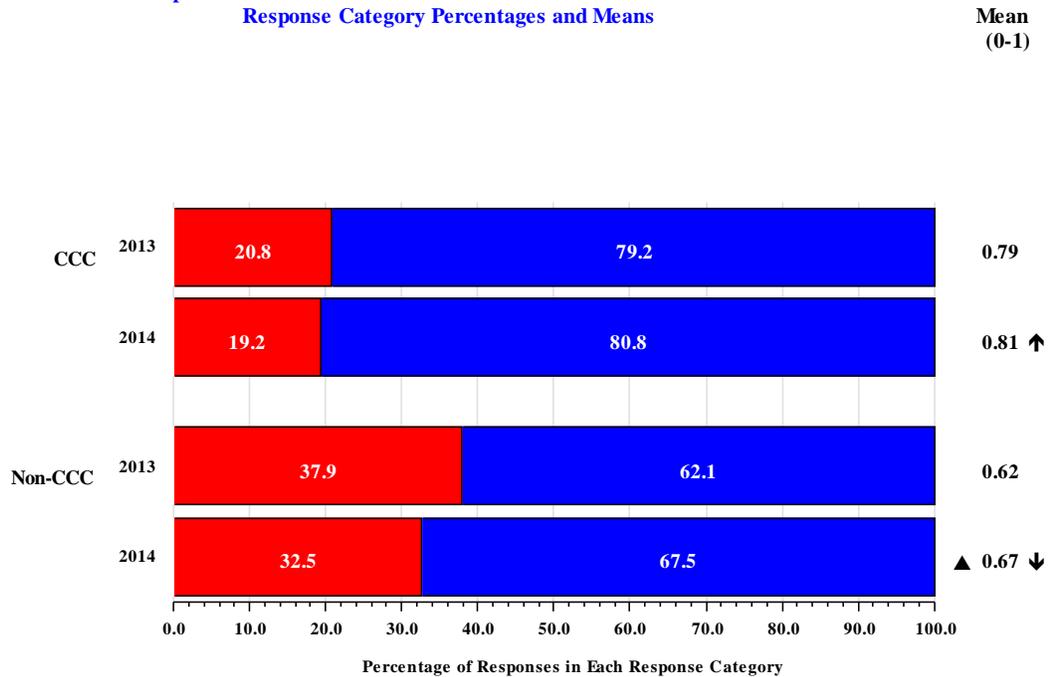
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Child Able to Talk with Doctors

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

Figure 5-29
CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers - Child Able to Talk with Doctors
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

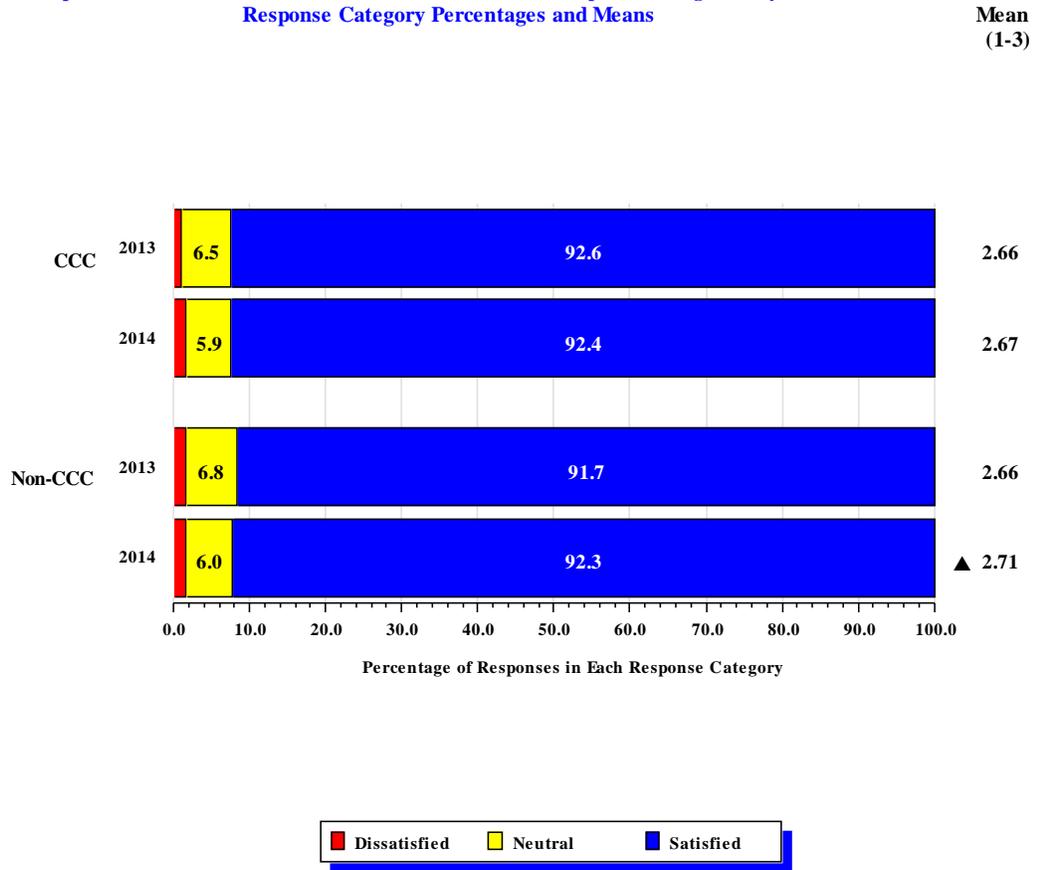
Overall, there were three *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of non-CCC respondents who gave a response of No was significantly lower in 2014 than in 2013, whereas the percentage of non-CCC respondents who gave a response of Yes was significantly higher in 2014 than in 2013.

Doctors Explained Things in Way Child Could Understand

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

Figure 5-30
CCC and Non-CCC Comparisons: Satisfaction with Health Care Providers - Doctors Explained Things in Way Child Could Understand
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

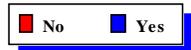
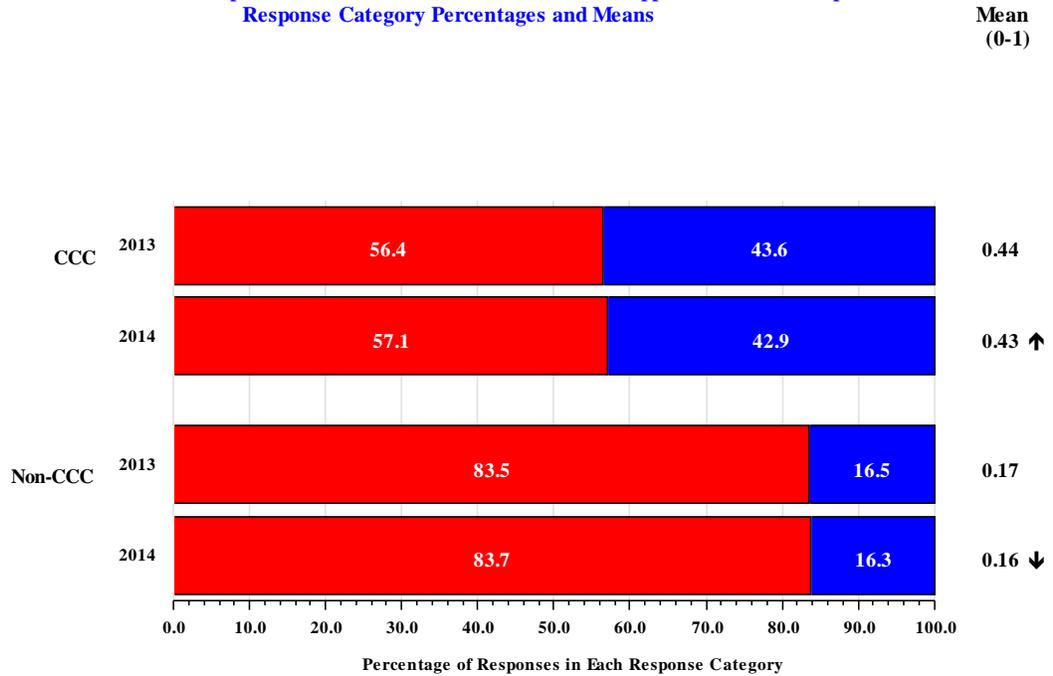
- The overall mean for non-CCC respondents was significantly higher in 2014 than in 2013.

Access to Care

Tried to Make Appointment to See Specialist

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

Figure 5-31
 CCC and Non-CCC Comparisons: Access to Care - Tried to Make Appointment to See Specialist
 Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

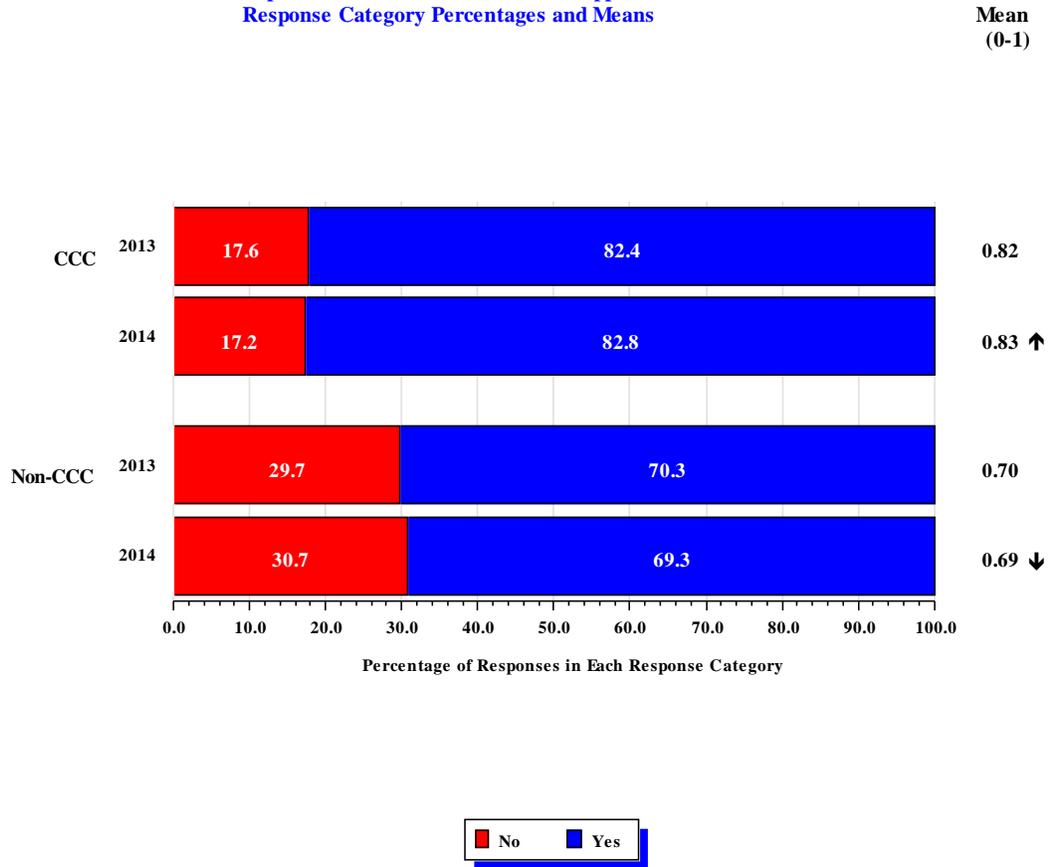
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Made Appointments for Health Care

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

Figure 5-32
CCC and Non-CCC Comparisons: Access to Care - Made Appointments for Health Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

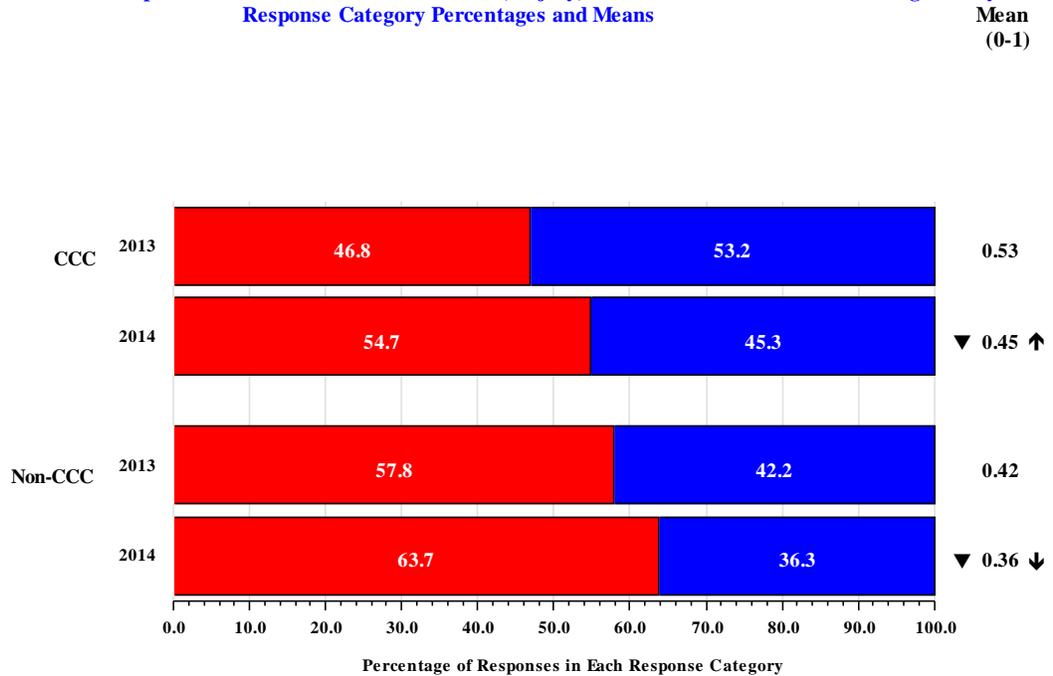
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

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

Figure 5-33
CCC and Non-CCC Comparisons: Access to Care - Had Illness, Injury, or Condition that Needed Care Right Away
Response Category Percentages and Means



Statistical Significance Note:
 ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

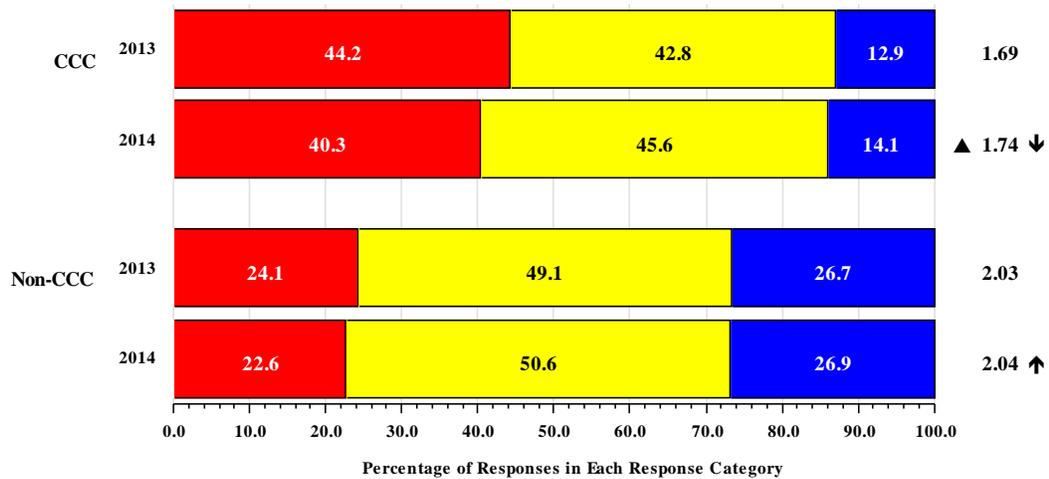
Overall, there were six *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The overall means for CCC respondents and non-CCC respondents were significantly lower in 2014 than in 2013. Furthermore, the percentage of CCC respondents and non-CCC respondents who gave a response of No was significantly higher in 2014 than in 2013, whereas the percentage of CCC respondents and non-CCC respondents who gave a response of Yes was significantly lower in 2014 than in 2013.

