



Department of
Job and Family Services

**2011 CAHPS®
OHIO'S COVERED FAMILIES AND
CHILDREN MEDICAID
MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY**

Executive Summary Report

March 2012



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Introduction

The Ohio Department of Job and Family Services (ODJFS) conducts a variety of quality assessment and improvement activities to ensure Medicaid managed care plan (MCP) members have timely access to high quality health care services. These activities include annual surveys of member satisfaction. Survey results provide important feedback on MCP performance, which is used to improve overall member satisfaction with managed care programs.

ODJFS administers member satisfaction surveys for all MCPs in Ohio's Covered Families and Children (CFC) and Aged, Blind, or Disabled (ABD) Medicaid Managed Care Programs. In 2011, the ABD and CFC Medicaid Managed Care Programs were surveyed independently. This report presents survey results for Ohio's CFC Medicaid Managed Care Program.¹ The standardized survey instruments selected for 2011 for the CFC population were the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Adult Medicaid Health Plan Survey and the CAHPS 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).² CAHPS satisfaction measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Adult members and the parents or caretakers of child members from each MCP completed the surveys from February to May 2011.

¹ Please refer to Ohio's ABD Medicaid Managed Care Program CAHPS Reports for detailed information regarding the ABD population.

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

PERFORMANCE HIGHLIGHTS

- For the year 2011, the Ohio CFC Medicaid Managed Care Program results for two of the four general child global ratings were similar to the national average: Rating of All Health Care and Rating of Personal Doctor.
- For the year 2011, the Ohio CFC Medicaid Managed Care Program results for all five general child composite measures were above or similar to the national average: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.
- For the year 2011, the Ohio CFC Medicaid Managed Care Program results for four of the five adult composite measures were similar to the national average: Getting Needed Care, How Well Doctors Communicate, Customer Service, and Shared Decision Making.
- Two of the four global ratings' overall means for Ohio's CFC Medicaid Managed Care Program were significantly higher in 2011 than in 2010: Rating of Health Plan and Rating of Personal Doctor.
- One of the five composite measures' overall means for Ohio's CFC Medicaid Managed Care Program was significantly higher in 2011 than in 2010: How Well Doctors Communicate.
- None of the global ratings', composite measures', or individual measures' overall means for Ohio's CFC Medicaid Managed Care Program was significantly lower in 2011 than in 2010.

ODJFS administered the 2011 CAHPS Surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. HSAG followed the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS[®]) Specifications for Survey Measures in conducting the CAHPS Surveys.³ Members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2010. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2010). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2010).

The survey process allowed members two methods by which they could complete the surveys. The first phase, or mail phase, consisted of a survey being mailed to the sampled members. All sampled members received an English version of the survey. A reminder postcard was sent to all non-

³ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

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respondents, followed by a second survey mailing and reminder postcard. 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.⁴ Prior to initiating CATI, HSAG employed the TeleMatch telephone number verification service to locate and/or update telephone numbers for all non-respondents.

The following seven MCPs participated in the 2011 CAHPS Medicaid Health Plan Surveys for the CFC population: AMERIGROUP Ohio, Inc. (AMERIGROUP); Buckeye Community Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); Paramount *Advantage* (Paramount); UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare); and WellCare of Ohio, Inc. (WellCare).⁵

For 2011, a total of 8,526 surveys were completed for Ohio's CFC Medicaid Managed Care Program. This total includes 4,117 adult surveys and 4,409 child surveys (note, members in the Children with Chronic Conditions (CCC) supplemental sample are not included in this number). The survey response rates were 36.68 percent for Ohio's CFC Medicaid Managed Care Program, 34.40 percent for the adult population, and 39.10 percent for the general child population (which excludes children in the chronic conditions supplemental sample). The number of completed surveys and response rates for each MCP are provided in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report.

This Ohio's CFC Medicaid Managed Care Program CAHPS Executive Summary Report is one of four separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2011 Ohio CFC Medicaid Managed Care Program CAHPS results. Information on all four reports can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

⁴ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2011 Survey Measures*. Washington, DC: NCQA Publication, 2010.

⁵ UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare) was previously referred to as Unison Health Plan of Ohio, Inc. (Unison). In April 2011, Unison changed its name to UnitedHealthcare.

SUMMARY OF FINDINGS—NCQA COMPARISONS

Areas Above National Averages

Compared with the NCQA Medicaid data, Ohio's CFC Medicaid Managed Care Program's three-point means were above national averages for the following composite measures:

- General child composite for Getting Care Quickly
- General child composite for How Well Doctors Communicate

Areas Consistent With National Averages

Compared with NCQA Medicaid data, Ohio's CFC Medicaid Managed Care Program's three-point means were similar to national averages for the following global ratings and composite measures:

- General child Rating of All Health Care
- General child Rating of Personal Doctor
- General child and adult composite for Getting Needed Care
- General child and adult composite for Customer Service
- General child and adult composite for Shared Decision Making
- Adult composite for How Well Doctors Communicate

Areas Below National Averages

Compared with NCQA Medicaid data, Ohio's CFC Medicaid Managed Care Program's three-point means were below national averages for the following global ratings and composite measure:

- General child and adult Rating of Health Plan
- General child and adult Rating of Specialist Seen Most Often
- Adult Rating of All Health Care
- Adult Rating of Personal Doctor
- Adult composite for Getting Care Quickly

A caveat worth noting when reviewing these findings is that NCQA's averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

SUMMARY OF FINDINGS—OHIO COMPARISONS

Significantly Higher than in 2010

Ohio's CFC Medicaid Managed Care Program's overall means were significantly higher in 2011 than in 2010 for the following measures:

- Rating of Health Plan
- Rating of Personal Doctor
- How Well Doctors Communicate Composite

Significantly Lower than in 2010

Ohio's CFC Medicaid Managed Care Program's overall means were not significantly lower in 2011 than in 2010 for any of the global ratings, composites, or individual measures.

Significantly Higher than the Program Average

The following MCPs had overall means that were significantly higher than the program average for the following measures:

CareSource

- Rating of Health Plan
- Rating of Personal Doctor

Paramount

- Rating of Health Plan
- Rating of All Health Care
- Getting Needed Care Composite
- Getting Care Quickly Composite

UnitedHealthcare

- Rating of Health Plan
- Getting Needed Care Composite

WellCare

- Rating of All Health Care
- Rating of Personal Doctor
- How Well Doctors Communicate Composite
- Customer Service Composite

Significantly Lower than the Program Average

The following MCPs had overall means that were significantly lower than the program average for the following measures:

AMERIGROUP

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care Composite
- How Well Doctors Communicate Composite

WellCare

- Getting Care Quickly Composite

NCQA Comparisons

This NCQA Comparisons section reports on the CAHPS Survey results, which were calculated in accordance with HEDIS specifications for survey measures.¹ Per HEDIS specifications, results for the adult and child populations are reported separately, and no weighting, trending, or case-mix adjustment is performed on the results. General child and adult members from Ohio's CFC Medicaid Managed Care Program were included in this analysis. In 2011, Ohio's CFC Medicaid Managed Care Program had 4,117 completed adult surveys (34.4 percent response rate) and 4,409 completed general child surveys (39.1 percent response rate) from seven participating MCPs. These 8,526 surveys (36.7 percent response rate) were used to calculate the 2011 NCQA results presented in this section.

When reviewing these findings, it should be noted that NCQA's averages do not adjust for the respondent's health status or socioeconomic, demographic, and/or geographic differences among participating states or health plans.

¹ National Committee for Quality Assurance. *HEDIS 2011, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2010.

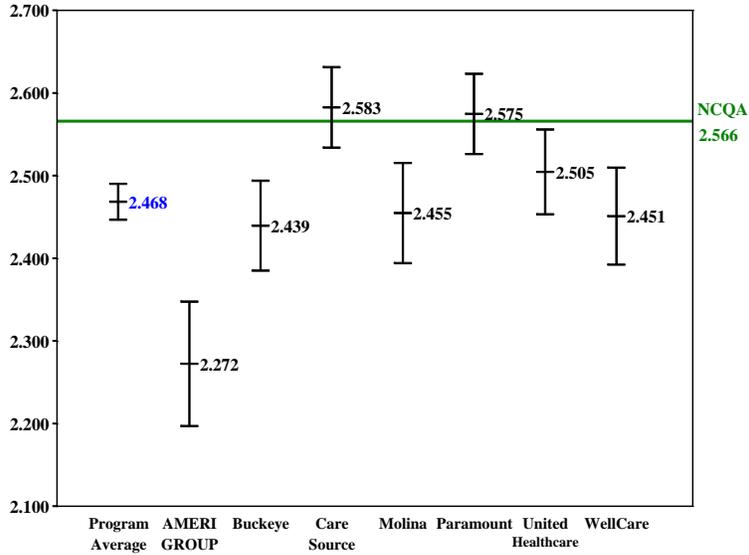
GENERAL CHILD RESULTS

General Child Three-Point Means on the Global Ratings

Figures B-1–B-4 on pages B-3 and B-4 depict the 2011 results of the four global ratings for general child members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2011 Ohio CFC Medicaid Managed Care Program averages and the 2011 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

