

2008 CAHPS®
OHIO'S MEDICAID
MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY

Children with Chronic Conditions Report



March 2009

Table of Contents

Introduction	A-1
Background	A-1
Sampling Procedures	A-2
Sample Frame	A-2
Sample Size	A-2
Survey Protocol.....	A-3
Response Rates.....	A-4
Demographics.....	B-1
Respondent Profiles	B-2
Member Profiles	B-3
Chronic Conditions Classification	B-4
Ohio CCC Comparisons	C-1
Comparative Analysis.....	C-3
Global Ratings.....	C-4
Rating of Health Plan.....	C-4
Rating of All Health Care	C-5
Rating of Personal Doctor.....	C-6
Rating of Specialist Seen Most Often.....	C-7
Composites and Composite Items	C-8
Getting Needed Care	C-8
Getting Care Quickly	C-13
How Well Doctors Communicate.....	C-18
Courteous and Helpful Office Staff	C-23
Customer Service.....	C-26
Satisfaction with Health Plan	C-29
Satisfaction with Health Care Providers	C-39
Access to Care	C-45
Utilization of Services.....	C-56
CCC Composites and CCC Composite Items.....	C-58
Access to Prescription Medicines.....	C-58
Access to Specialized Services.....	C-59
Family Centered Care (FCC): Personal Doctor Who Knows Child.....	C-63
FCC: Shared Decision Making.....	C-67
FCC: Getting Needed Information	C-72

Table of Contents
CCC Report

Coordination of Care..... C-76
Summary of Ohio CCC Comparisons C-79
Reader's Guide D-1
 How to Read the Bar Graphs D-1
 Limitations and Cautions D-2
 Managed Care Expansion D-2
 Case-Mix Adjustment D-2
 Non-Response Bias D-2
 Causal Inferences D-2

Introduction

BACKGROUND

The Ohio Department of Job and Family Services (ODJFS) administers member satisfaction surveys for all managed care plans (MCPs) in Ohio's Medicaid Managed Care Program. The goal of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ surveys is to provide performance feedback that will be used to improve Ohio's Medicaid Managed Care Program member satisfaction with MCPs. The standard survey instrument selected was the CAHPS 3.0H Child Medicaid Survey (with chronic conditions measurement set). The Ohio Medicaid Managed Care Program was expanded statewide beginning in July 2006. The 2008 CAHPS survey samples included members from across the state of Ohio. This is the first year that Ohio CAHPS reports reflect statewide survey results. For Ohio's Covered Families and Children (CFC) Medicaid Managed Care Program, seven MCPs participated in the 2008 CAHPS 3.0H Child Medicaid Health Plan Survey. The parents or caretakers of child members from each MCP completed the survey during the period of March through May 2008. All MCP members sampled received an English version of the survey. Table A-1 provides a list of the CFC MCPs that participated in the survey.

Table A-1 Ohio's Medicaid Managed Care Program Participating MCPs	
MCP Name	MCP Abbreviation
AMERIGROUP Ohio, Inc.	AMERIGROUP
Buckeye Community Health Plan, Inc.	Buckeye
CareSource	CareSource
Molina Healthcare of Ohio, Inc.	Molina
Paramount Advantage	Paramount
Unison Health Plan of Ohio, Inc.	Unison
WellCare of Ohio, Inc.	WellCare

This Ohio Medicaid Managed Care Program CAHPS Children with Chronic Conditions (CCC) Report is one of four separate reports. These four reports have been created to provide ODJFS with a comprehensive analysis of the 2008 Ohio Medicaid Managed Care Program CAHPS results. Information on all four reports can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

Some caveats are worth noting when reviewing these findings. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Due to this change, 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

¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

expansion, most participating MCPs expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the 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 survey results.

SAMPLING PROCEDURES

Sample Frame

The members eligible for sampling included those who were MCP members at the time the sample was drawn, who were 17 years of age or younger (as of December 31, 2007), and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2007. A sample frame of 574,401 child members was produced by ODJFS and provided to HSAG.

Sample Size

A random sample of up to 1,650 child members was selected from each participating MCP for the National Committee for Quality Assurance (NCQA) CAHPS 3.0H child sample, which represents the general population of children. Child members in the CAHPS 3.0H child sample were given a chronic condition prescreen status code of 1 or 2. A prescreen 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 code of 2 (also known as a positive prescreen status code) indicated the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.² A total of 11,550 child surveys for children in the CAHPS 3.0H child sample were mailed out for the seven participating MCPs in the State of Ohio. After selecting child members for the CAHPS 3.0H child sample, a random sample of up to 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represents the population of children who are more likely to have a chronic condition. Please note, one MCP was unable to identify 1,840 children with a prescreen code of 2; therefore, the sample for this MCP was less than 1,840. A total of 12,434 child surveys for children in the CCC supplemental sample were mailed out for the participating MCPs. Up to 3,490 child members were selected from each participating MCP, and a total of 23,984 child surveys for children in the CAHPS 3.0H child sample and the CCC supplemental sample were mailed for the seven participating MCPs. Please note, child members in both the CAHPS 3.0H child sample and CCC supplemental sample received the same CAHPS 3.0H Child Medicaid Health Plan Survey (with chronic condition measurement set) instrument. The CAHPS 3.0H Child Medicaid Health Plan Survey included a number of questions comprising a CCC screener. This screener is used to identify children with chronic conditions from both the CAHPS 3.0H child sample and CCC supplemental sample. The results presented in this Ohio's Medicaid

² National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with and without chronic conditions. Additional information on the CCC population and CCC screener can be found beginning on page B-4.

The NCQA protocol permits oversampling in 5 percent increments. Given the large number of child members sampled from each MCP, no oversampling was performed on the child population.

SURVEY PROTOCOL

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allows for two methods by which members can complete the survey. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. For Ohio's Medicaid Managed Care Program, all sampled members received an English version of the survey. A reminder postcard was sent to all non-respondents, followed by a second survey mailing and second reminder postcard. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.³

Healthcare Effectiveness Data and Information Set (HEDIS®)⁴ specifications require that Health Services Advisory Group, Inc. (HSAG) be provided a list of all eligible members for the sampling frame.

Following HEDIS requirements, HSAG sampled members who met the following criteria:

- Were 17 years of age or younger as of December 31, 2007
- Were currently enrolled in the MCP
- Had been continuously enrolled for at least five of the last six months of 2007
- Had Medicaid as the primary payer

HSAG inspected a sample of the records to check for any apparent problems with the files such as missing address elements. All sampled records from each MCP were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Following NCQA requirements, the survey samples were randomly selected with no more than one member being selected per household.

The HEDIS specifications for CAHPS require that the name of the health plan appear in the questionnaires, letters, and postcards; that the letters and cards bear the signature of a high ranking health plan or State official; and that the questionnaire packages include a postage-paid

³ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® 2008 Survey Measures*. Washington, DC: NCQA Publication, 2007.

⁴ HEDIS® is a registered trademark of NCQA.

reply envelope addressed to the organization conducting the survey. HSAG complied with these specifications.

According to HEDIS specifications for the CAHPS 3.0H Health Plan Surveys, this survey was completed using the time frame shown in Table A-2 on page A-4.

Table A-2 CAHPS 3.0H Survey Time Frame⁵	
Basic Tasks for Conducting the Survey	Time Frame
Send first questionnaire with cover letter to the respondent	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

RESPONSE RATES

The administration of the CAHPS 3.0H Health Plan Surveys is comprehensive and is designed to garner 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.⁶ A member’s survey is assigned a disposition code of “completed” when question number 1 and 80 percent of the total pertinent questions are answered. Questions that are appropriately skipped (i.e., items skipped per skip pattern instructions) do not count against the required 80 percent. Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the eligible population criteria described on page A-3), or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to Ohio’s Medicaid Managed Care Program CAHPS Methodology Report.

⁵ National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

⁶ Ibid.

A total of 7,950 parents or caretakers of child members returned a completed survey.⁷ Of the 7,950 completed surveys, 3,726 were from children identified as having a chronic condition (CCC population) and 4,224 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 34.10 percent for Ohio's CFC Medicaid Managed Care Program.

⁷ Please note, this includes all children sampled (both the CAHPS 3.0H 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 section should not be compared to the NCQA response rates provided in Ohio's Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report.

Demographics

This Demographics section depicts the characteristics of child members with chronic conditions (the CCC population) and child members without chronic conditions (the non-CCC population). It also depicts the characteristics of respondents who completed the CAHPS 3.0H Child Medicaid Health Plan Survey.¹ In general, the demographics of a response group influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.²

The demographic data are presented in two sections. The first section consists of two tables, Table B-1 and Table B-2, that depict respondent-level and member-level demographic data. Member age, gender, and race and ethnicity information were derived from ODJFS administrative data. Member general health status and respondent age, gender, education, and relationship to child information were derived from responses to the Child Medicaid Survey. The second section contains two tables, Table B-3 and Table B-4, and discusses the CCC population and how this population was identified.

¹ The parents or caretakers of child members completed the CAHPS 3.0H Child Medicaid Health Plan Survey on behalf of child members.

² Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2007*. Rockville, MD: US Department of Health and Human Services, July 2007.

RESPONDENT PROFILES

Respondents to the CAHPS 3.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table B-1 depicts the demographic characteristics of the respondents who completed the CAHPS 3.0H Child Medicaid Health Plan Survey on behalf of child members in the CCC and non-CCC populations. Respondent relationship to child, age, gender, and education were derived from responses to the Child Medicaid Survey.

Table B-1 Respondent Profiles		
	Ohio's CFC Medicaid Managed Care Program CCC	Ohio's CFC Medicaid Managed Care Program Non-CCC
Respondent Relationship to Child		
Parent	87.4%	92.3%
Grandparent	8.4%	5.6%
Other	4.2%	2.1%
Age		
Under 18	6.6%	16.4%
18 to 24	38.1%	41.4%
25 to 34	32.2%	27.0%
35 to 44	14.7%	10.3%
45 to 54	5.9%	3.1%
55 or older	2.5%	1.9%
Gender		
Male	7.3%	8.5%
Female	92.7%	91.5%
Education		
Not a HS Graduate	19.1%	19.7%
HS Graduate	40.2%	42.5%
Some College	35.8%	32.7%
College Graduate	4.9%	5.2%
<i>Please note, percentages may not total 100% due to rounding.</i>		

MEMBER PROFILES

Table B-2 presents the demographic characteristics of the child members with and without chronic conditions in Ohio's CFC Medicaid Managed Care Program whose parents or caretakers completed the CAHPS 3.0H Child Medicaid Health Plan Survey. Age, gender, and race and ethnicity were derived from ODJFS administrative data. Health status was derived from responses to the Child Medicaid Survey.

Table B-2 Child Member Profiles		
	Ohio's CFC Medicaid Managed Care Program CCC	Ohio's CFC Medicaid Managed Care Program Non-CCC
Age		
Less than 2	6.0%	18.8%
2 to 4	13.7%	21.7%
5 to 7	16.7%	16.6%
8 to 10	20.4%	13.0%
11 to 13	19.5%	12.1%
14 to 17	23.7%	17.8%
Gender		
Male	59.8%	49.6%
Female	40.2%	50.4%
Race and Ethnicity		
White	77.8%	72.7%
Black	19.6%	23.3%
Hispanic	2.2%	3.4%
Asian	0.3%	0.6%
Native American	0.0%	0.1%
Other	0.0%	0.0%
Health Status		
Excellent	16.5%	49.0%
Very Good	34.7%	36.0%
Good	33.7%	13.0%
Fair	14.0%	1.8%
Poor	1.0%	0.1%
<i>Please note, percentages may not total 100% due to rounding.</i>		

CHRONIC CONDITIONS CLASSIFICATION

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.³ 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.

A series of questions used to identify children with chronic conditions was included in the CAHPS 3.0H Child Medicaid Health Plan Survey distributed to Ohio's CFC Medicaid Managed Care Program child members. This series contained five sets of survey questions that focus 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 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 3.0H child sample and the CCC supplemental sample were analyzed to determine which child members have chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 3.0H child sample) included children with and without chronic conditions based on the responses to the survey questions. For each category, the first question was a gate item for the second question, except for the "Mental Health Services" category. These questions asked whether the child's use, need, or limitations were due to a health condition. Respondents that select "No" to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents that selected "No" to the second question were instructed to skip

³ National Committee for Quality Assurance. *HEDIS 2008, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2007.

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 that asked respondents whether the condition had lasted or was expected to last at least 12 months. Respondents that selected “No” to the first question were instructed to skip the second question in this category. Table B-3 displays the responses to the five categories of questions for all children sampled. Ohio’s CFC Medicaid Managed Care Program CCC population included children in the CAHPS 3.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories. Additional information on the CAHPS 3.0H child sample and the CCC supplemental sample can be found beginning on page A-2.

Table B-3
Responses to CCC Screener Questions
Response of “Yes”

	Ohio’s CFC Medicaid Managed Care Program CCC	Ohio’s CFC Medicaid Managed Care Program Non-CCC
Prescription Medicine		
Needs/Uses Prescription Medicine	84.2%	12.3%
Due to Health Condition	98.7%	43.5%
Condition Duration of at Least 12 Months	98.8%	0.0%
More Care		
Needs/Uses More Care	53.1%	2.5%
Due to Health Condition	97.8%	29.1%
Condition Duration of at Least 12 Months	98.9%	0.0%
Functional Limitations		
Limited Abilities	32.3%	3.4%
Due to Health Condition	96.8%	13.2%
Condition Duration of at Least 12 Months	98.7%	0.0%
Special Therapy		
Needs/Gets Therapy	20.2%	3.8%
Due to Health Condition	87.8%	12.1%
Condition Duration of at Least 12 Months	97.2%	0.0%
Mental Health Services		
Needs/Gets Counseling	47.5%	2.3%
Condition Duration of at Least 12 Months	97.6%	0.0%

Please note, the parents or caretakers of child members in the CAHPS 3.0H 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 Ohio’s CFC Medicaid Managed Care Program non-CCC population is always 0 percent because a “Yes” response to the final question in a category would qualify the member as having a chronic condition and therefore that member would not be part of Ohio’s CFC Medicaid Managed Care Program 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, need, or limitations were 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 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, and 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.