Utilization of Services

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

Figure 5-34
CCC and Non-CCC Comparisons: Utilization of Services - Number of Visits to the Doctor's Office
Response Category Percentages and Means Mean (1-3)



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

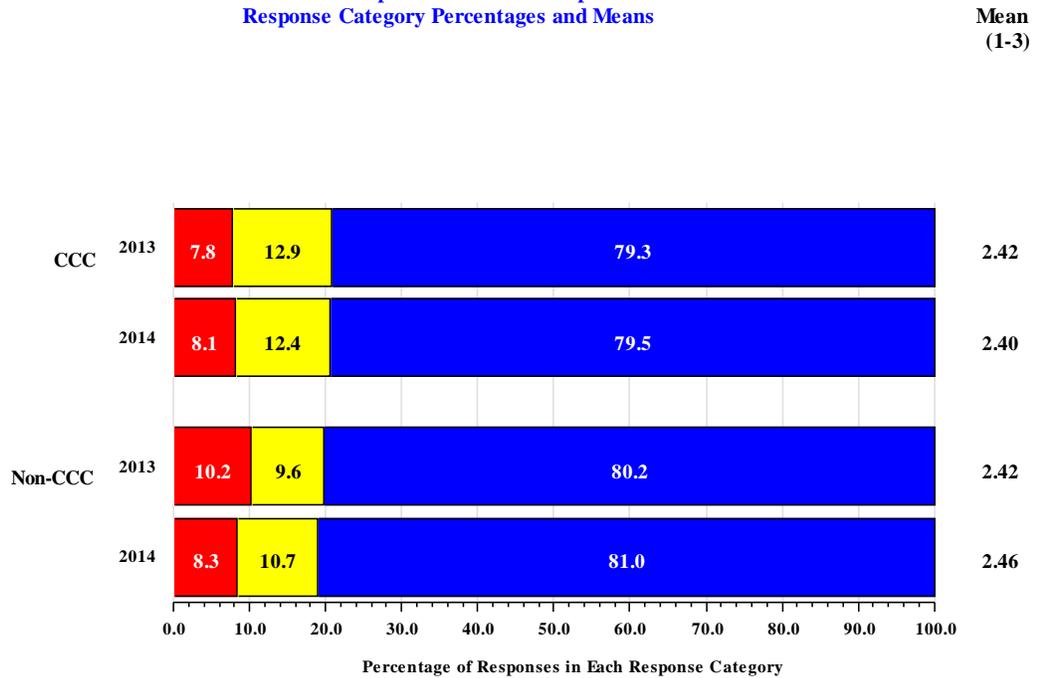
- The overall mean for CCC respondents was significantly higher in 2014 than in 2013. Furthermore, the percentage of CCC respondents who gave a response of 3 or More Times was significantly lower in 2014 than in 2013.

CCC Composites and CCC Items

Access to Specialized Services

Three questions (Questions 20, 23, and 26 in the CAHPS Child Medicaid Health Plan Survey) were asked to parents or caretakers of children to assess how often it was easy for their child to obtain access to specialized services. An overall mean was calculated for the CCC and non-CCC populations. Responses were classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-35
CCC and Non-CCC Comparisons: Access to Specialized Services
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

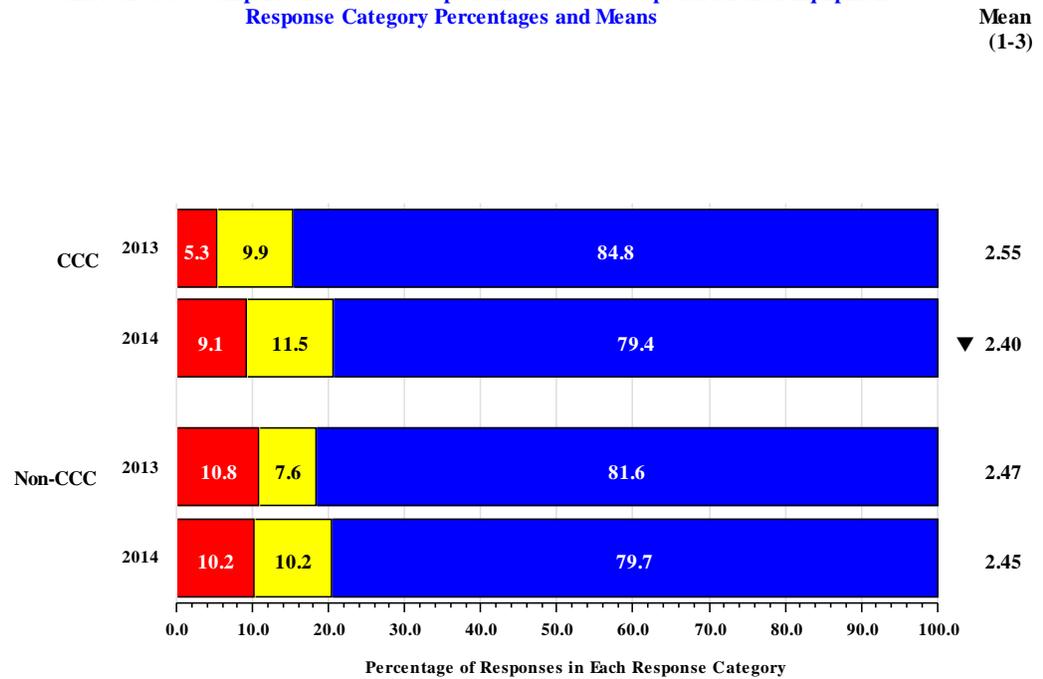
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Specialized Services: Special Medical Equipment

Question 20 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get special medical equipment or devices for their child. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-36
CCC and Non-CCC Comparisons: Access to Specialized Services - Special Medical Equipment
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

Trending Analysis

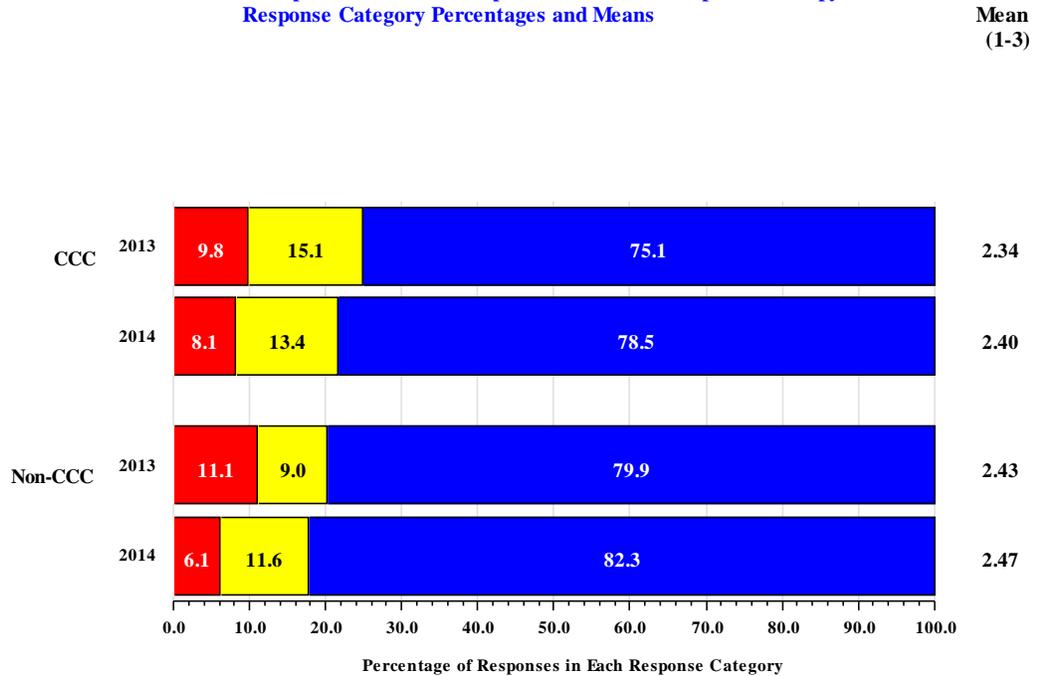
Overall, there was one *statistically significant* difference between scores in 2014 and scores in 2013 for this measure.

- The overall mean for CCC respondents was significantly lower in 2014 than in 2013.

Access to Specialized Services: Special Therapy

Question 23 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get special therapy for their child. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-37
CCC and Non-CCC Comparisons: Access to Specialized Services - Special Therapy
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

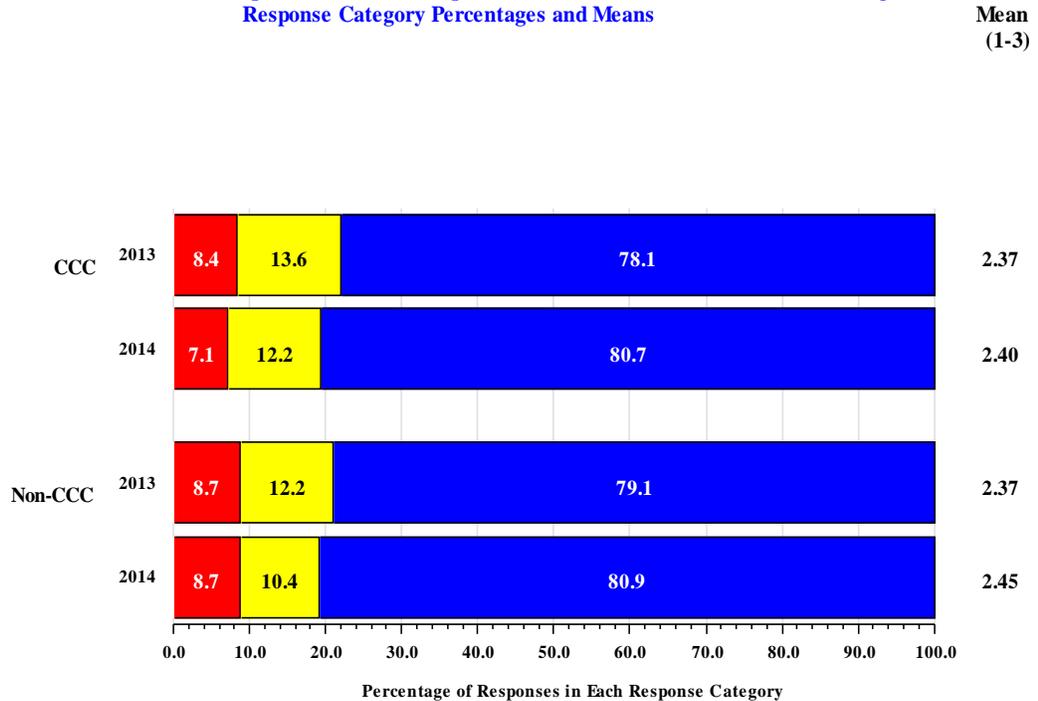
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Specialized Services: Treatment or Counseling

Question 26 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how easy it was to get treatment or counseling for their child. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-38
CCC and Non-CCC Comparisons: Access to Specialized Services - Treatment or Counseling
Response Category Percentages and Means



Statistical Significance Note:
 ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

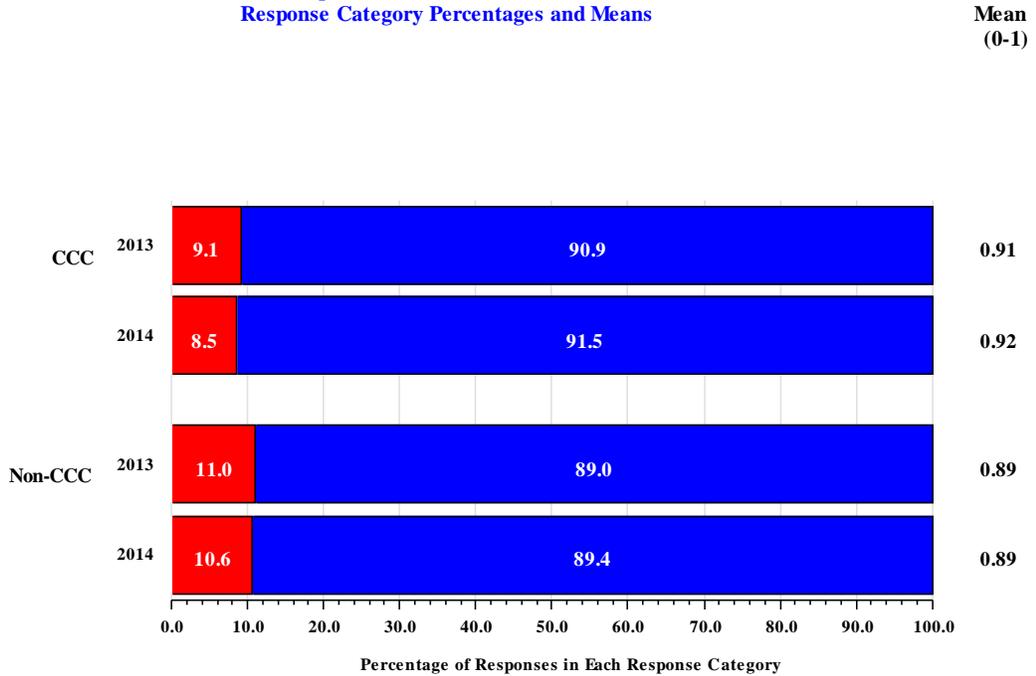
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

FCC: Personal Doctor Who Knows Child

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (Questions 38, 43, and 44 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-39
CCC and Non-CCC Comparisons: FCC - Personal Doctor Who Knows Child
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

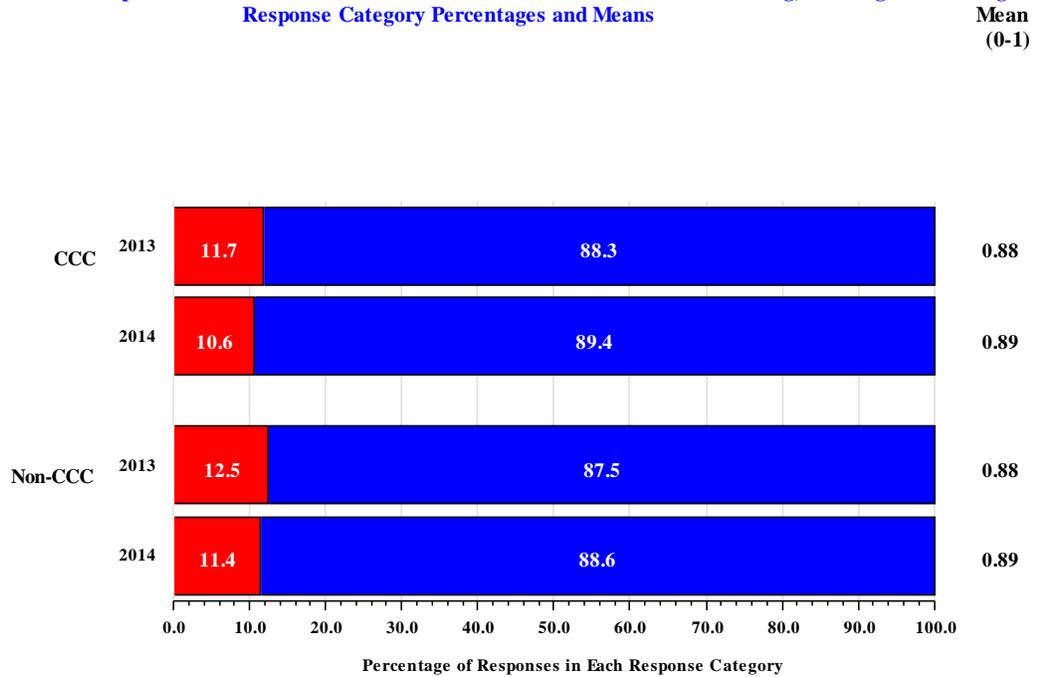
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

Questions 38 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if their child’s doctor talked about how their child is feeling, growing, or behaving. An overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-40
CCC and Non-CCC Comparisons: FCC - Personal Doctor Who Knows Child: How Child Feeling, Growing or Behaving
Response Category Percentages and Means



Statistical Significance Note:
 ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