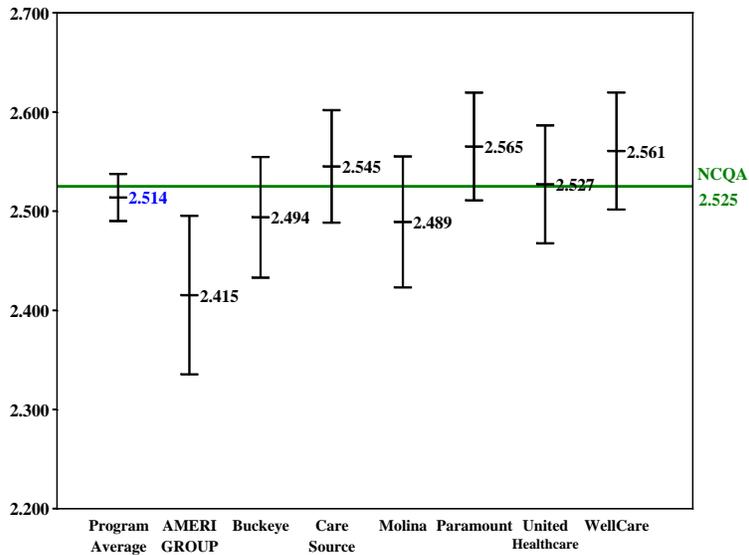
General Child Three-Point Mean Figures on the Global Ratings

**Figure B-1
Rating of Health Plan**



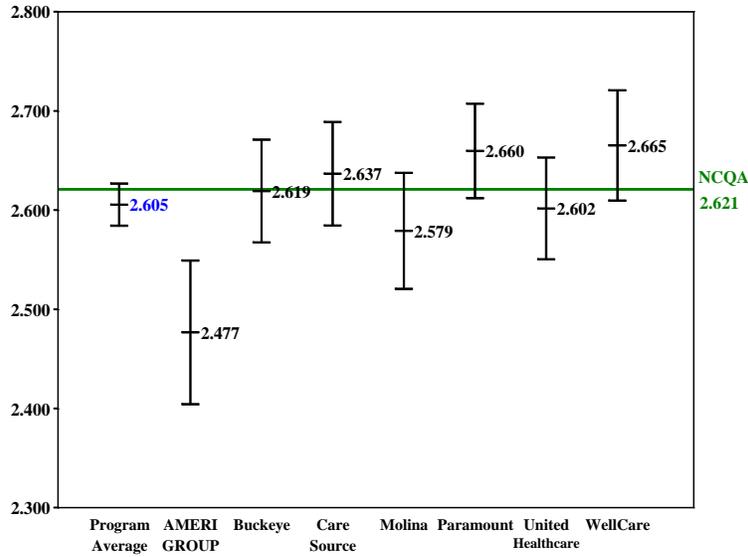
Rating of Health Plan

**Figure B-2
Rating of All Health Care**



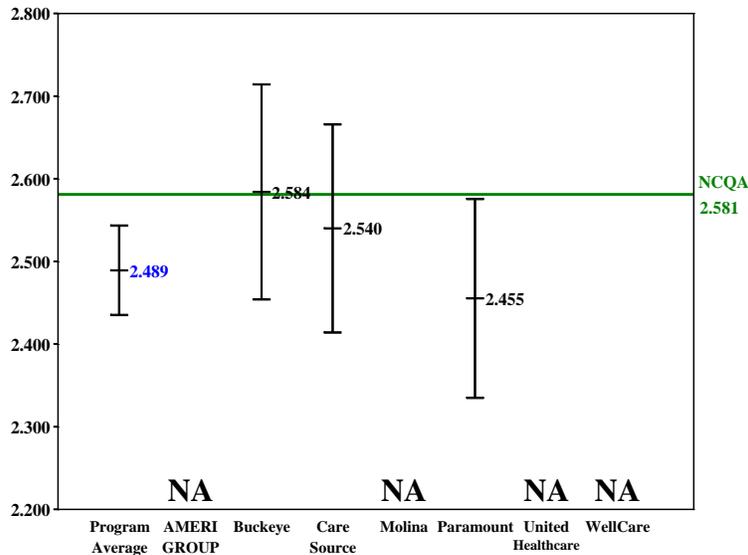
Rating of All Health Care

Figure B-3
Rating of Personal Doctor



Rating of Personal Doctor

Figure B-4
Rating of Specialist Seen Most Often



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

General Child Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B-1–B-4. The discussion focuses on comparisons of the 2011 Ohio CFC Medicaid Managed Care Program and MCP results to the 2011 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2011 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2011 NCQA average.

All but one MCP and the program’s three-point means encompass the NCQA average for two of the global ratings. The program’s and all but one MCPs’ three-point means encompass the NCQA average for the Rating of All Health Care and Rating of Personal Doctor global ratings.

Rating of Health Plan (Figure B-1)

- The confidence intervals for CareSource and Paramount encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, UnitedHealthcare, and WellCare are below the NCQA average.

Rating of All Health Care (Figure B-2)

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for AMERIGROUP is below the NCQA average.

Rating of Personal Doctor (Figure B-3)

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for AMERIGROUP is below the NCQA average.

Rating of Specialist Seen Most Often (Figure B-4)

- The confidence intervals for Buckeye and CareSource encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program and Paramount are below the NCQA average.
- The results for AMERIGROUP, Molina, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

General Child Three-Point Means on the Composite Measures

Figures B-5-B-9 on pages B-7-B-9 depict the 2011 results of the five composite measures for general child members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2011 Ohio CFC Medicaid Managed Care Program averages and the 2011 NCQA national child Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of "Always" are given a score of 3, responses of "Usually" are given a score of 2, and responses of "Sometimes/Never" are given a score of 1. For the Shared Decision Making composite, responses of "Definitely Yes" are given a score of 3, responses of "Somewhat Yes" are given a score of 2, and responses of "Somewhat No/Definitely No" are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

General Child Three-Point Mean Figures on the Composite Measures

Figure B-5
Getting Needed Care

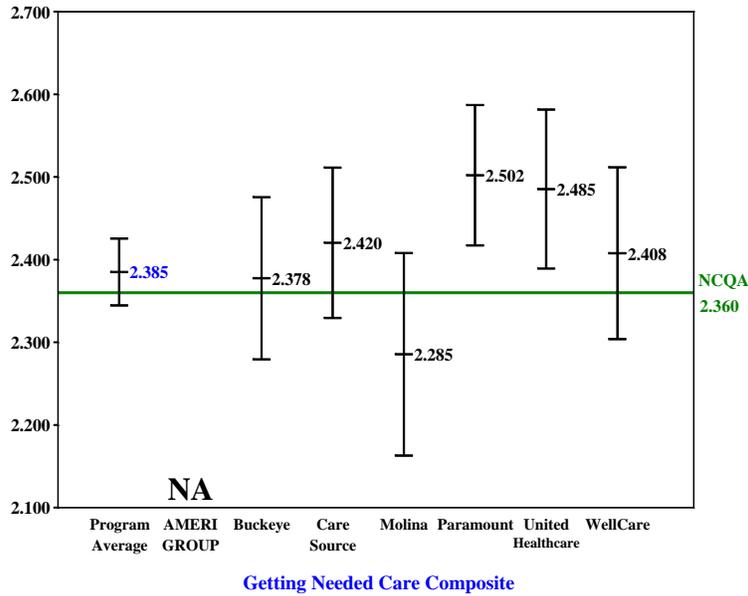
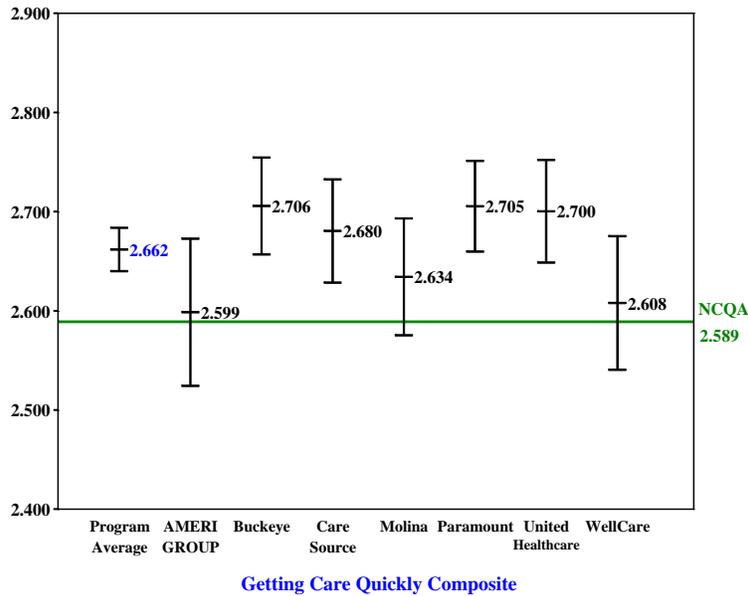
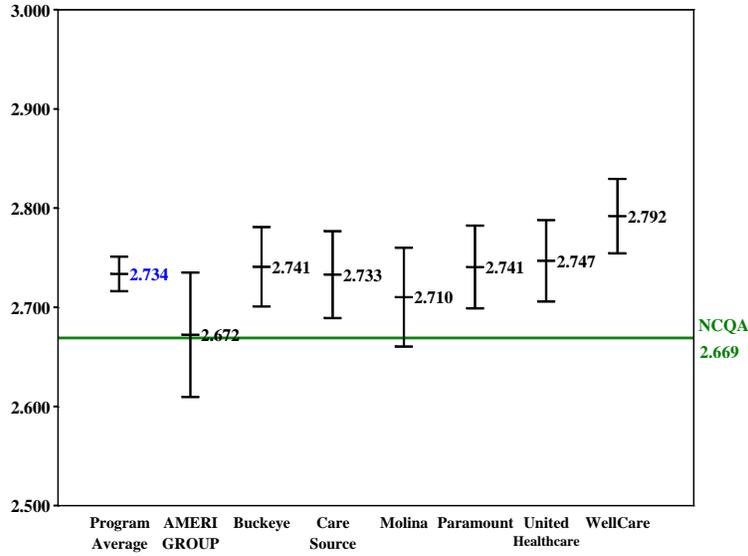


