



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

Methodology Report



OHIO MEDICAID COMPREHENSIVE
MANAGED CARE PROGRAM

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HSAG
HEALTH SERVICES
ADVISORY GROUP

Ohio Department of Job and Family Services

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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^{®1} Surveys is to provide performance feedback that will be used to improve overall Ohio Medicaid CMC member satisfaction with MCPs. The standardized survey instruments selected were the CAHPS[®] 3.0H Adult Medicaid Survey and the CAHPS[®] 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). For the Ohio Medicaid CMC Program, four MCPs participated in the 2004 CAHPS[®] 3.0H Medicaid Surveys. Adult members and the parents or caretakers of child members from each MCP completed the surveys during the period of February through May 2004. All MCP members sampled received an English version of the surveys. The following 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[®] Methodology Report is one of four separate reports that have been created to provide ODJFS with a comprehensive analysis of the 2004 Ohio CAHPS[®] results.

- The **Full Report** contains six sections examining the results of the CAHPS[®] 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[®] 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[®] results utilizing the Health Plan Employer Data and Information Set (HEDIS^{®2}) CAHPS[®] 3.0H methodology, comparing the results of Ohio Adult Medicaid CMC members to NCQA's 2004 CAHPS[®] 3.0H Benchmarks, and the results of Ohio Child Medicaid CMC members to NCQA's 2003 National Child Medicaid data; (4) The *Ohio Comparisons* section analyzes the CAHPS[®] results utilizing ODJFS' methodology and the CAHPS[®] Survey User's Network (SUN)

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

² HEDIS[®] is a registered trademark of NCQA.

CAHPS[®] analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings, composites, composite items, additional items, CCC composites, 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** contains three sections that provide a high-level overview of the major CAHPS[®] results presented in the Full Report: (1) The *Introduction* section provides an overview of the survey administration and response rate information; (2) The *NCQA Comparisons* section analyzes the CAHPS[®] results utilizing the HEDIS CAHPS[®] 3.0H methodology; and (3) The *Ohio Comparisons* section analyzes the CAHPS[®] results utilizing ODJFS' methodology and the CAHPS[®] Survey User's Network (SUN) CAHPS[®] analysis program, which enables ODJFS to identify whether there are outlier MCPs on the global ratings and composites.
- The **Children with Chronic Conditions (CCC) Report** contains four sections examining the results of the CAHPS[®] 3.0H Child Medicaid Survey: (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[®] 3.0H Child Medicaid Survey, as well as demographic data for child members with and without chronic conditions whose parent or caretaker completed a survey; (3) The *Ohio CCC Comparisons* section analyzes the CAHPS[®] results utilizing ODJFS' methodology and the CAHPS[®] Survey User's Network (SUN) CAHPS[®] analysis program, which enables ODJFS to identify whether there are significant differences between the CCC and non-CCC populations on the global ratings, composites, composite items, additional items, CCC composites, and CCC composite items; and (4) The *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in the CCC Report.
- The **Methodology Report** contains four sections that provide a detailed description of the methodology utilized to perform the CAHPS[®] analyses for the State of Ohio Medicaid CMC Program: (1) The *Introduction* section provides an overview of CAHPS[®] Surveys and the survey administration; (2) The *Data Analysis* section describes the methodology utilized to calculate response rates, calculate demographic frequencies, perform the analyses within the NCQA Comparisons and Ohio Comparisons sections in the Full Report and Executive Summary Report, and to perform the analyses within the Ohio CCC Comparisons section in the CCC Report; (3) The *Reader's Guide* section provides additional information to aid in the interpretation of the results presented in all Ohio Medicaid CAHPS[®] reports; and (4) The *Survey Instruments* section provides copies of the CAHPS[®] 3.0H Adult Medicaid Survey and the CAHPS[®] 3.0H Child Medicaid Survey (with Chronic Conditions measurement set) selected for the Ohio Medicaid Member Satisfaction Survey.

SURVEY OVERVIEW

The survey instruments selected were the CAHPS[®] 3.0H Adult Medicaid Survey and the CAHPS[®] 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). The CAHPS[®] 3.0H Surveys are a set of standardized surveys that assess patient perspectives on care. Originally, CAHPS[®] was a five year collaborative project sponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly known as the Agency for Health Care Policy and Research (AHCPR). The CAHPS[®] questionnaires and consumer reports were developed under cooperative agreements among AHRQ, Harvard Medical School, RAND, and the Research Triangle Institute (RTI). In 1997, NCQA, in conjunction with AHRQ, created the CAHPS[®] 2.0H Survey measure as part of NCQA's HEDIS.³ In 2002, AHRQ convened the CAHPS[®] Instrument Panel to re-evaluate and update the CAHPS[®] Surveys and to improve the state-of-the-art methods for assessing members' experiences with care.⁴ The result of this re-evaluation and update process was the development of the CAHPS[®] 3.0H Surveys. The overarching goal of the CAHPS[®] 3.0H Surveys is to effectively and efficiently obtain information from the person receiving care. NCQA also includes CAHPS[®] results as part of the scoring algorithm in their accreditation program for MCPs.

The HEDIS sampling and data collection procedures for the CAHPS[®] 3.0H Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting health plan data. The administration of the surveys was completed with strict adherence to required specifications.

The CAHPS[®] 3.0H Medicaid questionnaire set includes separate versions for adult and child populations in English and Spanish. The Adult Medicaid version and Child Medicaid (with Chronic Conditions measurement set) version are included in Section D of this report. The surveys assess topics such as quality of care provided, access to care, the communication skills of providers and administrative staff, and overall satisfaction with health plans and providers.

The CAHPS[®] 3.0H Adult Medicaid Survey and the CAHPS[®] 3.0H Child Medicaid Survey were fielded during February through May 2004 for Ohio Medicaid CMC members who met the enrollment and age criteria during calendar year 2003. These surveys provide Ohio Medicaid CMC and its MCPs with comprehensive survey results to enhance the communication of this important MCP satisfaction information to consumers.

The CAHPS[®] 3.0H protocol uses a rigorous methodology designed to maximize the number of responses and facilitate comparison of results across MCPs. NCQA requires CAHPS[®] 3.0H as part of HEDIS for accreditation of managed care organizations.

³ National Committee for Quality Assurance. *HEDIS[®] 2002, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2001.

⁴ National Committee for Quality Assurance. *HEDIS[®] 2003, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

The CAHPS® 3.0H Adult Medicaid Survey includes 67 core questions that yield nine measures of satisfaction. These measures include four global rating questions and five composite measures. The CAHPS® 3.0H Child Medicaid Survey (with Chronic Conditions measurement set) includes 110 core questions that yield 15 measures of satisfaction. These measures include four global rating questions, five composite measures, and six CCC composite measures. The global ratings reflect overall satisfaction with the health plan, health care, personal physicians, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., “getting needed care” or “getting care quickly”). Table A1 lists the global ratings and composite measures included in the CAHPS® 3.0H Medicaid Surveys.

Table A1		
Global and Composite Measures		
GLOBAL RATINGS	COMPOSITE SCORES	CCC COMPOSITE SCORES*
Rating of Health Plan	Getting Needed Care	Access to Prescription Medicines
Rating of All Health Care	Getting Care Quickly	Access to Specialized Services
Rating of Personal Doctor	How Well Doctors Communicate	Family Centered Care (FCC): Personal Doctor Who Knows Child
Rating of Specialist	Courteous and Helpful Office Staff	FCC: Shared Decision Making
	Customer Service	FCC: Getting Needed Information
		Coordination of Care
<p><i>* Please note, the CCC composite scores are only present in the CAHPS® 3.0H Child Medicaid Survey (with Chronic Conditions measurement set).</i></p>		

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.⁵ 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. A total of 7,360 child surveys for children in Sample B were mailed out for the four participating MCPs in the State of 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[®] 3.0H Child Medicaid Survey (with CCC measurement set) instrument. The results presented in the Full Report and Executive Summary Report are based on the responses of parents or caretakers of children from Sample A. This random sample of members (Sample A) from each MCP represents the general child population. The CAHPS[®] 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 presented in the CCC Report are based on the responses of parents or caretakers of children with and without chronic conditions.

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.