A total of 46.9 percent of all child members for whom a survey was completed (30.8 percent of child members in the CAHPS 3.0H child sample and 60.6 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 B-3. Table B-4 depicts the percentage of children with chronic conditions with affirmative responses to all questions in any of the five categories. A child member can appear in more than one category. For example, a child member may have affirmative responses to all of the questions within the Prescription Medicine category and also have affirmative responses to all of the questions within the Functional Limitations category.

Table B-4					
Distribution of Categories for Children with Chronic Conditions					
	Prescription Medicine	More Care	Functional Limitations	Special Therapy	Mental Health Service
Ohio’s CFC Medicaid Managed Care Program CCC	81.1%	49.9%	30.2%	16.7%	45.5%
<i>Please note, a child member may appear in more than one category</i>					

Ohio CCC Comparisons

The Ohio CCC Comparisons section, in the past, has presented two types of analysis: 1) a comparison of the CCC population's mean score to the non-CCC population's mean score and 2) a trend comparison of each score to the prior year's mean score. The trend comparison identified whether performance was statistically higher, the same, or lower than the previous year. For the reasons outlined below, this trending analysis is not included in the 2008 CAHPS reports.

The Ohio CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. With the exception of one county, this expansion was complete in December 2006. During this time, service delivery was extended from 17 (mostly urban) counties to 87 counties in Ohio (including many rural areas). Given the timing of this expansion and the survey sampling criteria, the 2007 CAHPS survey data were derived primarily from respondents in the original 17 counties, while the 2008 CAHPS survey data were derived by respondents from across the state. The potential differences in respondent characteristics and/or program operations in 2007 and 2008 render trend comparisons from 2007 to 2008 unreliable. Therefore, trending analysis has been excluded from the 2008 CAHPS reports.

This Ohio CCC Comparisons section presents 2008 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 and contain case-mix-adjusted results for the child members whose parent or caretaker completed a CAHPS 3.0H Child Medicaid Health Plan Survey. According to AHRQ recommendations, results were case-mix-adjusted for reported member health status, respondent educational level, and respondent age.¹ Additional information on the case-mix adjustment can be found in Ohio's Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported. In 2008, Ohio's CFC Medicaid Managed Care Program had 3,726 completed surveys for the CCC population and 4,224 completed surveys for the non-CCC population. These 7,950 surveys were used to calculate the 2008 CAHPS results presented in this section.

For each global rating, composite score, and item within each composite, responses were classified into one of three response categories. For global ratings, the response categories were: 0 to 6, 7 to 8, and 9 to 10. For the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composite measures and items, the response categories were: "Never/Sometimes," "Usually," and "Always." For the Getting Needed Care and Customer Service composite measures and items, the response categories were: "Big Problem," "Small Problem," and "Not a Problem." An overall mean was also calculated. For global ratings, the overall mean was provided on a scale from 0 to 10. For the composite measures and composite items, the overall mean was provided on a three-point scale. For the Getting Care Quickly, How Well Doctors

¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2007*. Rockville, MD: US Department of Health and Human Services, July 2007.

Communicate, and Courteous and Helpful Office Staff composites, responses of “Always” were given a score of 3, responses of “Usually” were given a score of 2, and responses of “Never/Sometimes” were given a score of 1. For the Getting Needed Care and Customer Service composites, responses of “Not a Problem” were given a score of 3, responses of “Small Problem” were given a score of 2, and responses of “Big Problem” were given a score of 1.

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. Three-point means were calculated for each of these survey questions with one exception. For items presented as Yes/No categories, a one-point mean was calculated. The scale used to calculate the overall means varied by question and was provided within the discussion of each question. Member responses to questions within these areas of interest were also classified into response categories. These categories were listed within the discussion of each of these questions.

For each CCC composite measure and composite item or question pair, a three-point overall mean was calculated.² Member responses were also classified into response categories. For the Access to Prescription Medicines and Access to Specialized Services CCC composite measures, items within each composite were paired to create constructed variables used to score the composites. Half of the questions within these two CCC composites had response categories of “Big Problem,” “Small Problem,” and “Not a Problem,” and half had response categories of “No” and “Yes.” A question with “Big Problem,” “Small Problem,” and “Not a Problem” response categories was paired with a question with “No” and “Yes” response categories. These paired questions were then classified into one of three response categories: “Had a Problem, Was Not Helped,” “Had a Problem, Was Helped,” and “Did Not Have a Problem.” For the Family Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care CCC composites, and the items within these composites, the response categories were: “No” and “Yes.” For the FCC: Shared Decision Making and FCC: Getting Needed Information CCC composites and the items within these composites, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

The Ohio CCC Comparisons section involves a comparison of the 2008 results for the two populations, CCC and non-CCC. This population-to-population comparative analysis identifies whether one population performed statistically higher, the same, or lower on each measure than the other population.

² The Family Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care CCC composite measures 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 composite scores have a maximum mean score of 1.0, and three-point means cannot be calculated.

COMPARATIVE ANALYSIS

Case-mix-adjusted mean scores for the CCC population in 2008 for global ratings, composite scores, composite items, questions within the areas of interest, CCC composite scores, and CCC composite items were compared to the case-mix-adjusted mean scores for the non-CCC population in 2008 to determine whether there were statistically significant differences between the results for each population.³ For additional information on these tests for statistical significance, please refer to Ohio's Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between 2008 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 ↓) on a mean or a response category proportion percentage 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 percentage of CCC respondents who gave a rating of 7 to 8 was significantly lower than that of non-CCC respondents, then it must be true that the percentage of non-CCC respondents who gave a rating of 7 to 8 was significantly higher than that of CCC respondents. This represents one statistically significant difference.

Some caveats are worth noting when reviewing these findings. Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Due to this change, 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 expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the 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 survey results.

³ The term "mean scores" refers to the overall means and the response category proportions.

Rating of Personal Doctor

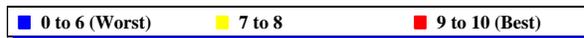
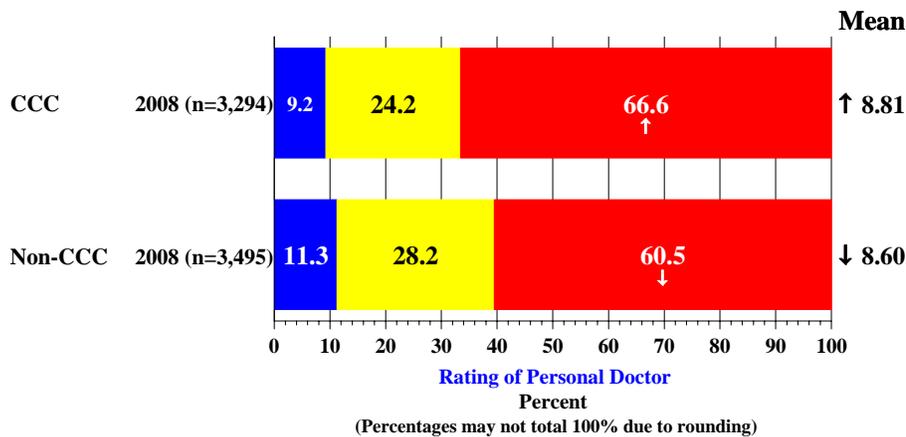
The parents or caretakers of child members in Ohio’s CFC Medicaid Managed Care Program were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” For the overall rating of personal doctor question, an overall mean was calculated for the CCC and non-CCC populations. 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 the CCC and non-CCC populations.

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 9 to 10 was significantly higher than that of non-CCC respondents.

**Figure C-3
Rating of Personal Doctor**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

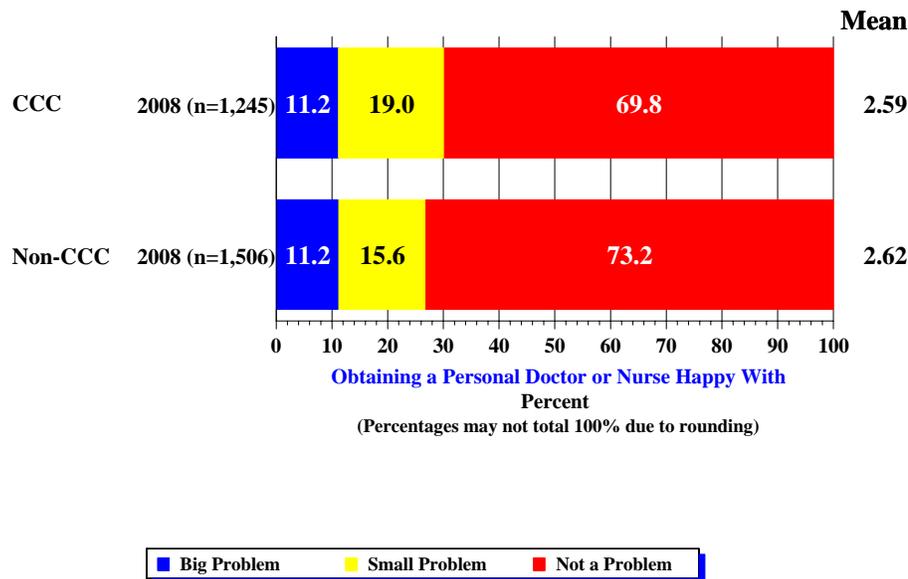
Getting Needed Care: Obtaining a Personal Doctor or Nurse Happy With

Question 7 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how much of a problem it was obtaining a personal doctor or nurse with whom they are happy. Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-6
Getting Needed Care Composite:
Obtaining a Personal Doctor or Nurse Happy With



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

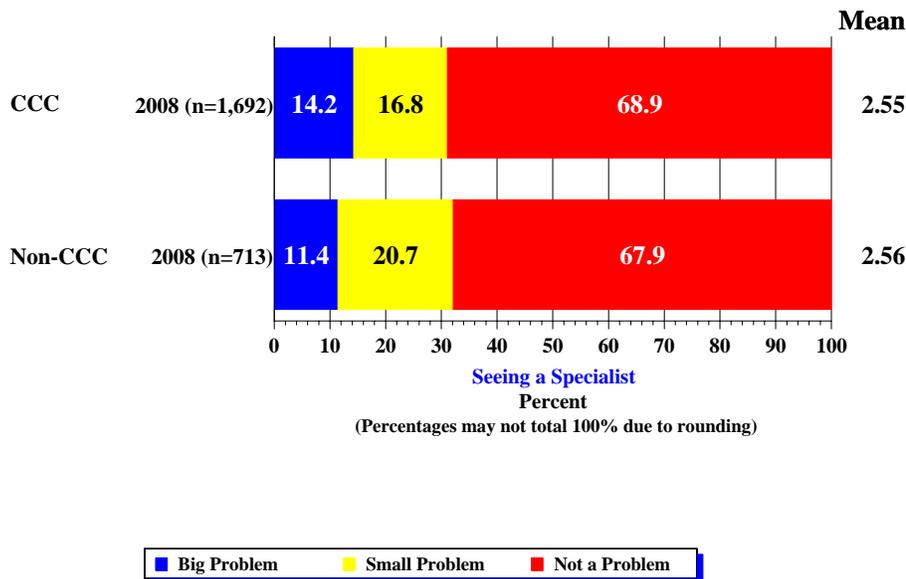
Getting Needed Care: Seeing a Specialist

Question 13 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem it was to see a specialist. Figure C-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-7
Getting Needed Care Composite:
Seeing a Specialist



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

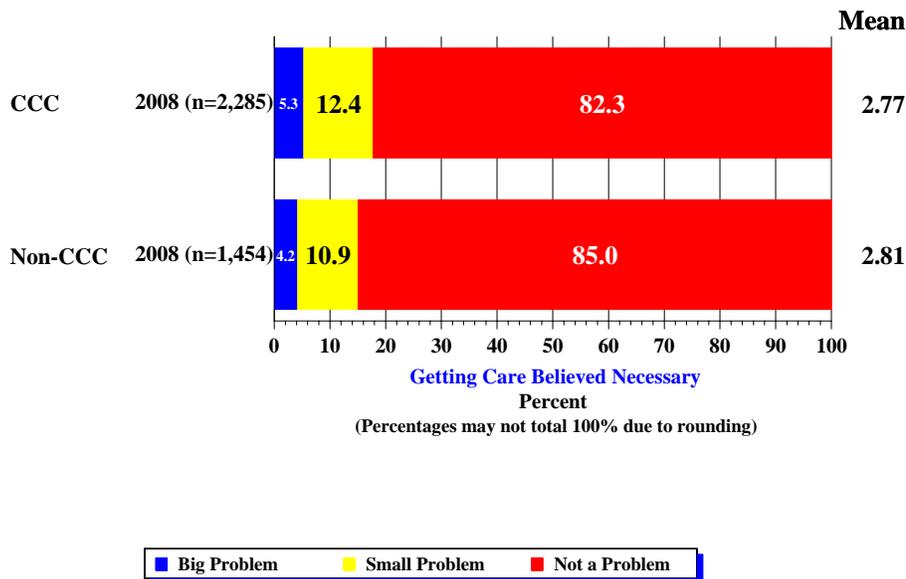
Getting Needed Care: Getting Care Believed Necessary

Question 28 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem it was getting the care, tests, or treatment they or a doctor believed was necessary. Figure C-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-8
Getting Needed Care Composite:
Getting Care Believed Necessary



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

Getting Needed Care: Delays in Health Care While Waiting for Health Plan Approval

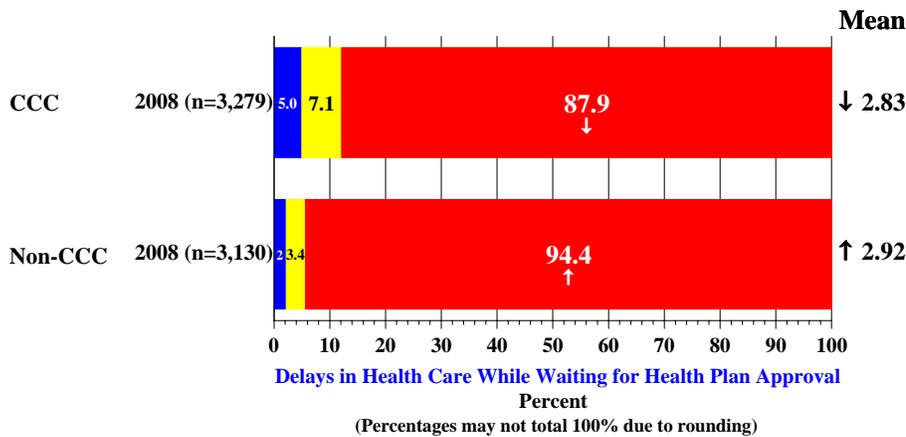
Question 30 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem delays in health care were while waiting for approval from their child’s health plan for health care.⁴ Figure C-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Not a Problem was significantly lower than that of non-CCC respondents.