Figure B-6
Getting Care Quickly



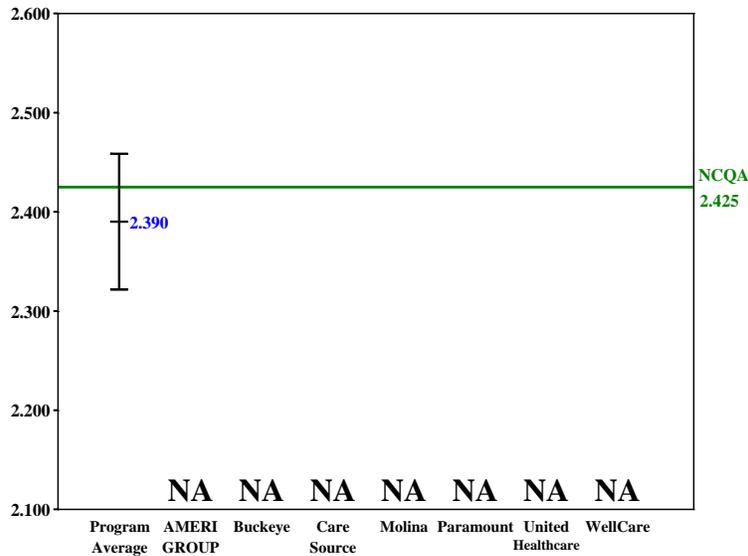
For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

**Figure B-7
How Well Doctors Communicate**



How Well Doctors Communicate Composite

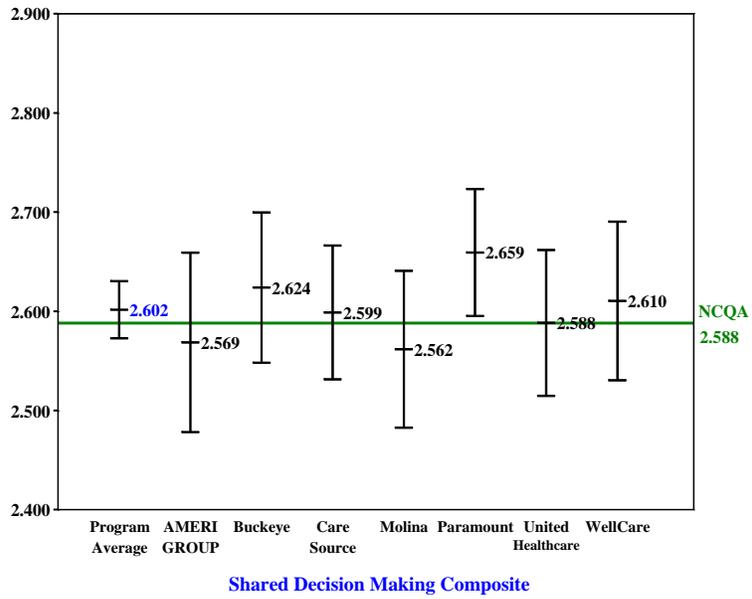
**Figure B-8
Customer Service**



Customer Service Composite

For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

**Figure B-9
Shared Decision Making**



General Child Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B-5–B-9. The discussion focuses on comparisons of the 2011 Ohio CFC Medicaid Managed Care Program and MCP results to the 2011 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2011 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2011 NCQA average.

For the general child population, all of the MCPs with reportable scores and the program’s three-point means encompass or exceed the NCQA average for all five of the composite measures. The program’s and the MCPs’ three-point means encompass or exceed the NCQA average for the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making composite measures.

Getting Needed Care (Figure B-5)

- The lower confidence limits for Paramount and UnitedHealthcare are above the NCQA average.
- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Molina, and WellCare encompass the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

Getting Care Quickly (Figure B-6)

- The lower confidence limits for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Paramount, and UnitedHealthcare are above the NCQA average.
- The confidence intervals for AMERIGROUP, Molina, and WellCare encompass the NCQA average.

How Well Doctors Communicate (Figure B-7)

- The lower confidence limits for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Paramount, UnitedHealthcare, and WellCare are above the NCQA average.
- The confidence intervals for AMERIGROUP and Molina encompass the NCQA average.

Customer Service (Figure B-8)

- The confidence interval for Ohio's CFC Medicaid Managed Care Program encompasses the NCQA average.
- The results for AMERIGROUP, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure B-9)

- The lower confidence limit for Paramount is above the NCQA average.
- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, UnitedHealthcare, and WellCare encompass the NCQA average.

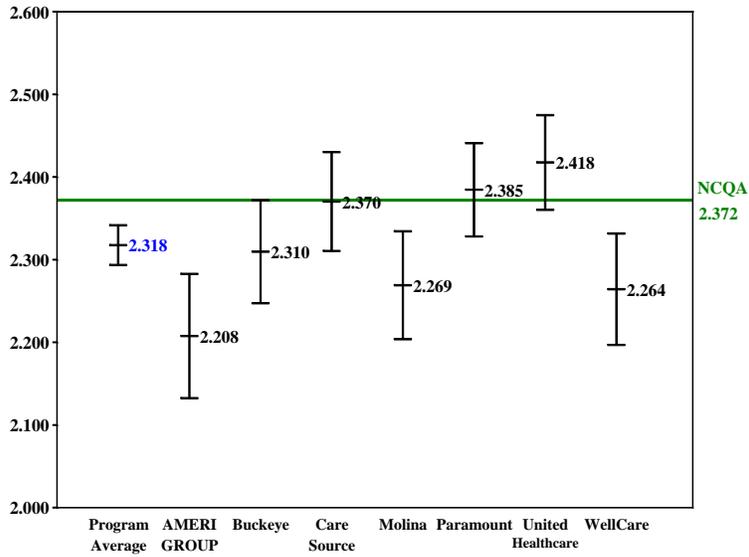
ADULT RESULTS

Adult Three-Point Means on the Global Ratings

Figures B-10-B-13 on pages B-13 and B-14 depict the 2011 results of the four global ratings for adult members in all participating MCPs in Ohio's CFC Medicaid Managed Care Program. The 2011 Ohio CFC Medicaid Managed Care Program averages and the 2011 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

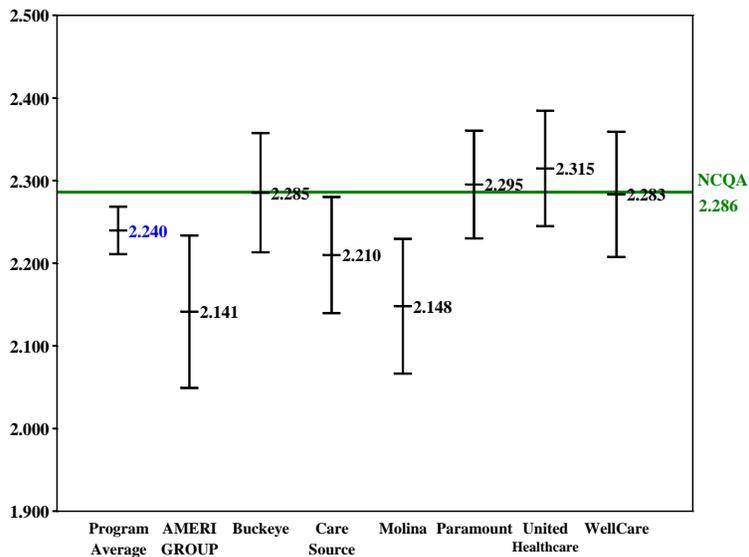
Adult Three-Point Mean Figures on the Global Ratings