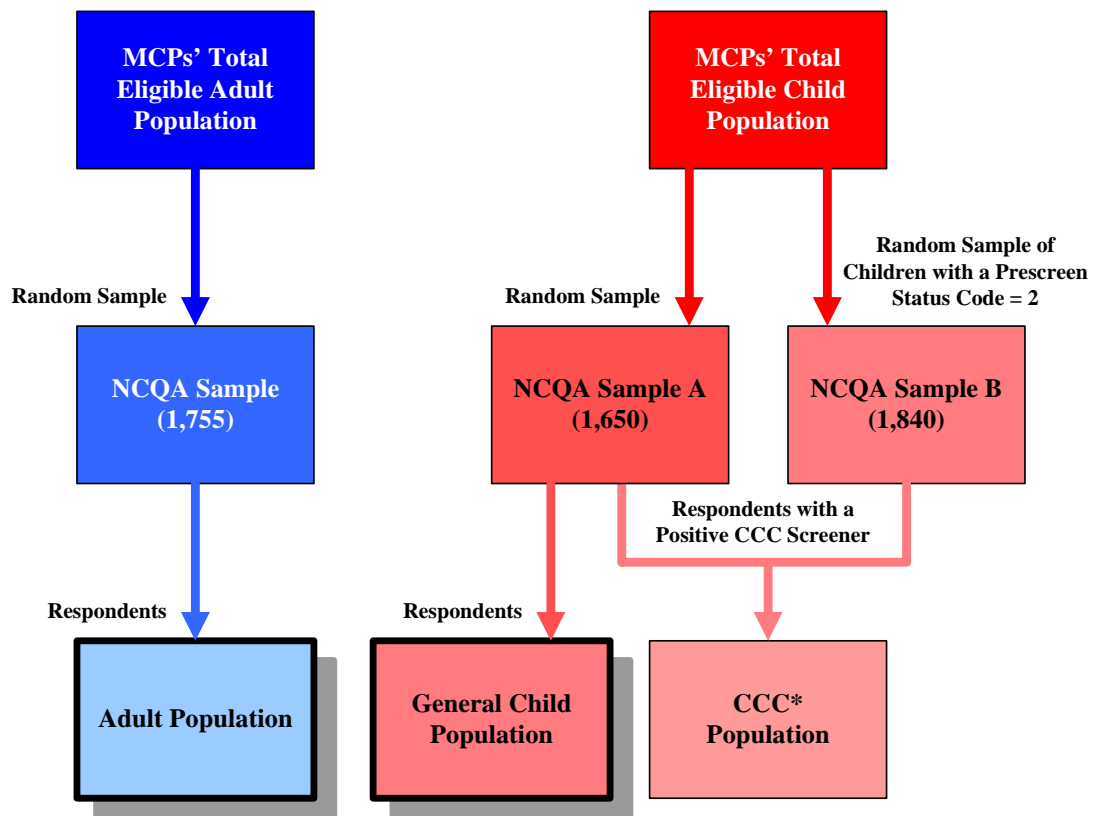
⁵ National Committee for Quality Assurance. *HEDIS 2004, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2003.

This over-sampling was performed to ensure a greater number of respondents to each CAHPS® 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

Sampling Scheme

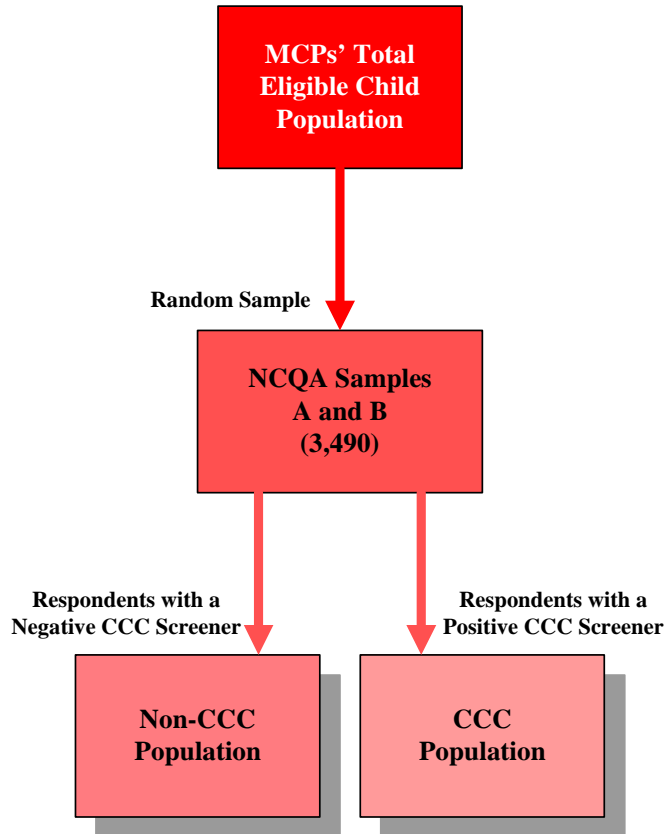
The following diagrams depict the overall sampling scheme and the pertinent populations in each of the reports.

Ohio Full Report and Executive Summary Report



** Please note, the results of the CCC population are described in the CCC Report.*

Ohio CCC Report



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.⁶ Table A2, on page A9, 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

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 A2, on page A9.

⁶ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS 2004 Survey Measures*. Washington, DC: NCQA Publication, 2003.

Table A2 CAHPS® 3.0H Surveys Timeframe	
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

Data Analysis

A number of different analyses were performed to generate the Ohio CAHPS® 2004 Survey results. This section provides a detailed discussion of each of the analyses utilized to generate the Ohio CAHPS® reports.

RESPONSE RATES

The administration of the CAHPS® 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.¹ 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 A8), were mentally or physically incapacitated,² or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}$$

DEMOGRAPHICS

For the Full Report, six separate analyses were performed on a series of survey questions focusing on demographic and health-related items. These analyses examined the adult, general child, and CCC populations. Table B1, on page B2, depicts the table numbers in the Full Report that correspond to these six analyses and the question numbers from the adult and child surveys used in calculating the frequencies for the demographic and health-related items in the analyses. For the CCC Report, four separate analyses were performed on a series of survey questions focusing on demographic and health-related items. These analyses examined child members with and without chronic conditions. Table B2, on page B3, depicts the table numbers in the CCC Report that correspond to these four analyses and the question numbers from the child survey used in calculating the frequencies for the demographic and health-related items in the analyses.

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

² The mentally or physically incapacitated designation is not valid for the CAHPS® 3.0H Child Medicaid Survey. Children that are mentally or physically incapacitated **are** eligible for inclusion in the child results.

Table B1			
Demographic Items Analyzed in the Full Report			
DEMOGRAPHIC ANALYSIS	DEMOGRAPHIC CATEGORY	ADULT SURVEY QUESTION NUMBER	CHILD SURVEY QUESTION NUMBER
Table B1: Respondent Profiles in Full Report			
	Age	60	102
	Gender	61	103
	Education	62	104
Table B2: Adult and General Child Member Profiles in Full Report			
	Race	64	101
	Hispanic Ethnicity	63	100
	Health Status	53	92
Table B3: Adult Member Profiles in Full Report			
	Age	60	–
	Gender	61	–
	Education	62	–
	Race	64	–
	Hispanic Ethnicity	63	–
	Health Status	53	–
Table B4: General Child Member Profiles in Full Report			
	Age	–	98
	Gender	–	99
	Race	–	101
	Hispanic Ethnicity	–	100
	Health Status	–	92
	Respondent Relationship	–	107
Table B5: Responses to CCC Screener Questions in Full Report			
	Prescription Medicine	–	93, 93a, 93b
	More Care	–	94, 94a, 94b
	Functional Limitations	–	95, 95a, 95b
	Special Therapy	–	96, 96a, 96b
	Mental Health Services	–	97, 97a
Table B6: Distribution of CCC Categories for CCC Population in Full Report			
	Prescription Medicine	–	93, 93a, 93b
	More Care	–	94, 94a, 94b
	Functional Limitations	–	95, 95a, 95b
	Special Therapy	–	96, 96a, 96b
	Mental Health Services	–	97, 97a

Table B2 Demographic Items Analyzed in the CCC Report		
DEMOGRAPHIC ANALYSIS	DEMOGRAPHIC CATEGORY	CHILD SURVEY QUESTION NUMBER
Table B1: Respondent Profiles in CCC Report		
	Respondent Relationship	107
	Age	102
	Gender	103
	Education	104
Table B2: Child Member Profiles in CCC Report		
	Age	98
	Gender	99
	Race	101
	Hispanic Ethnicity	100
	Health Status	92
Table B3: Responses to CCC Screener Questions in CCC Report		
	Prescription Medicine	93, 93a, 93b
	More Care	94, 94a, 94b
	Functional Limitations	95, 95a, 95b
	Special Therapy	96, 96a, 96b
	Mental Health Services	97, 97a
Table B4: Distribution of CCC Categories for CCC Population in CCC Report		
	Prescription Medicine	93, 93a, 93b
	More Care	94, 94a, 94b
	Functional Limitations	95, 95a, 95b
	Special Therapy	96, 96a, 96b
	Mental Health Services	97, 97a

NCQA ANALYSIS

An analysis of the Ohio CAHPS® 3.0H Survey results was conducted utilizing NCQA protocol for the Full Report and the Executive Summary Report. The results were calculated in accordance with HEDIS specifications for survey measures.³ 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. NCQA also requires a minimum of 100 responses on each item in order to report the item as a CAHPS®/HEDIS result. The following methodology was used to perform the NCQA analysis.