Figure C-9
Getting Needed Care Composite:
Delays in Health Care While Waiting for Health Plan Approval



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

⁴ Please note, Question 29 in the CAHPS Child Medicaid Health Plan Survey was a gate item for Question 30 in the CAHPS Child Medicaid Health Plan Survey. Respondents that selected “No” to Question 29 were instructed to skip Question 30. As a result of the skip pattern, respondents who appropriately skipped Question 30 (i.e., who selected “No” to Question 29) were scored as “Not a Problem” for Question 30.

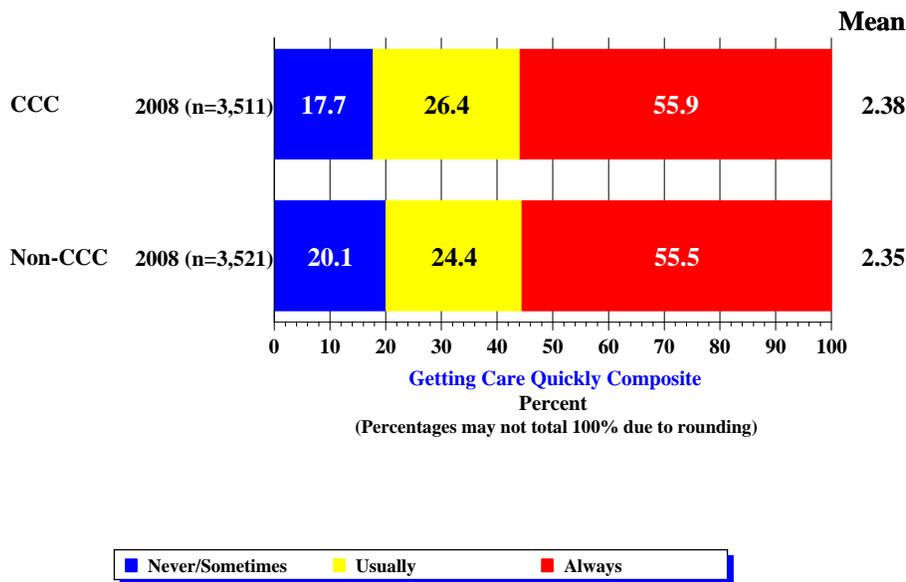
Getting Care Quickly

A series of four questions was asked in order to assess how often members received care quickly. For each of these questions (Questions 18, 20, 23, and 31 in the CAHPS Child Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also 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 the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-10
Getting Care Quickly Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

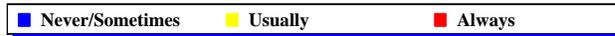
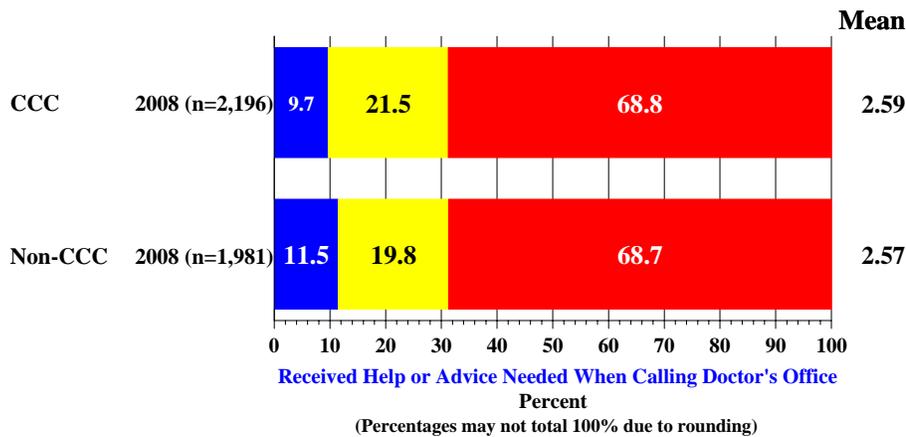
Getting Care Quickly: Received Help or Advice Needed When Calling Doctor's Office

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often they received the help or advice they needed when calling their child's doctor's office during regular office hours. Figure C-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-11
Getting Care Quickly Composite:
Received Help or Advice Needed When Calling Doctor's Office



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

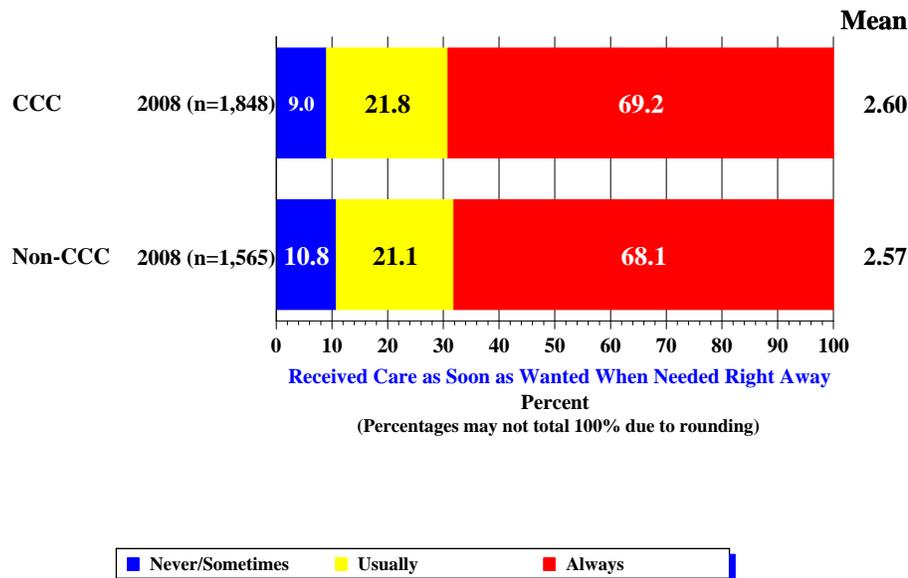
Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away

Question 20 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often they received care as soon as they wanted for their child when they needed care right away. Figure C-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-12
Getting Care Quickly Composite:
Received Care as Soon as Wanted
When Needed Right Away



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

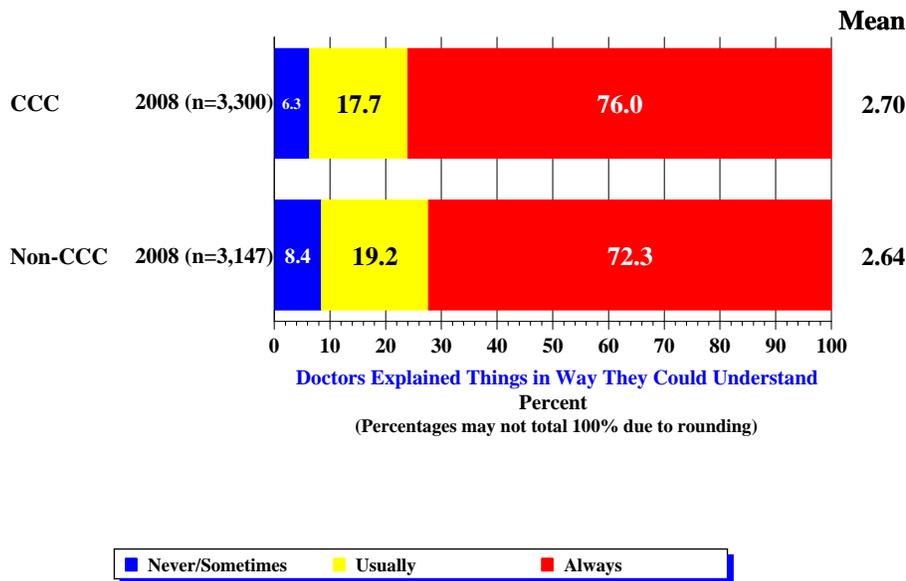
How Well Doctors Communicate: Doctors Explained Things in Way They Could Understand

Question 36 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers explained things in a way they could understand. Figure C-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-17
How Well Doctors Communicate Composite:
Doctors Explained Things in Way They Could Understand



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

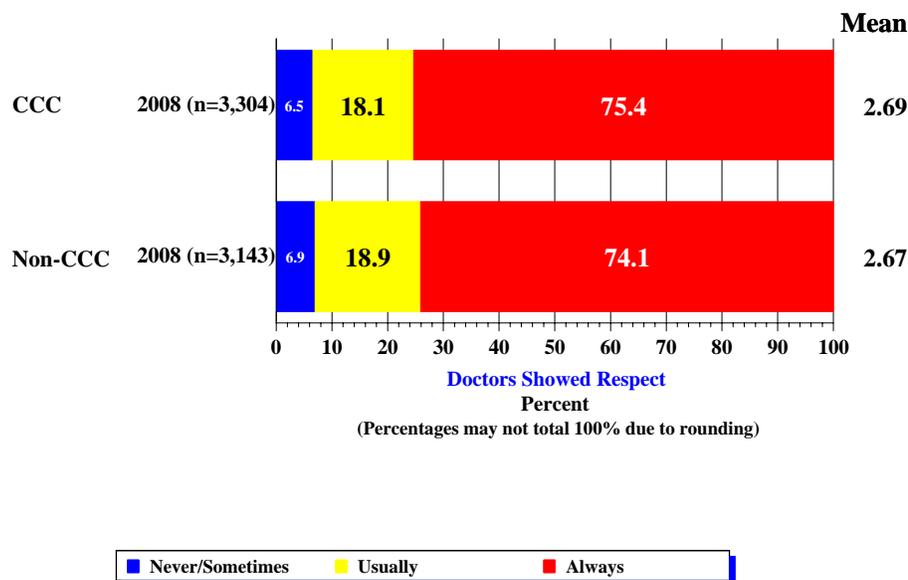
How Well Doctors Communicate: Doctors Showed Respect

Question 37 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers showed respect for what they had to say. Figure C-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-18
How Well Doctors Communicate Composite:
Doctors Showed Respect



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

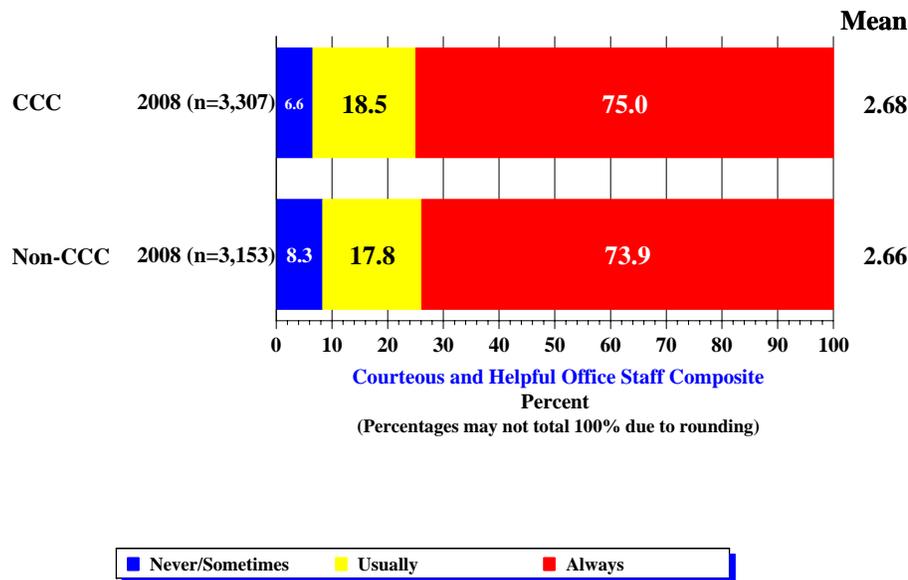
Courteous and Helpful Office Staff

Two questions were asked in order to assess how often staff at a doctor’s office or clinic were courteous and helpful. For each of these questions (Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Figure C-20
Courteous and Helpful Office Staff Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

