



2004 CAHPS® 3.0H  
OHIO MEDICAID MEMBER  
SATISFACTION SURVEY

Full Report



OHIO MEDICAID COMPREHENSIVE  
MANAGED CARE PROGRAM

November 2004

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# Introduction

## BACKGROUND

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<sup>®1</sup> 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<sup>®</sup> 3.0H Adult Medicaid Survey and the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). For the Ohio Medicaid CMC Program, four MCPs participated in the 2004 CAHPS<sup>®</sup> 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 is a list of the MCPs that participated in the surveys.

Ohio Medicaid CMC Program Participating MCPs	
MCP NAME	MCP ABBREVIATION
CareSource	CareSource
Paramount Advantage, Inc.	Paramount
QualChoice Health Plan	QualChoice
SummaCare Health Plan	SummaCare

This Ohio Medicaid Managed Care CAHPS<sup>®</sup> Full Report is one of four separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2004 Ohio CAHPS<sup>®</sup> results.

- The **Full Report** contains six sections examining the results of the CAHPS<sup>®</sup> Surveys: (1) The *Introduction* section provides an overview of the survey administration and response rate information; (2) The *Demographics* section depicts the characteristics of respondents to the CAHPS<sup>®</sup> Surveys, as well as demographic data for adult members who completed a survey and child members whose parent or caretaker completed a survey; (3) The *National Committee for Quality Assurance (NCQA) Comparisons* section analyzes the CAHPS<sup>®</sup> results utilizing the Health Plan Employer Data and Information Set (HEDIS<sup>®2</sup>) CAHPS<sup>®</sup> 3.0H methodology, comparing the results of Ohio Adult Medicaid CMC Program members to NCQA's 2004 CAHPS<sup>®</sup> 3.0H Benchmarks, and the results of Ohio Child Medicaid CMC Program members to NCQA's 2003 National Child Medicaid data; (4) The *Ohio Comparisons* section analyzes the CAHPS<sup>®</sup> results utilizing ODJFS' methodology and the CAHPS<sup>®</sup> Survey User's Network (SUN) CAHPS<sup>®</sup> analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composites, composite items, additional items, CCC composites,

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

<sup>2</sup> HEDIS<sup>®</sup> is a registered trademark of NCQA.

and CCC composite items; (5) The *Recommendations* section displays recommended priorities for quality improvement; and (6) The *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in the Full Report.

- The **Executive Summary Report** provides a high-level overview of the major CAHPS® results presented in the Full Report.
- The **Children with Chronic Conditions (CCC) Report** compares the CAHPS® results of the CCC population to the children without chronic conditions (non-CCC) population.
- The **Methodology Report** provides a detailed description of the methodology utilized to perform the CAHPS® analyses for the State of Ohio Medicaid CMC Program.

## **SAMPLING PROCEDURES**

### **Sample Frame**

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 sample frame of 99,485 adult members and 266,430 child members was produced.

### **Sample Size**

A random sample of 1,755 adult members was selected from each participating MCP, and a total of 7,020 adult surveys were mailed out for the four participating MCPs in the State of Ohio. A random sample of 1,650 child members was selected from each participating MCP for NCQA Sample A, which represents the general population of children. Child members in Sample A could have a chronic condition prescreen status code of 1, 2, or 3. A prescreen code of 1 indicates that the member had no claims or encounters during the last six months of 2003. A prescreen code of 2 (also known as a positive prescreen status code) indicates that the member had claims or encounters that suggest that the member has a greater probability of having a chronic condition. A prescreen code of 3 indicates that the member had claims or encounters that do not suggest that the member has a greater probability of having a chronic condition.<sup>3</sup> A total of 6,600 child surveys for children in Sample A were mailed out for the four participating MCPs in the State of Ohio. After selecting child members for Sample A, a random sample of 1,840 child members with a prescreen code of 2 was selected from each MCP for NCQA Sample B, which represents the population of children who are more likely to have a chronic condition. This sample is drawn to ensure an adequate number of responses from children with chronic conditions. For additional information on the CCC population, please refer to the CCC Report. A total of 7,360 child surveys for children in Sample B were mailed out for the four participating MCPs in the State of

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

Ohio. Therefore, a total of 3,490 child members were selected from each participating MCP, and a total of 13,960 child surveys for children in Sample A and Sample B were mailed for the four participating MCPs in the State of Ohio. Please note, child members in both Samples A and B received the same CAHPS<sup>®</sup> 3.0H Child Medicaid Survey (with CCC measurement set) instrument. The results presented in this Full Report are based on the responses of parents or caretakers of children from Sample A. This random sample of members from each MCP represents the general child population. The CAHPS<sup>®</sup> 3.0H Child Medicaid Survey also includes a number of questions comprising a *CCC screener*. This screener is utilized to identify children with chronic conditions from both Samples A and B. The results derived from the responses of parents or caretakers of children with chronic conditions are presented in the CCC Report. For additional information on the CCC population and CCC screener, please refer to page B6.

The NCQA protocol permits over-sampling in 5 percent increments up to 30 percent. For the Ohio Medicaid CMC Program, 30 percent over-sampling was performed on the adult population. This over-sampling was performed to ensure a greater number of respondents to each CAHPS<sup>®</sup> measure. No over-sampling was performed on the child population. Given the large number of child members sampled from each MCP, over-sampling was not performed on this 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 the members can complete the surveys. The first “phase” consists of a mailed survey that is to be completed and mailed back by the members. All MCP members sampled received an English version of the surveys. The second “phase” is a Computer Assisted Telephone Interview (CATI) survey of members who have not mailed in their survey or who have mailed in an incomplete survey. An incomplete survey is defined as one that has less than 80 percent of the pertinent questions answered and/or is missing responses to critical questions, as designated by NCQA.<sup>4</sup> Table A1, on page A4, depicts the survey administration timeframe.

HEDIS 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 age 18 years or older (for adult members) or were age 17 years or younger (for child members) as of December 31, 2003
- Were currently enrolled in the MCP
- Had been continuously enrolled for at least five of the last six months of 2003
- Had Medicaid as the primary payer

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<sup>4</sup> National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2004 Survey Measures*. Washington, DC: NCQA Publication, 2003.

HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. A random sample of records from each MCP population (adult and child) was 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 random samples with no more than one member being selected per household.

The HEDIS specifications for CAHPS® 3.0H 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 reply envelope addressed to the organization conducting the surveys. HSAG complied with these specifications.

According to HEDIS specifications for the CAHPS® 3.0H Surveys, these surveys were completed using the timeframe shown in Table A1.

<b>Table A1</b> <b>CAHPS® 3.0H Surveys Timeframe</b>	
Basic Tasks for Conducting the Surveys	Timeframe
Send first questionnaire with cover letter to the respondent	Day 1
Send a postcard reminder to non-respondents four to 10 days after mailing the first questionnaire	Days 5 - 11
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	Day 36
Send a second postcard reminder to non-respondents four to 10 days after mailing the second questionnaire	Days 40 - 46
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire	Day 58
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	Days 58 - 72
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation	Day 72

## RESPONSE RATES

The administration of the CAHPS<sup>®</sup> 3.0H 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.<sup>5</sup> A member's survey is assigned a disposition code of "completed" when Question #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 (including any over-sample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page A3), were mentally or physically incapacitated,<sup>6</sup> or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to the Methodology Report.

Table A2 depicts the total response rates (combining adult and general child members) and the response rates by population (adult or general child) for the Ohio Medicaid CMC Program and all participating MCPs in the Ohio Medicaid CMC Program.

<b>Table A2</b>			
<b>CAHPS<sup>®</sup> 3.0H Medicaid Response Rates</b>			
<b>Ohio Medicaid CMC Program</b>			
	<b>TOTAL RESPONSE RATE</b>	<b>ADULT RESPONSE RATE</b>	<b>GENERAL CHILD RESPONSE RATE</b>
<b>Ohio Medicaid CMC</b>	35.69%	35.38%	36.02%
<b>CareSource</b>	34.31%	34.60%	34.00%
<b>Paramount Advantage</b>	39.27%	38.89%	39.67%
<b>QualChoice</b>	30.39%	29.69%	31.13%
<b>SummaCare</b>	38.79%	38.38%	39.22%
<i>Please note, per NCQA protocol, children in Sample B are not included in the response rate calculations.</i>			

<sup>5</sup> National Committee for Quality Assurance. *HEDIS 2004, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2003.

<sup>6</sup> The mentally or physically incapacitated designation is not valid for the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

# Demographics

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This Demographics section depicts the characteristics of respondents and members who **completed** the CAHPS® 3.0H Adult Medicaid Survey or the CAHPS® 3.0H Child Medicaid Survey.<sup>1</sup> 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.<sup>2</sup> NCQA does not recommend case-mix adjusting CAHPS® results to account for these differences.<sup>3</sup> However, AHRQ and the CAHPS® II Consortium do recommend adjusting for differences in case-mix. In this report, both unadjusted (NCQA Comparisons section) and adjusted (Ohio Comparisons section) results are presented. For additional information about the CAHPS® analyses utilized in this report, please refer to the Methodology Report.

The demographic data in this section are presented in two subsections. The first subsection consists of four tables, Tables B1–B4, that depict respondent-level and member-level demographic data for adult and general child members. The second subsection contains two tables, Tables B5 and B6, which present the population of children with chronic conditions and how this population is identified.

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<sup>1</sup> The parents or caretakers of child members completed the CAHPS® 3.0H Child Medicaid Survey on behalf of child members.

<sup>2</sup> Agency for Health Care Policy and Research. *CAHPS™ 2.0 Survey and Reporting Kit*. Rockville, MD: US Department of Health and Human Services, October 1999.

<sup>3</sup> 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.

## ADULT AND GENERAL CHILD PROFILES

Respondents to the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey are the parents or caretakers of child members. Table B1 combines the **adult** and **general child** survey results to display the demographic characteristics of respondents to the CAHPS<sup>®</sup> 3.0H Adult Medicaid Survey and the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey.

<b>Table B1</b>					
<b>Respondent Profiles</b>					
	OHIO MEDICAID CMC	CARESOURCE	PARAMOUNT ADVANTAGE	QUALCHOICE	SUMMACARE
<b>Age</b>					
Under 18*	4.1%	3.7%	4.9%	4.1%	3.8%
18 to 24	19.7%	22.9%	19.5%	19.7%	17.2%
25 to 34	39.0%	39.8%	41.9%	35.6%	38.3%
35 to 44	25.0%	23.3%	23.7%	26.1%	27.1%
45 to 54	9.1%	8.0%	7.1%	10.8%	10.6%
55 or older	3.0%	2.3%	2.9%	3.8%	3.0%
<b>Gender</b>					
Male	11.0%	12.6%	10.8%	10.1%	10.6%
Female	89.0%	87.4%	89.2%	89.9%	89.4%
<b>Education</b>					
Not HS Graduate	21.0%	26.8%	20.3%	17.1%	19.7%
HS Graduate	39.1%	38.9%	36.9%	39.0%	41.7%
Some College	34.3%	29.5%	38.0%	36.5%	33.2%
College Graduate	5.6%	4.9%	4.8%	7.3%	5.5%
<p><i>* The "Under 18" age category was a possible response choice only for the parents or caretakers responding to the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey on behalf of child members. Respondents to the CAHPS<sup>®</sup> 3.0H Adult Medicaid Survey did not have this response choice.</i></p> <p><i>Please note, percentages may not total 100% due to rounding.</i></p>					

Table B2 combines the **adult** and **general child** survey results to display the demographic characteristics of the adult and general child members.

<b>Table B2</b>					
<b>Adult and General Child Member Profiles</b>					
	OHIO MEDICAID CMC	CARESOURCE	PARAMOUNT ADVANTAGE	QUALCHOICE	SUMMACARE
<b>Race</b>					
Multi-Racial	4.5%	4.4%	6.6%	3.1%	3.8%
White	45.2%	40.7%	51.5%	25.0%	58.8%
Black	44.0%	48.3%	33.7%	67.3%	32.2%
Other	6.3%	6.7%	8.1%	4.7%	5.2%
<b>Hispanic Ethnicity</b>					
Hispanic	5.5%	7.1%	9.3%	2.8%	2.3%
Not Hispanic	94.5%	92.9%	90.7%	97.2%	97.7%
<b>Health Status</b>					
Excellent	29.1%	31.5%	28.7%	31.1%	25.9%
Very Good	30.6%	28.0%	29.6%	31.8%	33.1%
Good	26.3%	27.8%	26.4%	25.1%	25.8%
Fair	11.6%	10.6%	12.5%	10.2%	12.7%
Poor	2.3%	2.0%	2.8%	1.8%	2.5%
<i>Please note, percentages may not total 100% due to rounding.</i>					

Table B3 presents the demographic characteristics of the **adult** members who completed the CAHPS® 3.0H Adult Medicaid Survey.

<b>Table B3 Adult Member Profiles</b>					
	OHIO MEDICAID CMC	CARESOURCE	PARAMOUNT ADVANTAGE	QUALCHOICE	SUMMACARE
<b>Age</b>					
18 to 24	27.5%	30.3%	26.8%	29.0%	24.6%
25 to 34	39.4%	39.5%	41.8%	36.7%	38.8%
35 to 44	23.9%	22.2%	23.2%	24.7%	25.6%
45 to 54	8.4%	7.1%	7.1%	9.0%	10.3%
55 or older	0.8%	0.8%	1.1%	0.6%	0.6%
<b>Gender</b>					
Male	14.5%	16.2%	14.8%	12.5%	14.3%
Female	85.5%	83.8%	85.2%	87.5%	85.7%
<b>Education</b>					
Not HS Graduate	22.4%	28.1%	21.9%	17.8%	21.2%
HS Graduate	39.6%	39.5%	37.2%	40.0%	41.8%
Some College	33.0%	27.8%	36.2%	35.7%	32.5%
College Graduate	5.0%	4.6%	4.7%	6.5%	4.4%
<b>Race</b>					
Multi-Racial	3.0%	2.6%	3.8%	3.0%	2.6%
White	47.4%	44.2%	53.9%	24.3%	61.8%
Black	43.2%	46.8%	34.8%	66.6%	30.2%
Other	6.4%	6.5%	7.5%	6.1%	5.4%
<b>Hispanic Ethnicity</b>					
Hispanic	5.0%	6.1%	8.0%	3.4%	2.3%
Not Hispanic	95.0%	93.9%	92.0%	96.6%	97.7%
<b>Health Status</b>					
Excellent	16.2%	18.9%	14.2%	19.2%	13.4%
Very Good	28.6%	27.4%	27.0%	29.9%	30.1%
Good	33.3%	35.6%	33.8%	32.3%	31.5%
Fair	18.1%	15.0%	19.8%	15.9%	20.7%
Poor	3.9%	3.0%	5.2%	2.7%	4.3%
<i>Please note, percentages may not total 100% due to rounding.</i>					

Table B4 presents the demographic characteristics of the **general child** members whose parent or caretaker completed the CAHPS® 3.0H Child Medicaid Survey, and the relationship of the parent or caretaker to the child member.

<b>Table B4</b>					
<b>General Child Member Profiles</b>					
	OHIO MEDICAID CMC	CARESOURCE	PARAMOUNT ADVANTAGE	QUALCHOICE	SUMMACARE
<b>Age</b>					
Less than 2	8.6%	8.9%	10.2%	7.3%	7.7%
2 to 4	20.8%	19.6%	22.8%	19.8%	20.7%
5 to 7	17.6%	19.1%	19.1%	18.0%	14.6%
8 to 10	17.8%	17.4%	17.3%	17.6%	18.9%
11 to 13	16.7%	18.5%	14.2%	18.2%	16.5%
14 to 18 *	18.4%	16.5%	16.4%	19.2%	21.6%
<b>Gender</b>					
Male	50.8%	50.0%	54.4%	50.1%	48.2%
Female	49.2%	50.0%	45.6%	49.9%	51.8%
<b>Race</b>					
Multi-Racial	6.1%	6.4%	9.4%	3.2%	4.9%
White	42.9%	36.8%	49.1%	25.6%	55.7%
Black	44.8%	49.9%	32.7%	67.9%	34.3%
Other	6.1%	6.9%	8.8%	3.2%	5.1%
<b>Hispanic Ethnicity</b>					
Hispanic	6.0%	8.2%	10.7%	2.2%	2.4%
Not Hispanic	94.0%	91.8%	89.3%	97.8%	97.6%
<b>Health Status</b>					
Excellent	42.6%	45.3%	43.4%	43.3%	39.0%
Very Good	32.8%	28.7%	32.3%	33.7%	36.1%
Good	19.0%	19.3%	18.9%	17.8%	19.9%
Fair	4.9%	5.7%	5.1%	4.4%	4.3%
Poor	0.6%	0.9%	0.3%	0.8%	0.6%
<b>Respondent Relationship to Child</b>					
Parent	90.1%	91.9%	90.4%	89.2%	89.2%
Grandparent	6.6%	4.4%	6.6%	7.7%	7.4%
Other	3.3%	3.8%	3.0%	3.1%	3.4%
<p><i>* Child members were required to be 17 years or younger as of December 31, 2003. Some of these members turned 18 years old between December 31, 2003 and the time of survey administration. Based on NCQA guidelines, these members are eligible for inclusion in the Ohio Medicaid CMC Program's CAHPS® Survey results. Please note, percentages may not total 100% due to rounding.</i></p>					

## **CHILDREN WITH CHRONIC CONDITIONS PROFILES**

A series of questions used to identify children with chronic conditions was included in the CAHPS® 3.0H Child Medicaid Survey distributed to Ohio Medicaid CMC Program child members. This series contains 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 are considered to have a chronic condition:

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

The survey responses for child members in NCQA Samples A and B were analyzed to determine which child members have chronic conditions. Therefore, the general population of children (i.e., those in NCQA Sample A) can include children with chronic conditions based on the responses to the survey questions. For each category, except for the “Mental Health Services” category, the first question is a gate item for the second question, which asks whether the child’s use or need is due to a health condition. Respondents that select “No” to the first question are instructed to skip subsequent questions in the category. The second question in each category is a gate item for the third question, which asks whether the condition has lasted or is expected to last at least 12 months. Respondents that select “No” to the second question are instructed to skip the third question in the category. For the “Mental Health Services” category, there are only two screener questions. The first question is a gate item for the second question, which asks whether the condition has lasted or is expected to last at least 12 months. Respondents that select “No” to the first question are instructed to skip the second question in this category. Table B5, on page B7, displays the responses to the five categories of questions for all children sampled. Additional information on NCQA Samples A and B can be found beginning on page A2.

<b>Table B5</b>					
<b>Responses to CCC Screener Questions</b>					
<b>Response of "Yes"</b>					
	<b>OHIO MEDICAID CMC</b>	<b>CARESOURCE</b>	<b>PARAMOUNT ADVANTAGE</b>	<b>QUALCHOICE</b>	<b>SUMMACARE</b>
<b>Prescription Medicine</b>					
Needs/Uses Prescription Medicine	44.7%	44.4%	45.9%	43.1%	45.1%
Due to Health Condition	89.7%	90.5%	89.7%	89.1%	89.3%
Condition Duration of at Least 12 Months	89.1%	89.1%	87.4%	89.7%	90.4%
<b>More Care</b>					
Needs/Uses More Care	23.8%	23.1%	24.8%	23.1%	24.0%
Due to Health Condition	95.7%	95.0%	96.3%	95.4%	95.8%
Condition Duration of at Least 12 Months	96.8%	94.3%	98.2%	97.6%	96.8%
<b>Functional Limitations</b>					
Limitations in Abilities	16.2%	15.9%	17.1%	16.5%	15.2%
Due to Health Condition	86.6%	84.9%	85.5%	88.8%	87.4%
Condition Duration of at Least 12 Months	95.6%	94.3%	95.6%	97.6%	95.0%
<b>Special Therapy</b>					
Needs/Gets Special Therapy	10.6%	10.7%	11.4%	9.3%	10.7%
Due to Health Condition	77.3%	72.7%	76.7%	80.2%	79.9%
Condition Duration of at Least 12 Months	93.6%	93.4%	93.2%	92.9%	94.7%
<b>Mental Health Services</b>					
Needs/Gets Counseling	20.2%	20.5%	20.8%	15.9%	22.8%
Condition Duration of at Least 12 Months	92.4%	93.0%	92.0%	92.6%	92.3%
<p><i>Please note, the parents or caretakers of child members in NCQA Samples A and B 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.</i></p> <p><i>For each category of screener questions, except for the "Mental Health Services" category, the first question is a gate item for the second question, which asks whether the child's use or need is due to a health condition. Respondents that select "No" to the first question are instructed to skip subsequent questions in the category. The second question in each category of screener questions is a gate item for the third question, which asks whether the condition has lasted or is expected to last at least 12 months. Respondents that select "No" to the second question are instructed to skip the third question in the category. For the "Mental Health Services" category, there are only two screener questions. The first question is a gate item for the second question, which asks whether the condition has lasted or is expected to last at least 12 months. Respondents that select "No" to the first question are instructed to skip the second question in this category.</i></p>					

A total of 43.1 percent of all child members for whom a survey was completed (28.1 percent of child members in Sample A and 55.2 percent of child members in Sample B) have a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table B5. Table B6 depicts the percentage of children with chronic conditions with affirmative responses to all questions in each of the five categories. A child member can appear in more than one category.

<b>Table B6</b>					
<b>Distribution of Categories for Children with Chronic Conditions</b>					
	OHIO MEDICAID CMC	CARESOURCE	PARAMOUNT ADVANTAGE	QUALCHOICE	SUMMACARE
<b>Prescription Medicine</b>	81.3%	83.2%	81.7%	79.6%	80.8%
<b>More Care</b>	50.7%	48.2%	54.3%	50.3%	49.7%
<b>Functional Limitations</b>	30.4%	28.7%	32.2%	33.5%	27.6%
<b>Special Therapy</b>	17.1%	16.6%	18.0%	16.2%	17.6%
<b>Mental Health Services</b>	42.3%	43.9%	43.2%	33.9%	46.7%

*Please note, a child member may appear in more than one category.*

# NCQA Comparisons

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This NCQA Comparisons section reports on the CAHPS® 3.0H Survey results, which were calculated in accordance with HEDIS specifications for survey measures.<sup>1</sup> Per HEDIS specifications, results for the adult and child populations are reported separately, and no weighting or case-mix adjustment is performed on the results.

This section begins by presenting the three-point means and “top-box” scores on the global ratings and composite measures for the general child population and the adult population. These NCQA-based results are followed by the presentation of overall member satisfaction (star) ratings for the general child and adult populations.

## GENERAL CHILD RESULTS

### General Child Three-Point Means on the Global Ratings

Figures C1 - C4 on page C2 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.<sup>2</sup> 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.

For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

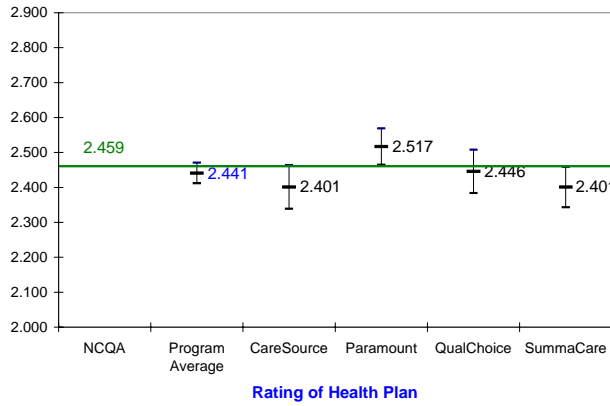
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<sup>1</sup> National Committee for Quality Assurance. *HEDIS 2004, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2003.

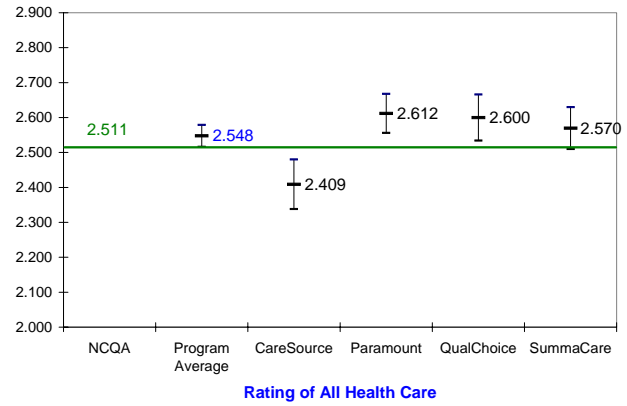
<sup>2</sup> NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

**General Child Three-Point Mean Figures on the Global Ratings**

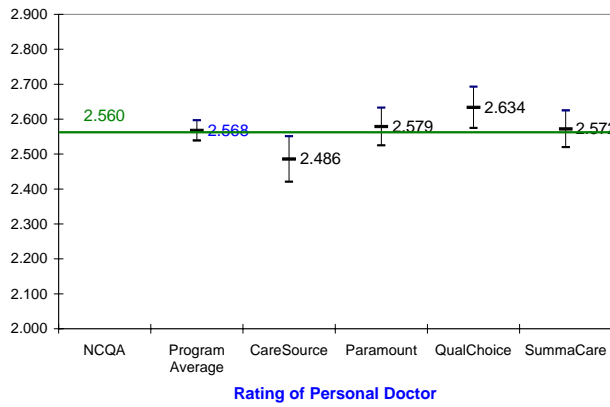
**Figure C1**  
**Rating of Health Plan**



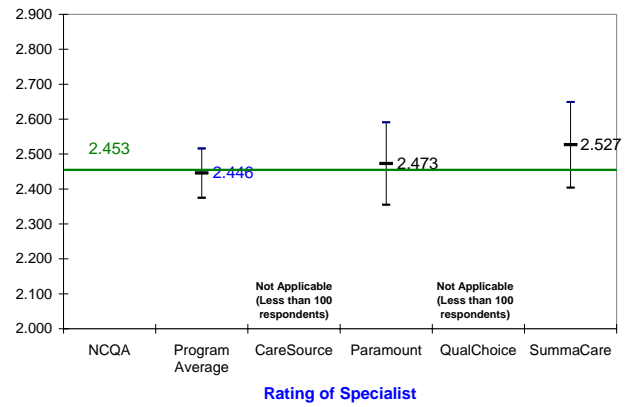
**Figure C2**  
**Rating of All Health Care**



**Figure C3**  
**Rating of Personal Doctor**



**Figure C4**  
**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 C1 - C4. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Rating of Health Plan (Figure C1)**

- 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 C2)**

- 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 C3)**

- 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 C4)**

- 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 C5 - C9 on page C5 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.<sup>3</sup> 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.

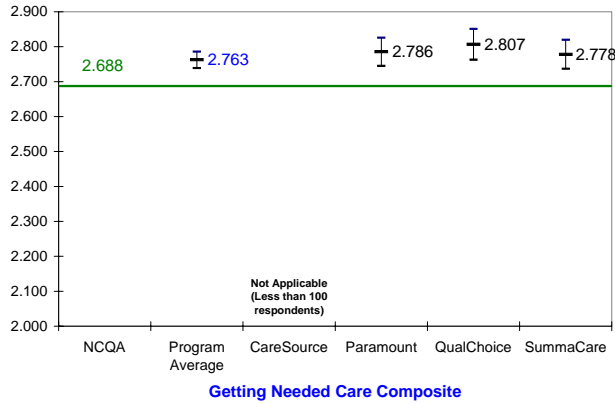
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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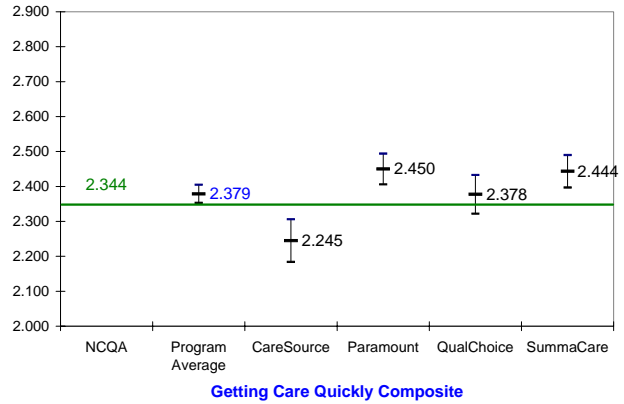
<sup>3</sup> NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

**General Child Three-Point Mean Figures on the Composite Measures**

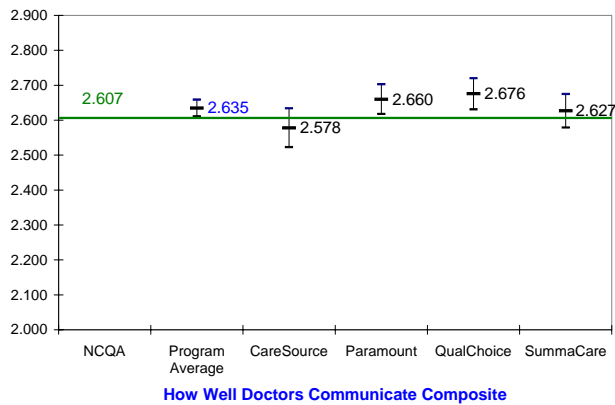
**Figure C5  
Getting Needed Care**



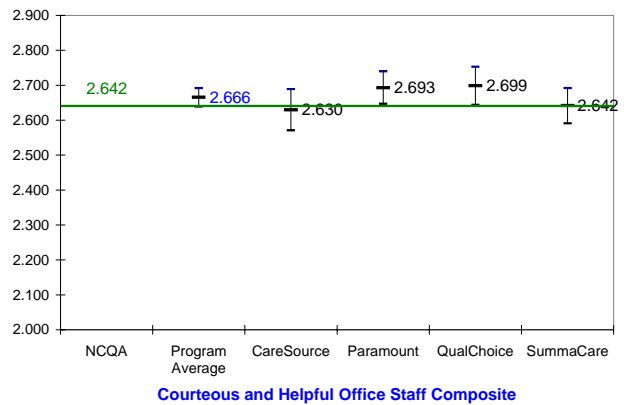
**Figure C6  
Getting Care Quickly**



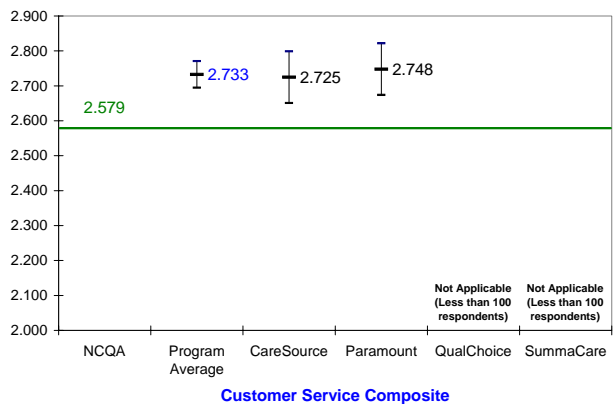
**Figure C7  
How Well Doctors Communicate**



**Figure C8  
Courteous and Helpful Office Staff**



**Figure C9  
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 C5 - C9. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Getting Needed Care (Figure C5)**

- 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 C6)**

- 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 C7)**

- 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 C8)**

- 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 C9)**

- 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.

## **General Child Top-Box Responses on the Global Ratings**

Figures C10 - C13 on page C8 depict the 2004 top-box question summary rates 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.<sup>4</sup> For the global ratings, a top-box response is defined as a response value of “9 or 10.” Additional information on the calculation of question summary rates can be found in the Methodology Report.