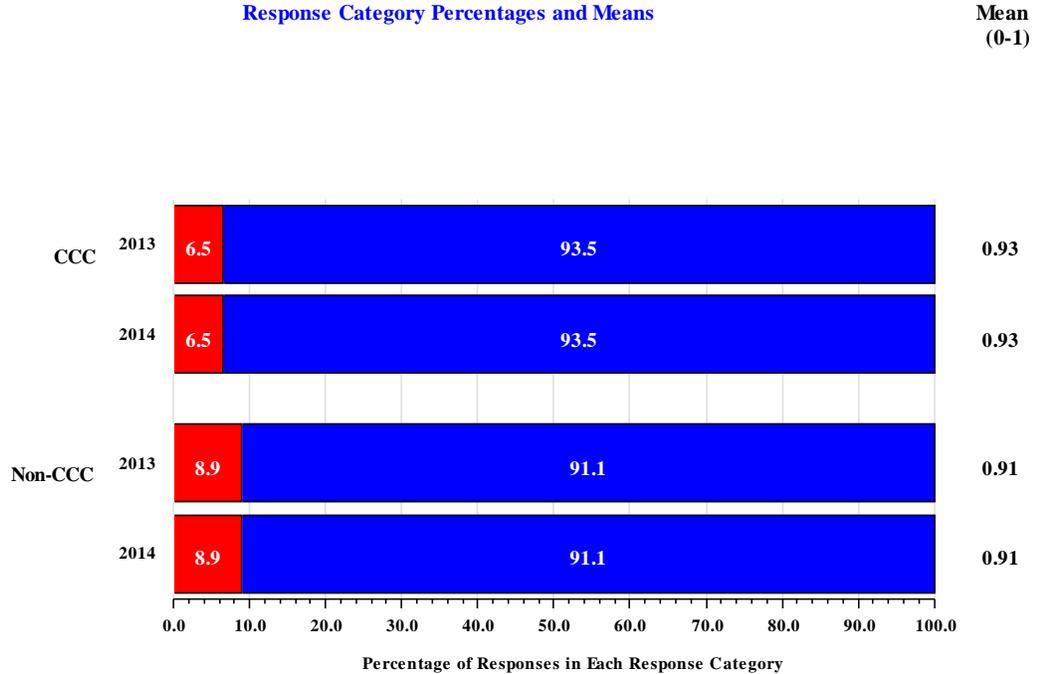
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

Question 43 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers to assess if their child’s doctor understands how their child’s medical, behavioral, or other health conditions affect their child’s life. An overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-41
CCC and Non-CCC Comparisons: FCC - Personal Doctor Who Knows Child: How Conditions Affect Child's Life
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

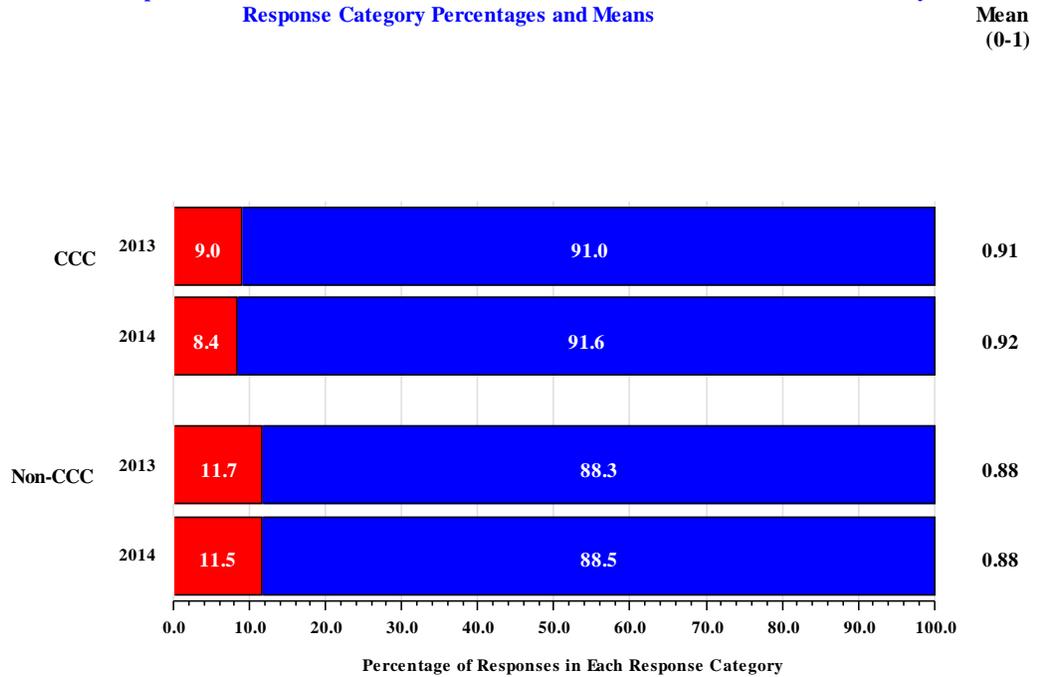
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

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

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers to assess if their child’s doctor understands how their child’s medical, behavioral, or other health conditions affect their family’s life. An overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-42
CCC and Non-CCC Comparisons: FCC - Personal Doctor Who Knows Child: How Conditions Affect Family's Life
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

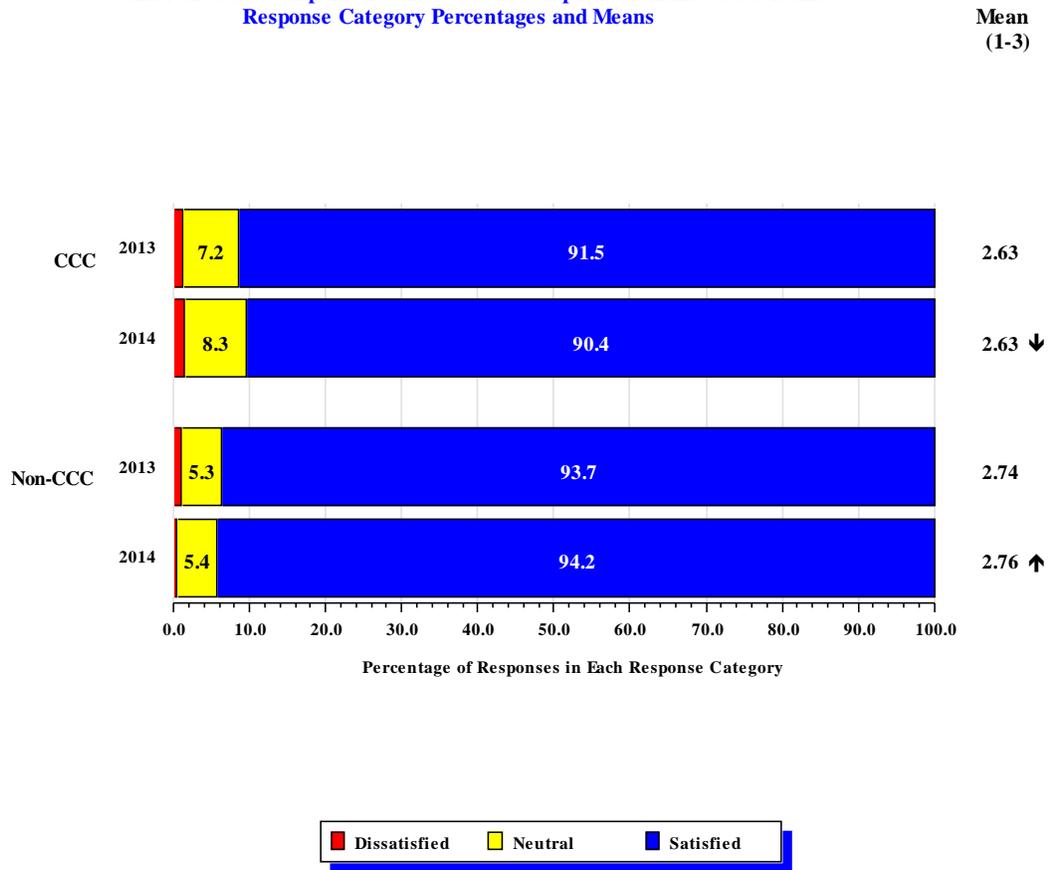
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Access to Prescription Medicines CCC Items

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their health plan. For this question, an overall mean were calculated for the CCC and non-CCC populations. Responses were also classified into three categories: Dissatisfied (Never), Neutral (Sometimes), and Satisfied (Usually/Always). Figure 5-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-43
CCC and Non-CCC Comparisons: Access to Prescription Medicines CCC Items
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

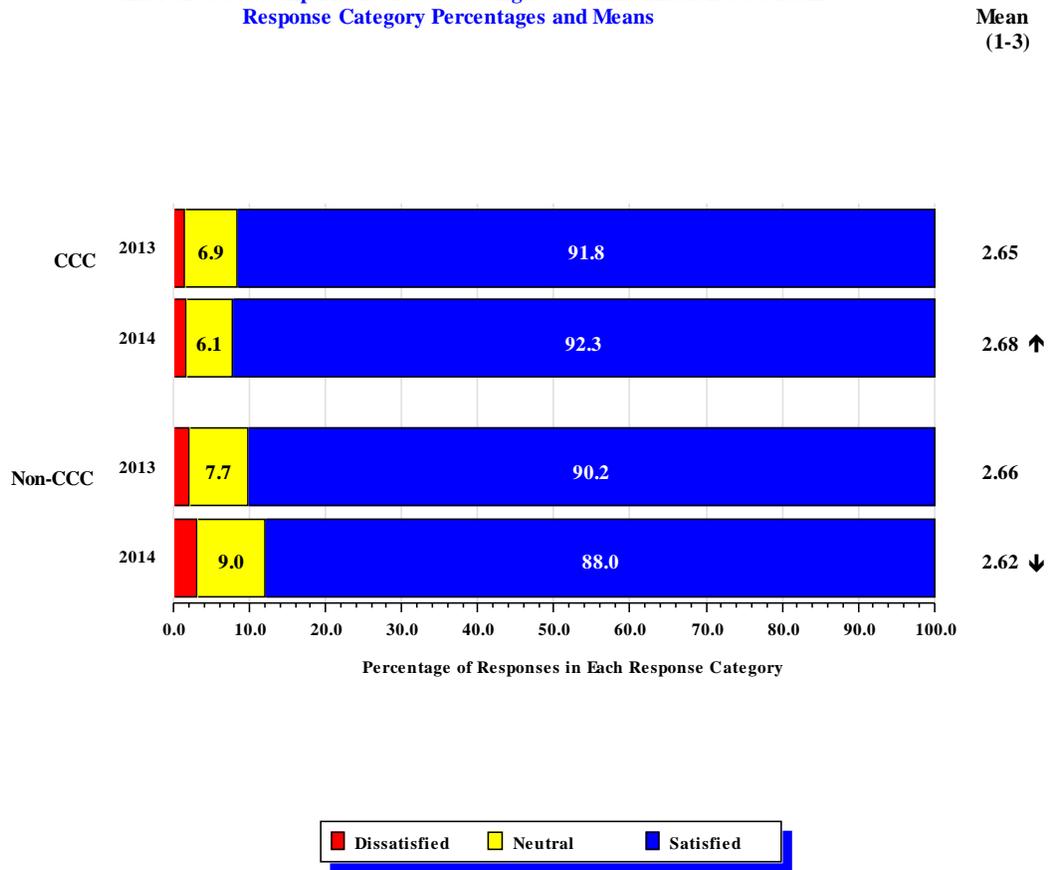
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

FCC: Getting Needed Information CCC Items

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

Figure 5-44
CCC and Non-CCC Comparisons: FCC: Getting Needed Information CCC Items
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

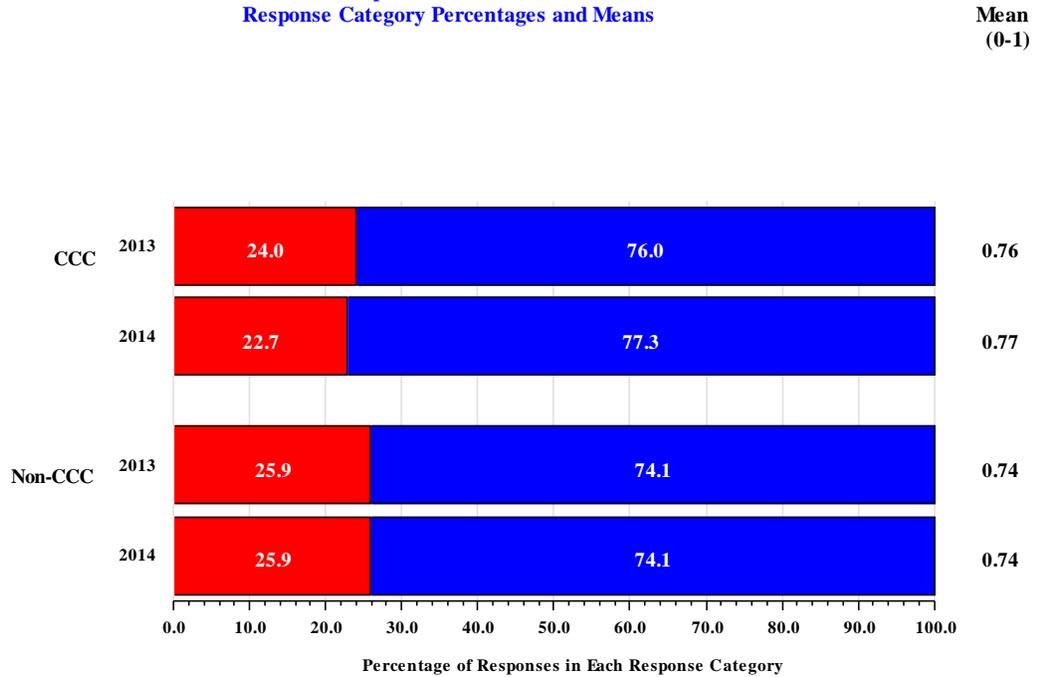
Overall, there were two *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

- The percentage of non-CCC respondents who gave a response of Dissatisfied was significantly higher in 2014 than in 2013, whereas the percentage of non-CCC respondents who gave a response of Satisfied was significantly lower in 2014 than in 2013.

Coordination of Care for Children With Chronic Conditions

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

Figure 5-45
CCC and Non-CCC Comparisons: Coordination of Care for CCC
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

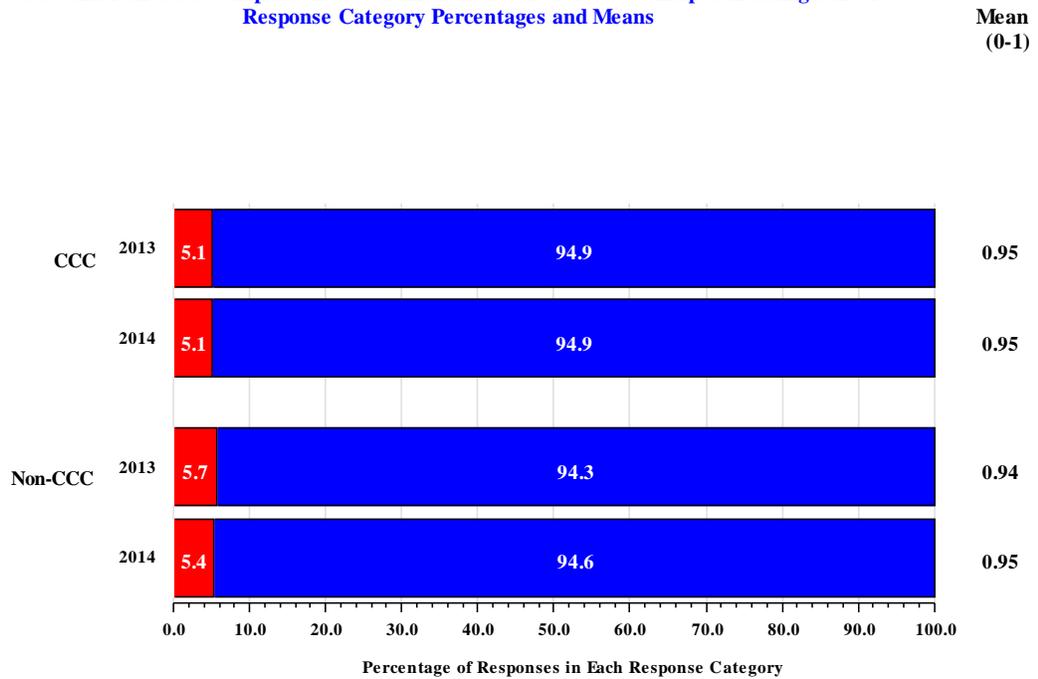
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Coordination of Care for CCC – Help Contacting School

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if their child’s doctor or other health providers helped contact their child’s school or daycare. An overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-46
CCC and Non-CCC Comparisons: Coordination of Care for CCC - Help Contacting School
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

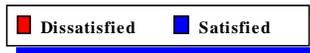
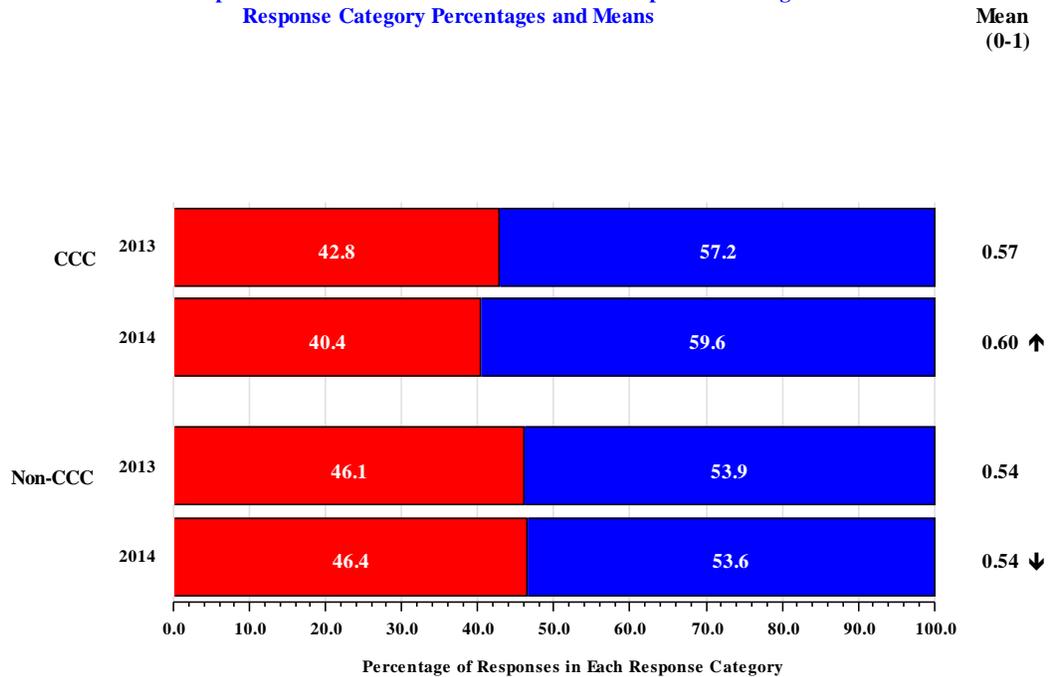
Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Coordination of Care for CCC – Help Coordinating Child’s Care

Question 29 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers if anyone if they received help coordinating their child’s care. An overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: Dissatisfied (No) and Satisfied (Yes). Figure 5-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Figure 5-47
CCC and Non-CCC Comparisons: Coordination of Care for CCC - Help Coordinating Child's Care
Response Category Percentages and Means



Statistical Significance Note: ↑ indicates the mean is significantly higher than the other population
 ↓ indicates the mean is significantly lower than the other population
 ▲ indicates the 2014 mean is significantly higher than the 2013 mean
 ▼ indicates the 2014 mean is significantly lower than the 2013 mean

Response category percentages may not total 100% due to rounding.