**Figure B-10
Rating of Health Plan**



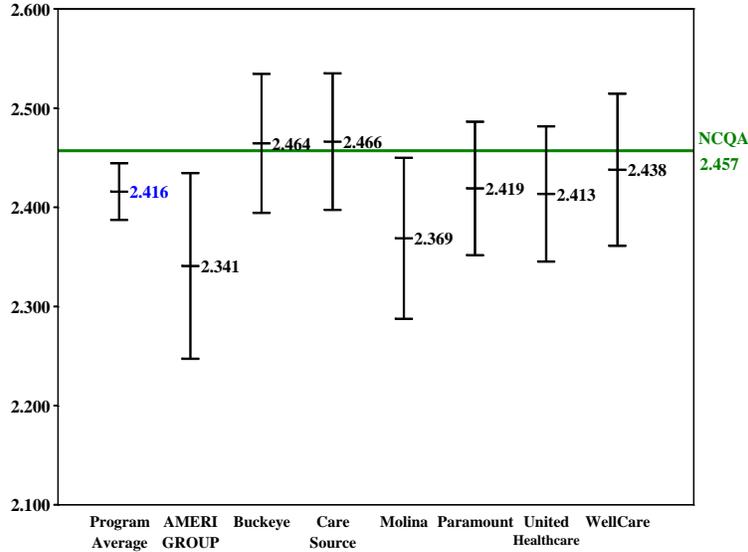
Rating of Health Plan

**Figure B-11
Rating of All Health Care**



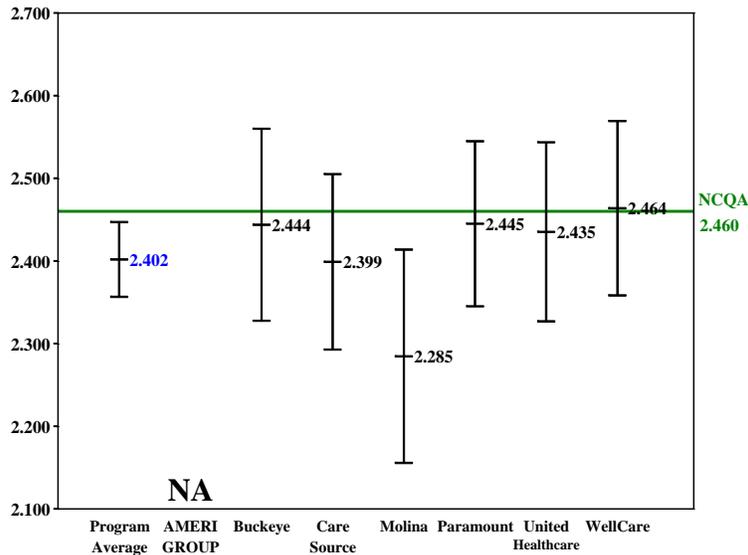
Rating of All Health Care

**Figure B-12
Rating of Personal Doctor**



Rating of Personal Doctor

**Figure B-13
Rating of Specialist Seen Most Often**



Rating of Specialist Seen Most Often

For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Adult Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B-10–B-13. The discussion focuses on comparisons of the 2011 Ohio CFC Medicaid Managed Care Program and MCP results to the 2011 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2011 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2011 NCQA average.

Neither the program’s nor the MCPs’ three-point means exceed the NCQA average for any of the global ratings.

Rating of Health Plan (Figure B-10)

- The confidence intervals for CareSource, Paramount, and UnitedHealthcare encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, Molina, and WellCare are below the NCQA average.

Rating of All Health Care (Figure B-11)

- The confidence intervals for Buckeye, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program, AMERIGROUP, CareSource, and Molina are below the NCQA average.

Rating of Personal Doctor (Figure B-12)

- The confidence intervals for Buckeye, CareSource, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program, AMERIGROUP, and Molina are below the NCQA average.

Rating of Specialist Seen Most Often (Figure B-13)

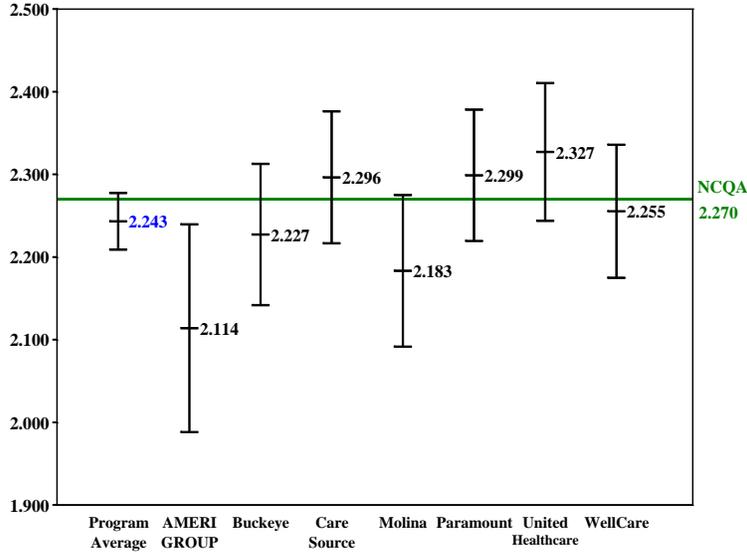
- The confidence intervals for Buckeye, CareSource, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program and Molina are below the NCQA average.
- The results for AMERIGROUP could not be displayed because this population did not meet the minimum of 100 responses for this measure.

Adult Three-Point Means on the Composite Measures

Figures B-14–B-18 on pages B-17–B-19 depict the 2011 results of the five composite measures for adult members in all participating MCPs in Ohio’s CFC Medicaid Managed Care Program. The 2011 Ohio CFC Medicaid Managed Care Program averages and the 2011 NCQA national adult Medicaid averages (green reference line) are presented for comparative purposes. The results are presented on a three-point scale and include 95 percent confidence intervals. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of “Always” are given a score of 3, responses of “Usually” are given a score of 2, and responses of “Sometimes/Never” are given a score of 1. For the Shared Decision Making composite, responses of “Definitely Yes” are given a score of 3, responses of “Somewhat Yes” are given a score of 2, and responses of “Somewhat No/Definitely No” are given a score of 1. Additional information on the calculation of three-point means can be found in Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

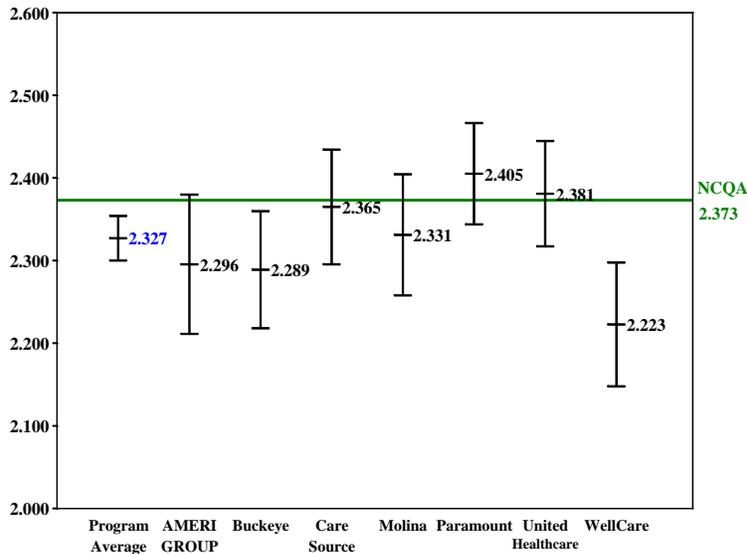
Adult Three-Point Mean Figures on the Composite Measures

Figure B-14
Getting Needed Care



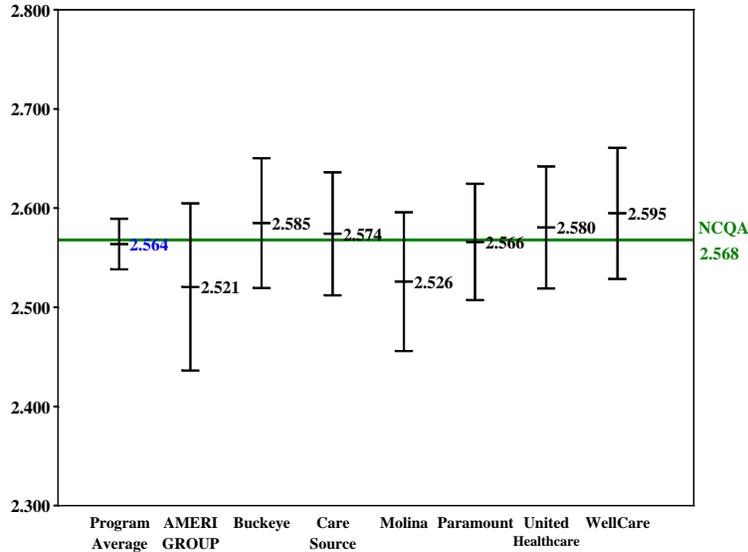
Getting Needed Care Composite

Figure B-15
Getting Care Quickly



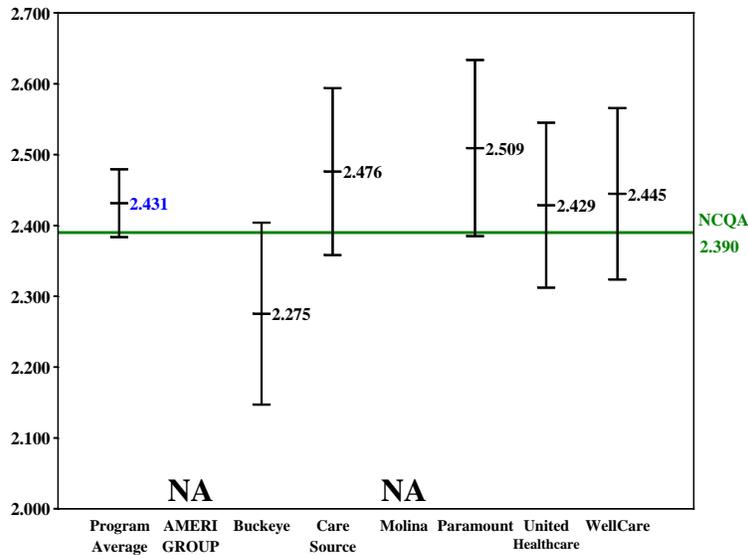
Getting Care Quickly Composite

**Figure B-16
How Well Doctors Communicate**



How Well Doctors Communicate Composite

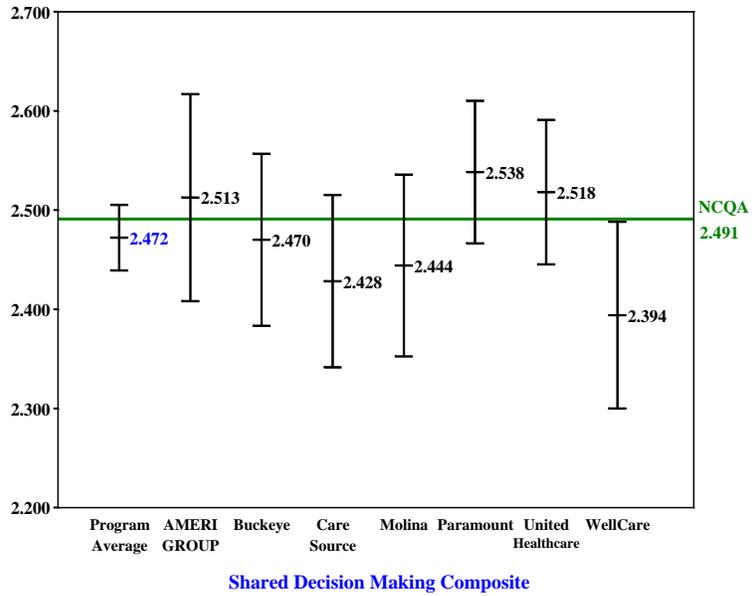
**Figure B-17
Customer Service**



Customer Service Composite

For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable (NA). All of the MCPs' results, including results from MCPs with fewer than 100 respondents, are included in the derivation of the program average scores.

