



Department of
Job and Family Services

**2012 CAHPS®
OHIO'S COVERED FAMILIES AND
CHILDREN MEDICAID
MANAGED CARE PROGRAM
MEMBER SATISFACTION SURVEY**

Children with Chronic Conditions Report

March 2013



3133 E. Camelback Road, Suite 300 ♦ Phoenix, AZ 85016

Phone 602.264.6382 ♦ Fax 602.241.0757

Table of Contents

Introduction	A-1
Overview.....	A-1
Sampling Procedures.....	A-2
Sample Frame.....	A-2
Sample Size.....	A-2
Survey Protocol.....	A-3
Response Rates.....	A-5
Demographics.....	B-1
Respondent Profiles.....	B-2
Member Profiles.....	B-4
Chronic Conditions Classification.....	B-6
Ohio CCC Comparisons	C-1
Comparative Analysis.....	C-2
Trending Analysis.....	C-3
Global Ratings.....	C-4
Rating of Health Plan.....	C-4
Rating of All Health Care.....	C-6
Rating of Personal Doctor.....	C-8
Rating of Specialist Seen Most Often.....	C-10
Composites and Composite Items.....	C-12
Getting Needed Care.....	C-12
Getting Care Quickly.....	C-18
How Well Doctors Communicate.....	C-24
Customer Service.....	C-34
Shared Decision Making.....	C-40
Individual Item Measures.....	C-46
Health Promotion and Education.....	C-46
Coordination of Care.....	C-48
Satisfaction with Health Plan.....	C-50
Satisfaction with Health Care Providers.....	C-56
Access to Care.....	C-62
Utilization of Services.....	C-68
CCC Composites and CCC Items.....	C-70
Access to Prescription Medicines.....	C-70

Table of Contents
CCC Report

Access to Specialized Services..... C-72
Family-Centered Care (FCC): Personal Doctor Who Knows Child C-80
FCC: Getting Needed Information C-88
Coordination of Care for Children With Chronic Conditions C-90
Summary of Ohio CCC Comparisons C-96
Reader's Guide D-1
 How to Read the Bar Graphs D-1
 Limitations and Cautions D-2
 Case-Mix Adjustment D-2
 Non-Response Bias D-2
 Causal Inferences D-2

Introduction

OVERVIEW

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

ODJFS administers member satisfaction surveys for all MCPs in Ohio's Covered Families and Children (CFC) and Aged, Blind, or Disabled (ABD) Medicaid Managed Care Programs. In 2012, the ABD and CFC Medicaid Managed Care Programs were surveyed independently. This report presents survey results for child members in Ohio's CFC Medicaid Managed Care Program.¹ The standard survey instrument selected for 2012 for the CFC child population was the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 4.0H Child Medicaid Health Plan Survey (with the chronic conditions measurement set).² Seven MCPs participated in the 2012 CAHPS 4.0H Child Medicaid Health Plan Survey, as listed in Table A-1 below. The parents or caretakers of child members from each MCP completed the survey from February to May 2012.

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

ODJFS administered the 2012 CAHPS Surveys through a contract with Health Services Advisory Group, Inc. (HSAG), its External Quality Review Organization vendor. This Ohio CFC Medicaid Managed Care Program CAHPS Children with Chronic Conditions (CCC) Report is one of four separate reports created by HSAG to provide ODJFS with a comprehensive analysis of the 2012 Ohio CFC Medicaid Managed Care Program CAHPS results. Information on all four reports can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. Similar

¹ Please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report for detailed information regarding the CFC adult population and to Ohio's ABD Medicaid Managed Care Program CAHPS reports for detailed information regarding the ABD population.

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

reports were created to provide ODJFS with a comprehensive analysis of the 2012 Ohio ABD Medicaid Managed Care Program CAHPS results. Information on these reports can be found in Ohio's ABD Medicaid Managed Care Program CAHPS Methodology Report.

SAMPLING PROCEDURES

Sample Frame

HSAG followed the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS[®]) Specifications for Survey Measures in conducting the CAHPS 4.0H Child Medicaid Health Plan Survey.^{3,4} The members eligible for sampling included those who were MCP members at the time the sample was drawn, who were 17 years of age or younger (as of December 31, 2011), and who were continuously enrolled in the MCP for at least five of the last six months (July through December) of 2011. A total of 892,519 child members were included in the sample frames provided to HSAG.

Sample Size

A random sample of 1,650 child members was selected from each participating MCP for the NCQA CAHPS 4.0H child sample, which represents the general population of children. Child members in the CAHPS 4.0H child sample were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the member had claims or encounters that suggested the member had a greater probability of having a chronic condition.⁵ A total of 11,550 child surveys for children in the CAHPS 4.0H child sample were mailed out for the seven participating MCPs in the State of Ohio. After selecting child members for the CAHPS 4.0H child sample, a random sample of 1,840 child members with a prescreen code of 2 was selected from each MCP for the NCQA CCC supplemental sample, which represents the population of children who are more likely to have a chronic condition. A total of 12,880 child surveys for children in the CCC supplemental sample were mailed out for the participating MCPs. There were 3,490 child members selected from each participating MCP, and a total of 24,430 child surveys for children in the CAHPS 4.0H child sample and the CCC supplemental sample were mailed for the seven participating MCPs. Please note, child members in both the CAHPS 4.0H child sample and CCC supplemental sample received the same CAHPS 4.0H Child Medicaid Health Plan Survey (with chronic conditions measurement set) instrument. The CAHPS 4.0H Child Medicaid Health Plan Survey included a number of questions comprising a CCC screener. This screener is used to identify children with chronic conditions from both the CAHPS 4.0H child sample and CCC supplemental sample. The results presented in this Ohio's CFC Medicaid Managed Care Program CAHPS CCC Report are based on the responses of parents or caretakers of children with and

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

⁴ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

⁵ Ibid.

without chronic conditions. Additional information on the CCC population and CCC screener can be found beginning on page B-4.

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

SURVEY PROTOCOL

The survey administration protocol was designed to achieve a high response rate from members, thus minimizing the potential effects of non-response bias. The survey process allows for two methods by which members can complete the survey. The first phase, or mail phase, consisted of a survey being mailed to all sampled members. For Ohio's CFC Medicaid Managed Care Program, all sampled members received an English version of the survey. A second survey mailing was sent to all non-respondents. The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of sampled members who had not mailed in a completed survey. A series of at least three CATI calls was made to each non-respondent.⁶

HEDIS specifications require that HSAG be provided a list of all eligible members for the sampling frame.

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

- Were 17 years of age or younger as of December 31, 2011
- Were currently enrolled in the MCP
- Had been continuously enrolled for at least five of the last six months of 2011

HSAG inspected a sample of the records to check for any apparent problems with the files such as missing address elements. All sampled records from each MCP were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). Prior to initiating CATI, HSAG employed the TeleMatch telephone number verification service to locate and/or update telephone numbers for all non-respondents. Following NCQA requirements, the survey samples were randomly selected with no more than one member being selected per household.

⁶ National Committee for Quality Assurance. *Quality Assurance Plan for HEDIS® 2012 Survey Measures*. Washington, DC: NCQA Publication, 2011.

The HEDIS specifications for CAHPS require that the name of the health plan appear in the questionnaires and letters; that the letters 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 survey. HSAG complied with these specifications.

According to HEDIS specifications for the CAHPS 4.0H Health Plan Surveys, this survey was completed using the time frame shown in Table A-2.

Table A-2 CAHPS 4.0H Survey Time Frame⁷	
Basic Tasks for Conducting the Survey	Time Frame
Send first questionnaire with cover letter to the parents/caretakers of child member	0 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire	35 days
Initiate CATI for non-respondents approximately 21 days after mailing the second questionnaire	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation	70 days

⁷ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

RESPONSE RATES

The administration of the CAHPS 4.0H Health Plan Surveys is comprehensive and is designed to achieve 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.⁸ A member's survey is assigned a disposition code of "completed" if any one question was answered within the survey. Eligible members include the entire random sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet the eligible population criteria described on page A-3), or had a language barrier. For additional information on the calculation of a completed survey and response rates, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

A total of 7,456 parents or caretakers of child members returned a completed survey.⁹ Of the 7,456 completed surveys, 3,238 were from children identified as having a chronic condition (CCC population) and 4,218 were from children who did not have a chronic condition (non-CCC population). This represents a response rate for the child population of 31.06 percent for Ohio's CFC Medicaid Managed Care Program.

⁸ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

⁹ Please note, this includes all children sampled (both the CAHPS 4.0H child sample and the CCC supplemental sample). Per NCQA protocol, children in the CCC supplemental sample are not included in NCQA's standard child response rate calculations. Therefore, the overall child response rates reported in this section should not be compared to the NCQA response rates provided in Ohio's CFC Medicaid Managed Care Program CAHPS Full Report and Executive Summary Report.

Demographics

This Demographics section depicts the characteristics of child members with chronic conditions (the CCC population) and child members without chronic conditions (the non-CCC population). It also depicts the characteristics of respondents who completed the CAHPS 4.0H Child Medicaid Health Plan Survey.¹ In general, the demographics of a response group influence the overall results. For example, older and healthier respondents tend to report higher levels of satisfaction.²

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

¹ The parents or caretakers of child members completed the CAHPS 4.0H Child Medicaid Health Plan Survey on behalf of child members.

² Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

RESPONDENT PROFILES

Respondents to the CAHPS 4.0H Child Medicaid Health Plan Survey were the parents or caretakers of child members. Table B-1 depicts the demographic characteristics of the respondents who completed the CAHPS 4.0H Child Medicaid Health Plan Survey on behalf of child members in the CCC and non-CCC populations.

Table B-1, on page B-3, reveals differences in the demographic characteristics of respondents of the CCC and non-CCC population. The non-CCC population had a higher percentage of respondents who were the child's parent when compared to the CCC population. The CCC population had a higher percentage of respondents who were 35 years of age and older when compared to the non-CCC population. The CCC population had a higher percentage of respondents who were Female than the non-CCC population. The non-CCC population had a higher percentage of respondents whose education level was Not a High School Graduate than the CCC population.

Table B-1 Respondent Profiles		
	Ohio's CFC Medicaid Managed Care Program CCC Population	Ohio's CFC Medicaid Managed Care Program Non-CCC Population
Respondent Relationship to Child		
Parent	87.6%	91.2%
Grandparent	8.1%	5.9%
Other	4.3%	2.9%
Age		
Under 18	7.8%	7.6%
18 to 24	4.6%	10.5%
25 to 34	33.3%	38.4%
35 to 44	30.8%	27.8%
45 to 54	14.9%	10.6%
55 or older	8.6%	5.2%
Gender		
Male	8.7%	11.0%
Female	91.3%	89.0%
Education		
Not a HS Graduate	14.5%	17.0%
HS Graduate	37.0%	39.3%
Some College	40.1%	36.0%
College Graduate	8.5%	7.7%
<i>Please note, percentages may not total 100% due to rounding.</i>		

MEMBER PROFILES

Table B-2 presents the demographic characteristics of the child members with and without chronic conditions in Ohio's CFC Medicaid Managed Care Program whose parents or caretakers completed the CAHPS 4.0H Child Medicaid Health Plan Survey.

Table B-2, on page B-5, reveals differences in the demographic characteristics of CCC and non-CCC members of Ohio's CFC Medicaid Managed Care Program. The CCC population had a higher percentage of members 5 to 17 years of age when compared to the non-CCC population. The non-CCC population had a higher percentage of members who were Female than the CCC population. The non-CCC population had a higher percentage of members who were Black or Hispanic than the CCC population. The non-CCC population had a higher percentage of members whose health status was reported as Excellent when compared to the CCC population.

Table B-2 Child Member Profiles		
	Ohio's CFC Medicaid Managed Care Program CCC	Ohio's CFC Medicaid Managed Care Program Non-CCC
Age		
Less than 2	5.9%	17.6%
2 to 4	14.2%	22.2%
5 to 7	17.8%	16.2%
8 to 10	19.8%	13.2%
11 to 13	18.3%	12.8%
14 to 17	24.0%	17.9%
Gender		
Male	57.7%	51.1%
Female	42.3%	48.9%
Race and Ethnicity		
White	75.0%	70.7%
Black	21.7%	24.8%
Hispanic	2.8%	3.4%
Asian	0.4%	0.9%
Native American	0.0%	0.1%
Other	0.0%	0.0%
Health Status		
Excellent	16.5%	45.2%
Very Good	38.2%	38.2%
Good	34.4%	14.4%
Fair	10.0%	2.2%
Poor	0.9%	0.0%
<i>Please note, percentages may not total 100% due to rounding.</i>		

CHRONIC CONDITIONS CLASSIFICATION

Meeting the health care needs of children with chronic conditions is costly, and the majority of national health care funds spent on children are spent on the CCC population.³ Children with chronic conditions often access more services and different types of services than the non-CCC population. The parents or caretakers of children with chronic conditions also have different needs than the caregivers of children without chronic conditions. Assessing member satisfaction for the CCC population versus the non-CCC population can provide valuable information to MCPs regarding quality improvement activities they can implement to address the needs of both populations. The State of Ohio wants to ensure that the needs of families with children with chronic conditions are being met. One way to evaluate whether or not these needs are being met is to compare the satisfaction ratings of families with children with chronic conditions to the satisfaction ratings of families that have children without chronic conditions. The State of Ohio can then determine whether there are significant differences between the satisfaction ratings of the two populations and address these differences.