Comparative Analysis

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

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2014 and scores in 2013 for this measure.

Crosstabulations

This section presents crosstabulations of the survey responses for several survey items stratified by certain demographic variables for the CCC population only. The demographic variables included in the tables below are: gender, age, race/ethnicity, respondent education, and general health status.⁵⁻⁸

Satisfaction with Health Care Providers: Have Personal Doctor

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

Ohio Medicaid Managed Care Program - CCC Population					
Have Personal Doctor (Q30)					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	1,245	94.0	80	6.0
	Female	852	94.9	46	5.1
Age	Less than 2	64	94.1	4	5.9
	2 - 7	623	95.4	30	4.6
	8 - 12	735	94.6	42	5.4
	13 - 17	675	93.1	50	6.9
Race/Ethnicity	White	1,564	96.0	66	4.0
	Black/African American	347	91.6	32	8.4
	Other	53	81.5	12	18.5
Respondent Education (Q80)	High School or less	1,066	92.9	81	7.1
	Some College or more	975	96.0	41	4.0
General Health Status (Q58)	Excellent/Very good	1,224	94.6	70	5.4
	Good	646	94.3	39	5.7
	Fair/Poor	206	93.2	15	6.8
Total		2,097	94.3	126	5.7

⁵⁻⁸ The Other race/ethnicity category consists of the following: Asian, Hispanic, Native American, and those not identified by any of the race/ethnicities listed here or in the table.

Coordination of Care

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

Ohio Medicaid Managed Care Program - CCC Population							
Coordination of Care (Q40)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	35	6.7	55	10.5	434	82.8
	Female	28	6.8	41	9.9	344	83.3
Age	Less than 2	1	2.4	4	9.8	36	87.8
	2 - 7	18	6.4	33	11.7	232	82.0
	8 - 12	24	8.0	30	10.0	247	82.1
	13 - 17	20	6.4	29	9.3	263	84.3
Race/Ethnicity	White	45	6.4	75	10.7	579	82.8
	Black/African American	12	7.9	14	9.3	125	82.8
	Other	1	3.3	4	13.3	25	83.3
Respondent Education (Q80)	High School or less	28	6.5	42	9.7	361	83.8
	Some College or more	34	7.0	49	10.1	403	82.9
General Health Status (Q58)	Excellent/Very good	37	7.6	44	9.1	403	83.3
	Good	17	5.2	36	11.1	271	83.6
	Fair/Poor	9	7.2	15	12.0	101	80.8
Total		63	6.7	96	10.2	778	83.0

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

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

Ohio Medicaid Managed Care Program - CCC Population							
Number of Doctor's Office or Clinic Visits in Last Six Months (Q7)							
Demographic Variables		None		1 or 2		3 or more	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	189	14.6	600	46.4	503	38.9
	Female	116	13.2	390	44.4	372	42.4
Age	Less than 2	1	1.5	21	31.8	44	66.7
	2 - 7	88	13.7	288	44.9	265	41.3
	8 - 12	114	15.1	351	46.6	288	38.2
	13 - 17	102	14.4	330	46.5	278	39.2
Race/Ethnicity	White	212	13.4	713	45.0	661	41.7
	Black/African American	58	15.5	193	51.6	123	32.9
	Other	10	15.4	31	47.7	24	36.9
Respondent Education (Q80)	High School or less	177	15.8	517	46.2	425	38.0
	Some College or more	117	11.7	447	44.8	433	43.4
General Health Status (Q58)	Excellent/Very good	196	15.4	641	50.3	438	34.4
	Good	80	12.0	273	41.1	312	46.9
	Fair/Poor	21	9.9	72	33.8	120	56.3
Total		305	14.1	990	45.6	875	40.3

Number of Days Had to Wait Between Making an Appointment and Seeing a Doctor

Question 6a in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many days their child had to wait between making an appointment and actually seeing a health provider (not counting times the member needed health care right away). The table below displays the crosstabulations for this survey item for the CCC population.

Ohio Medicaid Managed Care Program - CCC Population							
Number of Days Had to Wait Between Making Appointment and Seeing Doctor (Q6a)							
Demographic Variables		0 to 14 days		15 to 60 days		61 days or longer	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	928	88.0	104	9.9	22	2.1
	Female	648	90.1	57	7.9	14	1.9
Age	Less than 2	58	92.1	4	6.3	1	1.6
	2 - 7	470	88.2	52	9.8	11	2.1
	8 - 12	549	89.9	52	8.5	10	1.6
	13 - 17	499	88.2	53	9.4	14	2.5
Race/Ethnicity	White	1,172	90.3	100	7.7	26	2.0
	Black/African American	265	85.2	40	12.9	6	1.9
	Other	45	84.9	7	13.2	1	1.9
Respondent Education (Q80)	High School or less	824	89.8	72	7.8	22	2.4
	Some College or more	715	87.7	87	10.7	13	1.6
General Health Status (Q58)	Excellent/Very good	911	89.4	86	8.4	22	2.2
	Good	498	89.4	50	9.0	9	1.6
	Fair/Poor	157	84.9	23	12.4	5	2.7
Total		1,576	88.9	161	9.1	36	2.0

How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available

Question 6b in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child had to wait for an appointment because the health provider worked limited hours or had few available appointments. The table below displays the crosstabulations for this survey item for the CCC population.

Ohio Medicaid Managed Care Program - CCC Population							
How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available (Q6b)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	704	65.6	279	26.0	90	8.4
	Female	469	65.1	188	26.1	63	8.8
Age	Less than 2	46	69.7	12	18.2	8	12.1
	2 - 7	348	64.3	145	26.8	48	8.9
	8 - 12	401	65.5	167	27.3	44	7.2
	13 - 17	378	65.9	143	24.9	53	9.2
Race/Ethnicity	White	853	65.0	362	27.6	98	7.5
	Black/African American	212	67.7	68	21.7	33	10.5
	Other	34	63.0	15	27.8	5	9.3
Respondent Education (Q80)	High School or less	612	66.2	230	24.9	83	9.0
	Some College or more	534	64.6	228	27.6	65	7.9
General Health Status (Q58)	Excellent/Very good	709	68.7	249	24.1	74	7.2
	Good	355	63.2	157	27.9	50	8.9
	Fair/Poor	103	55.7	56	30.3	26	14.1
Total		1,173	65.4	467	26.0	153	8.5

Customer Service Composite

Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often their child was satisfied with the health plan's customer service. The table below displays the crosstabulations for this survey item for the CCC population.

Ohio Medicaid Managed Care Program - CCC Population							
Customer Service Composite							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	7	1.7	32	7.7	378	90.6
	Female	3	1.0	22	7.4	264	91.5
Age	Less than 2	0	0.0	1	2.2	23	97.8
	2 - 7	4	1.6	17	7.4	202	91.0
	8 - 12	3	1.0	20	7.9	224	91.0
	13 - 17	4	1.9	17	7.9	194	90.2
Race/Ethnicity	White	7	1.4	37	7.5	440	91.0
	Black/African American	1	0.4	11	8.4	120	91.2
	Other	1	1.9	2	7.4	25	90.7
Respondent Education (Q80)	High School or less	3	0.8	25	6.4	358	92.9
	Some College or more	7	2.3	25	8.4	267	89.3
General Health Status (Q58)	Excellent/Very good	5	1.2	29	7.3	356	91.5
	Good	5	2.0	17	7.4	208	90.6
	Fair/Poor	1	1.2	8	9.4	76	89.4
Total		10	1.4	54	7.6	642	91.0

Rating of All Health Care

Parents or caretakers of child members were asked to rate all their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” The table below displays the crosstabulations for this survey item for the CCC population.

Ohio Medicaid Managed Care Program - CCC Population							
Rating of All Health Care (Q14)							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	17	1.6	148	13.5	929	84.9
	Female	16	2.1	112	14.9	626	83.0
Age	Less than 2	0	0.0	10	15.6	54	84.4
	2 - 7	5	0.9	92	16.8	451	82.3
	8 - 12	20	3.2	80	12.6	534	84.2
	13 - 17	8	1.3	78	13.0	516	85.7
Race/Ethnicity	White	22	1.6	179	13.1	1,162	85.3
	Black/African American	9	2.9	51	16.3	252	80.8
	Other	0	0.0	8	14.5	47	85.5
Respondent Education (Q80)	High School or less	22	2.4	127	13.6	782	84.0
	Some College or more	9	1.0	126	14.4	739	84.6
General Health Status (Q58)	Excellent/Very good	11	1.0	117	10.9	943	88.0
	Good	11	1.9	93	16.0	476	82.1
	Fair/Poor	11	5.9	43	22.9	134	71.3
Total		33	1.8	260	14.1	1,555	84.1

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." The table below displays the crosstabulations for this survey item for the CCC population.

Ohio Medicaid Managed Care Program - CCC Population							
Rating of Health Plan (Q54)							
Demographic Variables		0 to 4		5 to 7		8 to 10	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	44	3.4	202	15.5	1,056	81.1
	Female	23	2.6	157	18.0	690	79.3
Age	Less than 2	1	1.5	11	16.2	56	82.4
	2 - 7	16	2.5	108	16.9	516	80.6
	8 - 12	32	4.2	122	16.0	607	79.8
	13 - 17	18	2.6	118	16.8	567	80.7
Race/Ethnicity	White	42	2.6	247	15.6	1,297	81.8
	Black/African American	8	2.1	68	18.1	300	79.8
	Other	3	4.8	6	9.5	54	85.7
Respondent Education (Q80)	High School or less	33	3.0	147	13.2	937	83.9
	Some College or more	32	3.2	187	18.7	779	78.1
General Health Status (Q58)	Excellent/Very good	25	2.0	173	13.7	1,068	84.4
	Good	24	3.6	129	19.2	519	77.2
	Fair/Poor	17	8.0	51	23.9	145	68.1
Total		67	3.1	359	16.5	1,746	80.4

Rating of Overall Mental or Emotional Health

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

Ohio Medicaid Managed Care Program - CCC Population							
Rating of Overall Mental or Emotional Health (Q59)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	549	41.7	424	32.2	342	26.0
	Female	444	49.5	266	29.7	187	20.8
Age	Less than 2	52	76.5	13	19.1	3	4.4
	2 - 7	361	55.3	180	27.6	112	17.2
	8 - 12	309	40.2	262	34.1	197	25.7
	13 - 17	271	37.5	235	32.5	217	30.0
Race/Ethnicity	White	738	45.5	515	31.8	368	22.7
	Black/African American	181	47.6	105	27.6	94	24.7
	Other	28	42.4	26	39.4	12	18.2
Respondent Education (Q80)	High School or less	473	41.6	375	33.0	289	25.4
	Some College or more	497	48.9	294	28.9	225	22.1
General Health Status (Q58)	Excellent/Very good	746	57.7	352	27.2	194	15.0
	Good	207	30.2	286	41.7	193	28.1
	Fair/Poor	35	16.2	49	22.7	132	61.1
Total		993	44.9	690	31.2	529	23.9

Rating of Overall Health

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

Ohio Medicaid Managed Care Program - CCC Population							
Rating of Overall Health (Q58)							
Demographic Variables		Excellent/ Very Good		Good		Fair/Poor	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	790	60.0	388	29.5	139	10.6
	Female	514	57.0	305	33.9	82	9.1
Age	Less than 2	34	50.0	24	35.3	10	14.7
	2 - 7	416	63.6	189	28.9	49	7.5
	8 - 12	454	58.6	239	30.8	82	10.6
	13 - 17	400	55.5	241	33.4	80	11.1
Race/Ethnicity	White	1,006	61.9	487	30.0	132	8.1
	Black/African American	203	53.4	125	32.9	52	13.7
	Other	31	47.7	24	36.9	10	15.4
Respondent Education (Q80)	High School or less	644	56.5	374	32.8	122	10.7
	Some College or more	630	61.8	299	29.3	90	8.8
General Health Status (Q58)	Excellent/Very good	1,304	100.0	0	0.0	0	0.0
	Good	0	0.0	693	100.0	0	0.0
	Fair/Poor	0	0.0	0	0.0	221	100.0
Total		1,304	58.8	693	31.2	221	10.0

Access to Prescription Medicines

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

Ohio Medicaid Managed Care Program - CCC Population							
Access to Prescription Medicines (Q56)							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	14	1.3	95	8.6	993	90.1
	Female	12	1.5	61	7.8	714	90.7
Age	Less than 2	2	3.2	5	8.1	55	88.7
	2 - 7	6	1.1	47	8.9	473	89.9
	8 - 12	10	1.5	57	8.3	617	90.2
	13 - 17	8	1.3	47	7.6	562	91.1
Race/Ethnicity	White	13	0.9	111	7.9	1,274	91.1
	Black/African American	3	1.0	22	7.0	288	92.0
	Other	4	7.3	7	12.7	44	80.0
Respondent Education (Q80)	High School or less	12	1.2	66	6.8	887	91.9
	Some College or more	11	1.3	86	9.8	778	88.9
General Health Status (Q58)	Excellent/Very good	8	0.7	75	6.9	1,000	92.3
	Good	10	1.7	50	8.4	538	90.0
	Fair/Poor	7	3.6	28	14.6	157	81.8
Total		26	1.4	156	8.3	1,707	90.4

Access to Specialized Services Composite Measure

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

Ohio Medicaid Managed Care Program - CCC Population							
Access to Specialized Services Composite							
Demographic Variables		Never		Sometimes		Usually/ Always	
		Number	Percent	Number	Percent	Number	Percent
Gender	Male	24	8.0	39	12.2	253	79.7
	Female	15	8.2	23	12.5	149	79.3
Age	Less than 2	1	8.7	2	9.9	15	81.4
	2 - 7	17	10.1	22	12.6	132	77.3
	8 - 12	11	6.9	23	14.5	136	78.6
	13 - 17	10	7.7	16	10.4	119	81.9
Race/Ethnicity	White	27	7.1	45	12.7	289	80.2
	Black/African American	8	10.3	9	10.0	72	79.7
	Other	1	7.7	3	17.5	12	74.8
Respondent Education (Q80)	High School or less	19	6.8	26	10.4	217	82.9
	Some College or more	19	9.6	33	13.9	174	76.4
General Health Status (Q58)	Excellent/Very good	15	6.0	30	10.8	222	83.2
	Good	15	9.3	24	14.3	127	76.5
	Fair/Poor	8	13.0	7	11.8	48	75.2
Total		39	8.1	62	12.4	402	79.5