Figure B-18
Shared Decision Making



Adult Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B-14–B-18. The discussion focuses on comparisons of the 2011 Ohio CFC Medicaid Managed Care Program and MCP results to the 2011 NCQA averages. The term “encompass” refers to instances when the confidence interval for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is wide enough to include the 2011 NCQA average. In these instances, this indicates that the score for Ohio’s CFC Medicaid Managed Care Program or a participating MCP is statistically similar to the 2011 NCQA average.

For the adult population, all of the MCPs’ with reportable scores and the program’s three-point means encompass the NCQA average for two of the five composite measures. The program’s and the MCPs’ three-point means encompass the NCQA average for the How Well Doctors Communicate and Customer Service composite measures.

Getting Needed Care (Figure B-14)

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The upper confidence limit for AMERIGROUP is below the NCQA average.

Getting Care Quickly (Figure B-15)

- The confidence intervals for AMERIGROUP, CareSource, Molina, Paramount, and UnitedHealthcare encompass the NCQA average.
- The upper confidence limits for Ohio’s CFC Medicaid Managed Care Program, Buckeye, and WellCare are below the NCQA average.

How Well Doctors Communicate (Figure B-16)

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.

Customer Service (Figure B-17)

- The confidence intervals for Ohio’s CFC Medicaid Managed Care Program, Buckeye, CareSource, Paramount, UnitedHealthcare, and WellCare encompass the NCQA average.
- The results for AMERIGROUP and Molina could not be displayed because these populations did not meet the minimum of 100 responses for this measure.

Shared Decision Making (Figure B-18)

- The confidence intervals for Ohio's CFC Medicaid Managed Care Program, AMERIGROUP, Buckeye, CareSource, Molina, Paramount, and UnitedHealthcare encompass the NCQA average.
- The upper confidence limit for WellCare is below the NCQA average.

Ohio Comparisons

This Ohio Comparisons section presents 2010 and 2011 CAHPS results based on ODJFS' analytic methodology, which uses the Agency for Healthcare Research and Quality's (AHRQ's) CAHPS analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio.¹ This section presents weighted and case-mix-adjusted results for all CFC adult and general child members completing a CAHPS Medicaid Health Plan Survey.² Results for Ohio's CFC Medicaid Managed Care Program were weighted based on the total eligible population (adult and general child) for each MCP. Results for each MCP were also weighted based on the MCP's eligible population (adult and general child). According to AHRQ's recommendations, results were also case-mix-adjusted for reported member health status, respondent educational level, and respondent age.³ Additional information on the case-mix adjustment and weighting can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported.⁴ In 2010, Ohio's CFC Medicaid Managed Care Program had 4,722 completed CFC adult surveys and 4,901 completed general child surveys from seven participating MCPs. These 9,623 surveys were combined to calculate the 2010 CAHPS results presented in this section for trending purposes.⁵ In 2011, Ohio's CFC Medicaid Managed Care Program had 4,117 completed CFC adult surveys (34.4 percent response rate) and 4,409 completed general child surveys (39.1 percent response rate) from seven participating MCPs. These 8,526 surveys (36.7 percent response rate) were combined to calculate the 2011 CAHPS results presented in this section.

For each global rating, composite measure, and individual item measure, an overall mean was calculated. For global ratings, the overall mean is provided on a scale of 0 to 10. For composite and individual item measures, the overall mean is provided on a three-point scale.⁶ Member responses were also classified into response categories for each global rating, composite measure, and individual item measure.

¹ The Ohio Comparisons methodology differs from that of NCQA/HEDIS. Therefore, results presented in this section should **not** be compared to results based on the 2011 HEDIS specifications for survey measures. For additional information, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

² Child members in the Children with Chronic Conditions (CCC) supplemental sample (those additional members sampled after the random CAHPS 4.0H child sample that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report.

³ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

⁴ NCQA requires a minimum of 100 responses on each item in order to report the item as a CAHPS/HEDIS result.

⁵ For detailed information on the 2010 Ohio CFC Medicaid Managed Care Program CAHPS analysis, please refer to the Ohio Comparisons section in the 2010 Ohio CFC Medicaid Managed Care Program CAHPS Full Report.

⁶ Three-point means presented in this section will likely differ from the three-point means presented in the NCQA Comparisons section due to the use of dissimilar methodologies in the two sections.

The Ohio Comparisons section presents two different types of analyses. The first type of analysis involves a comparison of each MCP's 2011 score to Ohio's CFC Medicaid Managed Care Program average. This MCP-to-aggregate comparative analysis identified MCPs that performed statistically higher, the same, or lower than the program on each measure. The second type of analysis presented in this section involves a comparison of each MCP's and the program's 2011 scores to its 2010 scores, if applicable. This trending analysis identified those that performed statistically higher, the same, or lower in 2011 than in 2010.

COMPARATIVE ANALYSIS

MCP-level weighted and case-mix-adjusted mean scores in 2011 were compared to the program average mean scores in 2011 to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.⁷ The program average used in the tests for statistical significance was different than the program average provided in the bar graphs. The program average mean scores provided in the bar graphs were weighted and case-mix adjusted. However, the program average used in the tests for statistical significance was the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of the means). For additional information on the derivation of program-level averages, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. Statistically significant differences between the 2011 MCP-level mean scores and the 2011 program average are noted with arrows. MCP-level scores that are statistically higher than the program average are noted with an upward (↑) arrow. MCP-level scores that are statistically lower than the program average are noted with a downward (↓) arrow. MCP-level scores that are not statistically different from the program average are not noted with arrows.

TRENDING ANALYSIS

Where applicable, weighted and case-mix-adjusted mean scores in 2011 were compared to the weighted and case-mix-adjusted mean scores in 2010 to determine whether there were statistically significant differences. For each MCP and Ohio's CFC Medicaid Managed Care Program, the 2011 mean scores were compared to the 2010 mean scores. Statistically significant differences between mean scores in 2011 and mean scores in 2010 for each MCP and the program average are noted with directional triangles. Scores that are statistically higher in 2011 than in 2010 are noted with upward (▲) triangles. Scores that are statistically lower in 2011 than in 2010 are noted with downward (▼) triangles. Scores in 2011 that are not statistically different from scores in 2010 are not noted with triangles.

⁷ The term "mean scores" refers to the overall means and the response category proportions.

GLOBAL RATINGS

Rating of Health Plan

Ohio's CFC Medicaid Managed Care Program 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." For the question on the member's overall rating of his or her health plan, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-1 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