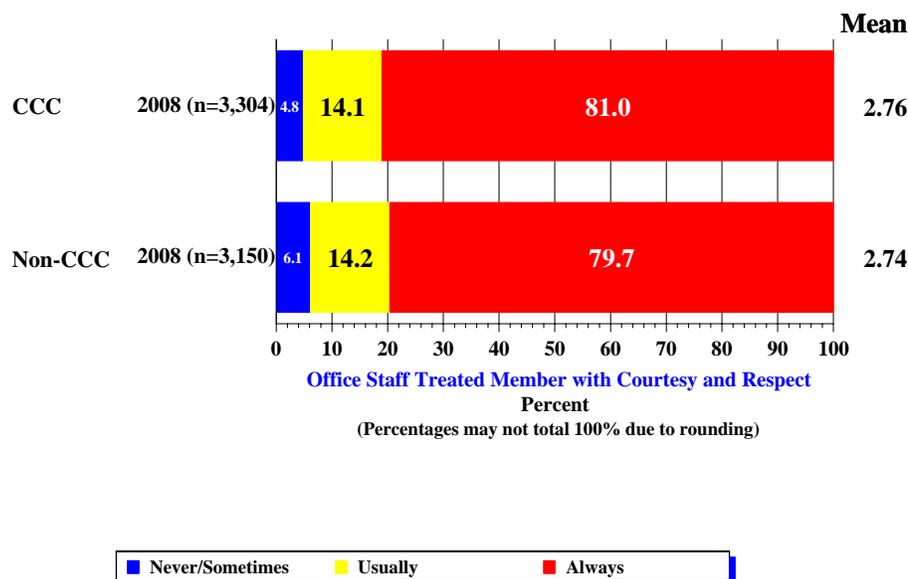
Courteous and Helpful Office Staff: Office Staff Treated Member with Courtesy and Respect

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often office staff at the child’s doctor’s office treated the child with courtesy and respect. Figure C-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-21
Courteous and Helpful Office Staff Composite:
Office Staff Treated Member with Courtesy and Respect



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

SATISFACTION WITH HEALTH PLAN

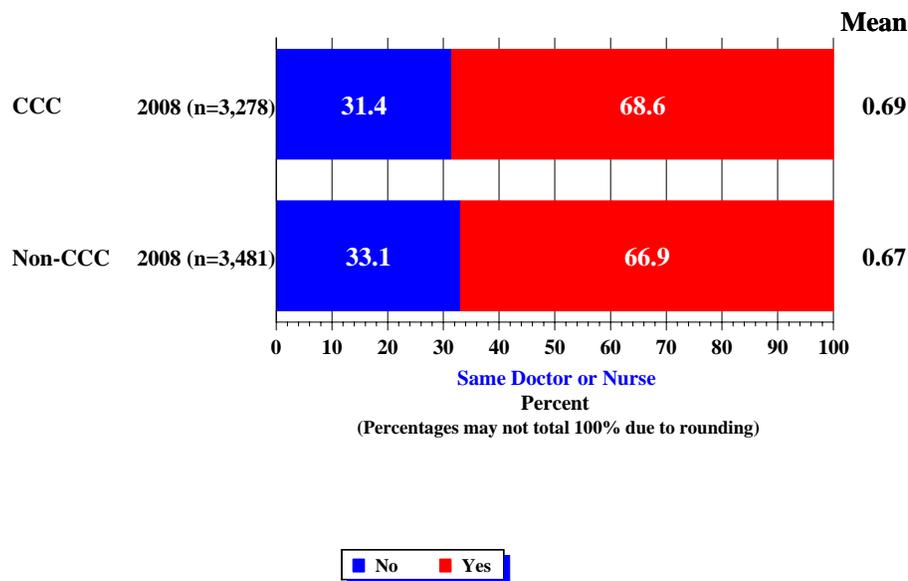
Satisfaction with Health Plan: Same Doctor or Nurse

Several questions were asked to assess the parents or caretakers of child members' satisfaction with their child's health plans. Question 6 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had the same personal doctor or nurse before they joined their current 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 Figure C-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-26
Satisfaction with Health Plan:
Same Doctor or Nurse



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

⁵ 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. The one exception is displayed beginning on page C-34.

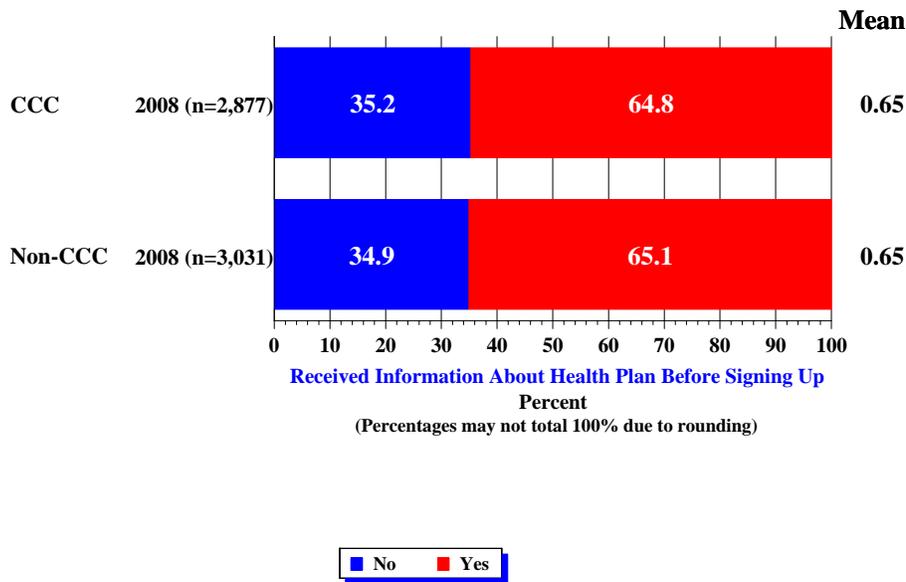
Satisfaction with Health Plan: Received Information About Health Plan Before Signing Up

Question 76 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had received information about the health plan before signing up for the 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.” Figure C-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-27
Satisfaction with Health Plan:
Received Information About Health Plan Before Signing Up



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

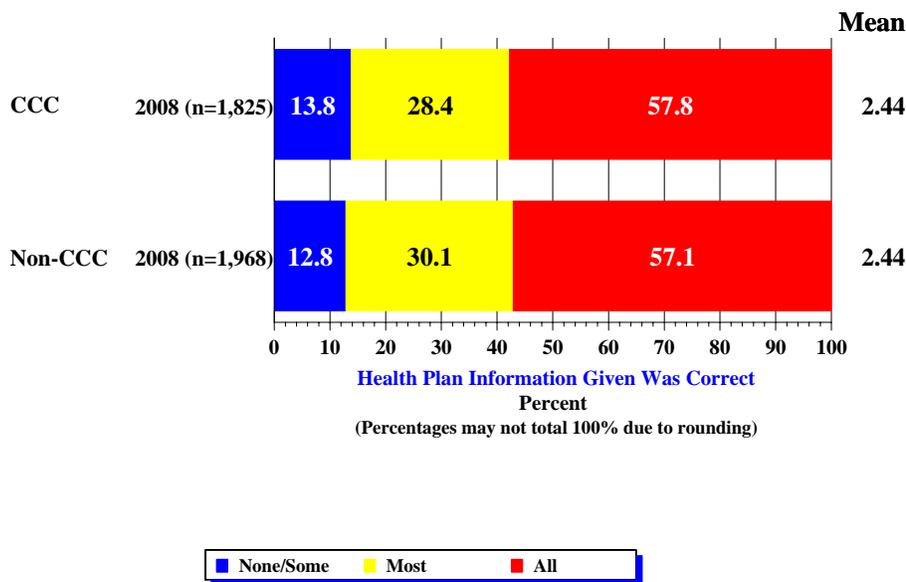
Satisfaction with Health Plan: Health Plan Information Given Was Correct

Question 77 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members who had received information about the health plan before signing up how much of the information was correct. 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: “None/Some,” “Most,” and “All.”⁶ Figure C-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-28
Satisfaction with Health Plan:
Health Plan Information Given Was Correct



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

⁶ For this question, responses of “None/Some” were given a score of 1, responses of “Most” were given a score of 2, and responses of “All” were given a score of 3.

Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials

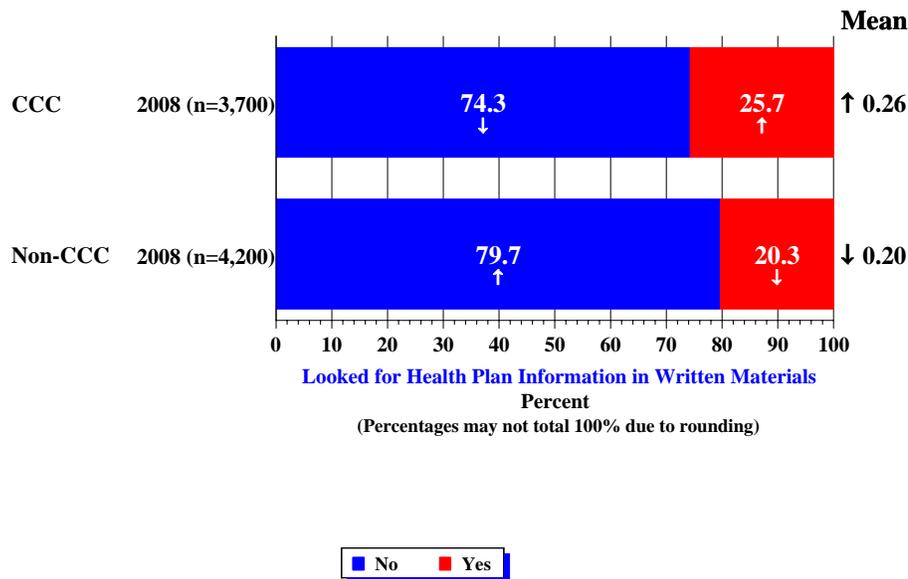
Question 78 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had looked for information about how their child’s health plan works in written materials or on the Internet. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-29
Satisfaction with Health Plan:
Looked for Health Plan Information in Written Materials



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

Satisfaction with Health Plan: Called Customer Service for Information or Help

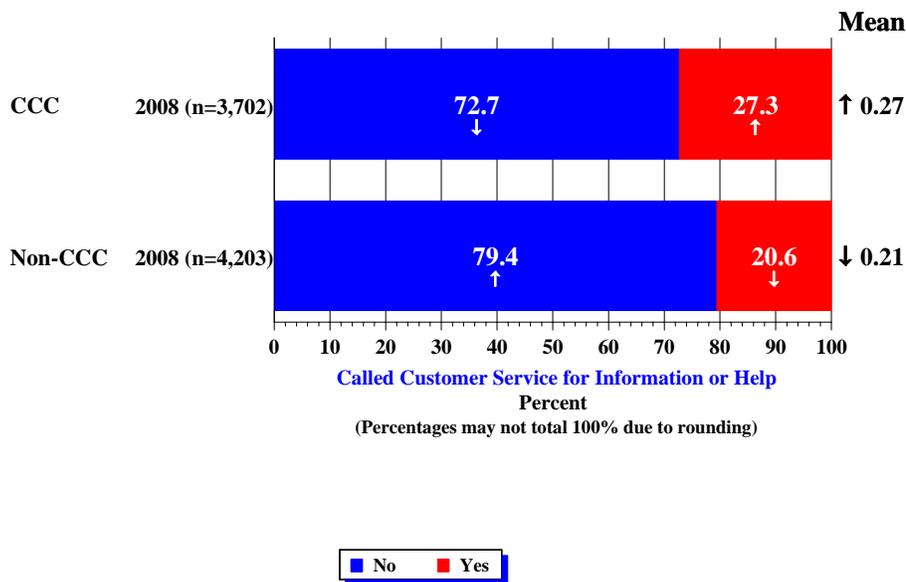
Question 80 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had called their child’s health plan’s customer service to obtain information or help. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-30
Satisfaction with Health Plan:
Called Customer Service for Information or Help



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

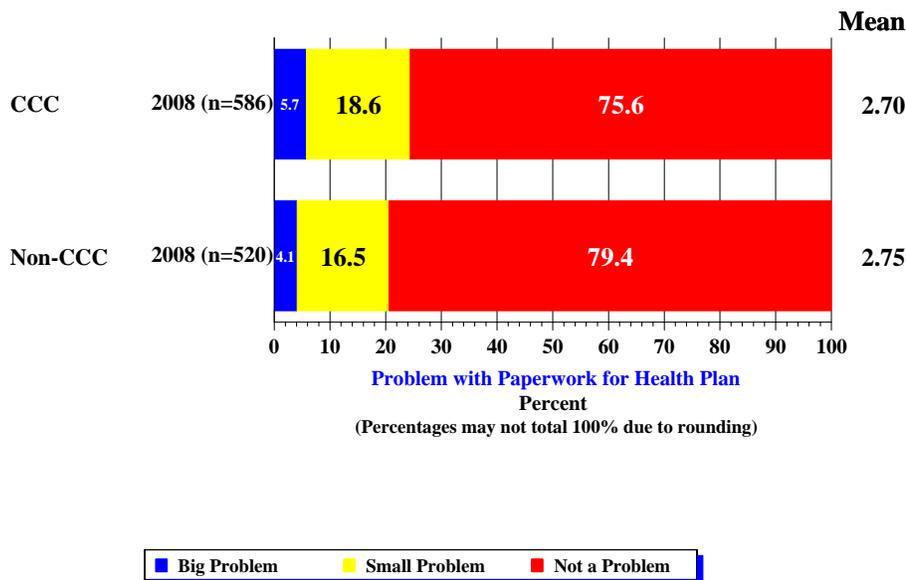
Satisfaction with Health Plan: Problem with Paperwork for Health Plan

Question 87 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem it was filling out paperwork 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: “Big Problem,” “Small Problem,” and “Not a Problem.”⁹ Figure C-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-35
Satisfaction with Health Plan:
Problem with Paperwork for Health Plan



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

⁹ For questions with “Big Problem,” “Small Problem,” and “Not a Problem” response categories, responses of “Big Problem” were given a score of 1, responses of “Small Problem” were given a score of 2, and responses of “Not a Problem” were given a score of 3.