Coordination of Care for CCC Composite

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

Ohio Medicaid Managed Care Program - CCC Population					
Coordination of Care for CCC Composite					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	277	77.7	117	22.3
	Female	187	76.6	87	23.4
Age	Less than 2	16	90.3	4	9.7
	2 - 7	151	78.9	56	21.1
	8 - 12	155	77.1	69	22.9
	13 - 17	143	74.3	76	25.7
Race/Ethnicity	White	335	77.0	157	23.0
	Black/African American	79	77.0	31	23.0
	Other	19	82.8	5	17.2
Respondent Education (Q80)	High School or less	217	78.6	85	21.4
	Some College or more	233	76.1	116	23.9
General Health Status (Q58)	Excellent/Very good	237	76.4	117	23.6
	Good	160	78.6	62	21.4
	Fair/Poor	64	79.0	24	21.0
Total		464	77.3	204	22.7

CCC Population Categories

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

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

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

Ohio Medicaid Managed Care Program - CCC Population					
Use of or Need for Prescription Medicines					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	1,062	80.0	265	20.0
	Female	726	79.9	183	20.1
Age	Less than 2	50	73.5	18	26.5
	2 - 7	493	75.0	164	25.0
	8 - 12	647	82.8	134	17.2
	13 - 17	598	81.9	132	18.1
Race/Ethnicity	White	1,317	80.4	321	19.6
	Black/African American	304	79.6	78	20.4
	Other	51	77.3	15	22.7
Respondent Education (Q80)	High School or less	903	78.4	249	21.6
	Some College or more	835	81.5	189	18.5
General Health Status (Q58)	Excellent/Very good	1,015	78.0	287	22.0
	Good	573	82.8	119	17.2
	Fair/Poor	184	83.3	37	16.7
Total		1,788	80.0	448	20.0

Ohio Medicaid Managed Care Program - CCC Population					
Above-Average Use or Need for Medical, Mental Health or Education Services					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	693	53.4	604	46.6
	Female	422	47.9	459	52.1
Age	Less than 2	33	48.5	35	51.5
	2 - 7	304	47.0	343	53.0
	8 - 12	433	57.3	323	42.7
	13 - 17	345	48.8	362	51.2
Race/Ethnicity	White	805	50.4	791	49.6
	Black/African American	176	47.4	195	52.6
	Other	38	58.5	27	41.5
Respondent Education (Q80)	High School or less	547	48.5	580	51.5
	Some College or more	543	54.4	455	45.6
General Health Status (Q58)	Excellent/Very good	554	43.5	720	56.5
	Good	384	57.5	284	42.5
	Fair/Poor	166	77.2	49	22.8
Total		1,115	51.2	1,063	48.8

Ohio Medicaid Managed Care Program - CCC Population					
Functional Limitations Compared with Others of Same Age					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	451	34.5	857	65.5
	Female	240	26.9	651	73.1
Age	Less than 2	13	19.4	54	80.6
	2 - 7	208	32.0	441	68.0
	8 - 12	256	33.3	512	66.7
	13 - 17	214	29.9	501	70.1
Race/Ethnicity	White	476	29.6	1,130	70.4
	Black/African American	122	32.1	258	67.9
	Other	21	32.3	44	67.7
Respondent Education (Q80)	High School or less	346	30.5	790	69.5
	Some College or more	329	32.5	682	67.5
General Health Status (Q58)	Excellent/Very good	302	23.4	987	76.6
	Good	250	37.1	424	62.9
	Fair/Poor	130	60.2	86	39.8
Total		691	31.4	1,508	68.6

Ohio Medicaid Managed Care Program - CCC Population					
Use of or Need for Specialized Therapies					
Demographic Variables		Yes		No	
		Number	Percent	Number	Percent
Gender	Male	310	23.5	1,010	76.5
	Female	162	18.0	737	82.0
Age	Less than 2	18	26.5	50	73.5
	2 - 7	192	29.4	460	70.6
	8 - 12	161	20.7	617	79.3
	13 - 17	101	14.0	620	86.0
Race/Ethnicity	White	325	20.0	1,299	80.0
	Black/African American	80	21.0	301	79.0
	Other	18	27.7	47	72.3
Respondent Education (Q80)	High School or less	258	22.5	887	77.5
	Some College or more	203	19.8	820	80.2
General Health Status (Q58)	Excellent/Very good	238	18.4	1,053	81.6
	Good	154	22.4	533	77.6
	Fair/Poor	74	33.6	146	66.4
Total		472	21.3	1,747	78.7

Ohio Medicaid Managed Care Program - CCC Population					
Treatment or Counseling for Emotional or Developmental Problems					
		Yes		No	
Demographic Variables		Number	Percent	Number	Percent
Gender	Male	696	53.0	616	47.0
	Female	427	47.6	471	52.4
Age	Less than 2	15	22.1	53	77.9
	2 - 7	288	44.4	361	55.6
	8 - 12	428	55.4	344	44.6
	13 - 17	392	54.4	329	45.6
Race/Ethnicity	White	836	51.7	781	48.3
	Black/African American	171	45.1	208	54.9
	Other	31	47.7	34	52.3
Respondent Education (Q80)	High School or less	599	52.4	545	47.6
	Some College or more	502	49.3	517	50.7
General Health Status (Q58)	Excellent/Very good	642	49.9	644	50.1
	Good	349	51.2	333	48.8
	Fair/Poor	120	54.5	100	45.5
Total		1,123	50.8	1,087	49.2

Adult and General Child Results

National Comparisons

Overall member satisfaction ratings for four CAHPS global ratings and five CAHPS composite measures were compared to NCQA's 2014 Benchmarks and Thresholds for Accreditation or NCQA's 2014 National Adult and Child Medicaid data.^{6-1,6-2} Table 6-1 highlights the high performing CAHPS measures (i.e., five [★★★★★] stars) and Table 6-2 highlights the low performing CAHPS measures (i.e., one [★] star) for the Ohio Medicaid Managed Care Program and each MCP for the adult population.

Table 6-1 Adult Population National Comparisons Summary—High Performing Measures					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
How Well Doctors Communicate	How Well Doctors Communicate	Rating of Health Plan	How Well Doctors Communicate	How Well Doctors Communicate	How Well Doctors Communicate
		Customer Service	Customer Service	Customer Service	Customer Service
		Rating of All Health Care			

- ◆ The Ohio Medicaid Managed Care Program and all MCPs, except for CareSource, scored at or above the 90th percentile for How Well Doctors Communicate.
- ◆ CareSource scored at or above the 90th percentile for three measures: Rating of Health Plan, Customer Service, and Rating of All Health Care.
- ◆ Molina, Paramount, and UnitedHealthcare scored at or above the 90th percentile for the Customer Service measure, in addition to How Well Doctors Communicate.

Table 6-2 Adult Population National Comparisons Summary—Low Performing Measures					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
Rating of Specialist Seen Most Often				Rating of Specialist Seen Most Often	Rating of Specialist Seen Most Often

- ◆ The Ohio Medicaid Managed Care Program, Paramount, and UnitedHealthcare scored below the 25th percentile for one global rating, Rating of Specialist Seen Most Often.

⁶⁻¹ National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2014*. Washington, DC: NCQA; July 25, 2014.

⁶⁻² NCQA National Distribution of 2014 Adult and Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on April 10, 2015.

Table 6-3 highlights the high performing CAHPS measures (i.e., five [★★★★★] stars) and Table 6-4 highlights the low performing CAHPS measures (i.e., one [★] star) for the Ohio Medicaid Managed Care Program and each MCP for the general child population.

Table 6-3 General Child Population National Comparisons Summary—High Performing Measures					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
Getting Care Quickly		Getting Care Quickly	Getting Care Quickly	Getting Care Quickly	Getting Care Quickly
How Well Doctors Communicate		How Well Doctors Communicate	Customer Service	How Well Doctors Communicate	How Well Doctors Communicate
Rating of All Health Care				Rating of All Health Care	Rating of All Health Care
				Rating of Specialist Seen Most Often*	Rating of Specialist Seen Most Often
				Rating of Health Plan	Shared Decision Making
				Customer Service	

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

- ◆ The Ohio Medicaid Managed Care Program scored at or above the 90th percentile for three measures: Getting Care Quickly, How Well Doctors Communicate, and Rating of All Health Care.
- ◆ CareSource scored at or above the 90th percentile for two measures: Getting Care Quickly and How Well Doctors Communicate.
- ◆ Molina scored at or above the 90th percentile for two measures: Getting Care Quickly and Customer Service.
- ◆ Paramount scored at or above the 90th percentile for six measures: Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Specialist Seen Most Often, Rating of Health Plan, and Customer Service.
- ◆ UnitedHealthcare scored at or above the 90th percentile for five measures: Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Specialist Seen Most Often, and Shared Decision Making.

Table 6-4 General Child Population National Comparisons Summary—Low Performing Measures					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
	Rating of Health Plan				

- ◆ Buckeye scored below the 25th percentile for one global rating, Rating of Health Plan.

Statewide Comparisons

The Statewide Comparisons analysis results are grouped into four main statistically significant categories: 1) statistically higher than the program average, 2) statistically lower than the program average, 3) 2014 mean statistically higher than 2013 mean, and 4) 2014 mean statistically lower than 2013 mean. The categories are based on the assignment of arrows and triangles to the MCPs' overall means on the global ratings, composite measures, composite items, individual item measures, additional items, CCC composites, CCC composite items, and CCC items. Table 6-5 and Table 6-6 show the highlights from these comparisons for the adult and general child populations, respectively.

Table 6-5 Adult Population Statewide Comparisons					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
▲ How Well Doctors Communicate Composite	▲ Getting Care Believed Necessary	▲ Rating of Health Plan	▲ How Well Doctors Communicate	▼ Got Information or Help from Customer Service	▲ Got Information or Help from Customer Service
▲ Doctors Explained Things in Way They Could Understand	▲ Doctors Explained Things in Way They Could Understand	▲ Doctors Showed Respect	▲ Doctors Explained Things in Way They Could Understand	▼ Rating of Specialist Seen Most Often	▼ Health Promotion and Education
▲ Doctors Showed Respect	▲ Doctors Showed Respect	▲ Customer Service Composite	▲ Doctors Spent Enough Time with Patient		▼ Had Illness, Injury, or Condition That Needed Care Right Away
▲ Customer Service Composite		▲ Obtaining Help Needed From Customer Service	▲ Seeing a Specialist		
▲ Doctor Ask About Best Medicine Choice for You		▲ Doctor Ask About Best Medicine Choice for You	▼ Had Illness, Injury, or Condition That Needed Care Right Away		
▲ Got Information or Help from Customer Service					
▼ Had Illness, Injury, or Condition That Needed Care Right Away					
▲ Statistically higher than the program average			▲ 2014 mean statistically higher than 2013 mean		
▼ Statistically lower than the program average			▼ 2014 mean statistically lower than 2013 mean		

The results from the Statewide Comparisons revealed that all MCPs and the Ohio Medicaid Managed Care Program had statistically significant findings for the adult population.

- ◆ Ohio Medicaid’s overall mean was significantly higher in 2014 than in 2013 on six measures. Conversely, Ohio Medicaid’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ Buckeye’s overall mean was significantly higher in 2014 than in 2013 on three measures.
- ◆ CareSource scored statistically higher than the program average on one measure.
- ◆ CareSource’s overall mean was significantly higher in 2014 than in 2013 on four measures.
- ◆ Molina’s overall mean was significantly higher in 2014 than in 2013 on four measures. Conversely, Molina’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ Paramount scored statistically lower than the program average on one measure.
- ◆ Paramount’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ UnitedHealthcare scored statistically higher than the program average on one measure.
- ◆ UnitedHealthcare’s overall mean was significantly higher in 2014 than in 2013 on one measure. Conversely, UnitedHealthcare’s overall mean was significantly lower in 2014 than in 2013 on two measures.

Table 6-6 General Child Population State Comparisons					
Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
▲ Got Information or Help from Customer Service	↓ Made Appointments for Health Care	▲ Made Appointments for Health Care	↓ Doctors Spent Enough Time with Patient	▲ Getting Needed Information	▲ Getting Care Believed Necessary
▲ Child Able to Talk to Doctors	↓ Getting Care Believed Necessary	▲ Rating of Health Plan	↓ Have Personal Doctor	▲ Rating of Health Plan	▼ Getting Care Quickly Composite
▼ Had Illness, Injury, or Condition That Needed Care Right Away	↓ Getting Needed Information	↓ Number of Visits to the Doctor’s Office	↓ Doctors Explained Things in Way Child Could Understand	▲ Doctors Listened Carefully	▼ Received Care as Soon as Wanted
	↓ Rating of Health Plan	▲ Doctors Listened Carefully	▼ Had Illness, Injury, or Condition That Needed Care Right Away	▼ Have Personal Doctor	↓ Rating of Health Plan
	▼ Rating of Personal Doctor	▲ Doctors Spent Enough Time with Patient	▲ Access to Specialized Services Composite*		▲ Rating of Personal Doctor

Table 6-6
General Child Population State Comparisons

Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	UnitedHealthcare
	▲ Filled Out Paperwork	▲ Doctors Talk About Reasons to Take a Medicine	▲ Problem Obtaining Treatment or Counseling*		▲ Customer Service Composite
	▲ Child Able to Talk to Doctors	▲ Got Information or Help from Customer Service			▲ Obtaining Help Needed From Customer Service
	▼ Made Appointments for Health Care	▲ Have Personal Doctor			▲ Got Information or Help from Customer Service
	▼ Had Illness, Injury, or Condition That Needed Care Right Away	▼ Had Illness, Injury, or Condition That Needed Care Right Away			▲ Filled Out Paperwork
	▲ Number of Visits to the Doctor's Office				▼ Had Illness, Injury, or Condition That Needed Care Right Away
	▼ Access to Specialized Services Composite*				
	▼ Problem Obtaining Treatment or Counseling*				
	▼ Coordination of Care for CCC*				
<p>▲ Statistically higher than the program average ▲ 2014 mean statistically higher than 2013 mean ▼ Statistically lower than the program average ▼ 2014 mean statistically lower than 2013 mean *Caution should be exercised when interpreting these results since scores were based on fewer than 100 respondents.</p>					

The results from the Statewide Comparisons revealed that all MCPs and the Ohio Medicaid Managed Care Program had statistically significant findings for the child population.

- ◆ Ohio Medicaid's overall mean was significantly higher in 2014 than in 2013 on two measures. Conversely, Ohio Medicaid's overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ Buckeye scored statistically lower than the program average on four measures.
- ◆ Buckeye's overall mean was significantly higher in 2014 than in 2013 on three measures. Conversely, Buckeye's overall mean was significantly lower in 2014 than in 2013 on nine measures.

- ◆ CareSource scored statistically higher than the program average on two measures. Conversely, CareSource scored statistically lower than the program average on one measure.
- ◆ CareSource’s overall mean was significantly higher in 2014 than in 2013 on five measures. Conversely, CareSource’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ Molina scored statistically lower than the program average on three measures.
- ◆ Molina’s overall mean was significantly higher in 2014 than in 2013 on two measures. Conversely, Molina’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ Paramount scored statistically higher than the program average on two measures.
- ◆ Paramount’s overall mean was significantly higher in 2014 than in 2013 on one measure. Conversely, Paramount’s overall mean was significantly lower in 2014 than in 2013 on one measure.
- ◆ UnitedHealthcare scored statistically higher than the program average on two measures. Conversely, UnitedHealthcare scored statistically lower than the program average on one measure.
- ◆ UnitedHealthcare’s overall mean was significantly higher in 2014 than in 2013 on four measures. Conversely, UnitedHealthcare’s overall mean was significantly lower in 2014 than in 2013 on four measures.

Key Drivers of Performance

The key drivers (i.e., survey composite items) for each of three global ratings were assessed separately for the adult and general child populations. For each population, findings are provided for the program and each MCP. For this analysis, a mean problem score was calculated for each composite item; a correlation analysis was performed to compare global rating performance to composite items’ mean problem scores; and each composite item was assigned to a priority level. Table 6-7 through Table 6-12 show the top priority “key driver” items (as indicated by a ✓) for each global rating at the program and MCP levels for the adult and general child populations.