Three-Point Mean Calculations

Three-point means, variances, and 95 percent confidence intervals are calculated for each of the four global rating questions (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist). Scoring is based on a three-point scale: response values of 0 through 6 are given a score of 1; response values of 7 and 8 are given a score of 2; and response values of 9 and 10 are given a score of 3.

The three-point rating mean is the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question.

$$\text{Global Rating Mean (GRM)} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (either 1, 2, or 3)

An unbiased variance is calculated for each three-point global rating using a standard unbiased variance formula where *x* is the score value (1, 2, or 3).

$$\text{Global Rating Variance (GRV)} = \sum_i^n \frac{(x - \bar{x})^2}{n - 1}$$

i = 1, ..., n members responding to question
x = score of member on question (either 1, 2, or 3)
 \bar{x} = mean global rating score

The unbiased mean and variance are utilized to calculate a 95 percent confidence interval for each three-point global rating mean. The following formula is used to calculate the 95 percent confidence interval for the three-point global rating means.

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

$$\text{Global Rating 95\% Confidence Interval} = (GRM) \pm 1.96 \sqrt{\frac{GRV}{n}}$$

Three-point means, variances, and 95 percent confidence intervals are calculated for each of the five composite scores (Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff, and Customer Service) and the six CCC composite scores (Access to Prescription Medicines, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, FCC: Shared Decision Making, FCC: Getting Needed Information, and Coordination of Care). In general, scoring is based on a three-point scale: responses of “Always” or “Not a problem” are given a score of 3; responses of “Usually” and “A small problem” are given a score of 2; all other responses are given a score of 1. 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 CCC composites. Half of the questions within these two CCC composites have response categories of “Not a problem,” “A small problem,” and “A big problem” and half have response categories of “No” and “Yes” (indicating whether the parent or caretaker received help with a problem). A question with “Not a problem,” “A small problem,” and “A big problem” response categories is paired with a question with “No” and “Yes” response categories. These paired questions are then used to score the results: responses of “Did not have a problem” are given a score of 3; responses of “Had a problem, was helped,” are given a score of 2; and responses of “Had a problem, was not helped” are given a score of 1. 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. Table B3, on page B7, illustrates how the three-point score values are determined.

The three-point composite mean is the average of the mean score for each question included in the composite. That is, each question contributes equally to the average, regardless of the number of respondents to the question.

$$\text{Composite Score Mean (CSM)} = \frac{1}{m} \sum_{i=1}^m \left(\frac{\sum_{j=1}^{n_i} x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite

j = 1, ..., n_i members responding to question i

x_{ij} = score of member j on question i (either 1, 2, or 3)

An unbiased variance is calculated for each three-point composite mean. The following formula is used to calculate the composite variance.

$$\text{Composite Score Variance (CSV)} = \frac{N}{N-1} \sum_{j=1}^N \left(\sum_{i=1}^m \frac{1}{m} * \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

i = 1, ..., *m* questions in a composite

j = 1, ..., *n_i* members responding to question *i*

x_{ij} = score of member *j* on question *i* (either 1, 2, or 3)

\bar{x}_i = average score for question *i*

N = number of members responding to at least one question in the composite

The unbiased mean and variance are utilized to calculate a 95 percent confidence interval for each three-point composite mean. The following formula is used to calculate the 95 percent confidence interval for the three-point composite means:

$$\text{Composite 95\% Confidence Interval} = (CSM) \pm 1.96\sqrt{CSV}$$

Table B3	
Determining Three-Point Score Values	
GLOBAL RATINGS: 0 - 10 FORMAT	
<i>Response Category</i>	<i>Score Values</i>
0 - 6	1
7 - 8	2
9 - 10	3
COMPOSITE SCORES: NEVER/SOMETIMES/USUALLY/ALWAYS FORMAT	
<i>Response Category</i>	<i>Score Values</i>
Never	1
Sometimes	1
Usually	2
Always	3
COMPOSITE SCORES: A BIG PROBLEM/A SMALL PROBLEM/NOT A PROBLEM FORMAT	
<i>Response Category</i>	<i>Score Values</i>
A big problem	1
A small problem	2
Not a problem	3
COMPOSITE SCORES: YES/NO FORMAT	
<i>Response Category</i>	<i>Score Values</i>
Yes	1
No	0
COMPOSITE SCORES: HAD A PROBLEM, WAS NOT HELPED/HAD A PROBLEM, WAS HELPED/DID NOT HAVE A PROBLEM FORMAT	
<i>Response Category</i>	<i>Score Values</i>
Had a problem, was not helped	1
Had a problem, was helped	2
Did not have a problem	3

Question Summary Rate Calculations

In addition to the three-point mean score values, corresponding variances, and 95 percent confidence intervals, question summary rates, variances, and 95 percent confidence intervals are calculated for each global rating question. Response choices of 9 or 10 are assigned a score value of 1, and all other response choices are assigned a score value of 0. Table B4, on page B11, illustrates how the question summary rate score values are determined. The question summary rate is the sum of the score values (0 or 1) divided by the total number of responses to the rating question.

$$\begin{aligned} \text{Question Summary Rate} &= \sum_i^n \frac{x}{n} \\ (\text{QSR}) \end{aligned}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)

An unbiased variance is calculated for each question summary rate using a standard unbiased variance formula where x is the score value (0 or 1).

$$\begin{aligned} \text{Question Summary Rate} &= \sum_i^n \frac{(x - \bar{x})^2}{n-1} \\ \text{Variance (QSRV)} \end{aligned}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)
 \bar{x} = mean question summary rate

The unbiased mean and variance are utilized to calculate a 95 percent confidence interval for each question summary rate. The following formula is used to calculate the 95 percent confidence interval for each question summary rate.

$$\begin{aligned} \text{Question Summary Rate 95\%} &= (\text{QSR}) \pm 1.96 \sqrt{\frac{\text{QSRV}}{n}} \\ \text{Confidence Interval} \end{aligned}$$

Global Proportion Calculations

In addition to the three-point mean score values, corresponding variances, and confidence intervals, global proportions, variances, and 95 percent confidence intervals are calculated for each composite score. For the Getting Care Quickly, How Well Doctors Communicate, and Courteous and Helpful Office Staff composites, responses of “Always” are assigned a score value of 1, and all other response choices are assigned a value of 0. For the Getting Needed Care and Customer Service composites, responses of “Not a problem” are assigned a score value of 1, and all other response choices are assigned a value of 0. For the Access to Prescription Medicines and Access to Specialized Services CCC composites, responses of “Did not have a problem” are assigned a score value of 1, and all other response choices are assigned a value of 0. For the FCC: Shared Decision Making and FCC: Getting Needed Information CCC composites, responses of “Always” are assigned a score value of 1, and all other response choices are assigned a value of 0. For the FCC: Personal Doctor Who Knows Child and the Coordination of Care CCC composites, responses of “Yes” are assigned a score value of 1, and all other response choices are assigned a value of 0. Table B4, on page B11, illustrates how the global proportion score values are determined.

The composite global proportion is calculated by first determining the average score (i.e., proportion responding with a score of 1) for each question. This step is repeated for each of the questions in the composite. Finally, the average proportion responding with a score of 1 is determined across all of the questions in the composite. This average is the composite global proportion. That is, each question contributes equally to the average, regardless of the number of respondents to the question.

$$\text{Composite Global Proportion (GP)} = \frac{1}{m} \sum_{i=1}^m \left(\frac{\sum_{j=1}^{n_i} x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

An unbiased variance is calculated for each composite global proportion. The following formula is used to calculate the composite global proportion variance.

$$\text{Composite GP Variance (GPV)} = \frac{N}{N-1} \sum_{j=1}^N \left(\sum_{i=1}^m \frac{1}{m} * \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)
 \bar{x}_i = average score for question i
N = number of members responding to at least one question in the composite

The unbiased mean and variance are utilized to calculate a 95 percent confidence interval for each composite global proportion. The following formula is used to calculate the 95 percent confidence interval for each composite global proportion.

$$\begin{array}{l} \textit{Composite GP 95\%} \\ \textit{Confidence Interval} \end{array} = (GP) \pm 1.96\sqrt{GPV}$$

Table B4	
Determining Question Summary Rate and Global Proportion Score Values	
GLOBAL RATINGS: 0 - 10 FORMAT	
<i>Response Category</i>	<i>Score Values</i>
0 - 8	0
9 - 10	1
COMPOSITE SCORES: NEVER/SOMETIMES/USUALLY/ALWAYS FORMAT	
<i>Response Category</i>	<i>Score Values</i>
Never	0
Sometimes	0
Usually	0
Always	1
COMPOSITE SCORES: A BIG PROBLEM/A SMALL PROBLEM/NOT A PROBLEM FORMAT	
<i>Response Category</i>	<i>Score Values</i>
A big problem	0
A small problem	0
Not a problem	1
COMPOSITE SCORES: YES/NO FORMAT	
<i>Response Category</i>	<i>Score Values</i>
No	0
Yes	1
COMPOSITE SCORES: HAD A PROBLEM, WAS NOT HELPED/HAD A PROBLEM, WAS HELPED/DID NOT HAVE A PROBLEM FORMAT	
<i>Response Category</i>	<i>Score Values</i>
Had a problem, was not helped	0
Had a problem, was helped	0
Did not have a problem	1