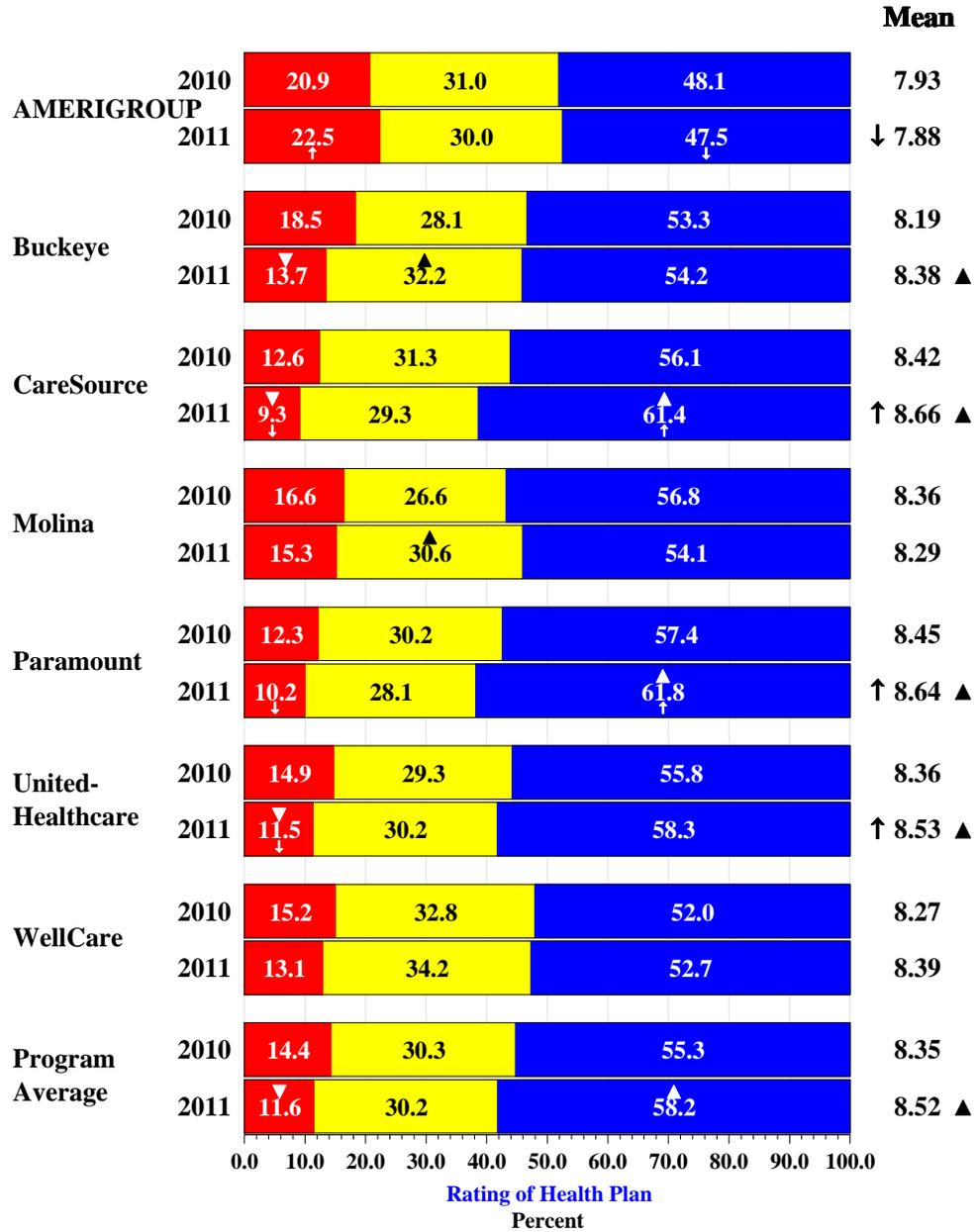
- CareSource's and Paramount's overall means were significantly higher than the program average. The percentage of their respondents who gave a response of 0 to 6 was significantly lower than the program average, whereas the percentage of their respondents who gave a response of 9 to 10 was significantly higher than the program average.
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average, whereas the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 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 0 to 6 was significantly lower than the program average.

Trending Analysis

Overall, there were 14 *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- CareSource's and the program's overall means were significantly higher in 2011 than in 2010. Furthermore, the percentage of their respondents who gave a response of 0 to 6 was significantly lower in 2011 than in 2010, whereas the percentage of their respondents who gave a response of 9 to 10 was significantly higher in 2011 than in 2010.
- Buckeye's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of Buckeye's respondents who gave a response of 0 to 6 was significantly lower in 2011 than in 2010, whereas the percentage of Buckeye's respondents who gave a response of 7 to 8 was significantly higher in 2011 than in 2010.
- The percentage of Molina's respondents who gave a response of 7 to 8 was significantly higher in 2011 than in 2010.
- Paramount's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of Paramount's respondents who gave a response of 9 to 10 was significantly higher in 2011 than in 2010.
- UnitedHealthcare's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of UnitedHealthcare's respondents who gave a response of 0 to 6 was significantly lower in 2011 than in 2010.

**Figure C-1
Rating of Health Plan**



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

Rating of All Health Care

Ohio's CFC Medicaid Managed Care Program 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." For the question on the member's overall rating of his or her health care, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

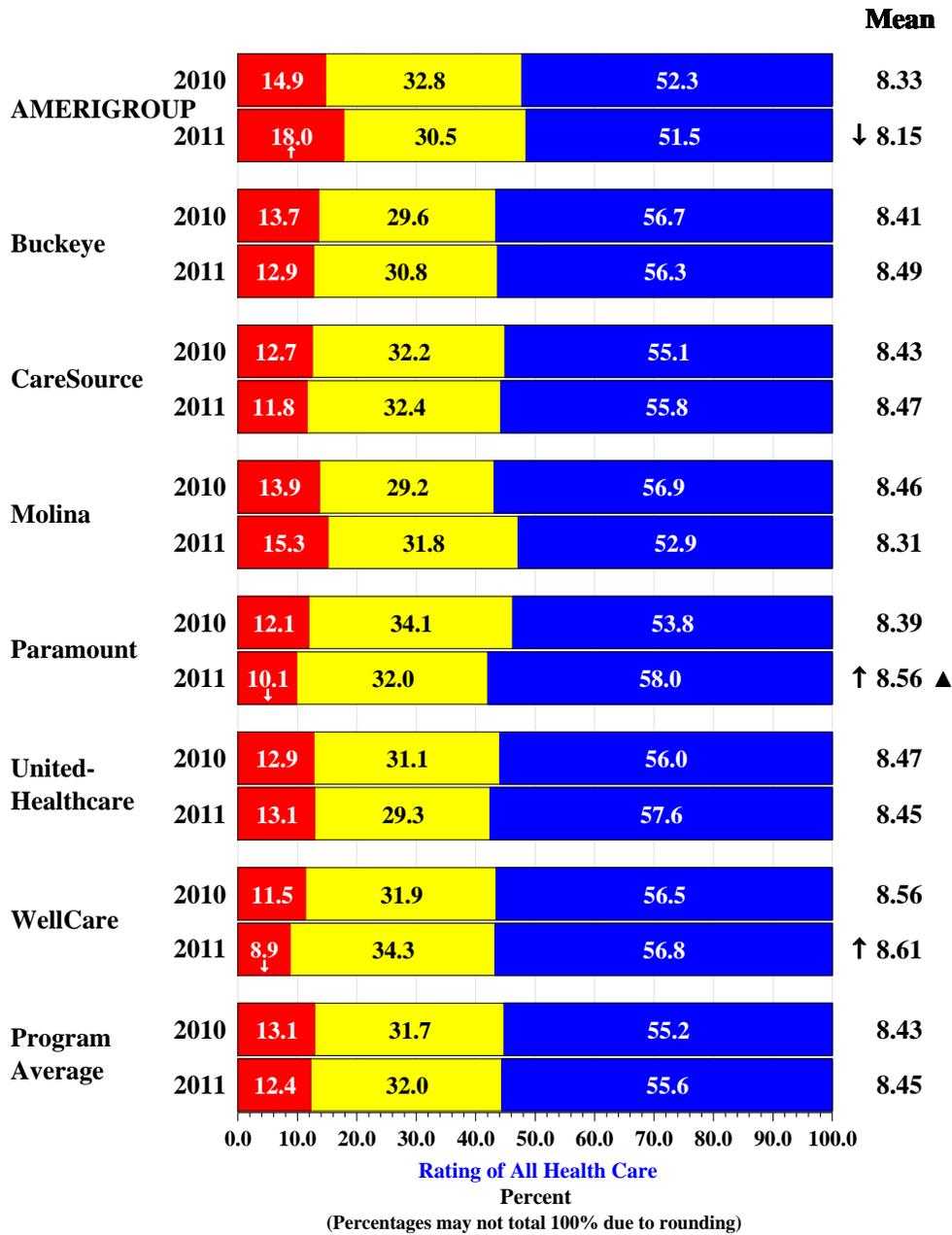
- Paramount's and WellCare's overall means were significantly higher than the program average. The percentage of their respondents who gave a response of 0 to 6 was significantly lower than the program average.
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2011 and scores in 2010 for this measure.

- Paramount's overall mean was significantly higher in 2011 than in 2010.

**Figure C-2
Rating of All Health Care**



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

Rating of Personal Doctor

Ohio's CFC Medicaid Managed Care Program members were asked to rate their 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 the question on the member's overall rating of his or her personal doctor, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

