



2004 CAHPS[®] 3.0H
OHIO MEDICAID MEMBER
SATISFACTION SURVEY

Executive Summary Report



OHIO MEDICAID COMPREHENSIVE
MANAGED CARE PROGRAM

November 2004

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Introduction

The Ohio Department of Job and Family Services (ODJFS) administers member satisfaction surveys for all managed care plans (MCPs) in the Ohio Medicaid Comprehensive Managed Care (CMC) Program. The goal of the CAHPS^{®1} Surveys is to provide performance feedback that will be used to improve overall Ohio Medicaid CMC member satisfaction with MCPs. The standardized survey instruments selected were the CAHPS[®] 3.0H Adult Medicaid Survey and the CAHPS[®] 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). For the Ohio Medicaid CMC Program, four MCPs participated in the 2004 CAHPS[®] 3.0H Medicaid Surveys. Adult members and the parents or caretakers of child members from each MCP completed the surveys during the period of February through May 2004. All MCP members sampled received an English version of the surveys. The following MCPs participated in the CAHPS[®] Surveys: CareSource; Paramount Advantage, Inc.; QualChoice Health Plan; and SummaCare Health Plan.

SUMMARY OF FINDINGS

Areas of Excellence

In comparison to National Committee for Quality Assurance (NCQA) Medicaid data, Ohio's CMC three-point means are above national averages for the following global and composite ratings:

- General child Rating of All Health Care
- General child and adult composite for Getting Needed Care
- General child composite for Getting Care Quickly
- General child and adult composite for How Well Doctors Communicate
- General child and adult composite for Customer Service

Areas Consistent with National Averages

In comparison to NCQA Medicaid data, Ohio's CMC three-point means are similar to national averages for the following global and composite ratings:

- General child and adult Rating of Health Plan
- General child and adult Rating of Personal Doctor
- General child and adult composite for Courteous and Helpful Office Staff
- General child Rating of Specialist
- Adult Rating of All Health Care
- Adult composite for Getting Care Quickly

Area Needing Improvement

In comparison to NCQA Medicaid data, the only Ohio CMC three-point mean which is below the national average is the adult Rating of Specialist.

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

BACKGROUND

The Ohio Medicaid CAHPS[®] Surveys were administered in accordance with NCQA specifications. The members eligible for sampling included those who were MCP members at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2003. The adult members eligible for sampling included those who were age 18 years or older (as of December 31, 2003). The child members eligible for sampling included those who were age 17 years or younger (as of December 31, 2003).

A total of 2,434 adult members and 2,336 parents or caretakers of general child members (those in NCQA Sample A) returned a completed survey. This represents an Ohio Medicaid CMC Program overall response rate (combining adult and general child members) of 35.69 percent. MCP-level response rates ranged from 30.39 percent to 39.27 percent.

This Ohio Medicaid Managed Care CAHPS[®] Executive Summary Report is one of four separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2004 Ohio CAHPS[®] results. Information on all four reports can be found in the Methodology Report.

NCQA Comparisons

This NCQA Comparisons section reports on the CAHPS® 3.0H Survey results, which were calculated in accordance with Health Plan Employer Data and Information Set (HEDIS®)¹ specifications for survey measures.²

GENERAL CHILD RESULTS

General Child Three-Point Means on the Global Ratings

Figures B1 - B4 on page B2 depict the 2004 results on the four global ratings for **general child** members in all participating MCPs in the Ohio Medicaid CMC Program. The 2004 Ohio Medicaid CMC averages and the 2003 NCQA National Child Medicaid averages (green reference line) are presented for comparative purposes.³ The results are presented on a three-point scale and include the 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in the Methodology Report.

¹ HEDIS® is a registered trademark of NCQA.

² National Committee for Quality Assurance. *HEDIS 2004, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2003.

³ NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

General Child Three-Point Mean Figures on the Global Ratings

Figure B1
Rating of Health Plan

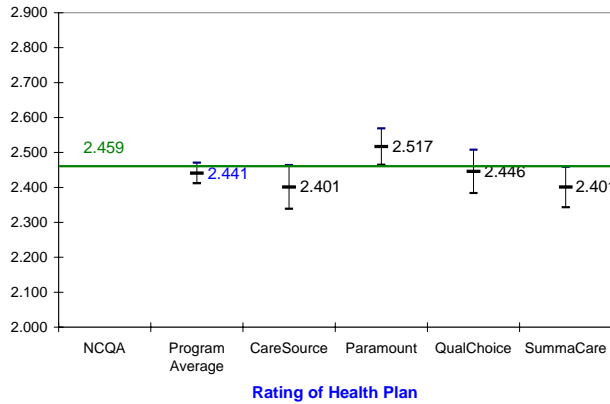


Figure B2
Rating of All Health Care

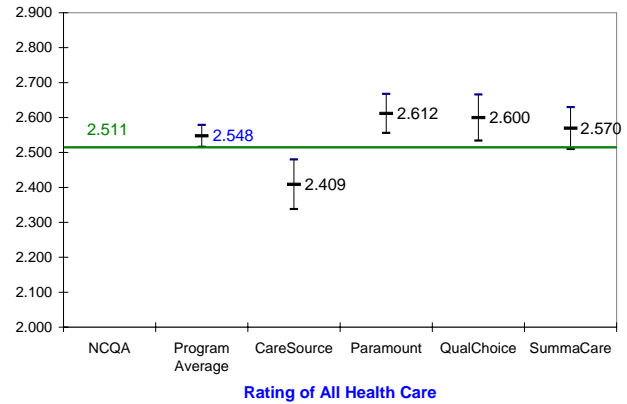


Figure B3
Rating of Personal Doctor

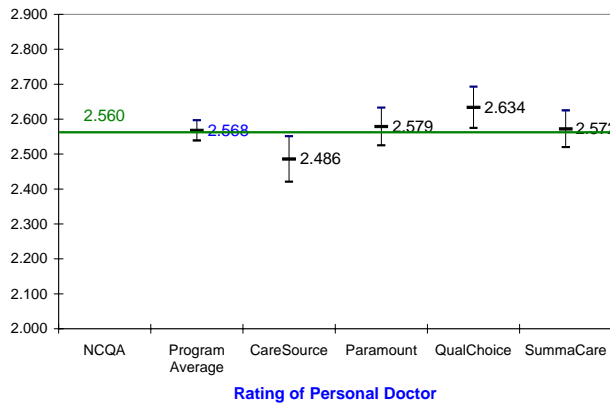
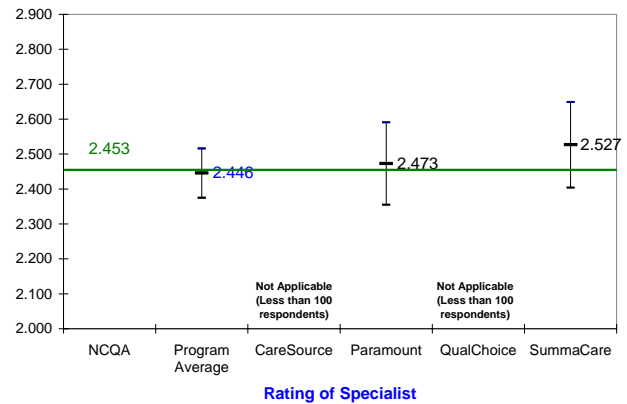


Figure B4
Rating of Specialist



Please note, 2004 NCQA National Child Medicaid data were not available at the time this report was prepared. For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS® Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable.