Table 6-7
Adult Population Rating of Health Plan
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q4. Got care as soon as needed			✓			✓
Q6. Got an appointment as soon as needed					✓	
Q10. Doctor explained reasons to take a medication			✓	✓		
Q12. Doctor asked what you thought was best for you		✓			✓	
Q14. Easy to get treatment needed	✓	✓		✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment with specialist as soon as needed	✓	✓	✓	✓		✓
Q31. Received information or help from health plan customer service	✓	✓	✓	✓	✓	✓

Table 6-8
General Child Rating of Health Plan
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓			✓	
Q11. Doctor explained reasons to take a medication			✓			
Q12. Doctor explained reasons not to take a medication				✓	✓	✓
Q13. Doctor asked you what you thought was best for your child				✓		✓
Q15. Easy to get treatment needed		✓	✓	✓		
Q37. Personal doctor spent enough time with your child	✓	✓				
Q46. Got an appointment with specialist as soon as needed	✓	✓	✓	✓	✓	✓
Q50. Received information or help from health plan customer service	✓	✓	✓	✓		✓

Table 6-9
Adult Rating of All Health Care
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓				
Q10. Doctor explained reasons to take a medication			✓			
Q12. Doctor asked what you thought was best for you	✓	✓		✓	✓	✓
Q14. Easy to get treatment needed	✓	✓	✓	✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment with specialist as soon as needed	✓	✓	✓	✓		✓
Q31. Received information or help from health plan customer service					✓	

Table 6-10
General Child Rating of All Health Care
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓	✓		✓	
Q11. Doctor explained reasons to take a medication			✓			
Q12. Doctor explained reasons not to take a medication					✓	
Q13. Doctor asked you what you thought was best for your child	✓		✓	✓	✓	✓
Q15. Easy to get treatment needed	✓	✓	✓	✓		
Q37. Personal doctor spent enough time with your child				✓		
Q46. Got an appointment with specialist as soon as needed	✓	✓	✓			✓
Q50. Received information or help from health plan customer service				✓		

Table 6-11
Adult Rating of Personal Doctor
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed					✓	
Q10. Doctor explained reasons to take a medication	✓		✓	✓		
Q11. Doctor explained reasons not to take a medication		✓				
Q12. Doctor asked what you thought was best for you	✓	✓	✓	✓		✓
Q14. Easy to get treatment needed	✓			✓	✓	✓
Q20. Personal doctor spent enough time with you		✓				
Q25. Got an appointment with specialist as soon as needed						✓

Table 6-12
General Child Rating of Personal Doctor
Key Drivers of Performance Summary of Results

Key Drivers	Ohio Medicaid	Buckeye	CareSource	Molina	Paramount	United-Healthcare
Q6. Got an appointment as soon as needed		✓				
Q11. Doctor explained reasons to take a medication	✓					
Q12. Doctor explained reasons not to take a medication				✓	✓	✓
Q13. Doctor asked you what you thought was best for your child	✓		✓	✓	✓	✓
Q15. Easy to get treatment needed	✓		✓	✓		
Q37. Personal doctor spent enough time with your child	✓	✓		✓		✓
Q46. Got an appointment with specialist as soon as needed			✓		✓	

The following CAHPS items (i.e., survey questions) were key drivers for the **Ohio Medicaid Managed Care Program adult population** for Rating of Health Plan (RHP), Rating of All Health Care (RHC), and/or Rating of Personal Doctor (RPD):

- ◆ Q10. Doctor explained reasons to take a medication (RPD).
- ◆ Q12. Doctor asked what you thought was best for you (RHC, RPD).
- ◆ Q14. Easy to get treatment needed (RHP, RHC, RPD).
- ◆ Q25. Got an appointment with specialist as soon as needed (RHP, RHC).
- ◆ Q31. Received information or help from health plan customer service (RHP).

The following CAHPS items (i.e., survey questions) were key drivers for the **Ohio Medicaid Managed Care Program general child population** for RHP, RHC, and/or RPD:

- ◆ Q11. Doctor explained reasons to take a medication (RPD).
- ◆ Q13. Doctor asked you what you thought was best for your child (RHC, RPD).
- ◆ Q15. Easy to get treatment needed (RHC, RPD).
- ◆ Q37. Personal doctor spent enough time with your child (RHP, RPD).
- ◆ Q46. Got an appointment with specialist as soon as needed (RHP, RHC).
- ◆ Q50. Received information or help from health plan customer service (RHP).

Adult and General Child Crosstabulations

Crosstabulations of the survey responses for 10 survey items, stratified by certain demographic variables, were presented in the Adult and General Child Results. A summary of findings for each item is described below.

Satisfaction with Health Care Providers: Have Personal Doctor

The percentage of adult members who have a personal doctor:

- Is highest for members between 45 to 54 years of age.
- Is highest for White members.
- Decreases as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child had a personal doctor:

- Decreases as child age increases.
- Increases with the parent's or caretaker's level of education.
- Is highest for White child members.

Coordination of Care

The percentage of adult members who reported that their personal doctor usually or always seemed informed and up-to-date about the care they received from other doctors:

- Is slightly higher for Female members than for Male members.
- Increases substantially with age.
- Increases as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child's personal doctor usually or always seemed informed and up-to-date about the care their child received from other doctors:

- Is slightly higher for Female child members.
- Decreases for children 2 to 12 years of age.

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

The percentage of adult members who reported having three or more visits to the doctor's office in the last six months:

- Decreases substantially as general health improves.
- Increases with age.
- Is higher for Female members than for Male members.

For the general child population, the percentage of parents or caretakers who reported their child had three or more visits to the doctor's office in the last six months:

- Is highest for children who are less than 2 years of age.
- Is highest for White child members.
- Decreases substantially as general health of child improves.

Number of Days Had to Wait Between Making an Appointment and Seeing a Doctor

The percentage of adult members who reported waiting 0 to 14 days between making an appointment and seeing a doctor:

- Is lower for Male members than for Female members.
- Is highest for members between 18 to 44 years of age.
- Decreases as general health declines.

For the general child population, the percentage of parents or caretakers who reported waiting 0 to 14 days between making an appointment and their child seeing a doctor:

- Is highest for children who are less than 2 years of age.
- Is lowest for non-White child members.

How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available

The percentage of adult members who reported never having to wait for an appointment because their health provider had limited hours or few available appointments:

- Is higher for Male members than for Female members.
- Is highest for White members.
- Decreases as general health declines.

For the general child population, the percentage of parents or caretakers who reported never having to wait for an appointment because their child's health provider had limited hours or few available appointments:

- Is highest for children who are less than 2 years of age.
- Is highest for Black child members.
- Decreases as general health of child declines.

Customer Service Composite

The percentage of adult members who reported being satisfied with their health plan's customer service:

- Is highest for members 55 years of age or older.
- Is highest for Black members.
- Increases as general health improves.

For the general child population, the percentage of parents or caretakers who reported being satisfied with their health plan's customer service:

- Is highest for child members of Other race/ethnicity.
- Is highest for children who are less than 2 years of age.

Rating of All Health Care

The percentage of adult members who reported being satisfied with their health care:

- Is lowest for Black members.

- Increases substantially as general health improves.

For the general child population, the percentage of parents or caretakers who reported being satisfied with their child's health care:

- Is highest for children 13 to 17 years of age.
- Increases substantially as general health of child improves.

Rating of Health Plan

The percentage of adult members who reported being satisfied with their health plan:

- Is higher for Male members than for Female members.
- Is lowest for Black members.
- Increases with age.

For the general child population, the percentage of parents or caretakers who reported they were satisfied with their child's health plan:

- Is highest for children who are less than 2 years of age.
- Increases as general health of child improves.

Rating of Overall Mental or Emotional Health

The percentage of adult members who reported having excellent or very good mental or emotional health:

- Is higher for Female members than for Male members.
- Decreases as age increases.
- Increases with member's level of education.
- Increases as general health improves.

For the general child population, the percentage of parents or caretakers who reported their child having excellent or very good mental or emotional health:

- Is higher for Female child members.
- Decreases as child age increases.

- Increases with parent's or caretaker's level of education.
- Increases as general health improves.

Rating of Overall Health

The percentage of adult members who reported having excellent or very good overall health:

- Is higher for Female members than for Male members.
- Decreases as age increases.
- Increases with member's level of education.

For the general child population, the percentage of parents or caretakers who reported their child having excellent or very good overall health:

- Decreases as age of the child increases.
- Is highest for White child members.
- Increases with parent's or caretaker's level of education.

Children with Chronic Conditions Results⁶⁻³

CCC and Non-CCC Comparative Analysis

Table 6-13 summarizes the results of the comparative analysis presented in the Children with Chronic Conditions Results section. The items listed in the table are limited to those items where statistically significant differences between the populations' means were identified.

Table 6-13 CCC and Non-CCC Comparative Analysis Summary of Results		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Global Ratings		
Rating of Health Plan	Non-CCC	CCC
Composite Measures		
Getting Needed Care Composite	Non-CCC	CCC
Getting Needed Care: Getting Care Believed Necessary	Non-CCC	CCC
Shared Decision Making Composite	CCC	Non-CCC
Shared Decision Making: Reasons to Take a Medicine	CCC	Non-CCC
Shared Decision Making: Reasons Not to Take a Medicine	CCC	Non-CCC
Shared Decision Making: Best Medicine Choice for Your Child	CCC	Non-CCC
Individual Items		
Health Promotion and Education	CCC	Non-CCC
CCC Composite Measures		
Access to Prescription Medicines CCC Items	Non-CCC	CCC
FCC: Getting Needed Information CCC Items	CCC	Non-CCC
Coordination of Care for CCC: Help Coordinating Child's Care	CCC	Non-CCC
Satisfaction with Health Plan		
Got Information or Help from Customer Service	CCC	Non-CCC
Filled Out Paperwork	CCC	Non-CCC
Satisfaction with Health Care Providers		
Have Personal Doctor	CCC	Non-CCC
Child Able to Talk with Doctors	CCC	Non-CCC
Access to Care		
Tried to Make Appointment to See Specialist	CCC	Non-CCC
Made Appointments for Health Care	CCC	Non-CCC
Had Illness, Injury, or Condition that Needed Care Right Away	CCC	Non-CCC
Utilization of Services		
Number of Visits to the Doctor's Office	Non-CCC	CCC

⁶⁻³ CareSource was excluded from any results related to the CCC and non-CCC populations.

The overall mean for the non-CCC population was significantly higher than that of the CCC population for five measures; whereas, the overall mean for the CCC population was significantly higher than that of the non-CCC population for 14 measures.

CCC and Non-CCC Trend Analysis

Table 6-14 summarizes the results of the trend analysis presented in the Children with Chronic Conditions Results section. The items listed in the table are limited to those items where statistically significant differences between the populations' means were identified.

Table 6-14 CCC and Non-CCC Trend Analysis Summary of Results		
Measure	Population with Significantly Higher Score in 2014	Population with Significantly Lower Score in 2014
Global Ratings		
Rating of All Health Care	CCC	—
Composite Measures		
How Well Doctors Communicate Composite	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand	Non-CCC	—
How Well Doctors Communicate: Doctors Listened Carefully	CCC Non-CCC	—
How Well Doctors Communicate: Doctors Showed Respect	Non-CCC	—
How Well Doctors Communicate: Doctors Spent Enough Time with Patient	CCC	—
Shared Decision Making: Best Medicine Choice for Your Child	CCC	—
Satisfaction with Health Plan		
Got Information or Help from Customer Service	Non-CCC	—
Filled Out Paperwork	CCC	—
Problem with Paperwork for Health Plan	CCC	—
Satisfaction with Health Care Providers		
Doctors Explained Things in Way Child Could Understand	Non-CCC	—
Child Able to Talk with Doctors	Non-CCC	—
Access to Care		
Had Illness, Injury, or Condition that Needed Care Right Away	—	CCC Non-CCC
Utilization of Services		
Number of Visits to the Doctor's Office	CCC	—
Access to Specialized Services		
Special Medical Equipment	—	CCC

The overall means for the CCC and non-CCC populations were significantly lower in 2014 than in 2013 for the Access to Care: Had Illness, Injury, or Condition that Needed Care Right Away measure. In addition, the overall mean for the CCC population was significantly lower in 2014 than in 2013 for the Access to Specialized Services: Special Medical Equipment measure.

The overall mean for the CCC population was significantly higher in 2014 than in 2013 for eight measures; whereas, the overall mean for the non-CCC population was significantly higher in 2014 than in 2013 for seven measures.

CCC Population Crosstabulations

Crosstabulations of the survey responses for 14 survey items, stratified by certain demographic variables, were presented in the Children with Chronic Conditions Results. A summary of findings for each item for the CCC population is described below.

Satisfaction with Health Care Providers: Have Personal Doctor

The percentage of parents or caretakers who reported that their child has a personal doctor:

- Is higher for Female child members.
- Is highest for White child members.
- Increases with parent's or caretaker's level of education.

Coordination of Care

The percentage of parents or caretakers who reported their child's personal doctor usually or always seemed informed and up-to-date about the care their child received from other doctors:

- Is highest for children less than 2 years of age.
- Is highest for Other race/ethnicity child members.

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

The percentage of parents or caretakers who reported their child visited the doctor's office three or more times in the last six months:

- Decreases substantially as the child's age increases.
- Is lowest for non-White child members.
- Increases as the general health of the child declines.

Number of Days Had to Wait Between Making an Appointment and Seeing a Doctor

The percentage of parents or caretakers who reported waiting 0 to 14 days between making an appointment and their child seeing a doctor:

- Is lowest for non-White child members.
- Decreases with parent's or caretaker's level of education.
- Decreases slightly as the general health of the child declines.

How Often Waited for Appointment Because Doctor Had Limited Hours or Few Appointments Available

The percentage of parents or caretakers who reported never waiting for an appointment because their child's health provider had limited hours or few available appointments:

- Is highest for Black child members.
- Increases as the general health of the child improves.

Customer Service Composite

The percentage of parents or caretakers who reported being satisfied with their health plan's customer service:

- Is highest for children less than 2 years of age.
- Decreases as the general health of the child declines.

Rating of All Health Care

The percentage of parents or caretakers who reported being satisfied with their child's health care:

- Is highest for children 13 to 17 years of age.
- Is highest for child members of Other race/ethnicity.
- Decreases as the general health of the child declines.

Rating of Health Plan

The percentage of parents or caretakers who reported being satisfied with their child's health plan:

- Is higher for Male child members.
- Is highest for children less than 2 years of age.
- Increases as general health of child improves.

Rating of Overall Mental or Emotional Health

The percentage of parents or caretakers who reported their child having excellent or very good mental or emotional health:

- Decreases as the child's age increases.
- Is higher for parents or caretakers who completed some college or more.
- Increases as general health of child improves.

Rating of Overall Health

The percentage of parents or caretakers who reported their child having excellent or very good overall health:

- Is higher for Male child members.
- Is lowest for non-White child members.
- Is higher for parent or caretakers who completed some college or more.

Access to Prescription Medicines Composite Measure

The percentage of parents or caretakers who reported usually or always having access to prescription medicines for their child:

- Is highest for Black child members.
- Increases as the general health of the child improves.

Access to Specialized Services Composite Measure

The percentage of parents or caretakers who reported being satisfied with their child's access to specialized services:

- Is highest for children 13 to 17 years of age.
- Increases as the general health of the child improves.
- Is lower for parents or caretakers who completed some college or more.

Coordination of Care for CCC Composite

The percentage of parents or caretakers who reported receiving help in coordinating their child's care:

- Decreases as the child's age increases.
- Is lower for parents or caretakers who completed some college or more.
- Increases as the general health of the child declines.

CCC Population Categories

Use or Need for Prescription Medicines

The percentage of parents or caretakers who reported their child had above average use or need for prescription medicines:

- Is lowest for Non-White child members.
- Increases as the general health of the child declines.

Above Average Use or Need for Medical, Mental Health, or Education Services

The percentage of parents or caretakers who reported their child had above average use or need for medical, mental health, or education services:

- Is highest for children 8 to 12 years of age.
- Is higher for parents or caretakers who completed some college or more.
- Increases as the general health of the child declines.

Functional Limitations Compared with Others of Same Age

The percentage of parents or caretakers who reported their child had functional limitations compared with others of the same age:

- Is higher for Male child members.
- Is lowest for children less than 2 years of age.
- Increases as the general health of the child declines.

Use of or Need for Specialized Therapies

The percentage of parents or caretakers who reported their child had used or needed specialized therapies:

- Is higher for Male child members.
- Is higher for children 7 years of age and younger.
- Is highest for children of Other race/ethnicity.
- Increases as the general health of the child declines.

Treatment or Counseling for Emotional or Developmental Problems

The percentage of parents or caretakers who reported their child had received treatment or counseling for emotional or developmental problems:

- Is higher for Male child members.
- Is higher for children 8 years of age and older.
- Is highest for White child members.
- Increases as the general health of the child declines.

