

## **Consumer Satisfaction with Ohio Medicaid Managed Care Plans**

The Ohio Medicaid Managed Care Program is committed to ensuring timely access to high quality health care services provided to consumers. To this end, Medicaid managed care plans (MCPs) are held accountable for meeting state and federal program requirements established to protect consumers, meet their health care needs, and ensure their satisfaction with the program. A variety of oversight activities and evaluation tools are utilized to monitor MCP compliance with program requirements. Consumer surveys are one component of a comprehensive strategy designed to achieve and document performance expectations in the area of consumer satisfaction.

Consumers enrolled in Ohio Medicaid MCPs are surveyed annually regarding their satisfaction with their health plan, health care providers, health care services, and access to care, as well as their utilization of services and current health status. Survey results provide important feedback on MCP performance that is used to improve overall consumer satisfaction with the program.

The Medicaid Managed Care Program has surveyed individuals in the Covered Families and Children (CFC) Medicaid population since 1998. The Aged, Blind, or Disabled (ABD) Medicaid population was surveyed for the first time in 2008.

These surveys are administered by an independent, external quality review organization (EQRO), through a contract with the Ohio Department of Job and Family Services (ODJFS). Survey results are submitted to ODJFS as well as the National Committee for Quality Assurance (NCQA), a preeminent organization dedicated to improving health care quality.

### **Overview of the 2008 Survey**

Seven MCPs were included in the 2008 evaluation. Adult members and the parents or caretakers of child members from each MCP completed the surveys between March and May, 2008. Surveys were completed by a total of 4,649 adult members and 3,658 parents or caretakers of child members from the general child sample. The corresponding response rates for the 2008 survey were 39.0% for adult members and 32.6% for general child members.

The survey instruments used in 2008 were the [Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) 4.0H Adult Medicaid Health Plan Survey](#) and the [CAHPS 3.0H Child Medicaid Health Plan Survey \(with the chronic conditions measurement set\)](#). CAHPS satisfaction measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures.

The four reports listed below were created by the external quality review organization to provide ODJFS with a comprehensive analysis of the 2008 survey.

- The [Full Report](#) - provides an in-depth analysis of the survey results;

- The [Executive Summary Report](#) - contains a high-level overview of the major CAHPS results presented in the Full Report;
- The [Children with Chronic Conditions Report](#) - examines the results of the CAHPS Child Medicaid survey; and
- The [Methodology Report](#) - provides a detailed description of the methodology utilized to perform the CAHPS analysis for the Ohio Medicaid Managed Care Program.

Ohio's CAHPS survey reports contain statewide survey results for the first time in 2008. This is due to several important program changes that are worth noting when reviewing these reports. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July, 2006. The program was further expanded to include individuals in the ABD Medicaid population beginning in December, 2006. Due to this expansion, a significant portion of respondents to the 2008 CAHPS survey were relatively new to managed care. Many had previously received services through the Medicaid fee-for-service delivery system. During the expansion, most participating MCPs extended coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the consumers and MCPs participating in the 2008 CAHPS survey and most of the service areas covered by the survey were relatively new to managed care in Ohio. The potential impact of these changes on member satisfaction should be considered when interpreting the 2008 survey results.

A summary of **the 2008 survey results** is provided below. These highlights compare Ohio Medicaid Managed Care Program results to the national average on key program variables.

- Ohio Medicaid Managed Care Program results for three out of five general child composite measures are above or similar to the national average. The three measures are getting care quickly, how well doctors communicate, and courteous and helpful office staff. Program results for the getting needed care and customer service composite measures are below the national average.
- Ohio Medicaid Managed Care Program results for four out of five adult composite measures are above or similar to the national average. The four measures are getting care quickly, how well doctors communicate, customer service, and shared decision making. Program results for the getting needed care composite measure are below the national average.
- Results for two out of four general child global ratings for Ohio's Medicaid Managed Care Program are above or similar to the national average. The two ratings are all health care, and personal doctor. Program results for the rating of health plan, and rating of specialist seen most often are below the national average.
- Results for two out of four adult global ratings for Ohio's Medicaid Managed Care Program are above or similar to the national average. The two ratings are personal doctor, and specialist seen most often. Program results for the rating of health plan, and rating of all health care are below the national average.