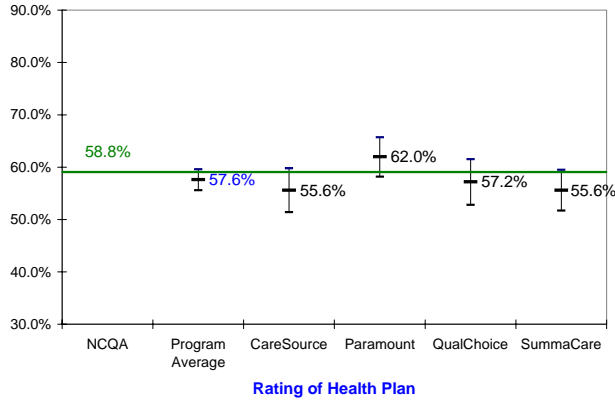
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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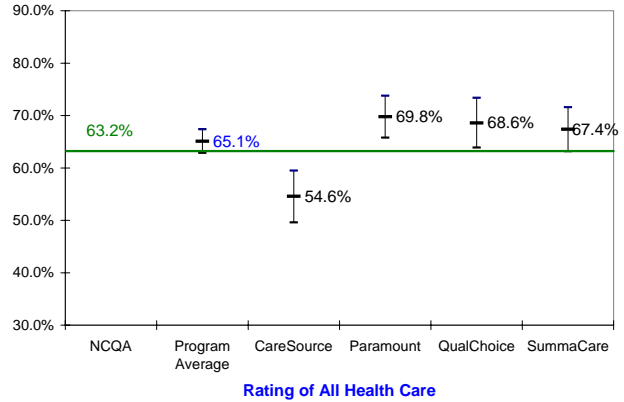
<sup>4</sup> NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

**General Child Top-Box Response Figures on the Global Ratings**

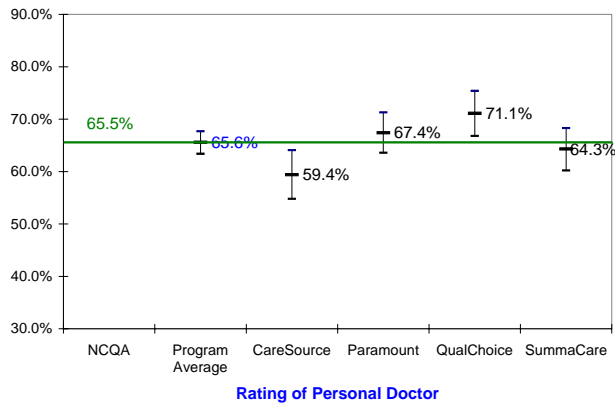
**Figure C10  
Rating of Health Plan**



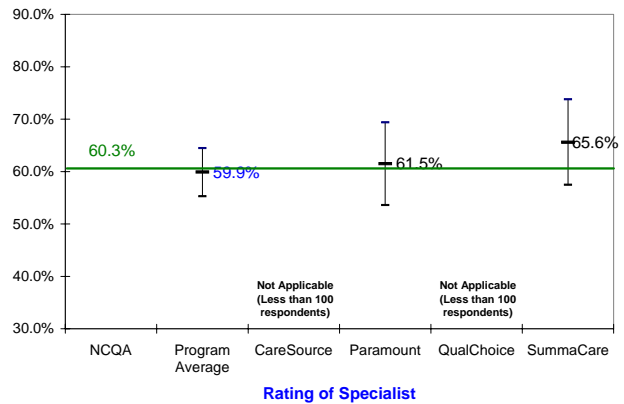
**Figure C11  
Rating of All Health Care**



**Figure C12  
Rating of Personal Doctor**



**Figure C13  
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 Top-Box Response Discussion on the Global Ratings**

The following is a summary of the results presented in Figures C10 - C13. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Rating of Health Plan (Figure C10)**

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

#### **Rating of All Health Care (Figure C11)**

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

#### **Rating of Personal Doctor (Figure C12)**

- 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 C13)**

- The confidence intervals for the **Ohio Medicaid CMC Program**, **Paramount**, and **SummaCare** encompass the NCQA average.
- The top-box responses 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 Top-Box Responses on the Composite Measures**

Figures C14 - C18 on page C11 depict the 2004 top-box global proportions 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.<sup>5</sup> A top-box response is defined as a response of “Always” for the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites. For the Getting Needed Care and Customer Service composites, a top-box response is defined as a response of “Not a problem.” Additional information on the calculation of global proportions can be found in the Methodology Report.

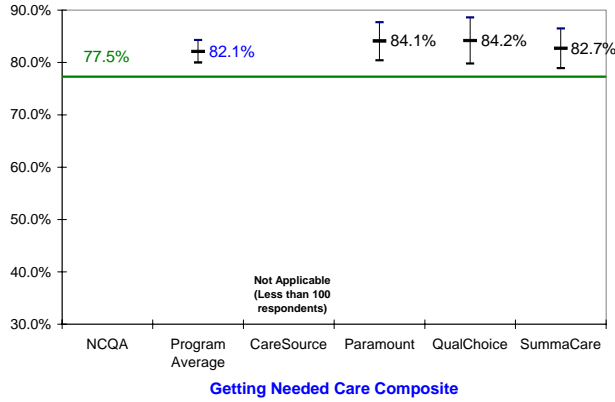
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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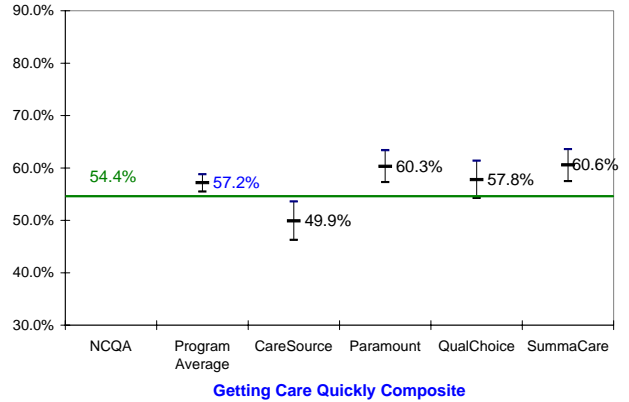
<sup>5</sup> NCQA National Child Medicaid data for 2004 were not available at the time this report was prepared.

**General Child Top-Box Response Figures on the Composite Measures**

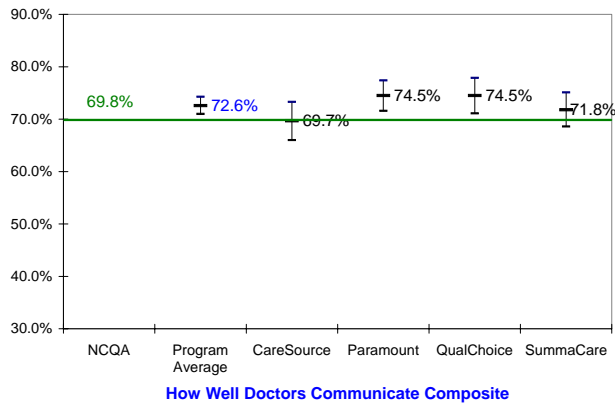
**Figure C14  
Getting Needed Care**



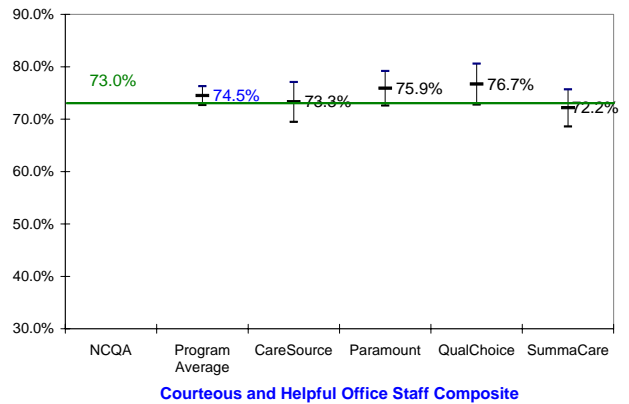
**Figure C15  
Getting Care Quickly**



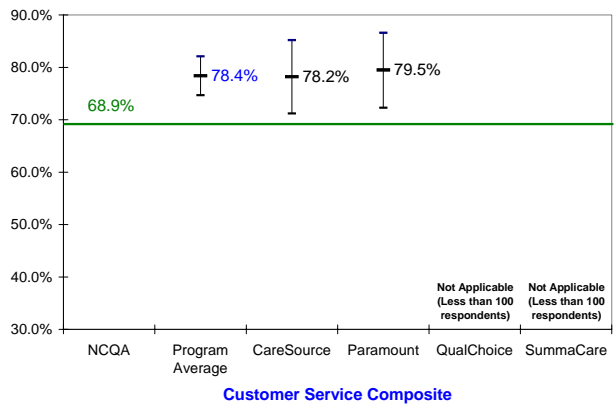
**Figure C16  
How Well Doctors Communicate**



**Figure C17  
Courteous and Helpful Office Staff**



**Figure C18  
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 Top-Box Response Discussion on the Composite Measures**

The following is a summary of the results presented in Figures C14 - C18. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Getting Needed Care (Figure C14)**

- The lower confidence limits for the [Ohio Medicaid CMC Program](#), [Paramount](#), [QualChoice](#), and [SummaCare](#) are *above* the NCQA average.
- The top-box response 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 C15)**

- 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 C16)**

- 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 C17)**

- The confidence intervals for the [Ohio Medicaid CMC Program](#) and [all participating MCPs](#) *encompass* the NCQA average.

#### **Customer Service (Figure C18)**

- The confidence intervals for the [Ohio Medicaid CMC Program](#), [CareSource](#), and [Paramount](#) are *above* the NCQA average.
- The top-box responses 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 C19 - C22 on page C14 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.<sup>6</sup> 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.

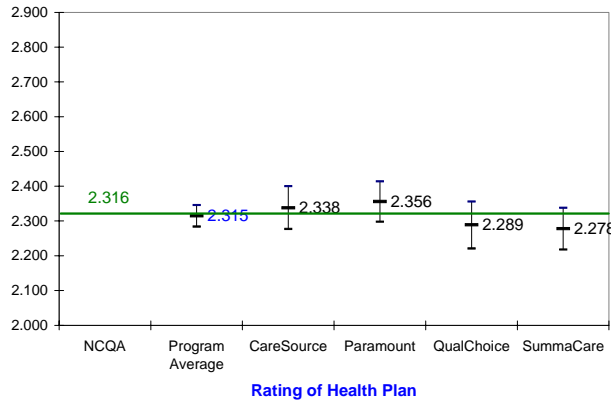
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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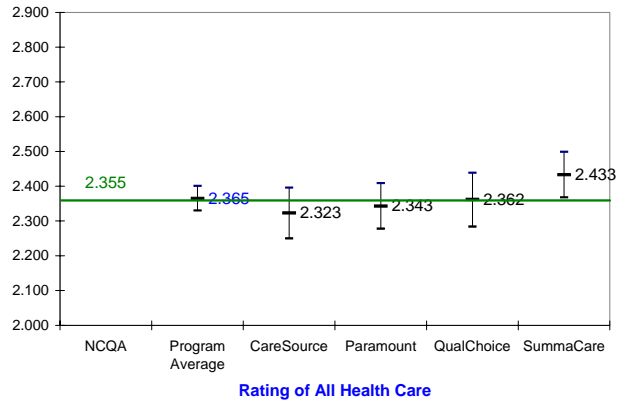
<sup>6</sup> NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

**Adult Three-Point Mean Figures on the Global Ratings**

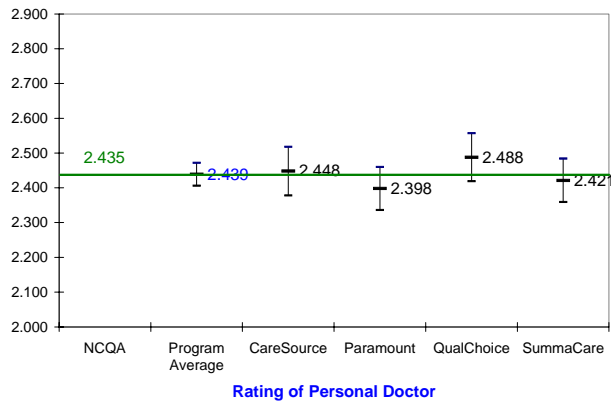
**Figure C19**  
**Rating of Health Plan**



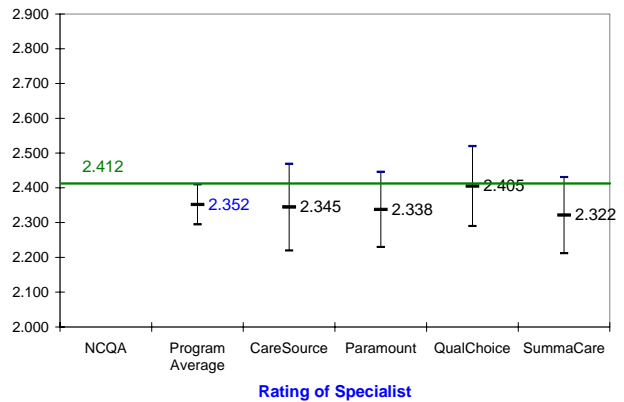
**Figure C20**  
**Rating of All Health Care**



**Figure C21**  
**Rating of Personal Doctor**



**Figure C22**  
**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 C19 - C22. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Rating of Health Plan (Figure C19)**

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

#### **Rating of All Health Care (Figure C20)**

- 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 C21)**

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

#### **Rating of Specialist (Figure C22)**

- 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 C23 - C27 on page C17 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.<sup>7</sup> 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.

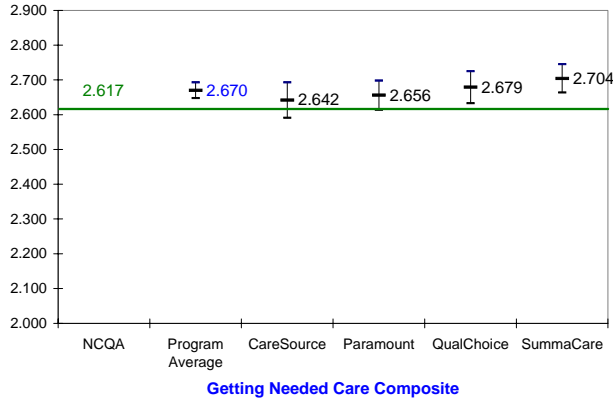
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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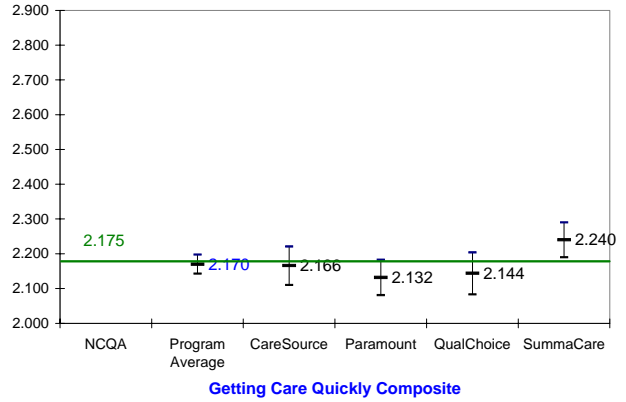
<sup>7</sup> NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

**Adult Three-Point Mean Figures on the Composite Measures**

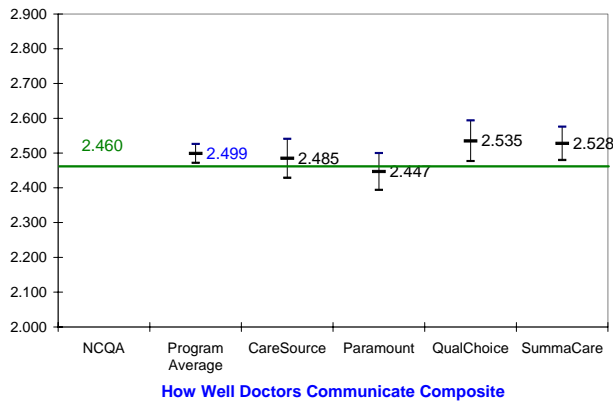
**Figure C23  
Getting Needed Care**



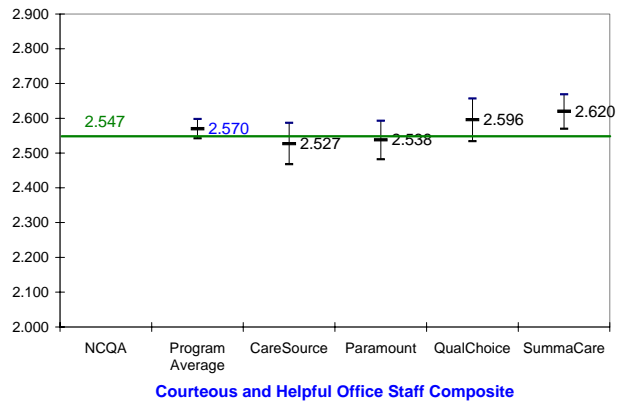
**Figure C24  
Getting Care Quickly**



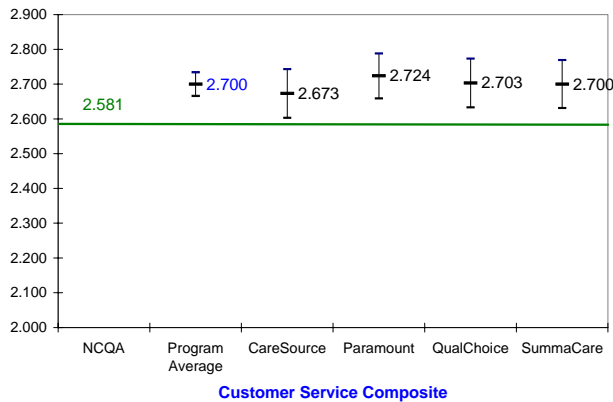
**Figure C25  
How Well Doctors Communicate**



**Figure C26  
Courteous and Helpful Office Staff**



**Figure C27  
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 C23 - C27. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Getting Needed Care (Figure C23)**

- 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 C24)**

- 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 C25)**

- 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 C26)**

- 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 C27)**

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

## **Adult Top-Box Responses**

Figures C28 - C31 on page C20 depict the 2004 top-box question summary rates 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.<sup>8</sup> For the global ratings, a top-box response is defined as a response value of “9 or 10.” Additional information on the calculation of question summary rates can be found in the Methodology Report.

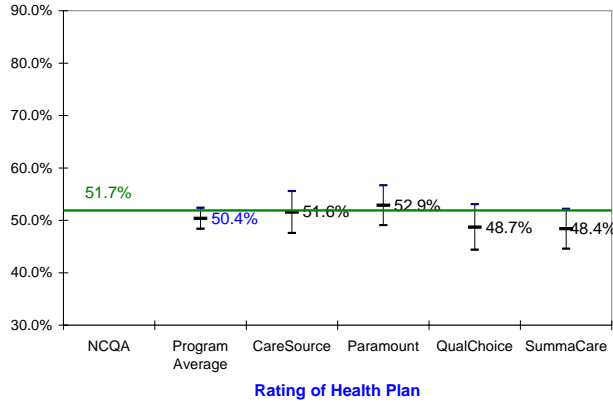
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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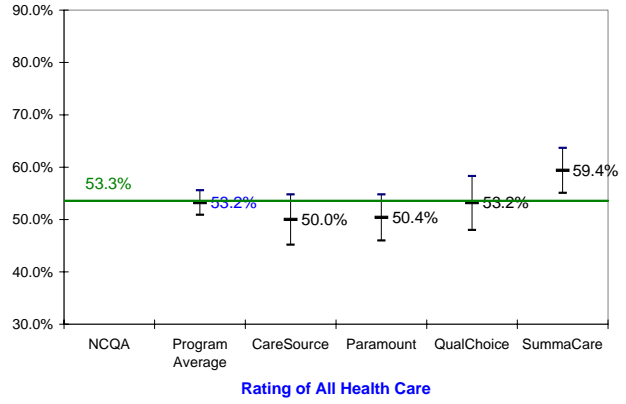
<sup>8</sup> NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

**Adult Top-Box Response Figures on the Global Ratings**

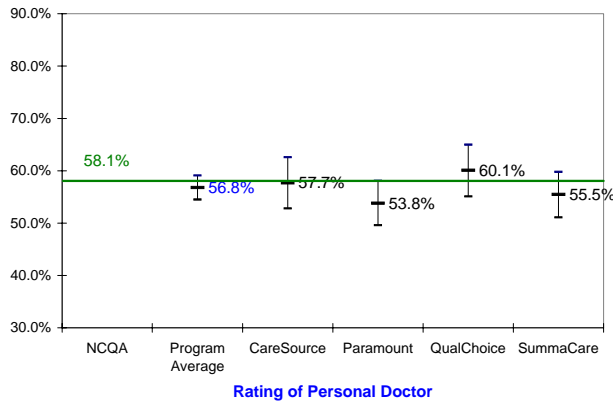
**Figure C28**  
**Rating of Health Plan**



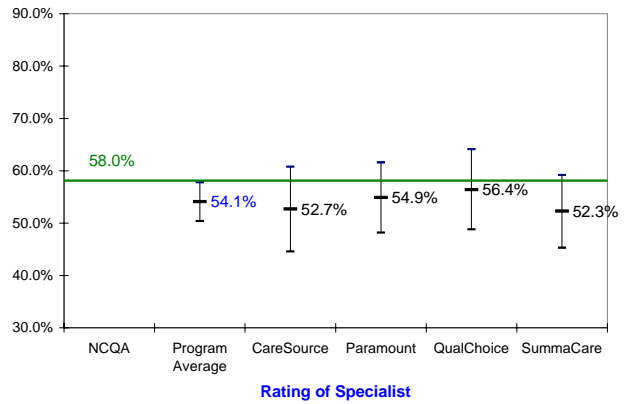
**Figure C29**  
**Rating of All Health Care**



**Figure C30**  
**Rating of Personal Doctor**



**Figure C31**  
**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 Top-Box Response Discussion on the Global Ratings**

The following is a summary of the results presented in Figures C28 - C31. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Rating of Health Plan (Figure C28)**

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

#### **Rating of All Health Care (Figure C29)**

- 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 C30)**

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

#### **Rating of Specialist (Figure C31)**

- 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 Top-Box Responses on the Composite Measures**

Figures C32 - C36 on page C23 depict the 2004 top-box global proportions 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.<sup>9</sup> A top-box response is defined as a response of “Always” for the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites. For the Getting Needed Care and Customer Service composites, a top-box response is defined as a response of “Not a problem.” Additional information on the calculation of global proportions can be found in the Methodology Report.

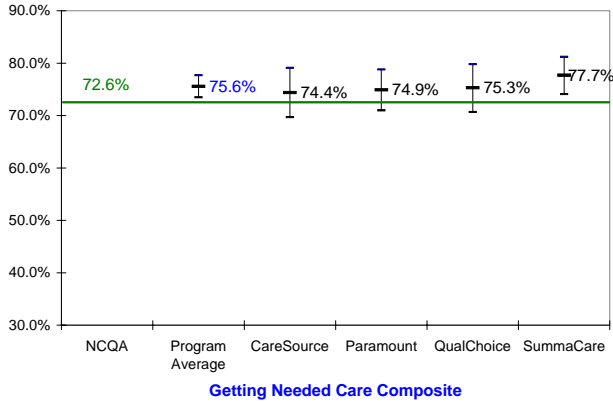
For general information on how to read the NCQA comparison figures, please refer to page F1. It is important to note that the interpretation of the results presented in this section requires an understanding of sampling error, a detailed description of which can be found beginning on page F7.

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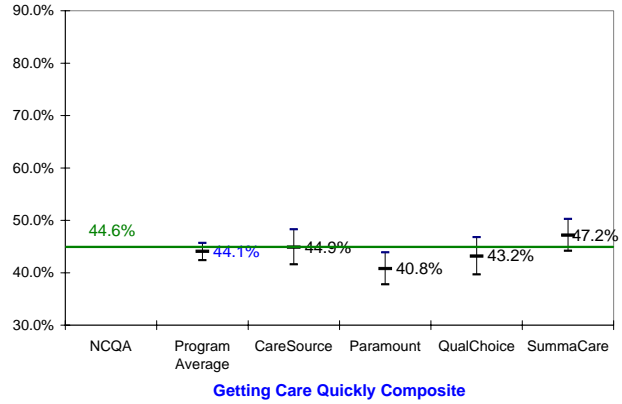
<sup>9</sup> NCQA National Adult Medicaid data for 2004 were not available at the time this report was prepared.

**Adult Top-Box Response Figures on the Composite Measures**

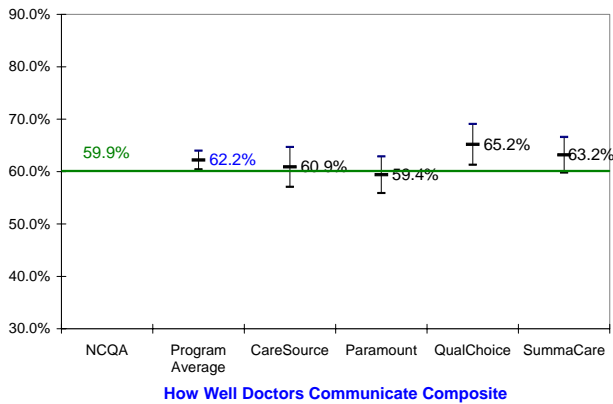
**Figure C32  
Getting Needed Care**



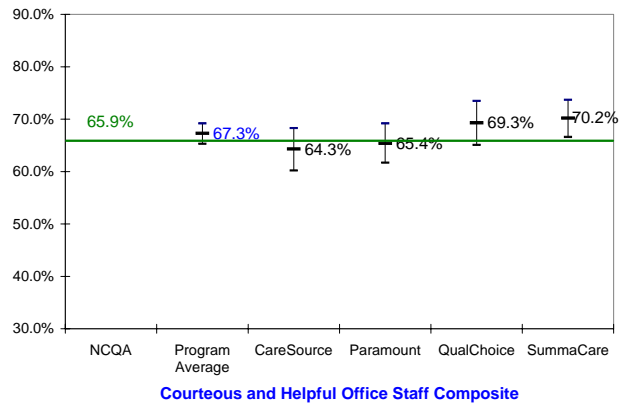
**Figure C33  
Getting Care Quickly**



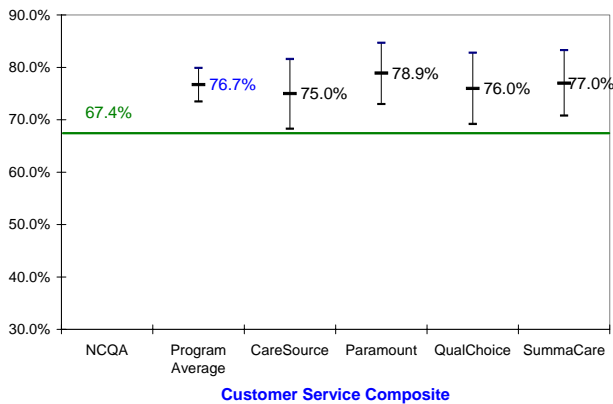
**Figure C34  
How Well Doctors Communicate**



**Figure C35  
Courteous and Helpful Office Staff**



**Figure C36  
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 Top-Box Response Discussion on the Composite Measures**

The following is a summary of the results presented in Figures C32 - C36. The discussion focuses on comparisons of the 2004 CMC Program and MCP results to the 2003 NCQA averages.

#### **Getting Needed Care (Figure C32)**

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

#### **Getting Care Quickly (Figure C33)**

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

#### **How Well Doctors Communicate (Figure C34)**

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

#### **Courteous and Helpful Office Staff (Figure C35)**

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

#### **Customer Service (Figure C36)**

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

## GENERAL CHILD OVERALL MEMBER SATISFACTION RATINGS

Table C1 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for general child members in the Ohio Medicaid CMC Program and its four participating MCPs.<sup>10</sup> Overall member satisfaction is depicted utilizing a one to five star rating system. The star assignments are based on NCQA's 2003 National Child Medicaid data.<sup>11</sup> A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page F2.

<b>Table C1 Overall Member Satisfaction Ratings on the Global Ratings and Composite Scores Ohio General Child Medicaid CMC Population</b>					
	2004 OHIO MEDICAID CMC	2004 CARESOURCE	2004 PARAMOUNT ADVANTAGE	2004 QUALCHOICE	2004 SUMMA CARE
<b>GLOBAL RATINGS</b>					
Rating of Health Plan	★★	★★	★★★★★	★★	★★
Rating of All Health Care	★★★★	★	★★★★★	★★★★★	★★★★★
Rating of Personal Doctor	★★★★	★	★★★★	★★★★★	★★★★
Rating of Specialist	★★★★	NA	★★★★	NA	★★★★★
<b>COMPOSITE SCORES</b>					
Getting Needed Care	★★★★★	NA	★★★★★	★★★★★	★★★★★
Getting Care Quickly	★★★★	★	★★★★★	★★★★	★★★★★
How Well Doctors Communicate	★★★★	★★	★★★★★	★★★★★	★★★★
Courteous and Helpful Office Staff	★★★★	★★★★	★★★★	★★★★	★★★★
Customer Service	★★★★★	★★★★★	★★★★★	NA	NA
<b>What do the stars represent?</b>					
Best ★★★★★	Very Good ★★★★	Good ★★★	Fair ★★	Poor ★	Not Applicable NA
<i>Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS® Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).</i>					

<sup>10</sup> References to child member responses in this report refer to responses by parents or caretakers on behalf of a child member.

<sup>11</sup> The star assignments are determined by comparing the program and MCPs' **three-point mean scores** to the distribution of NCQA's 2003 National Child Medicaid data. For additional information, please refer to the Methodology Report.

The overall member satisfaction ratings of respondents to the CAHPS® 3.0H Child Medicaid Survey for the general child population are grouped into two main categories: Areas of Excellence and Areas of Improvement. Areas of Excellence are indicative of areas where MCPs have achieved a high level of performance. Areas of Improvement are indicative of lower performing areas that are high priorities for action. The following is a list of the Areas of Excellence and Areas of Improvement based on overall member satisfaction ratings for the Ohio Medicaid CMC Program and its four participating MCPs.

**Areas of Excellence** - overall member satisfaction of four (★★★★) to five (★★★★★) stars

**Areas of Improvement** - overall member satisfaction of one (★) to two (★★) stars

### **Ohio Medicaid CMC Program**

#### **Areas of Excellence**

- Getting Needed Care
- Getting Care Quickly
- Customer Service

#### **Areas of Improvement**

- Rating of Health Plan

### **CareSource**

#### **Areas of Excellence**

- Customer Service

#### **Areas of Improvement**

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

### **Paramount Advantage**

#### **Areas of Excellence**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service

#### **Areas of Improvement**

- None

## **QualChoice**

### **Areas of Excellence**

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

### **Areas of Improvement**

- Rating of Health Plan

## **SummaCare**

### **Areas of Excellence**

- Rating of All Health Care
- Rating of Specialist
- Getting Needed Care
- Getting Care Quickly

### **Areas of Improvement**

- Rating of Health Plan

## ADULT OVERALL MEMBER SATISFACTION RATINGS

Table C2 depicts the overall member satisfaction ratings for the four global ratings and five composite scores for adult members in the Ohio Medicaid CMC Program and its four participating MCPs. Overall member satisfaction is depicted utilizing a one to five star rating system. The star assignments are based on NCQA's 2004 CAHPS® 3.0H Benchmarks.<sup>12,13</sup> A detailed description of the methodology used to derive the star ratings for the global ratings and composite scores can be found beginning on page F2.

<b>Table C2 Overall Member Satisfaction Ratings on the Global Ratings and Composite Scores Ohio Adult Medicaid CMC Population</b>					
	2004 OHIO MEDICAID CMC	2004 CARESOURCE	2004 PARAMOUNT ADVANTAGE	2004 QUALCHOICE	2004 SUMMA CARE
<b>GLOBAL RATINGS</b>					
Rating of Health Plan	★★	★★	★★★★	★★	★★
Rating of All Health Care	★★★★	★★	★★★★	★★★★	★★★★★
Rating of Personal Doctor	★★	★★★★	★★	★★★★	★★
Rating of Specialist	★	★	★	★★	★
<b>COMPOSITE SCORES</b>					
Getting Needed Care	★★★★	★★★★	★★★★	★★★★	★★★★★
Getting Care Quickly	★★	★★	★★	★★	★★★★★
How Well Doctors Communicate	★★★★	★★★★	★★	★★★★★	★★★★★
Courteous and Helpful Office Staff	★★★★	★★	★★	★★★★	★★★★★
Customer Service	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
<b>What do the stars represent?</b>					
Best ★★★★★	Very Good ★★★★	Good ★★★★	Fair ★★	Poor ★	Not Applicable NA
<i>Please note, for the Medicaid product line, a minimum of 100 responses for the global ratings and composite scores is required in order to be reported as CAHPS® Survey results. Global ratings and composite scores that do not meet the minimum number of responses are denoted as Not Applicable (NA).</i>					

<sup>12</sup> National Committee for Quality Assurance. *HEDIS/CAHPS® 3.0H Benchmarks and Thresholds for Accreditation 2004*. Washington, DC: NCQA, February 18, 2004.