Conclusions

Adult and General Child Results

When results for the general child population were compared to Medicaid national percentiles, the Ohio Medicaid Managed Care Program had good to excellent performance (i.e., none of the program's means were below the 50th percentile). However, results for the Ohio Medicaid Managed Care Program's adult population, ranged from below the 25th national Medicaid percentile to at or above the 90th national Medicaid percentile. Areas of excellent performance (i.e., at or above the 90th percentile) included: How Well Doctors Communicate (both adult and general child), Rating of All Health Care (general child), and Getting Care Quickly (general child). For the adult population, CareSource had the highest results when compared to national percentiles (i.e., five measures at or above the 75th percentile), while UnitedHealthcare and Paramount had the lowest results (i.e., both plans scored below the 25th percentile for one measure and at or between the 25th and 49th percentiles for one measure). For the general child population, Paramount had the highest results when compared to national percentiles, while Buckeye had the lowest results.

The statewide comparisons analysis for the global ratings, composite measures, composite items, individual items, additional items, CCC composites, CCC composite items, and CCC items revealed significant differences between the MCPs' mean scores when compared to the program average. CareSource's and UnitedHealthcare's mean scores were significantly higher than the program mean scores more frequently than any other MCP, while Buckeye's mean scores were significantly lower than the program mean scores more frequently than any other MCP. In addition, the analyses revealed significant differences between the MCPs' and program's 2014 mean scores compared to the MCPs' and program's 2013 mean scores for the measures. The program's 2014 mean scores were significantly higher than the 2013 mean scores for eight measures. CareSource's 2014 mean scores were significantly higher than its 2013 mean scores more frequently than any of the MCPs, while Buckeye's 2014 means scores were significantly lower than its 2013 means scores more frequently than any other MCP.

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

start or stop a prescription (RPD). For the general child population, top priority items for the program included: ease of getting care, tests, or treatment (RHC, RPD); amount of time a child's personal doctor spends with the child (RHP, RPD); getting an appointment with a specialist (RHP, RHC); receiving information or help from the health plan's customer service (RHP); a health provider talking about reasons for the child to take a medicine (RPD); and a health provider asking what was best for the child with regard to starting or stopping a prescription (RHC, RPD).

An evaluation of survey responses stratified by demographic variables revealed differences amongst demographic categories. For both the adult and general child population, Whites were more likely to have a personal doctor than Blacks or those of another race/ethnicity. Members that had good, fair, or poor general health were less likely to be satisfied with all their health care, health plan, and the health plan's customer service when compared to those with excellent or very good general health.

Child with Chronic Conditions Results

The children with chronic conditions (CCC) and non-CCC populations reported different levels of satisfaction. In general, the CCC population reported significantly higher levels of satisfaction (i.e., more measures with a higher mean score) than the non-CCC population. The CCC population's mean scores were significantly higher than the non-CCC population for 14 measures. On the other hand, the CCC population's mean scores were significantly lower than the non-CCC population for five measures. In addition, the mean score for the CCC population was significantly higher in 2014 than 2013 for eight measures, whereas the overall mean for the non-CCC population was significantly higher in 2014 than 2013 for seven measures.

An evaluation of survey responses stratified by demographic variables revealed differences amongst demographic categories for the CCC population. White child members were more likely to have a personal doctor than Blacks and those of another race/ethnicity. Parents or caretakers of child members that had good, fair, or poor general health were less likely to be satisfied with all their child's health care and health plan when compared to those with excellent or very good general health. As expected, child members with good, fair, or poor general health used or needed more prescription medicines; medical, mental health, or education services; and specialized therapies; had more functional limitations; and received more treatment or counseling for emotional or developmental problems when compared to those with excellent or very good general health.

Cautions and Limitations

The findings presented in the 2014 Ohio Medicaid Managed Care Program CAHPS Reports are subject to some limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

Case-Mix Adjustment

The demographics of respondents may impact member satisfaction; however, results in the reports were not case-mix adjusted to account for differences in the respondent characteristics. Caution should be exercised when interpreting the CAHPS results. NCQA does not recommend case-mix adjusting CAHPS results to account for these differences.⁷⁻¹

Non-Response Bias

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

Causal Inferences

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

Survey Vendor Effects

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

⁷⁻¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

CareSource Sample Issue

Upon analyzing the MCPs' 2014 survey data, HSAG discovered that CareSource's Medicaid Child Survey-Children with Chronic Conditions (MCS-CCC) data file was incomplete. As a result, HSAG obtained and used the data file from CareSource's independent administration in 2014 of the CAHPS 5.0H Child Medicaid Health Plan Survey. While these data were suitable for analysis, the data were limited to CareSource's general child population; therefore, Ohio Medicaid's 2014 CAHPS reports include CareSource's results for the general child population, but do not include CareSource's results in any of the analyses related to the CCC and non-CCC populations.

Ohio Medicaid Managed Care Program Changes

In 2013, the Ohio Medicaid Managed Care Program underwent significant changes that should be considered when interpreting the 2013 CAHPS results. Effective July 1, 2013, Ohio Medicaid consolidated health plan regions (reduced from eight to three) and combined coverage across the two managed care populations (ABD and CFC) to be more efficient, linked health plan payments to performance, and enrolled children with disabilities in managed care. The state also established new contracts with the MCPs at this time. Five of the plans included in the 2013 survey (Buckeye, CareSource, Molina, Paramount, and UnitedHealthcare) continued to serve Ohio Medicaid members effective July 1, 2013, while two (AMERIGROUP and WellCare) did not. In addition to these changes, the state required contracting MCPs to hold NCQA accreditation (which includes CAHPS results) by June 30, 2013.

Recommendations

The CAHPS surveys were originally developed to meet the needs of consumers for usable, relevant information on quality of care from members' perspectives. However, the surveys also play an important role as a quality improvement (QI) tool for health care organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time.

The key drivers correlate to opportunities for improvement for the MCPs, which were determined by members' responses to the CAHPS survey. The key drivers' results indicated the MCPs should focus efforts on specific areas within the Getting Needed Care, Customer Service, and Shared Decision Making composite measures. Recommendations to assist the MCPs with improving these key drivers are described on the following pages. The recommendations are provided for the MCPs under evaluation, for their consideration in guiding the development of strategies and interventions to improve members' satisfaction. It is understood that not all recommendations may be applicable to each MCP.

Getting Needed Care

Appropriate Health Care Providers

MCPs should ensure that members are receiving care from physicians most appropriate to treat their condition. Tracking members to ensure they are receiving effective, necessary care from those appropriate health care providers is imperative to assessing quality of care. MCPs should actively attempt to match members with appropriate health care providers and engage providers in their efforts to ensure appointments are scheduled for members to receive care in a timely manner. These efforts can lead to improvements in quality, timeliness, and members' overall access to care.

Streamline Referral Process

Streamlining the referral process allows members to more readily obtain the care they need. A referral expert can assist with this process and expedite the time from physician referral to the member actually receiving needed care. A referral expert, which can be a person and/or an electronic system, is responsible for tracking and managing each health plan's referral requirements. An electronic referral system, such as a Web-based system, can improve the communication mechanisms between primary care physicians and specialists to determine which clinical conditions require a referral. This may be determined by referral frequency. An electronic referral process also allows providers to have access to a standardized referral form to ensure that all necessary information is collected from the parties involved (e.g., plans, members, and providers) in a timely manner.

Open Access Scheduling

Open access, also known as same-day scheduling, is a method of scheduling that allows members to obtain an appointment with their physician on the same day they call for an appointment. Better access to care typically results in higher levels of member satisfaction. MCPs should work with physicians to set a target date to eliminate backlog of appointments in order to accommodate same day appointments. MCPs should encourage physicians to modify appointments to be approximately the same length.

Customer Service

Creating an Effective Customer Service Training Program

Health plan efforts to improve customer service should include implementing a training program to meet the needs of the plan's unique work environment. Direct member feedback should be disclosed to employees to emphasize why certain changes need to be made. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place.

The customer service training should be geared toward teaching the fundamentals of effective communication. Employees should feel competent in resolving conflicts and service recovery. In order to ensure strong communication and problem solving skills, short meetings should be held on a daily basis to provide more face time and recognition from management. These meetings should also give employees the opportunity to discuss problems with any members, allowing staff members to transfer any knowledge or ideas to the entire group, and should ensure constant communication is occurring amongst the staff.

The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. MCPs should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.

Customer Service Performance Measures

Setting MCP-level customer service standards can assist in addressing areas of concern and serve as domains for which MCPs can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about prior authorizations, and the number of member complaints. Collected measures should be communicated with providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Call Centers

An evaluation of current health plan call center hours (both normal business hours and after hours) and practices can be conducted to determine if the hours and resources meet members' needs. MCPs can evaluate the success and satisfaction of members accessing the after-hours customer service center in resolving members' issues. Additionally, asking members to complete a short survey at the end of each call can assist in determining if members are getting the help they need and identify potential areas for customer service improvement.

Listening Posts

Quality improvement activities that focus on the needs and experiences of members can increase members' perceptions of their customer service experiences. "Listening posts" refers to a variety of ways to learn about members' experiences and involve them in the improvement process. MCPs should work toward a system that routinely gathers feedback from members and perform root cause analyses to identify problems. Listening post strategies include:

- ◆ Surveys – MCPs can use data from CAHPS questions to monitor specific interventions on a more frequent, smaller scale.
- ◆ Focus groups – MCPs can conduct focus groups with staff and/or members to obtain more information about specific problems and discuss ideas for improvement strategies.
- ◆ Walkthroughs – MCPs can encourage their staff play the role of the patient to better understand members' emotional and physical experiences. Walkthroughs typically identify system problems, flow, attitude problems, and wasteful procedures and policies that can be easily fixed.
- ◆ Complaint/compliment letters – MCPs should perform a thorough review of any complaint or compliment letters that are received to understand members' health care wants and needs.
- ◆ Patient and family advisory councils – MCPs can create patient and family advisory councils to involve families and members in the design of care.

Shared Decision Making

Patient-Centered Care Model

Patient-centered care encourages members to take an active role in the management of their health care. Research has shown that members want more involvement in decision making in partnership with their doctors. MCPs should inform members about their medical condition(s) and involve members in the decision-making process. Implementing a team approach to shared decision making can be an effective way to communicate information between physicians and members. MCPs should train physicians on how to facilitate the shared decision-making process and ensure they are addressing members' needs and preferences.

Support Groups and Self-Care

MCPs can offer members access to educational, behavioral, and emotional resources and support to fulfill their health care needs. Self-care programs teach skills that can help members manage their medical problems on their own. MCPs should provide in-person meetings (which could be held at the health care facility or within the community [e.g., public libraries, senior centers]) or online support chat groups to teach members self-care and to provide support managing their health care. MCPs can utilize guidebooks that can serve as text for self-care programs or as a topical guide for

support group meetings. In addition, fliers left in physician offices and member newsletters can be another way to inform members about self-care programs and support groups.

Medication Management Coordination

MCPs should encourage providers to create an individualized medication management care plan for each member in order to achieve the goals of the intended drug therapy and to improve patient outcomes. In order for the medication management care plan to be effective, the member must understand, agree with, and participate in the treatment plan. The member and the provider should collaborate to determine the most effective medication care plan. In addition, the provider should listen to the member to determine if he or she does not believe the medication is effective at treating his or her condition. Furthermore, the creation of the medication management care plan should rely on the coordination of care between providers (i.e., primary care physician, specialist, and pharmacist), especially for members with multiple medications. MCPs should train physicians how to facilitate the shared decision making process between other providers and the members to ensure they are addressing members' needs and preferences.

How to Read Figures in the Results Section

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

National Comparisons

Star ratings were determined for each CAHPS measure using the percentile distributions in Table 8-1.

Stars	Adult and General Child Percentiles
★★★★★	At or above the 90 percentile
★★★★	At or above the 75th and below the 90th percentiles
★★★	At or above the 50th and below the 75th percentiles
★★	At or above the 25th and below the 50th percentiles
★	Below the 25th percentile

Table 8-2 and Table 8-3 show the adult and general child Medicaid Benchmarks and Thresholds for Accreditation, respectively, used to derive the overall member satisfaction ratings on each CAHPS measure.⁸⁻¹ NCQA does not publish benchmarks and thresholds for the Shared Decision Making composite; therefore, the Shared Decision Making star ratings are based on NCQA's 2014 National Adult and Child Medicaid data.⁸⁻²

Measure	Number of Stars				
	★★★★★	★★★★	★★★	★★	★
Rating of Health Plan	≥ 2.540	2.460 – 2.539	2.400 – 2.459	2.320 – 2.399	0 – 2.319
Rating of All Health Care	≥ 2.420	2.380 – 2.419	2.320 – 2.379	2.270 – 2.319	0 – 2.269
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	≥ 2.460	2.410 – 2.459	2.370 – 2.409	2.310 – 2.369	0 – 2.309
Getting Care Quickly	≥ 2.490	2.450 – 2.489	2.410 – 2.449	2.370 – 2.409	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
Shared Decision Making	≥ 2.320	2.281 – 2.319	2.241 – 2.280	2.200 – 2.240	0 – 2.199

⁸⁻¹ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2014*. Washington, DC: NCQA, July 25, 2014.

⁸⁻² NCQA National Distribution of 2014 Adult and Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on April 10, 2015.

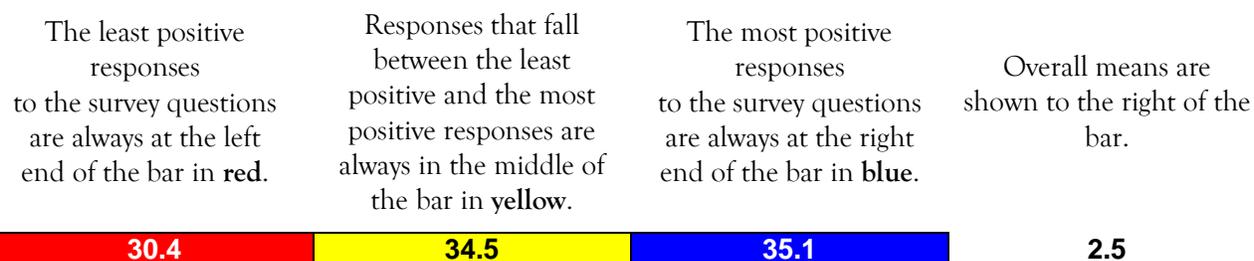
**Table 8-3
Overall General Child Medicaid Member Satisfaction Ratings Crosswalk**

Measure	Number of Stars				
	★★★★★	★★★★	★★★	★★	★
Rating of Health Plan	≥ 2.670	2.620 – 2.669	2.570 – 2.619	2.510 – 2.569	0 – 2.509
Rating of All Health Care	≥ 2.590	2.570 – 2.589	2.520 – 2.569	2.490 – 2.519	0 – 2.489
Rating of Personal Doctor	≥ 2.690	2.650 – 2.689	2.620 – 2.649	2.580 – 2.619	0 – 2.579
Rating of Specialist Seen Most Often	≥ 2.660	2.620 – 2.659	2.590 – 2.619	2.530 – 2.589	0 – 2.529
Getting Needed Care	≥ 2.570	2.520 – 2.569	2.460 – 2.519	2.380 – 2.459	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
Shared Decision Making	≥ 2.390	2.344 – 2.389	2.277 – 2.343	2.238 – 2.276	0 – 2.237

Statewide Comparisons

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

Separate bar graphs were created for the global ratings, composite measures, items within the composites, individual item measures, individual questions in four areas of interest (Satisfaction with Health Plan, Satisfaction with Health Care Providers, Access to Care, and Utilization of Services), CCC composite measures, items within the CCC composites, and CCC items. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for Ohio's Medicaid Managed Care Program and its participating MCPs. Statistically significant differences between the MCP-level scores in 2014 and the program average in 2014 are noted next to the bar graphs. In addition, statistically significant differences between mean scores in 2014 and mean scores in 2013 for each MCP and the program average are noted next to the bar graphs.



For figures with two response categories, only blue and red bars are depicted. For certain questions, response categories are neither more positive nor less positive. For these questions, the colors of the bars simply identify different response categories.

Numbers within the bars represent the percentage of respondents in the response category. Overall means are shown to the right of the bars.

Arrows (↑ and ↓) to the right of the overall means indicate statistically significant differences between an MCP's mean scores in 2014 and the program average in 2014. Triangles (▲ and ▼) to the left of the overall means indicate statistically significant differences between mean scores in 2014 and mean scores in 2013 for each MCP and the program average. Only statistically significant findings are discussed within the text of the Statewide Comparisons section. National Medicaid averages are provided in the graphs as a reference, when available.