General Child Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B1 - B4. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

Rating of Health Plan (Figure B1)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **CareSource**, **QualChoice**, and **SummaCare** encompass the NCQA average.
- The lower confidence limit for **Paramount** is *above* the NCQA average.

Rating of All Health Care (Figure B2)

- The confidence interval for **SummaCare** encompasses the NCQA average.
- The lower confidence limits for the **Ohio Medicaid CMC Program**, **Paramount**, and **QualChoice** are *above* the NCQA average.
- The upper confidence limit for **CareSource** is *below* the NCQA average.

Rating of Personal Doctor (Figure B3)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **Paramount**, and **SummaCare** encompass the NCQA average.
- The lower confidence limit for **QualChoice** is *above* the NCQA average.
- The upper confidence limit for **CareSource** is *below* the NCQA average.

Rating of Specialist (Figure B4)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **Paramount**, and **SummaCare** encompass the NCQA average.
- The three-point means and confidence intervals for **CareSource** and **QualChoice** could not be displayed since these MCPs did not have a minimum of 100 responses for this global rating.

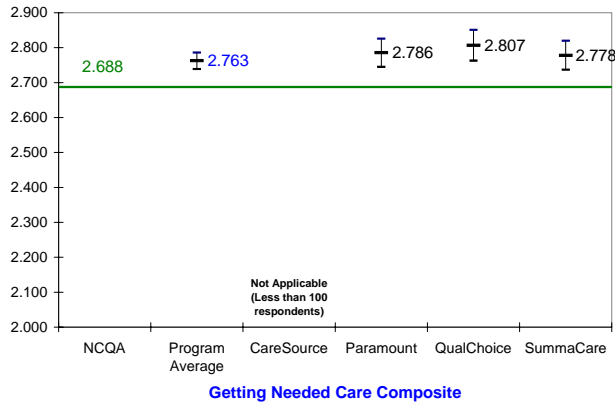
General Child Three-Point Means on the Composite Measures

Figures B5 - B9 on page B5 depict the 2004 results on the five composite scores for **general child** members in all participating MCPs in the Ohio Medicaid CMC Program. The 2004 Ohio Medicaid CMC averages and the 2003 NCQA National Child Medicaid averages (green reference line) are presented for comparative purposes.⁴ The results are presented on a three-point scale and include the 95 percent confidence intervals. For the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites, responses of “Always” are given a score of 3, responses of “Usually” are given a score of 2, and responses of “Sometimes/Never” are given a score of 1. For the Getting Needed Care and Customer Service composites, responses of “Not a problem” are given a score of 3, responses of “A small problem” are given a score of 2, and responses of “A big problem” are given a score of 1. Additional information on the calculation of three-point means can be found in the Methodology Report.

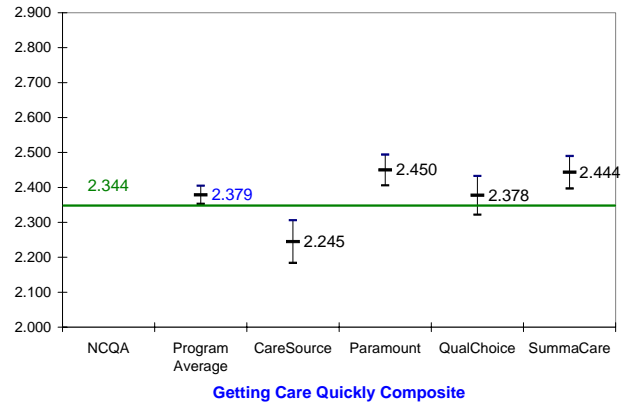
⁴ NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

General Child Three-Point Mean Figures on the Composite Measures

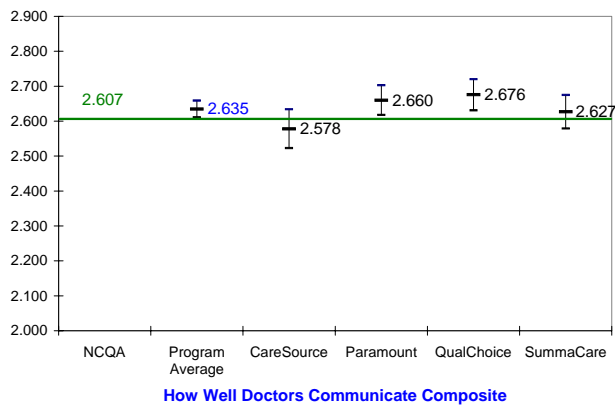
**Figure B5
Getting Needed Care**



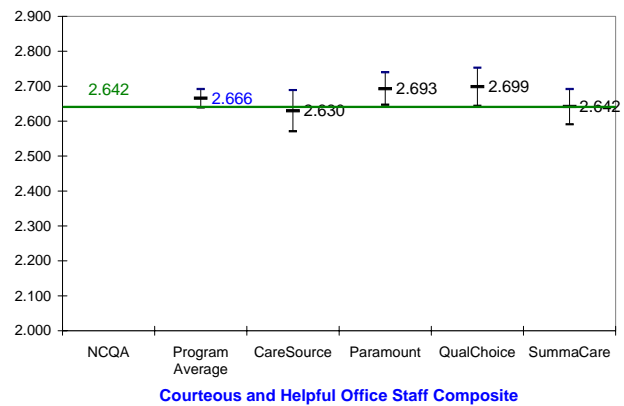
**Figure B6
Getting Care Quickly**



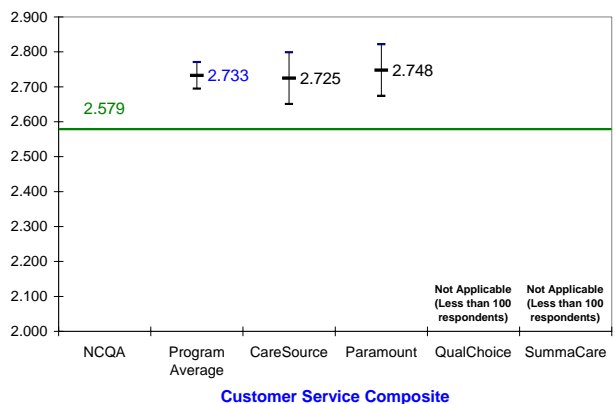
**Figure B7
How Well Doctors Communicate**



**Figure B8
Courteous and Helpful Office Staff**



**Figure B9
Customer Service**



Please note, 2004 NCQA National Child Medicaid data were not available at the time this report was prepared. For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS® Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable.