<sup>13</sup> The star assignments are determined by comparing the program and MCPs' **three-point mean scores** to NCQA benchmarks. For additional information, please refer to the Methodology Report.

The overall member satisfaction ratings of respondents to the CAHPS® 3.0H Adult Medicaid Survey are grouped into two main categories: Areas of Excellence and Areas of Improvement. Areas of Excellence are indicative of areas where MCPs have achieved a high level of performance. Areas of Improvement are indicative of lower performing areas that are high priorities for action. The following is a list of the Areas of Excellence and Areas of Improvement based on overall member satisfaction ratings for the Ohio Medicaid CMC Program and its four participating MCPs.

**Areas of Excellence** - overall member satisfaction of four (★★★★) to five (★★★★★) stars

**Areas of Improvement** - overall member satisfaction of one (★) to two (★★) stars

### **Ohio Medicaid CMC Program**

#### **Areas of Excellence**

- Customer Service

#### **Areas of Improvement**

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist
- Getting Care Quickly

### **CareSource**

#### **Areas of Excellence**

- Customer Service

#### **Areas of Improvement**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist
- Getting Care Quickly
- Courteous and Helpful Office Staff

### **Paramount Advantage**

#### **Areas of Excellence**

- Customer Service

#### **Areas of Improvement**

- Rating of Personal Doctor
- Rating of Specialist
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

## **QualChoice**

### **Areas of Excellence**

- How Well Doctors Communicate
- Customer Service

### **Areas of Improvement**

- Rating of Health Plan
- Rating of Specialist
- Getting Care Quickly

## **SummaCare**

### **Areas of Excellence**

- Rating of All Health Care
- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service

### **Areas of Improvement**

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

# Ohio Comparisons

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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.<sup>1</sup> This section presents weighted and case-mix adjusted results for all adult and general child members completing a CAHPS® 3.0H Survey.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

For each global rating, composite score, and item within each composite, an overall mean was calculated. For the global ratings, the overall mean is provided on a scale of 0 to 10. For the composites and composite items, the overall mean is provided on a three-point scale.<sup>6</sup> Member responses were also classified into one of three response categories for each global rating, composite score, and composite item. For the 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 composites and items, the response categories were: "Sometimes/Never," "Usually," and "Always." For the Getting Needed Care and Customer Service composites and items, the response categories were: "Big Problem," "Small Problem," and "Not a Problem."

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 the only exception being that for the Yes/No items, a one-point mean was calculated. The scale used to calculate the overall means varies by question and is provided within the discussion of each

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<sup>1</sup> 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.

<sup>2</sup> 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 CCC Report.

<sup>3</sup> 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.

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

<sup>5</sup> Certain questions analyzed in this section are only applicable to one population (either adult or general child). In these instances, only responses from the relevant population were analyzed and discussed.

<sup>6</sup> 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.

question. Member responses to questions within these areas of interest were also classified into response categories. These categories are listed within the discussion of each of these questions.

For each CCC composite and composite item or question pair, a three-point overall mean was calculated.<sup>7,8</sup> Member responses were also classified into response categories. For the Access to Prescription Medicines and Access to Specialized Services CCC composites, items within each of these CCC composites were paired to create constructed variables which were then used to score these composites. Half of the questions within these two CCC composites have response categories of “Big Problem,” “Small Problem,” and “Not a Problem” and half have response categories of “No” and “Yes.” A question with “Big Problem,” “Small Problem,” and “Not a Problem” response categories is paired with a question with “No” and “Yes” response categories. These paired questions are then classified into one of three response categories: “Problem, Not Helped,” “Problem, Helped,” and “No Problem.” For the FCC: Personal Doctor Who Knows Child and the Coordination of Care CCC composites, and the items within these CCC 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 CCC composites, the response categories were: “Sometimes/Never,” “Usually,” and “Always.”

MCP-level weighted and case-mix adjusted mean scores for the global ratings, composite scores, composite items, questions within the areas of interest, CCC composite scores, and CCC composite items were compared to the program average mean scores to determine whether there were statistically significant differences between the mean scores for each MCP and the program average mean scores.<sup>9</sup> Each of the response category proportions discussed above and the overall means were compared for statistically significant differences. 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). For additional information on the tests for statistical significance, please refer to the Methodology Report.

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. A detailed description of how to read the figures within the Ohio Comparisons section can be found on page F6.

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<sup>7</sup> The FCC: Personal Doctor Who Knows Child and the Coordination of Care CCC composites consist of questions with Yes/No response categories where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composites.

<sup>8</sup> The CCC composites and CCC composite items are only included in the CAHPS® 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). Parents or caretakers of both general child members (those in Sample A) and children with chronic conditions completed the CAHPS® 3.0H Child Medicaid Survey (with Chronic Conditions measurement set), which includes the CCC composites and CCC composite items. The Ohio Comparisons section only presents the results for the general child members to the CCC composites and CCC composite items.

<sup>9</sup> The term “mean scores” refers to the overall means and the response category proportions.

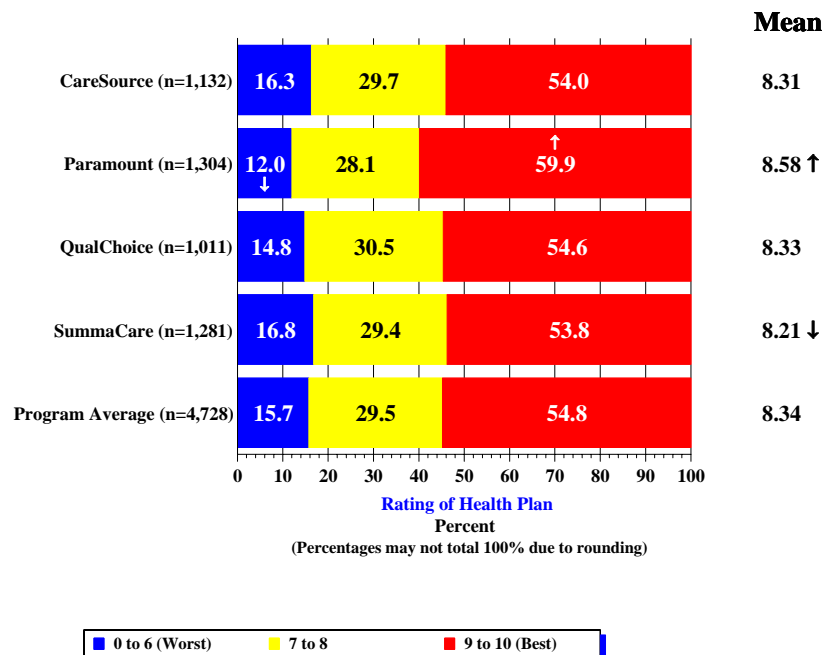
## GLOBAL RATINGS

### 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 D1 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 D1**  
**Rating of Health Plan**

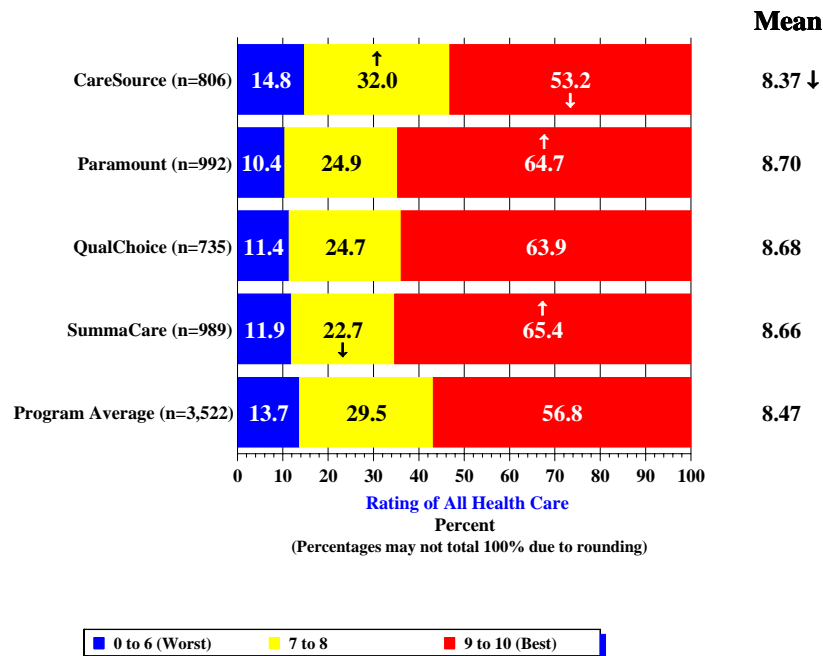


### Rating of All Health Care

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 D2 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 D2  
Rating of All Health Care**

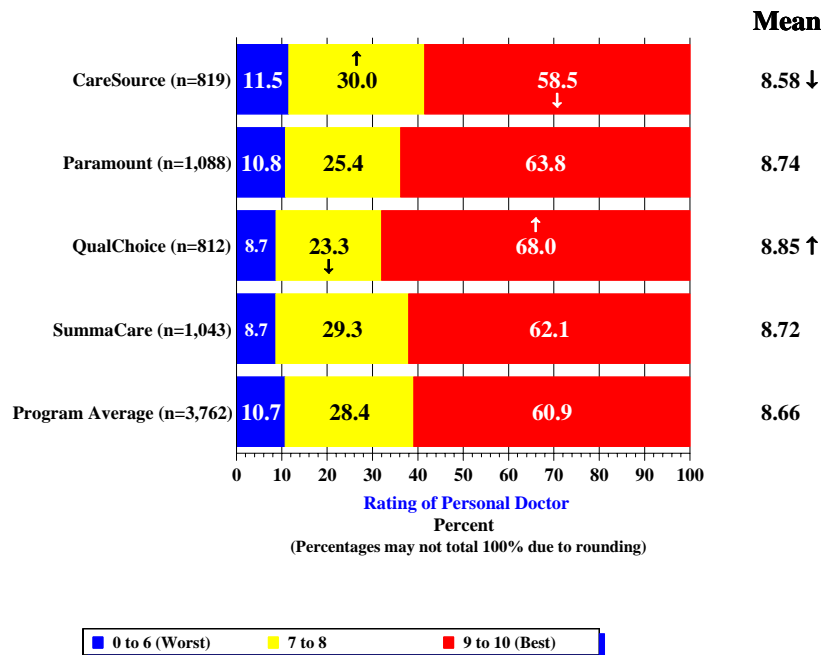


### Rating of Personal Doctor

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 D3 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.

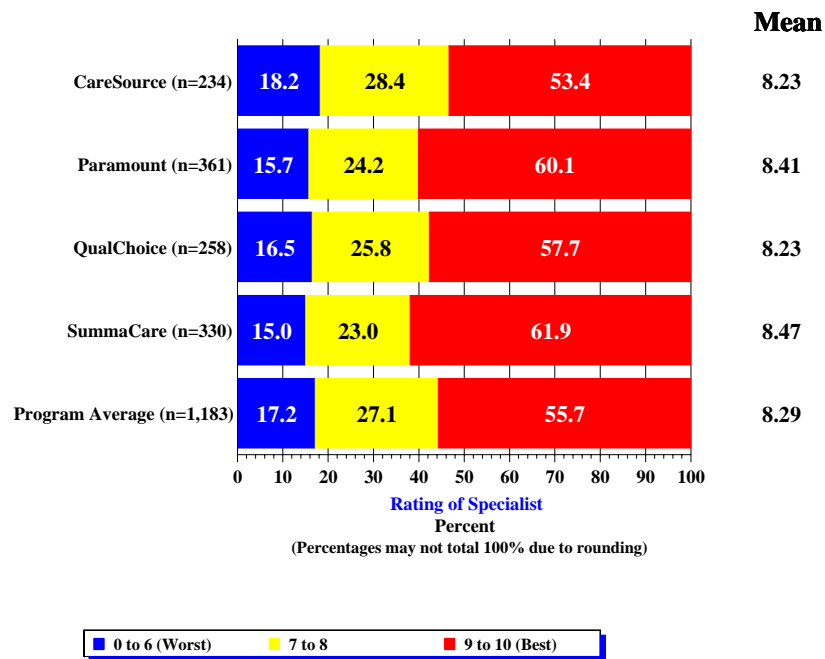
**Figure D3**  
**Rating of Personal Doctor**



### 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 MCP. Responses were also classified into three categories: 0 to 6 (Worst); 7 to 8; and 9 to 10 (Best). Figure D4 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 D4**  
**Rating of Specialist**



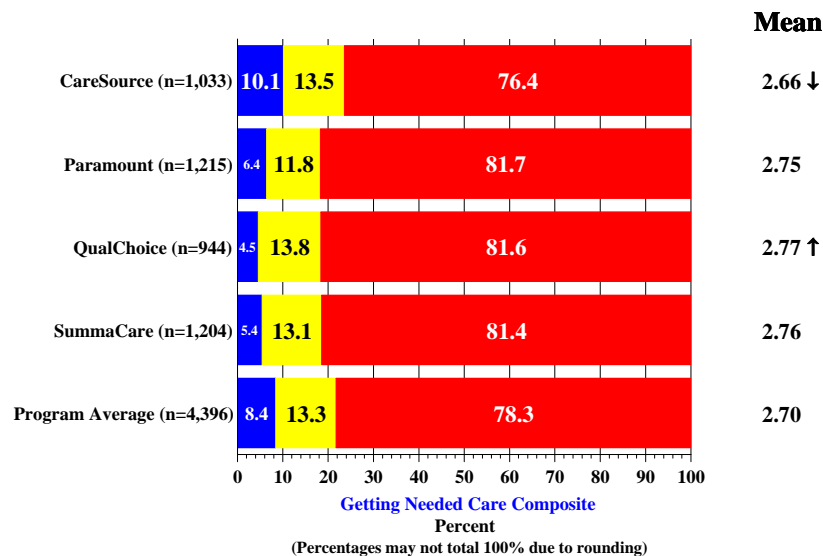
## COMPOSITES AND COMPOSITE ITEMS

### 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 MCP. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.” Figure D5 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 D5  
Getting Needed Care Composite**



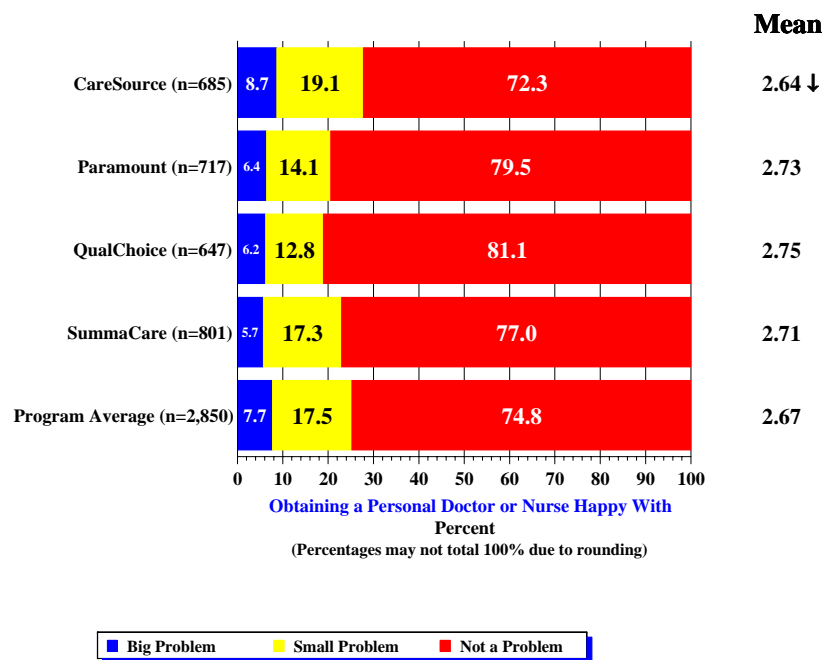
■ Big Problem    
 ■ Small Problem    
 ■ Not a Problem

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

Question 7 in the adult survey (and question 7 in the child survey) asked members to rate how much of a problem it was obtaining a personal doctor or nurse with whom they are happy. Figure D6 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 was *one* statistically significant difference observed for this composite item.

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

**Figure D6  
Getting Needed Care Composite:  
Obtaining a Personal Doctor or Nurse Happy With**

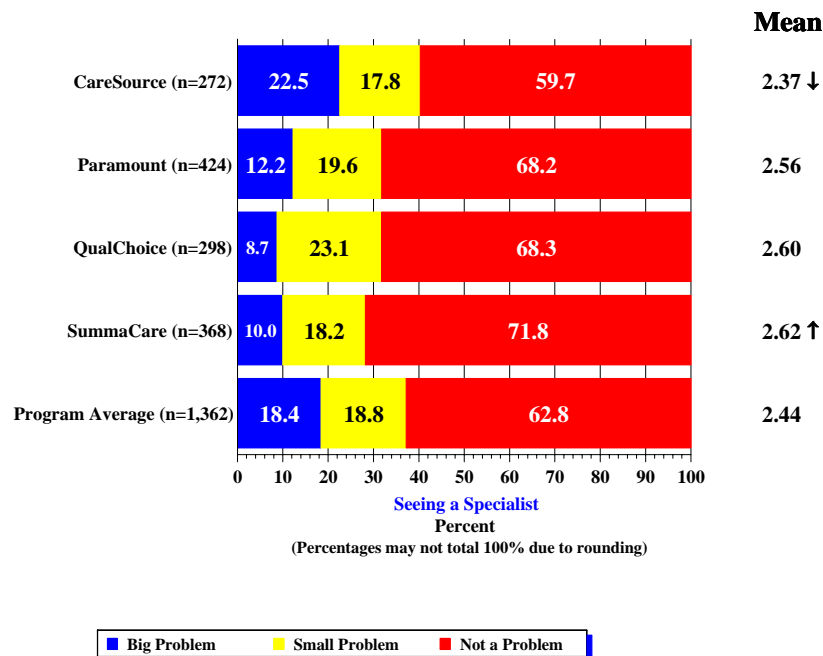


**Getting Needed Care: Seeing a Specialist**

Question 9 in the adult survey (and question 13 in the child survey) asked members to rate how much of a problem it was to see a specialist.<sup>10</sup> Figure D7 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 item.

- **CareSource's** overall mean was *significantly lower* than the program average.
- **SummaCare's** overall mean was *significantly higher* than the program average.

**Figure D7**  
**Getting Needed Care Composite:**  
**Seeing a Specialist**

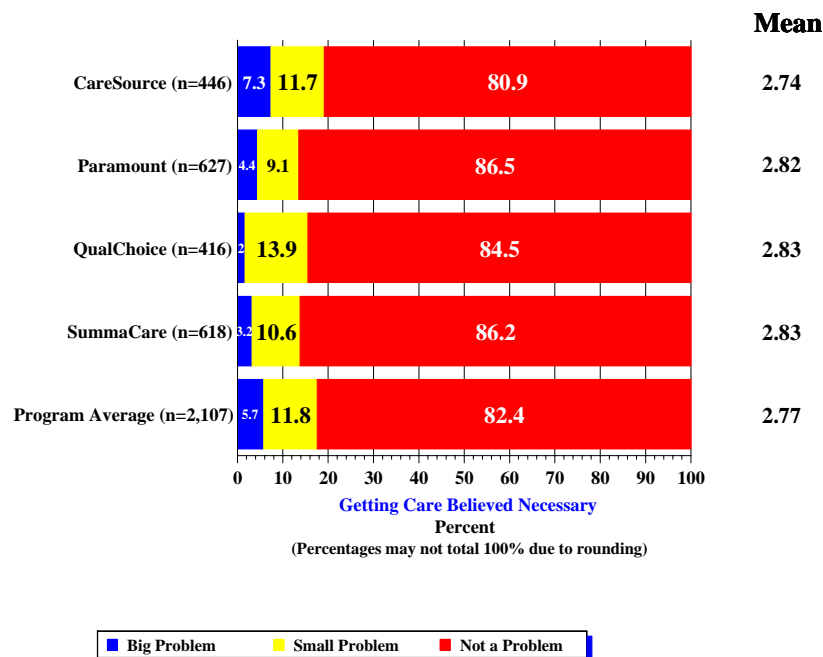


<sup>10</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked members to rate how much of a problem it was obtaining a referral to a specialist.

**Getting Needed Care: Getting Care Believed Necessary**

Question 24 in the adult survey (and question 28 in the child survey) asked members to rate how much of a problem it was getting the care, tests, or treatment they or a doctor believed was necessary. Figure D8 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 item.

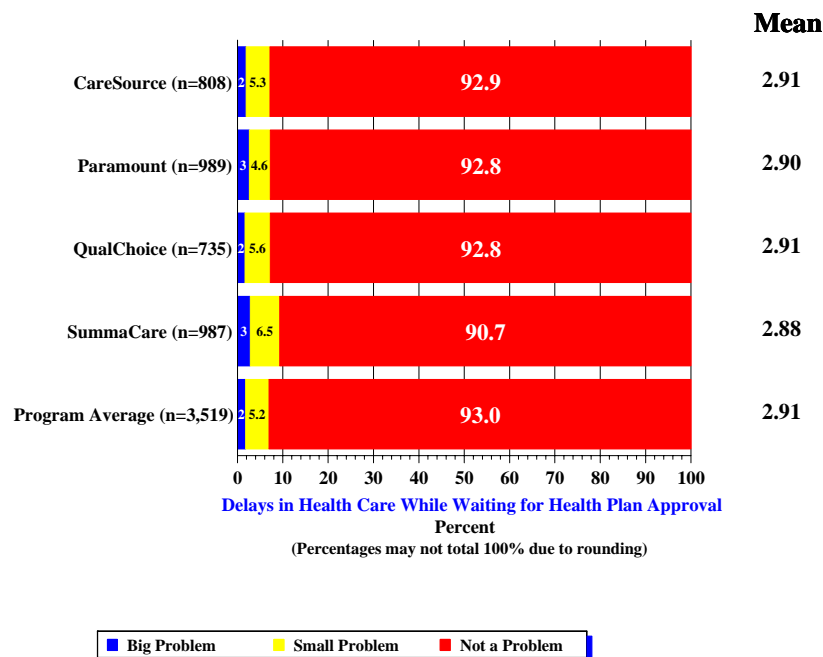
**Figure D8**  
**Getting Needed Care Composite:**  
**Getting Care Believed Necessary**



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

Question 26 in the adult survey (and question 30 in the child survey) asked members to rate how much of a problem were delays in health care while waiting for approval from their health plan for health care.<sup>11</sup> Figure D9 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 item.

**Figure D9  
Getting Needed Care Composite:  
Delays in Health Care While Waiting for Health Plan Approval**



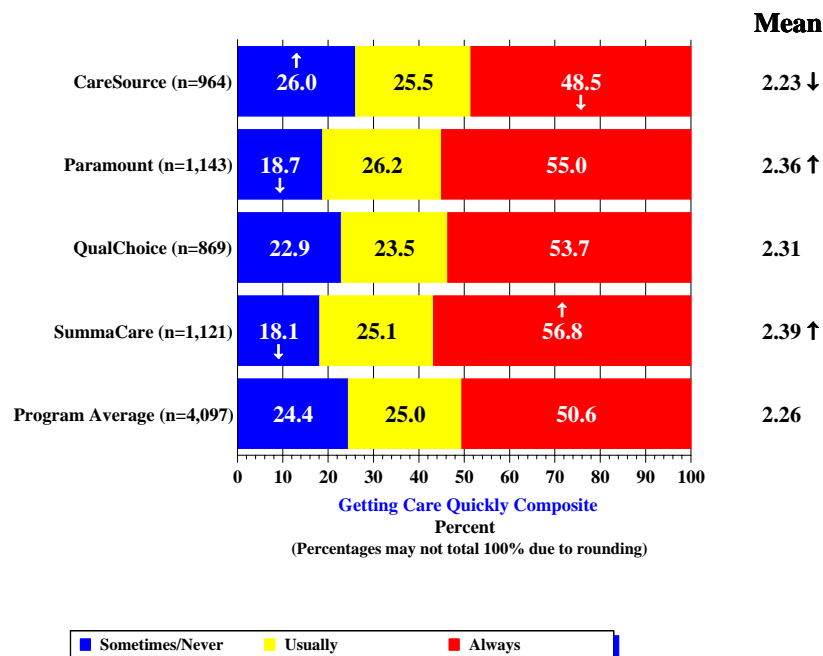
<sup>11</sup> Please note, question 25 in the adult survey (question 29 in the child survey) is a gate item for question 26 in the adult survey (question 30 in the child survey). For the adult survey, respondents that select “No” to question 25 are instructed to skip question 26. As a result of the skip pattern, respondents who appropriately skip question 26 (i.e., who select “No” to question 25) are scored as “Not a Problem” for question 26. For the child survey, respondents that select “No” to question 29 are instructed to skip question 30. As a result of the skip pattern, respondents who appropriately skip question 30 (i.e., who select “No” to question 29) are scored as “Not a Problem” for question 30.

## 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 MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure D10 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.

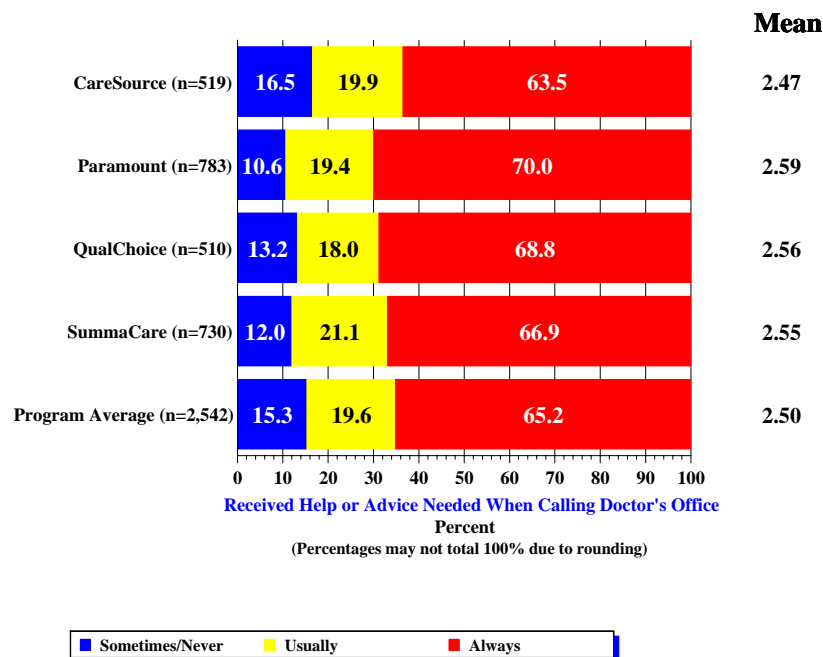
**Figure D10**  
**Getting Care Quickly Composite**



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

Question 14 in the adult survey (and question 18 in the child survey) asked members to rate how often they received the help or advice they needed when calling the doctor's office during regular office hours. Figure D11 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 item.

**Figure D11  
Getting Care Quickly Composite:  
Received Help or Advice Needed When Calling Doctor's Office**

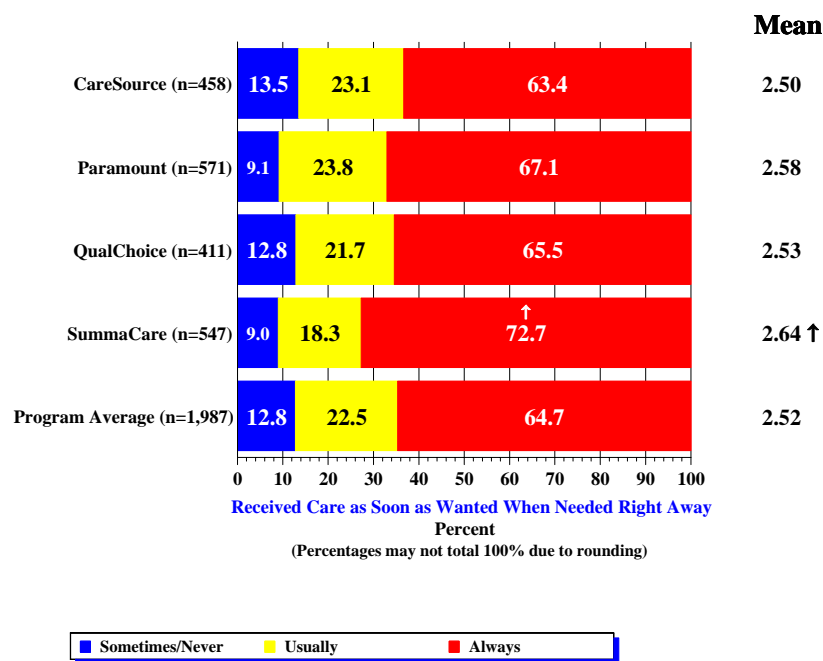


**Getting Care Quickly: Received Care as Soon as Wanted When Needed Right Away**

Question 16 in the adult survey (and question 20 in the child survey) asked members to rate how often they received care as soon as they wanted when they needed care right away. Figure D12 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 item.

- **SummaCare's** overall mean was *significantly higher* than the program average. The percentage of SummaCare's respondents who gave a response of "Always" was *significantly higher* than the program average.

**Figure D12**  
**Getting Care Quickly Composite:**  
**Received Care as Soon as Wanted**  
**When Needed Right Away**

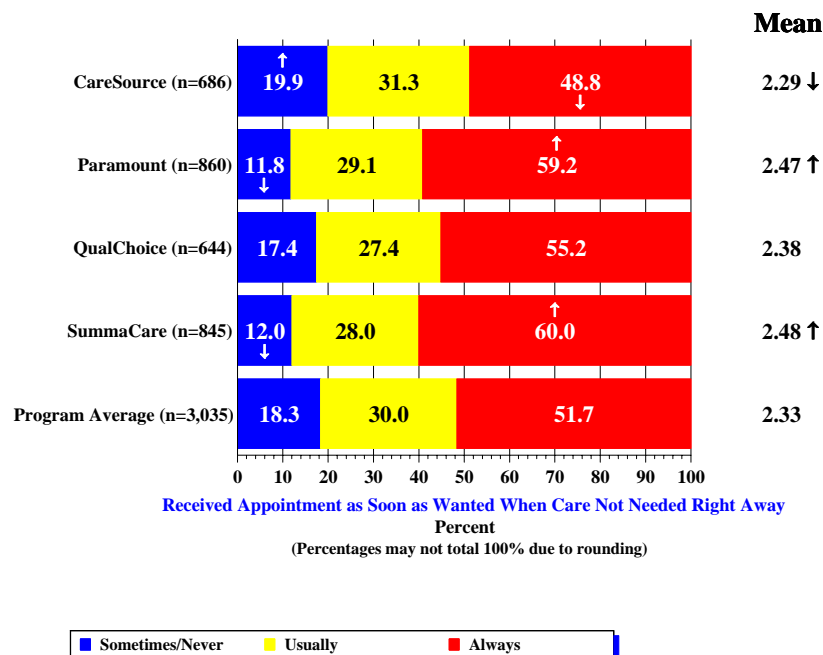


**Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away**

Question 19 in the adult survey (and question 23 in the child survey) asked members to rate how often they received an appointment as soon as they wanted when they did not need care right away.<sup>12</sup> Figure D13 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 *nine* statistically significant differences observed for this composite item.