SATISFACTION WITH HEALTH CARE PROVIDERS

Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse

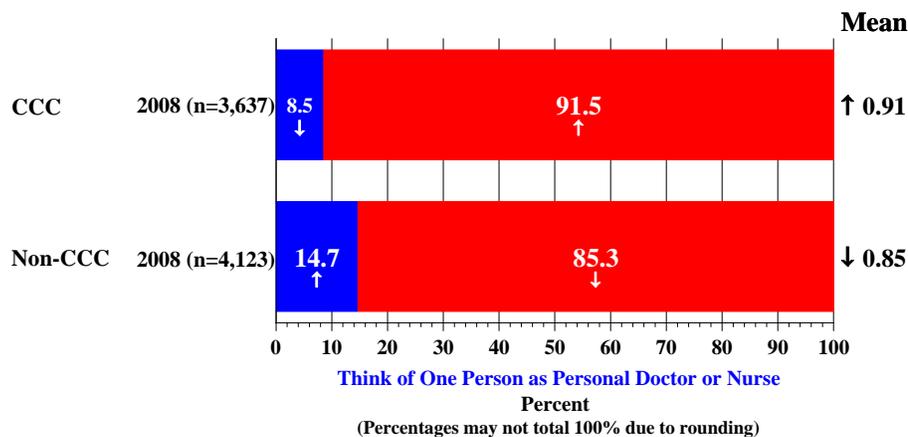
Several questions were asked to assess the parents or caretakers of child members satisfaction with their child’s health care providers. Question 4 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had one person as their personal doctor or nurse. For this question, an overall 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 C-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

**Figure C-36
Satisfaction with Health Care Providers:
Think of One Person as Personal Doctor or Nurse**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

Satisfaction with Health Care Providers: Called Doctor’s Office for Help or Advice

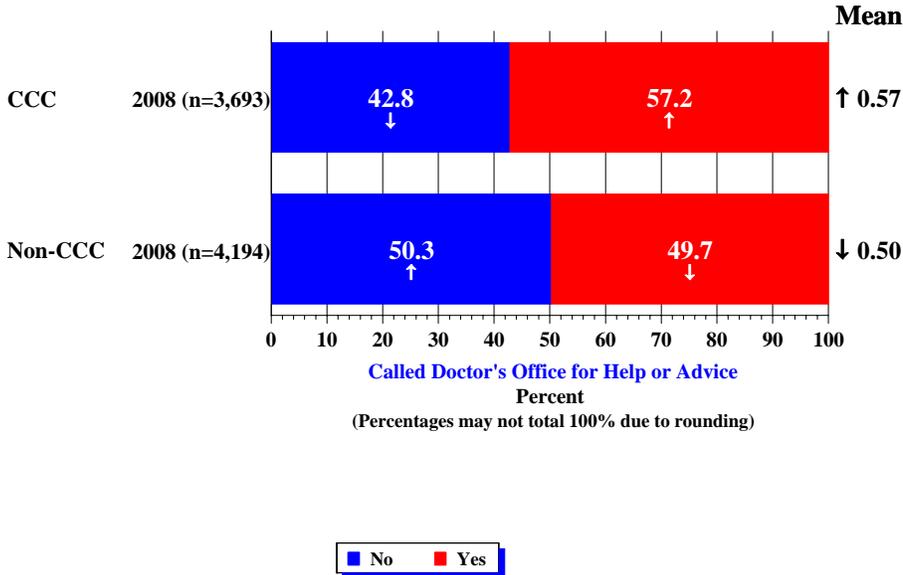
Question 17 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had called their child’s doctor’s office during regular office hours for help or advice. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-37
Satisfaction with Health Care Providers:
Called Doctor’s Office for Help or Advice



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

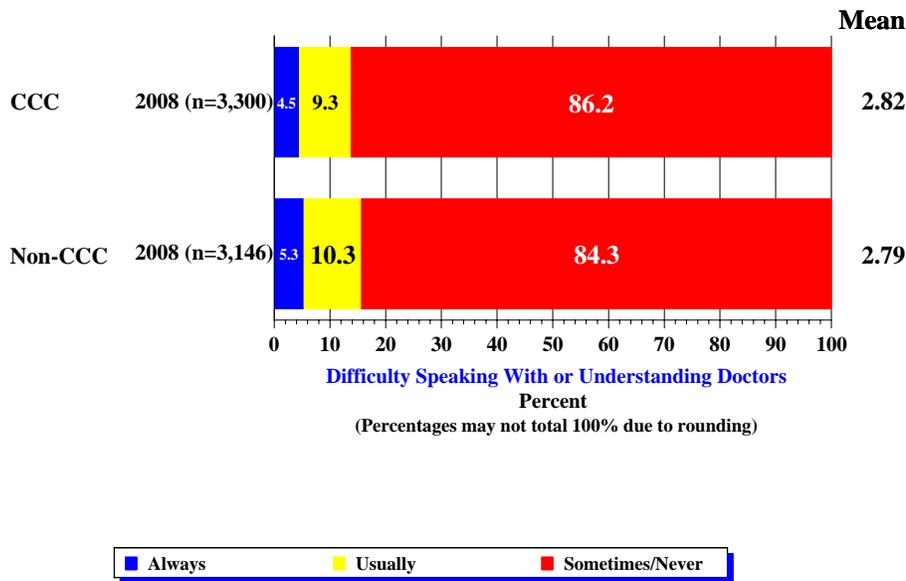
Satisfaction with Health Care Providers: Difficulty Speaking With or Understanding Doctors

Question 35 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often they had difficulty speaking with or understanding doctors or other health providers. 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: “Always,” “Usually,” and “Sometimes/Never.”¹⁰ Figure C-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-38
Satisfaction with Health Care Providers:
Difficulty Speaking With or Understanding Doctors



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

¹⁰ For this question, responses of “Always” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Sometimes/Never” were given a score of 3.

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

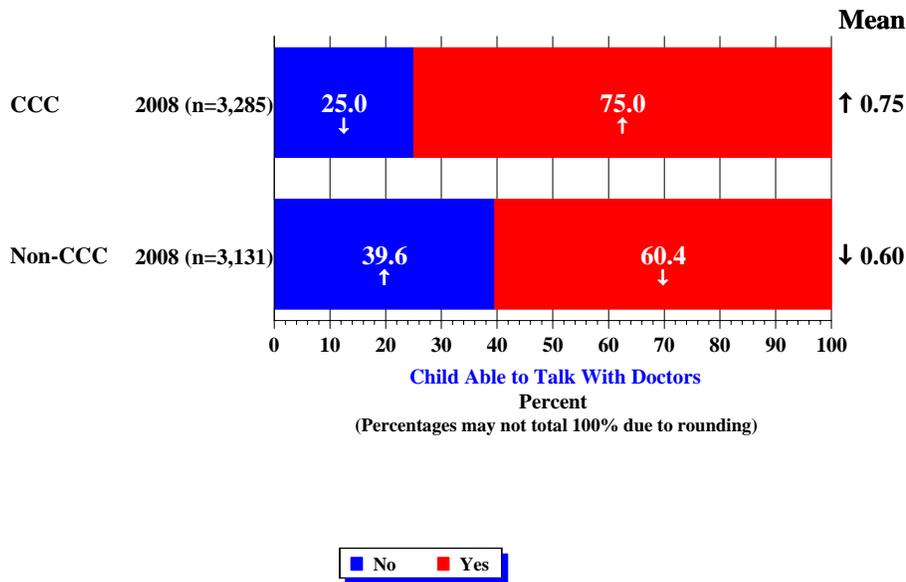
Question 38 in the CAHPS Child Medicaid Health Plan Survey asked whether child members were able to talk with doctors about their health care. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-39
Satisfaction with Health Care Providers:
Child Able to Talk With Doctors



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

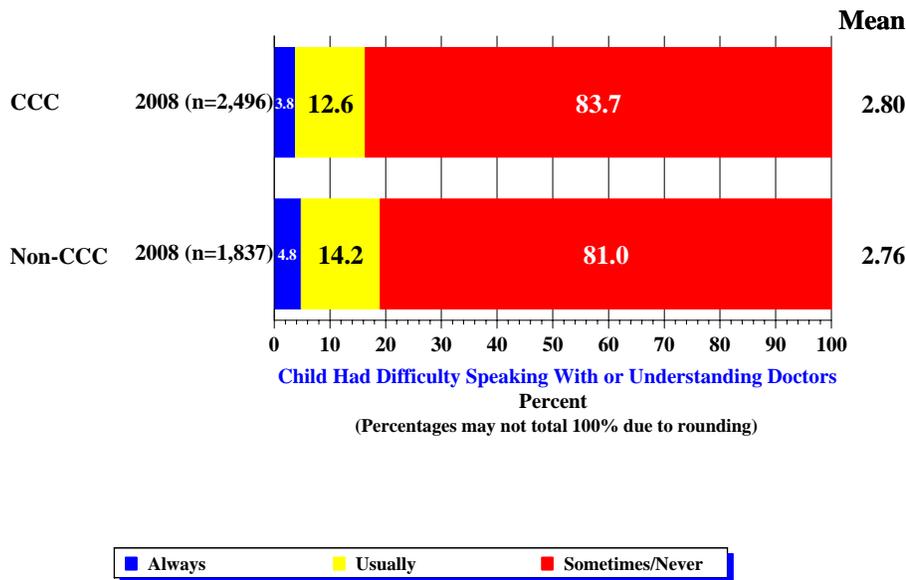
Satisfaction with Health Care Providers: Child Had Difficulty Speaking With or Understanding Doctors

Question 39 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often child members had difficulty speaking with or understanding doctors or other health providers. 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: “Always,” “Usually,” and “Sometimes/Never.”¹¹ Figure C-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

**Figure C-40
Satisfaction with Health Care Providers:
Child Had Difficulty Speaking With or Understanding Doctors**



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

¹¹ For this question, responses of “Always” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Sometimes/Never” were given a score of 3.

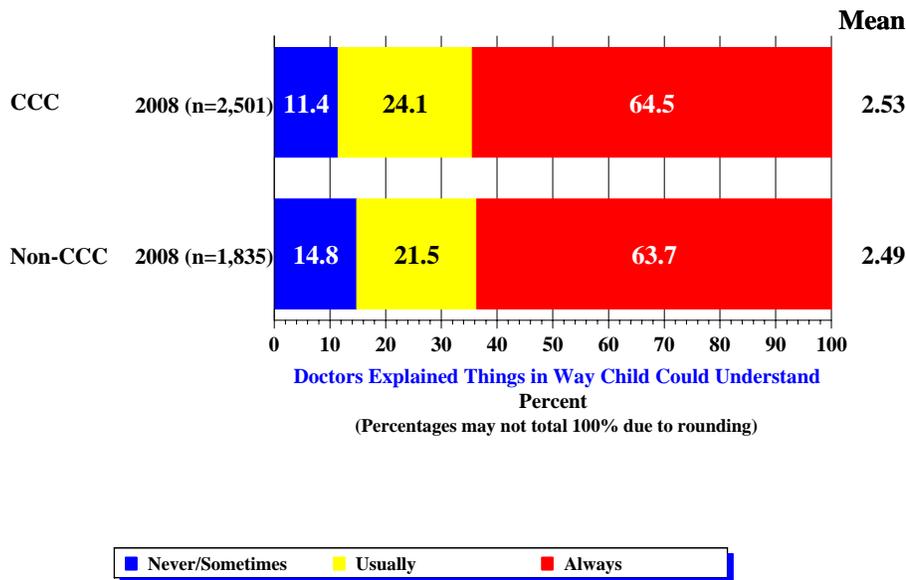
Satisfaction with Health Care Providers: Doctors Explained Things in Way Child Could Understand

Question 40 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often health providers explained things to child members 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 also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.”¹² Figure C-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-41
Satisfaction with Health Care Providers:
Doctors Explained Things in Way Child Could Understand



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

¹² For this question, responses of “Never/Sometimes” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

Access to Care: Saw a Specialist

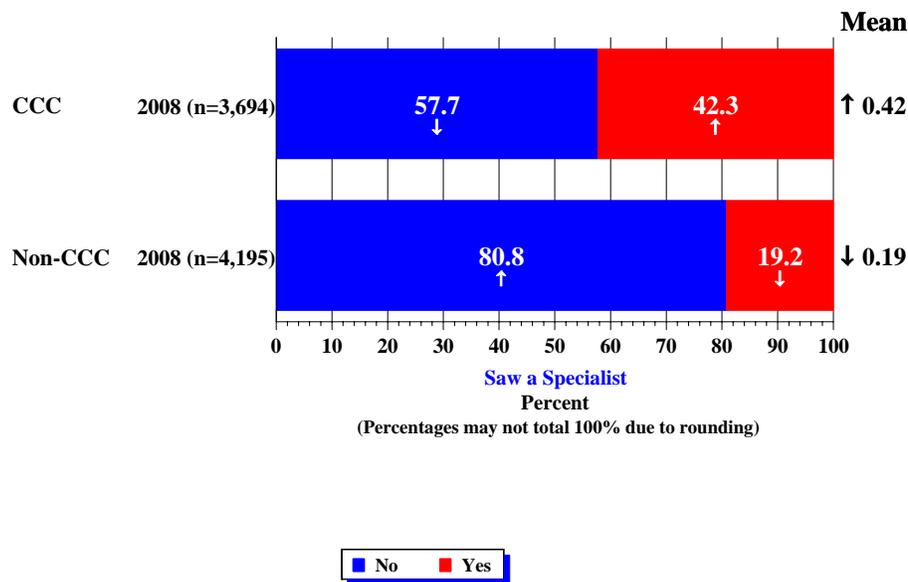
Question 14 in the CAHPS Child Medicaid Health Plan Survey asked whether the child member saw a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-43
Access to Care:
Saw a Specialist