General Child Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B5 - B9. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

Getting Needed Care (Figure B5)

- The lower confidence limits for the [Ohio Medicaid CMC Program](#), [Paramount](#), [QualChoice](#), and [SummaCare](#) are *above* the NCQA average.
- The three-point mean and confidence interval for [CareSource](#) could not be displayed since this MCP did not have a minimum of 100 responses for this composite.

Getting Care Quickly (Figure B6)

- The confidence interval for [QualChoice](#) *encompasses* the NCQA average.
- The lower confidence limits for the [Ohio Medicaid CMC Program](#), [Paramount](#), and [SummaCare](#) are *above* the NCQA average.
- The upper confidence limit for [CareSource](#) is *below* the NCQA average.

How Well Doctors Communicate (Figure B7)

- The confidence intervals for [CareSource](#) and [SummaCare](#) *encompass* the NCQA average.
- The lower confidence limits for the [Ohio Medicaid CMC Program](#), [Paramount](#), and [QualChoice](#) are *above* the NCQA average.

Courteous and Helpful Office Staff (Figure B8)

- The confidence intervals for the [Ohio Medicaid CMC Program](#), [CareSource](#), and [SummaCare](#) *encompass* the NCQA average.
- The lower confidence limits for [Paramount](#) and [QualChoice](#) are *above* the NCQA average.

Customer Service (Figure B9)

- The lower confidence limits for the [Ohio Medicaid CMC Program](#), [CareSource](#), and [Paramount](#) are *above* the NCQA average.
- The three-point means and confidence intervals for [QualChoice](#) and [SummaCare](#) could not be displayed since these MCPs did not have a minimum of 100 responses for this composite.

ADULT RESULTS

Adult Three-Point Means on the Global Ratings

Figures B10 - B13 on page B8 depict the 2004 results on the four global ratings for **adult** members in all participating MCPs in the Ohio Medicaid CMC Program. The 2004 Ohio Medicaid CMC averages and the 2003 NCQA National Adult Medicaid averages (green reference line) are presented for comparative purposes.⁵ The results are presented on a three-point scale and include the 95 percent confidence intervals. For the global ratings, responses of 0 to 6 are given a score of 1, responses of 7 and 8 are given a score of 2, and responses of 9 and 10 are given a score of 3. Additional information on the calculation of three-point means can be found in the Methodology Report.

⁵ NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

Adult Three-Point Mean Figures on the Global Ratings

Figure B10
Rating of Health Plan

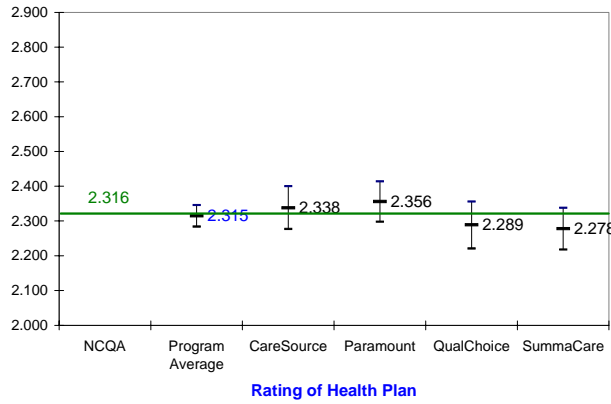


Figure B11
Rating of All Health Care

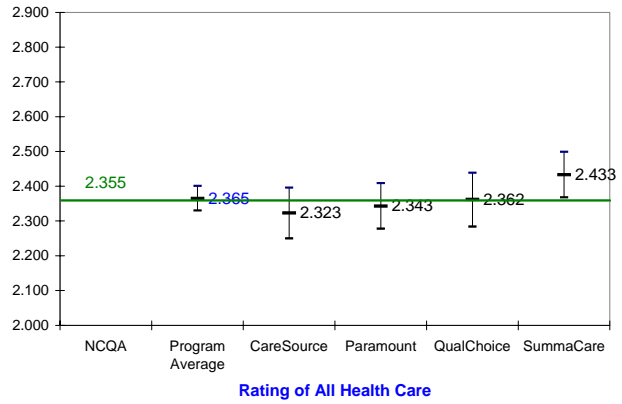


Figure B12
Rating of Personal Doctor

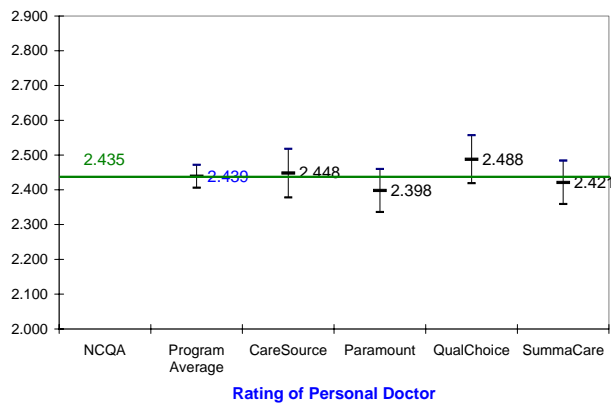
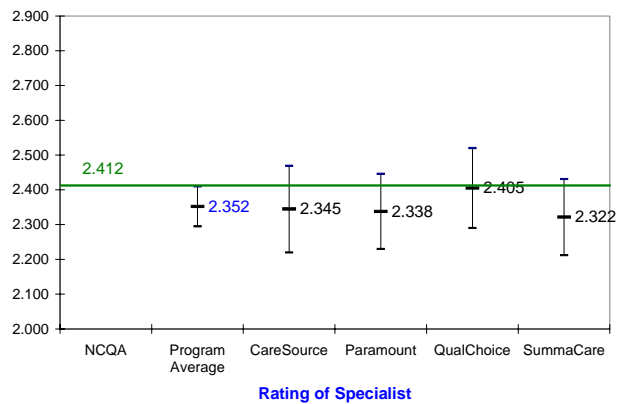


Figure B13
Rating of Specialist



Please note, 2004 NCQA National Adult Medicaid data were not available at the time this report was prepared. For the Medicaid product line, a minimum of 100 responses for the global ratings is required in order to be reported as CAHPS® Survey results. Global ratings that do not meet the minimum number of responses are denoted as Not Applicable.