- **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** and **SummaCare's** overall means were *significantly higher* than the program average. The percentage of their respondents who gave a response of "Sometimes/Never" was *significantly lower* than the program average, whereas the percentage of their respondents who gave a response of "Always" was *significantly higher* than the program average.

**Figure D13**  
**Getting Care Quickly Composite:**  
**Received Appointment as Soon as Wanted**  
**When Care Not Needed Right Away**



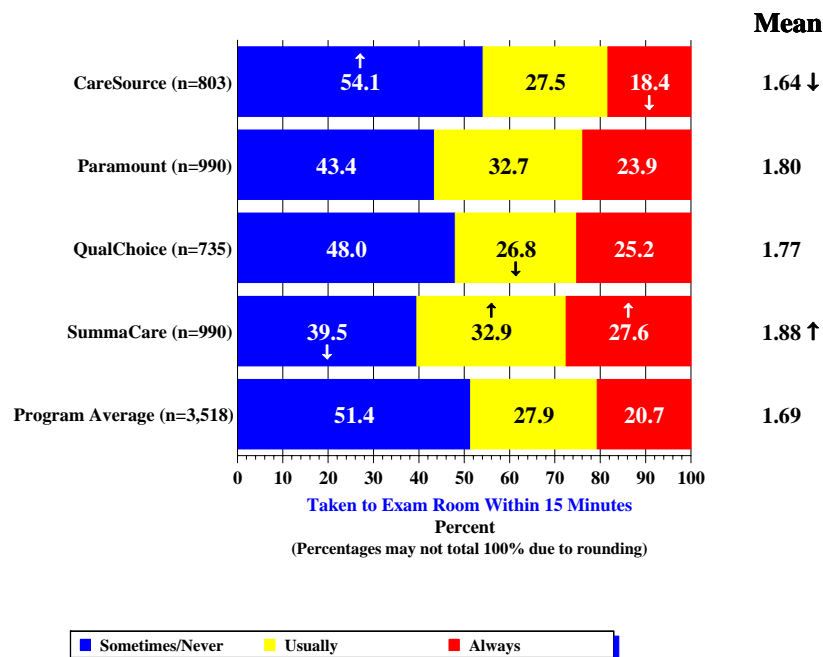
<sup>12</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked members to rate how often they received an appointment for regular or routine health care as soon as they wanted.

**Getting Care Quickly: Taken to Exam Room Within 15 Minutes**

Question 27 in the adult survey (and question 31 in the child survey) asked members to rate how often they were taken to an exam room within 15 minutes of an appointment.<sup>13</sup> Figure D14 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 item.

- **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.
- The percentage of **QualChoice's** respondents who gave a response of "Usually" 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 "Usually" and a response of "Always" was *significantly higher* than the program average.

**Figure D14**  
**Getting Care Quickly Composite:**  
**Taken to Exam Room Within 15 Minutes**



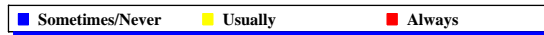
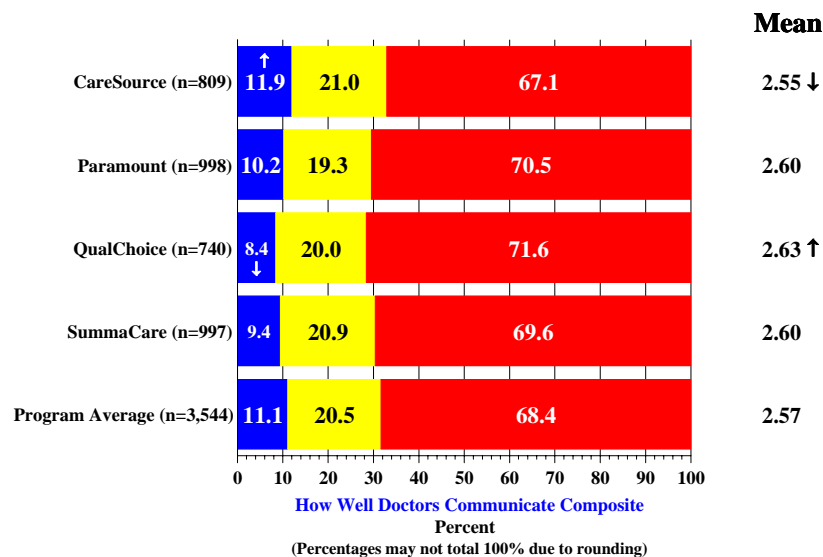
<sup>13</sup> Please note, in the 2002 Ohio Medicaid Managed Care Member Satisfaction Surveys this question asked members to rate how often they waited more than 30 minutes past an appointment time to see who they wanted to see.

## 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 MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure D15 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 D15**  
**How Well Doctors Communicate Composite**

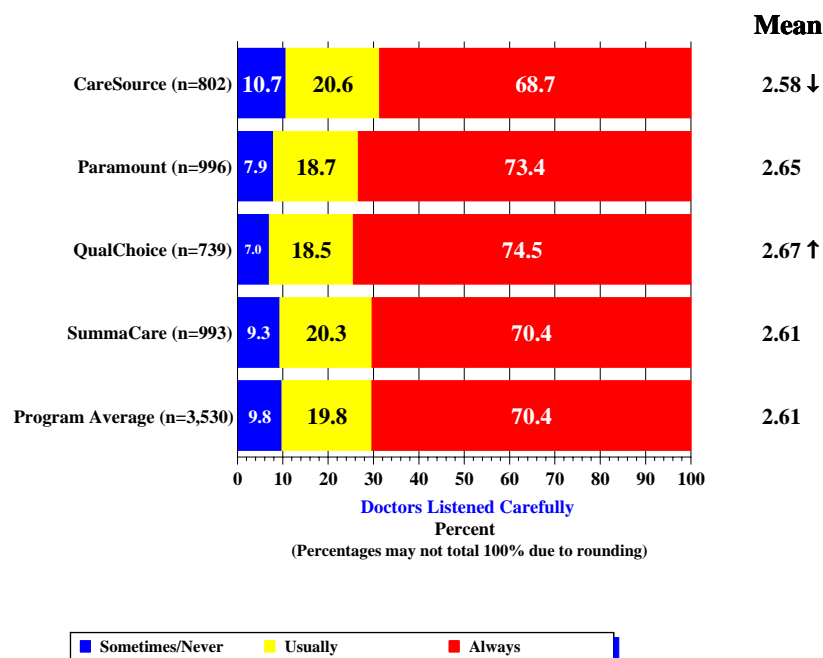


**How Well Doctors Communicate: Doctors Listened Carefully**

Question 30 in the adult survey (and question 34 in the child survey) asked adult members and the parents or caretakers of child members to rate how often doctors or other health providers listened carefully to them. Figure D16 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 item.

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

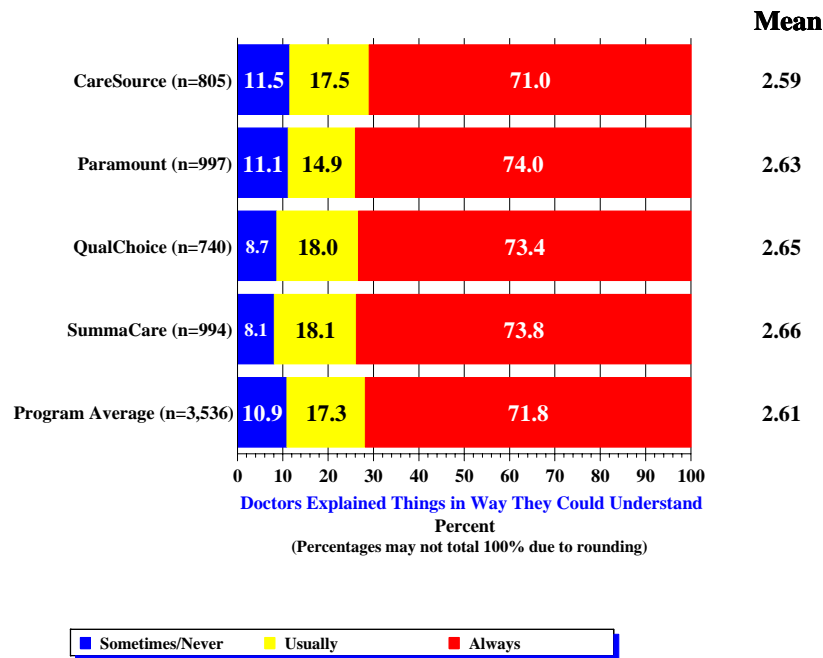
**Figure D16**  
**How Well Doctors Communicate Composite:**  
**Doctors Listened Carefully**



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

Question 32 in the adult survey (and question 36 in the child survey) asked adult members and 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 D17 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 item.

**Figure D17**  
**How Well Doctors Communicate Composite:**  
**Doctors Explained Things in Way They Could Understand**

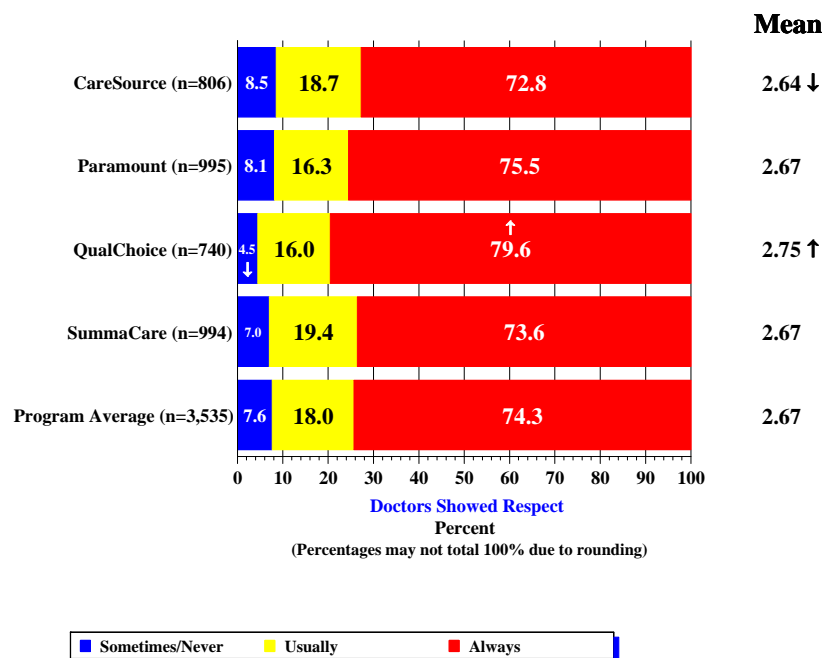


**How Well Doctors Communicate: Doctors Showed Respect**

Question 33 in the adult survey (and question 37 in the child survey) asked adult members and 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 D18 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 item.

- **CareSource's** overall mean 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 response of "Sometimes/Never" was *significantly lower* than the program average, whereas the percentage of QualChoice's respondents who gave a response of "Always" was *significantly higher* than the program average.

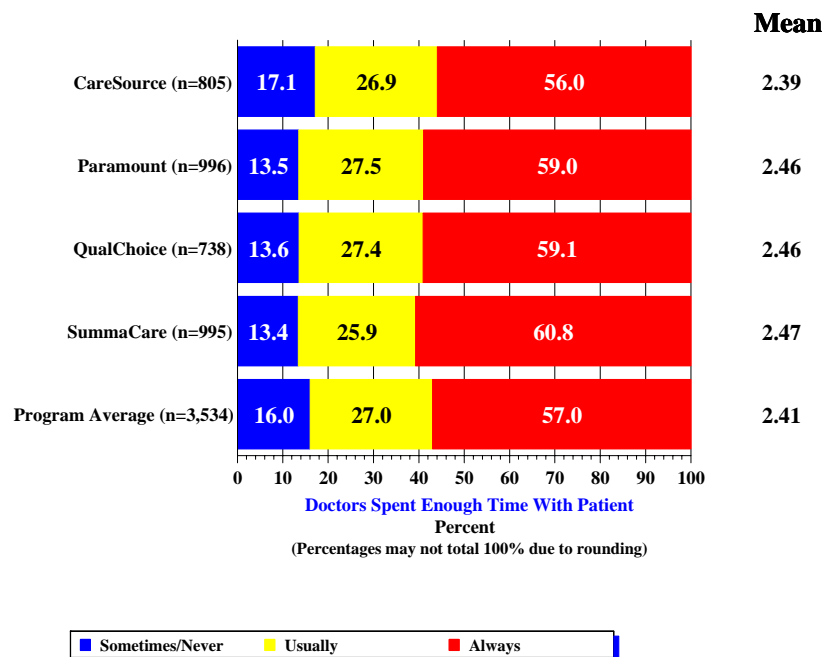
**Figure D18**  
**How Well Doctors Communicate Composite:**  
**Doctors Showed Respect**



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

Question 34 in the adult survey (and question 41 in the child survey) asked members to rate how often doctors or other health providers spent enough time with them. Figure D19 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 item.

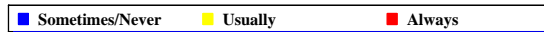
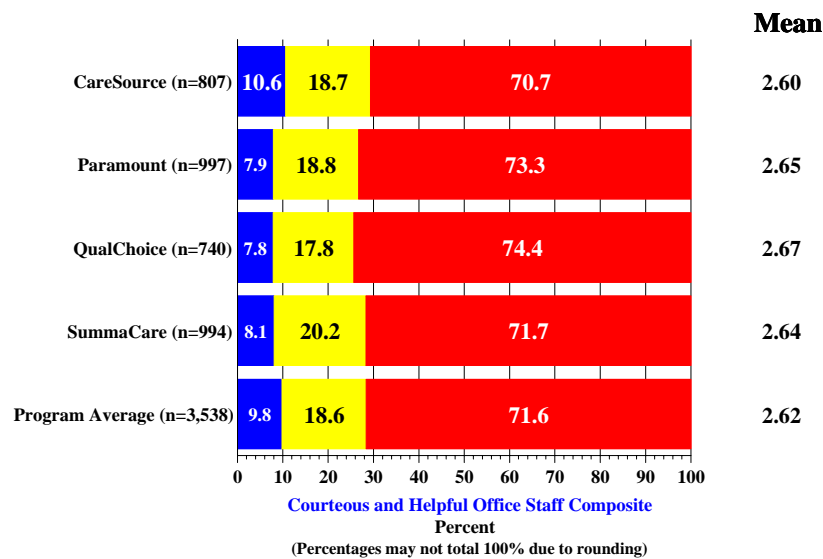
**Figure D19**  
**How Well Doctors Communicate Composite:**  
**Doctors Spent Enough Time With Patient**



### 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 MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure D20 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.

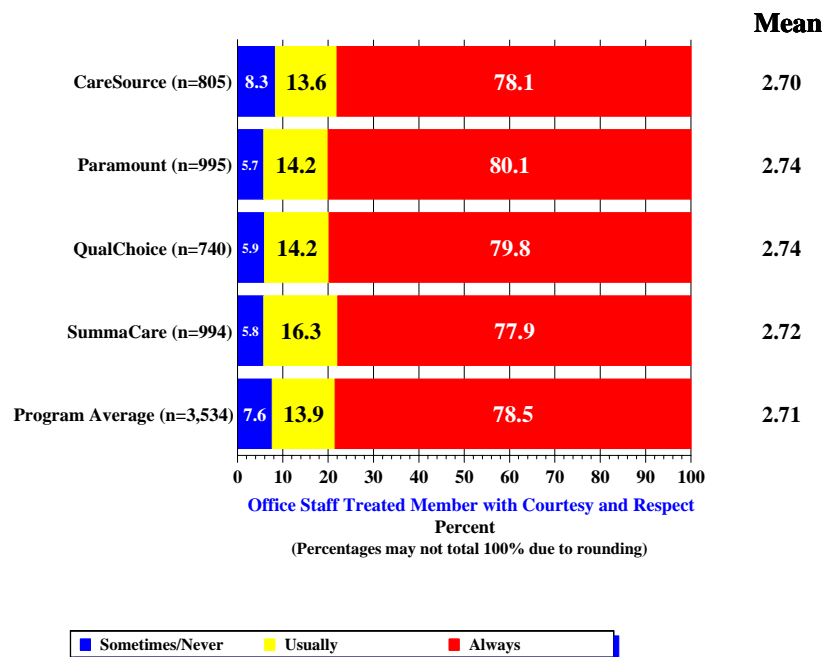
**Figure D20**  
**Courteous and Helpful Office Staff Composite**



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

Question 28 in the adult survey (and question 32 in the child survey) asked members to rate how often office staff at a member’s doctor’s office treated the member with courtesy and respect. Figure D21 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 item.

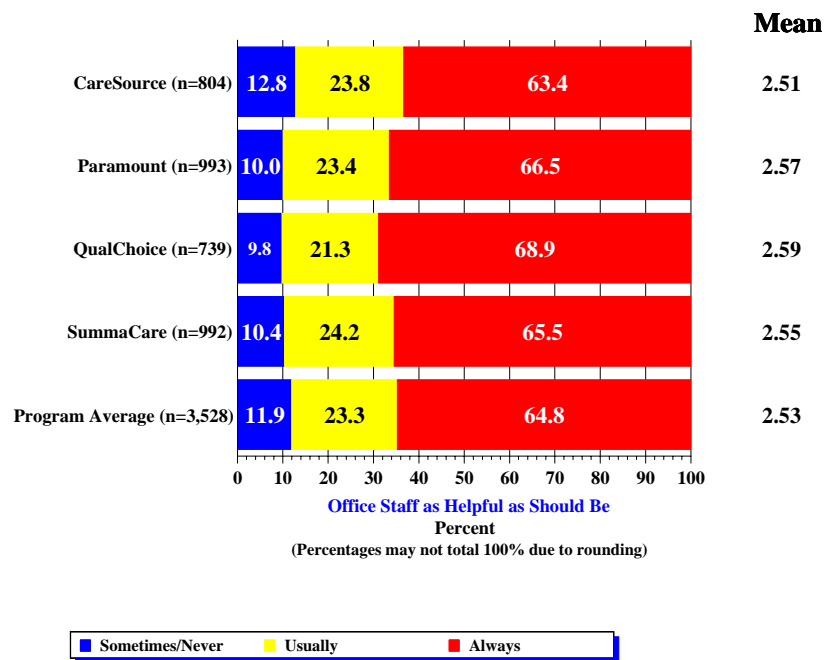
**Figure D21**  
**Courteous and Helpful Office Staff Composite:**  
**Office Staff Treated Member with Courtesy and Respect**



***Courteous and Helpful Office Staff: Office Staff as Helpful as Should Be***

Question 29 in the adult survey (and question 33 in the child survey) asked members to rate how often office staff at a member’s doctor’s office were as helpful as the member thought they should be. Figure D22 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 item.

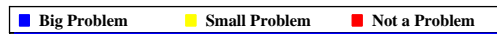
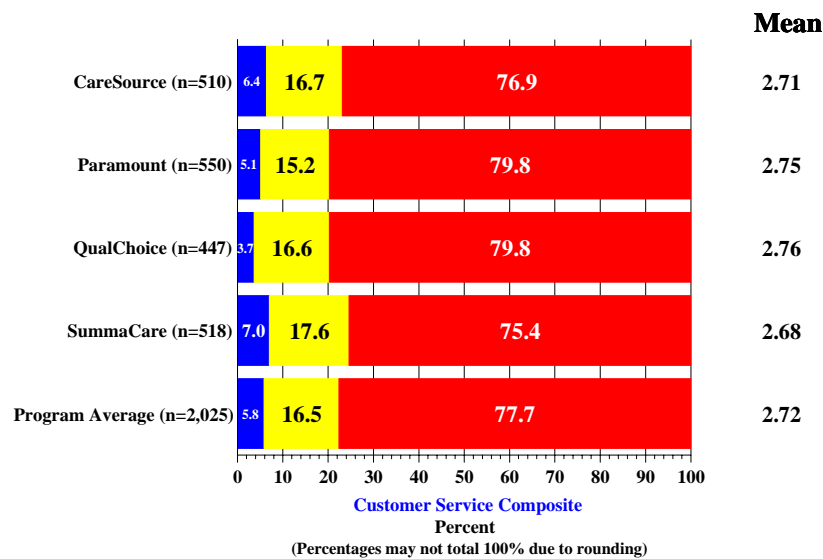
**Figure D22**  
**Courteous and Helpful Office Staff Composite:**  
**Office Staff as Helpful as Should Be**



## 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 MCP. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.” Figure D23 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.

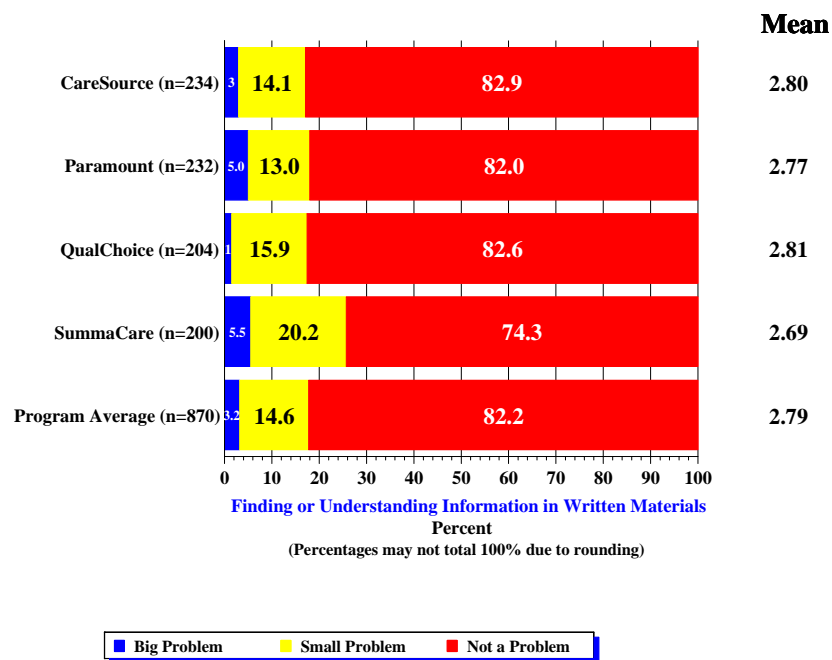
**Figure D23  
Customer Service Composite**



**Customer Service: Finding or Understanding Information in Written Materials**

Question 43 in the adult survey (and question 79 in the child survey) asked members to rate how much of a problem it was finding or understanding information in written materials or on the Internet about how their health plan operates.<sup>14</sup> Figure D24 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 item.

**Figure D24**  
**Customer Service Composite:**  
**Finding or Understanding Information in Written Materials**

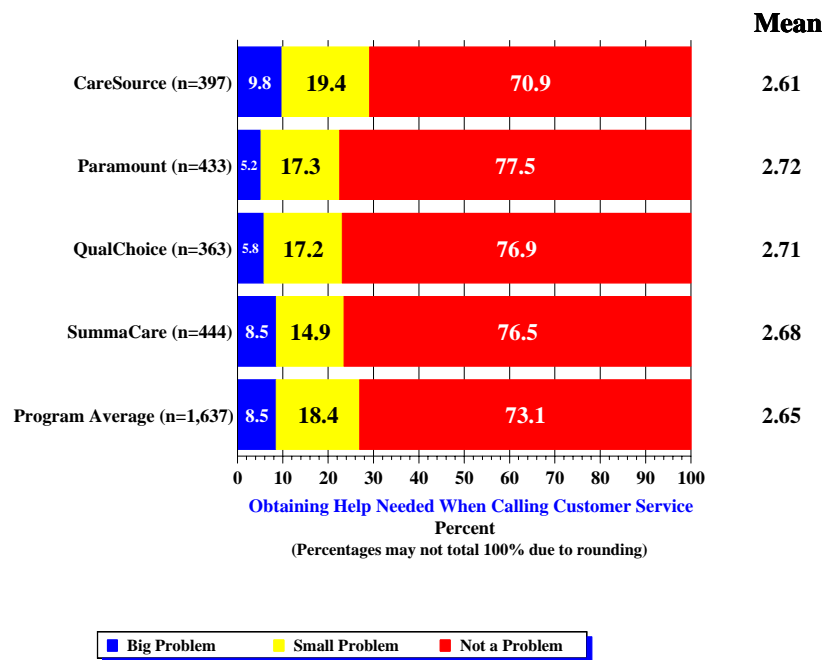


<sup>14</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked members to rate how much of a problem it was in finding or understanding information in written materials from the health plan.

**Customer Service: Obtaining Help Needed When Calling Customer Service**

Question 45 in the adult survey (and question 81 in the child survey) asked members to rate how much of a problem it was obtaining the help they needed when calling the health plan’s customer service. Figure D25 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 item.

**Figure D25  
Customer Service Composite:  
Obtaining Help Needed When Calling Customer Service**



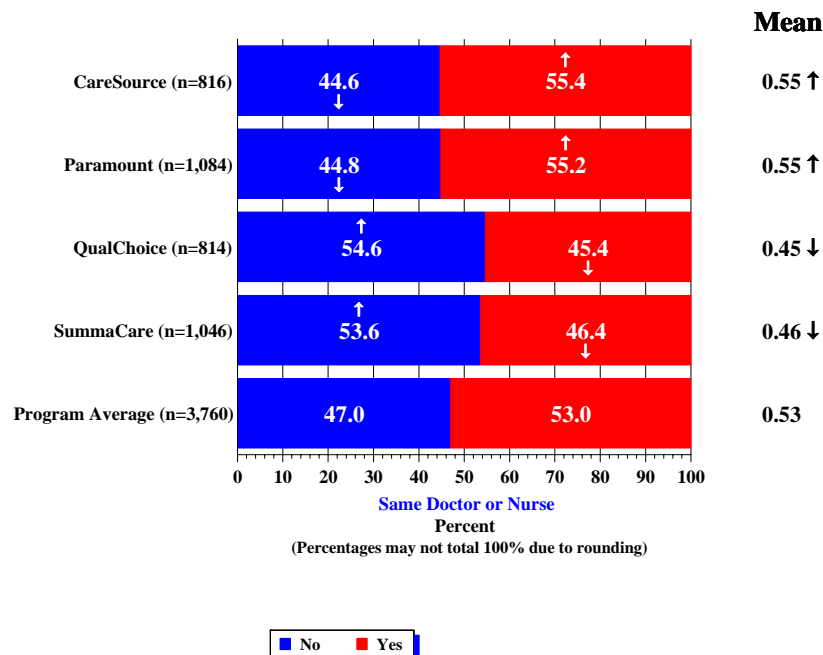
## SATISFACTION WITH HEALTH PLAN

### Satisfaction with Health Plan: Same Doctor or Nurse

Several questions were asked to assess members' satisfaction with their health plans. Question 6 in the adult survey (and question 6 in the child survey) asked whether members had the same personal doctor or nurse before they joined their current health plan.<sup>15</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes."<sup>16</sup> Figure D26 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 *twelve* statistically significant differences observed for this item.

- **CareSource's** and **Paramount's** overall means were *significantly higher* than the program average. The percentage of their respondents who gave a response of "No" was *significantly lower* than the program average, whereas the percentage of their respondents who gave a response of "Yes" was *significantly higher* than the program average.
- **QualChoice's** and **SummaCare's** overall means were *significantly lower* than the program average. The percentage of their respondents who gave a response of "No" was *significantly higher* than the program average, whereas the percentage of their respondents who gave a response of "Yes" was *significantly lower* than the program average.

**Figure D26**  
**Satisfaction with Health Plan: Same Doctor or Nurse**



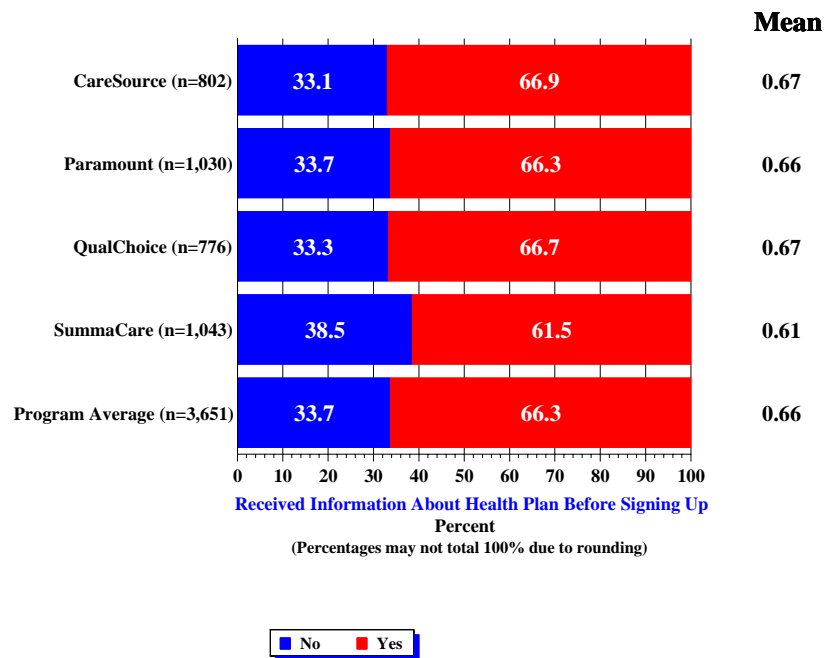
<sup>15</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked members whether they had received a new personal doctor or nurse since joining their current health plan.

<sup>16</sup> 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 on page D33.

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

Question 40 in the adult survey (and question 76 in the child survey) asked whether 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D27 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 item.

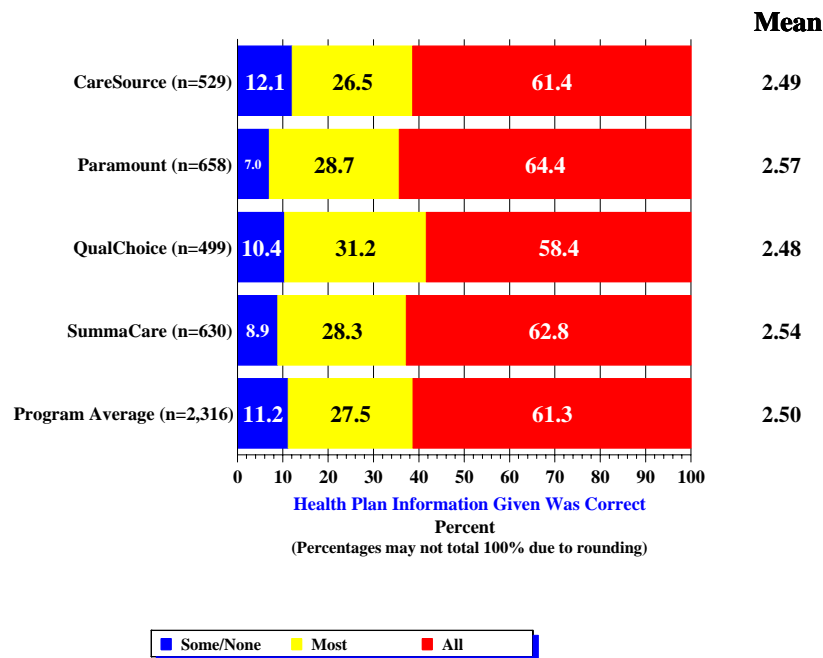
**Figure D27**  
**Satisfaction with Health Plan:**  
**Received Information About Health Plan Before Signing Up**



**Satisfaction with Health Plan: Health Plan Information Given Was Correct**

Question 41 in the adult survey (and question 77 in the child survey) asked 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Some/None,” “Most,” and “All.”<sup>17</sup> Figure D28 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 item.