A series of questions used to identify children with chronic conditions was included in the CAHPS 4.0H Child Medicaid Health Plan Survey distributed to Ohio's CFC Medicaid Managed Care Program child members. This series contained five sets of survey questions that focus on specific health care needs and conditions. Child members with affirmative responses to all of the questions in at least one of the following five categories were considered to have a chronic condition:

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

The survey responses for child members in the CAHPS 4.0H child sample and the CCC supplemental sample were analyzed to determine which child members have chronic conditions. Therefore, the general population of children (i.e., those in the CAHPS 4.0H child sample) included children with and without chronic conditions based on the responses to the survey questions. For each category, the first question was a gate item for the second question, except for the "Mental Health Services" category. These questions asked whether the child's use, need, or limitations were due to a health condition. Respondents that selected "No" to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question. It asked whether the condition had lasted or was expected to last at least 12 months. Respondents that selected "No" to the second question were instructed

³ National Committee for Quality Assurance. *HEDIS 2012, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2011.

to skip the third question in the category. For the “Mental Health Services” category, there were only two screener questions. The first question was a gate item for the second question that asked respondents whether the condition had lasted or was expected to last at least 12 months. Respondents that selected “No” to the first question were instructed to skip the second question in this category. Table B-3, on page B-8, displays the responses to the five categories of questions for all children sampled. Ohio’s CFC Medicaid Managed Care Program CCC population included children in the CAHPS 4.0H child sample and in the CCC supplemental sample with affirmative responses to all questions in any of the five categories. Additional information on the CAHPS 4.0H child sample and the CCC supplemental sample can be found beginning on page A-2.

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

	Ohio’s CFC Medicaid Managed Care Program CCC Population	Ohio’s CFC Medicaid Managed Care Program Non-CCC Population
Prescription Medicine		
Needs/Uses Prescription Medicine	86.2%	13.9%
Due to Health Condition	98.2%	39.6%
Condition Duration of at Least 12 Months	99.1%	0.0%
More Care		
Needs/Uses More Care	51.6%	3.3%
Due to Health Condition	96.9%	29.2%
Condition Duration of at Least 12 Months	99.4%	0.0%
Functional Limitations		
Limited Abilities	29.7%	4.6%
Due to Health Condition	95.4%	14.9%
Condition Duration of at Least 12 Months	99.2%	0.0%
Special Therapy		
Needs/Gets Therapy	19.0%	4.8%
Due to Health Condition	86.9%	11.2%
Condition Duration of at Least 12 Months	96.9%	0.0%
Mental Health Services		
Needs/Gets Counseling	47.6%	2.7%
Condition Duration of at Least 12 Months	97.0%	0.0%

Please note, the parents or caretakers of child members in the CAHPS 4.0H child sample and the CCC supplemental sample responded to the CCC screener questions. Percentages represent the number of respondents with a response of “Yes” to the question divided by the total number of respondents to the question. The percentage of “Yes” responses to the last question in each category of screener questions for members in Ohio’s CFC Medicaid Managed Care Program Non-CCC population is always 0 percent because a “Yes” response to the final question in a category would qualify the member as having a chronic condition and therefore that member would not be part of Ohio’s CFC Medicaid Managed Care Program Non-CCC population.

For each category of screener questions, except for the “Mental Health Services” category, the first question was a gate item for the second question, and asked whether the child’s use or need was due to a health condition. Respondents who selected “No” to the first question were instructed to skip subsequent questions in the category. The second question in each category of screener questions was a gate item for the third question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the second question were instructed to skip the third question in the category. For the “Mental Health Services” category, there were only two screener questions. The first question was a gate item for the second question, and asked whether the condition has lasted or was expected to last at least 12 months. Respondents who selected “No” to the first question were instructed to skip the second question in this category.

A total of 43.4 percent of all child members for whom a survey was completed (28.3 percent of child members in the CAHPS 4.0H child sample and 55.7 percent of child members in the CCC supplemental sample) had a chronic condition based on “Yes” responses to all of the questions in at least one of the five categories listed in Table B-3. Table B-4 depicts the percentage of children with chronic conditions with affirmative responses to all questions in any of the five categories. A child member can appear in more than one category. For example, a child member may have affirmative responses to all of the questions within the Prescription Medicine category and also have affirmative responses to all of the questions within the Functional Limitations category.

Table B-4					
Distribution of Categories for Children with Chronic Conditions Population					
	Prescription Medicine		Functional Limitations	Special Therapy	Mental Health Service
Ohio’s CFC Medicaid Managed Care Program CCC Population	82.8%	48.1%	27.4%	15.6%	45.2%
<i>Please note, a child member may appear in more than one category</i>					

Ohio CCC Comparisons

This Ohio CCC Comparisons section presents 2011 and 2012 CAHPS results based on ODJFS' analytic methodology, which uses the Agency for Healthcare Research and Quality's (AHRQ's) CAHPS analysis program. The CAHPS results presented in this section are designed to meet the reporting needs of the State of Ohio and contain case-mix-adjusted results for the child members whose parents or caretakers completed a CAHPS 4.0H Child Medicaid Health Plan Survey. According to AHRQ recommendations, results were case-mix-adjusted for reported member health status, respondent educational level, and respondent age.¹ Additional information on the case-mix adjustment can be found in Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report. For the Ohio CCC Comparisons section, no threshold number of responses was required for the results to be reported. In 2011, Ohio's CFC Medicaid Managed Care Program had 3,941 completed surveys for the CCC population and 5,840 completed surveys for the non-CCC population. These 9,781 surveys were used to calculate the 2011 CAHPS results presented in this section for trending purposes.² In 2012, Ohio's CFC Medicaid Managed Care Program had 3,238 completed surveys for the CCC population and 4,218 completed surveys for the non-CCC population. These 7,456 surveys were used to calculate the 2012 CAHPS results presented in this section.

For each global rating, composite measure, item within a composite measure, and individual item measure, an overall mean was calculated. For global ratings, the overall mean was provided on a scale of 0 to 10. For the composite measures, composite items, and individual item measures, the overall mean was provided on a three-point scale. Responses were classified into one of three response categories for each global rating, composite measure, composite item, and individual item measure. For the global ratings, the response categories were: "0 to 6," "7 to 8," and "9 to 10." The Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composite measures and items response categories were: "Never/Sometimes," "Usually," and "Always." The Shared Decision Making composite measure and items response categories were: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." For the individual item measures, Coordination of Care and Health Promotion and Education, the response categories were: "Never/Sometimes," "Usually," and "Always."

Specific survey questions pertaining to the following four areas of interest were also analyzed: Satisfaction with Health Plan, Satisfaction with Health Care Providers, Access to Care, and Utilization of Services. One-point means (for "Yes/No" items) or three-point means were calculated for each of these survey questions. The scale used to calculate the overall means varied by question and is provided within the discussion of each question. Members' responses to

¹ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: US Department of Health and Human Services, July 2008.

² For detailed information on the 2011 Ohio CFC Medicaid Managed Care Program CAHPS analysis, please refer to the Ohio CCC Comparisons section in the 2011 Ohio CFC Medicaid Managed Care Program CAHPS CCC Report.

questions within these areas of interest also were classified into response categories and are described in detail within the discussion of each of these questions.

For each CCC composite measure and CCC item measure, a one-point or a three-point overall mean was calculated.³ Responses also were classified into response categories. For the Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites, and the items within these CCC composites, the response categories were: “No” and “Yes.” For the Access to Specialized Services CCC composite, and the items within this CCC composite, the response categories were: “Never/Sometimes,” “Usually,” and “Always.” For the CCC item measures, Access to Prescription Medications and FCC: Getting Needed Information, the response categories were: “Never/Sometimes,” “Usually,” and “Always.”

The Ohio CCC Comparisons section presents two different types of analyses. The first type of analysis involves a comparison of the 2012 results for the two populations, CCC and non-CCC. This population-to-population comparative analysis identifies whether one population performed statistically higher, the same, or lower on each measure than the other population. The second type of analysis presented in this section involves a comparison of each population’s 2012 scores to its 2011 scores. This trending analysis identifies populations that performed statistically higher, the same, or lower in 2012 than in 2011.

COMPARATIVE ANALYSIS

Case-mix-adjusted mean scores for the CCC population in 2012 for the global ratings, composite measures, composite items, individual items, questions within the areas of interest, CCC composite measures, and CCC item measures were compared to the case-mix-adjusted mean scores for the non-CCC population in 2012 to determine whether there were statistically significant differences between the results for each population.⁴ For additional information on these tests for statistical significance, please refer to Ohio’s CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between the 2012 mean scores for the CCC and non-CCC populations are noted with arrows.⁵ Scores for one population that are statistically higher than scores for the other population are noted with upward (↑) arrows. Conversely, scores for one population that are statistically lower than scores for the other population are noted with

³ The Family-Centered Care (FCC): Personal Doctor Who Knows Child and the Coordination of Care for Children with Chronic Conditions composites consist of questions with “Yes” and “No” response categories, where a response of “Yes” is given a score of “1” and a response of “No” is given a score of “0.” Therefore, these CCC composites have a maximum mean score of 1.0, and three-point means cannot be calculated for these CCC composite measures.

⁴ The term “mean scores” refers to the overall means and the response category proportions.

⁵ Please note, statistically significant differences between 2011 mean scores for the CCC population and the 2011 mean scores for the non-CCC population are not included in this report. To obtain the 2011 population-to-population comparative analysis results, please refer to the Ohio CCC Comparisons section in the 2011 Ohio CFC Medicaid Managed Care Program CAHPS CCC Report.

downward (↓) arrows. Scores for one population that are not statistically different from the other population are not noted with arrows. If it is true that one population's mean score is significantly higher (↑) than that of the other's, then it follows that the other population's mean score is significantly lower (↓). Therefore, in the figures presented in this section, a pair of arrows (↑ and ↓) on a mean or a response category percentage is indicative of a single statistical test and is noted as one statistically significant difference in the narrative rather than two. For example, if it is true that the percentage of CCC respondents who gave a rating of 7 to 8 was significantly lower than that of non-CCC respondents, then it must be true that the percentage of non-CCC respondents who gave a rating of 7 to 8 was significantly higher than that of CCC respondents. This represents one statistically significant difference.

TRENDING ANALYSIS

For each population, its case-mix-adjusted mean scores and response category proportions in 2012 were compared to its case-mix-adjusted mean scores and response category proportions in 2011 to determine whether there were statistically significant differences. For additional information on the tests for statistical significance used in these trend comparisons, please refer to Ohio's CFC Medicaid Managed Care Program CAHPS Methodology Report.

Statistically significant differences between mean scores in 2012 and mean scores in 2011 for each population are noted with directional triangles.⁶ Scores that are statistically higher in 2012 than in 2011 are noted with upward (▲) triangles. Scores that are statistically lower in 2012 than in 2011 are noted with downward (▼) triangles. Scores in 2012 that are not statistically different from scores in 2011 are not noted with triangles. A detailed description of how to read the figures within the Ohio CCC Comparisons section can be found in the Reader's Guide (Section D) of this report.

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

GLOBAL RATINGS

Rating of Health Plan

The parents or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." For the overall rating of health plan question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-1 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of CCC respondents who gave a response of 7 to 8 was significantly lower in 2012 than in 2011.
- The overall mean for non-CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of non-CCC respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

Rating of All Health Care

The parents or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." For the overall rating of health care question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-2 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The percentage of CCC respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.
- The overall mean for non-CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of non-CCC respondents who gave a response of 7 to 8 was significantly lower in 2012 than in 2011, whereas the percentage of non-CCC respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

Rating of Personal Doctor

The parents or caretakers of child members in Ohio's CFC Medicaid Managed Care Program were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." For the overall rating of personal doctor question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: 0 to 6 (worst); 7 to 8; and 9 to 10 (best). Figure C-3 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 7 to 8 was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of 9 to 10 was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of CCC respondents who gave a response of 0 to 6 was significantly lower in 2012 than in 2011, whereas the percentage of CCC respondents who gave a response of 9 to 10 was significantly higher in 2012 than in 2011.

Rating of Specialist Seen Most Often

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

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

COMPOSITE MEASURES AND COMPOSITE ITEMS

Getting Needed Care

A series of two questions was asked in order to assess how often it was easy to get needed care. For each of these questions (Questions 44 and 48 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-5 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Getting Needed Care: Seeing a Specialist

Question 44 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often it was easy for members to get appointments with specialists. Figure C-6 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Getting Needed Care: Getting Care Believed Necessary

Question 48 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often it was easy to get the care, tests, or treatment they thought their child needed. Figure C-7 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

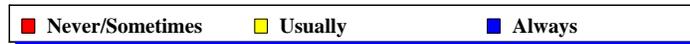
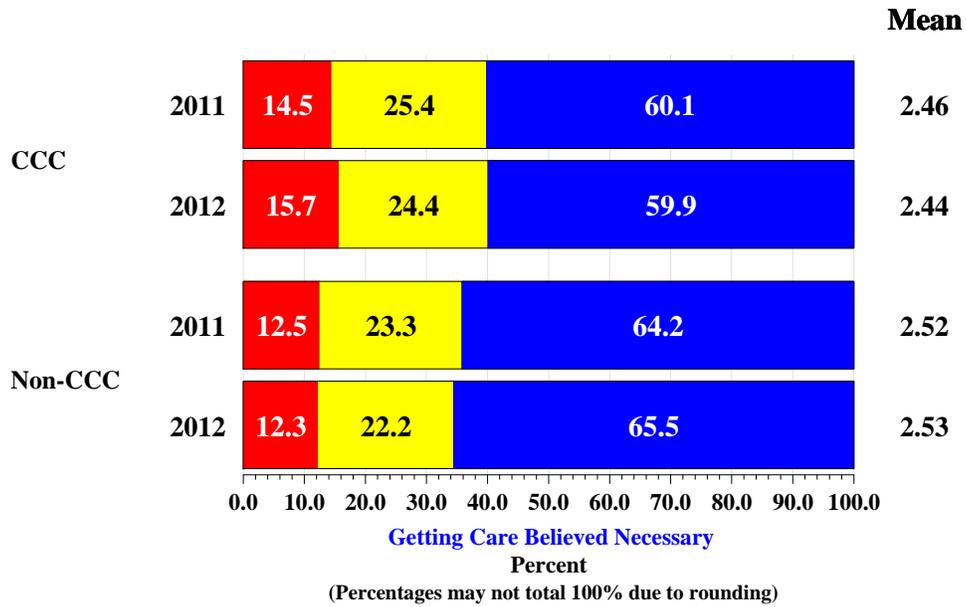
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-7
Getting Needed Care Composite:
Getting Care Believed Necessary



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Getting Care Quickly

A series of two questions was asked in order to assess how often members received care quickly. For each of these questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-8 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