Adult Three-Point Mean Discussion on the Global Ratings

The following is a summary of the results presented in Figures B10 - B13. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

Rating of Health Plan (Figure B10)

- The confidence intervals for the **Ohio Medicaid CMC Program** and **all participating MCPs** *encompass* the NCQA average.

Rating of All Health Care (Figure B11)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **CareSource**, **Paramount**, and **QualChoice** *encompass* the NCQA average.
- The lower confidence limit for **SummaCare** is *above* the NCQA average.

Rating of Personal Doctor (Figure B12)

- The confidence intervals for the **Ohio Medicaid CMC Program** and **all participating MCPs** *encompass* the NCQA average.

Rating of Specialist (Figure B13)

- The confidence intervals for **all participating MCPs** in the Ohio Medicaid CMC Program *encompass* the NCQA average.
- The upper confidence limit for the **Ohio Medicaid CMC Program** is *below* the NCQA average.

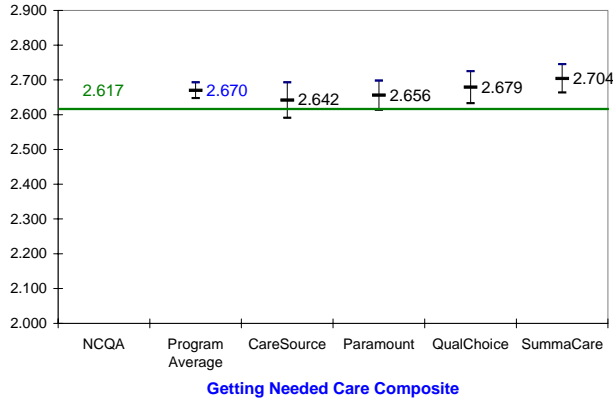
Adult Three-Point Means on the Composite Measures

Figures B14 – B18 on page B11 depict the 2004 results on the five composite scores for **adult** members in all participating MCPs in the Ohio Medicaid CMC Program. The 2004 Ohio Medicaid CMC averages and the 2003 NCQA National Adult Medicaid averages (green reference line) are presented for comparative purposes.⁶ The results are presented on a three-point scale and include the 95 percent confidence intervals. For the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites, responses of “Always” are given a score of 3, responses of “Usually” are given a score of 2, and responses of “Sometimes/Never” are given a score of 1. For the Getting Needed Care and Customer Service composites, responses of “Not a problem” are given a score of 3, responses of “A small problem” are given a score of 2, and responses of “A big problem” are given a score of 1. Additional information on the calculation of three-point means can be found in the Methodology Report.

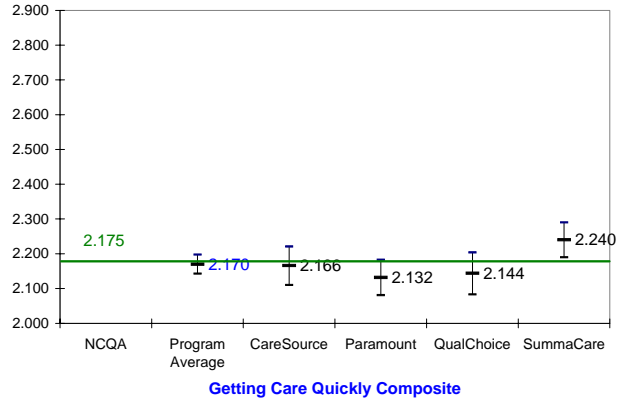
⁶ NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

Adult Three-Point Mean Figures on the Composite Measures

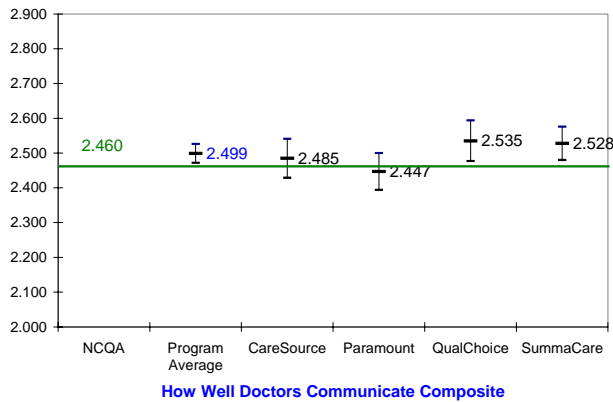
**Figure B14
Getting Needed Care**



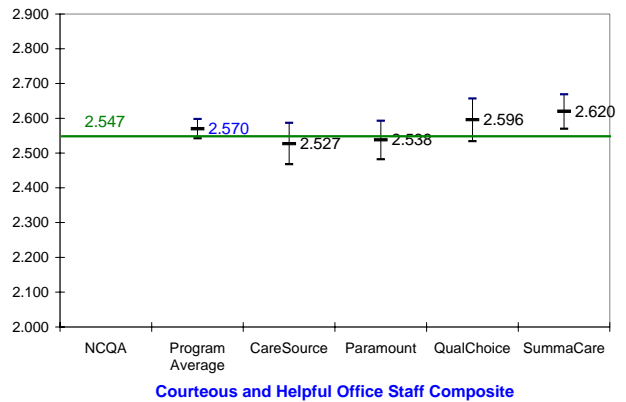
**Figure B15
Getting Care Quickly**



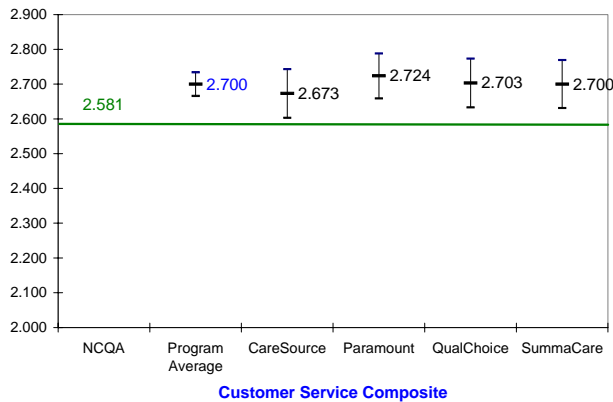
**Figure B16
How Well Doctors Communicate**



**Figure B17
Courteous and Helpful Office Staff**



**Figure B18
Customer Service**



Please note, 2004 NCQA National Adult Medicaid data were not available at the time this report was prepared. For the Medicaid product line, a minimum of 100 responses for the composite measures is required in order to be reported as CAHPS® Survey results. Composite measures that do not meet the minimum number of responses are denoted as Not Applicable.