**Figure D28**  
**Satisfaction with Health Plan:**  
**Health Plan Information Given Was Correct**



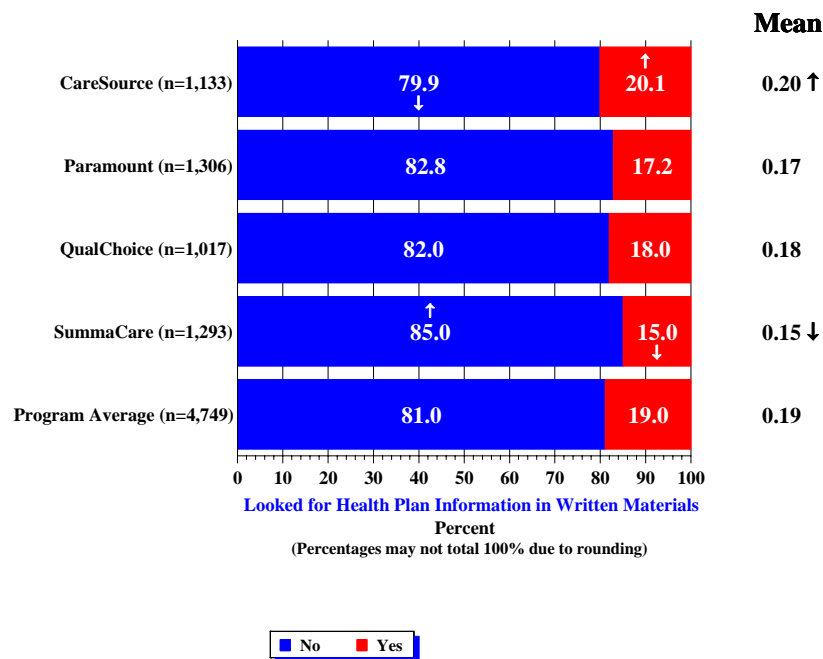
<sup>17</sup> For this question, responses of “Some/None” were given a score of 1, responses of “Most” were given a score of 2, and responses of “All” were given a score of 3.

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

Question 42 in the adult survey (and question 78 in the child survey) asked whether members had looked for information about how their health plan works in written materials or on the Internet.<sup>18</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D29 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 this item.

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

**Figure D29**  
**Satisfaction with Health Plan:**  
**Looked for Health Plan Information in Written Materials**

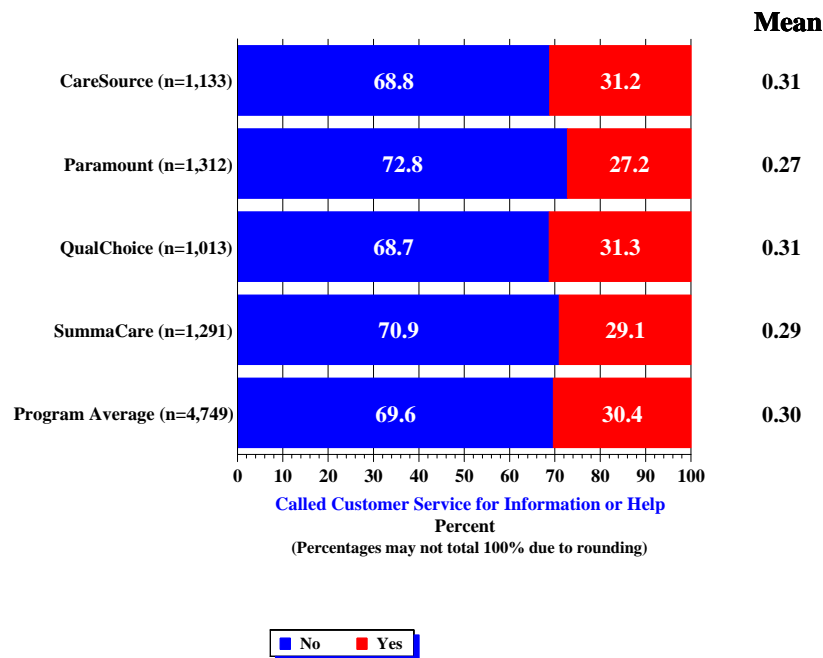


<sup>18</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked whether members had looked for information in written materials from their health plan.

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

Question 44 in the adult survey (and question 80 in the child survey) asked whether members had called their 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D30 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 item.

**Figure D30**  
**Satisfaction with Health Plan:**  
**Called Customer Service for Information or Help**

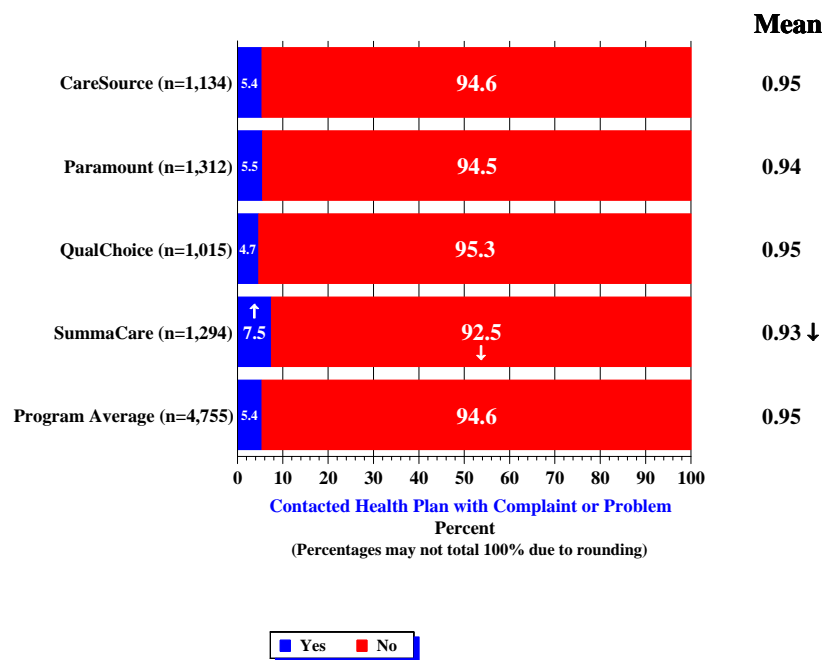


**Satisfaction with Health Plan: Contacted Health Plan with Complaint or Problem**

Question 46 in the adult survey (and question 82 in the child survey) asked whether members had called or written their health plan with a complaint or problem. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “Yes” and “No.”<sup>19</sup> Figure D31 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 *three* statistically significant differences observed for this item.

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

**Figure D31**  
**Satisfaction with Health Plan:**  
**Contacted Health Plan with Complaint or Problem**

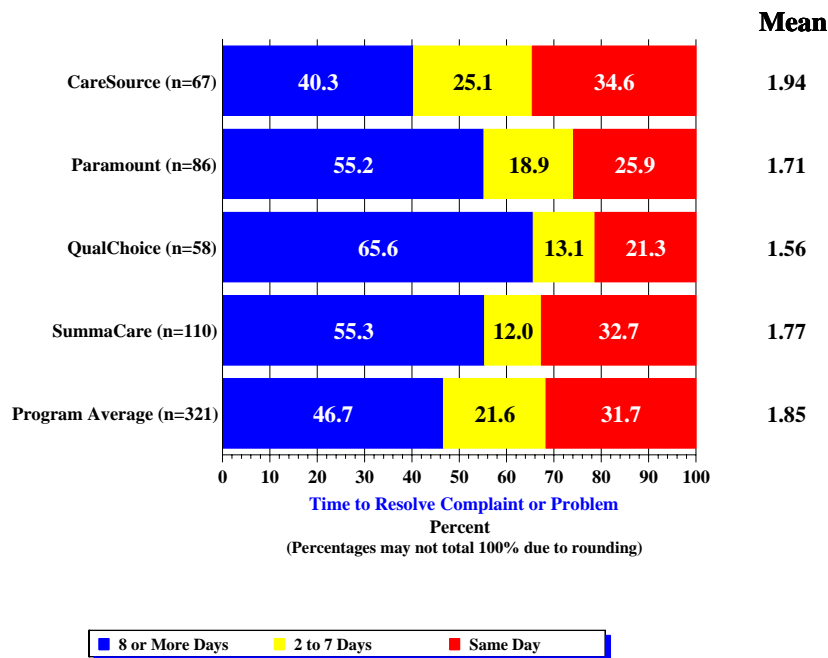


<sup>19</sup> For this question, responses of “Yes” were given a score of 0 and responses of “No” were given a score of 1.

**Satisfaction with Health Plan: Time to Resolve Complaint or Problem**

Question 47 in the adult survey (and question 83 in the child survey) asked members who had called or written their health plan with a complaint or problem how long it took for the complaint or problem to be resolved. For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “8 or More Days,” “2 to 7 Days,” and “Same Day.”<sup>20</sup> Figure D32 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 item.

**Figure D32**  
**Satisfaction with Health Plan:**  
**Time to Resolve Complaint or Problem**

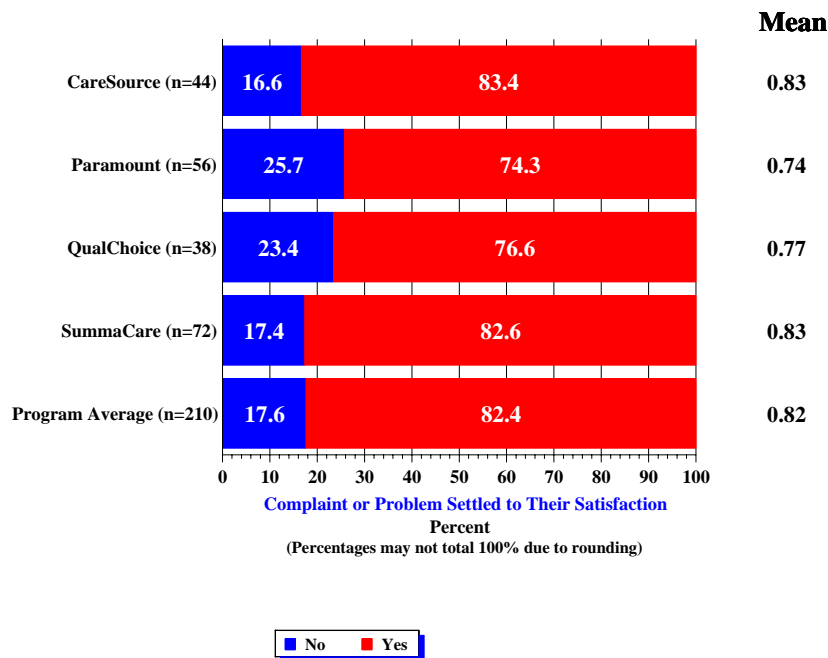


<sup>20</sup> For this question, responses of “8 or More Days” were given a score of 1, responses of “2 to 7 Days” were given a score of 2, and responses of “Same Day” were given a score of 3.

**Satisfaction with Health Plan: Complaint or Problem Settled to Their Satisfaction**

Question 48 in the adult survey (and question 84 in the child survey) asked members who had their complaint or problem resolved whether the complaint or problem was settled to their satisfaction. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D33 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 item.

**Figure D33**  
**Satisfaction with Health Plan:**  
**Complaint or Problem Settled to Their Satisfaction**

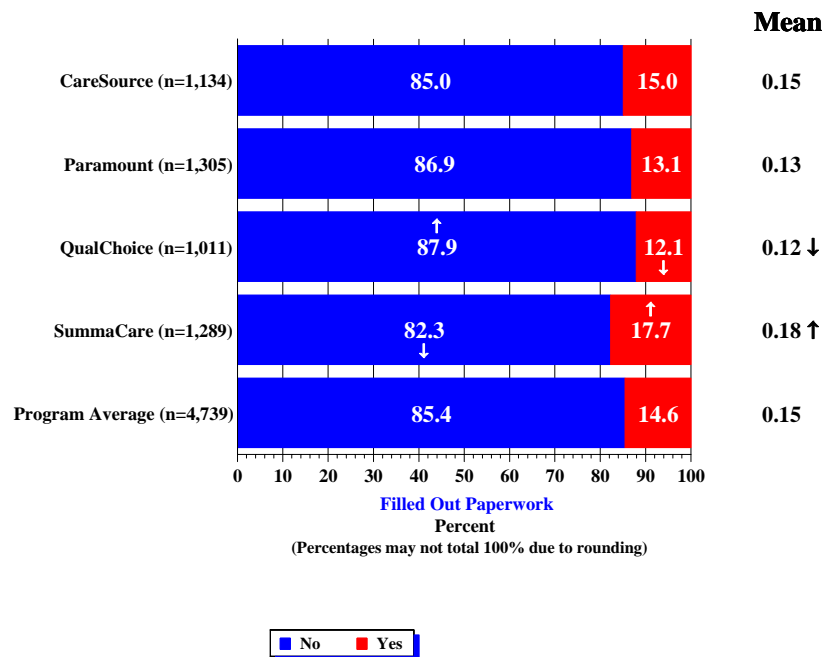


**Satisfaction with Health Plan: Filled Out Paperwork**

Question 50 in the adult survey (and question 86 in the child survey) asked members if they had filled out paperwork for their health plan.<sup>21</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D34 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 this item.

- **QualChoice’s** overall mean was *significantly lower* than the program average. The percentage of QualChoice’s respondents who gave a response of “No” was *significantly higher* than the program average, whereas the percentage of QualChoice’s respondents who gave a response of “Yes” 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 “No” was *significantly lower* than the program average, whereas the percentage of SummaCare’s respondents who gave a response of “Yes” was *significantly higher* than the program average.

**Figure D34**  
**Satisfaction with Health Plan:**  
**Filled Out Paperwork**

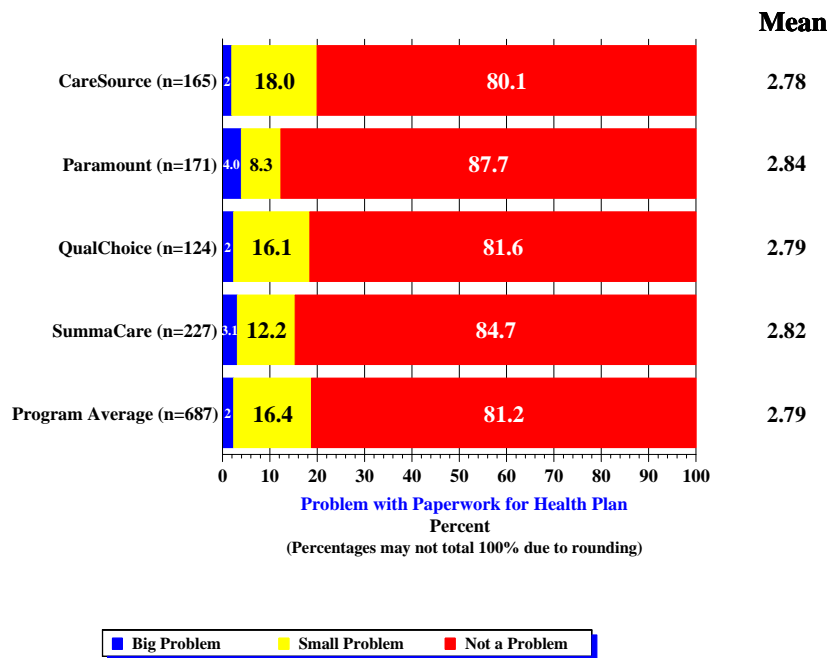


<sup>21</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked members if they had experiences with paperwork for their health plan.

**Satisfaction with Health Plan: Problem with Paperwork for Health Plan**

Question 51 in the adult survey (and question 87 in the child survey) asked members to rate how much of a problem it was filling out paperwork for their health plan. For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Big Problem,” “Small Problem,” and “Not a Problem.”<sup>22</sup> Figure D35 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 item.

**Figure D35**  
**Satisfaction with Health Plan:**  
**Problem with Paperwork for Health Plan**



<sup>22</sup> 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.

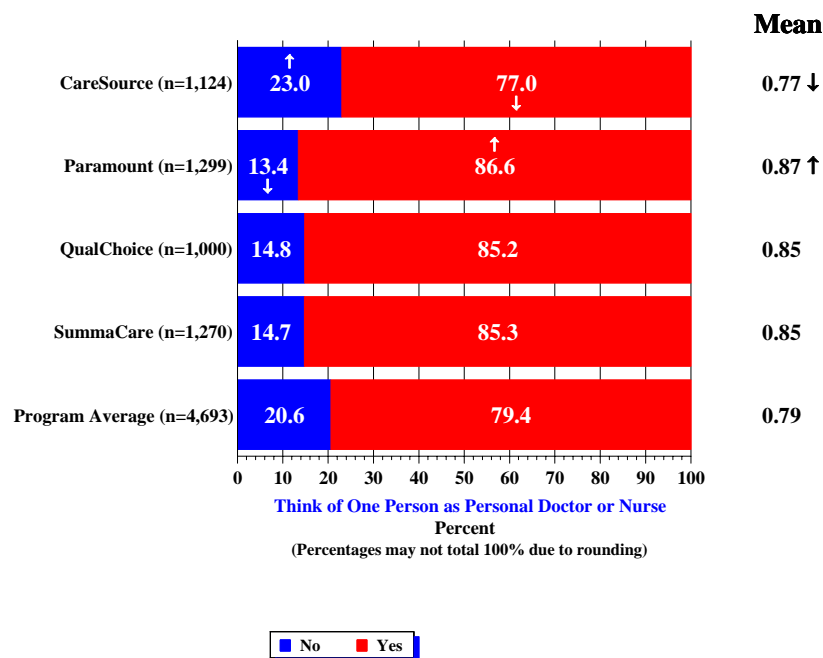
## SATISFACTION WITH HEALTH CARE PROVIDERS

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

Several questions were asked to assess member satisfaction with health care providers. Question 4 in the adult survey (and question 4 in the child survey) asked whether members had one person that they thought of as their personal doctor or nurse. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D36 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 this item.

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

**Figure D36**  
**Satisfaction with Health Care Providers:**  
**Think of One Person as Personal Doctor or Nurse**

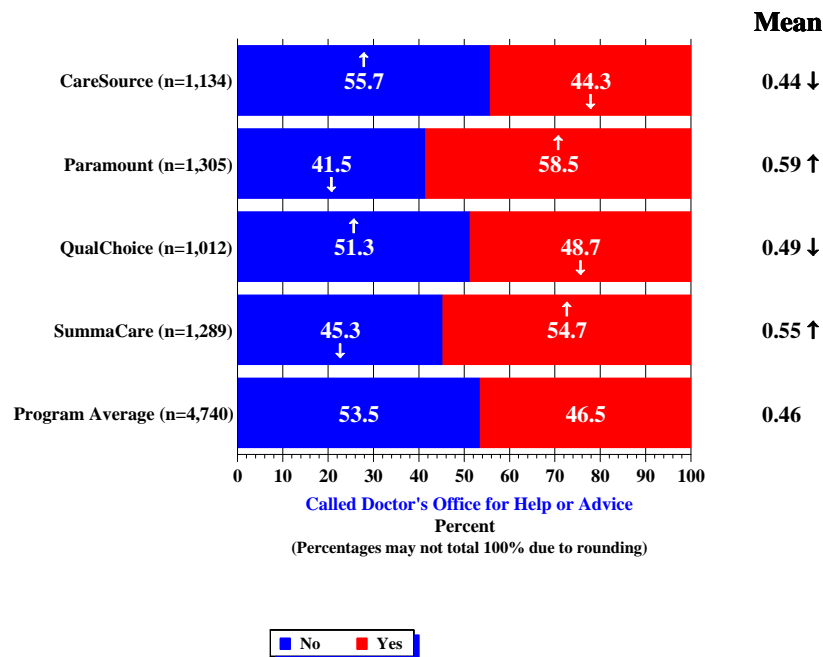


**Satisfaction with Health Care Providers: Called Doctor's Office for Help or Advice**

Question 13 in the adult survey (and question 17 in the child survey) asked whether members had called their 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure D37 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 *twelve* statistically significant differences observed for this item.

- **CareSource's** and **QualChoice's** overall means were *significantly lower* than the program average. The percentage of their respondents who gave a response of "No" was *significantly higher* than the program average, whereas the percentage of their respondents who gave a response of "Yes" was *significantly lower* than the program average.
- **Paramount's** and **SummaCare's** overall means were *significantly higher* than the program average. The percentage of their respondents who gave a response of "No" was *significantly lower* than the program average, whereas the percentage of their respondents who gave a response of "Yes" was *significantly higher* than the program average.

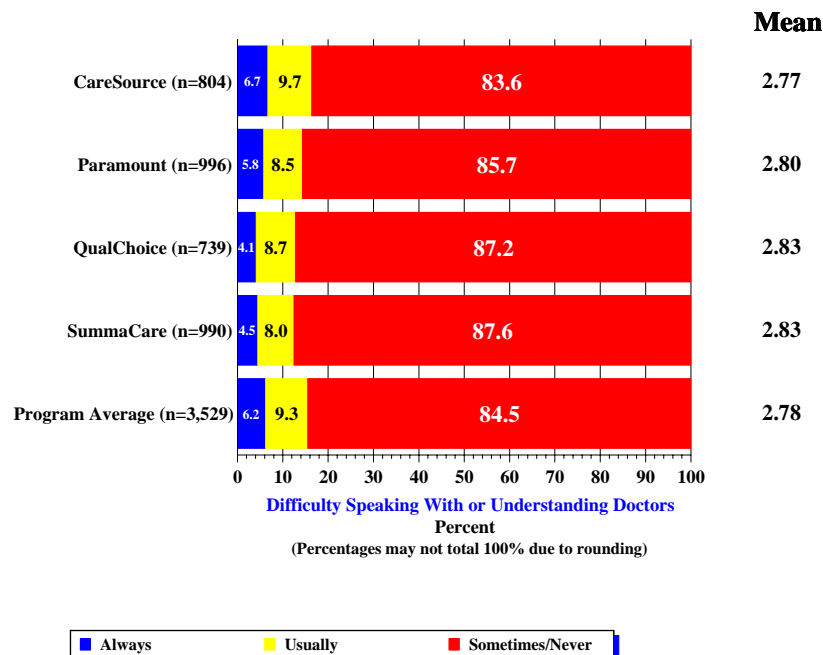
**Figure D37**  
**Satisfaction with Health Care Providers:**  
**Called Doctor's Office for Help or Advice**



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

Question 31 in the adult survey (and question 35 in the child survey) asked adult members and 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Always,” “Usually,” and “Sometimes/Never.”<sup>23</sup> Figure D38 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 item.

**Figure D38**  
**Satisfaction with Health Care Providers:**  
**Difficulty Speaking With or Understanding Doctors**

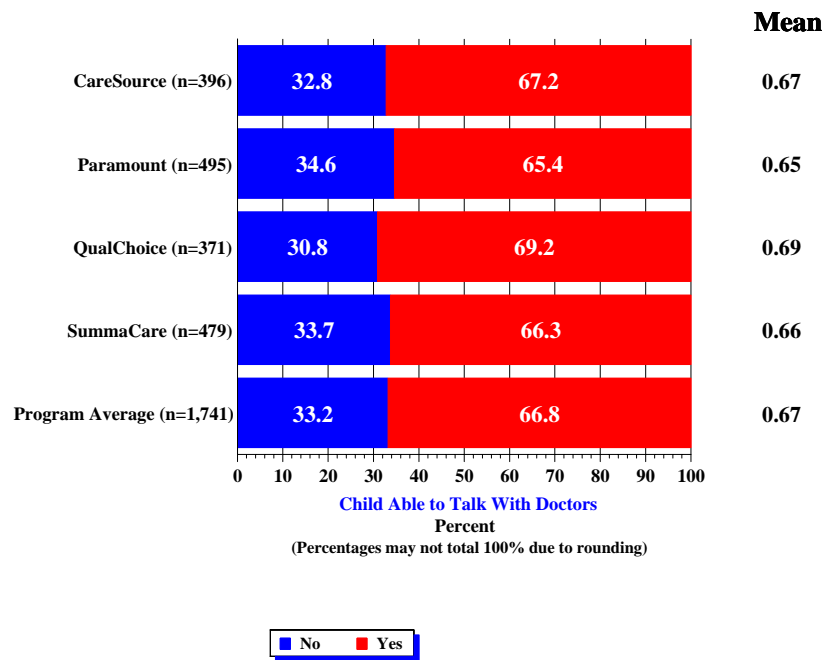


<sup>23</sup> For this question, responses of “Always” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Sometimes/Never” were given a score of 3.

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

Question 38 in the child survey asked whether child members were able to talk with doctors about their health care.<sup>24</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D39 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 item.

**Figure D39**  
**Satisfaction with Health Care Providers:**  
**Child Able to Talk With Doctors**



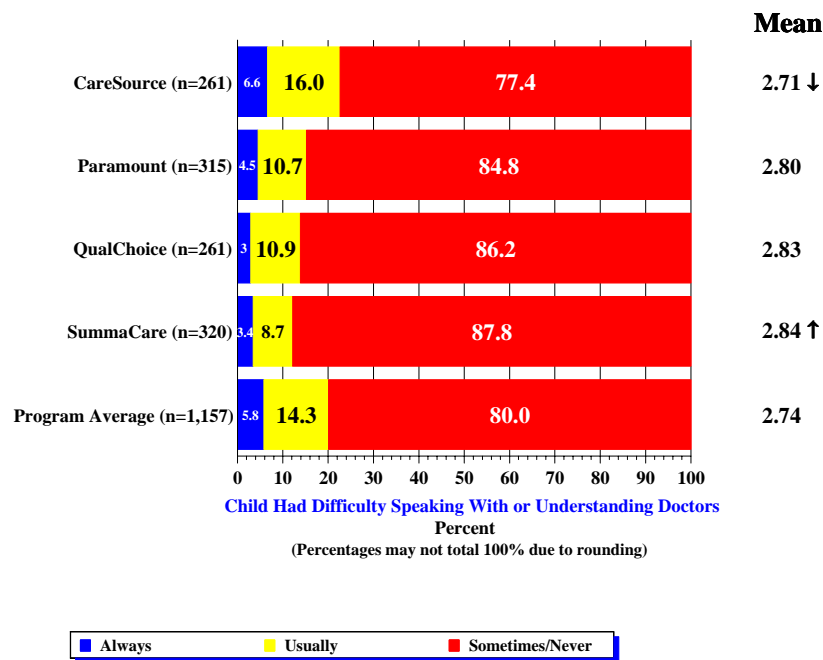
<sup>24</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

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

Question 39 in the child 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.<sup>25</sup> For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Always,” “Usually,” and “Sometimes/Never.”<sup>26</sup> Figure D40 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 item.

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

**Figure D40**  
**Satisfaction with Health Care Providers:**  
**Child Had Difficulty Speaking With or Understanding Doctors**



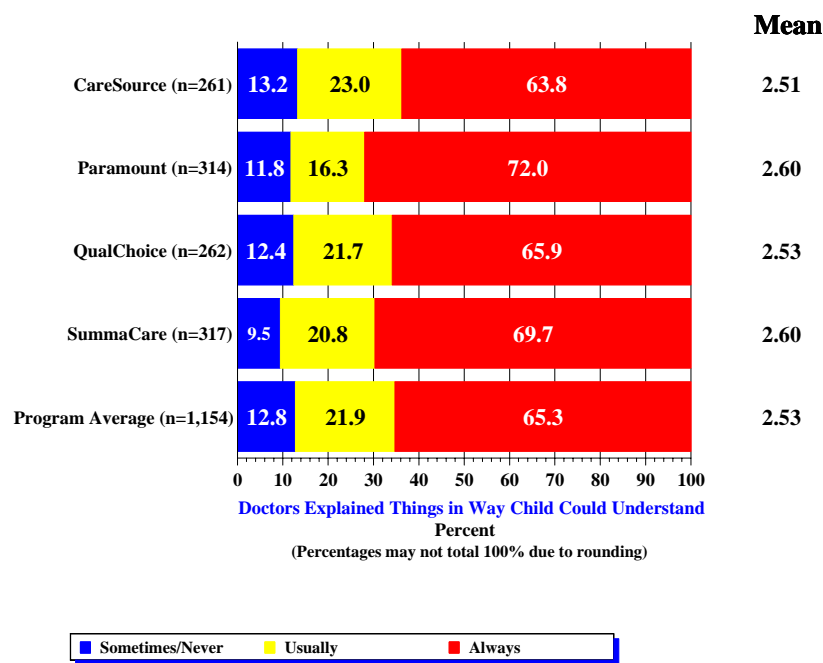
<sup>25</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

<sup>26</sup> 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 child 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.<sup>27</sup> For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.”<sup>28</sup> Figure D41 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 item.

**Figure D41**  
**Satisfaction with Health Care Providers:**  
**Doctors Explained Things in Way Child Could Understand**



<sup>27</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

<sup>28</sup> For this question, responses of “Sometimes/Never” 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.

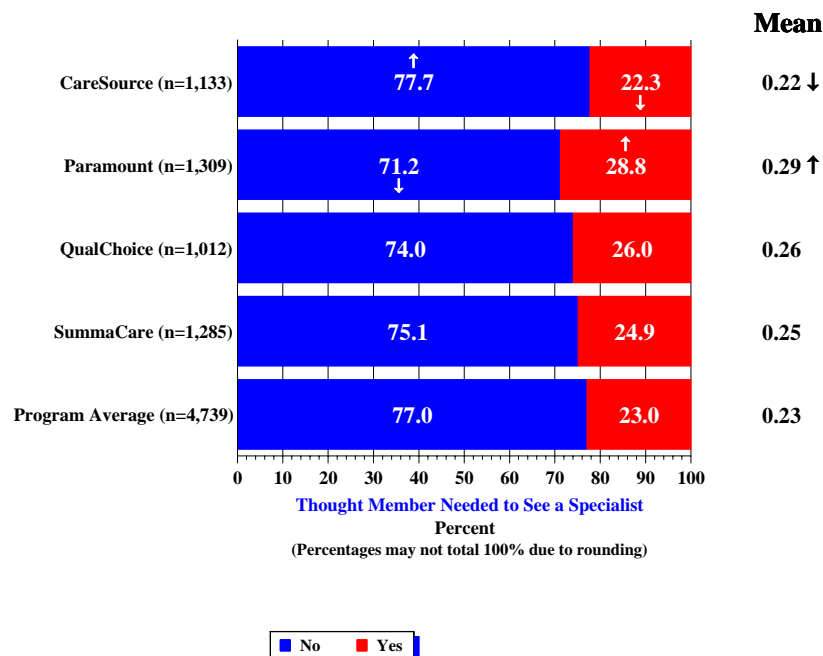
## ACCESS TO CARE

### *Access to Care: Thought Member Needed to See a Specialist*

Several questions were asked to assess member perceptions of access to care. Question 8 in the adult survey (and question 12 in the child survey) asked whether the member or a doctor thought the member needed to see a specialist. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D42 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 this item.

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

**Figure D42**  
**Access to Care:**  
**Thought Member Needed to See a Specialist**

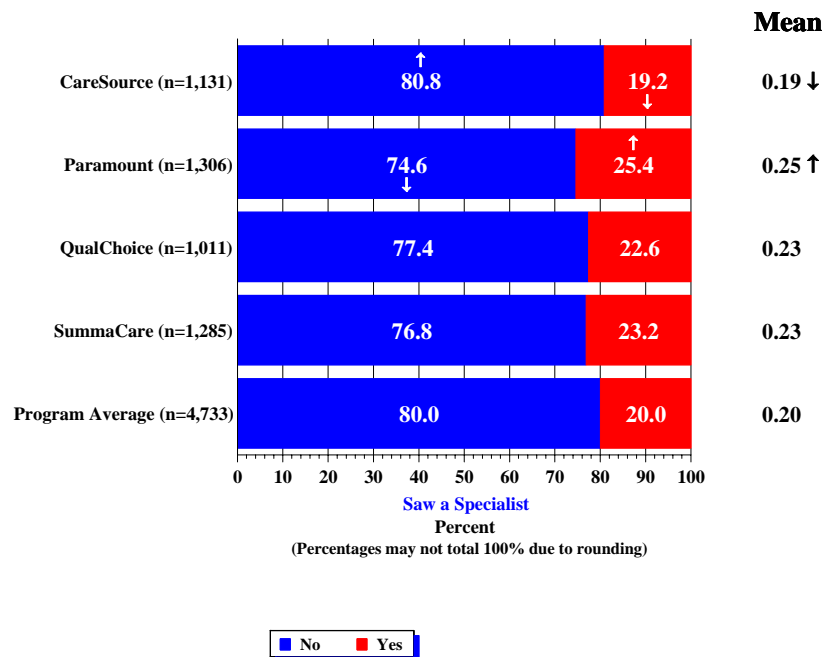


**Access to Care: Saw a Specialist**

Question 10 in the adult survey (and question 14 in the child survey) asked whether the member saw a specialist. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D43 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 this item.