Overall Member Satisfaction Tables

The Overall Member Satisfaction Tables in the NCQA Comparisons section of the Full Report depict member satisfaction using a one to five star rating system. For the adult members, star assignments are based on NCQA's 2004 CAHPS[®] 3.0H Benchmarks.⁴ 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.⁵

In February or March of each year, NCQA releases the national benchmarks and thresholds for the HEDIS/CAHPS[®] 3.0H survey results required for NCQA's *Accreditation of Managed Care Organizations (MCO)* for the Medicaid population.⁶ NCQA requires MCPs to submit HEDIS and CAHPS[®] data as part of the MCO accreditation process. Utilizing these data submissions, NCQA recalculates the summary statistics annually for each HEDIS measure. These recalculated national results are compared to the prior year's accreditation benchmarks and thresholds. If there is minimal change to the national performance, accreditation benchmarks and thresholds are held constant. If performance changes, NCQA considers updating the benchmarks and thresholds. In addition, should changes to the measure impact trending, NCQA will recalculate the benchmarks and thresholds and update as necessary, in order to hold plans harmless. In 2003, a total of 87 plans submitted Adult Medicaid CAHPS[®] data and a total of 38 plans submitted Child Medicaid CAHPS[®] data. The benchmarks and thresholds, as well as the 2003 NCQA national numbers, presented in the Full Report are based on the NCQA data submissions of these MCOs.

The child Medicaid overall member satisfaction (i.e., star) ratings provided in the Full Report are based on the distribution of the 2003 Child Medicaid CAHPS[®] data.⁷ The stars are assigned based on a comparison of an MCP's score on each measure to the NCQA national distribution. NCQA provides these data to HSAG in the form of quintiles. The use of quintiles, where the highest quintile (i.e., greater than or equal to 80 percent) is the equivalent of five stars, provides a more conservative estimate of the stars on the child data than utilizing a top category of greater than or equal to 90 percent as is done for the adult data. HSAG utilizes these child data in the prescribed format because NCQA does not provide accreditation benchmarks or thresholds for the child Medicaid population. In contrast, NCQA does publish national accreditation benchmarks and thresholds for the adult Medicaid population. Given the availability of these benchmarks and thresholds, the adult Medicaid overall member satisfaction ratings provided in the Full Report are based on these national benchmarks and thresholds, where the top category is greater than or equal to 90 percent.⁸ For additional information, please refer to NCQA's Quality Compass[®].⁹

⁴ National Committee for Quality Assurance. *HEDIS/CAHPS[®] 3.0H Benchmarks and Thresholds for Accreditation 2004*. Washington, DC: NCQA, February 18, 2004.

⁵ NCQA National Distribution of 2003 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on March 12, 2004.

⁶ National Committee for Quality Assurance. *HEDIS/CAHPS[®] 3.0H Benchmarks and Thresholds for Accreditation 2004*. Washington, DC: NCQA, February 18, 2004.

⁷ NCQA National Distribution of 2003 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on March 12, 2004.

⁸ National Committee for Quality Assurance. *HEDIS/CAHPS[®] 3.0H Benchmarks and Thresholds for Accreditation 2004*. Washington, DC: NCQA, February 18, 2004.

⁹ National Committee for Quality Assurance. *2003 Quality Compass[®]*. Washington, DC: NCQA, 2004. Quality Compass is a registered trademark of NCQA.

Overall Adult Member Satisfaction Table

The Overall Adult Member Satisfaction Table 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 B5, on page B14, provides a crosswalk of the number of stars to the adult member three-point means on the global ratings and composite scores.

Table B5					
Overall Adult Member Satisfaction Ratings Crosswalk					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
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
COMPOSITE SCORES					
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>					

Overall Child Member Satisfaction Table

The Overall Child Member Satisfaction Table depicts 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.¹⁰

- ★★★★★ - 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 B6, on page B16, provides a crosswalk of the number of stars to the child three-point means on the global ratings and composite scores.

¹⁰ NCQA National Distribution of 2003 Child Medicaid Plan-Level Results. Prepared by NCQA for HSAG on March 12, 2004.

Table B6					
Overall Child Member Satisfaction Ratings Crosswalk					
NUMBER OF STARS					
AREA RATED	★	★★	★★★	★★★★	★★★★★
GLOBAL RATINGS					
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
COMPOSITE SCORES					
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
<p><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></p>					

OHIO COMPARISONS ANALYSIS

An analysis of the Ohio CAHPS[®] results was conducted for the Ohio Comparisons section of the Full Report and the Executive Summary Report. The Ohio Comparisons section presents results based on ODJFS' analytic methodology, which utilizes the CAHPS[®] Survey User's Network (SUN) CAHPS[®] analysis program. This section reports the weighted and case-mix adjusted results for all adult and general child members completing a CAHPS[®] 3.0H Survey. For the Ohio Comparisons section, no threshold number of responses was required for the results to be reported in this section.¹¹ The following methodology was used in performing this analysis.

Overall Mean Calculations

For each global rating, composite score, item within each composite, and item within four specific areas of interest, 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.¹² Additional information on how the composites and composite items are scored to compute the overall means can be found in Table B3, on page B7. For the items within the four areas of interest, the overall mean is provided on a three-point scale or on a scale of 0 to 1, depending on the item.

The global rating overall mean is the sum of the response scores (from 0 to 10) divided by the total number of responses to the global rating question.

$$\begin{array}{l} \text{Global Rating} \\ \text{Overall Mean} \\ \text{(GRM)} \end{array} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (from 0 to 10)

The composite score overall mean is the average of the mean score for each question included in the composite. That is, each question contributes equally to the average, regardless of the number of respondents to the question.

$$\begin{array}{l} \text{Composite Score} \\ \text{Overall Mean} \end{array} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (from 1 to 3)

¹¹ NCQA requires a minimum of 100 responses on each item in order to report the item as a CAHPS[®]/HEDIS result.

¹² 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.

The overall mean for each item within each composite and each item within the four specific areas of interest is the sum of the response scores divided by the total number of responses to the item.

$$\text{Item Overall Mean} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to item
x = score of member on item

Response Category Proportions

Response category proportions were calculated for each global rating, composite score, item within each composite, and item within four specific areas of interest. For the global ratings, responses were classified into three categories: 9 to 10 (Best), 7 to 8, and 0 to 6 (Worst). For the composite scores and composite items with a “top-box” score of “Not a Problem,” responses were classified into three categories: “Not a Problem,” “Small Problem,” and “Big Problem.” For the composite scores and composite items with a top-box score of “Always,” responses were classified into three categories: “Always,” “Usually,” and “Sometimes/Never.” 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 CCC composites. Half of the questions within these two CCC composites have response categories of “Not a Problem,” “Small Problem,” and “Big Problem” and half have response categories of “No” and “Yes.” A question with “Not a Problem,” “Small Problem,” and “Big 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: “No Problem,” “Problem, Helped,” and “Problem, Not Helped.” For the FCC: Personal Doctor Who Knows Child and the Coordination of Care CCC composites, and the items within these composites, the response categories were: “No” and “Yes.” For the FCC: Shared Decision Making and FCC: Getting Needed Information CCC composites, and the items within these CCC composites, the response categories were: “Sometimes/Never,” “Usually,” and “Always.” For the items within the four areas of interest, the response categories varied, depending on the item.

For the global ratings and the items within the four areas of interest, each of the response category proportions was calculated utilizing the standard question summary rate formula. In other words, separate response category proportions (or question summary rates) were calculated for each of the response categories. Therefore, the total of these response category proportions is 100 percent.

$$\text{Question Summary Rate (QSR)} = \sum_i^n \frac{x}{n}$$

i = 1, ..., n members responding to question
x = score of member on question (either 0 or 1)

For the composite scores, each of the response category proportions was calculated utilizing the standard global proportion formula. In other words, separate response category proportions (or global proportions) were calculated for each of the response categories. Therefore, the total of these response category proportions is 100 percent.

$$\text{Composite Global Proportion (GP)} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite

j = 1, ..., n_i members responding to question i

x_{ij} = score of member j on question i (either 0 or 1)

Case-Mix Adjustment

CAHPS[®] Surveys can identify differences in the quality of care provided by MCPs or differences in the perceptions of care received by various population sub-groups within MCPs. However, the characteristics of respondents can influence CAHPS[®] results. Certain characteristics, such as reported member health status, age, and education, have been shown to impact members' responses to questions regarding the quality of their health care.^{13,14} Healthier people typically report fewer problems and greater satisfaction with their health care. Older people also tend to be more satisfied with their care. However, people with higher levels of education are more likely to report problems and lower satisfaction with their health care. Given that differences in MCP case-mix may lead to varied CAHPS[®] results among MCPs that are not due to differences in quality, the data are adjusted in order to minimize the effect of these respondent characteristics on the MCP-level results. By accounting for differences in respondent characteristics, case-mix adjustment enhances the comparability of CAHPS[®] results among different MCPs.