Adult Three-Point Mean Discussion on the Composite Measures

The following is a summary of the results presented in Figures B14 - B18. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

Getting Needed Care (Figure B14)

- The confidence intervals for **CareSource** and **Paramount** *encompass* the NCQA average.
- The lower confidence limits for the **Ohio Medicaid CMC Program**, **QualChoice**, and **SummaCare** are *above* the NCQA average.

Getting Care Quickly (Figure B15)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **CareSource**, **Paramount**, and **QualChoice** *encompass* the NCQA average.
- The lower confidence limit for **SummaCare** is *above* the NCQA average.

How Well Doctors Communicate (Figure B16)

- The confidence intervals for **CareSource** and **Paramount** *encompass* the NCQA average.
- The lower confidence limits for the **Ohio Medicaid CMC Program**, **QualChoice**, and **SummaCare** are *above* the NCQA average.

Courteous and Helpful Office Staff (Figure B17)

- The confidence intervals for the **Ohio Medicaid CMC Program**, **CareSource**, **Paramount**, and **QualChoice** *encompass* the NCQA average.
- The lower confidence limit for **SummaCare** is *above* the NCQA average.

Customer Service (Figure B18)

- The lower confidence limits for the **Ohio Medicaid CMC Program** and **all participating MCPs** are *above* the NCQA average.

Ohio Comparisons

This Ohio Comparisons section presents results based on ODJFS' analytic methodology, which utilizes the CAHPS[®] Survey User's Network (SUN) CAHPS[®] analysis program. The CAHPS[®] results presented in this section are designed to meet the reporting needs of the State of Ohio.¹ This section presents weighted and case-mix adjusted results for all adult and general child members completing a CAHPS[®] 3.0H Survey.² Results for the Ohio Medicaid CMC Program were weighted based on the number of respondents per population (adult or general child) per MCP. Results for each MCP were also weighted based on the number of respondents per population (adult or general child). Per AHRQ and CAHPS[®] SUN recommendations, results were also case-mix adjusted for reported member health status, respondent educational level, and respondent age.³ Additional information on the case-mix adjustment and weighting can be found in the Methodology Report. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported in this section.⁴ The State of Ohio Medicaid CMC Program had 2,434 completed adult surveys and 2,336 completed general child surveys. These 4,770 surveys were combined to calculate the CAHPS[®] results in this section.

For each global rating and composite score, an overall mean was calculated. For the global ratings, the overall mean is provided on a scale of 0 to 10. For the composites, the overall mean is provided on a three-point scale.⁵ Member responses were also classified into response categories for each global rating and composite score.

MCP-level weighted and case-mix adjusted mean scores were compared to the program average mean scores to determine whether there were statistically significant differences between the MCP and the program average mean scores.⁶ The program average utilized in the tests for statistical significance is different from the Program Average provided in the bar graphs. The Program Average mean scores provided in the bar graphs are weighted and case-mix adjusted. However, the program average utilized in the tests for statistical significance is the average of the MCP-level weighted and adjusted mean scores (i.e., the mean of a mean). Statistically significant differences between MCP-level mean scores and the program average are noted with arrows. MCP-level scores that are statistically higher than the program average are noted with upward (↑) arrows. MCP-level scores that are statistically lower than the program average are noted with downward (↓) arrows. MCP-level scores that are statistically not different from the program average are not noted with arrows.

¹ The Ohio Comparisons methodology differs from that of NCQA/HEDIS. Therefore, results presented in this section should **not** be compared to results presented in the NCQA Comparisons section. For additional information, please refer to the Methodology Report.

² Child members in Sample B (those additional members sampled after the random Sample A that have a positive prescreen status code and are more likely to have a chronic condition) were not included in this analysis. These members are included in the Children with Chronic Conditions (CCC) Report.

³ Agency for Health Care Policy and Research. "Article 3: NCQA's Use of the CAHPS[®] Survey." *CAHPS[®] 3.0 Survey and Reporting Kit*. Rockville, MD: US Department of Health and Human Services, October 2002.

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

⁵ Three-point means presented in this section will likely differ from the three-point means presented in the NCQA Comparisons section due to the use of dissimilar methodologies in the two sections.

⁶ The term "mean scores" refers to the overall means and the response category proportions.

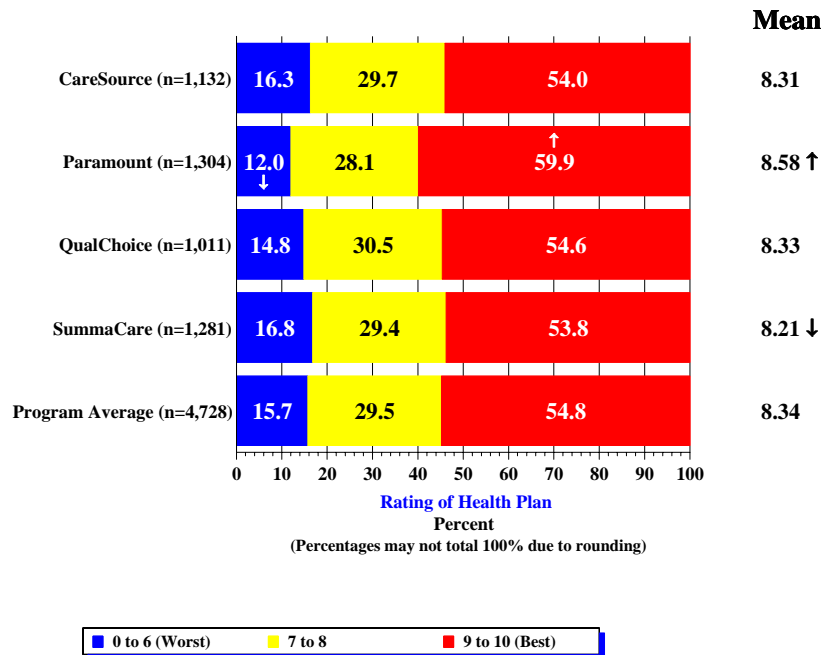
GLOBAL RATINGS

Rating of Health Plan

Ohio Medicaid CMC Program members were asked to rate their health plan on a scale of 0 to 10, where 0 is the “worst health plan possible” and 10 is the “best health plan possible.” For the overall rating of health plan question, an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (Worst); 7 to 8; and 9 to 10 (Best). Figure C1 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *four* statistically significant differences observed for the rating of health plan.