Priority Assignments

Priority matrices were used to identify the level of priority of each composite item evaluated: top, moderate, or low. The figure below illustrates the interpretation of the priority matrices.

CORRELATION WITH GLOBAL RATING	High	MODERATE PRIORITY Already doing well on composite items highly correlated with global rating. Could decide to try to do even better. <i>Maintain high performance</i>	TOP PRIORITY High problem scores on composite items highly correlated with global rating. <i>Deserve further scrutiny</i>
	Low	LOW PRIORITY Doing well on composite items not highly correlated with global rating. <i>Unlikely target for improvement activities</i>	MODERATE PRIORITY High problem scores on composite items not highly correlated with global rating. <i>Possible target for improvement depending on other priorities</i>
		Low	High
		PROBLEM SCORE	

Each priority matrix is broken out into four parts based on the median problem score and the median correlation with the global rating. Composite items with high problem scores and correlations with the global rating are considered a top priority for the key drivers analysis. Top priority key drivers indicate that the program or the MCP is not doing well with regard to a composite item driving the global performance rating. Low priority composite items indicate the program or the MCP is performing well on an item that is not highly correlated with the global rating. Moderate priority composite items are those items the program or the MCP is either not

performing well on or has a high correlation with the global rating. The median, rather than the mean, is used to ensure that extreme problem scores and correlations do not have a disproportionate influence in prioritizing individual questions.

A problem score above the median is considered to be “high.” In other words, if the score for a particular question has a higher “problem” rating than the median of all questions, then the problem rating is considered to be “high.” If this question’s correlation with the global rating is also high, then that question falls into the “Top Priority” quadrant on the matrix. If this same question’s correlation with the global rating is low, then that question falls into the “Moderate Priority” quadrant. In this manner, all questions in each composite are categorized into the four quadrants on the matrix. Questions that appear in the “Top Priority” quadrant may be considered the most significant problem areas in that they also have the highest correlation with the global rating (i.e., improvement in performance on these questions is most likely to improve performance on the global rating).

Understanding Statistical Significance

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

Understanding Correlation Analysis

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

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

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

It is important to understand that it is possible for two variables to be strongly related (i.e., correlated) but not have one variable cause another. The priority matrices identify the questions that have the greatest potential to effect change in overall satisfaction with the global ratings. Nothing in these matrices is intended to indicate causation. For example, respondents may report low satisfaction with ease of getting care, tests, or treatment and also a low overall rating of the health plan. This does not indicate that difficulty in getting care, tests, or treatment causes lower ratings of the health plan. The strength of the relationship between the two only helps to understand whether the difficulty of getting care, tests, or treatments should be a top priority or not.

Understanding Sampling Error

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

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

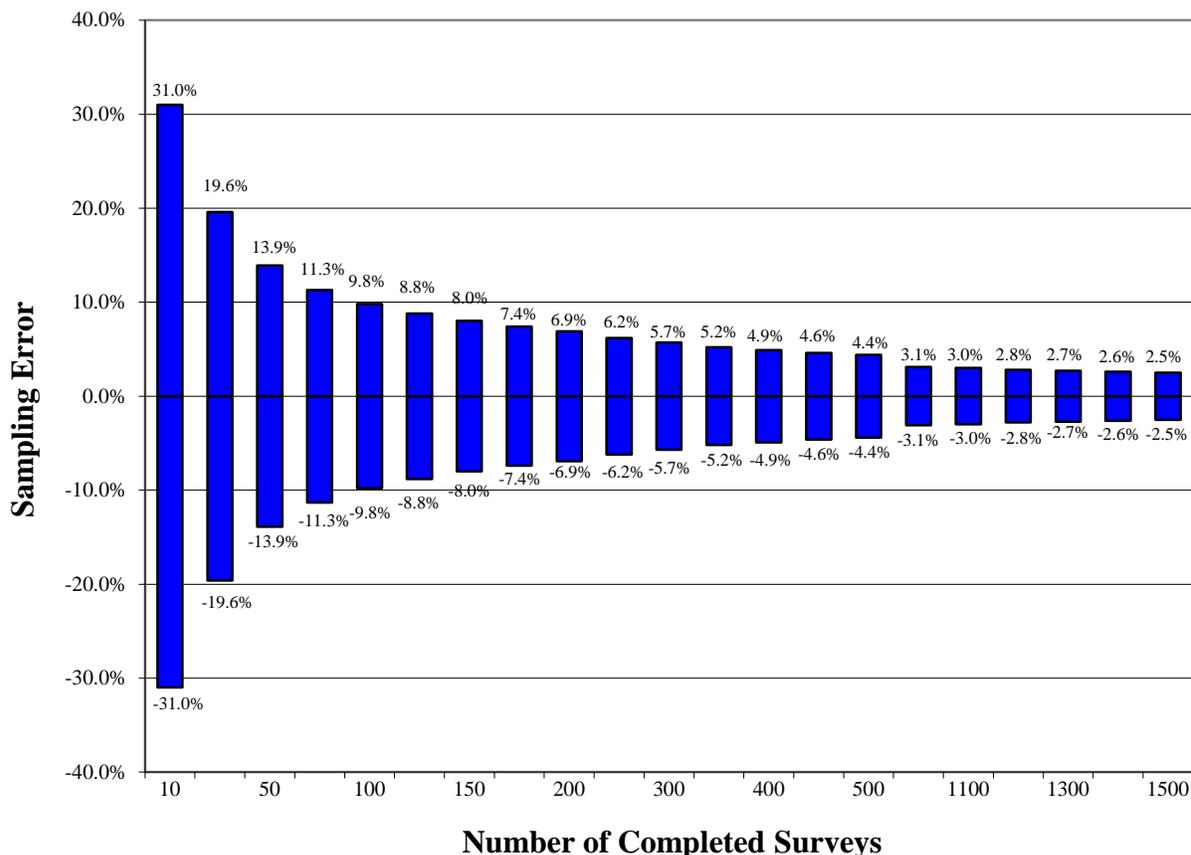
Since every member in an MCP's total population is not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques are used to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is ± 10 percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. Table 8-4 depicts the sampling errors for various numbers of responses.⁸⁻³

Table 8-4 Sampling Error and the Number of Survey Responses								
Number of Responses	100	150	200	250	300	350	400	500
Approximate Sampling Error (%)	± 9.8	± 8.0	± 6.9	± 6.2	± 5.7	± 5.2	± 4.9	± 4.4

The size of the sampling error shown in Figure 8-1 is based on the number of completed surveys. Figure 8-1, on page 8-7, indicates that if 400 MCP members complete a survey, the margin of error is ± 4.9 percent. Note that the calculations used in the graph assume that the size of the eligible population is greater than 2,000, as is the case with most Medicaid MCPs. As the number of members completing a survey decreases, the sampling error increases. Lower response rates may bias results because the proportion of members responding to a survey may not necessarily reflect the randomness of the entire sample.

⁸⁻³ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

Figure 8-1
Sampling Error and the Number of Completed Surveys



As Figure 8-1 demonstrates, sampling error declines as the number of completed surveys increases.⁸⁻⁴ Consequently, when the number of completed surveys is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP’s perspective. The context in which the MCP data are reviewed will influence the interpretation of results.

It is important to note that sampling error can impact the interpretation of MCP results. For example, assume that 150 state Medicaid respondents were 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true satisfaction rate ranges between 72 percent and 88 percent. If 100 of an MCP’s members completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of 5 percentage points between the two rates as important. However, the true satisfaction rate of the MCP’s respondents ranges between 75 percent and 95 percent, thereby overlapping the state Medicaid average including sampling error. Whenever two measures fall within each other’s sampling error, the difference may not be

⁸⁻⁴ Fink, A. *How to Sample in Surveys*. Thousand Oaks, CA: Sage Publications, Inc.; 1995.

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.

Quality Improvement References

The following references offer guidance on possible approaches to CAHPS-related QI activities.

AHRQ Health Care Innovations Exchange Web site. *Expanding Interpreter Role to Include Advocacy and Care Coordination Improves Efficiency and Leads to High Patient and Provider Satisfaction*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2726>. Accessed on: March 4, 2015.

AHRQ Health Care Innovations Exchange Web site. *Interactive Workshops Enhance Access to Health Education and Screenings, Improve Outcomes for Low-Income and Minority Women*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2605>. Accessed on: March 4, 2015.

AHRQ Health Care Innovations Exchange Web site. *Online Tools and Services Activate Plan Enrollees and Engage Them in Their Care, Enhance Efficiency, and Improve Satisfaction and Retention*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2133>. Accessed on: March 4, 2015.

AHRQ Health Care Innovations Exchange Web site. *Health Plan's Comprehensive Strategy Involving Physician Incentives and Targeted Recruitment Enhances Patient Access to Language-Concordant Physicians*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=3858>. Accessed on: March 6, 2015.

AHRQ Health Care Innovations Exchange Web site. *Program Makes Staff More Sensitive to Health Literacy and Promotes Access to Understandable Health Information*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=1855>. Accessed on: March 4, 2015.

AHRQ Health Care Innovations Exchange Web site. *Program to Engage Employees in Quality Improvements Increases Patient and Employee Satisfaction and Reduces Staff Turnover*. Available at: <http://www.innovations.ahrq.gov/content.aspx?id=2907>. Accessed on: March 4, 2015.

American Academy of Pediatrics Web site. *Quality Improvement: Open Access Scheduling*. Available at: <http://www.aap.org/en-us/professional-resources/practice-support/quality-improvement/Pages/Quality-Improvement-Open-Access-Scheduling.aspx>. Accessed on: March 4, 2015.

Backer LA. Strategies for better patient flow and cycle time. *Family Practice Management*. 2002; 9(6): 45-50. Available at: <http://www.aafp.org/fpm/20020600/45stra.html>. Accessed on: March 4, 2015.

Barrier PA, Li JT, Jensen NM. Two Words to Improve Physician-Patient Communication: What Else? *Mayo Clinic Proceedings*. 2003; 78: 211-214. Available at: <http://download.journals.elsevierhealth.com/pdfs/journals/0025-6196/PIIS0025619611625524.pdf>. Accessed on: March 4, 2015.

Berwick DM. A user's manual for the IOM's 'Quality Chasm' report. *Health Affairs*. 2002; 21(3): 80-90.

Bonomi AE, Wagner EH, Glasgow RE, et al. Assessment of chronic illness care (ACIC): a practical tool to measure quality improvement. *Health Services Research*. 2002; 37(3): 791-820.

Camp R, Tweet AG. Benchmarking applied to health care. *Joint Commission Journal on Quality Improvement*. 1994; 20: 229-238.

Edgman-Levitan S, Shaller D, McInnes K, et al. *The CAHPS® Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. Department of Health Care Policy Harvard Medical School, October 2003.

Flores G. Language barriers to health care in the United States. *The New England Journal of Medicine*. 2006; 355(3): 229-31.

Fong Ha J, Longnecker N. Doctor-patient communication: a review. *The Ochsner Journal*. 2010; 10(1): 38-43. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/pdf/i1524-5012-10-1-38.pdf>. Accessed on: March 4, 2015.

Fottler MD, Ford RC, Heaton CP. *Achieving Service Excellence: Strategies for Healthcare (Second Edition)*. Chicago, IL: Health Administration Press; 2010.

Fraenkel L, McGraw S. What are the Essential Elements to Enable Patient Participation in Decision Making? *Society of General Internal Medicine*. 2007; 22: 614-619.

Garwick AW, Kohrman C, Wolman C, et al. Families' recommendations for improving services for children with chronic conditions. *Archives of Pediatric and Adolescent Medicine*. 1998; 152(5): 440-8.

Gerteis M, Edgman-Levitan S, Daley J. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco, CA: Jossey-Bass; 1993.

Grumbach K, Selby JV, Damberg C, et al. Resolving the gatekeeper conundrum: what patients value in primary care and referrals to specialists. *Journal of the American Medical Association*. 1999; 282(3): 261-6.

Houck S. *What Works: Effective Tools & Case Studies to Improve Clinical Office Practice*. Boulder, CO: HealthPress Publishing; 2004.

Institute for Healthcare Improvement Web site. *Decrease Demand for Appointments*. Available at: <http://www.ihl.org/knowledge/Pages/Changes/DecreaseDemandforAppointments.aspx>.

Accessed on: March 4, 2015.

Institute for Healthcare Improvement Web site. *Office Visit Cycle Time*. Available at: <http://www.ihl.org/knowledge/Pages/Measures/OfficeVisitCycleTime.aspx>. Accessed on: March 4, 2015.

Institute for Healthcare Improvement Web site. *Reduce Scheduling Complexity: Maintain Truth in Scheduling*. Available at: <http://www.ihl.org/knowledge/Pages/Changes/ReduceSchedulingComplexity.aspx>. Accessed on: March 4, 2015.

Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.

Keating NL, Green DC, Kao AC, et al. How are patients' specific ambulatory care experiences related to trust, satisfaction, and considering changing physicians? *Journal of General Internal Medicine*. 2002; 17(1): 29-39.

Korsch BM, Harding C. *The Intelligent Patient's Guide to the Doctor-Patient Relationship: Learning How to Talk So Your Doctor Will Listen*. New York, NY: Oxford University Press; 1998.

Landro L. The talking cure for health care. *The Wall Street Journal*. 2013. Available at: <http://online.wsj.com/article/SB10001424127887323628804578346223960774296.html>.

Accessed on: March 4, 2015.

Langley GJ, Nolan KM, Norman CL, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. San Francisco, CA: Jossey-Bass; 1996.

Leebov W, Scott G. *Service Quality Improvement: The Customer Satisfaction Strategy for Health Care*. Chicago, IL: American Hospital Publishing, Inc.; 1994.

Leebov W, Scott G, Olson L. *Achieving Impressive Customer Service: 7 Strategies for the Health Care Manager*. San Francisco, CA: Jossey-Bass; 1998.

Maly RC, Bourque LB, Engelhardt RF. A randomized controlled trial of facilitating information given to patients with chronic medical conditions: Effects on outcomes of care. *Journal of Family Practice*. 1999; 48(5): 356-63.

Molnar C. Addressing challenges, creating opportunities: fostering consumer participation in Medicaid and Children's Health Insurance managed care programs. *Journal of Ambulatory Care Management*. 2001; 24(3): 61-7.

Murray M. Reducing waits and delays in the referral process. *Family Practice Management*. 2002; 9(3): 39-42. Available at: <http://www.aafp.org/fpm/2002/0300/p39.html>. Accessed on: March 4, 2015.

Murray M, Berwick DM. Advanced access: reducing waiting and delays in primary care. *Journal of the American Medical Association*. 2003; 289(8): 1035-40.

Nelson AM, Brown SW. *Improving Patient Satisfaction Now: How to Earn Patient and Payer Loyalty*. New York, NY: Aspen Publishers, Inc.; 1997.

Patient-Centered Primary Care Collaborative. The patient-centered medical home: Integrating comprehensive medications management to optimize patient outcomes. (2nd edition). 2012. Available at: <https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf>. Accessed on May 19, 2015.

Plott B. Five tips for improving communication with your patients. *Medical CME Conferences: Continuing Medical Education for Primary Care Physicians*. Available at: <http://www.medicalcmeconferences.com/5-tips-for-improving-communication-with-your-patients/>. Accessed on: March 4, 2015.

Quigley D, Wiseman S, Farley D. *Improving Performance for Health Plan Customer Service: A Case Study of a Successful CAHPS Quality Improvement Intervention*. Rand Health Working Paper; 2007. Available at: http://www.rand.org/pubs/working_papers/WR517. Accessed on: March 4, 2015.

Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. Cambridge, MA: Institute for Healthcare Improvement; 2008.

Schaefer J, Miller D, Goldstein M, et al. *Partnering in Self-Management Support: A Toolkit for Clinicians*. Cambridge, MA: Institute for Healthcare Improvement; 2009. Available at: http://www.improvingchroniccare.org/downloads/selfmanagement_support_toolkit_for_clinicians_2012_update.pdf. Accessed on: March 4, 2015.

Spicer J. Making patient care easier under multiple managed care plans. *Family Practice Management*. 1998; 5(2): 38-42, 45-8, 53.

Stevenson A, Barry C, Britten N, et al. Doctor-patient communication about drugs: The evidence for shared decision making. *Social Science & Medicine*. 2000; 50: 829-840.

Wasson JH, Godfrey MM, Nelson EC, et al. Microsystems in health care: Part 4. Planning patient-centered care. *Joint Commission Journal on Quality and Safety*. 2003; 29(5): 227-237. Available at: <http://howsyourhealth.com/html/CARE.pdf>. Accessed on: March 4, 2015.