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

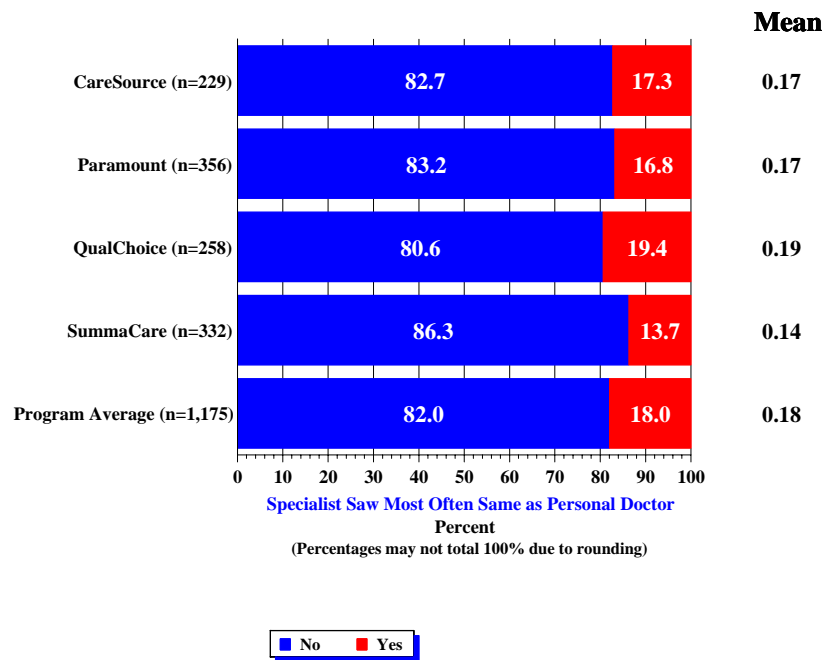
**Figure D43**  
**Access to Care:**  
**Saw a Specialist**



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

Question 12 in the adult survey (and question 16 in the child survey) asked whether the specialist the member saw most often was the same doctor as their personal doctor. For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D44 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 item.

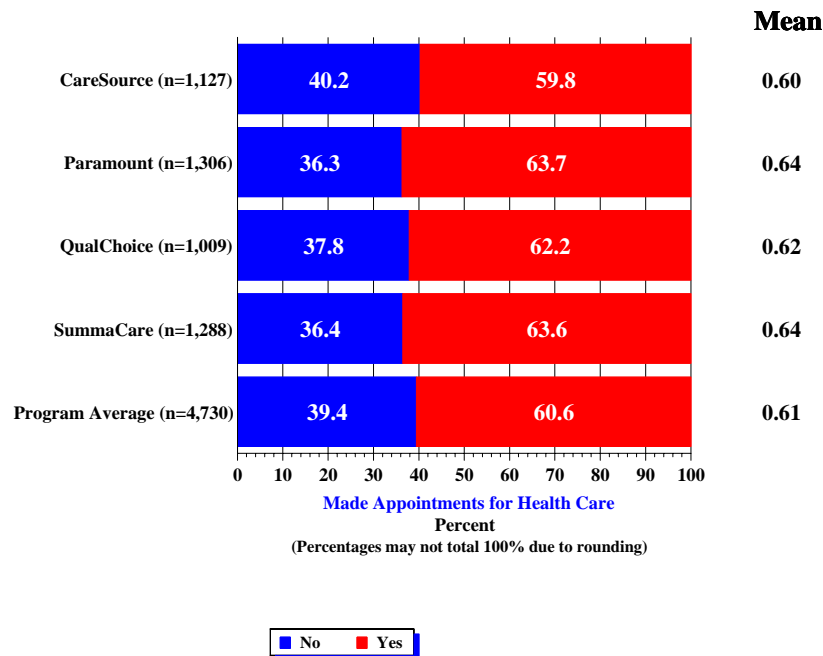
**Figure D44**  
**Access to Care:**  
**Specialist Saw Most Often Same as Personal Doctor**



**Access to Care: Made Appointments for Health Care**

Question 18 in the adult survey (and question 22 in the child survey) asked whether members had made any appointments for health care (not counting the times members needed health care right away).<sup>29</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D45 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 item.

**Figure D45  
Access to Care:  
Made Appointments for Health Care**



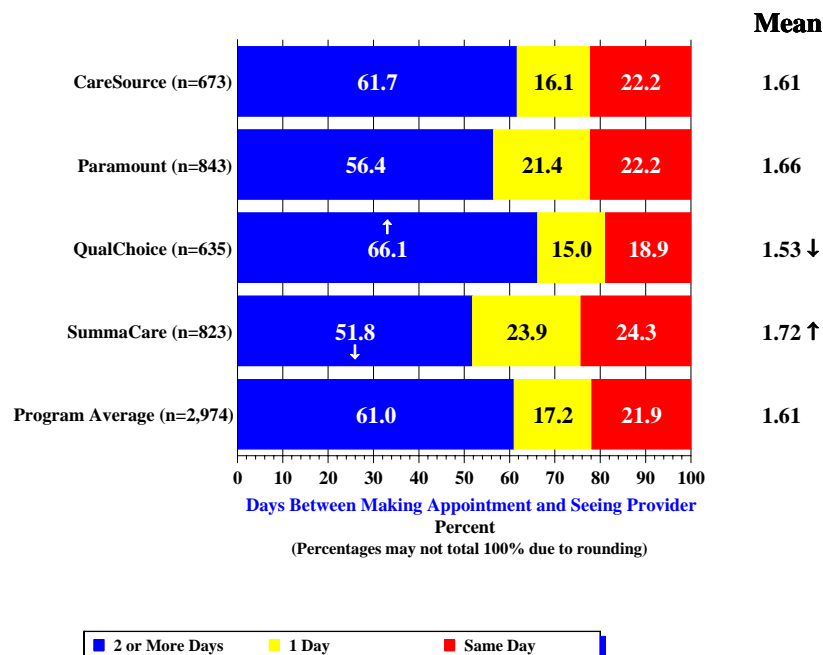
<sup>29</sup> Please note, in the CAHPS® 2.0 Medicaid Surveys this question asked whether members had made any appointments for regular or routine health care.

**Access to Care: Days Between Making Appointment and Seeing Provider**

Question 20 in the adult survey (and question 24 in the child survey) asked members who had made appointments for health care (not counting the times members 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “2 or More Days,” “1 Day,” and “Same Day.”<sup>30</sup> Figure D46 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 item.

- **QualChoice’s** overall mean was *significantly lower* than the program average. The percentage of QualChoice’s respondents who gave a response of “2 or More Days” was *significantly higher* 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 “2 or More Days” was *significantly lower* than the program average.

**Figure D46**  
**Access to Care:**  
**Days Between Making Appointment and Seeing Provider**

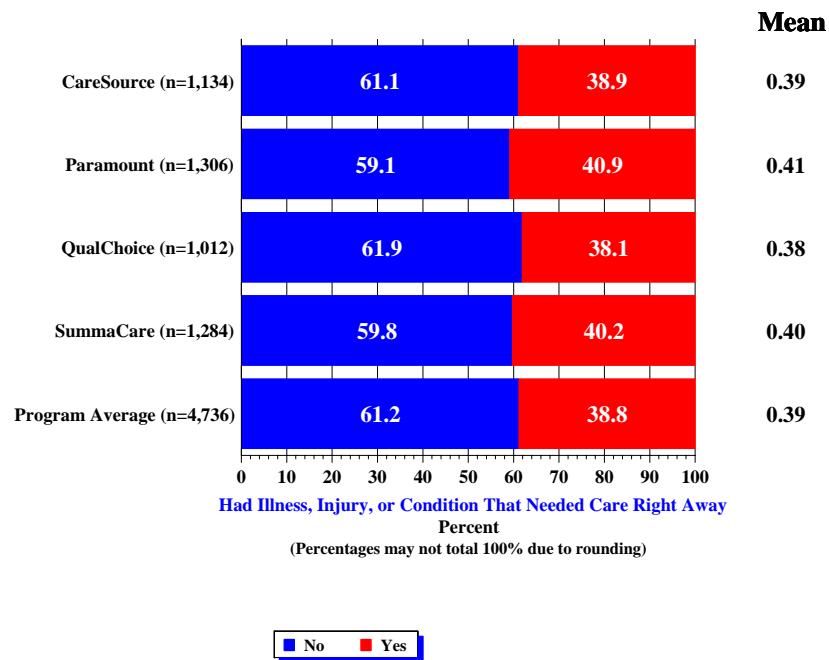


<sup>30</sup> For questions with “2 or More Days,” “1 Day,” and “Same Day” response categories, responses of “2 or More Days” were given a score of 1, responses of “1 Day” were given a score of 2, and responses of “Same Day” were given a score of 3.

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

Question 15 in the adult survey (and question 19 in the child survey) asked members whether they 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 Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D47 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 item.

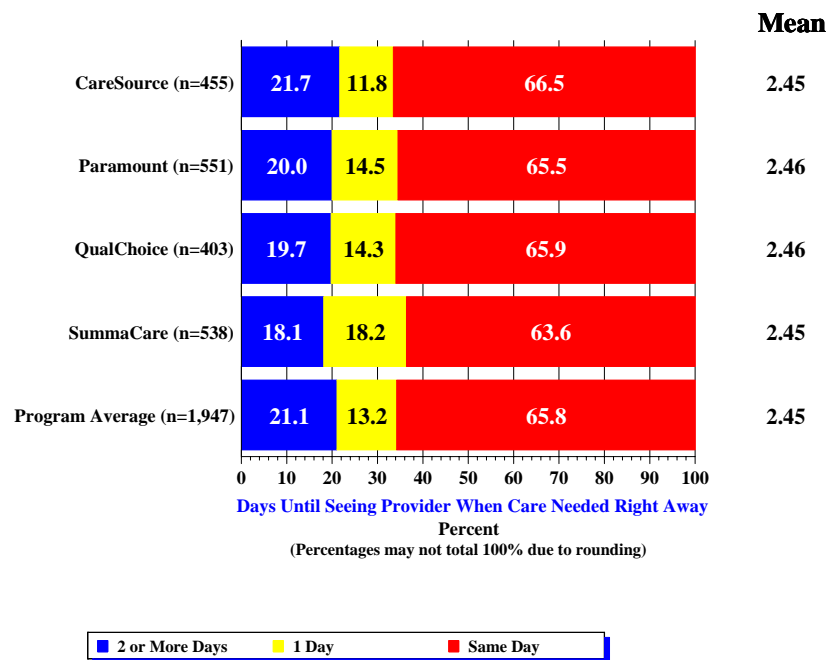
**Figure D47**  
**Access to Care:**  
**Had Illness, Injury, or Condition That Needed Care Right Away**



**Access to Care: Days Until Seeing Provider When Care Needed Right Away**

Question 17 in the adult survey (and question 21 in the child survey) asked members who had an illness, injury, or condition that needed care right away how many days they waited between trying to get care and seeing a provider. For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “2 or More Days,” “1 Day,” and “Same Day.” Figure D48 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 item.

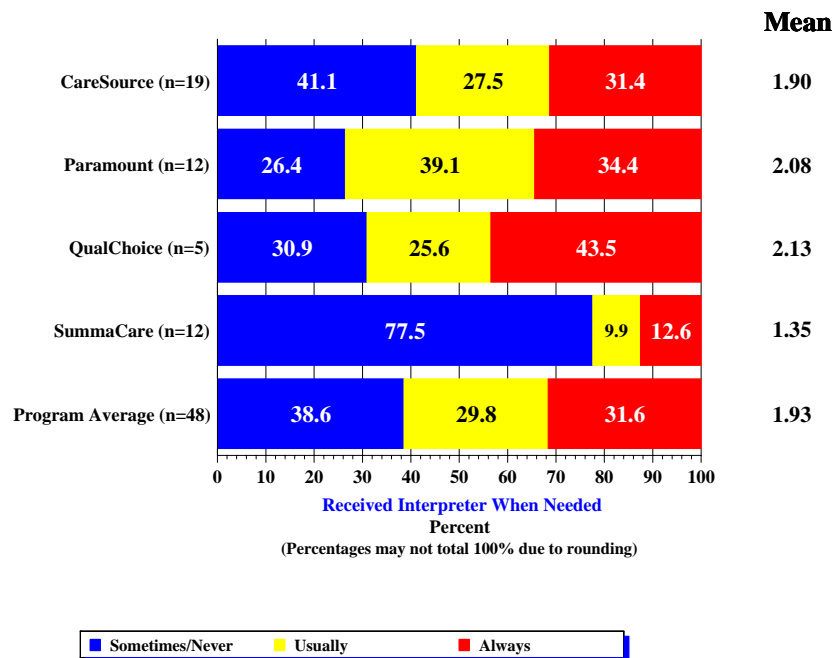
**Figure D48**  
**Access to Care:**  
**Days Until Seeing Provider**  
**When Care Needed Right Away**



**Access to Care: Received Interpreter When Needed**

Question 36 in the adult survey (and question 55 in the child survey) asked whether adult members or the parents or caretakers of child members needed interpreters to speak with health providers. For the Ohio Medicaid CMC Program and its participating MCPs, approximately 1 percent of adult members or parents or caretakers needed interpreters. Question 37 in the adult survey (and question 56 in the child survey) asked adult members and the parents or caretakers of child members to rate how often they received interpreters when they needed them. For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.”<sup>31</sup> Figure D49 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 item.

**Figure D49**  
**Access to Care:**  
**Received Interpreter When Needed**

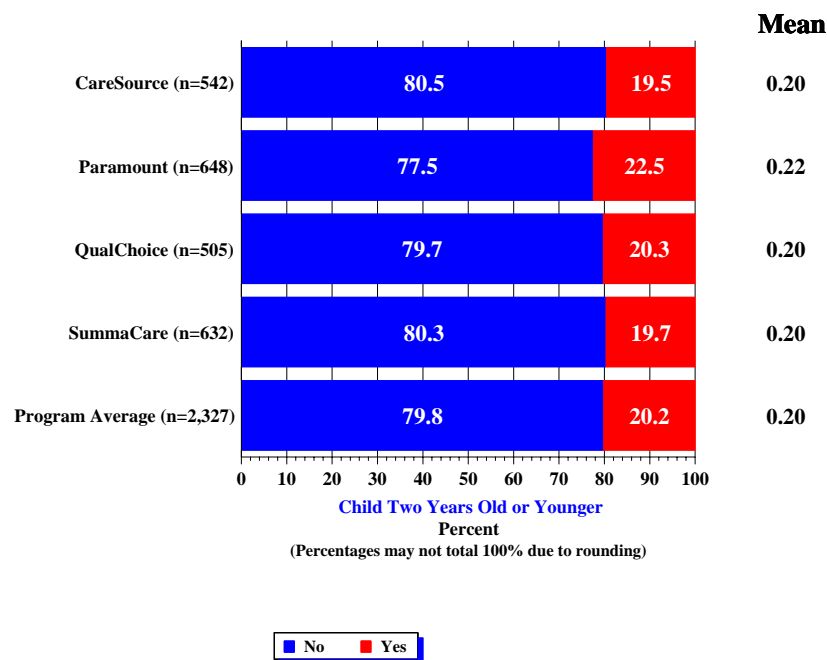


<sup>31</sup> For this question, responses of “Sometimes/Never” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

**Access to Care: Child Two Years Old or Younger**

Question 59 in the child survey asked whether child members were two years old or younger.<sup>32</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D50 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 item.

**Figure D50**  
**Access to Care:**  
**Child Two Years Old or Younger**

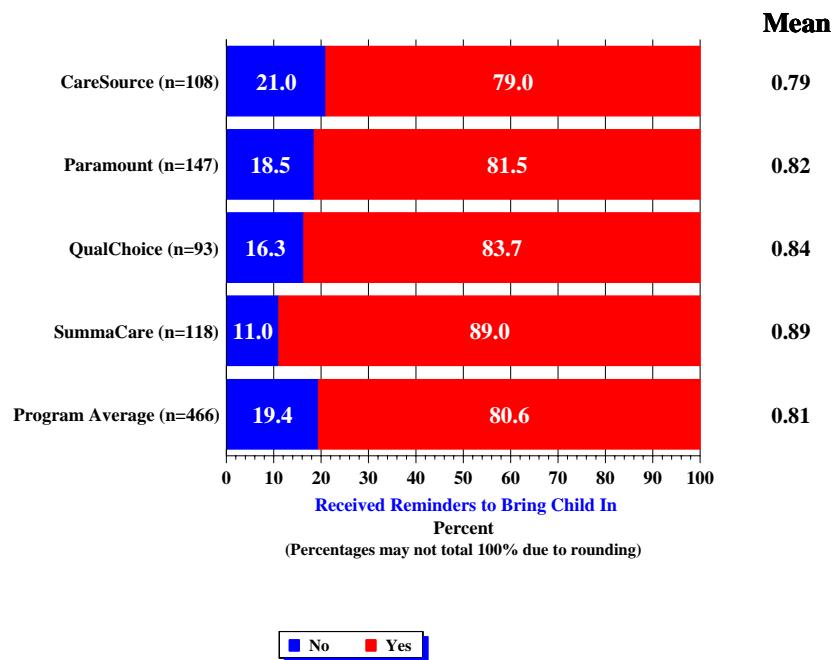


<sup>32</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

**Access to Care: Received Reminders to Bring Child In**

Question 60 in the child survey asked whether parents or caretakers of child members who were two years old or younger received reminders to bring child members in for a check-up or for shots or drops.<sup>33</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D51 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 item.

**Figure D51**  
**Access to Care:**  
**Received Reminders to Bring Child In**

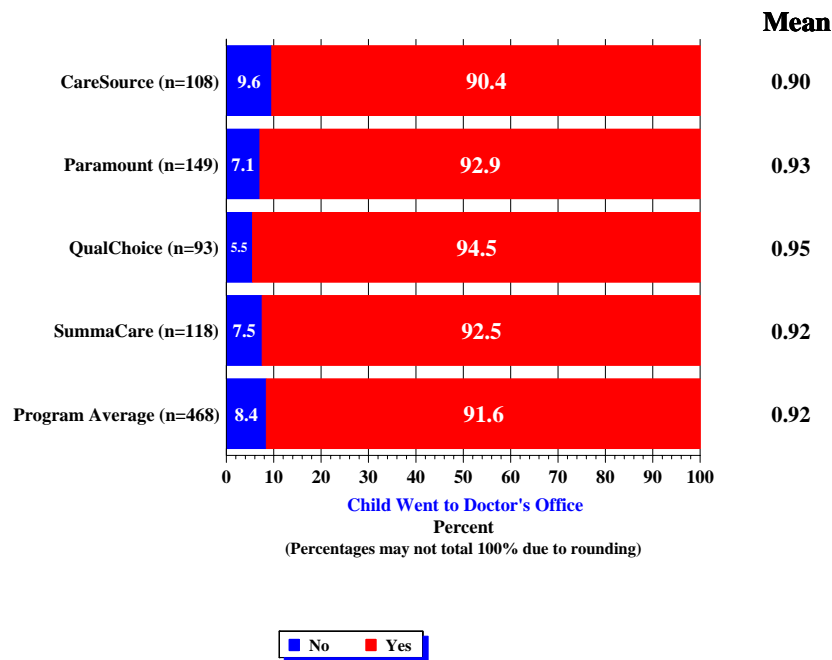


<sup>33</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

**Access to Care: Child Went to Doctor's Office**

Question 61 in the child 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 after the child members were born.<sup>34</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: "No" and "Yes." Figure D52 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 item.

**Figure D52**  
**Access to Care:**  
**Child Went to Doctor's Office**

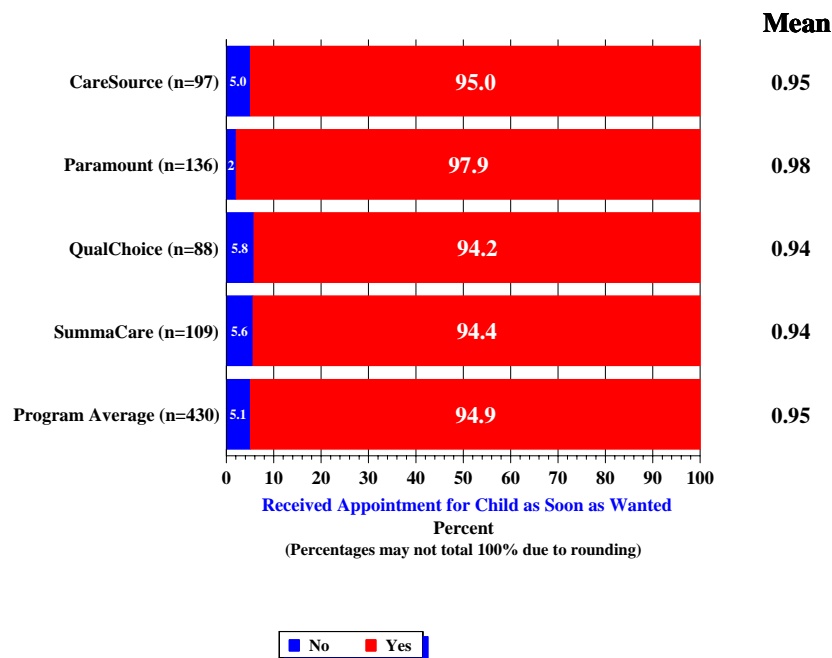


<sup>34</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

**Access to Care: Received Appointment for Child as Soon as Wanted**

Question 62 in the child survey asked whether parents or caretakers of child members who were two years old or younger received appointments to bring child members in for a check-up or for shots or drops as soon as they wanted.<sup>35</sup> For this question, an overall mean, on a 0 to 1 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into two categories: “No” and “Yes.” Figure D53 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 item.

**Figure D53**  
**Access to Care:**  
**Received Appointment for Child as Soon as Wanted**



<sup>35</sup> This item is only included in the CAHPS® 3.0H Child Medicaid Survey.

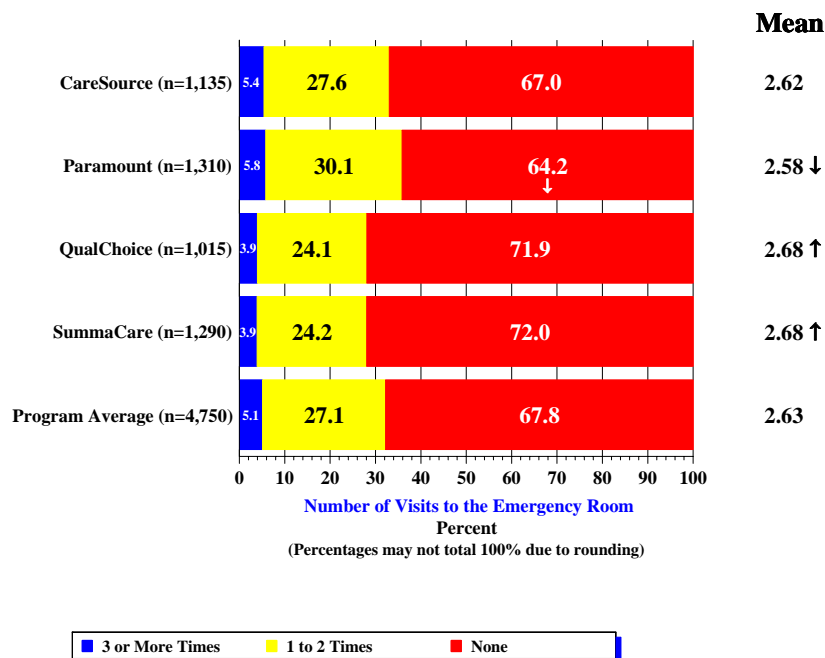
## UTILIZATION OF SERVICES

### *Utilization of Services: Number of Visits to the Emergency Room*

Several questions were asked to assess member utilization of services. Question 21 in the adult survey (and question 25 in the child survey) asked how many times the member visited the emergency room. For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: “3 or More Times,” “1 to 2 Times,” and “None.”<sup>36</sup> Figure D54 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 item.

- **Paramount’s** overall mean was *significantly lower* than the program average. The percentage of Paramount’s respondents who gave a response of “None” was *significantly lower* than the program average.
- **QualChoice’s** overall mean was *significantly higher* than the program average.
- **SummaCare’s** overall mean was *significantly higher* than the program average.

**Figure D54**  
**Utilization of Services:**  
**Number of Visits to the Emergency Room**

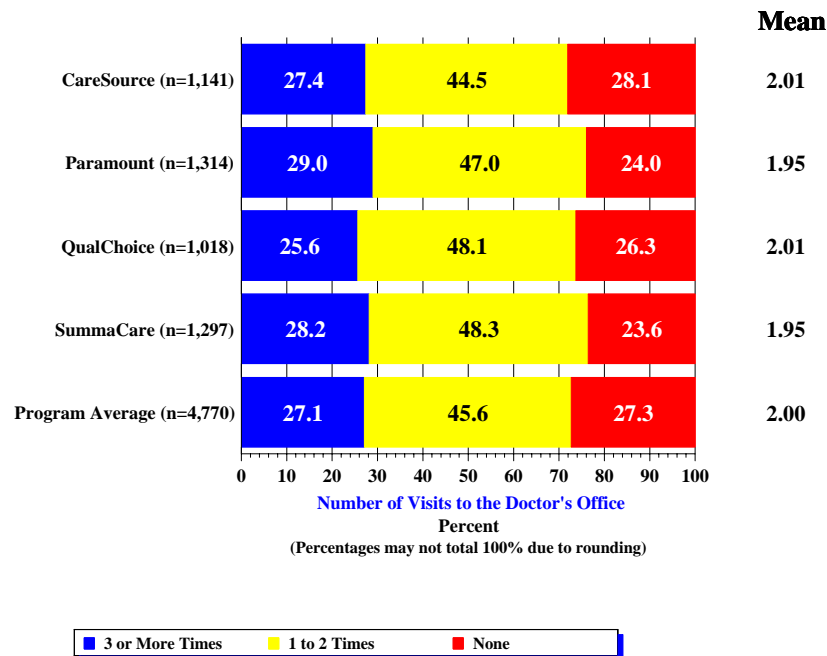


<sup>36</sup> For questions with “3 or More Times,” “1 to 2 Times,” and “None” response categories, responses of “3 or More Times” were given a score of 1, responses of “1 to 2 Times” were given a score of 2, and responses of “None” were given a score of 3.

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

Question 22 in the adult survey (and question 26 in the child survey) asked how many times the member visited the doctor's office (not counting times the member visited the emergency room). For this question, an overall mean, on a 1 to 3 scale, was calculated for the Ohio Medicaid CMC Program and its participating MCPs. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure D55 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 item.

**Figure D55  
Utilization of Services:  
Number of Visits to the Doctor's Office**

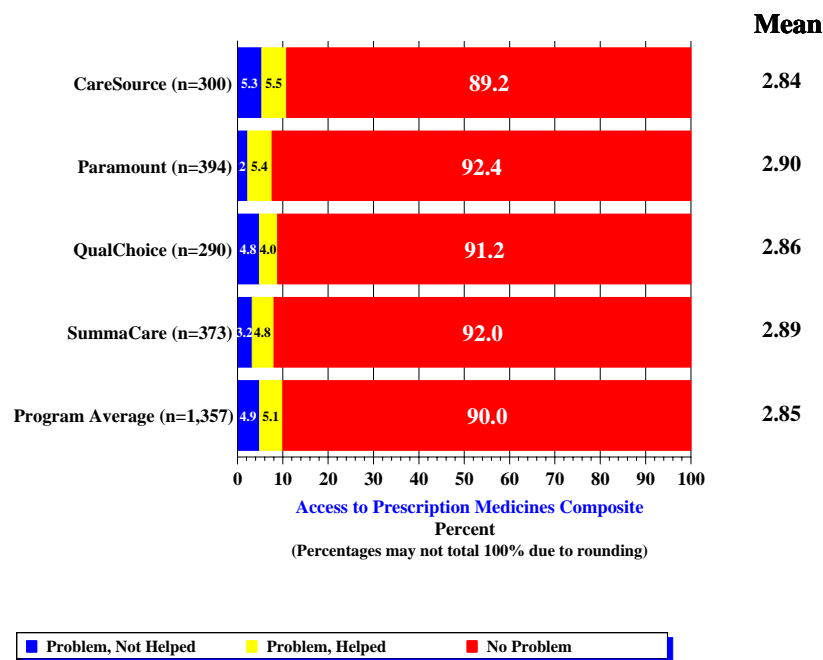


## CCC COMPOSITES AND CCC COMPOSITE ITEMS<sup>37</sup>

### 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 child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into three categories: “Problem, Not Helped,” “Problem, Helped,” and “No Problem.” Figure D56 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 CCC composite.

**Figure D56  
Access to Prescription Medicines Composite**



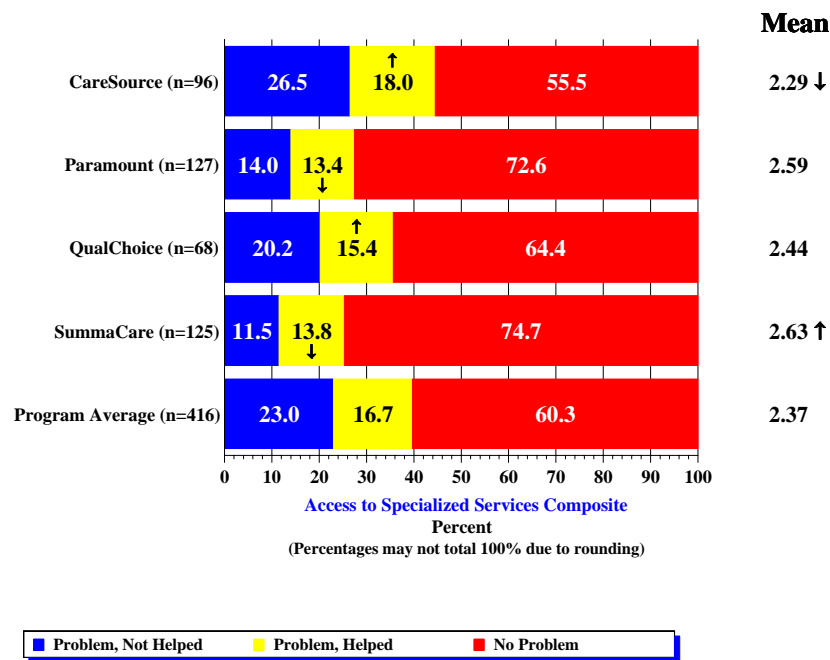
<sup>37</sup> The CCC composites and CCC composite items are only included in the CAHPS<sup>®</sup> 3.0H Child Medicaid Survey (with Chronic Conditions measurement set).

## Access to Specialized Services

A series of three items (consisting of six questions) were asked in order to assess whether or not child members had a problem with access to specialized services, and if so, whether they received help with the problem. For each of these items (questions 64, 65, 67, 68, 70, and 71 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into three categories: “Problem, Not Helped,” “Problem, Helped,” and “No Problem.” Figure D57 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 this CCC composite.

- **CareSource’s** overall mean was *significantly lower* than the program average. The percentage of CareSource’s respondents who gave a response of “Problem, Helped” was *significantly higher* than the program average.
- The percentage of **Paramount’s** respondents who gave a response of “Problem, Helped” was *significantly lower* than the program average.
- The percentage of **QualChoice’s** respondents who gave a response of “Problem, Helped” was *significantly higher* 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 “Problem, Helped” was *significantly lower* than the program average.