- **Paramount’s** overall mean was *significantly higher* than the program average. The percentage of Paramount’s respondents who gave a rating of 0 to 6 was *significantly lower* than the program average, whereas the percentage of Paramount’s respondents who gave a rating of 9 to 10 was *significantly higher* than the program average.
- **SummaCare’s** overall mean was *significantly lower* than the program average.

**Figure C1
Rating of Health Plan**

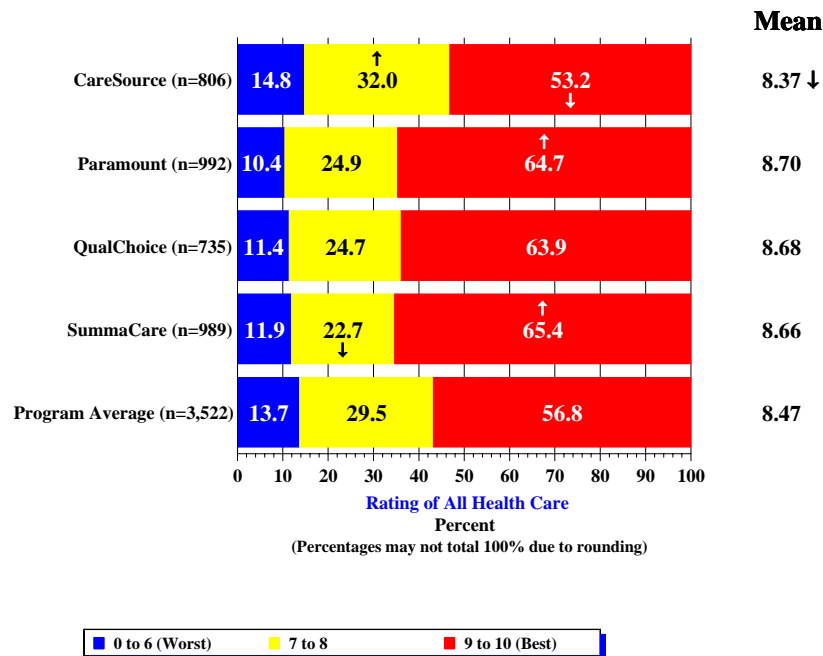


Rating of All Health Care

Ohio Medicaid CMC Program members were asked to rate all their health care on a scale of 0 to 10, where 0 is the “worst health care possible” and 10 is the “best health care possible.” For the overall rating of all health care question, an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (Worst); 7 to 8; and 9 to 10 (Best). Figure C2 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *six* statistically significant differences observed for the rating of all health care.

- **CareSource’s** overall mean was *significantly lower* than the program average. The percentage of CareSource’s respondents who gave a rating of 7 to 8 was *significantly higher* than the program average, whereas the percentage of CareSource’s respondents who gave a rating of 9 to 10 was *significantly lower* than the program average.
- The percentage of **Paramount’s** respondents who gave a rating of 9 to 10 was *significantly higher* than the program average.
- The percentage of **SummaCare’s** respondents who gave a rating of 7 to 8 was *significantly lower* than the program average, whereas the percentage of SummaCare’s respondents who gave a rating of 9 to 10 was *significantly higher* than the program average.

**Figure C2
Rating of All Health Care**

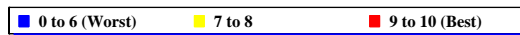
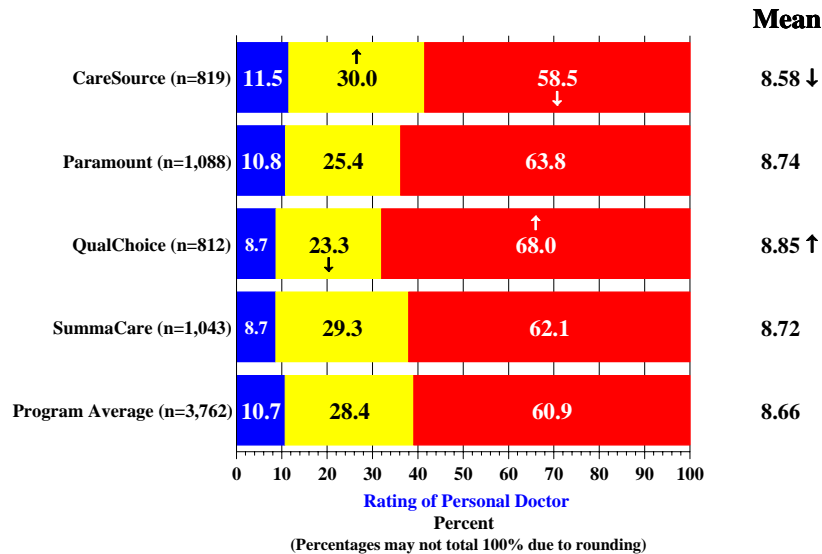


Rating of Personal Doctor

Ohio Medicaid CMC Program members were asked to rate their personal doctor on a scale of 0 to 10, where 0 is the “worst personal doctor possible” and 10 is the “best personal doctor possible.” For the overall rating of personal doctor question, an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (Worst); 7 to 8; and 9 to 10 (Best). Figure C3 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *six* statistically significant differences observed for the rating of personal doctor.

- **CareSource’s** overall mean was *significantly lower* than the program average. The percentage of CareSource’s respondents who gave a rating of 7 to 8 was *significantly higher* than the program average, whereas the percentage of CareSource’s respondents who gave a rating of 9 to 10 was *significantly lower* than the program average.
- **QualChoice’s** overall mean was *significantly higher* than the program average. The percentage of QualChoice’s respondents who gave a rating of 7 to 8 was *significantly lower* than the program average, whereas the percentage of QualChoice’s respondents who gave a rating of 9 to 10 was *significantly higher* than the program average.