Case-mix adjustment was performed on the Ohio adult and general child populations utilizing member health status, respondent educational level, and respondent age.¹⁵ The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, an MCP mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

MCP-level weighted and case-mix adjusted mean scores for the global ratings, composite scores, composite items, and items within the areas of interest 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.¹⁶ Each of the response category proportions 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).

Weighting

The results in the Ohio Comparisons section presented in the Full Report and Executive Summary Report were weighted to reflect the total eligible population size for each Ohio Medicaid CMC MCP participating in the 2004 CAHPS[®] 3.0H Medicaid Surveys. The eligible population size of each MCP is based on the total number of members included in the MCP's sample frame

¹³ Agency for Health Care Policy and Research. *CAHPS Survey and Reporting Kit 2.0*. Rockville, MD: US Department of Health and Human Services, October 1999.

¹⁴ Agency for Health Care Policy and Research. "Article 3: NCQA's Use of the CAHPS Survey." *CAHPS Survey and Reporting Kit 3.0*. Rockville, MD: US Department of Health and Human Services, October 2002.

¹⁵ 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.

¹⁶ The term "mean scores" refers to the overall means and the response category proportions.

(i.e., eligible population) at the time the CAHPS[®] sample was drawn. Respondent-level weights were calculated using the following formula:

$$\text{Weight Variable} = \frac{\text{Total Number of Members in the MCP Population}}{\text{Number of Respondents in the MCP Population}}$$

where the population is either the adult or general child population.

The number of respondents in the weighting formula is the number of responses to the global rating, composite, or individual item. For composites, this respondent number is the number of responses to at least one question in the composite.

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).

Supplemental Detailed Analytic Discussion

This supplemental section provides additional detail on the approach utilized to analyze the CAHPS[®] Survey results in the Ohio Comparisons section of the Full Report and Executive Summary Report. Please note that this approach is the standard analytic approach recommended by AHRQ, and it is discussed in greater detail in the CAHPS[®] Survey and Reporting Kit 3.0.¹⁷

Case-Mix Adjustment

The model below illustrates the adjustment of a response to a single item i in the CAHPS[®] Surveys:

$$y_{ipj} = \beta'_i x_{ipj} + \mu_{ip} + \varepsilon_{ipj}$$

where y_{ipj} represents the response of respondent j , who is a member of MCP p , to item i ; β_i is a regression coefficient vector; x_{ipj} is a covariate vector which consists of the three adjuster covariates of general health status, education, and age; μ_{ip} is an intercept parameter for MCP p ; and ε_{ipj} is the error term.

The equation below provides the estimates derived from the above model:

$$\left(\hat{\beta}'_i \hat{\mu}'_i \right)' = (\mathbf{X}'\mathbf{X})^{-1} \mathbf{X}'\mathbf{y}_i$$

¹⁷ Agency for Health Care Policy and Research. "Article 3: NCQA's Use of the CAHPS Survey." *CAHPS Survey and Reporting Kit 3.0*. Rockville, MD: US Department of Health and Human Services, October 2002.

where $\mu_i = (\mu_{i1}, \mu_{i2}, \dots, \mu_{ip})'$ is the vector of intercepts and \mathbf{y}_i is the vector of responses to survey item i , and \mathbf{X} is the covariate matrix represented by the equation below:

$$\mathbf{X} = (\mathbf{X}_a \quad u_1 \quad u_2 \quad \dots \quad u_p)$$

where the vectors of values for each of the adjuster covariates are represented by the columns of \mathbf{X}_a , and $u_1 \quad u_2 \dots u_p$ is a vector of indicators of membership in MCP p , $p = 1, 2, \dots, P$, with values equal to one for respondents in MCP p and values of zero for respondents not in MCP p .

The estimated intercepts are then shifted by a constant value in order to cause their means to equal the mean of the unadjusted MCP means, \bar{y}_{ip} . This facilitates comparability between the adjusted and unadjusted MCP means. The adjusted MCP means, \hat{a}_{ip} , are computed using the equation below:

$$\hat{a}_{ip} = \hat{\mu}_{ip} + (1/P) \sum_p \bar{y}_{ip} - (1/P) \sum_p \hat{\mu}_{ip}$$

For items which are not a composite of several items, the adjusted MCP means are reported. For composite items, the adjusted MCP means for the applicable individual items are combined using the weighted mean below:

$$\hat{a}_p = \sum_i w_i \hat{a}_{ip}$$

Variance Estimation

In addition to calculating the mean for each MCP, the variance is calculated as well. These variances are conditioned on the adjuster variables' coefficients. The same process described below is utilized for single-item measures as well as composites.

First, residuals for every survey item i are calculated from the regression model:

$$z_{ipj} = y_{ipj} - \beta_i x_{pj}$$

where y_{ipj} is the response to item i from respondent j who is a member of MCP p , and β_i is the regression coefficient vector for item i .

The adjusted MCP p mean, μ_{ip} , is the mean of z_{ipj} . This is given by the following equation:

$$\mu_{ip} = (\sum_j z_{ipj}) / (\sum_j r_{ipj})$$

where r_{ipj} is the number of non-missing responses to item i , which is not a composite. For a composite, the adjusted MCP p mean, μ_p , is given by

$$\mu_p = \sum_i w_i (\sum_j z_{ipj}) / (\sum_j r_{ipj})$$

Derivatives are then taken with respect to each of the above sums, $\sum_j z_{ipj}$ and $\sum_j r_{ipj}$, which results in the following approximation:

$$\mu_p \approx \sum_j (1/n_{ip}) \sum_i w_i (z_{ipj} - r_{ipj} m_{ip}) = \sum_j d_{pj}$$

where $n_{ip} = \sum_j r_{ipj}$ is the number of responses to item i from members of MCP p , and m_{ip} is the mean of z_{ipj} for item i for MCP p .

Finally, the formula to calculate the variance of an estimated sum is used:

$$\hat{V}_p = \text{Var}(\hat{\mu}_p) = (n_p / (n_p - 1)) \sum_j d_{pj}^2$$

where n_p is the number of respondents in MCP p . This is the variance estimation for a composite score for MCP p .

Hypothesis Tests

Two types of hypothesis tests are applied to the CAHPS® Survey results in the Ohio Comparisons section. First, a global F test is calculated which determines whether the difference between MCP means is significant.

The weighted mean is

$$\hat{\mu} = (\sum_p \hat{\mu}_p / \hat{V}_p) / (\sum_p 1 / \hat{V}_p)$$

The F statistic is determined using the formula below:

$$F = (1/(P-1)) \sum_p (\hat{\mu}_p - \hat{\mu})^2 / \hat{V}_p$$

The F statistic, as calculated above, has an F distribution with $(P-1, q)$ degrees of freedom, where q is equal to n/P (i.e., the average number of respondents in an MCP). Due to these qualities, this F test produces p values that are slightly larger than they should be, and therefore, finding significant differences between MCPs is less likely. For the Ohio Medicaid CMC Program, an alpha-level of 0.05 is utilized. If the F test demonstrates MCP-level differences (i.e., $p < 0.05$), then a t test is performed for each MCP.

The t test determines whether each MCP mean is significantly different from the overall mean of the other participating MCPs in the state. The equation for the differences is as follows:

$$\Delta_p = \hat{\mu}_p - (1/P) \sum_{p'} \hat{\mu}_{p'} = ((P-1)/P) \hat{\mu}_p - \sum_{p'}^* (1/P) \hat{\mu}_{p'}$$

where \sum^* is the sum of all MCPs except MCP p .

The variance of Δ_p is

$$\hat{V}(\Delta_p) = [(P-1)/P]^2 \hat{V}_p + 1/P^2 \sum_{p'} \hat{V}_p$$

The t statistic is $\Delta_p / \hat{V}(\Delta_p)^{1/2}$ and has a t distribution with (n_p-1) degrees of freedom. This statistic also produces p values that are slightly larger than they should be, and therefore, finding significant differences between an MCP p and the combined results of all MCPs is less likely.

Assignment of Arrows

Arrows were assigned to each MCP's case-mix adjusted and weighted overall mean and case-mix adjusted and weighted response category proportions to indicate whether there were statistically significant differences between MCP-level mean scores and the program average mean scores. The difference in MCP performance from the program average mean scores is considered significant if the two-sided p value of the t test is less than 0.05. MCP-level scores that are statistically higher than the program average mean scores are noted with upward (\uparrow) arrows. MCP-level scores that are statistically lower than the program average mean scores are noted with downward (\downarrow) arrows. MCP-level scores that are statistically not different from the program average mean scores are not noted with arrows.