**Figure D57**  
**Access to Specialized Services Composite**

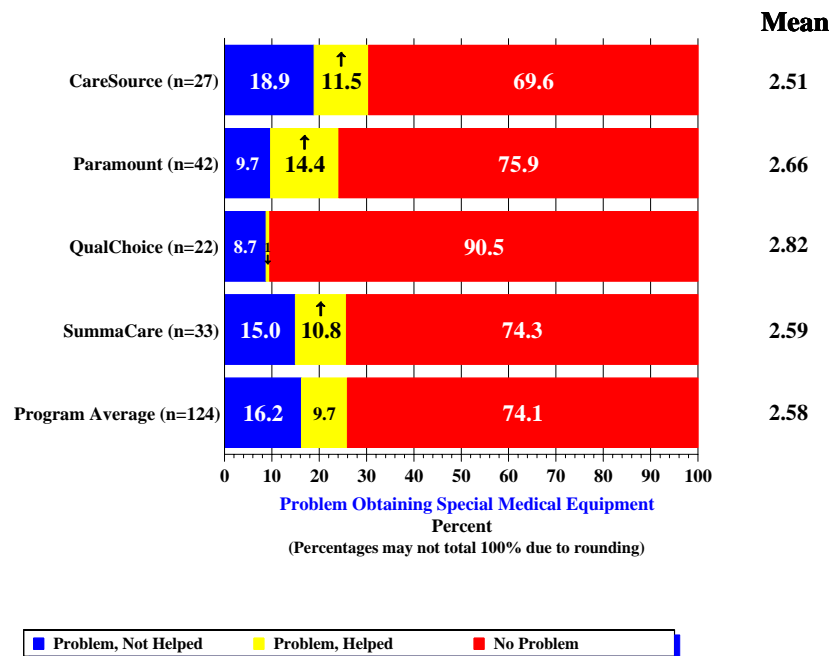


**Access to Specialized Services: Problem Obtaining Special Medical Equipment**

Question 64 in the child survey asked 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 child 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 D58 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 CCC composite item.

- The percentage of **CareSource’s** respondents who gave a response of “Problem, Helped” was *significantly higher* than the program average.
- The percentage of **Paramount’s** respondents who gave a response of “Problem, Helped” was *significantly higher* than the program average.
- The percentage of **QualChoice’s** respondents who gave a response of “Problem, Helped” was *significantly lower* than the program average.
- The percentage of **SummaCare’s** respondents who gave a response of “Problem, Helped” was *significantly higher* than the program average.

**Figure D58  
Access to Specialized Services Composite:  
Problem Obtaining Special Medical Equipment**

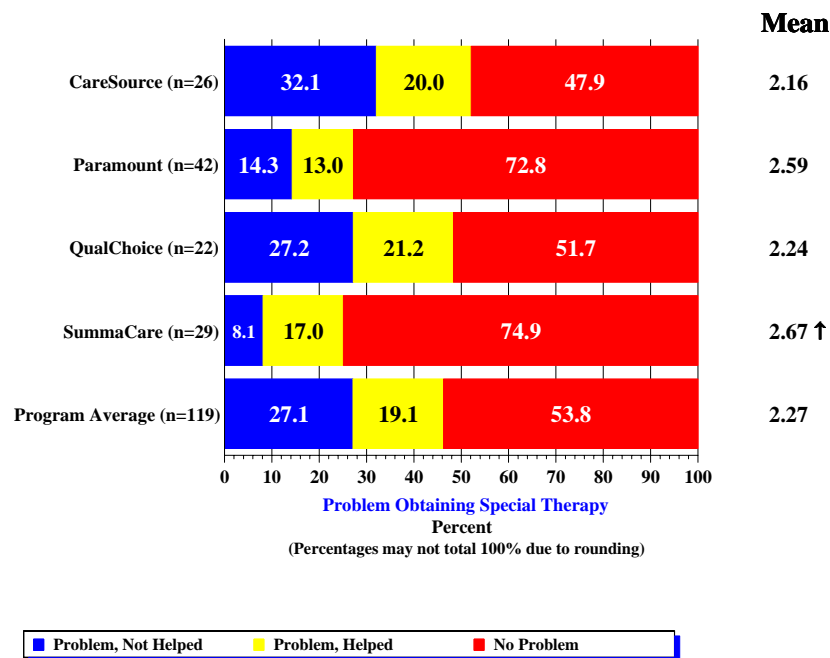


**Access to Specialized Services: Problem Obtaining Special Therapy**

Question 67 in the child survey asked parents or caretakers of child members to rate how much of a problem it was obtaining special therapy for their child. Question 68 in the child 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 therapy for their child. These two questions were combined to form a single item. Figure D59 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 was *one* statistically significant difference observed for this CCC composite item.

- **SummaCare’s** overall mean was *significantly higher* than the program average.

**Figure D59  
Access to Specialized Services Composite:  
Problem Obtaining Special Therapy**

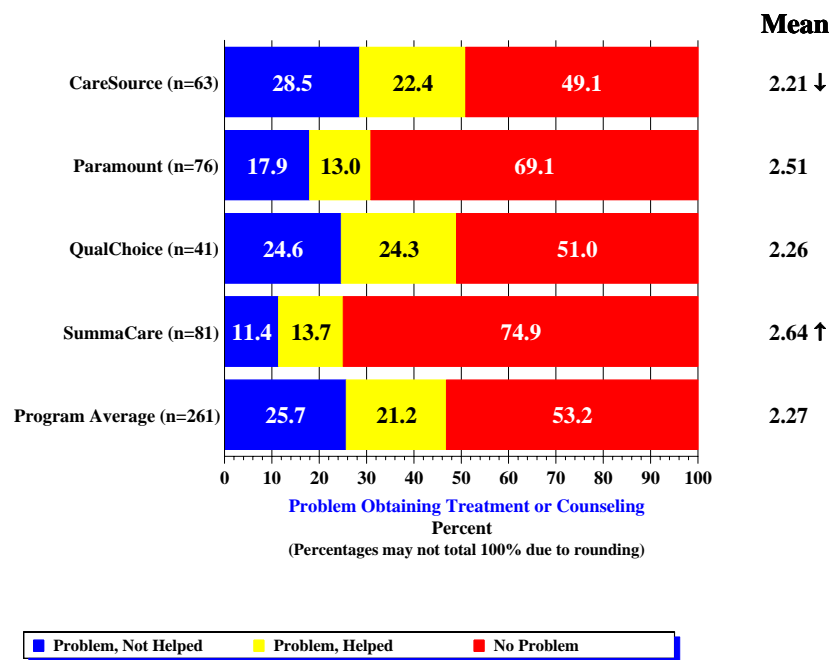


**Access to Specialized Services: Problem Obtaining Treatment or Counseling**

Question 70 in the child survey asked 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 child 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 treatment or counseling for their child. These two questions were combined to form a single item. Figure D60 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 CCC composite item.

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

**Figure D60**  
**Access to Specialized Services Composite:**  
**Problem Obtaining Treatment or Counseling**

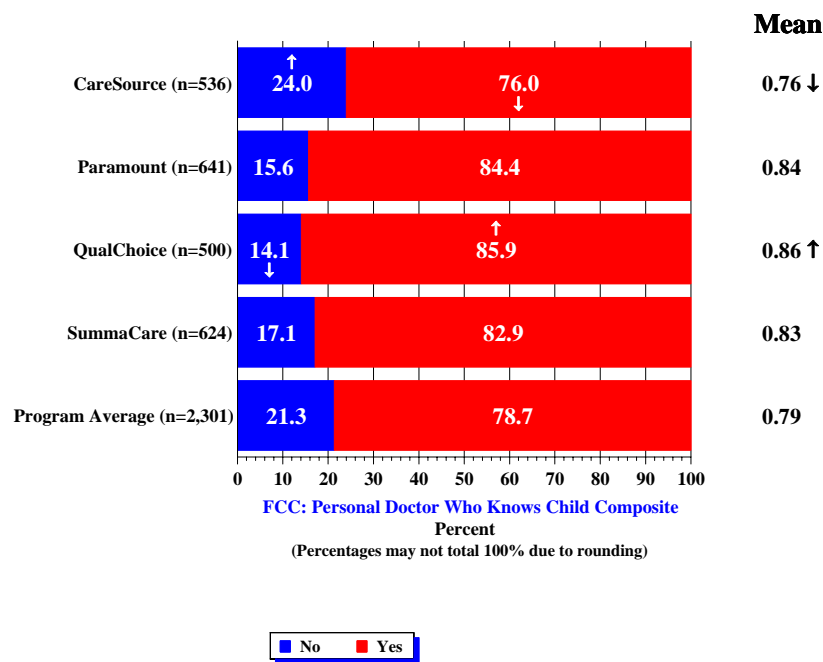


### FCC: Personal Doctor Who Knows Child

A series of three questions were 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 child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into two categories: “No” and “Yes.” Figure D61 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 this CCC composite.

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

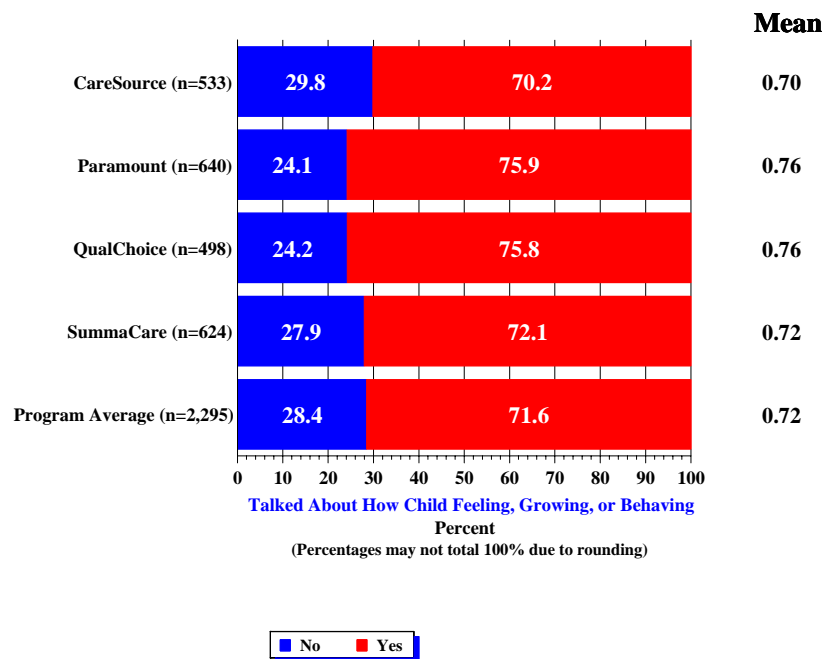
**Figure D61**  
**FCC: Personal Doctor Who Knows Child Composite**



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

Question 8 in the child 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 D62 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 CCC composite item.

**Figure D62**  
**FCC: Personal Doctor Who Knows Child Composite:**  
**Talked About How Child Feeling, Growing, or Behaving**

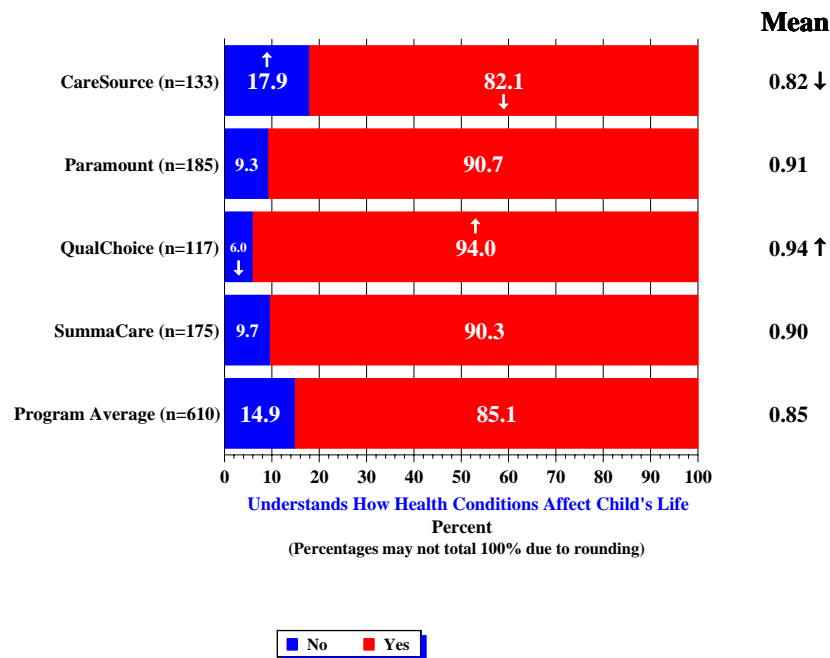


**FCC: Personal Doctor Who Knows Child: Understands How Health Conditions Affect Child's Life**

Question 10 in the child 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 D63 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 this CCC composite item.

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

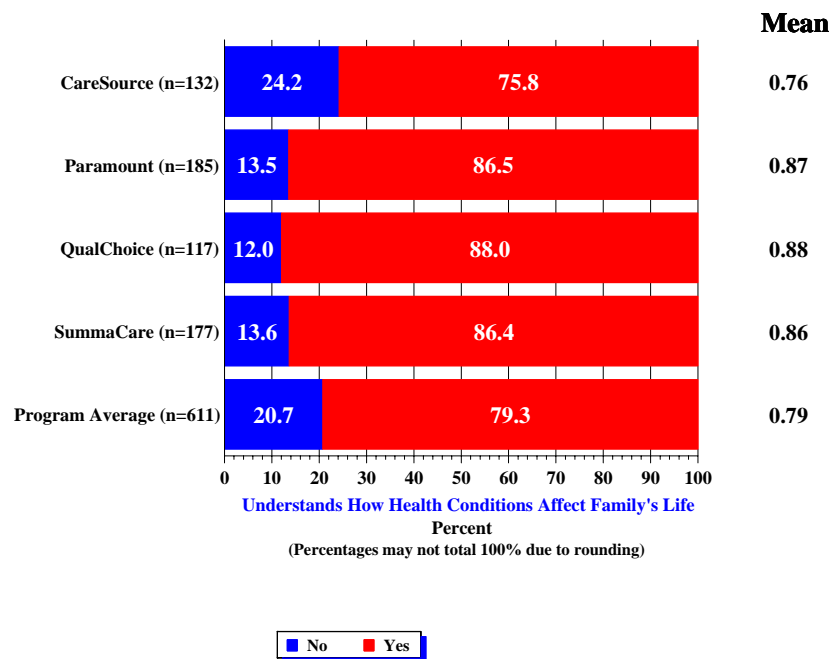
**Figure D63**  
**FCC: Personal Doctor Who Knows Child Composite:**  
**Understands How Health Conditions Affect Child's Life**



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

Question 11 in the child 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 D64 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 CCC composite item.

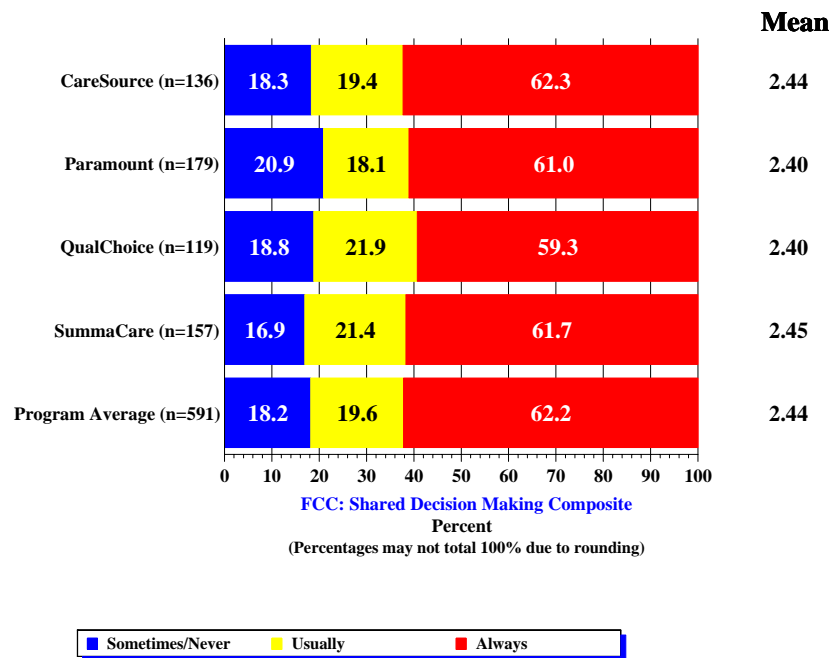
**Figure D64**  
**FCC: Personal Doctor Who Knows Child Composite:**  
**Understands How Health Conditions Affect Family's Life**



**FCC: Shared Decision Making**

A series of four questions were asked in order to assess how often doctors involved parents or caretakers of child members in decisions about their child’s care. For each of these questions (questions 47, 48, 49, and 50 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure D65 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 CCC composite.

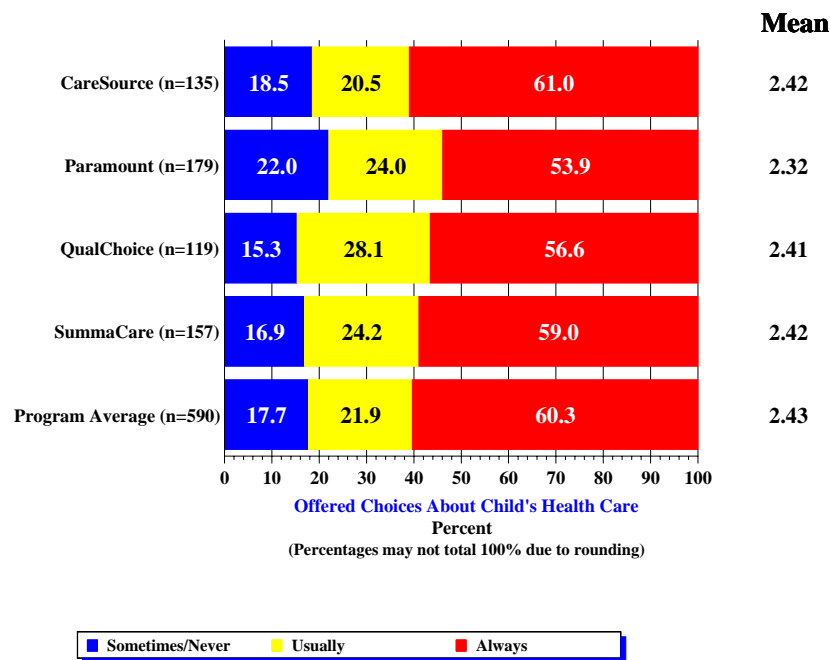
**Figure D65**  
**FCC: Shared Decision Making Composite**



**FCC: Shared Decision Making: Offered Choices About Child's Health Care**

Question 47 in the child survey asked the parents or caretakers of child members to rate how often doctors or other health providers offered them choices about their child's health care. Figure D66 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 CCC composite item.

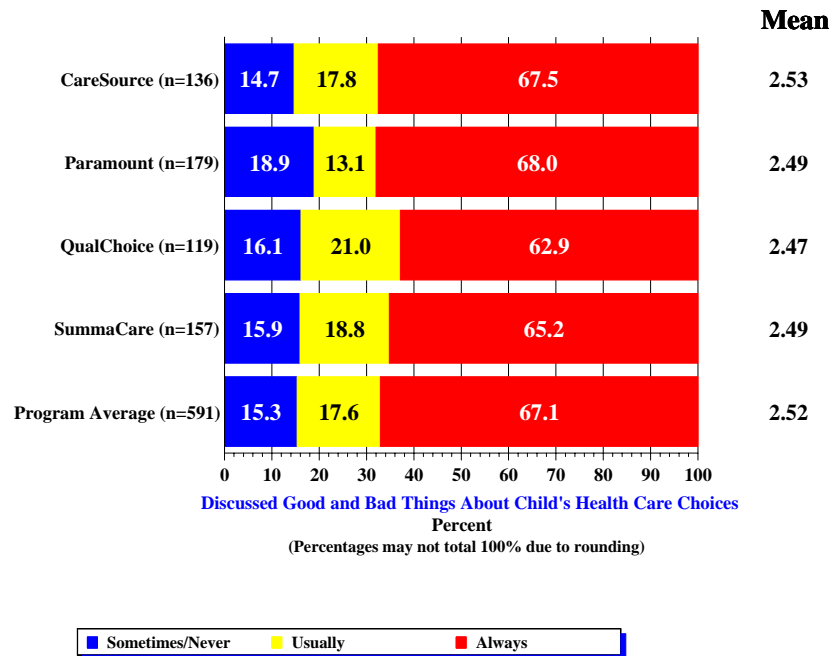
**Figure D66**  
**FCC: Shared Decision Making Composite:**  
**Offered Choices About Child's Health Care**



**FCC: Shared Decision Making: Discussed Good and Bad Things About Child's Health Care Choices**

Question 48 in the child survey asked the parents or caretakers of child members to rate how often doctors or other health providers discussed with them the good and bad things about each of the choices for their child's health care. Figure D67 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 CCC composite item.

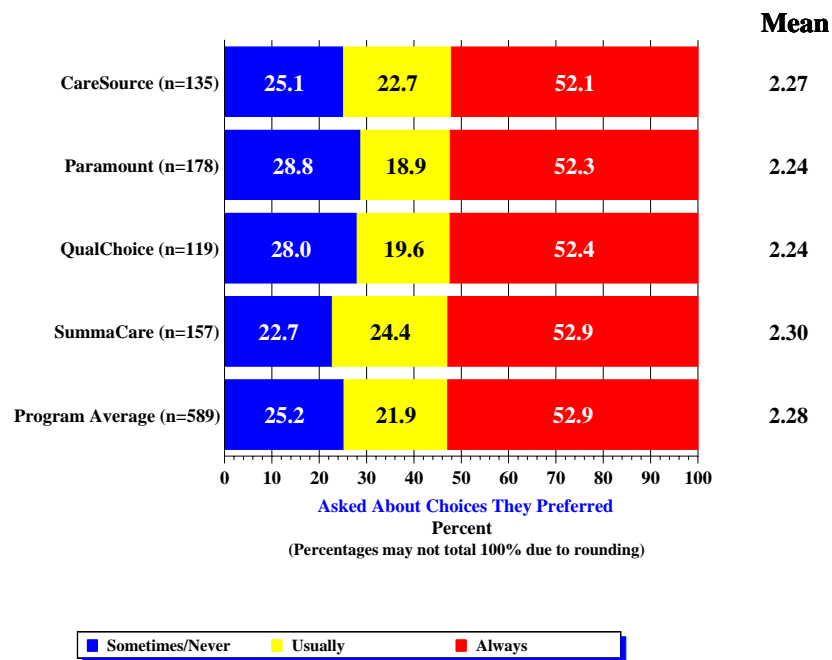
**Figure D67**  
**FCC: Shared Decision Making Composite:**  
**Discussed Good and Bad Things About**  
**Child's Health Care Choices**



**FCC: Shared Decision Making: Asked About Choices They Preferred**

Question 49 in the child 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 D68 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 CCC composite item.

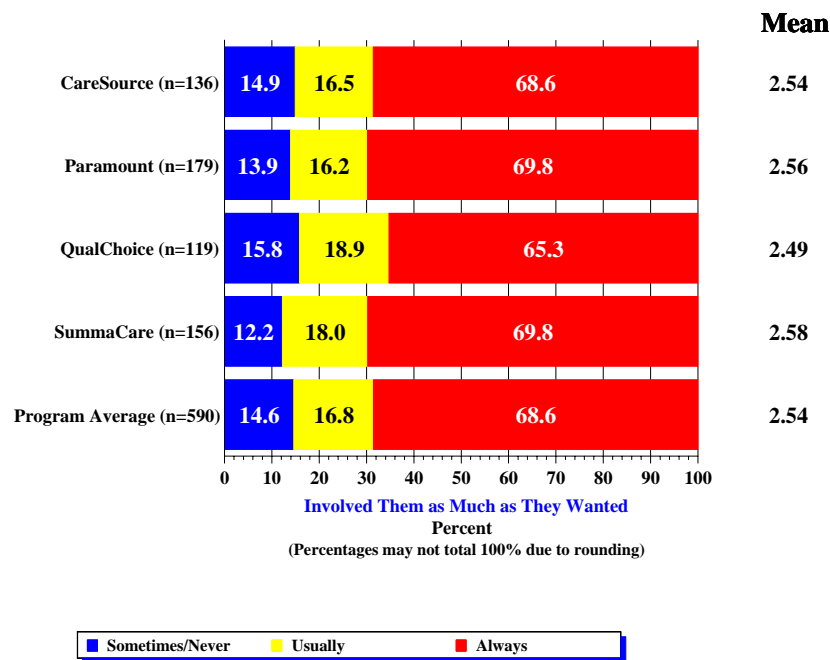
**Figure D68**  
**FCC: Shared Decision Making Composite:**  
**Asked About Choices They Preferred**



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

Question 50 in the child 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 D69 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 CCC composite item.

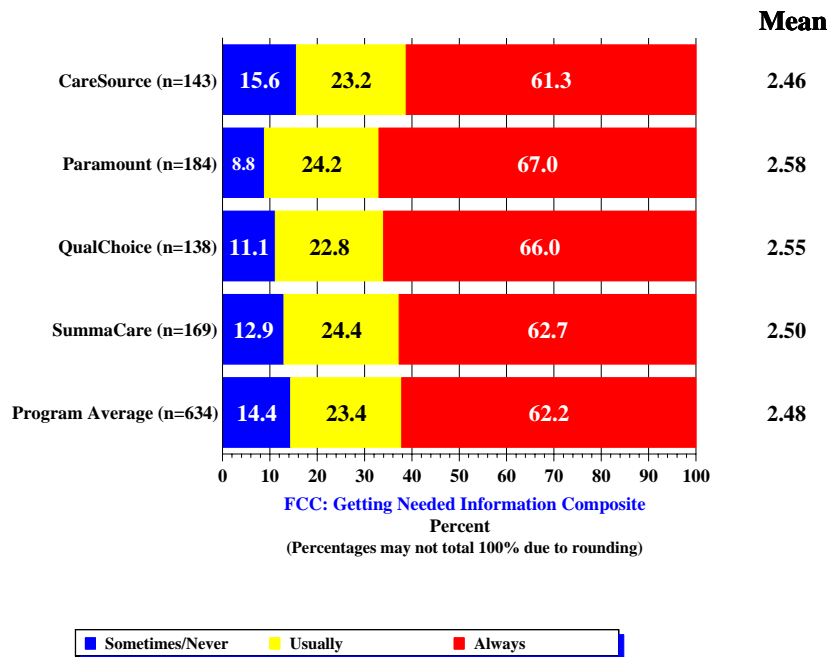
**Figure D69**  
**FCC: Shared Decision Making Composite:**  
**Involved Them as Much as They Wanted**



**FCC: Getting Needed Information**

A series of three questions were 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 child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into three categories: “Sometimes/Never,” “Usually,” and “Always.” Figure D70 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 CCC composite.

**Figure D70**  
**FCC: Getting Needed Information Composite**

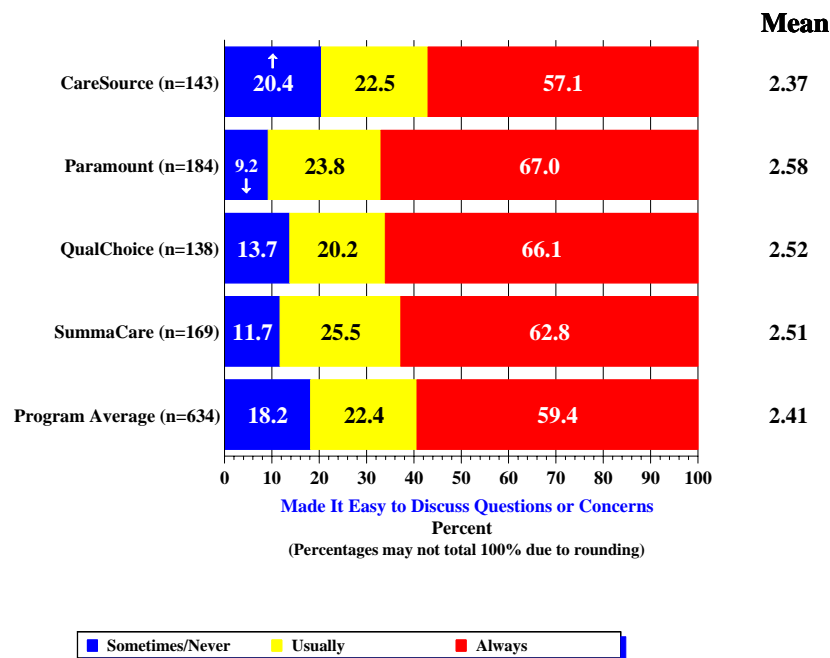


**FCC: Getting Needed Information: Made It Easy to Discuss Questions or Concerns**

Question 43 in the child 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 D71 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 CCC composite item.

- The percentage of **CareSource’s** respondents who gave a response of “Sometimes/Never” 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.

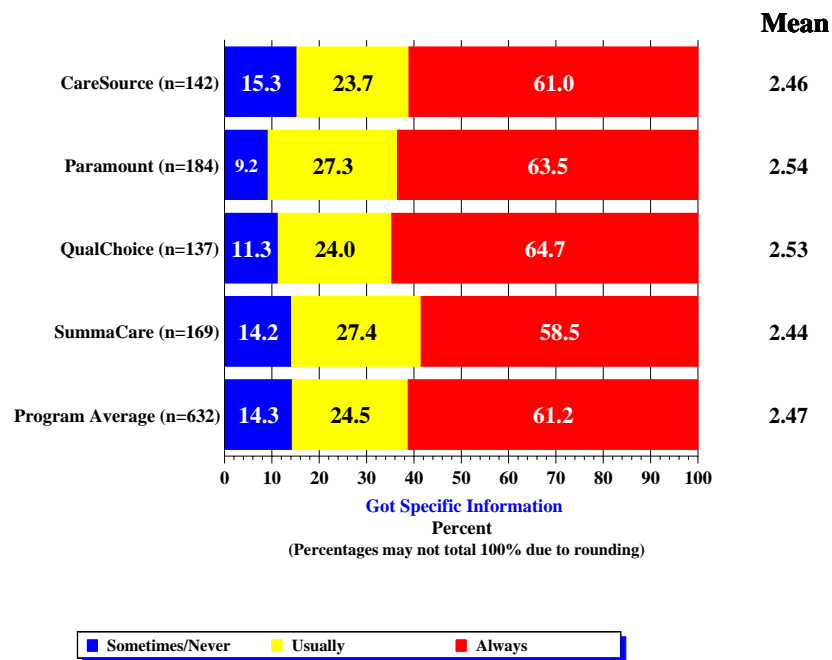
**Figure D71**  
**FCC: Getting Needed Information Composite:**  
**Made It Easy to Discuss Questions or Concerns**



**FCC: Getting Needed Information: Got Specific Information**

Question 44 in the child 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 D72 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 CCC composite item.

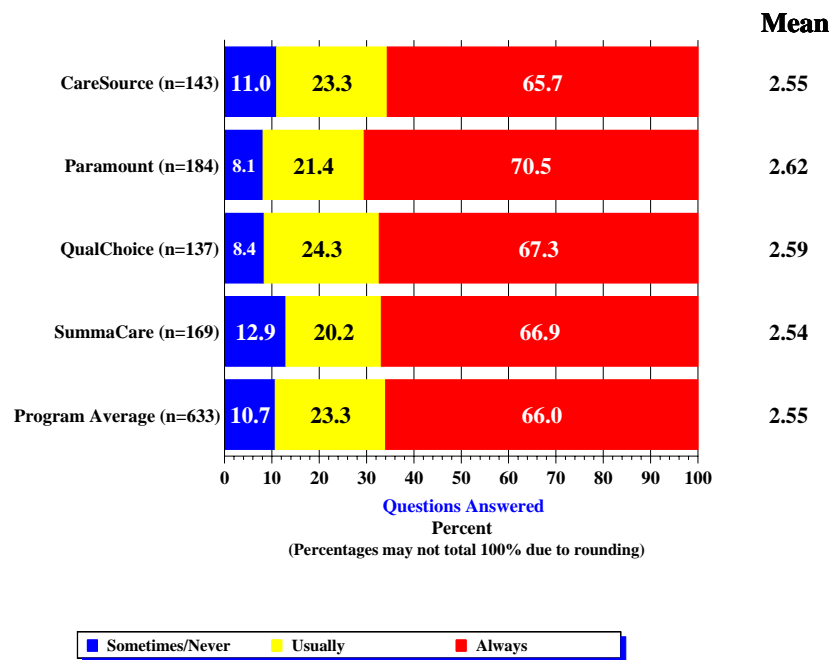
**Figure D72**  
**FCC: Getting Needed Information Composite:**  
**Got Specific Information**



**FCC: Getting Needed Information: Questions Answered**

Question 45 in the child survey asked the parents or caretakers of child members to rate how often their questions were answered by doctors or other health providers. Figure D73 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 CCC composite item.

