



Department of  
Medicaid

# 2019 MyCare Ohio Program CAHPS<sup>®</sup> Member Experience Survey Executive Summary Report

July 30, 2020



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# Table of Contents

1. Introduction .....	4
Summary of Findings.....	5
Survey Demographics.....	5
Survey Results .....	6
2. Survey Results .....	8
National Comparisons.....	8
Statewide Comparisons .....	10
Global Ratings .....	12
Composite Measures and Composite Items .....	17
Priority Areas for Quality Improvement .....	22
Summary Tables.....	23
3. Conclusions and Recommendations .....	24
Conclusions .....	24
Recommendations .....	25
Cautions and Limitations.....	25
Case-Mix Adjustment .....	25
Non-Response Bias.....	25
Causal Inferences .....	25
Survey Vendor Effects .....	26
Methods for Analysis.....	26

## List of Tables

Table 1-1: MA & PDP CAHPS Completed Surveys and Response Rates.....	4
Table 1-2: Member Demographics .....	6
Table 1-4: Priority Areas Analysis Summary Table.....	8
Table 2-1: Star Ratings .....	9
Table 2-2: Overall Scores on the Global Ratings and Composite Measures Compared to National MMP Benchmarks.....	10
Table 2-3: Correlation Matrix.....	23
Table 2-4: Priority Areas Analysis—Rating of Health Plan Summary Table .....	23
Table 2-5: Priority Areas Analysis—Rating of Health Care Quality Summary Table .....	24
Table 2-6: Priority Areas Analysis—Rating of Drug Plan Summary Table .....	24

## List of Figures

Figure 2-1: Rating of Health Plan Response Category Percentages and Means.....	12
Figure 2-2: Rating of Health Care Quality Response Category Percentages and Means.....	13
Figure 2-3: Rating of Drug Plan Response Category Percentages and Means.....	14
Figure 2-4: Rating of Personal Doctor Response Category Percentages and Means .....	15
Figure 2-5: Rating of Specialist Response Category Percentages and Means .....	16
Figure 2-6: Getting Needed Care Response Category Percentages and Means.....	17
Figure 2-7: Getting Appointments and Care Quickly Response Category Percentages and Means.....	18
Figure 2-8: Doctors Who Communicate Well Response Category Percentages and Means.....	19
Figure 2-9: Customer Service Response Category Percentages and Means.....	20
Figure 2-10: Getting Needed Prescription Drugs Response Category Percentages and Means .....	21
Figure 2-11: Care Coordination Response Category Percentages and Means .....	22

# 1. Introduction

The Centers for Medicare & Medicaid Services (CMS) and the Ohio Department of Medicaid (ODM) required the MyCare Ohio Plans (MCOPs) to administer a consumer experience survey to their members in 2019. A high-level overview of the data collection and reporting processes for the survey is provided below.

- Five MCOPs, Aetna Better Health of Ohio (Aetna); Buckeye Health Plan (Buckeye); CareSource; Molina Healthcare of Ohio, Inc. (Molina); and UnitedHealthcare Community Plan of Ohio, Inc. (UnitedHealthcare), participated in the 2019 survey.
- The standardized survey instrument administered in 2019 was the Medicare Advantage and Prescription Drug Plan (MA & PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey.
- Each MCOP was required to contract with a CMS-approved survey vendor to administer the survey and send its survey data to CMS.
- Adult members from each MCOP completed the surveys from March to June 2019.
- A mixed mode data collection protocol was used to administer the survey, which included a mail phase followed by a telephone phase for sampled members who had not mailed in a completed survey. Sampled members had the option to complete the survey in English, Spanish, Chinese, or Vietnamese.<sup>1</sup>
- For each MCOP, CMS selected a random sample (and any requested oversample) of members who met the following eligibility criteria at the time the sample was drawn:
  - Were 18 years of age or older (January 3, 2019).
  - Were MCOP members.
  - Were continuously enrolled in the same MCOP for at least six months.
  - Were living in the United States, Puerto Rico, or the United States Virgin Islands.
  - Were not institutionalized.