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

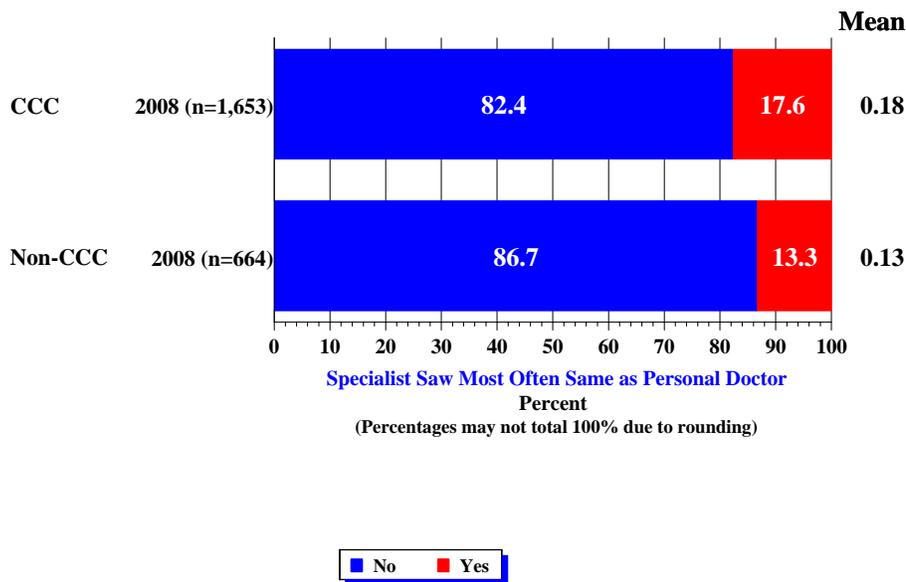
Access to Care: Specialist Saw Most Often Same as Personal Doctor

Question 16 in the CAHPS Child Medicaid Health Plan Survey asked whether the specialist the child member saw most often was the same doctor as his/her personal doctor. 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 C-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-44
Access to Care:
Specialist Saw Most Often Same as Personal Doctor



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

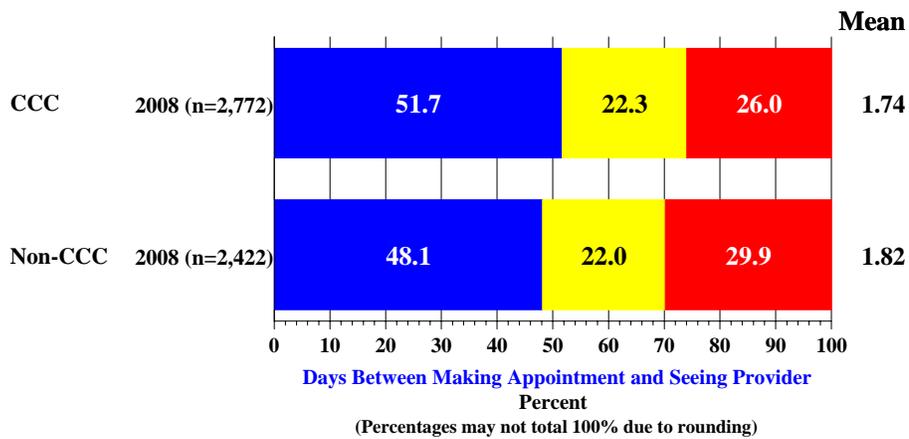
Access to Care: Days Between Making Appointment and Seeing Provider

Question 24 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members who had made appointments for their child’s health care (not counting the times their child needed care right away) how many days they had to wait between making an appointment and seeing a provider. 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: “2 or More Days,” “1 Day,” and “Same Day.”¹³ Figure C-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-46
Access to Care:
Days Between Making Appointment and Seeing Provider



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

¹³ For questions with “2 or More Days,” “1 Day,” and “Same Day” response categories, responses of “2 or More Days” were given a score of 1, responses of “1 Day” were given a score of 2, and responses of “Same Day” were given a score of 3.

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

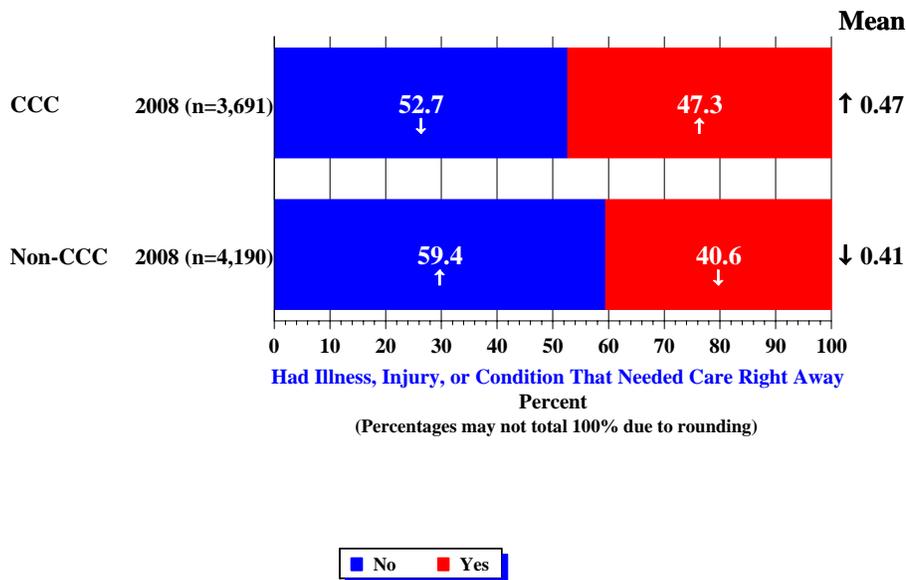
Question 19 in the CAHPS Child Medicaid Health Plan Survey asked members whether child members had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-47 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-47
Access to Care:
Had Illness, Injury, or Condition That Needed Care Right Away



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

Access to Care: Child Two Years Old or Younger

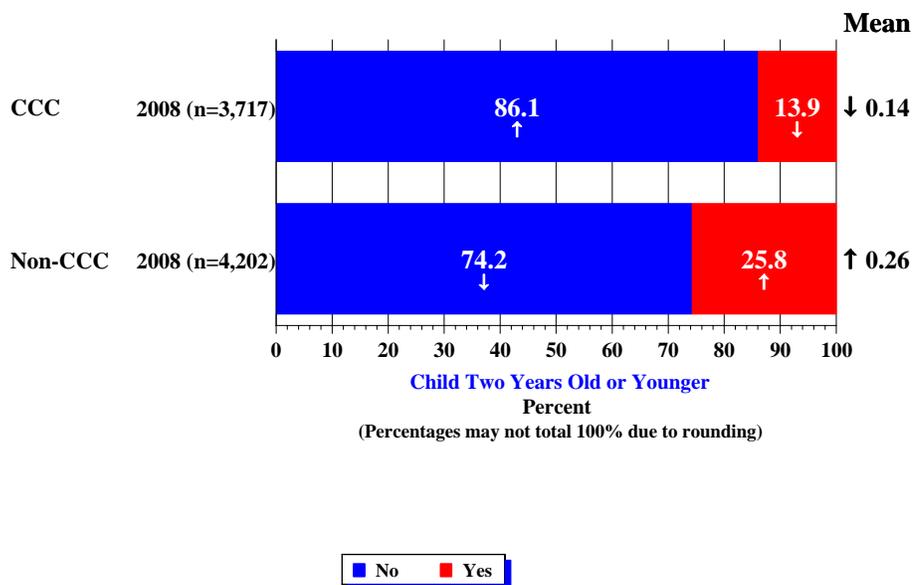
Question 59 in the CAHPS Child Medicaid Health Plan Survey asked whether child members were two years old or younger. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-49 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were three *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 No was significantly higher than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly lower than that of non-CCC respondents.

Figure C-49
Access to Care:
Child Two Years Old or Younger



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

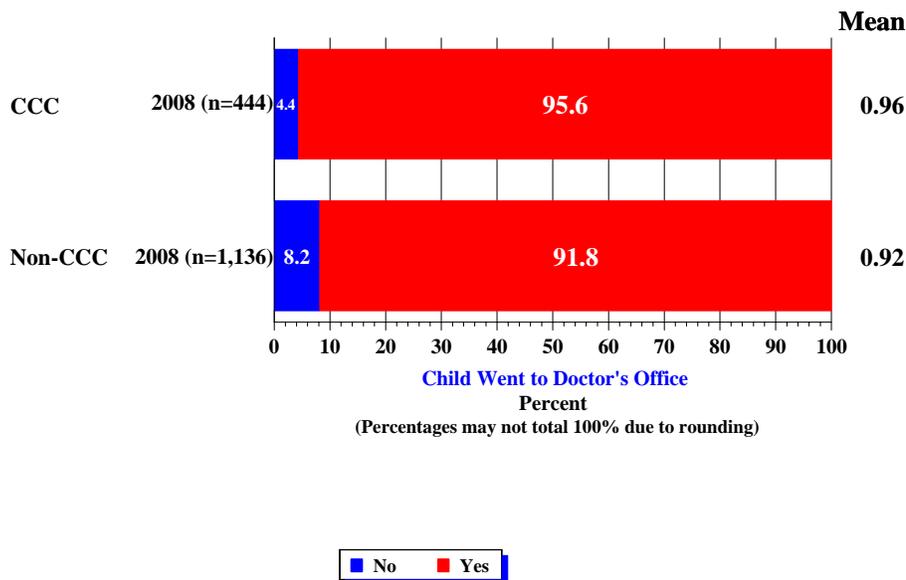
Access to Care: Child Went to Doctor’s Office

Question 61 in the CAHPS Child Medicaid Health Plan Survey asked whether child members who were two years old or younger had gone to a doctor’s office for a check-up or for shots or drops. 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 C-51 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-51
Access to Care:
Child Went to Doctor’s Office



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

CCC COMPOSITES AND CCC COMPOSITE ITEMS

Access to Prescription Medicines

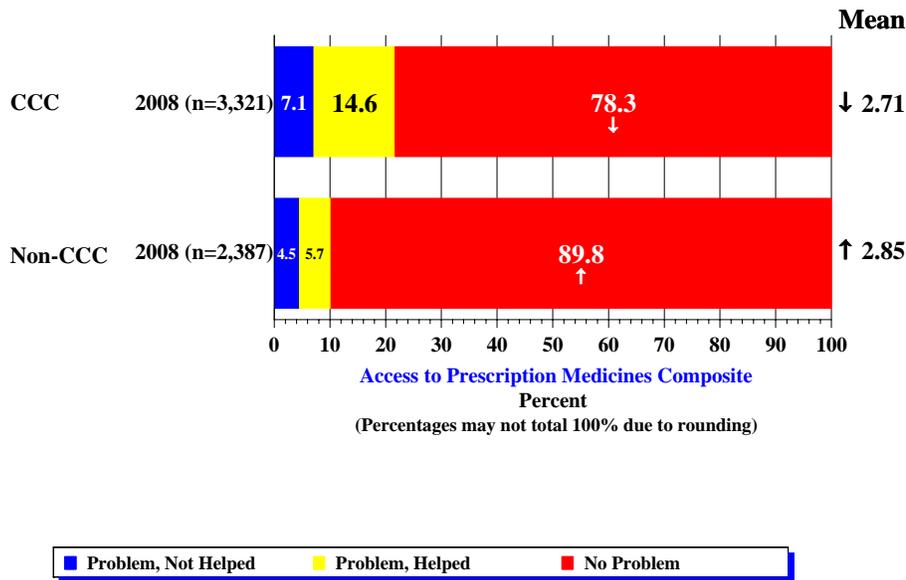
Two questions were asked in order to assess whether or not child members had a problem with access to prescription medicines, and if so, whether they received help with the problem. For this composite (comprised of Questions 90 and 91 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Problem, Not Helped,” “Problem, Helped,” and “No Problem.” Figure C-55 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No Problem was significantly lower than that of non-CCC respondents.