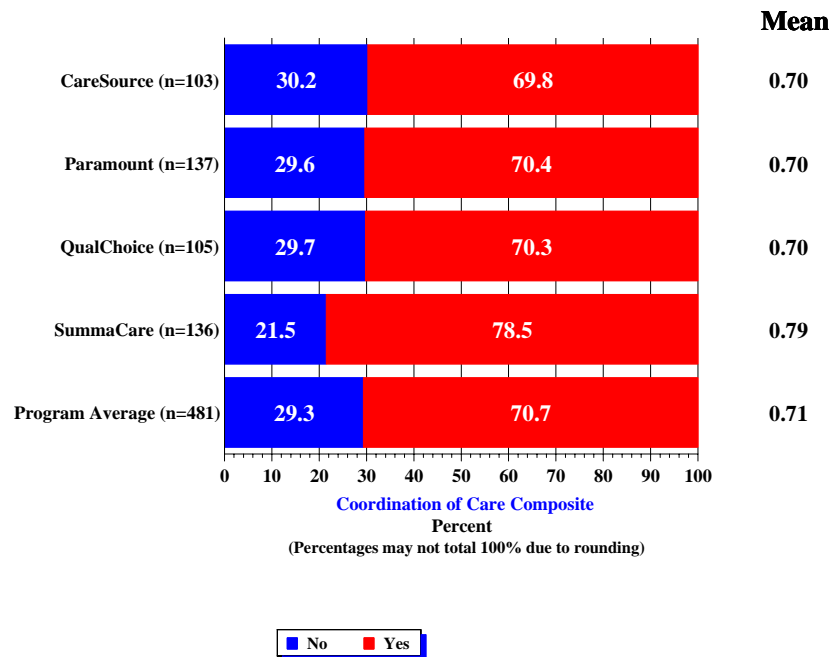
**Figure D73**  
**FCC: Getting Needed Information Composite:**  
**Questions Answered**



## Coordination of Care

Two questions were asked in order to assess whether or not parents or caretakers of child members received help in coordinating their child’s care. For each of these questions (questions 54 and 73 in the child survey), an overall mean was calculated for the Ohio Medicaid CMC Program and each MCP. Responses were also classified into two categories: “No” and “Yes.” Figure D74 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 CCC composite.

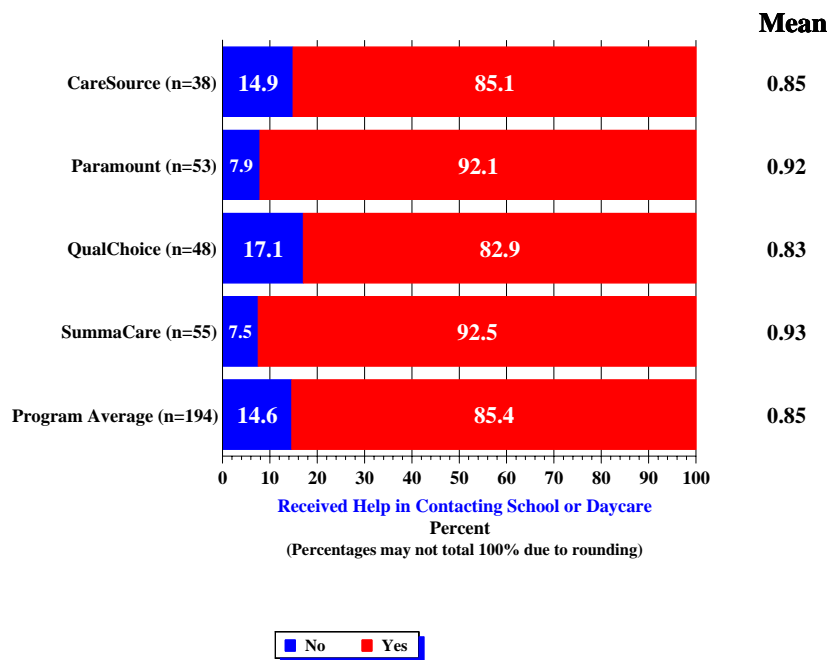
**Figure D74**  
**Coordination of Care Composite**



**Coordination of Care: Received Help in Contacting School or Daycare**

Question 54 in the child survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child’s school or daycare. Figure D75 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 CCC composite item.

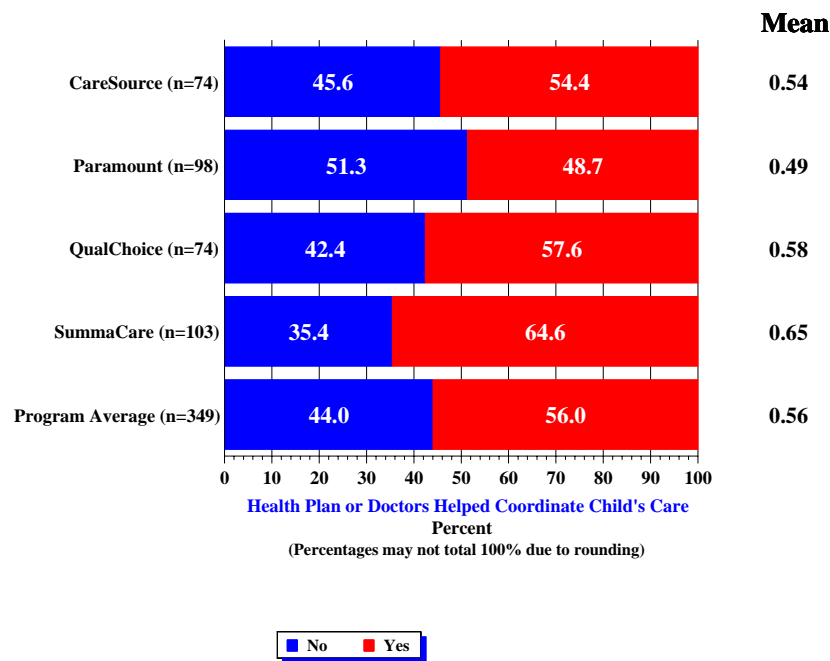
**Figure D75**  
**Coordination of Care Composite:**  
**Received Help in Contacting School or Daycare**



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

Question 73 in the child 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 D76 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 CCC composite item.

**Figure D76**  
**Coordination of Care Composite:**  
**Health Plan or Doctors Helped Coordinate Child's Care**



# Recommendations

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A series of recommended priorities has been compiled based on the performance of the four participating MCPs in the Ohio Medicaid CMC Program. First, recommended priorities based on the NCQA comparisons are presented for each of the participating MCPs in the Ohio Medicaid CMC Program. Separate NCQA priorities for the adult and general child populations are provided. These priorities are followed by recommended priorities based on the Ohio comparisons for each of the participating MCPs in the Ohio Medicaid CMC Program.

The NCQA recommendations are grouped into three main categories for quality improvement: High, Moderate, and Low Priority. Only High Priorities are discussed in this section. The priority of the recommendations is based on an MCP's overall member satisfaction (star) ratings on the global ratings and composite measures. The following is a list of priority assignments based on the overall member satisfaction ratings.

**High** Priority - overall member satisfaction of one (★) to two (★★) stars

**Moderate** Priority - overall member satisfaction of three (★★★) stars

**Low** Priority - overall member satisfaction of four (★★★★) to five (★★★★★) stars

The Ohio comparison-based recommendations are grouped into two main categories for quality improvement: High and Low Priority. Only High Priorities are discussed in this section. The priority of the recommendations is based on the assignment of arrows to an MCP's overall mean on the global ratings and composite measures and items. The following is a list of priority assignments based on the overall means.

**High** Priority - downward arrow (↓) on overall mean

**Low** Priority - upward arrow (↑) on overall mean

Pages E2 – E5 depict the **High** priorities for the participating MCPs in the Ohio Medicaid CMC Program, as derived from the NCQA comparisons and Ohio comparisons. Information on a potential Quality Improvement (QI) action planning process is provided on page E6.

## **CARESOURCE**

Recommended priorities are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (section C).

### ***General Child Population***

#### **High Priorities**

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

### ***Adult Population***

#### **High Priorities**

- Rating of Health Plan
- Rating of All Health Care
- Rating of Specialist
- Getting Care Quickly
- Courteous and Helpful Office Staff

Recommended priorities are based on Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (section D).

### **Recommended Priorities based on Ohio Comparisons**

#### **High Priorities**

- Rating of All Health Care
- Rating of Personal Doctor
- Getting Needed Care
- Getting Needed Care: Obtaining a Personal Doctor or Nurse Happy With
- Getting Needed Care: Seeing a Specialist
- Getting Care Quickly
- Getting Care Quickly: Received Appointment as Soon as Wanted When Care Not Needed Right Away
- Getting Care Quickly: Taken to Exam Room Within 15 Minutes
- How Well Doctors Communicate
- How Well Doctors Communicate: Doctors Listened Carefully
- How Well Doctors Communicate: Doctors Showed Respect

## **PARAMOUNT ADVANTAGE, INC.**

Recommended priorities are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (section C).

### ***General Child Population***

#### **High Priorities**

- None

### ***Adult Population***

#### **High Priorities**

- Rating of Personal Doctor
- Rating of Specialist
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff

Recommended priorities are based on Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (section D).

### **Recommended Priorities based on Ohio Comparisons**

#### **High Priorities**

- None

## **QUALCHOICE HEALTH PLAN**

Recommended priorities are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (section C).

### ***General Child Population***

#### **High Priorities**

- Rating of Health Plan

### ***Adult Population***

#### **High Priorities**

- Rating of Health Plan
- Rating of Specialist
- Getting Care Quickly

Recommended priorities are based on Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (section D).

### **Recommended Priorities based on Ohio Comparisons**

#### **High Priorities**

- None

## **SUMMACARE HEALTH PLAN**

Recommended priorities are based on NCQA comparisons. For additional information, please refer to the NCQA Comparisons section of this report (section C).

### ***General Child Population***

#### **High Priorities**

- Rating of Health Plan

### ***Adult Population***

#### **High Priorities**

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist

Recommended priorities are based on Ohio comparisons. For additional information, please refer to the Ohio Comparisons section of this report (section D).

### **Recommended Priorities based on Ohio Comparisons**

#### **High Priorities**

- Rating of Health Plan

## **ACTION PLANNING PROCESS**

In order to “fine-tune” quality improvement (QI) activities directed at the preceding recommended priorities, the following four-step process is suggested:

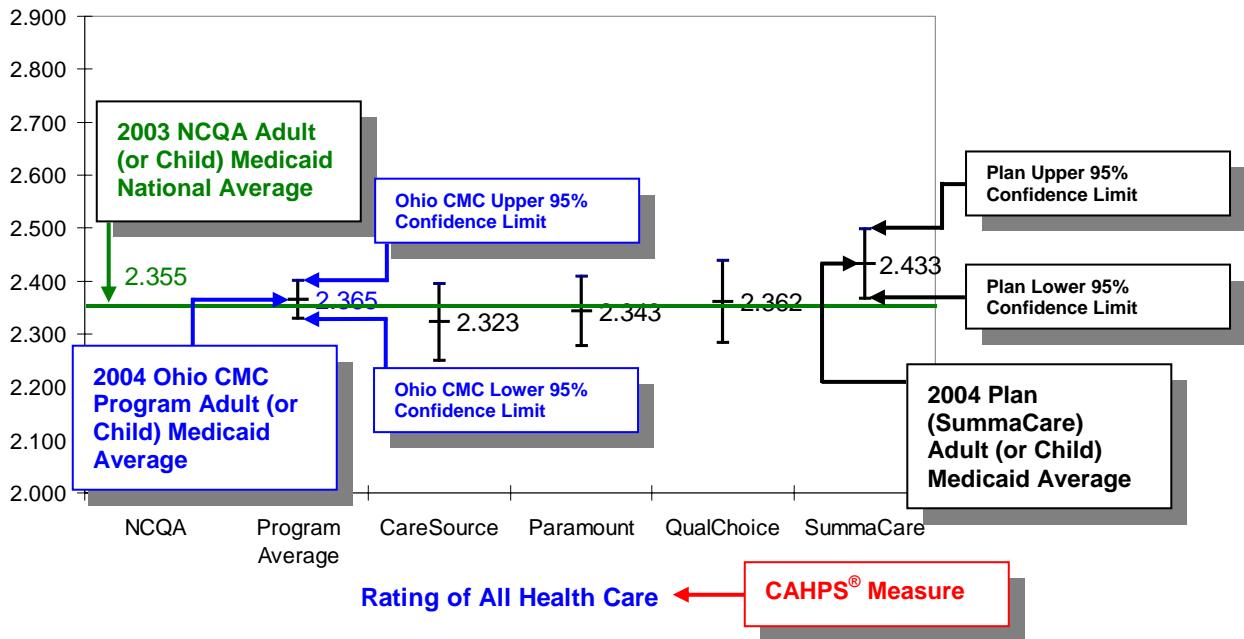
- Convene a QI work group to determine which individual survey questions will make the best targets for QI activities. The work group should consist of people who are enthusiastic and committed to quality improvement. Ideally, each of the global ratings, composite scores, and composite items identified as High Priorities should be addressed. However, the number of items to be addressed, as well as which specific items should be addressed, will partly depend on available resources. The work group may find it necessary to address only a subset of the High Priorities, or it may be the case that one or more of the lower priority items may require fewer resources to address. A work group decision to go for an “easy victory” to build support for more difficult initiatives later on may be the best strategy.
- Once the work group has identified its QI target questions, conduct interviews with small samples of adult Medicaid CMC members, the parents or caretakers of child Medicaid CMC members, and staff to probe further into the sources of dissatisfaction with the issues addressed by each of these questions, as well as member expectations regarding positive performance in these areas. It may also be valuable to conduct interviews with population sub-groups (based on demographic characteristics or responses to specific survey questions) to identify differences in satisfaction among members of these sub-groups and non-members. The interviews should consist of these target questions, exactly as worded on the CAHPS® 3.0H questionnaire, as well as follow-up questions designed to probe further into the reasons for members’ responses. The purpose of the interviews is qualitative not quantitative; key barriers to satisfaction will usually emerge as common themes after only a small number of interviews.
- Design and implement QI activities that address the underlying problems expressed during the interviews. Identify potential barriers to the implementation of QI activities and be prepared to establish incentives to overcome these barriers. Details and examples of QI projects based on previous CAHPS® work can be found in the CAHPS® Quality Improvement Guide (at <http://www.cahps-sun.org/References/QIguide.pdf>). Additionally, a list of QI references is included beginning on page F11.
- Conduct periodic follow-up interviews with small samples of adult Medicaid CMC members, the parents or caretakers of child Medicaid CMC members, and population sub-groups to determine progress in improving member satisfaction. The results of these interviews will help to keep staff motivated between administrations of the formal CAHPS® 3.0H Surveys. Progress should be monitored on a monthly or quarterly basis to ensure that staff remain focused on quality improvement efforts.

# Reader's Guide

## HOW TO READ THE NCQA COMPARISONS FIGURES

Below is an explanation of how to read the figures presented in the NCQA Comparisons section. The NCQA Comparisons section reports on the CAHPS® results in accordance with HEDIS specifications for survey measures.

Separate figures were created for the general child and adult populations for the global ratings and composite scores. Each figure depicts the three-point means or the top-box scores for all participating MCPs in the Ohio Medicaid CMC Program. The 2004 Ohio Medicaid CMC Program averages and the 2003 NCQA National Medicaid averages are presented for comparative purposes. Within each figure, separate lines depict each MCP and the Ohio Medicaid CMC Program. The 2003 NCQA National Medicaid average is depicted as a green reference line. For each MCP and the Ohio Medicaid CMC Program, the mean score and upper and lower 95 percent confidence limits are indicated. The interpretation of the NCQA comparison figures requires an understanding of *sampling error*. For additional information on sampling error, please refer to the discussion beginning on page F7.



## OVERALL MEMBER SATISFACTION TABLES

The Overall Member Satisfaction Tables in the NCQA Comparisons section depict member satisfaction using a one to five star rating system. For the general child members, star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2003 National Child Medicaid data.<sup>1</sup> For the adult members, star assignments are based on NCQA's 2004 CAHPS® 3.0H Benchmarks.<sup>2</sup>

### Overall General Child Member Satisfaction Table

The Overall General Child Member Satisfaction Table (Table C1, on page C25) depicts general child member satisfaction using a one to five star rating system. The star assignments are based on the distribution of plan-level global ratings and composite scores from NCQA's 2003 National Child Medicaid data.

- ★★★★★ - indicates a score at or above the 80th percentile
- ★★★★ - indicates a score between the 60th and 80th percentiles
- ★★★ - indicates a score between the 40th and 60th percentiles
- ★★ - indicates a score between the 20th and 40th percentiles
- ★ - indicates a score below the 20th percentile

Table F1, on page F3, provides a crosswalk of the number of stars to the general child three-point means on the global ratings and composite scores.

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<sup>1</sup> NCQA National Distribution of 2003 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on March 12, 2004.

<sup>2</sup> National Committee for Quality Assurance. *HEDIS/CAHPS® 3.0H Benchmarks and Thresholds for Accreditation 2004*. Washington, DC: NCQA, February 18, 2004.

<b>Table F1</b>					
<b>Overall General Child Member Satisfaction Ratings Crosswalk</b>					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
<b>GLOBAL RATINGS</b>					
Health Plan	0 - 2.398	2.399 - 2.461	2.462 - 2.472	2.473 - 2.496	≥ 2.497
All Health Care	0 - 2.422	2.423 - 2.502	2.503 - 2.551	2.552 - 2.569	≥ 2.570
Personal Doctor	0 - 2.491	2.492 - 2.552	2.553 - 2.577	2.578 - 2.625	≥ 2.626
Specialist	0 - 2.374	2.375 - 2.435	2.436 - 2.489	2.490 - 2.509	≥ 2.510
<b>COMPOSITE SCORES</b>					
Getting Needed Care	0 - 2.638	2.639 - 2.675	2.676 - 2.694	2.695 - 2.760	≥ 2.761
Getting Care Quickly	0 - 2.261	2.262 - 2.354	2.355 - 2.369	2.370 - 2.416	≥ 2.417
How Well Doctors Communicate	0 - 2.561	2.562 - 2.598	2.599 - 2.644	2.645 - 2.657	≥ 2.658
Courteous and Helpful Office Staff	0 - 2.565	2.566 - 2.614	2.615 - 2.689	2.690 - 2.700	≥ 2.701
Customer Service	0 - 2.519	2.520 - 2.597	2.598 - 2.624	2.625 - 2.631	≥ 2.632
<i>Note: Source of star benchmarks: NCQA National Distribution of 2003 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on March 12, 2004.</i>					

### **Overall Adult Member Satisfaction Table**

The Overall Adult Member Satisfaction Table (Table C2, on page C28) depicts adult member satisfaction using a one to five star rating system. The star assignments are based on NCQA's 2004 CAHPS® 3.0H Benchmarks.

- ★★★★★ - indicates a score at or above the 90th percentile
- ★★★★☆ - indicates a score between the 75th and 90th percentiles
- ★★★☆☆ - indicates a score between the 50th and 75th percentiles
- ★★☆☆☆ - indicates a score between the 25th and 50th percentiles
- ★☆☆☆☆ - indicates a score below the 25th percentile

Table F2, on page F5, provides a crosswalk of the number of stars to the adult member three-point means on the global ratings and composite scores.

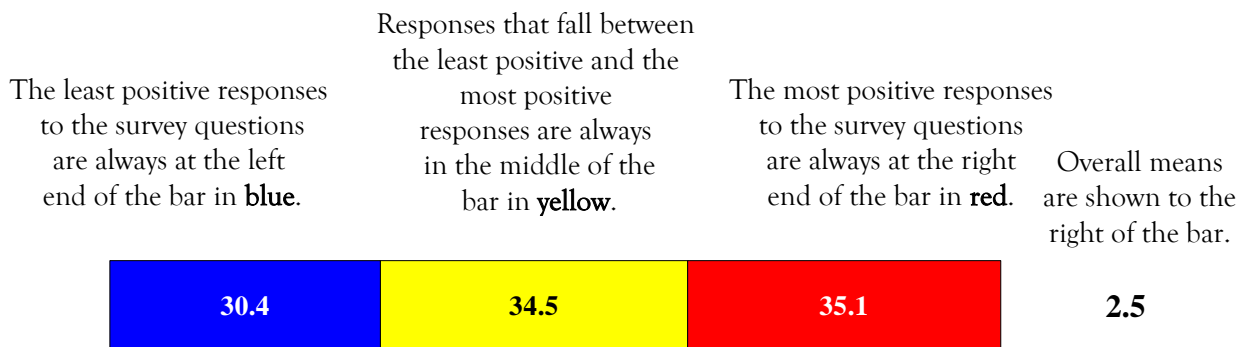
<b>Table F2</b>					
<b>Overall Adult Member Satisfaction Ratings Crosswalk</b>					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
<b>GLOBAL RATINGS</b>					
Health Plan	0 - 2.219	2.220 - 2.339	2.340 - 2.409	2.410 - 2.479	≥ 2.480
All Health Care	0 - 2.229	2.230 - 2.329	2.330 - 2.409	2.410 - 2.459	≥ 2.460
Personal Doctor	0 - 2.369	2.370 - 2.439	2.440 - 2.499	2.500 - 2.539	≥ 2.540
Specialist	0 - 2.389	2.390 - 2.439	2.440 - 2.489	2.490 - 2.549	≥ 2.550
<b>COMPOSITE SCORES</b>					
Getting Needed Care	0 - 2.519	2.520 - 2.629	2.630 - 2.689	2.690 - 2.749	≥ 2.750
Getting Care Quickly	0 - 2.109	2.110 - 2.179	2.180 - 2.239	2.240 - 2.289	≥ 2.290
How Well Doctors Communicate	0 - 2.409	2.410 - 2.459	2.460 - 2.509	2.510 - 2.549	≥ 2.550
Courteous and Helpful Office Staff	0 - 2.509	2.510 - 2.559	2.560 - 2.599	2.600 - 2.659	≥ 2.660
Customer Service	0 - 2.439	2.440 - 2.519	2.520 - 2.599	2.600 - 2.699	≥ 2.700
<p><i>Note: Source of star benchmarks: HEDIS® Measures and HEDIS/CAHPS® 3.0H Benchmarks and Thresholds for Accreditation 2004 Medicaid Product Line.</i></p>					

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## HOW TO READ THE OHIO COMPARISONS BAR GRAPHS

Below is an explanation of how to read the bar graphs presented in the Ohio Comparisons section. The Ohio Comparisons section reports on the CAHPS® results in accordance with the methodology utilized 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 Ohio Medicaid CMC Program and its participating MCPs. Statistically significant differences between the MCP-level scores and the program average are also noted within the bar graphs.



For figures with two response categories, only red and blue 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 right of the overall means indicate statistically significant differences between an MCP's mean scores and the program average. Only statistically significant findings are discussed within the text of the Ohio Comparisons section.

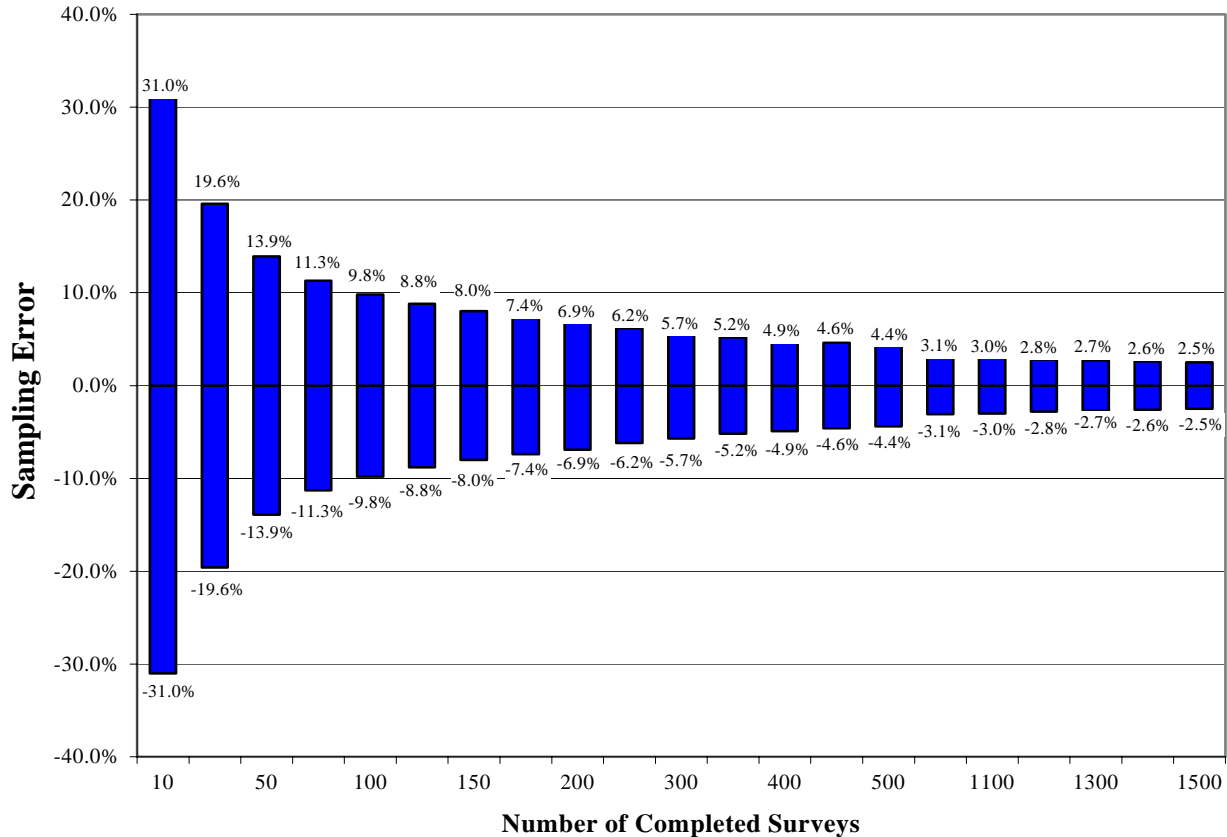
## **UNDERSTANDING SAMPLING ERROR**

The interpretation of CAHPS® 3.0H results requires an understanding of sampling error, since it is generally not feasible to survey an entire MCP's population. For this reason, surveys include only a sample from the population and use statistical techniques to maximize the probability that the sample results apply to the entire population.

In order for results to be generalizable to the entire population, the sample selection process must give each person in the population an equal chance of being selected for inclusion in the study. In the CAHPS® 3.0H Surveys, this is accomplished by drawing a sample that randomly selects members for inclusion from the entire MCP. This assures that no single group of members in the sample is over-represented relative to the entire population. For example, if there were a larger number of members surveyed between the ages of 45 to 54, their views would have a disproportionate influence on the results compared to other age groups.

Since every member in the MCP's total population is not surveyed, the actual percentage of satisfied members cannot be determined. Statistical techniques are utilized to ensure that the unknown actual percentage of satisfied members lies within a given interval, called the confidence interval, 95 percent of the time. The 95 percent confidence interval has a characteristic sampling error (sometimes called "margin of error"). For example, if the sampling error of a survey is  $\pm 10$  percent with a confidence interval of 95 percent, this indicates that if 100 samples were selected from the population of the same MCP, the results of these samples would be within plus or minus 10 percentage points of the results from a single sample in 95 of the 100 samples. The size of the sample error shown in Figure F1, on page F8, is based on the number of members who completed the survey. Figure F1 indicates that if 400 MCP members complete a survey, the margin of error is  $\pm 4.9$  percent. Note that the calculations used in the graph assume that the size of the eligible population is greater than 2,000, as is the case with most Medicaid MCPs. The smaller the number of members completing the survey, then the larger the sampling error. Lower response rates may bias results because the proportion of members responding to the survey may not necessarily reflect the randomness of the entire sample.

**Figure F1**  
**Sampling Error and the Number of Completed Surveys**



As Figure F1 demonstrates, sampling error declines as the sample size increases. Consequently, when the sample size is very large and sampling error is very small, almost any difference is statistically significant; however, this does not indicate that such differences are important. Likewise, even if the difference between two measured rates is not statistically significant, it may be important from an MCP's perspective. The context in which the MCP data are being reviewed will influence the interpretation of results.

## REPORT INTERPRETATION

This section of the report offers an approach to the interpretation of an MCP's results. One CAHPS® 3.0H Medicaid Survey instrument (in English) was mailed to those members chosen at random from the total enrollment of an MCP as permitted by the HEDIS®/CAHPS® 3.0H methodology. This number took into account the loss of some potential respondents due to errors in enrollment status, death, etc. The goal was to obtain as high a response rate as possible. As discussed in the previous section, the fewer the number of responses, the wider the sampling error. Table F3 depicts the sampling errors for various numbers of responses.

<b>Table F3</b>								
<b>Sampling Error and the Number of Survey Responses</b>								
<b>Number of Responses</b>	100	150	200	250	300	350	400	500
<b>Approximate Sampling Error (%)</b>	± 9.8	± 8.0	± 6.9	± 6.2	± 5.7	± 5.2	± 4.9	± 4.4

It may be helpful to review how sampling error can impact the interpretation of MCP results. For example, assume the state Medicaid average of 150 respondents was 80 percent satisfied with their personal doctor. The sampling error associated with this number is plus or minus 8 percent. Therefore, the true satisfaction rate ranges between 72 percent and 88 percent. If 100 of an MCP's members completed the survey and 85 percent of those completing the survey reported being satisfied with their personal doctor, it is tempting to view this difference of five percentage points between the two rates as important. However, the true satisfaction rate of the MCP's respondents ranges between 77 percent and 93 percent, thereby overlapping the state Medicaid average including sample error. Whenever two measures fall within each other's sampling error, the difference may not be statistically significant. At the same time, lack of statistical significance is not the same as lack of importance. The significance of this five percentage point difference is open to interpretation at both the individual MCP-level and the state-level.

After potential sampling error has been taken into consideration, it is recommended that MCP-level results calculated using NCQA methodology be compared to the 2004 Ohio Medicaid CMC Program average (using NCQA methodology), NCQA's 2004 CAHPS® 3.0H Benchmarks (for adult results), NCQA's 2003 National Child Medicaid data, and the 2003 NCQA National Medicaid averages.<sup>3</sup> It is recommended that MCP-level results calculated using ODJFS methodology be compared to the 2004 Ohio Medicaid CMC Program results (also using ODJFS methodology). This comparison is provided in the Full Report and Executive Summary Report.

<sup>3</sup> NCQA National Medicaid data for 2004 were not available at the time this report was prepared.

## **LIMITATIONS AND CAUTIONS**

The findings presented in the 2004 Ohio CAHPS® reports are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings presented. These limitations are discussed below.

### **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 for delivery of health services.

### **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.

### **Single Point in Time**

The results of these surveys provide a snapshot comparison of MCPs at a single point in time. These comparisons may not reflect stable patterns of consumer ratings over time.

### **Causal Inferences**

Although the 2004 Ohio CAHPS® reports examine whether members of various MCPs report differences in satisfaction with various aspects of their health care experiences, these differences may not be attributed completely to the MCP. The analyses described in the Ohio reports identify whether members in different MCPs give different ratings of satisfaction with their MCPs. The surveys by themselves do not reveal why the differences exist.

## QUALITY IMPROVEMENT REFERENCES

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