The total number of completed surveys as well as response rates for the MyCare Ohio program and all MCOPs are provided in Table 1-1 below.

Table 1-1: MA & PDP CAHPS Completed Surveys and Response Rates

Program/MyCare Ohio Plan	Total Completed Surveys	Total Response Rate
<b>MyCare Ohio</b>	<b>1,691</b>	<b>24.31%</b>
Aetna	289	22.79%
Buckeye	363	23.03%
CareSource	390	24.89%
Molina	474	27.01%
UnitedHealthcare	175	22.12%

- The MCOPs' 2019 MA & PDP CAHPS Survey data were analyzed for this report following CMS' MA & PDP Quality Assurance Protocols & Technical Specifications, V9.0.<sup>2,3,4</sup>

<sup>1</sup> Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V9.0*. November 2018.

<sup>2</sup> CMS applies an interunit reliability (IUR) threshold of "very low reliability" for reporting measure results; however, for purposes of this report, IPRO evaluated measure scores for small cell size criteria only (i.e., minimum of 11 responses); all MCOPs' results are reported for each item, regardless of the IUR reporting scoring, to provide more information regarding MCOP and program performance. CMS defines "very low reliability" as measures' scores with an IUR of less than 0.60. However, the specifications also indicate that no more than 12 percent of plans (those with the lowest IUR on the corresponding measure) are flagged as low reliability for a given measure, after excluding scores based on fewer than 11 responses.

<sup>3</sup> CMS applies weighting when calculating results. For purposes of this report, IPRO did not apply weighting when calculating the measure results for the MyCare Ohio program and MCOPs. Given these differences, the results presented in this report for MCOPs will not match the results presented in the MCOP reports produced by CMS.

- Results presented in this report include five global ratings (Rating of Health Plan, Rating of Health Care Quality, Rating of Drug Plan, Rating of Personal Doctor, and Rating of Specialist) and six composite measures (Getting Needed Care, Getting Appointments and Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, and Care Coordination).

It is important to note that the CAHPS results presented in this report for the MyCare Ohio program and all MCOPs represent the survey results that were calculated by CMS; for values that were reported as NA by CMS, results were calculated by IPRO using CMS' methodology, with some minor differences; therefore, the results should not be compared to other reports presenting the same data. CMS' specifications for the MA & PDP CAHPS Survey provide guidelines for calculating a response rate as a close approximation only. These results include the individual MCOP results compared to the state average for all MCOPs and additional analyses (e.g., priority areas for quality improvement [QI]). They are not official survey results and should be used for QI purposes only. For more information on the methodology utilized please see the Methodology Report.

## Summary of Findings

This section provides high-level results from the MyCare Ohio program analyses.