OHIO CCC COMPARISONS ANALYSIS

An analysis of the Ohio CAHPS® results was conducted for the Ohio CCC Comparisons section of the CCC Report. The Ohio CCC Comparisons section presented results based on ODJFS' analytic methodology, which utilized the CAHPS® Survey User's Network (SUN) CAHPS® analysis program. This section presented case-mix adjusted results for the child members whose parent or caretaker completed a CAHPS® 3.0H Child Medicaid Survey. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported in this section. The following methodology was used in performing this analysis.

Chronic Conditions Classification

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 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 (those in the CCC population) and which do not (those in the non-CCC population). 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. The Ohio Medicaid CMC CCC population includes children in Samples A and B with affirmative responses to all questions in any of the five categories.

Overall Mean Calculations and Response Category Proportions

The calculations performed for the Ohio CCC Comparisons section are similar to those performed for the Ohio Comparisons section of the Full Report and the Executive Summary Report. However, the groups being compared are not MCPs, but the CCC and the non-CCC populations. The MCPs were not compared due to insufficient sample size. As was done for the Ohio Comparisons section, for each global rating, composite score, item within each composite, and item within four specific areas of interest, an overall mean was calculated. Response category proportions were also calculated. Additional information on the calculation of overall means and response category proportions can be found beginning on page B17.

Case-Mix Adjustment

Case-mix adjustment was performed on the Ohio CCC and the non-CCC populations utilizing member health status, respondent educational level, and respondent age.¹⁴ The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). If data were missing for any of the adjuster variables, rather than losing those observations, a population mean for those adjuster variables was imputed. Typically, the overall impact of the case-mix adjustment and imputation of missing values is small.

Case-mix adjusted mean scores for the CCC population for the global ratings, composite scores, composite items, and items within the areas of interest were compared to the case-mix adjusted mean scores for the non-CCC population to determine whether there were statistically significant differences between the results for each population. Each of the response category proportions and the overall means were compared for statistically significant differences. Additional information on case-mix adjustment, variance estimation, and hypothesis testing can be found beginning on page B20.

Assignment of Arrows

Arrows were assigned to each population's case-mix adjusted overall mean and response category proportions to indicate whether there were statistically significant differences between the populations' mean scores. The difference in mean scores between the populations is considered significant if the two-sided p value of the t test is less than 0.05. Scores for one population that are statistically higher than scores for the other population are noted with upward (\uparrow) arrows. Scores for one population that are statistically lower than scores for the other population are noted with downward (\downarrow) arrows. Scores for one population that are statistically not different from the other population are not noted with arrows.

¹⁴ 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.

Reader's Guide

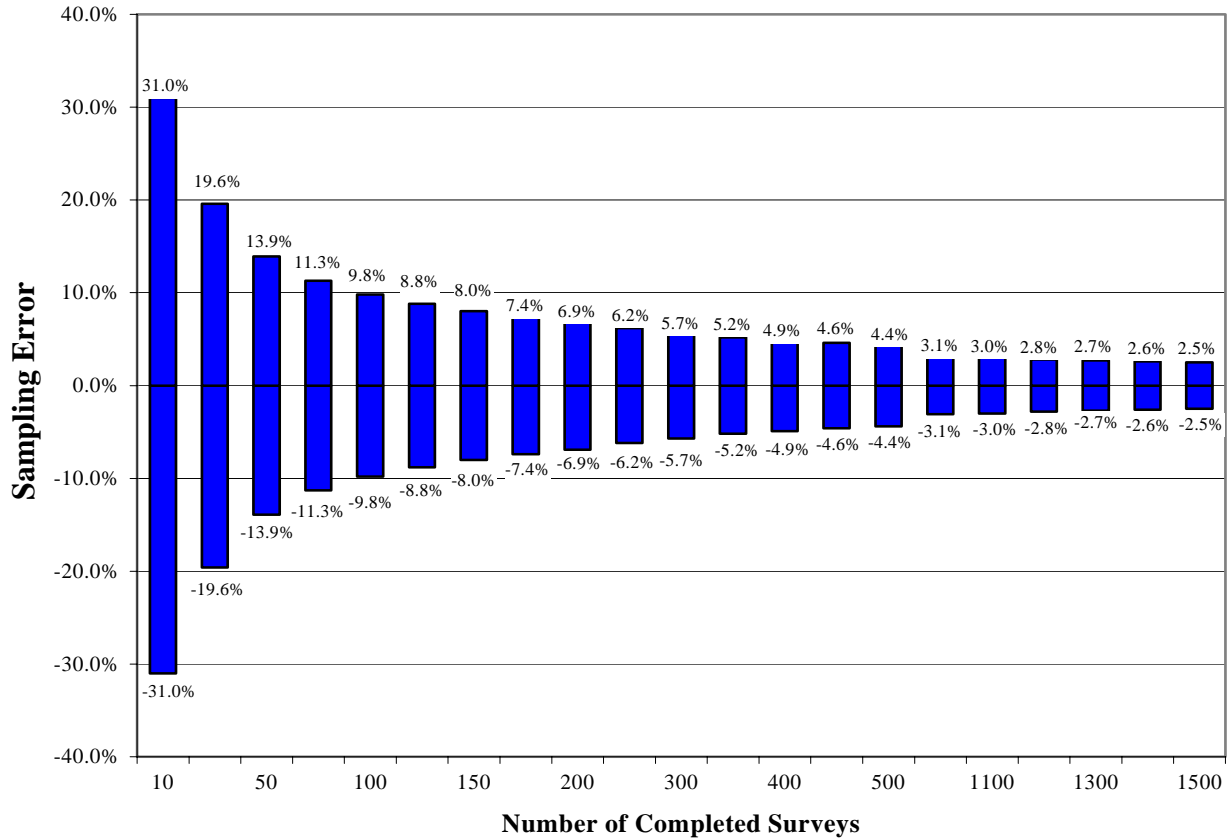
UNDERSTANDING SAMPLING ERROR

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 ± 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 C1, on page C2, is based on the number of members who completed the survey. Figure C1 indicates that if 400 MCP members complete a survey, the margin of error is ± 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 C1
Sampling Error and the Number of Completed Surveys



As Figure C1 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 C1 depicts the sampling errors for various numbers of responses.

Table C1								
Sampling Error and the Number of Survey Responses								
Number of Responses	100	150	200	250	300	350	400	500
Approximate Sampling Error (%)	± 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.¹ 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).

¹ 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 Full Report and Executive Summary Report 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 these 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. The analyses described in the CCC Report identify whether members in different populations (CCC versus non-CCC) give different ratings of satisfaction. The surveys by themselves do not reveal why these differences exist.

Survey Instruments

The survey instruments selected for the 2004 Ohio Medicaid Member Satisfaction Survey were the CAHPS® 3.0H Adult Medicaid Survey and the CAHPS® 3.0H Child Medicaid Survey (with Chronic Conditions measurement set). This section provides copies of the survey instruments.



All information that would let someone identify you or your family will be kept private. DataStat, Inc. will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-3344.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks   

- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in (Health Plan Name). Is that right?

- Yes → *Go to Question 3*
- No → *Go to Question 2*

2. What is the name of your health plan? (please print)

3. How many months or years in a row have you been in this health plan?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 5 years
- 5 or more years

**YOUR HEALTH CARE IN
THE LAST 6 MONTHS**

13. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- Yes → *Go to Question 14*
- No → *Go to Question 15*

14. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, did you have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

- Yes → *Go to Question 16*
- No → *Go to Question 18*

16. In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get the care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

17. In the last 6 months, when you needed care right away for an illness, injury, or condition, how long did you usually have to wait between trying to get care and actually seeing a provider?

- Same day
- 1 day
- 2 days
- 3 days
- 4-7 days
- 8-14 days
- 15 days or longer

18. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

In the last 6 months, not counting the times you needed health care right away, did you make any appointments with a doctor or other health provider for health care?

- Yes → *Go to Question 19*
- No → *Go to Question 21*

19. In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, not counting the times you needed health care right away, how many days did you usually have to wait between making an appointment and actually seeing a provider?

- Same day
- 1 day
- 2-3 days
- 4-7 days
- 8-14 days
- 15-30 days
- 31 days or longer

21. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

22. In the last 6 months (not counting times you went to an emergency room), how many times did you go to a doctor's office or clinic to get care for yourself?

- None → Go to Question 36
- 1 → Go to Question 23
- 2 → Go to Question 23
- 3 → Go to Question 23
- 4 → Go to Question 23
- 5 to 9 → Go to Question 23
- 10 or more → Go to Question 23

23. In the last 6 months, did you or a doctor believe you needed any care, tests or treatment?

- Yes → Go to Question 24
- No → Go to Question 25

24. In the last 6 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem

25. In the last 6 months, did you need approval from your health plan for any care, tests or treatment?

- Yes → Go to Question 26
- No → Go to Question 27

26. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?