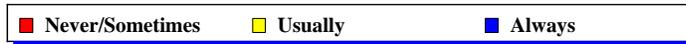
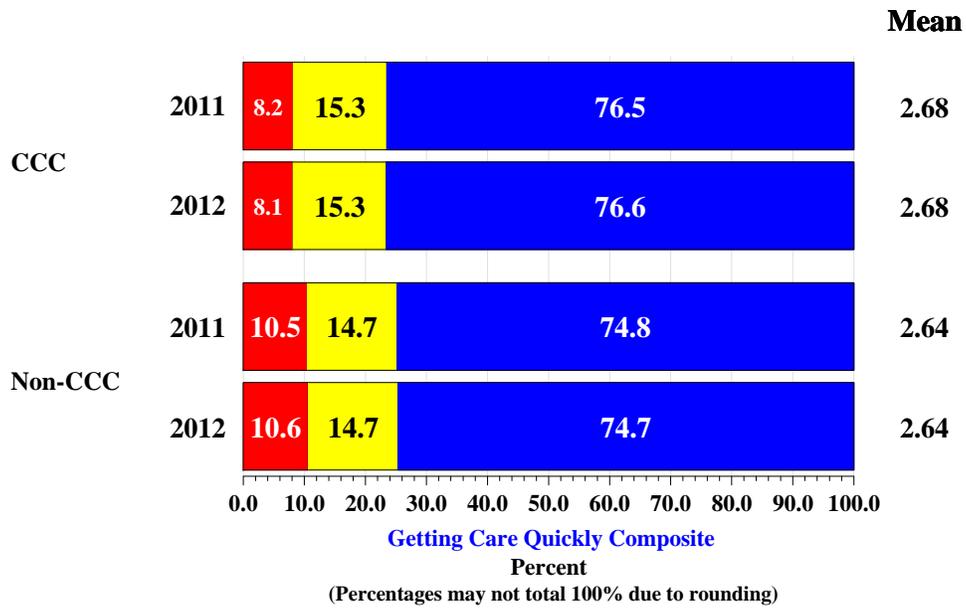
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-8
 Getting Care Quickly Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 4 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often they received care as soon as they wanted for their child when they needed care right away. Figure C-9 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of non-CCC respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011.

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

Question 6 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often they received an appointment as soon as they wanted for their child when their child did not need care right away. Figure C-10 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

How Well Doctors Communicate

A series of four questions was asked in order to assess how often doctors communicated well. For each of these questions (Questions 30, 31, 32, and 35 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-11 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

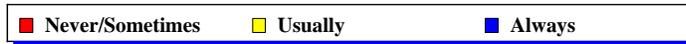
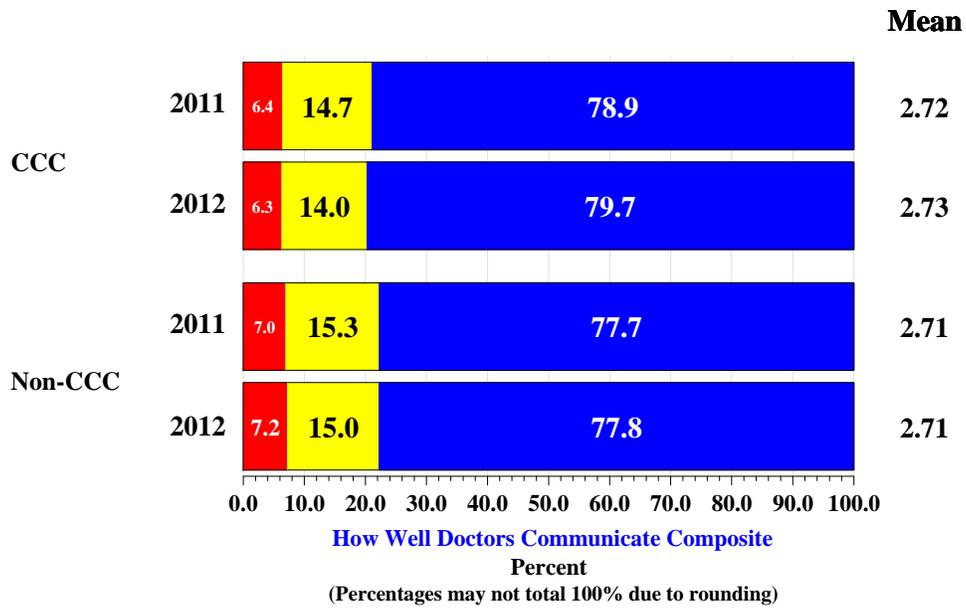
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-11
 How Well Doctors Communicate Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

How Well Doctors Communicate: Doctors Listened Carefully

Question 31 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors listened carefully to them. Figure C-12 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

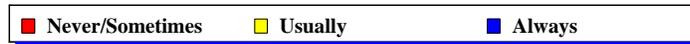
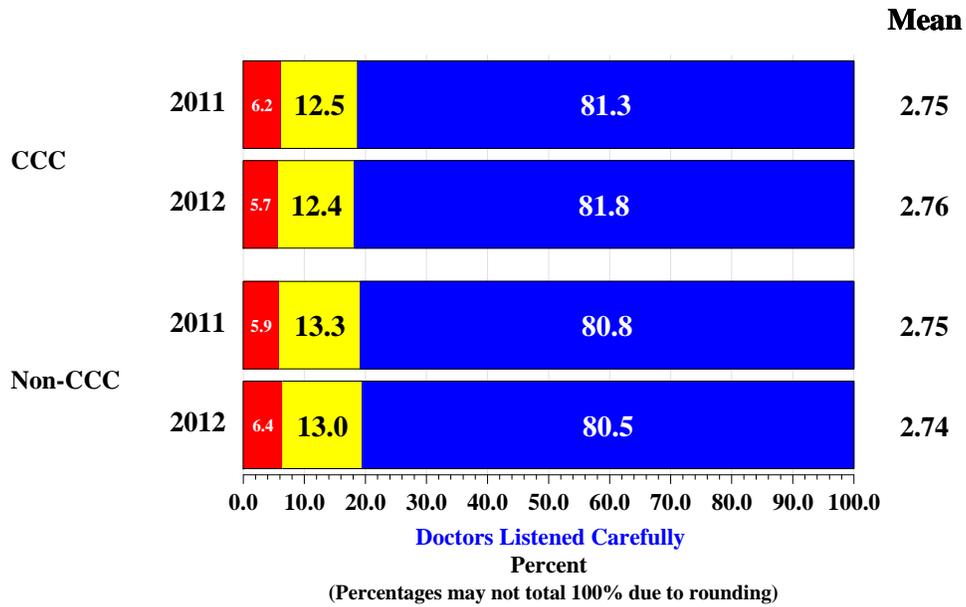
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-12
How Well Doctors Communicate Composite:
Doctors Listened Carefully



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 30 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors explained things in a way they could understand. Figure C-13 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

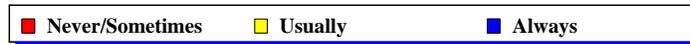
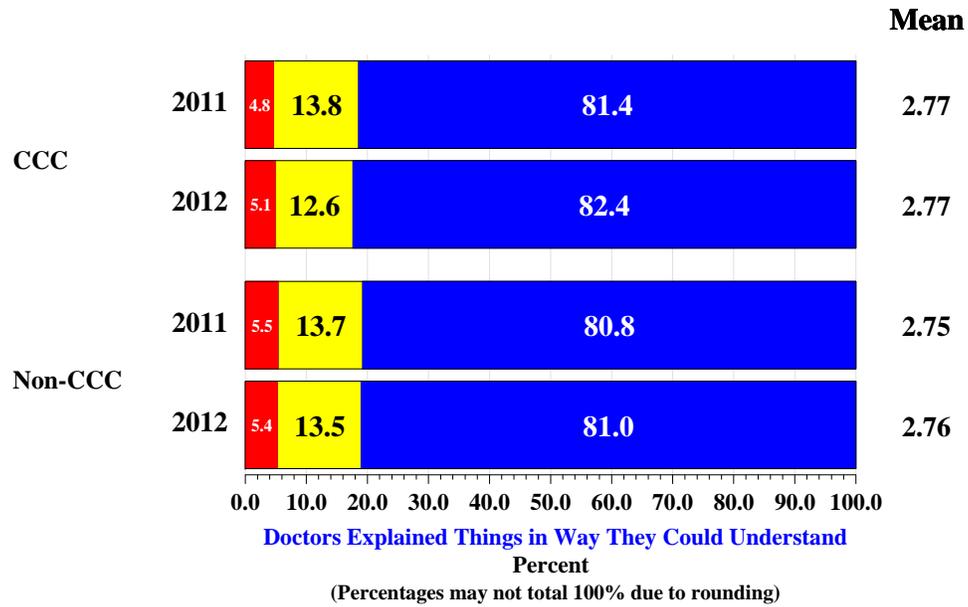
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-13
How Well Doctors Communicate Composite:
Doctors Explained Things in Way They Could Understand



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

How Well Doctors Communicate: Doctors Showed Respect

Question 32 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors showed respect for what they had to say. Figure C-14 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

How Well Doctors Communicate: Doctors Spent Enough Time With Patient

Question 35 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often doctors spent enough time with their child. Figure C-15 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

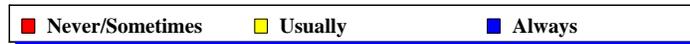
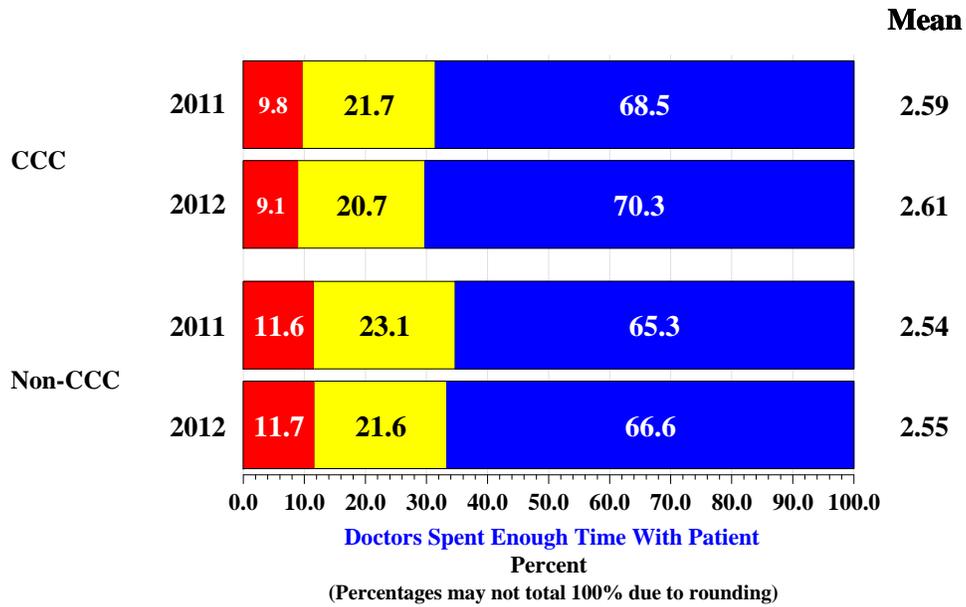
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-15
How Well Doctors Communicate Composite:
Doctors Spent Enough Time With Patient



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Customer Service

Two questions were asked in order to assess how often the parents or caretakers of child members were satisfied with customer service. For each of these questions (Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-16 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

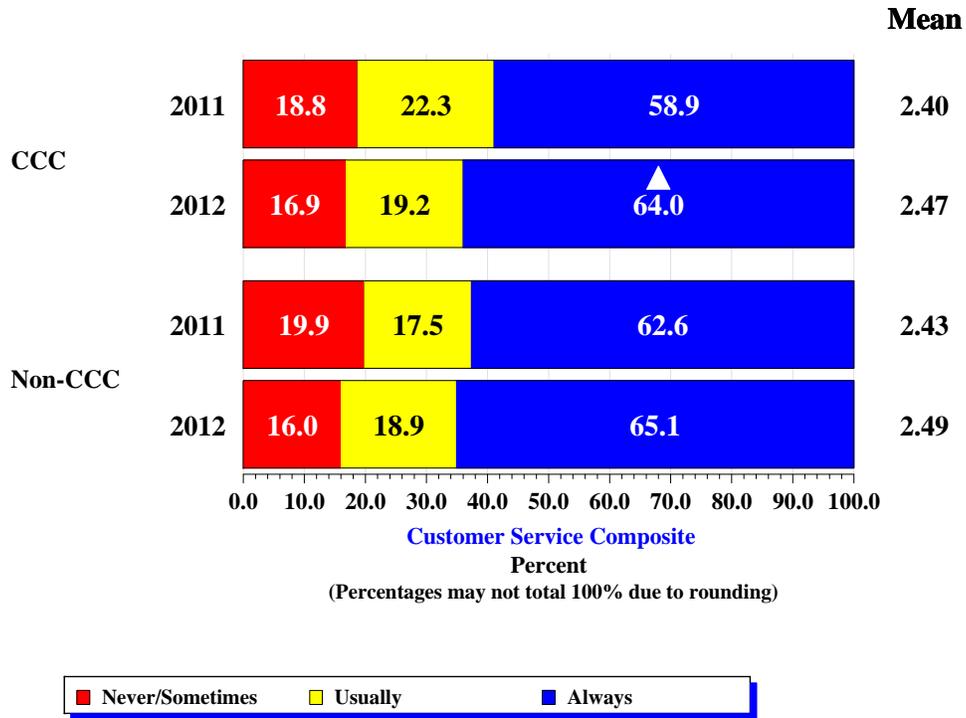
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of CCC respondents who gave a response of Always was significantly higher in 2012 than in 2011.