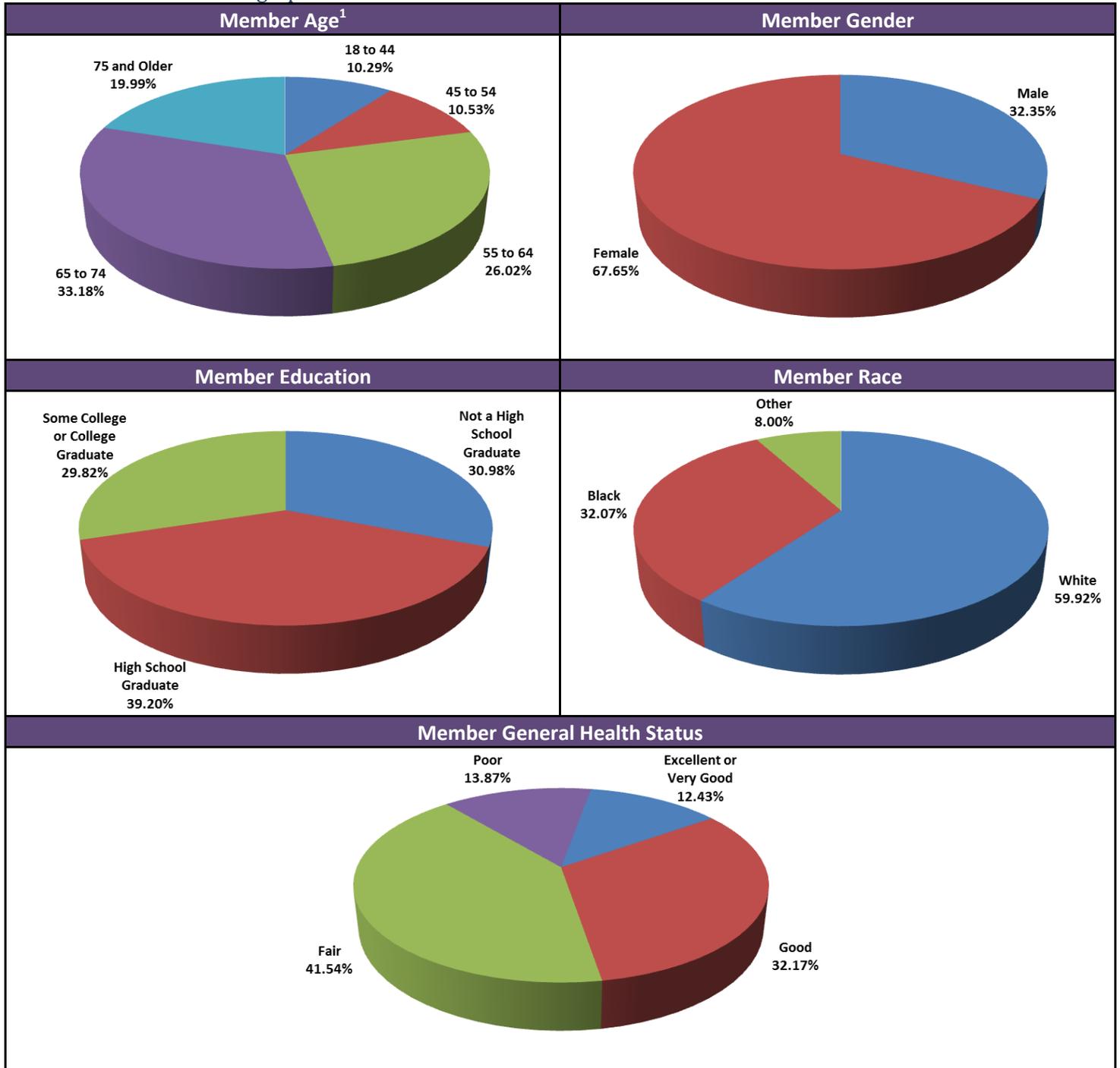
### Survey Demographics

Table 1-2 provides an overview of the MyCare Ohio program-level member demographic characteristics. Age and gender were determined using CMS administrative data, while education, race, and general health status were determined from responses to the MA & PDP CAHPS Survey.

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<sup>4</sup> Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*. November 2017.

Table 1-2: Member Demographics



<sup>1</sup> Please note, percentages may not total 100.0% due to rounding.

## Survey Results

### National Comparisons

Compared with CMS national Medicare-Medicaid Plan (MMP) benchmarks, the MyCare Ohio program’s and/or an individual MCOP’s overall means were at or above the national MMP 75th percentile for the following global ratings and composite measures:

### Rating of Health Care Quality

- Buckeye
- UnitedHealthcare

### **Rating of Drug Plan**

- Aetna
- CareSource

### **Rating of Personal Doctor**

- UnitedHealthcare

### **Rating of Specialist**

- CareSource
- Molina

### **Getting Needed Care**

- Aetna
- CareSource

### **Getting Appointments and Care Quickly**

- MyCare Ohio program
- Aetna
- Buckeye
- CareSource
- UnitedHealthcare

### **Doctors Who Communicate Well**

- Aetna
- Buckeye
- CareSource
- Molina
- UnitedHealthcare

### **Customer Service**

- CareSource

### **Getting Needed Prescription Drugs**

- Aetna
- CareSource

### **Care Coordination**

- Molina

The overall means for the MyCare Ohio program and each MCOP were below the national MMP 75th percentile for the following global ratings and composite measures:

- Rating of Health Plan

### ***Statewide Comparisons***

There were no statistically significant differences in the MCOPs' mean score results compared to the MyCare Ohio program average and no statistically significant differences between the MCOPs' means scores in 2019 and scores in 2018.

### ***Priority Areas for Quality Improvement***

IPRO evaluated three measures—Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan—to determine if particular MA & PDP CAHPS items (i.e., questions) have a high problem score (i.e., the MyCare Ohio program/MCOP has demonstrated poor performance) and are strongly correlated with one or more of these measures.

These individual CAHPS items, which IPRO refers to as “priority areas,” have the greatest potential to effect change in overall member experience with the global ratings. Table 1-4 provides an overview of the priority areas for each global rating evaluated for the MyCare Ohio program and each MCOP.

Table 1-3: Priority Areas Analysis Summary Table

Priority Areas: Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan						
Survey Question	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away				 	 	
Q6. Getting Appointments and Care Quickly—Getting Appointments						
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	 	 	 	 	 	
Q23. Care Coordination—Doctors Discuss Taking Medicines						
Q29. Getting Needed Care—Getting Appointments with Specialists						 
Q32. Care Coordination—Doctors are Informed about Specialist Care	 		 		 	
Q34. Customer Service—Give Information Needed			 			
Q41a. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Fill Prescription						
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail						
 = Rating of Health Plan  = Rating of Health Care Quality  = Rating of Drug Plan						

## 2. Survey Results

This section presents the following results for the MyCare Ohio program and each MCOP:

- National Comparisons
- Statewide Comparisons
- Priority Areas for Quality Improvement

### National Comparisons

In order to assess the overall performance of the MyCare Ohio program and each MCOP, IPRO reported the linear means for the five global ratings (Rating of Health Plan, Rating of Health Care Quality, Rating of Drug Plan, Rating of Personal Doctor, and Rating of Specialist), six composite measures (Getting Needed Care, Getting Appointments and Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, and Care Coordination), and two other measures (Influenza Vaccination and Pneumonia Shot), but for those CMS-calculated scores reported as NA for select plans, IPRO calculated the missing scores using CMS’ scoring methodology (for Rating of Personal Doctor, Rating of Specialist, and Doctors Who Communicate Well). IPRO compared the MCOPs’ and MyCare

Ohio’s overall mean scores to national MMP percentiles. National MMP benchmarks provided by CMS were used for this analysis. Please note that the national MMP benchmarks were produced using 42 MMPs; therefore, caution should be exercised when interpreting these results.

IPRO compared the MCOPs’ and MyCare Ohio program’s scores to national MMP percentile benchmarks provided by CMS to derive the overall star ratings for each measure. Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 2-1<sup>5</sup>

Table 2-1: Star Ratings

Stars	Percentiles
★ Poor	Below the 25th percentile
★★ Fair	At or between the 25th and 49th percentiles
★★★ Good	At or between the 50th and 74th percentiles
★★★★ Very Good	At or between the 75th and 89th percentiles
★★★★★ Excellent	At or above the 90th percentile

Table 2-2 provides the National Comparisons findings for the MyCare Ohio program and each MCOP.

<sup>5</sup> IPRO used a different methodology to determine star ratings than is specified in the *MA & PDP Quality Assurance Protocols & Technical Specifications, V9.0*.