- A big problem
- A small problem
- Not a problem

27. In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?

- Never
- Sometimes
- Usually
- Always

28. In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

29. In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

30. In the last 6 months, how often did doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

31. In the last 6 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often did doctors or other health providers show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often did doctors or other health providers spend enough time with you?

- Never
- Sometimes
- Usually
- Always

35. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

- 0 1 2 3 4 5 6 7 8 9 10
- Worst Possible Best Possible

36. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with doctors or other health providers?

- Yes → *Go to Question 37*
- No → *Go to Question 38*

37. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

38. Some states pay health plans to care for people covered by Medicaid. With these health plans, you may have to choose a doctor from the plan list or go to a clinic or health care center on the plan list.

Are you covered by a health plan like this?

- Yes → *Go to Question 39*
- No → *Go to Question 42*

39. Did you choose your health plan or were you told which plan you were in?

- I chose my plan
- I was told which plan I was in

40. You can get information about plan services in writing, by telephone, on the Internet, or in-person.

Did you get any information about your health plan before you signed up for it?

- Yes → *Go to Question 41*
- No → *Go to Question 42*

41. How much of the information you were given before you signed up for the plan was correct?

- All of it
- Most of it
- Some of it
- None of it

42. In the last 6 months, did you look for any information about how your health plan works in written materials or on the Internet?

- Yes → *Go to Question 43*
- No → *Go to Question 44*

43. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem

44. In the last 6 months, did you call your health plan's customer service to get information or help?

- Yes → *Go to Question 45*
- No → *Go to Question 46*

45. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?

- A big problem
- A small problem
- Not a problem

46. In the last 6 months, have you called or written your health plan with a complaint or problem?

- Yes → Go to Question 47
- No → Go to Question 50

47. How long did it take for the health plan to resolve your complaint?

- Same day → Go to Question 48
- 2-7 days → Go to Question 48
- 8-14 days → Go to Question 48
- 15-21 days → Go to Question 48
- More than 21 days → Go to Question 48
- I am still waiting for it to be settled → Go to Question 49

48. Was your complaint or problem settled to your satisfaction?

- Yes → Go to Question 50
- No → Go to Question 50

49. How long have you been waiting for your health plan to resolve your complaint?

- 1-7 days
- 8-14 days
- 15-21 days
- More than 21 days

50. In the last 6 months, did you have to fill out any paperwork for your health plan?

- Yes → Go to Question 51
- No → Go to Question 52

51. In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?

- A big problem
- A small problem
- Not a problem

52. Using any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible, what number would you use to rate your health plan?

- 0 1 2 3 4 5 6 7 8 9 10
- Worst Possible Best Possible

ABOUT YOU

53. In general, how would you rate your overall health now?

- Excellent
- Very good
- Good
- Fair
- Poor

54. Have you ever smoked at least 100 cigarettes in your entire life?

- Yes → Go to Question 55
- No → Go to Question 60
- Don't know → Go to Question 60

55. Do you now smoke every day, some days or not at all?

- Every day → Go to Question 57
- Some days → Go to Question 57
- Not at all → Go to Question 56
- Don't know → Go to Question 60

56. How long has it been since you quit smoking cigarettes?

- 6 months or less → Go to Question 57
- More than 6 months → Go to Question 60
- Don't know → Go to Question 60

57. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

58. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

59. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- None
- 1 visit
- 2 to 4 visits
- 5 to 9 visits
- 10 or more visits
- I had no visits in the last 6 months

60. What is your age now?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

61. Are you male or female?

- Male
- Female

62. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

63. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

64. What is your race? Please mark one or more.

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

65. What language do you mainly speak at home?

- English
 - Spanish
 - Some other language (please print)
-

66. Did someone help you complete this survey?

- Yes → **Go to Question 67**
- No → **Please return the survey in the postage paid envelope**

67. How did that person help you? (Check all that apply)

- Read the questions to me
 - Wrote down the answers I gave
 - Answered the questions for me
 - Translated the questions into my language
 - Helped in some other way (please print)
-

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, Inc. 3975 Research Park Drive Ann Arbor,
MI 48108



All information that would let someone identify you or your family will be kept private. DataStat, Inc. will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-3344.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks   

- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

Please answer the questions for the child listed on the letter. Please do not answer for any other children.

1. Our records show that your child is now in (Health Plan Name). Is that right?

- Yes → *Go to Question 3*
- No → *Go to Question 2*

2. What is the name of your child's health plan? (please print)

3. How many months or years in a row has your child been in this health plan?

- Less than 6 months
- At least 6 months but less than 1 year
- At least 1 year but less than 2 years
- At least 2 years but less than 5 years
- 5 or more years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next questions ask about your child's health care. **Do not** include care your child got when he or she stayed overnight in a hospital. **Do not** include the times your child went for dental care visits.

4. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

- Yes → *Go to Question 5*
 No → *Go to Question 7*

5. Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your child's personal doctor or nurse?

0 1 2 3 4 5 6 7 8 9 10

Worst Possible Best Possible

6. Did your child have the same personal doctor or nurse before he or she joined this health plan?

- Yes → *Go to Question 8*
 No → *Go to Question 7*

7. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- A big problem
 A small problem
 Not a problem

8. In the last 6 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing or behaving?

- Yes
 No

9. Does your child have any medical, behavioral or other health conditions that have lasted for more than 3 months?

- Yes → *Go to Question 10*
 No → *Go to Question 12*

10. Does your child's personal doctor or nurse understand how these medical, behavioral or other health conditions affect your child's day-to-day life?

- Yes
 No

11. Does your child's personal doctor or nurse understand how your child's medical, behavioral or other health conditions affect your family's day-to-day life?

- Yes
 No

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, **do not** include dental visits.

12. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 6 months, did you or a doctor think your child needed to see a specialist?

- Yes → *Go to Question 13*
 No → *Go to Question 14*

13. In the last 6 months, how much of a problem, if any, was it to see a specialist that your child needed to see?

- A big problem
 A small problem
 Not a problem

14. In the last 6 months, did your child see a specialist?

- Yes → *Go to Question 15*
 No → *Go to Question 17*

15. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?

- 0 1 2 3 4 5 6 7 8 9 10
- Worst Possible Best Possible

16. In the last 6 months, was the specialist your child saw most often the same doctor as your child's personal doctor?

- Yes
 No

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

17. In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?

- Yes → *Go to Question 18*
 No → *Go to Question 19*

18. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- Never
 Sometimes
 Usually
 Always

19. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room or doctor's office?

- Yes → *Go to Question 20*
 No → *Go to Question 22*

20. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

21. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

- Same day
 1 day
 2 days
 3 days
 4-7 days
 8-14 days
 15 days or longer

22. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse or anyone else your child would see for health care.

In the last 6 months, not counting the times your child needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

- Yes → *Go to Question 23*
 No → *Go to Question 25*

23. In the last 6 months, not counting the times your child needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

24. In the last 6 months, not counting the times your child needed health care right away, how many days did your child usually have to wait between making an appointment and actually seeing a provider?

- Same day
 1 day
 2-3 days
 4-7 days
 8-14 days
 15-30 days
 31 days or longer

25. In the last 6 months, how many times did your child go to an emergency room?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

26. In the last 6 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

- None → *Go to Question 52*
- 1 → *Go to Question 27*
- 2 → *Go to Question 27*
- 3 → *Go to Question 27*
- 4 → *Go to Question 27*
- 5 to 9 → *Go to Question 27*
- 10 or more → *Go to Question 27*

27. In the last 6 months, did you or a doctor believe your child needed any care, tests or treatment?

- Yes → *Go to Question 28*
- No → *Go to Question 29*

28. In the last 6 months, how much of a problem, if any, was it to get the care, tests or treatment for your child that you or a doctor believed necessary?

- A big problem
- A small problem
- Not a problem

29. In the last 6 months, did your child need approval from his or her health plan for any care, tests or treatment?

- Yes → *Go to Question 30*
- No → *Go to Question 31*

30. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

- A big problem
- A small problem
- Not a problem

31. In the last 6 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

33. In the last 6 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often did your child's doctors or other health providers listen carefully to you?

- Never
- Sometimes
- Usually
- Always

35. In the last 6 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

36. In the last 6 months, how often did your child's doctors or other health providers explain things in a way you could understand?
- Never
 - Sometimes
 - Usually
 - Always
37. In the last 6 months, how often did your child's doctors or other health providers show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
 -
38. Is your child able to talk with doctors about his or her health care?
- Yes → *Go to Question 39*
 - No → *Go to Question 41*
39. In the last 6 months, how often did your child have a hard time speaking with or understanding doctors or other health providers because they spoke different languages?
- Never
 - Sometimes
 - Usually
 - Always
40. In the last 6 months, how often did doctors or other health providers explain things in a way your child could understand?
- Never
 - Sometimes
 - Usually
 - Always

41. In the last 6 months, how often did doctors or other health providers spend enough time with your child?
- Never
 - Sometimes
 - Usually
 - Always
42. In the last 6 months, did you have any questions or concerns about your child's health or health care?
- Yes → *Go to Question 43*
 - No → *Go to Question 46*
43. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?
- Never
 - Sometimes
 - Usually
 - Always
44. In the last 6 months, how often did you get the specific information you needed from your child's doctors and other health providers?
- Never
 - Sometimes
 - Usually
 - Always
45. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
- Never
 - Sometimes
 - Usually
 - Always

We want to know how you, your child's doctors and other health providers make decisions about your child's health care.