Figure C-55
Access to Prescription Medicines Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

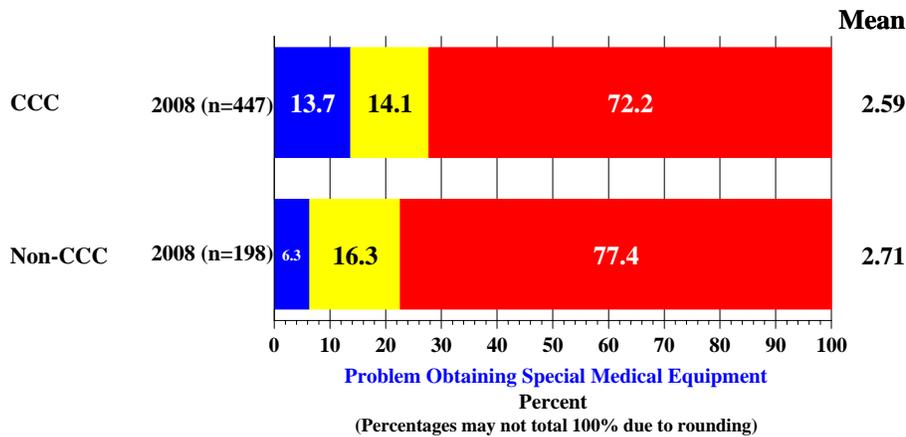
Access to Specialized Services: Problem Obtaining Special Medical Equipment

Question 64 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem it was obtaining special medical equipment for their child. Question 65 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether anyone from the health plan or child’s doctor’s office helped them with problems they had obtaining special medical equipment for their child. These two questions were combined to form a single item. Figure C-57 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-57
Access to Specialized Services Composite:
Problem Obtaining Special Medical Equipment



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

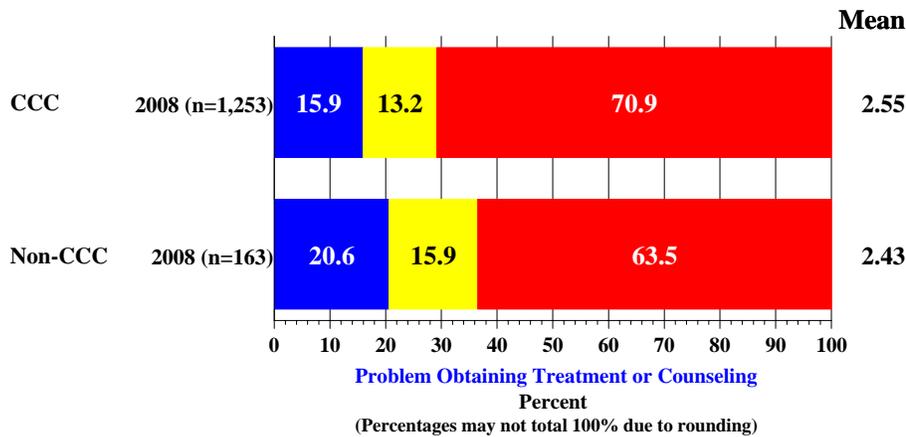
Access to Specialized Services: Problem Obtaining Treatment or Counseling

Question 70 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how much of a problem it was obtaining treatment or counseling for their child. Question 71 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members whether anyone from the health plan or child’s doctor’s office helped them with problems they had obtaining treatment or counseling for their child. These two questions were combined to form a single item. Figure C-59 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-59
Access to Specialized Services Composite:
Problem Obtaining Treatment or Counseling



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

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

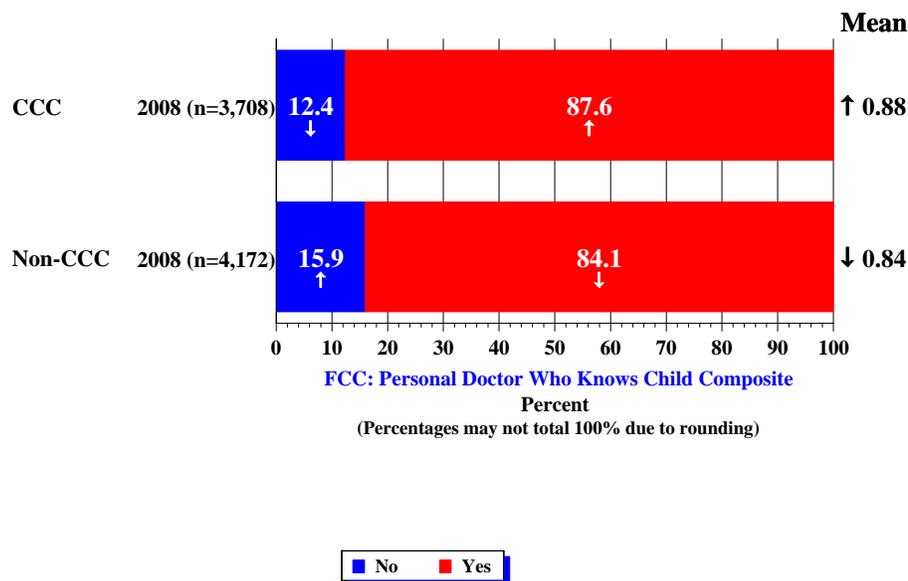
A series of three questions was asked in order to assess whether or not child members had a personal doctor who knew them. For each of these questions (Questions 8, 10, and 11 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-60 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-60
FCC: Personal Doctor Who Knows Child Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

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

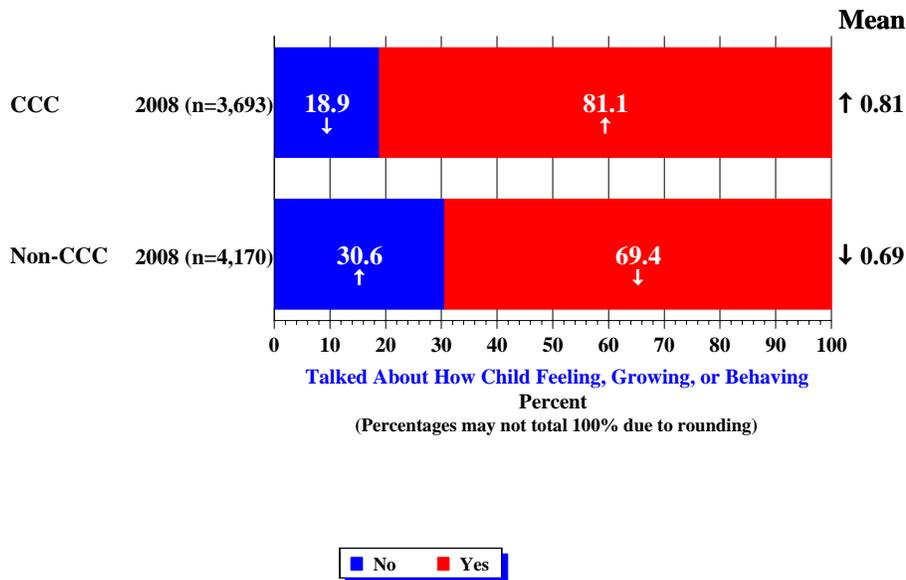
Question 8 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor or nurse of the child member talked with the parent or caretaker of the child member about how the child was feeling, growing, or behaving. Figure C-61 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

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.

Figure C-61
FCC: Personal Doctor Who Knows Child Composite:
Talked About How Child Feeling, Growing, or Behaving



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

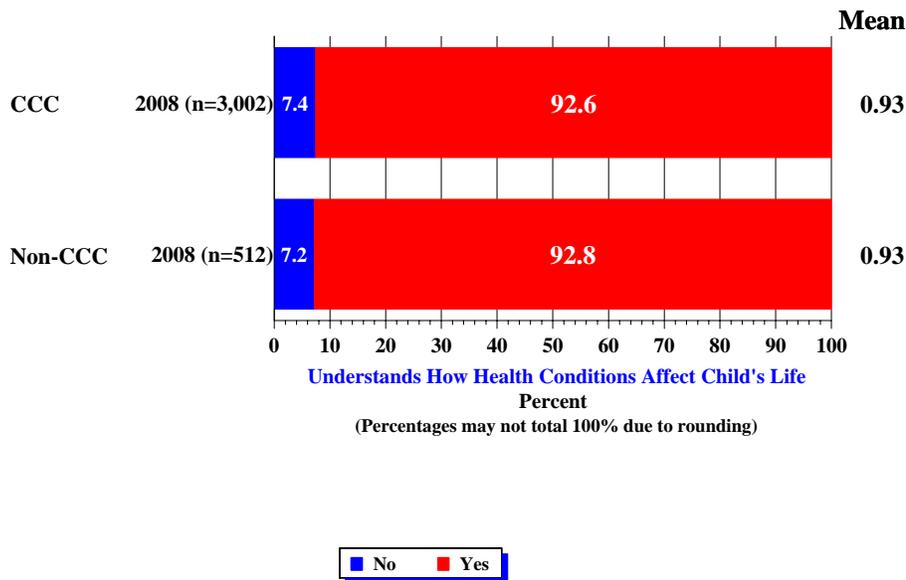
FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Child's Life

Question 10 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor or nurse of the child member understands how the child's medical, behavioral, or other health conditions affect the child's day-to-day life. Figure C-62 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-62
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Child's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

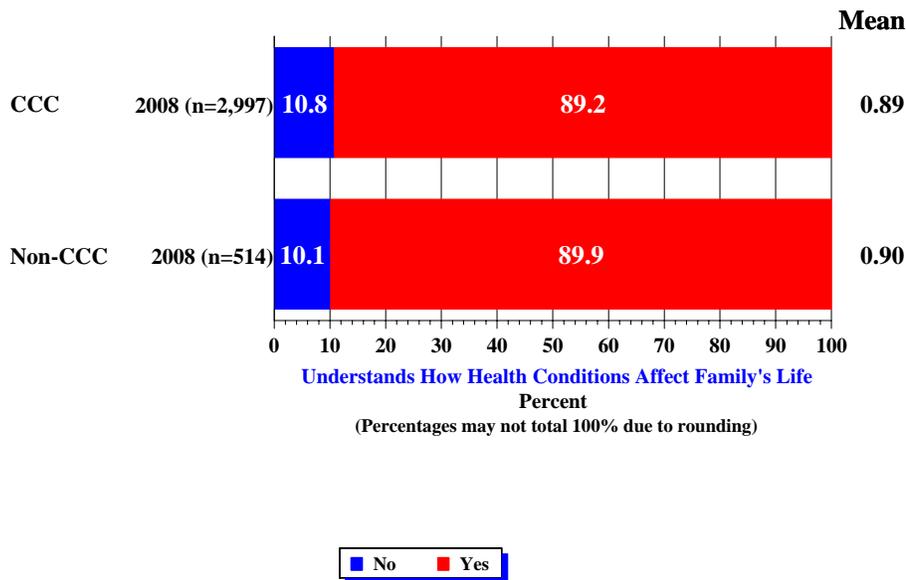
FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Family's Life

Question 11 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor or nurse of the child member understands how the child's medical, behavioral, or other health conditions affect the family's day-to-day life. Figure C-63 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-63
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Family's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

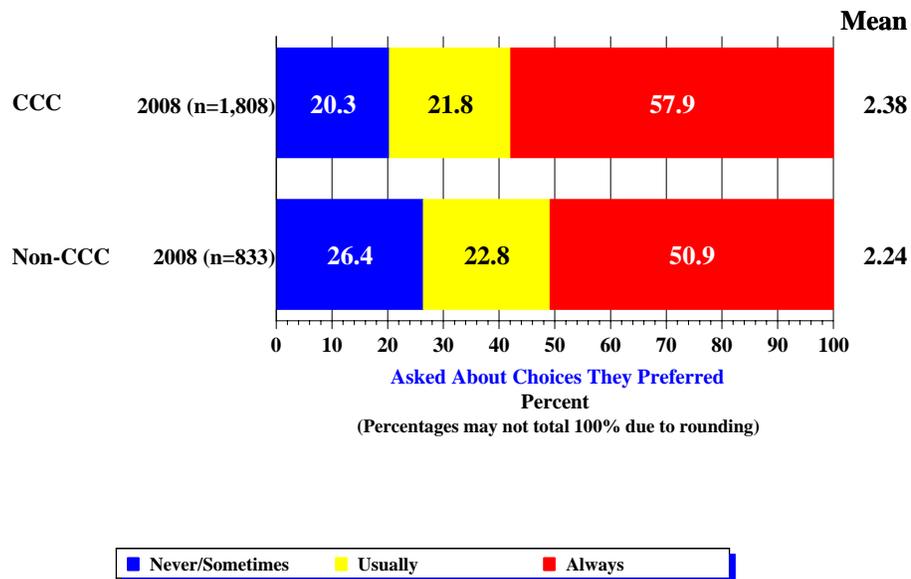
FCC: Shared Decision Making: Asked About Choices They Preferred

Question 49 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers asked them what choices they preferred. Figure C-67 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-67
FCC: Shared Decision Making Composite:
Asked About Choices They Preferred



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

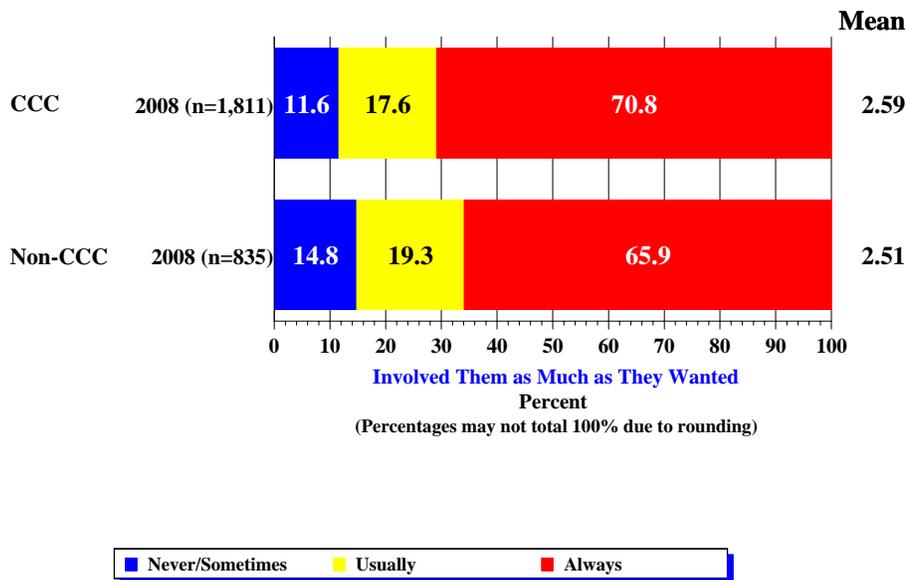
FCC: Shared Decision Making: Involved Them as Much as They Wanted

Question 50 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers involved them as much as they wanted. Figure C-68 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-68
FCC: Shared Decision Making Composite:
Involved Them as Much as They Wanted