Table 2-2: Overall Scores on the Global Ratings and Composite Measures Compared to National MMP Benchmarks

	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
<b>Global Ratings</b>						
Rating of Health Plan	★★ 86.7	★★ 87.2	★★ 86.5	★★ 87.2	★ 83.7	★★★ 88.2
Rating of Health Care Quality	★★★ 86.3	★★★ 86.0	★★★★ 86.7	★★★ 86.0	★★ 84.2	★★★★★ 88.6
Rating of Drug Plan	★★★ 88.0	★★★★ 88.5	★★ 87.4	★★★★ 89.0	★★ 86.0	★★★ 88.3
Rating of Personal Doctor	★★ 90.4	★ 89.0	★★★ 91.0	★★ 90.7	★ 89.2	★★★★ 92.0
Rating of Specialist	★ 88.5	★★★★★ 92.5	★★ 90.7	★★★★★ 93.9	★★★★★ 92.5	★★ 90.2
<b>Composite Measures</b>						
Getting Needed Care	★★★ 83.6	★★★★ 84.3	★★★ 83.5	★★★★ 84.6	★★ 81.7	★★★ 83.3
Getting Appointments and Care Quickly	★★★★ 80.5	★★★★ 80.5	★★★★★ 81.2	★★★★★ 80.7	★★★ 79.2	★★★★★ 81.2
Doctors Who Communicate Well	★★★ 91.7	★★★★★ 94.4	★★★★★ 97.2	★★★★★ 96.4	★★★★★ 94.6	★★★★★ 97.8
Customer Service	★★★ 91.4	★★★ 91.4	★ 89.6	★★★★ 92.9	★★★ 91.1	★★★ 91.5
Getting Needed Prescription Drugs	★★★ 91.1	★★★★★ 92.6	★★ 90.5	★★★★ 91.9	★★ 89.6	★★ 90.4
Care Coordination	★★★ 86.1	★★★ 86.5	★★ 85.0	★★★ 86.1	★★★★ 87.2	★★★ 85.7
<b>Other Measures – Percent Who Responded Yes</b>						
Influenza Vaccination	★★ 65.1	★ 60.4	★★ 66.0	★★★ 66.5	★ 60.3	★★★★ 72.4
Pneumonia Shot	★★★ 61.7	★★ 56.6	★★★ 60.2	★★★★ 66.0	★★★ 57.5	★★★★ 67.1
Star Assignments Based on Percentiles						
★★★★★ 90th or Above    ★★★★ 75th – 89th    ★★★ 50th – 74th    ★★ 25th – 49th    ★ Below 25th						

## Statewide Comparisons

Linear mean scores and response category percentages were calculated by CMS for the MyCare Ohio program (program average) and each MCOP for each global rating and composite measure; for ratings or composite measures not reported by CMS (i.e., suppressed for low response rates or did not meet interunit reliability tests), IPRO calculated scores using CMS' methodology. Two types of analyses are presented in this section: (1) a comparison of each MCOP's 2019 case-mix adjusted scores to the MyCare Ohio program's 2019 case-mix adjusted scores and (2) a comparison of each MCOP's and the MyCare Ohio program's 2019 scores to its 2018 scores.

For purposes of reporting MyCare Ohio member experience with care results, CMS requires a minimum of 11 respondents per response category per measure (i.e., a minimum cell size of 11). If a cell size was less than 11, additional analyses were performed to determine the appropriate data suppression approach. If one or more of the response categories for a measure did not meet the minimum number of 11 responses, IPRO combined response categories to create aggregate categories that met or exceeded the minimum cell size requirement. In instances where aggregation of the data still resulted in cell sizes of fewer than 11, the measure's results were suppressed in full. All instances of aggregation and suppression are noted in the report figures as "Insufficient Data."

For the first analysis, two types of hypothesis tests were performed to determine whether the MCOPs' response category percentages and means were statistically significantly different from the MyCare Ohio program average. Statistically significant differences between the 2019 MCOP-level mean scores and the 2019 MyCare Ohio program average are noted with arrows. MCOP-level mean scores that are statistically significantly higher than the MyCare Ohio program average are noted with an upward (↑) arrow. MCOP-level mean scores that are statistically significantly lower than the MyCare Ohio program average are noted with a downward (↓) arrow. MCOP-level mean scores that are not statistically significantly different from the MyCare Ohio program average are not noted with arrows.