Figure C-16
Customer Service Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Customer Service: Obtaining Help Needed From Customer Service

Question 50 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often the health plan's customer service gave members the information or help they needed. Figure C-17 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

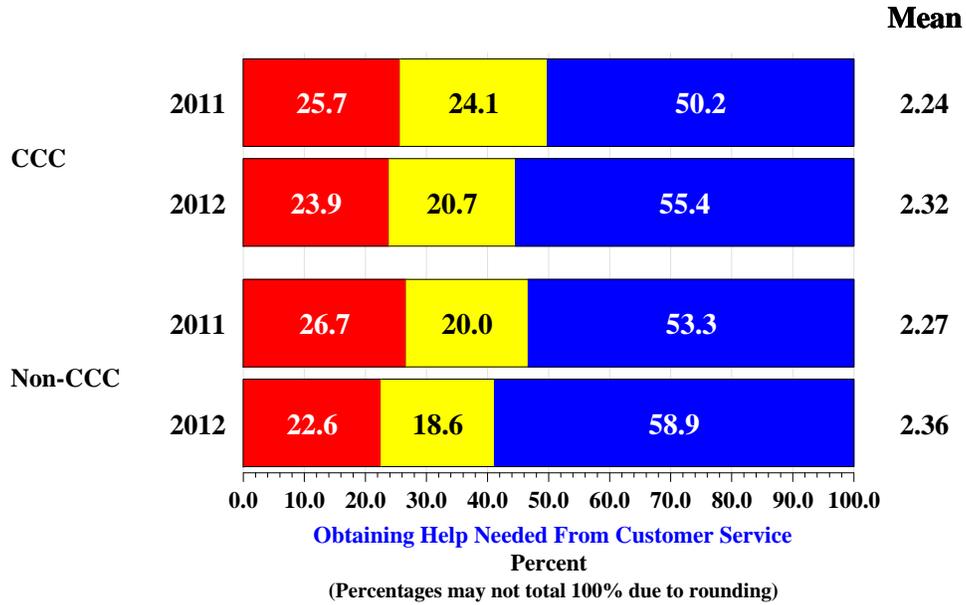
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-17
Customer Service Composite:
Obtaining Help Needed From Customer Service



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2012 score is significantly higher than the 2011 score
- ▼ indicates the 2012 score is significantly lower than the 2011 score

Customer Service: Health Plan Customer Service Treated with Courtesy and Respect

Question 51 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often the health plan's customer service staff treated them with courtesy and respect. Figure C-18 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

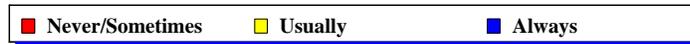
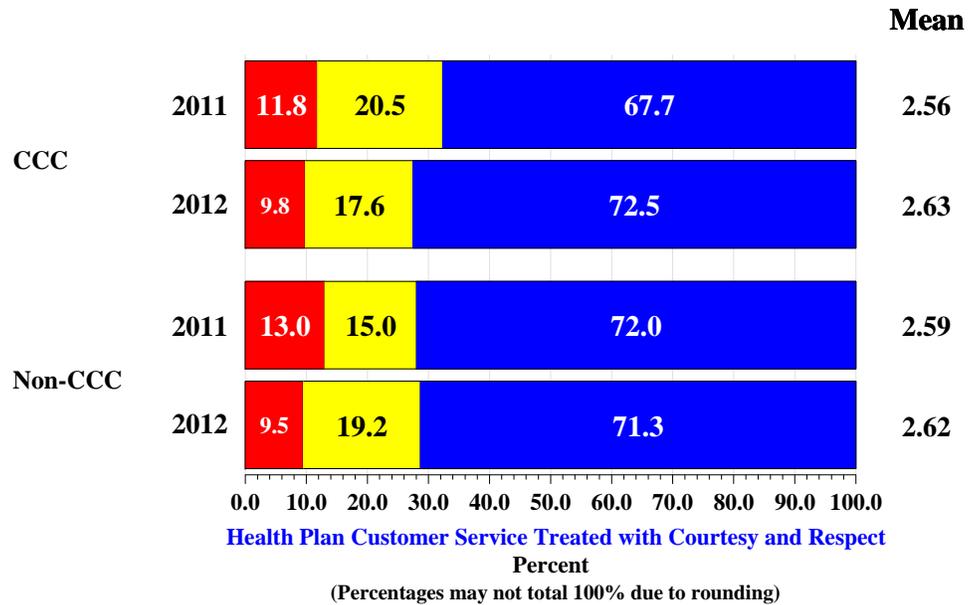
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-18
Customer Service Composite:
Health Plan Customer Service Treated with Courtesy and Respect



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2012 score is significantly higher than the 2011 score
- ▼ indicates the 2012 score is significantly lower than the 2011 score

Shared Decision Making

Two questions were asked regarding the involvement of members in decision making when there was more than one choice for their child's treatment or health care. For each of these questions (Questions 11 and 12 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: "Definitely No/Somewhat No," "Somewhat Yes," and "Definitely Yes." Figure C-19 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

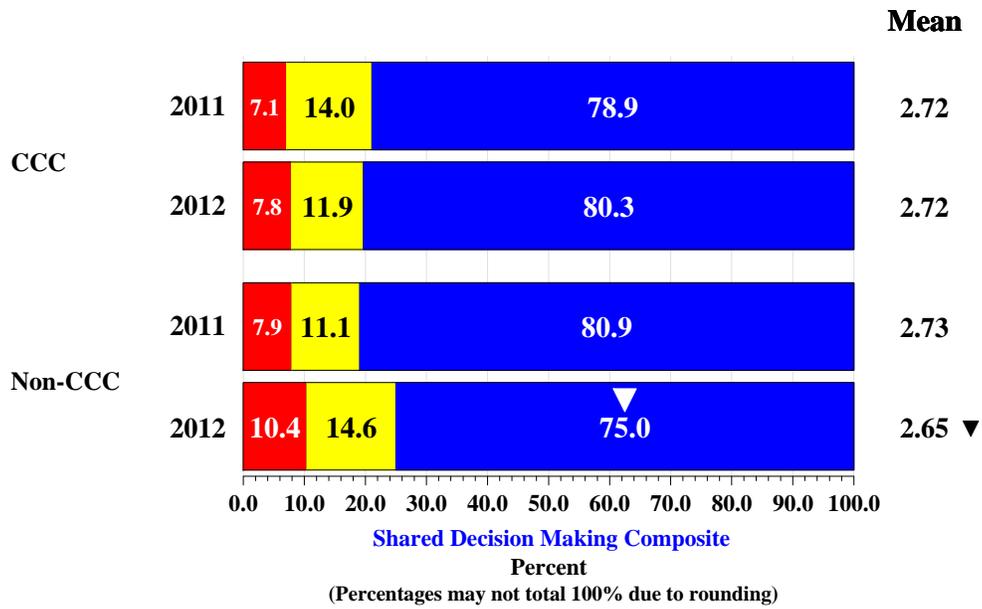
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for non-CCC respondents was significantly lower in 2012 than in 2011. Furthermore, the percentage of non-CCC respondents who gave a response of Definitely Yes was significantly lower in 2012 than in 2011.

Figure C-19
 Shared Decision Making Composite



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Shared Decision Making: Doctor Talk About Pros and Cons of Treatment Choices

Question 11 asked parents or caretakers of child members if a doctor or other health provider talked with them about the pros and cons of each choice for their child's treatment or health care. Figure C-20 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

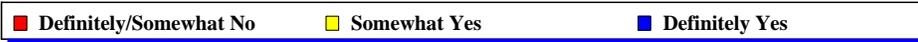
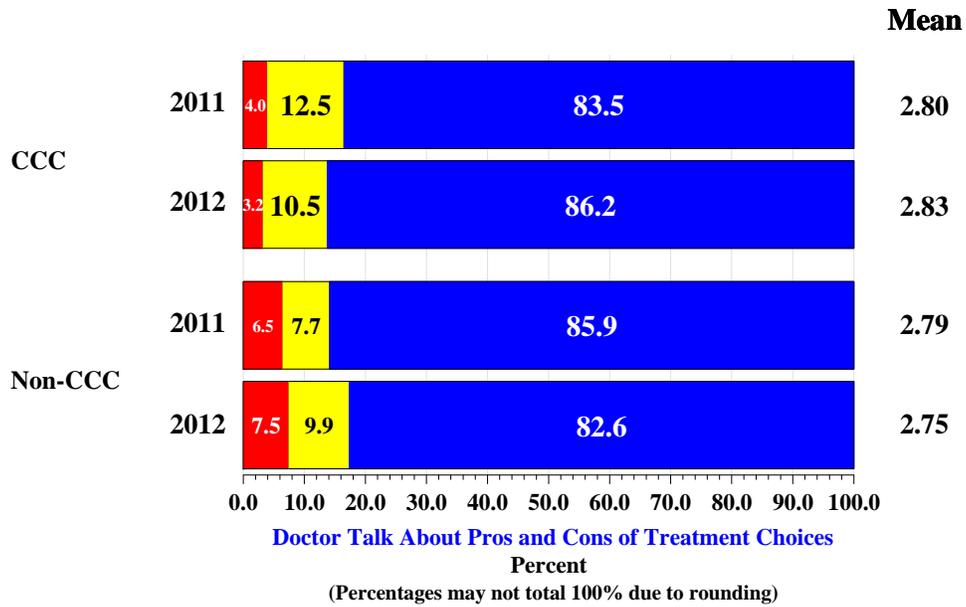
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-20
Shared Decision Making Composite:
Doctor Talk About Pros and Cons of Treatment Choices



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Shared Decision Making: Doctor Ask About Best Treatment Choice for You

Question 12 asked parents or caretakers of child members if a doctor or other health provider talked with them about the pros and cons of each choice for their child's treatment or health care. Figure C-21 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

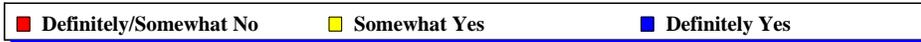
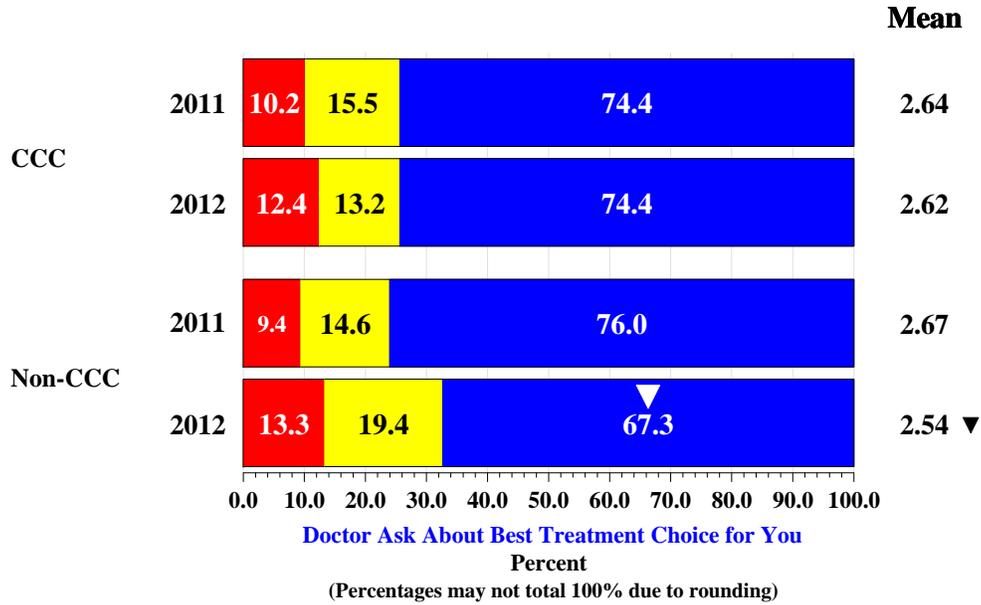
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Trending Analysis

Overall, there were two *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for non-CCC respondents was significantly lower in 2012 than in 2011. Furthermore, the percentage of non-CCC respondents who gave a response of Definitely Yes was significantly lower in 2012 than in 2011.

Figure C-21
 Shared Decision Making Composite:
 Doctor Ask About Best Treatment Choice for You



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

INDIVIDUAL ITEM MEASURES

Health Promotion and Education

Question 8 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often a doctor or other health provider talked with them about specific things they could do to prevent illness in their child. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-22 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of CCC respondents who gave a response of Always was significantly higher in 2012 than in 2011.

Coordination of Care

Question 38 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often their doctor seemed informed and up-to-date about care their child received from other doctors. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-23 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

SATISFACTION WITH HEALTH PLAN

Satisfaction with Health Plan: Got Information or Help from Customer Service

Question 49 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members got information or help from customer service. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.”⁷ Figure C-24 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

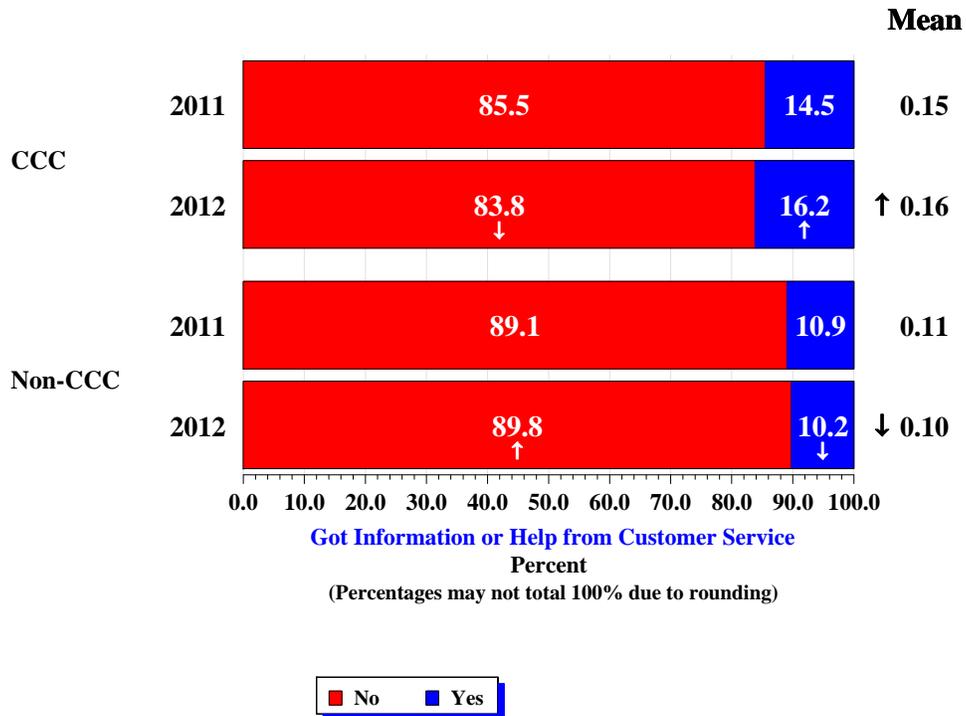
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

⁷ For questions with “No” and “Yes” response categories, responses of “No” were given a score of 0 and responses of “Yes” were given a score of 1.