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

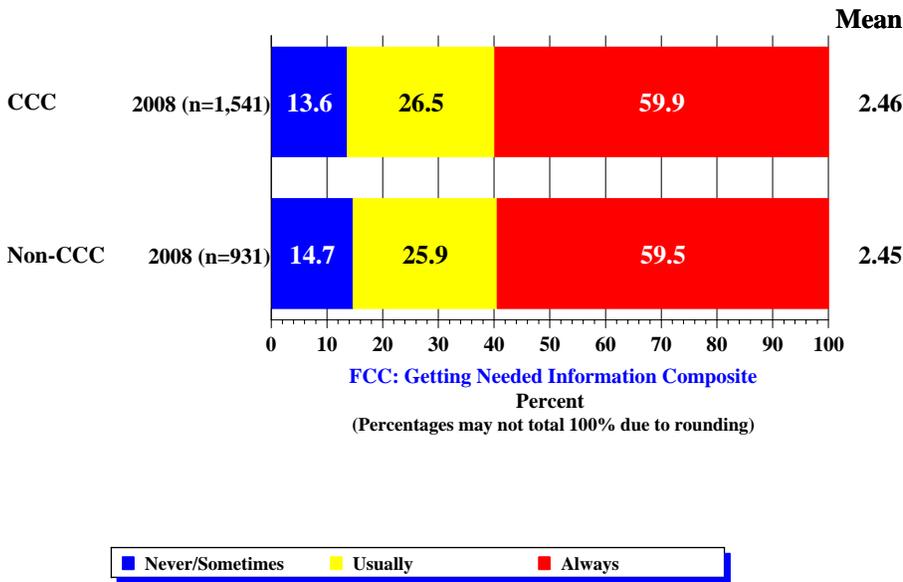
FCC: Getting Needed Information

A series of three questions was asked in order to assess how often parents or caretakers of child members were able to get needed information. For each of these questions (Questions 43, 44, and 45 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-69 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-69
FCC: Getting Needed Information Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

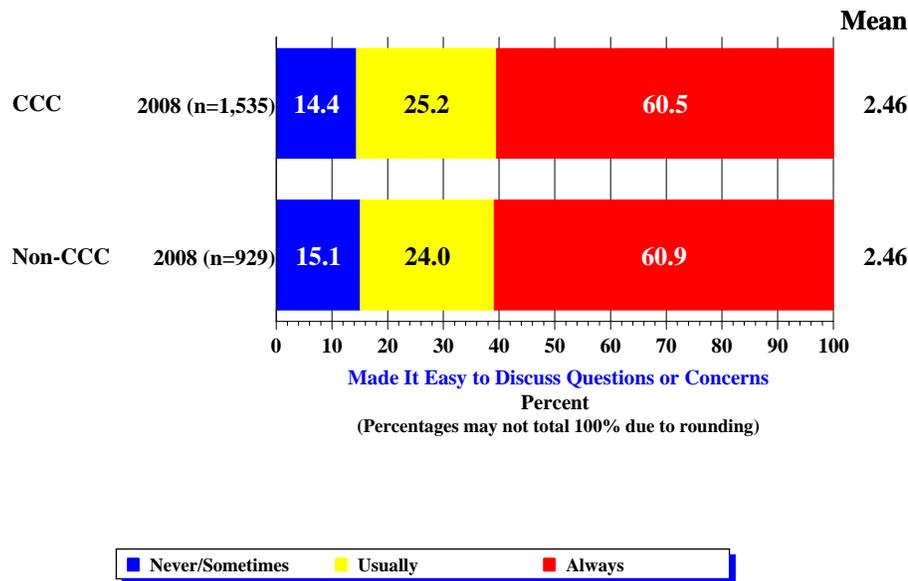
FCC: Getting Needed Information: Made It Easy to Discuss Questions or Concerns

Question 43 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often doctors or other health providers made it easy for them to discuss their questions or concerns. Figure C-70 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-70
FCC: Getting Needed Information Composite:
Made It Easy to Discuss Questions or Concerns



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

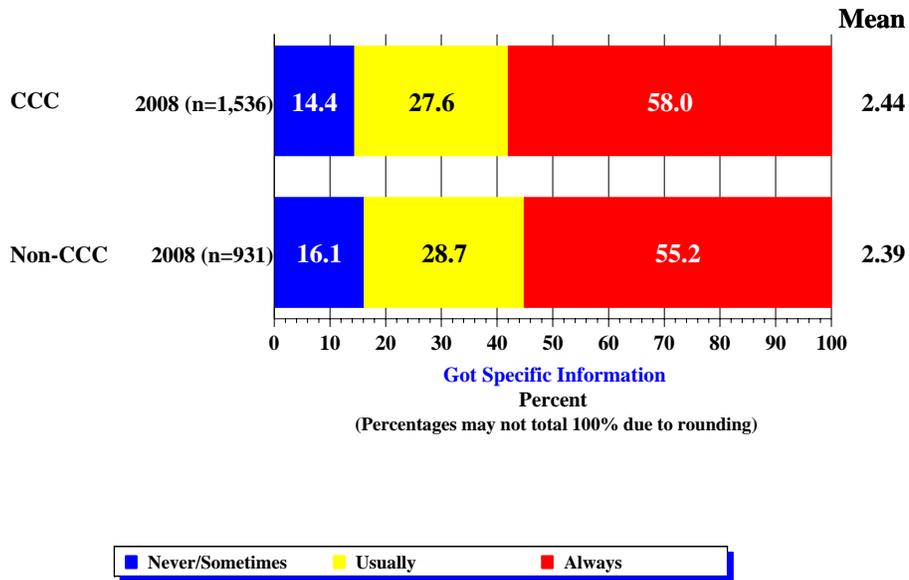
FCC: Getting Needed Information: Got Specific Information

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often they received specific information they needed from doctors or other health providers. Figure C-71 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-71
FCC: Getting Needed Information Composite:
Got Specific Information



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population

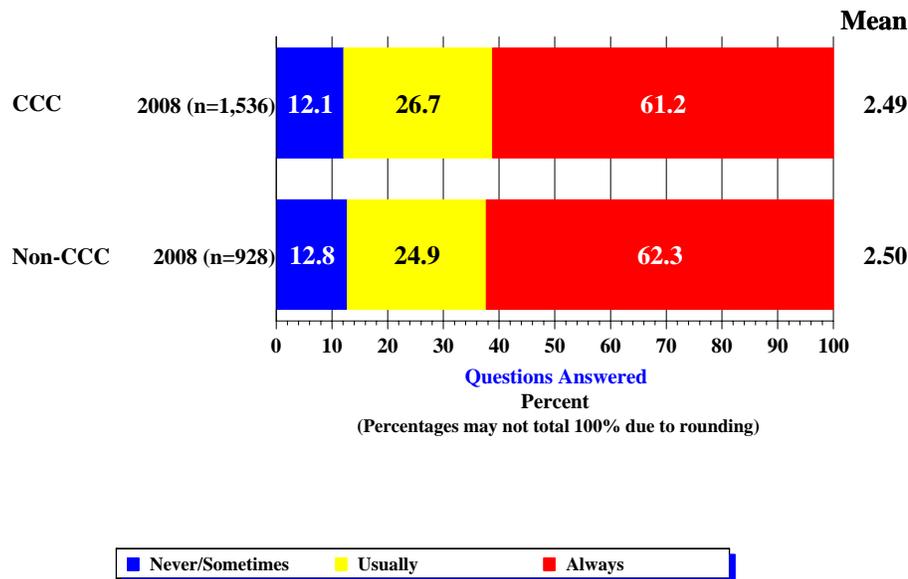
FCC: Getting Needed Information: Questions Answered

Question 45 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. Figure C-72 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Figure C-72
FCC: Getting Needed Information Composite:
Questions Answered



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

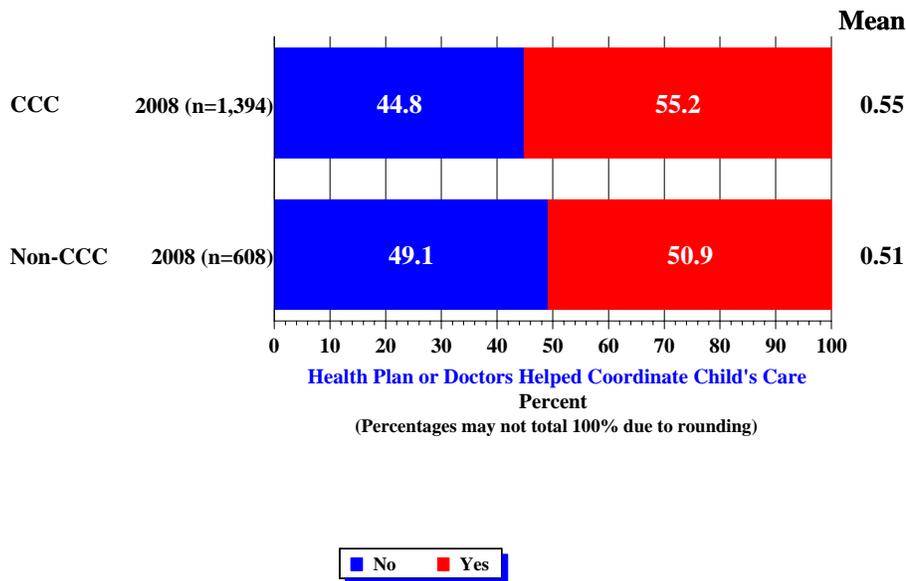
Coordination of Care: Health Plan or Doctors Helped Coordinate Child’s Care

Question 73 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 C-75 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

Overall, there were no statistically significant differences observed between the CCC and non-CCC populations for this measure.

Figure C-75
Coordination of Care Composite:
Health Plan or Doctors Helped Coordinate Child’s Care



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
↓ indicates the score is significantly lower than the other population

SUMMARY OF OHIO CCC COMPARISONS

The following tables summarize the results of the comparative analyses presented in the Ohio CCC Comparisons section. Table C-1 through Table C-3 summarize the statistically significant differences between the two populations based on the comparative analyses and the assignment of arrows to each population. The items listed in these tables are limited to those items where statistically significant differences were identified between the two populations. Please note, the results presented below are based on the overall means calculated for each population on the global ratings, composites, composite items, items in the areas of interest, CCC composites, and CCC composite items.

Table C-1		
Summary of Ohio CCC Comparisons for the Global Ratings and Composites		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Rating of Personal Doctor	CCC	Non-CCC
Getting Needed Care: Delays in Health Care While Waiting for Health Plan Approval	Non-CCC	CCC
Customer Service	Non-CCC	CCC
Customer Service: Obtaining Help Needed When Calling Customer Service	Non-CCC	CCC

Table C-2 Summary of Ohio CCC Comparisons for the Areas of Interest		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Satisfaction with Health Plan: Looked for Health Plan Information in Written Materials	CCC	Non-CCC
Satisfaction with Health Plan: Called Customer Service for Information or Help	CCC	Non-CCC
Satisfaction with Health Plan: Contacted Health Plan with Complaint or Problem*	Non-CCC	CCC
Satisfaction with Health Care Providers: Think of One Person as Personal Doctor or Nurse	CCC	Non-CCC
Satisfaction with Health Care Providers: Called Doctor's Office for Help or Advice	CCC	Non-CCC
Satisfaction with Health Care Providers: Child Able to Talk With Doctors	CCC	Non-CCC
Access to Care: Thought Member Needed to See a Specialist	CCC	Non-CCC
Access to Care: Saw a Specialist	CCC	Non-CCC
Access to Care: Made Appointments for Health Care	CCC	Non-CCC
Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away	CCC	Non-CCC
Access to Care: Child Two Years Old or Younger	Non-CCC	CCC
Utilization of Services: Number of Visits to the Doctor's Office**	Non-CCC	CCC

* For this item, responses of "Yes" were given a score of 0 and responses of "No" were given a score of 1. Therefore, higher scores are indicative of fewer members contacting their health plan with a complaint or problem.

** For this item, responses of "3 or More Times" were given a score of 1, responses of "1 to 2 Times" were given a score of 2, and responses of "None" were given a score of 3. Therefore, higher scores are indicative of fewer visits to the doctor's office.

Table C-3 Summary of Ohio CCC Comparisons for the CCC Composites		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Access to Prescription Medicines	Non-CCC	CCC
FCC: Personal Doctor Who Knows Child	CCC	Non-CCC
FCC: Personal Doctor Who Knows Child: Talked About How Child Feeling, Growing, or Behaving	CCC	Non-CCC

Reader's Guide

HOW TO READ THE BAR GRAPHS

Below is an explanation of how to read the bar graphs presented in the Ohio CCC Comparisons section. The Ohio CCC Comparisons section reports on the CAHPS results in accordance with the methodology used by ODJFS to meet the reporting needs of the State of Ohio.

Separate bar graphs were created for the global ratings, composite scores, items within the composites, 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 scores, and items within the CCC composites. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for the CCC and non-CCC populations. Statistically significant differences between these two populations in 2008 are noted within the bar graphs.

The least positive responses to the survey questions are always at the left end of the bar in **blue**. Responses that fall between the least positive and the most positive responses are always in the middle of the bar in **yellow**. The most positive responses to the survey questions are always at the right end of the bar in **red**. Overall means are shown to the right of the bar.



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 ↓) within the bars and to the left of the overall means indicate statistically significant differences between the populations' mean scores in 2008. Only statistically significant findings are discussed within the text of the Ohio CCC Comparisons section.

LIMITATIONS AND CAUTIONS

The findings presented in Ohio's Medicaid Managed Care Program CAHPS CCC Report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings. These limitations are discussed below.

Managed Care Expansion

Ohio's CFC Medicaid Managed Care Program was expanded statewide beginning in July 2006. Due to this change, 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 expanded coverage to new service areas and several new MCPs entered the Ohio Medicaid managed care market. Therefore, many of the 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 survey results.

Case-Mix Adjustment

While data have been adjusted for differences in member health status, respondent educational level, and respondent age, it was not possible to adjust for differences in member or respondent characteristics that were not measured. These characteristics include income, employment, or any other characteristics that may not be under the MCP's control.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by MCP. The potential for non-response bias should be considered when interpreting the results.

Causal Inferences

The analyses described in Ohio's Medicaid Managed Care Program CAHPS[®] CCC Report identify whether members in different populations (CCC versus non-CCC) give different ratings of satisfaction. The surveys by themselves do not reveal why the differences exist.