For the second analysis, mean scores in 2019 were compared to the mean scores in 2018 to determine whether there were statistically significant differences. For each MCOP and the MyCare Ohio program, each of the response category percentages and the overall means were compared for statistically significant differences. Statistically significant differences between overall mean scores in 2019 and overall mean scores in 2018 are noted with triangles. Scores that are statistically significantly higher in 2019 than in 2018 are noted with upward (▲) triangles. Scores that are statistically significantly lower in 2019 than in 2018 are noted with downward (▼) triangles. Scores in 2019 that are not statistically significantly different from scores in 2018 are not noted with triangles.

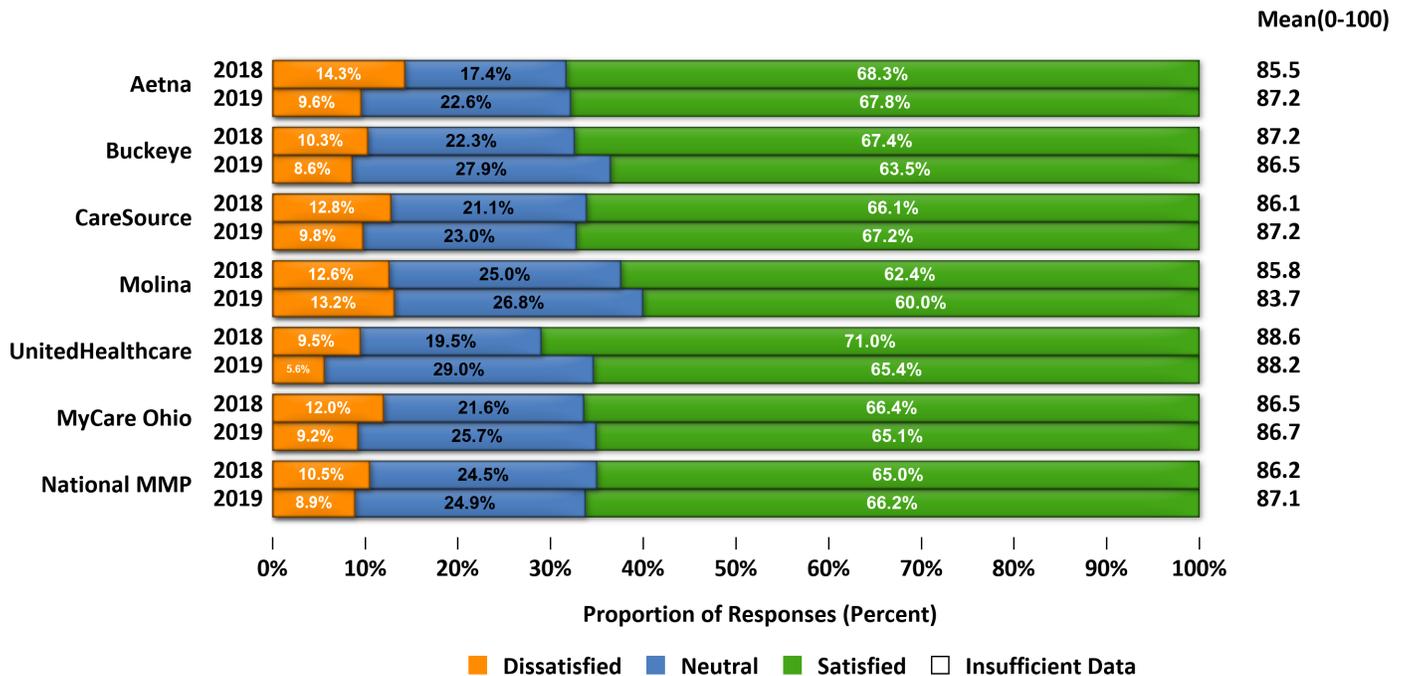
The national MMP averages are presented for each measure for comparison purposes.