Figure C-24
Satisfaction with Health Plan:
Got Information or Help from Customer Service



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Satisfaction with Health Plan: Filled Out Paperwork

Question 52 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members if they had filled out paperwork for their child's health plan. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-25 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

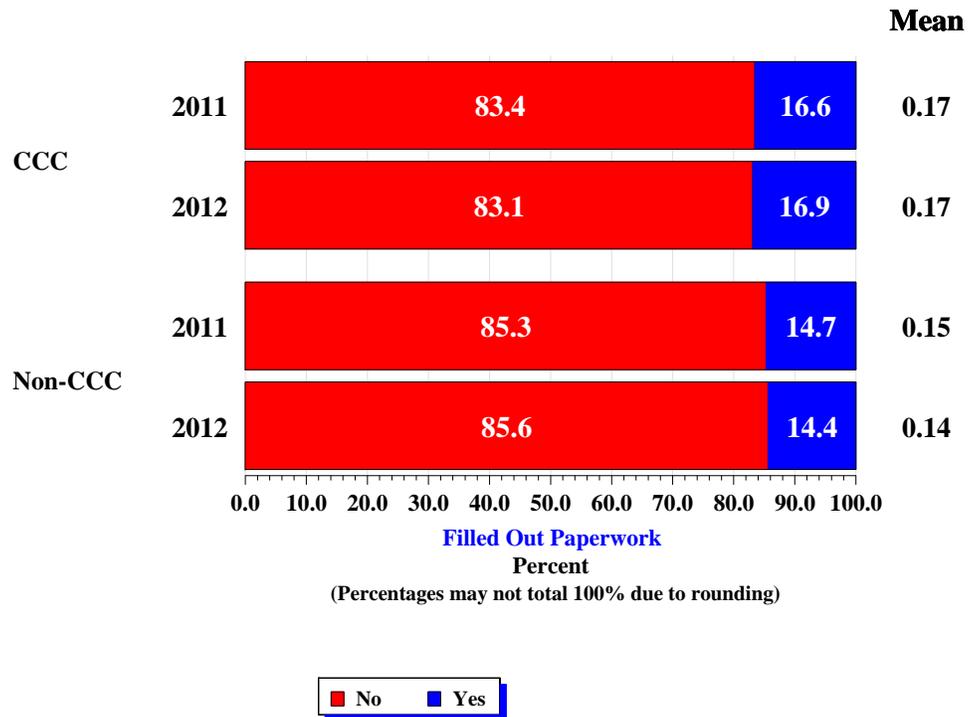
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-25
Satisfaction with Health Plan:
Filled Out Paperwork



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Satisfaction with Health Plan: Problem with Paperwork for Health Plan

Question 53 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members how often forms were easy to fill out for their child’s health plan. For this question, an overall mean on a 1 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.”⁸ Figure C-26 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

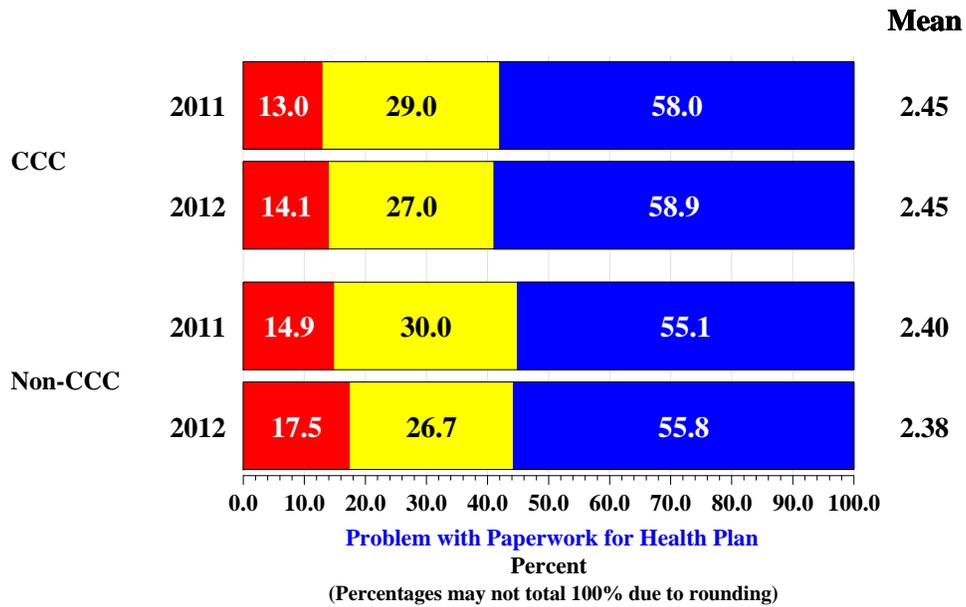
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

⁸ For this question, responses of “Never/Sometimes” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

Figure C-26
Satisfaction with Health Plan:
Problem with Paperwork for Health Plan



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

SATISFACTION WITH HEALTH CARE PROVIDERS

Satisfaction with Health Care Providers: Have Personal Doctor

Several questions were asked to assess the parents or caretakers of child members' satisfaction with their child's health care providers. Question 28 in the CAHPS Child Medicaid Health Plan Survey asked whether child members had one person as their personal doctor. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-27 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

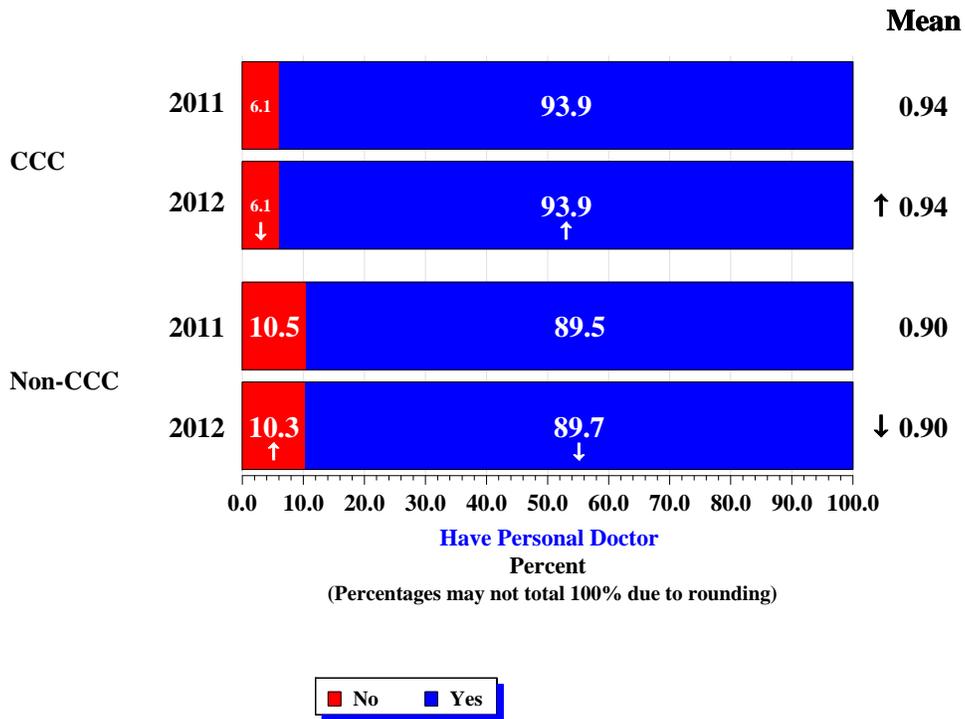
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-27
Satisfaction with Health Care Providers:
Have Personal Doctor



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 33 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether child members were able to talk with doctors about their health care. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-28 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

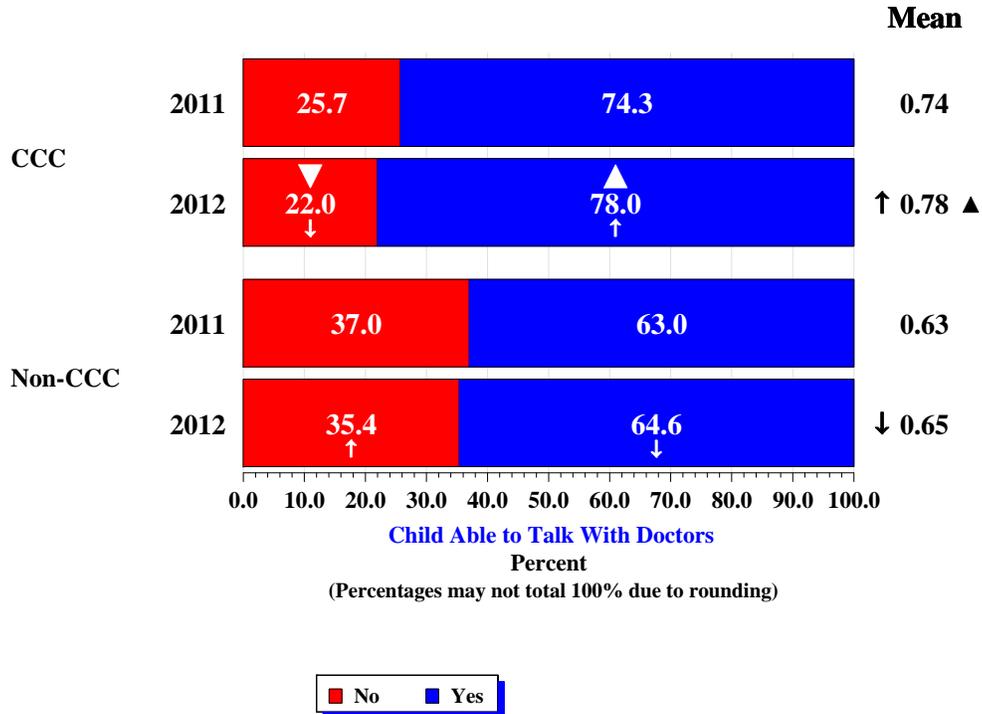
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of CCC respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

Figure C-28
Satisfaction with Health Care Providers:
Child Able to Talk With Doctors



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 34 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often their personal doctor explained things to their child in a way they could understand. For this question, an overall mean on a 1 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.”⁹ Figure C-29 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

⁹ For this question, responses of “Never/Sometimes” were given a score of 1, responses of “Usually” were given a score of 2, and responses of “Always” were given a score of 3.

ACCESS TO CARE

Access to Care: Tried to Make Appointment to See Specialist

Several questions were asked to assess the parents or caretakers of child members' perceptions of access to care. Question 43 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members tried to make an appointment to see a specialist. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-30 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

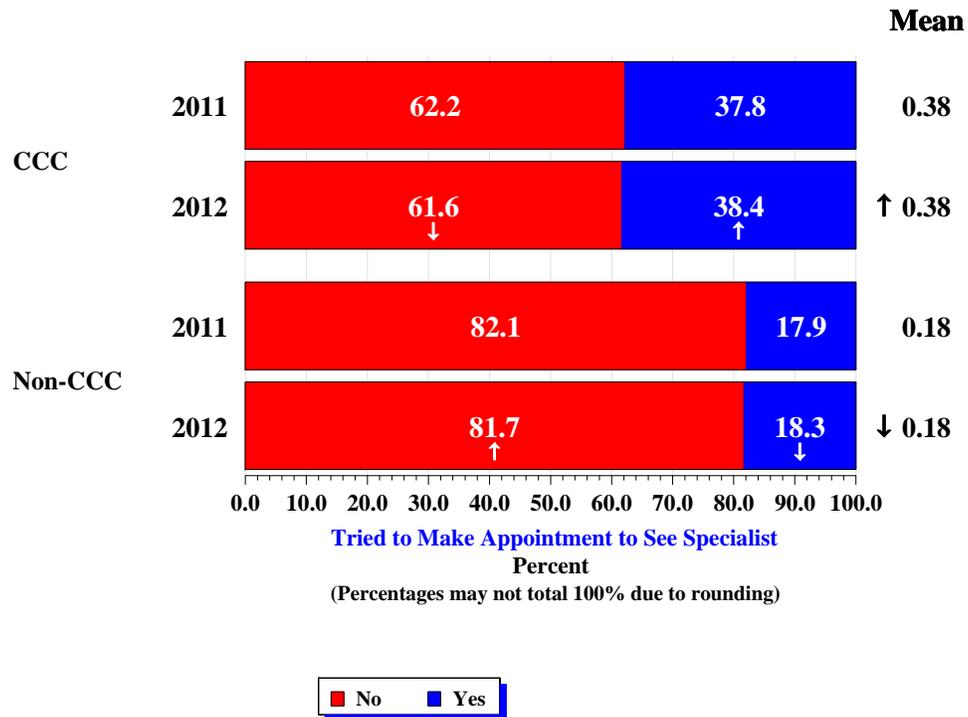
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-30
Access to Care:
Tried to Make Appointment to See Specialist



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Care: Made Appointments for Health Care

Question 5 in the CAHPS Child Medicaid Health Plan Survey asked whether the parents or caretakers of child members had made any appointments for their child's health care (not counting the times their child needed health care right away). For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-31 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