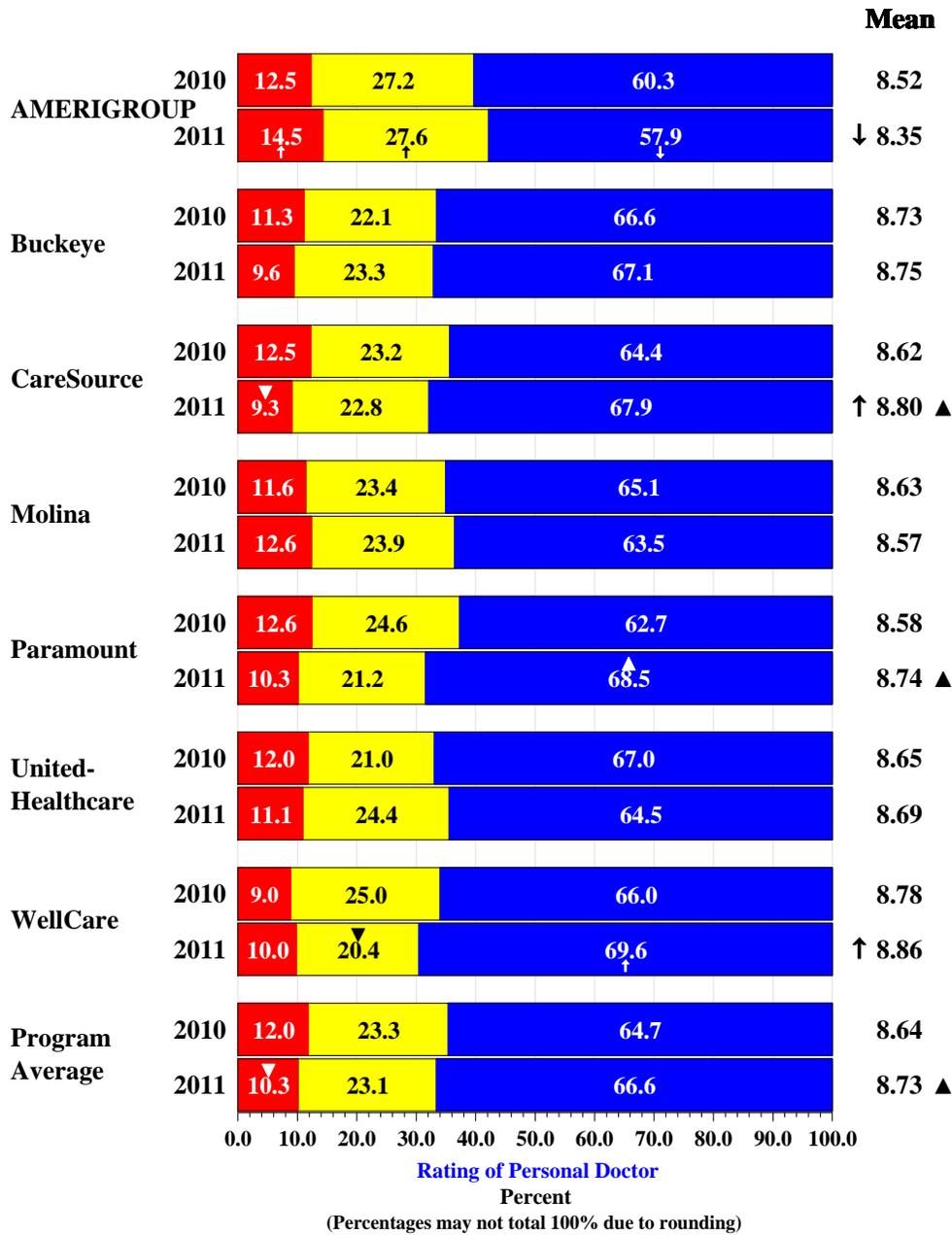
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of 0 to 6 was significantly higher than the program average, similarly the percentage of AMERIGROUP's respondents who gave a response of 7 to 8 was significantly higher than the program average and the percentage of AMERIGROUP's respondents who gave a response of 9 to 10 was significantly lower than the program average.
- CareSource's overall mean was significantly higher than the program average.
- WellCare's overall mean was significantly higher than the program average. The percentage of WellCare's respondents who gave a response of 9 to 10 was significantly higher than the program average.

Trending Analysis

Overall, there were seven *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- CareSource's and the program's overall means were significantly higher in 2011 than in 2010. Furthermore, the percentage of their respondents who gave a response of 0 to 6 was significantly lower in 2011 than in 2010.
- Paramount's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of Paramount's respondents who gave a response of 9 to 10 was significantly higher in 2011 than in 2010.
- The percentage of WellCare's respondents who gave a response of 7 to 8 was significantly lower in 2011 than in 2010.

Figure C-3
Rating of Personal Doctor



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

Rating of Specialist Seen Most Often

Ohio's CFC Medicaid Managed Care Program members were asked to rate their specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." For the question on the member's overall rating of his or her specialist, an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-4 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

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 2011 and scores in 2010 for this measure.

- The percentage of Paramount's respondents who gave a response of 7 to 8 was significantly higher in 2011 than in 2010.

COMPOSITE MEASURES

Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care. For each of these questions (Questions 23 and 27 in the CAHPS Adult Medicaid Health Plan Survey and Questions 44 and 48 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

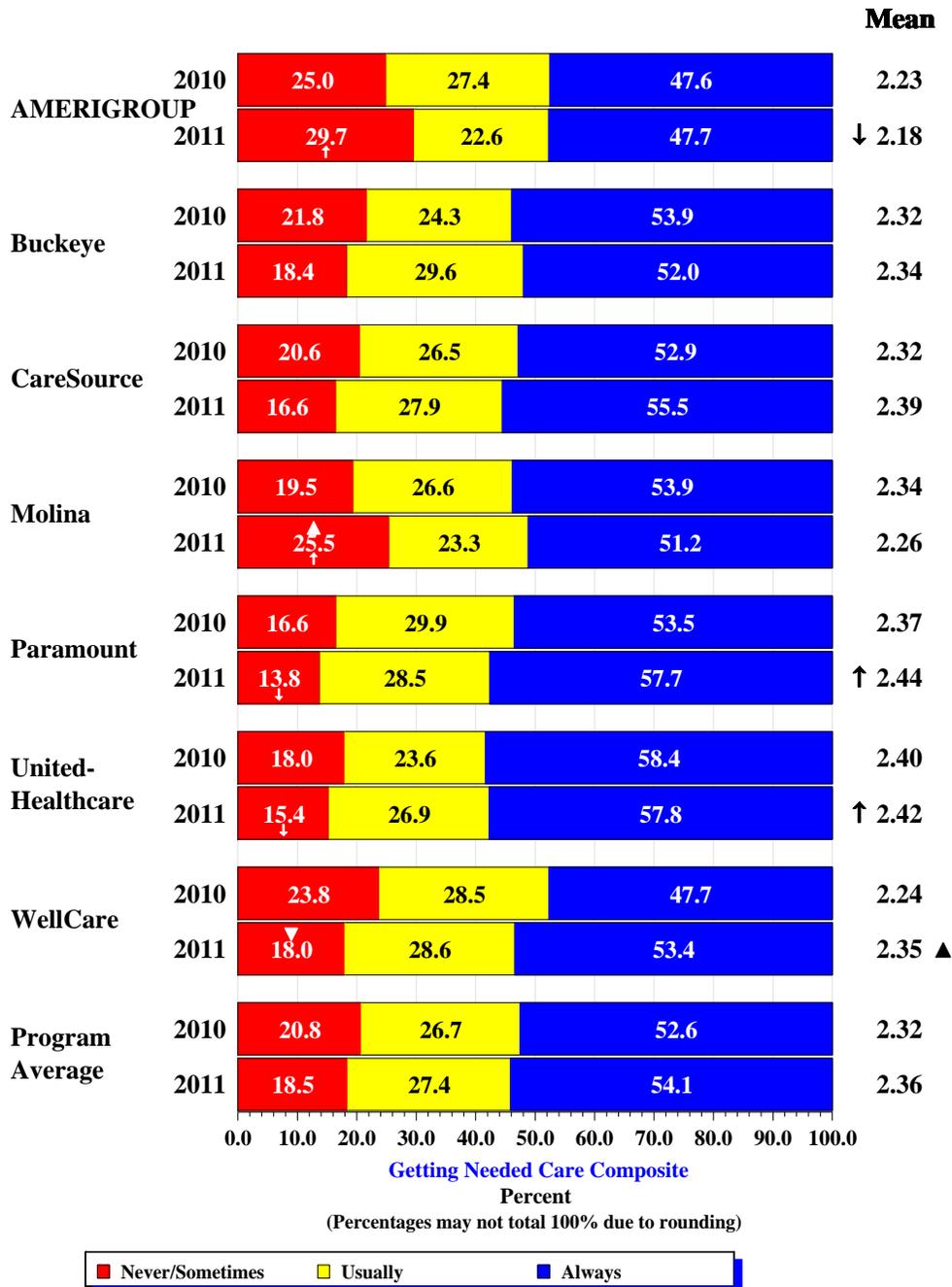
- Paramount's and UnitedHealthcare's overall means were significantly higher than the program average. The percentage of their respondents who gave a response of Never/Sometimes was significantly lower than the program average.
- AMERIGROUP's overall mean was significantly lower than the program average. The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- The percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2011 than in 2010.
- WellCare's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly lower in 2011 than in 2010.

Figure C-5
Getting Needed Care Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

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 and Child Medicaid Health Plan Surveys), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- Paramount's overall mean was significantly higher than the program average. The percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly lower than the program average.
- WellCare's overall mean was significantly lower than the program average. The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- Paramount's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of Paramount's respondents who gave a response of Never/Sometimes was significantly lower in 2011 than in 2010.
- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly higher in 2011 than in 2010.

How Well Doctors Communicate

A series of four questions was asked to assess how often doctors communicated well. For each of these questions (Questions 15, 16, 17, and 18 in the CAHPS Adult Medicaid Health Plan Survey and Questions 30, 31, 32, and 35 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

- AMERIGROUP's overall mean was significantly lower than the program average.
- WellCare's overall mean was significantly higher than the program average. The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly lower in 2011 than in 2010.
- The program's overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of the program's respondents who gave a response of Always was significantly higher in 2011 than in 2010.