46. In the last 6 months, were any decisions made about your child's health care?
- Yes → *Go to Question 47*
 - No → *Go to Question 51*

47. When decisions were made in the last 6 months, how often did your child's doctors or other health providers offer you choices about your child's health care?

- Never
- Sometimes
- Usually
- Always

48. When decisions were made in the last 6 months, how often did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices for your child's health care?

- Never
- Sometimes
- Usually
- Always

49. When decisions were made in the last 6 months, how often did your child's doctors or other health providers ask you to tell them what choices you prefer?

- Never
- Sometimes
- Usually
- Always

50. When decisions were made in the last 6 months, how often did your child's doctors or other health providers involve you as much as you wanted?

- Never
- Sometimes
- Usually
- Always

51. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Possible Best Possible

52. Is your child now enrolled in any kind of school or daycare?

- Yes → *Go to Question 53*
- No → *Go to Question 55*

53. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- Yes → *Go to Question 54*
- No → *Go to Question 55*

54. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

55. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's doctors or other health providers?

- Yes → *Go to Question 56*
- No → *Go to Question 57*

56. In the last 6 months, when you needed an interpreter to help you speak with your child's doctors or other health providers, how often did you get one?

- Never
- Sometimes
- Usually
- Always

57. In the last 6 months, did your child need an interpreter to help him or her speak with doctors or other health providers?

- Yes → *Go to Question 58*
- No → *Go to Question 59*

58. In the last 6 months, when your child needed an interpreter to help him or her speak with doctors or other health providers, how often did he or she get one?

- Never
- Sometimes
- Usually
- Always

59. Is your child 2 years old or younger?

- Yes → Go to Question 60
- No → Go to Question 63

60. Reminders from the office or clinic, or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

- Yes
- No

61. Since your child was born, has he or she gone to a doctor or other health provider for a check-up to see how he or she was doing or for shots or drops?

- Yes → Go to Question 62
- No → Go to Question 63

62. Did you get an appointment for your child's first visit to a doctor or other health provider for a check-up, or for shots or drops, as soon as you wanted?

- Yes
- No

SPECIALIZED SERVICES

63. In the last 6 months, did you get or try to get any special medical equipment or devices for your child, such as a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment?

- Yes → Go to Question 64
- No → Go to Question 66

64. In the last 6 months, how much of a problem, if any, was it to get special medical equipment for your child?

- A big problem → Go to Question 65
- A small problem → Go to Question 65
- Not a problem → Go to Question 66

65. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

66. In the last 6 months, did you get or try to get special therapy for your child, such as physical, occupational, or speech therapy?

- Yes → Go to Question 67
- No → Go to Question 69

67. In the last 6 months, how much of a problem, if any, was it to get special therapy for your child?

- A big problem → Go to Question 68
- A small problem → Go to Question 68
- Not a problem → Go to Question 69

68. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

69. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental or behavioral problem?

- Yes → Go to Question 70
- No → Go to Question 72

70. In the last 6 months, how much of a problem, if any, was it to get this treatment or counseling for your child?

- A big problem → Go to Question 71
- A small problem → Go to Question 71
- Not a problem → Go to Question 72

71. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?

- Yes
- No

72. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes → Go to Question 73
- No → Go to Question 74

73. In the last 6 months, did anyone from your child's health plan, doctor's office or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

74. Some states pay health plans to care for people covered by Medicaid. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

- Yes → Go to Question 75
- No → Go to Question 78

75. Did you choose your child's health plan or were you told which plan your child was in?

- I chose my child's plan
- I was told which plan my child was in

76. You can get information about your child's plan services in writing, by telephone, on the Internet, or in-person.

Did you get any information about your child's health plan before you signed him or her up for it?

- Yes → Go to Question 77
- No → Go to Question 78

77. How much of the information you were given before you signed your child up for the plan was correct?

- All of it
- Most of it
- Some of it
- None of it

78. In the last 6 months, did you look for any information about how your child's health plan works in written materials or on the Internet?

- Yes → Go to Question 79
- No → Go to Question 80

79. In the last 6 months, how much of a problem, if any, was it to find or understand this information?

- A big problem
- A small problem
- Not a problem

80. In the last 6 months, did you call the health plan's customer service to get information or help for your child?

- Yes → Go to Question 81
- No → Go to Question 82

81. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

- A big problem
- A small problem
- Not a problem

82. In the last 6 months, have you called or written to your child's health plan with a complaint or problem?

- Yes → Go to Question 83
- No → Go to Question 86

83. How long did it take for your child's health plan to resolve your complaint?
- Same day → *Go to Question 84*
 - 2-7 days → *Go to Question 84*
 - 8-14 days → *Go to Question 84*
 - 15-21 days → *Go to Question 84*
 - More than 21 days → *Go to Question 84*
 - I am still waiting for it to be settled → *Go to Question 85*

84. Was your complaint or problem settled to your satisfaction?
- Yes → *Go to Question 86*
 - No → *Go to Question 86*

85. How long have you been waiting for your health plan to resolve your complaint?
- 1-7 days
 - 8-14 days
 - 15-21 days
 - More than 21 days

86. In the last 6 months, did you have to fill out any paperwork for your child's health plan?
- Yes → *Go to Question 87*
 - No → *Go to Question 88*

87. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's health plan?
- A big problem
 - A small problem
 - Not a problem

88. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?
- 0 1 2 3 4 5 6 7 8 9 10
 Worst Possible Best Possible

PRESCRIPTION MEDICINES

89. In the last 6 months, did your child get a prescription for medicine or did you refill a prescription for your child?
- Yes → *Go to Question 90*
 - No → *Go to Question 92*
90. In the last 6 months, how much of a problem, if any, was it to get your child's prescription medicine?
- A big problem → *Go to Question 91*
 - A small problem → *Go to Question 91*
 - Not a problem → *Go to Question 92*
91. Did anyone from your child's health plan, doctor's office or clinic help you with this problem?
- Yes
 - No

ABOUT YOUR CHILD AND YOU

92. In general, how would you rate your child's overall health now?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
93. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- Yes → *Go to Question 93a*
 - No → *Go to Question 94*
- 93a. Is this because of any medical, behavioral or other health condition?
- Yes → *Go to Question 93b*
 - No → *Go to Question 94*
- 93b. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 - No

94. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?
- Yes → Go to Question 94a
- No → Go to Question 95
- 94a. Is this because of any medical, behavioral or other health condition?
- Yes → Go to Question 94b
- No → Go to Question 95
- 94b. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
- No
95. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- Yes → Go to Question 95a
- No → Go to Question 96
- 95a. Is this because of any medical, behavioral or other health condition?
- Yes → Go to Question 95b
- No → Go to Question 96
- 95b. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
- No
96. Does your child need or get special therapy, such as physical, occupational or speech therapy?
- Yes → Go to Question 96a
- No → Go to Question 97
- 96a. Is this because of any medical, behavioral or other health condition?
- Yes → Go to Question 96b
- No → Go to Question 97
- 96b. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
- No

97. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?
- Yes → Go to Question 97a
- No → Go to Question 98
- 97a. Has this problem lasted or is it expected to last for at least 12 months?
- Yes
- No
98. What is your child's age now?
- Less than 1 year old
- YEARS OLD (Write in.)
99. Is your child male or female?
- Male
- Female
100. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
- No, not Hispanic or Latino
101. What is your child's race? Please mark one or more.
- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other
102. What is your age now?
- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older
103. Are you male or female?
- Male
- Female

104. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

105. What language do you mainly speak at home?

- English
 - Spanish
 - Some other language (please print)
-

106. What language does your child mainly speak at home?

- English
 - Spanish
 - Some other language (please print)
-

107. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian

108. Are you listed as the child's payee or guardian on Medicaid records?

- Yes
- No

109. Did someone help you complete this survey?

- Yes → **Go to Question 110**
- No → **Please return the survey in the postage-paid envelope**

110. How did that person help you? Check all that apply.

- Read the questions to me
 - Wrote down the answers I gave
 - Answered the questions for me
 - Translated the questions into my language
 - Helped in some other way (please print)
-

Thanks again for taking the time to complete this questionnaire! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:

DataStat, Inc., 3975 Research Park Drive, Ann Arbor, MI 48108