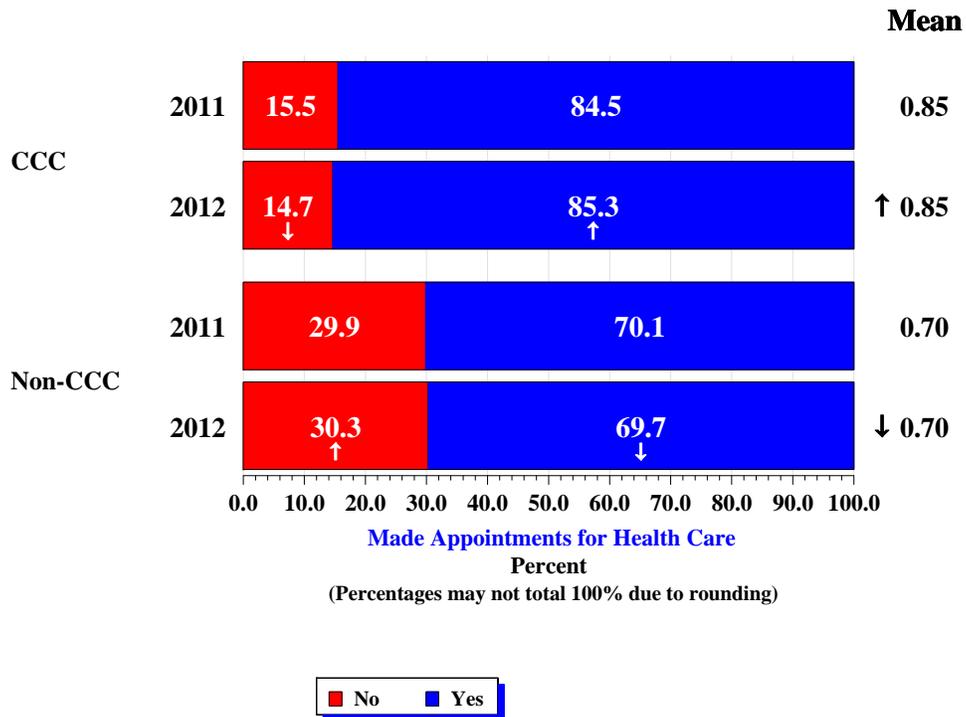
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-31
Access to Care:
Made Appointments for Health Care



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 3 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether their child had an illness, injury, or condition that needed care right away. For this question, an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-32 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

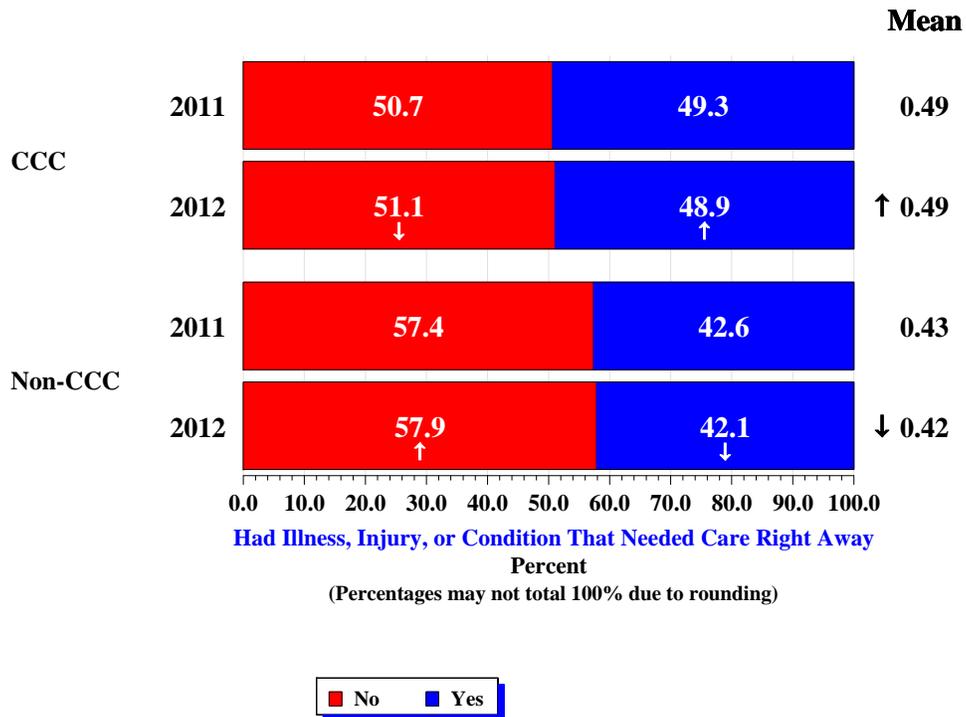
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-32
Access to Care:
Had Illness, Injury, or Condition That Needed Care Right Away



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

UTILIZATION OF SERVICES

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

Question 7 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how many times their child visited the doctor's office or clinic (not counting times the child visited the emergency room). For this question, an overall mean on a 1 to 3 scale was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: "3 or More Times," "1 to 2 Times," and "None." Figure C-33 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of 3 or More Times was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

CCC COMPOSITE MEASURES AND CCC ITEM MEASURES

Access to Prescription Medicines

Question 56 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members how often it was easy to obtain prescription medicines through their health plan. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-34 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

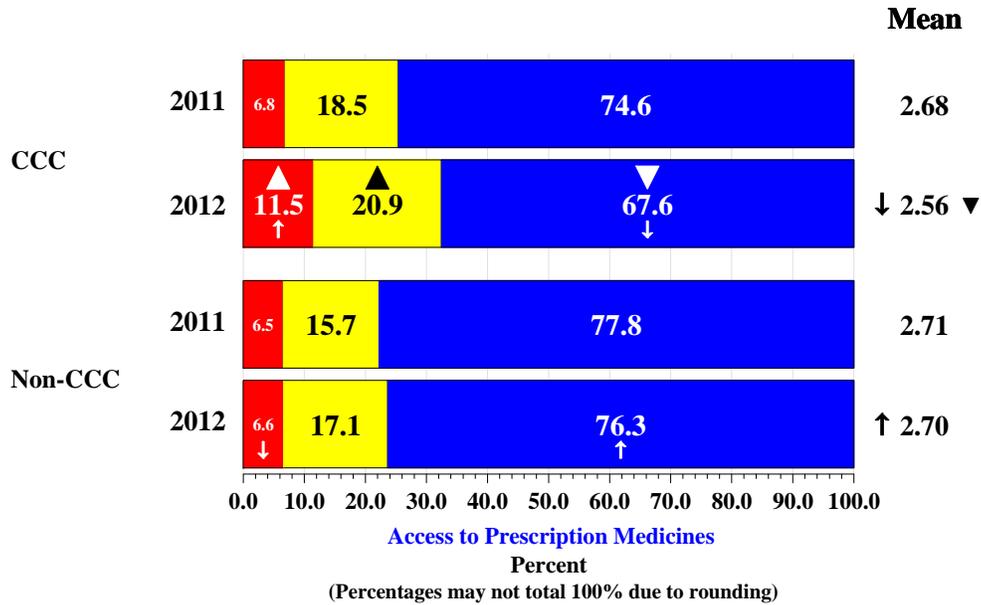
- The overall mean for CCC respondents was significantly lower than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly higher than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly lower than that of non-CCC respondents.

Trending Analysis

Overall, there were four *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for CCC respondents was significantly lower in 2012 than in 2011. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly higher in 2012 than in 2011, similarly the percentage of CCC respondents who gave a response of Usually was significantly higher in 2012 than in 2011 and the percentage of CCC respondents who gave a response of Always was significantly lower in 2012 than in 2011.

Figure C-34
 Access to Prescription Medicines



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Specialized Services

A series of three questions was asked in order to assess how often it was easy for child members to obtain access to specialized services. For each of these questions (Questions 18, 21, and 24 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-35 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2012 than in 2011.

Access to Specialized Services: Problem Obtaining Special Medical Equipment

Question 18 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special medical equipment or devices for their child. Figure C-36 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

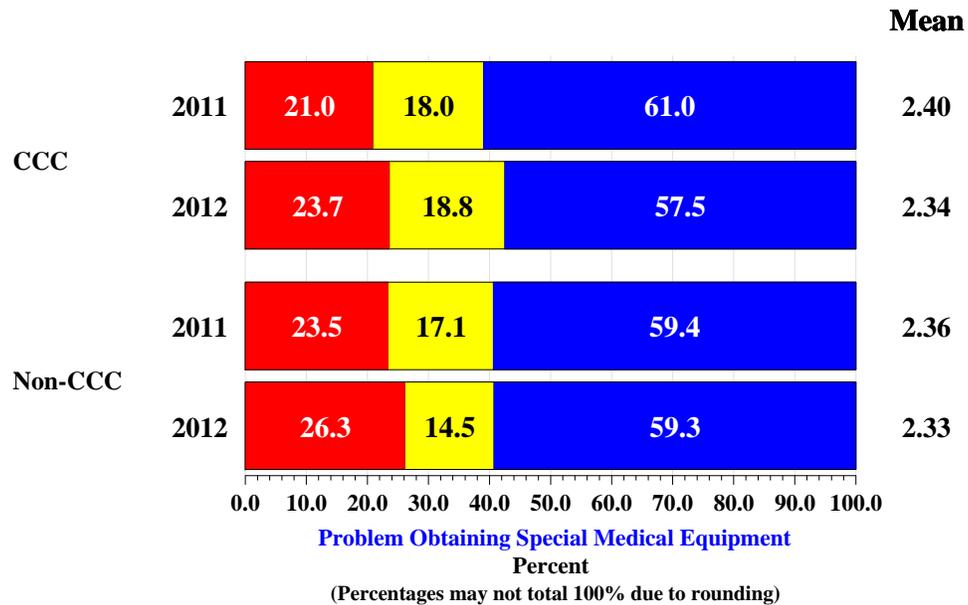
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-36
Access to Specialized Services Composite:
Problem Obtaining Special Medical Equipment



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Specialized Services: Problem Obtaining Special Therapy

Question 21 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining special therapy for their child. Figure C-37 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

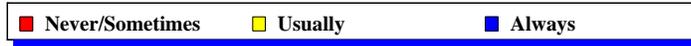
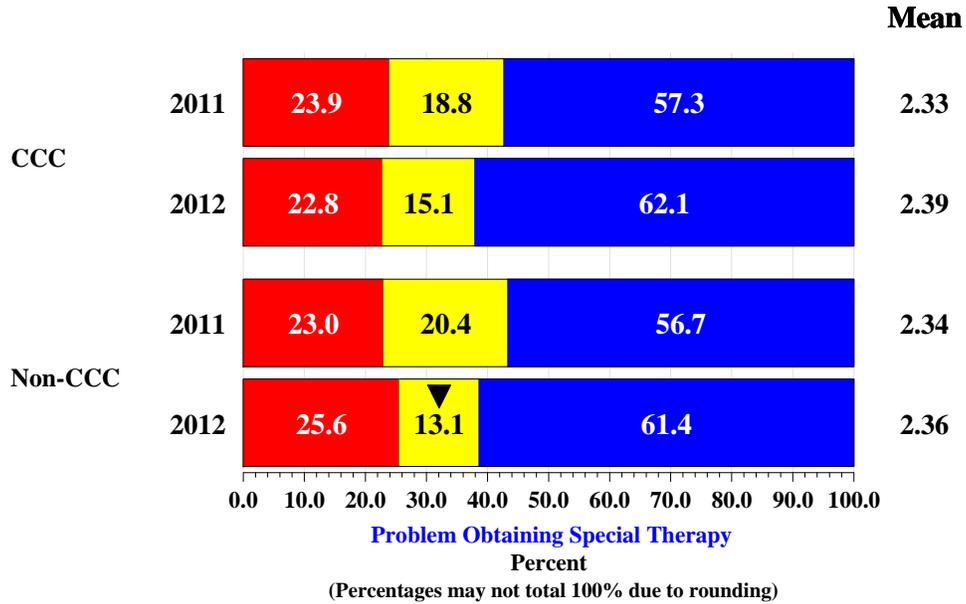
Overall, there were no *statistically significant* differences observed between the CCC and non-CCC populations for this measure.

Trending Analysis

Overall, there was one *statistically significant* difference between scores in 2012 and scores in 2011 for this measure.

- The percentage of non-CCC respondents who gave a response of Usually was significantly lower in 2012 than in 2011.