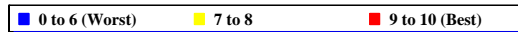
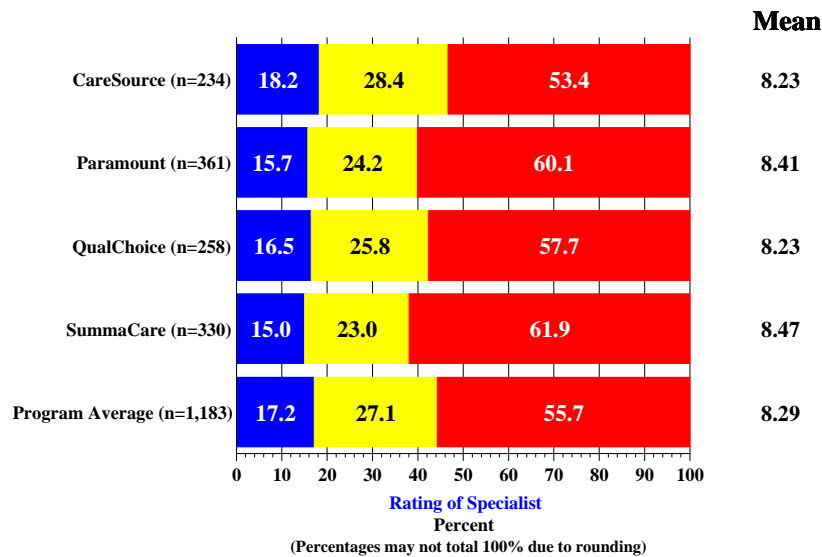
Figure C3
Rating of Personal Doctor



Rating of Specialist

Ohio Medicaid CMC Program members were asked to rate their specialist on a scale of 0 to 10, where 0 is the “worst specialist possible” and 10 is the “best specialist possible.” For the overall rating of specialist question, an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: 0 to 6 (Worst); 7 to 8; and 9 to 10 (Best). Figure C4 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *no* statistically significant differences observed for the rating of specialist.

**Figure C4
Rating of Specialist**



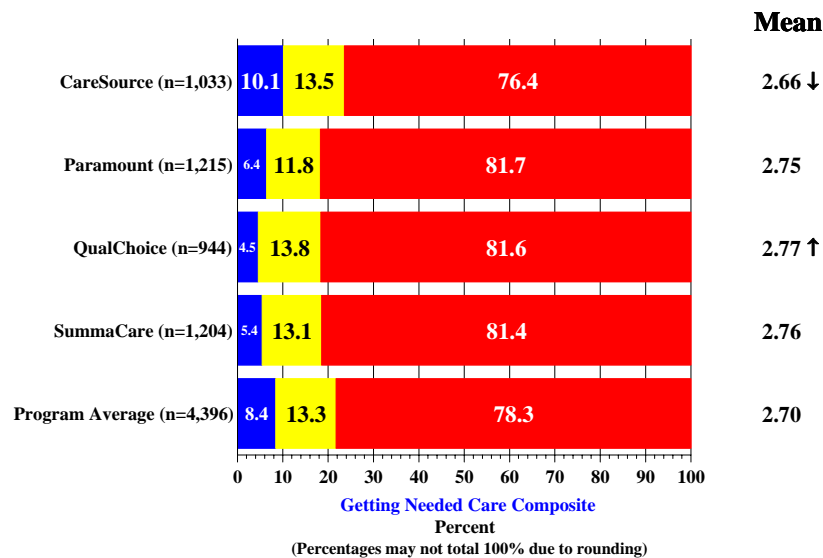
COMPOSITES

Getting Needed Care

A series of five questions were asked in order to assess whether or not members had a problem getting needed care. For each of these questions (questions 7, 9, 24, 25, and 26 in the adult survey and questions 7, 13, 28, 29, and 30 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.” Figure C5 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *two* statistically significant differences observed for this composite.

- **CareSource’s** overall mean was *significantly lower* than the program average.
- **QualChoice’s** overall mean was *significantly higher* than the program average.

**Figure C5
Getting Needed Care Composite**



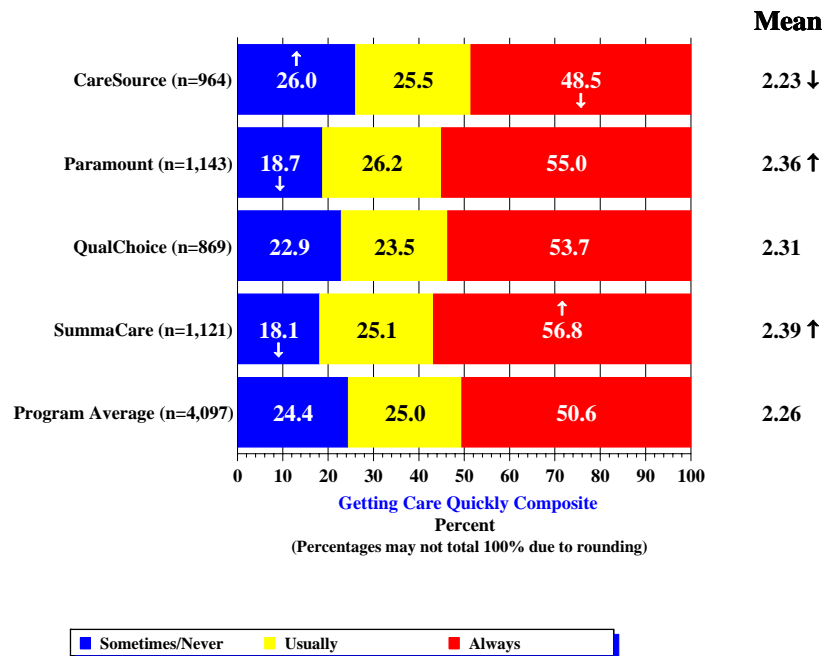
Big Problem
 Small Problem
 Not a Problem

Getting Care Quickly

A series of four questions were asked in order to assess how often members received care quickly. For each of these questions (questions 14, 16, 19, and 27 in the adult survey and questions 18, 20, 23, and 31 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure C6 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *eight* statistically significant differences observed for this composite.

- **CareSource’s** overall mean was *significantly lower* than the program average. The percentage of CareSource’s respondents who gave a response of “Sometimes/Never” was *significantly higher* than the program average, whereas the percentage of CareSource’s respondents who gave a response of “Always” was *significantly lower* than the program average.
- **Paramount’s** overall mean was *significantly higher* than the program average. The percentage of Paramount’s respondents who gave a response of “Sometimes/Never” was *significantly lower* than the program average.
- **SummaCare’s** overall mean was *significantly higher* than the program average. The percentage of SummaCare’s respondents who gave a response of “Sometimes/Never” was *significantly lower* than the program average, whereas the percentage of SummaCare’s respondents who gave a response of “Always” was *significantly higher* than the program average.