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 and Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were classified into three categories: "Never/Sometimes," "Usually," and "Always." Figure C-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

Comparative Analysis

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

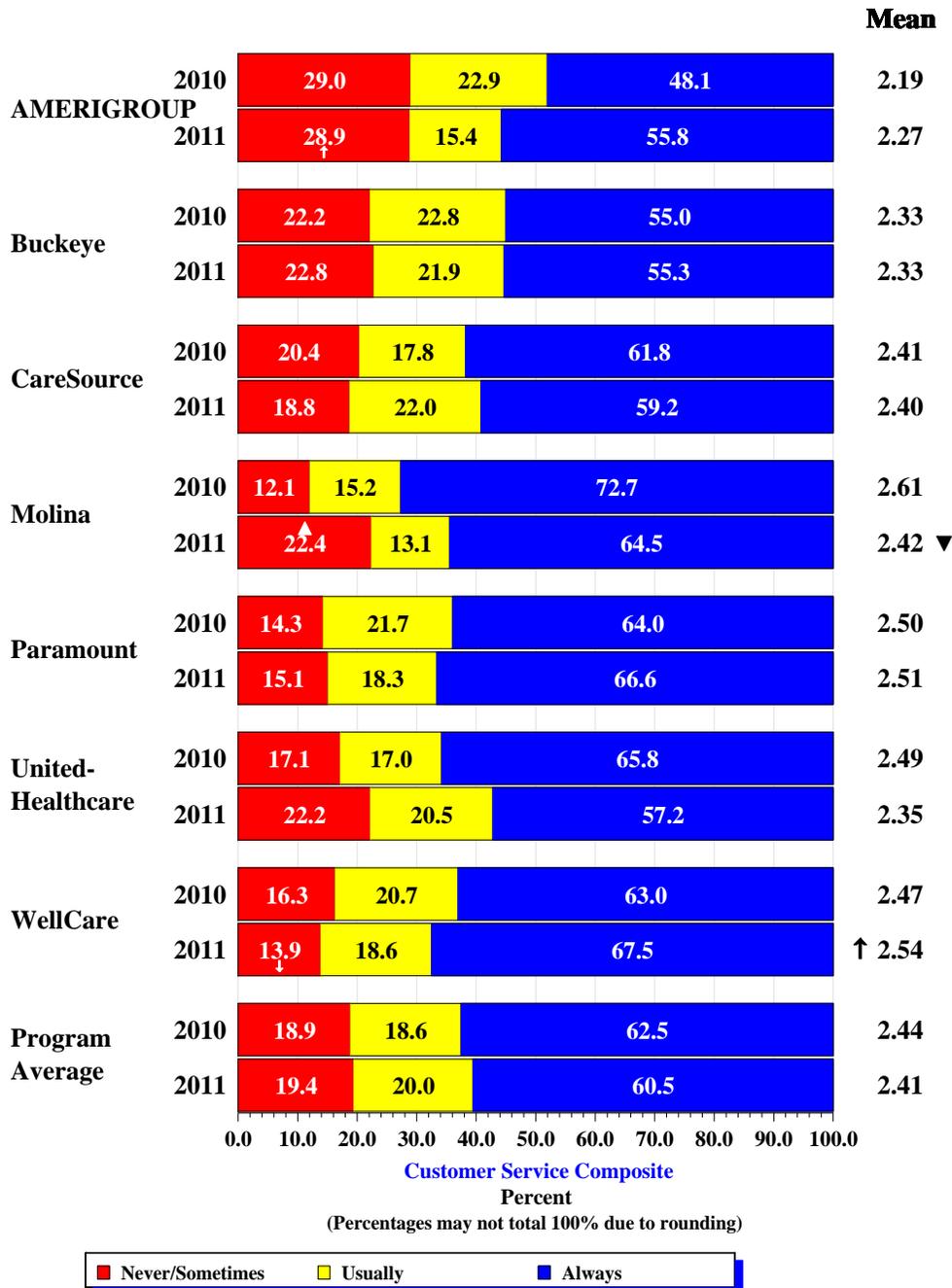
- The percentage of AMERIGROUP's respondents who gave a response of Never/Sometimes was significantly higher than the program average.
- WellCare's overall mean was significantly higher than the program average. The percentage of WellCare's respondents who gave a response of Never/Sometimes was significantly lower than the program average.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

- Molina's overall mean was significantly lower in 2011 than in 2010. Furthermore, the percentage of Molina's respondents who gave a response of Never/Sometimes was significantly higher in 2011 than in 2010.

Figure C-8
Customer Service Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

Shared Decision Making

Two questions were asked regarding the involvement of members in decision making when there was more than one choice for treatment or health care. For each of these questions (Questions 10 and 11 in the CAHPS Adult Medicaid Health Plan Survey and Questions 11 and 12 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for Ohio's CFC Medicaid Managed Care Program and each MCP. Responses were also classified into three categories: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." Figure C-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio's CFC Medicaid Managed Care Program and its participating MCPs.

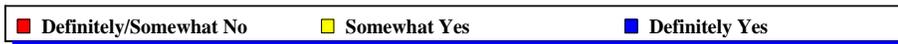
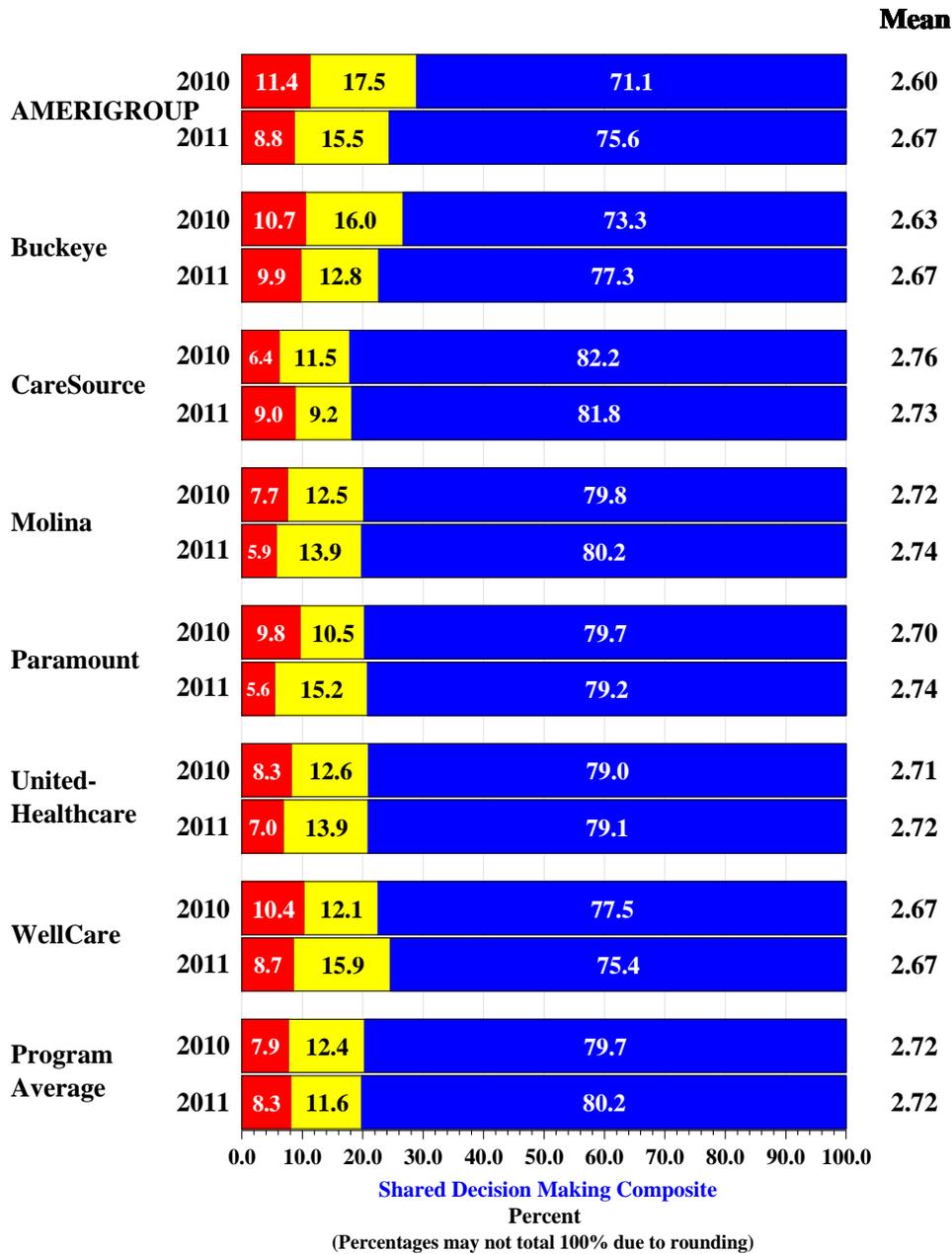
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2011 and scores in 2010 for this measure.

Figure C-9
Shared Decision Making Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the program average
 ↓ indicates the score is significantly lower than the program average
 ▲ indicates the 2011 score is significantly higher than the 2010 score
 ▼ indicates the 2011 score is significantly lower than the 2010 score

INDIVIDUAL ITEM MEASURES

Health Promotion and Education

Question 8 in the CAHPS Adult and Child Medicaid Health Plan Surveys asked members to rate how often their doctor or other health provider talked with them about specific things they could do to prevent illness. Responses were classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

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 2011 and scores in 2010 for this measure.

Coordination of Care

Question 20 in the CAHPS Adult Medicaid Health Plan Survey and Question 38 in the CAHPS Child Medicaid Health Plan Survey asked members to rate how often their doctor seemed informed and up-to-date about care received from other doctors. Responses were classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for Ohio’s CFC Medicaid Managed Care Program and its participating MCPs.

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 2011 and scores in 2010 for this measure.

- AMERIGROUP’s overall mean was significantly higher in 2011 than in 2010. Furthermore, the percentage of AMERIGROUP’s respondents who gave a response of Usually was significantly lower in 2011 than in 2010, whereas the percentage of AMERIGROUP’s respondents who gave a response of Always was significantly higher in 2011 than in 2010.