Figure C-37
Access to Specialized Services Composite:
Problem Obtaining Special Therapy



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2012 score is significantly higher than the 2011 score
- ▼ indicates the 2012 score is significantly lower than the 2011 score

Access to Specialized Services: Problem Obtaining Treatment or Counseling

Question 24 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members to rate how often it was easy obtaining treatment or counseling for their child. Figure C-38 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

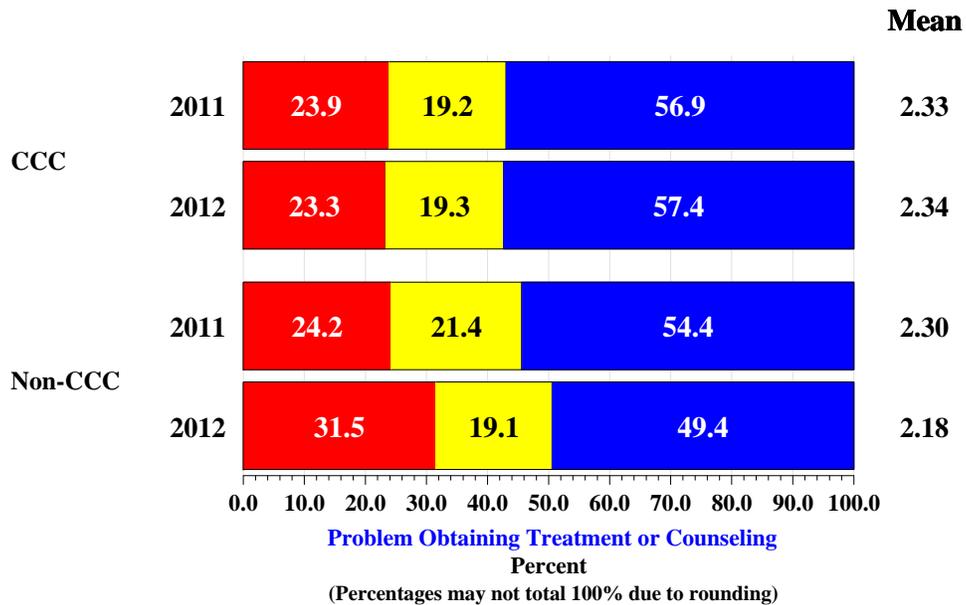
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-38
Access to Specialized Services Composite:
Problem Obtaining Treatment or Counseling



Statistical Significance Note:

- ↑ indicates the score is significantly higher than the other population
- ↓ indicates the score is significantly lower than the other population
- ▲ indicates the 2012 score is significantly higher than the 2011 score
- ▼ indicates the 2012 score is significantly lower than the 2011 score

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

A series of three questions was asked in order to assess whether child members had a personal doctor who knew them. For each of these questions (Questions 36, 41, and 42 in the CAHPS Child Medicaid Health Plan Survey), an overall mean on a 0 to 1 scale was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: “No” and “Yes.” Figure C-39 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

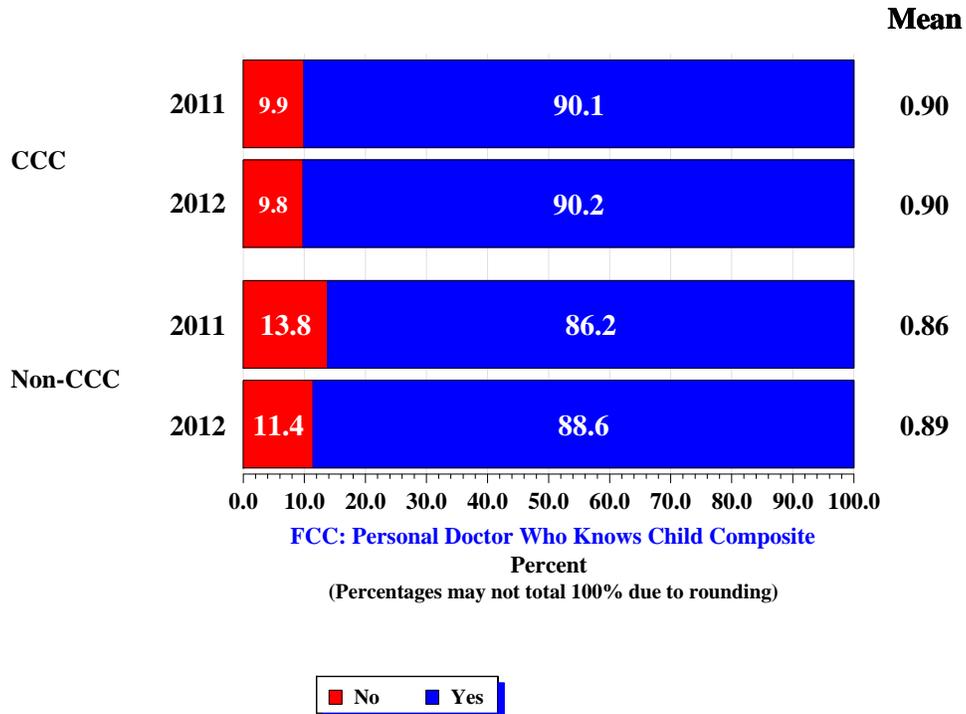
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-39
FCC: Personal Doctor Who Knows Child Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 36 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member talked with the parent or caretaker of the child member about how the child was feeling, growing, or behaving. Figure C-40 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

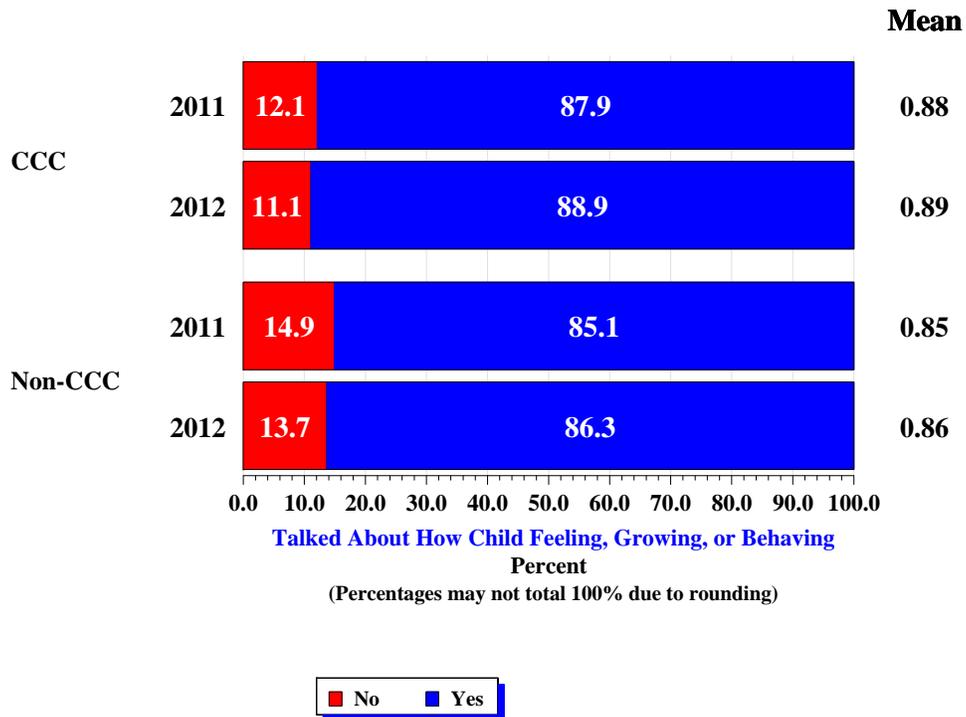
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-40
FCC: Personal Doctor Who Knows Child Composite:
Talked About How Child Feeling, Growing, or Behaving



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 41 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the child's day-to-day life. Figure C-41 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

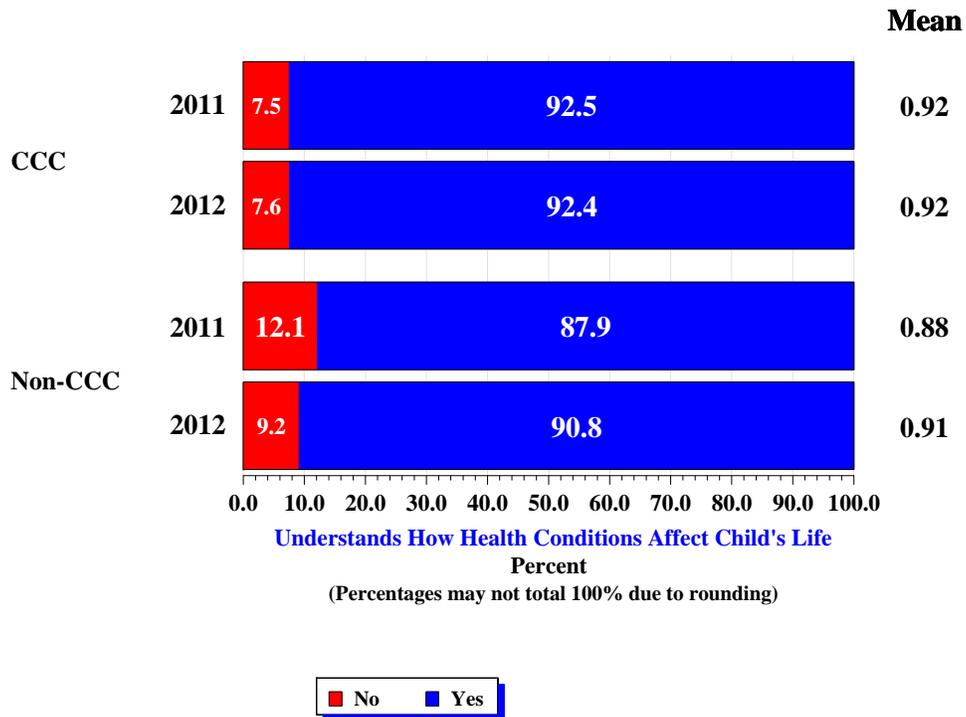
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-41
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Child's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

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

Question 42 in the CAHPS Child Medicaid Health Plan Survey asked whether the personal doctor of the child member understands how the child's medical, behavioral, or other health conditions affect the family's day-to-day life. Figure C-42 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

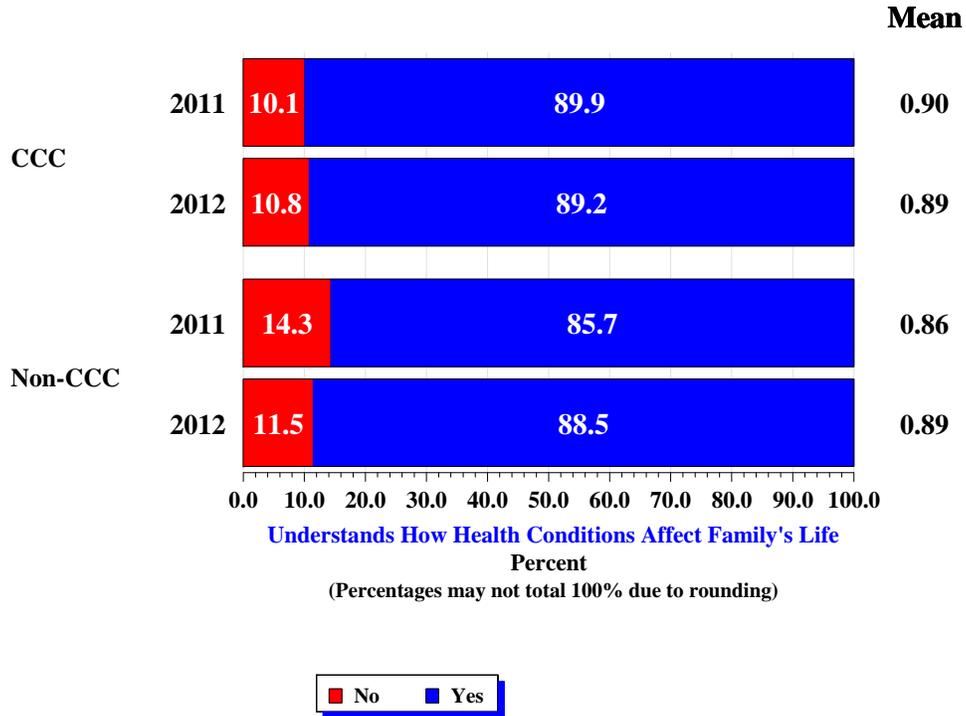
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-42
FCC: Personal Doctor Who Knows Child Composite:
Understands How Health Conditions Affect Family's Life



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

FCC: Getting Needed Information

Question 9 in the CAHPS Child Medicaid Health Plan Survey asked the parents or caretakers of child members to rate how often their questions were answered by doctors or other health providers. For this question, an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into three categories: “Never/Sometimes,” “Usually,” and “Always.” Figure C-43 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

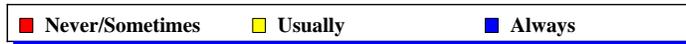
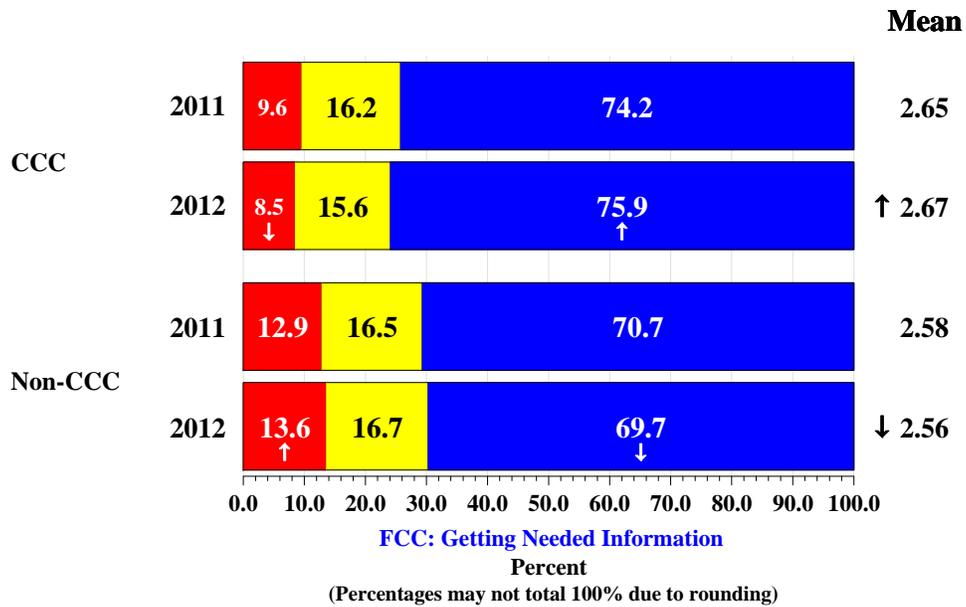
Overall, there were three *statistically significant* differences observed for this measure.

- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of Never/Sometimes was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Always was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-43
 FCC: Getting Needed Information



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Coordination of Care for Children With Chronic Conditions

Two questions were asked in order to assess whether parents or caretakers of child members received help in coordinating their child's care. For each of these questions (Questions 16 and 27 in the CAHPS Child Medicaid Health Plan Survey), an overall mean was calculated for the CCC and non-CCC populations. Responses were also classified into two categories: "No" and "Yes." Figure C-44 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

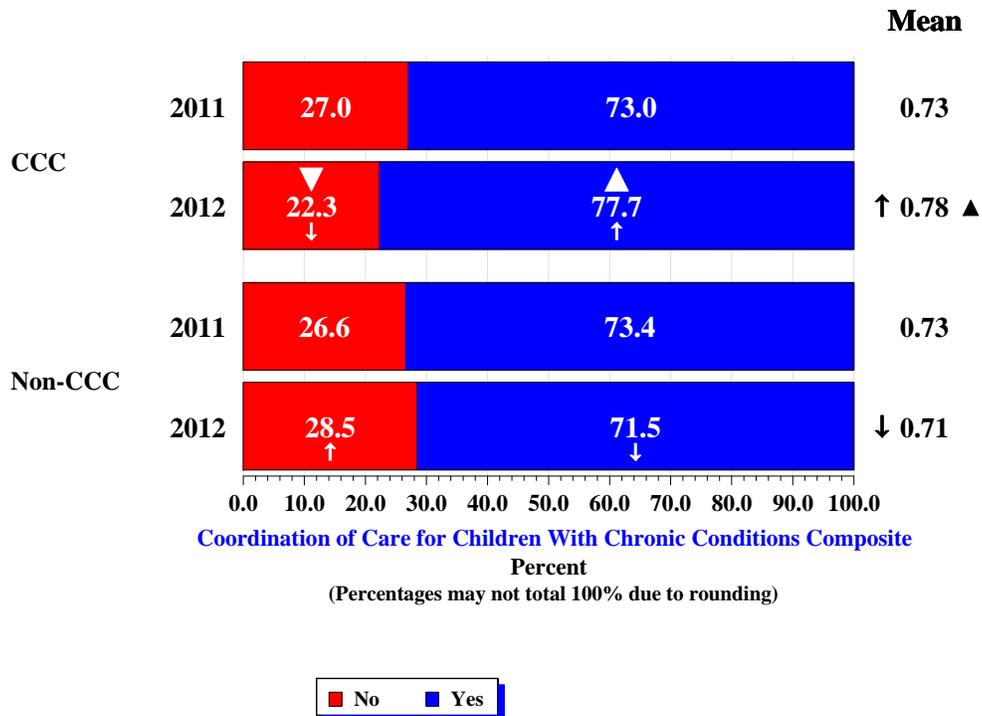
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were three *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of CCC respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher in 2012 than in 2011.

Figure C-44
Coordination of Care for Children With Chronic Conditions Composite



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Coordination of Care for Children With Chronic Conditions: Received Help in Contacting School or Daycare

Question 16 in the CAHPS Child Medicaid Health Plan Survey asked whether parents or caretakers of child members received the help they needed from doctors or other health providers in contacting their child's school or daycare. Figure C-45 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

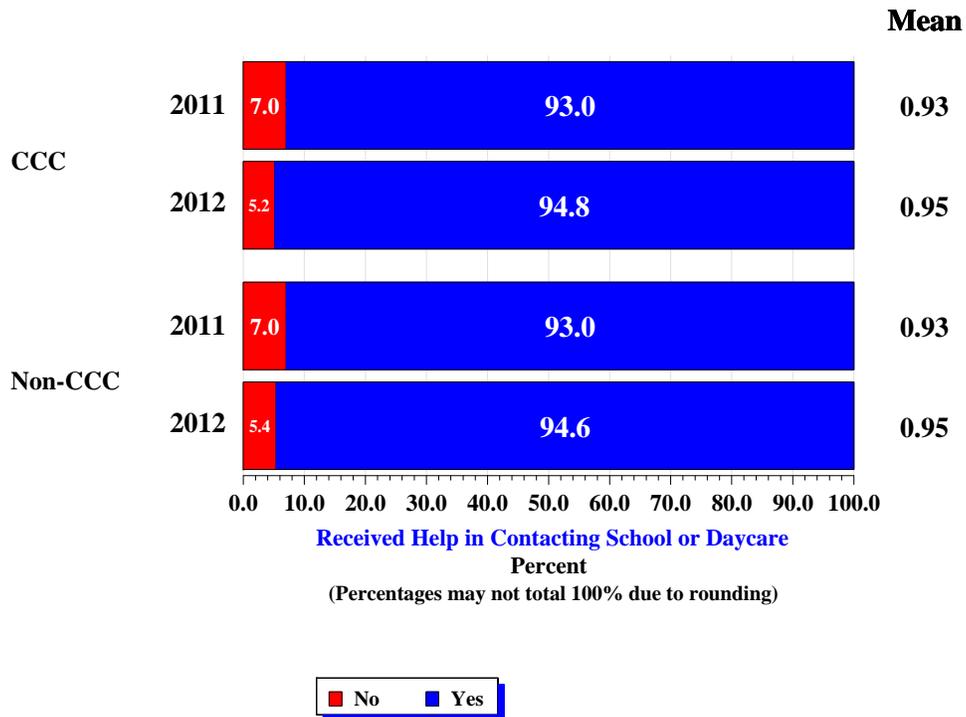
Comparative Analysis

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

Trending Analysis

Overall, there were no *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

Figure C-45
Coordination of Care for Children With Chronic Conditions Composite:
Received Help in Contacting School or Daycare



Statistical Significance Note: ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

Coordination of Care for Children With Chronic Conditions: Health Plan or Doctors Helped Coordinate Child's Care

Question 27 in the CAHPS Child Medicaid Health Plan Survey asked parents or caretakers of child members whether anyone from the health plan or doctor's office helped coordinate their child's care among different providers or services. Figure C-46 depicts the overall mean scores and the percentage of respondents in each of the response categories for the CCC and non-CCC populations.

Comparative Analysis

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

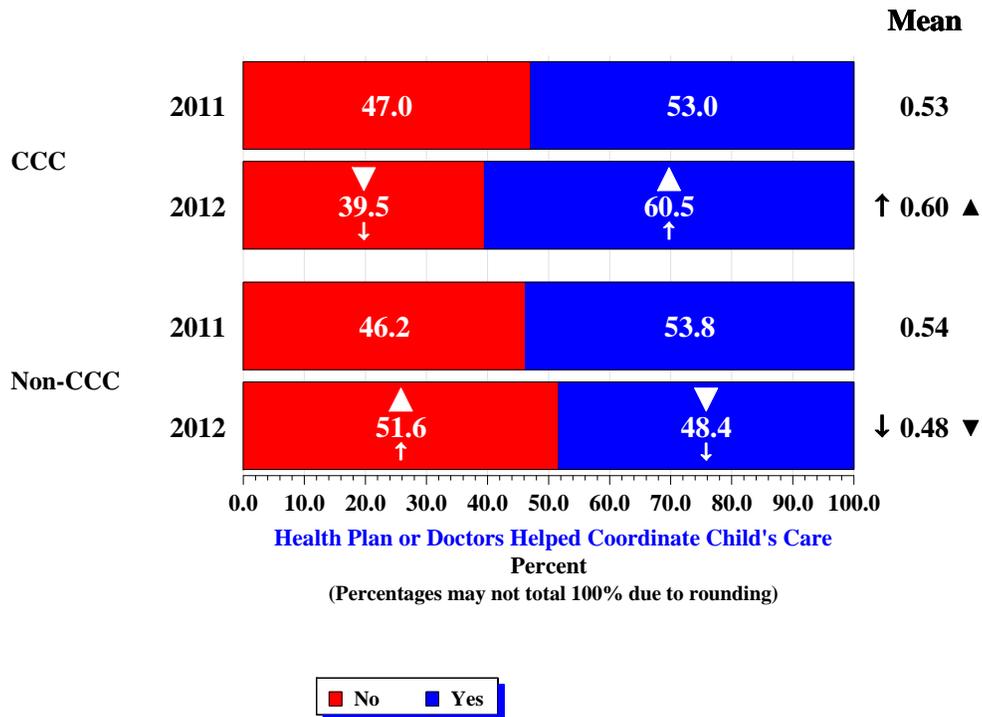
- The overall mean for CCC respondents was significantly higher than that of non-CCC respondents. The percentage of CCC respondents who gave a response of No was significantly lower than that of non-CCC respondents, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher than that of non-CCC respondents.

Trending Analysis

Overall, there were six *statistically significant* differences between scores in 2012 and scores in 2011 for this measure.

- The overall mean for CCC respondents was significantly higher in 2012 than in 2011. Furthermore, the percentage of CCC respondents who gave a response of No was significantly lower in 2012 than in 2011, whereas the percentage of CCC respondents who gave a response of Yes was significantly higher in 2012 than in 2011.
- The overall mean for non-CCC respondents was significantly lower in 2012 than in 2011. Furthermore, the percentage of non-CCC respondents who gave a response of No was significantly higher in 2012 than in 2011, whereas the percentage of non-CCC respondents who gave a response of Yes was significantly lower in 2012 than in 2011.

Figure C-46
Coordination of Care for Children With Chronic Conditions Composite:
Health Plan or Doctors Helped Coordinate Child's Care



Statistical Significance Note:
 ↑ indicates the score is significantly higher than the other population
 ↓ indicates the score is significantly lower than the other population
 ▲ indicates the 2012 score is significantly higher than the 2011 score
 ▼ indicates the 2012 score is significantly lower than the 2011 score

SUMMARY OF OHIO CCC COMPARISONS

The following tables summarize the results of the comparative and trending analyses presented in the Ohio CCC Comparisons section. Table C-1 through Table C-3 summarize the statistically significant differences between the two populations based on the comparative analyses and the assignment of arrows to each population. The items listed in these tables are limited to those items where statistically significant differences were identified between the two populations. Table C-4 and Table C-5 summarize the statistically significant differences between each population's results in 2012 and its results in 2011 based on the trending analyses and the assignment of directional triangles. Please note, the results presented below are based on the overall means calculated for each population on the global ratings, composite measures, composite items, individual items, questions within the areas of interest, CCC composite measures, and CCC item measures.

Table C-1 Summary of Ohio CFC CCC Comparisons Comparative Results for the Global Ratings, Composite Measures, Composite Items, and Individual Items¹⁰		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Rating of Personal Doctor	CCC	Non-CCC
Health Promotion and Education	CCC	Non-CCC

¹⁰ There were no statistically significant differences between the CCC and non-CCC populations for the composites and composite items.

Table C-2 Summary of Ohio CFC CCC Comparisons Comparative Results for the Questions Within the Areas of Interest		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Satisfaction with Health Plan: Got Information or Help from Customer Service	CCC	Non-CCC
Satisfaction with Health Care Providers: Have Personal Doctor	CCC	Non-CCC
Satisfaction with Health Care Providers: Child Able to Talk With Doctors	CCC	Non-CCC
Access to Care: Tried to Make Appointment to See Specialist	CCC	Non-CCC
Access to Care: Made Appointments for Health Care	CCC	Non-CCC
Access to Care: Had Illness, Injury, or Condition That Needed Care Right Away	CCC	Non-CCC
Utilization of Services: Number of Visits to the Doctor's Office	Non-CCC	CCC

Table C-3 Summary of Ohio CFC CCC Comparisons Comparative Results for the CCC Composite Measures and CCC Item Measures		
Measure	Population with Significantly Higher Score	Population with Significantly Lower Score
Access to Prescription Medicines	Non-CCC	CCC
FCC: Getting Needed Information	CCC	Non-CCC
Coordination of Care for Children With Chronic Conditions Composite	CCC	Non-CCC
Coordination of Care for Children With Chronic Conditions: Health Plan or Doctors Helped Coordinate Child's Care	CCC	Non-CCC

Table C-4		
Summary of Ohio CFC CCC Comparisons Trending Results for the Global Ratings, Composite Measures, Composite Items, and Individual Items¹¹		
Measure	Population(s) with Significantly Higher Score in 2012	Population(s) with Significantly Lower Score in 2012
Rating of Health Plan	Non-CCC	—
Rating of All Health Care	Non-CCC	—
Rating of Personal Doctor	CCC	—
Shared Decision Making Composite	—	Non-CCC
Shared Decision Making: Doctor Ask About Best Treatment Choice for You	—	Non-CCC

Note: A dash (—) indicates that neither the CCC nor the non-CCC populations exhibited a statistically significant higher or lower score between 2011 and 2012.

Table C-5		
Summary of Ohio CFC CCC Comparisons Trending Results for the Questions Within the Areas of Interest, CCC Composite Measures, and CCC Item Measures		
Measure	Population(s) with Significantly Higher Score in 2012	Population(s) with Significantly Lower Score in 2012
Satisfaction with Health Care Providers: Child Able to Talk With Doctors	CCC	—
Access to Prescription Medicines	—	CCC
Coordination of Care for Children With Chronic Conditions Composite	CCC	—
Coordination of Care for Children With Chronic Conditions: Health Plan or Doctors Helped Coordinate Child's Care	CCC	Non-CCC

Note: A dash (—) indicates that neither the CCC nor the non-CCC populations exhibited a statistically significant higher or lower score between 2011 and 2012.

¹¹ There were no statistically significant differences between the CCC and non-CCC populations for the individual items.

Reader's Guide

HOW TO READ THE BAR GRAPHS

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

Separate bar graphs were created for the global ratings, composites, items within the composites, individual items, individual questions in four areas of interest (satisfaction with health plan, satisfaction with health care providers, access to care, and utilization of services), CCC composite measures, items within the CCC composites, and CCC items. Each bar graph depicts overall means for the survey item and the proportion of respondents in each of the item's response categories for the CCC and non-CCC populations. Statistically significant differences between these two populations in 2012 are noted within the bar graphs as well as statistically significant differences between scores in 2012 and scores in 2011.

The least positive responses to the survey questions are always at the left end of the bar in **red**.

Responses that fall between the least positive and the most positive responses are always in the middle of the bar in **yellow**.

The most positive responses to the survey questions are always at the right end of the bar in **blue**.

Overall means are shown to the right of the bar.



For figures with two response categories, only blue and red bars are depicted. For certain questions, response categories are neither more positive nor less positive. For these questions, the colors of the bars simply identify different response categories.

Numbers within the bars represent the percentage of respondents in the response category. Overall means are shown to the right of the bars.

Arrows (↑ and ↓) within the bars and to the left of the overall means indicate statistically significant differences between the populations' mean scores in 2012. Only statistically significant findings are discussed within the text of the Ohio CCC Comparisons section.

Directional triangles (▲ and ▼) within the bars and to the right of the overall means indicate statistically significant differences between mean scores in 2012 and mean scores in 2011. For each population, its 2012 mean scores were compared to its 2011 mean scores. Only statistically significant findings are discussed within the text of the Ohio CCC Comparisons section.

LIMITATIONS AND CAUTIONS

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

Case-Mix Adjustment

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

Non-Response Bias

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

Causal Inferences

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