Figure C6
Getting Care Quickly Composite

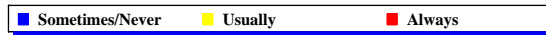
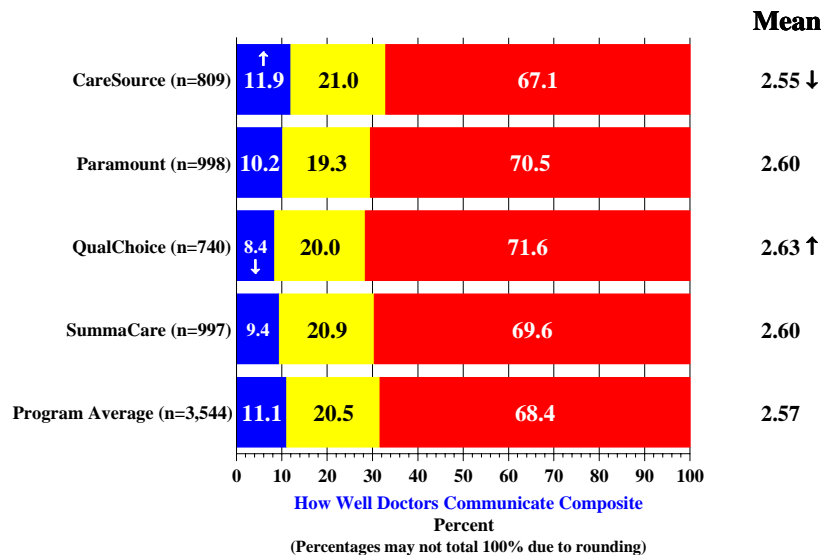


How Well Doctors Communicate

A series of four questions were asked in order to assess how often doctors communicated well. For each of these questions (questions 30, 32, 33, and 34 in the adult survey and questions 34, 36, 37, and 41 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure C7 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *four* statistically significant differences observed for this composite.

- **CareSource’s** overall mean was *significantly lower* than the program average. The percentage of CareSource’s respondents who gave a response of “Sometimes/Never” was *significantly higher* than the program average.
- **QualChoice’s** overall mean was *significantly higher* than the program average. The percentage of QualChoice’s respondents who gave a response of “Sometimes/Never” was *significantly lower* than the program average.

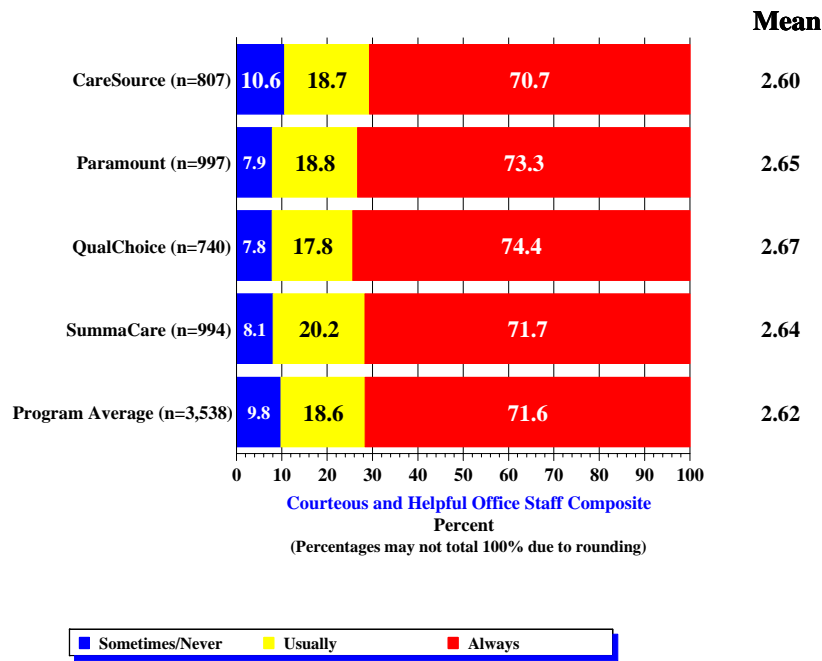
**Figure C7
How Well Doctors Communicate Composite**



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 28 and 29 in the adult survey and questions 32 and 33 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure C8 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *no* statistically significant differences observed for this composite.

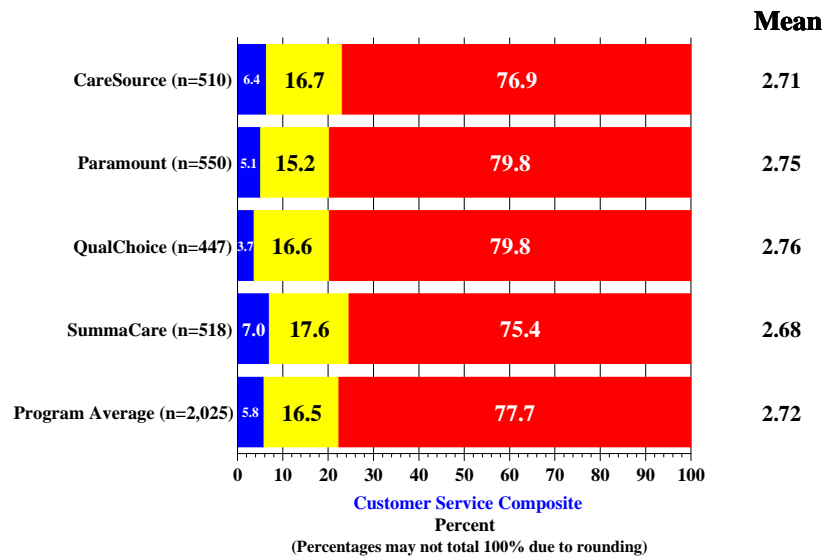
Figure C8
Courteous and Helpful Office Staff Composite



Customer Service

Two questions were asked in order to assess whether or not members had a problem with customer service. For each of these questions (questions 43 and 45 in the adult survey and questions 79 and 81 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each participating MCP. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.” Figure C9 depicts the overall mean scores and the proportion of respondents in each of the response categories for the Ohio Medicaid CMC Program and its participating MCPs. Overall, there were *no* statistically significant differences observed for this composite.

Figure C9
Customer Service Composite



■ Big Problem
 ■ Small Problem
 ■ Not a Problem