## Global Ratings

### Rating of Health Plan

Members were asked to rate their 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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 2-1 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-1: Rating of Health Plan Response Category Percentages and Means



Statistical Significance Note: ↑Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.

↓Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.

▲Indicates the 2019 mean is statistically significantly higher than the 2018 mean.

▼Indicates the 2019 mean is statistically significantly lower than the 2018 mean.

An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.

Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

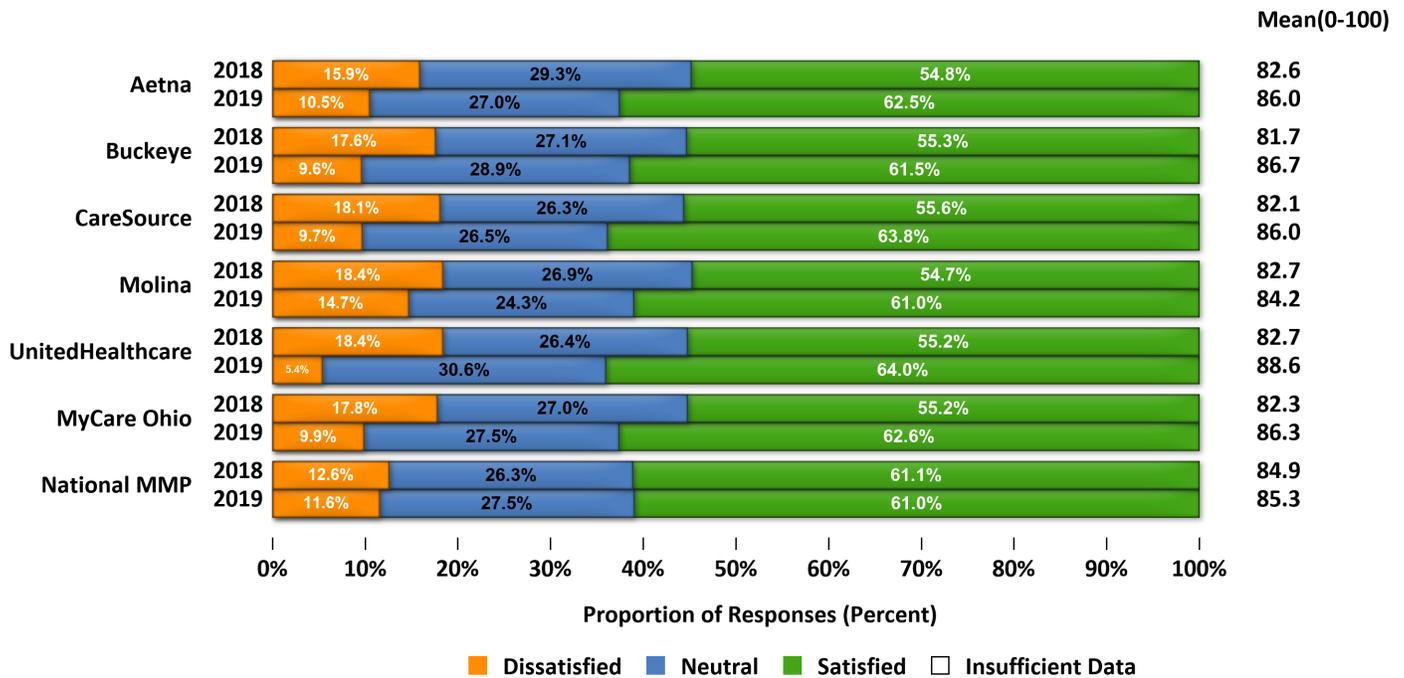
### Trend Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

### Rating of Health Care Quality

Members were asked to rate all their 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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 2-2 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-2: Rating of Health Care Quality Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

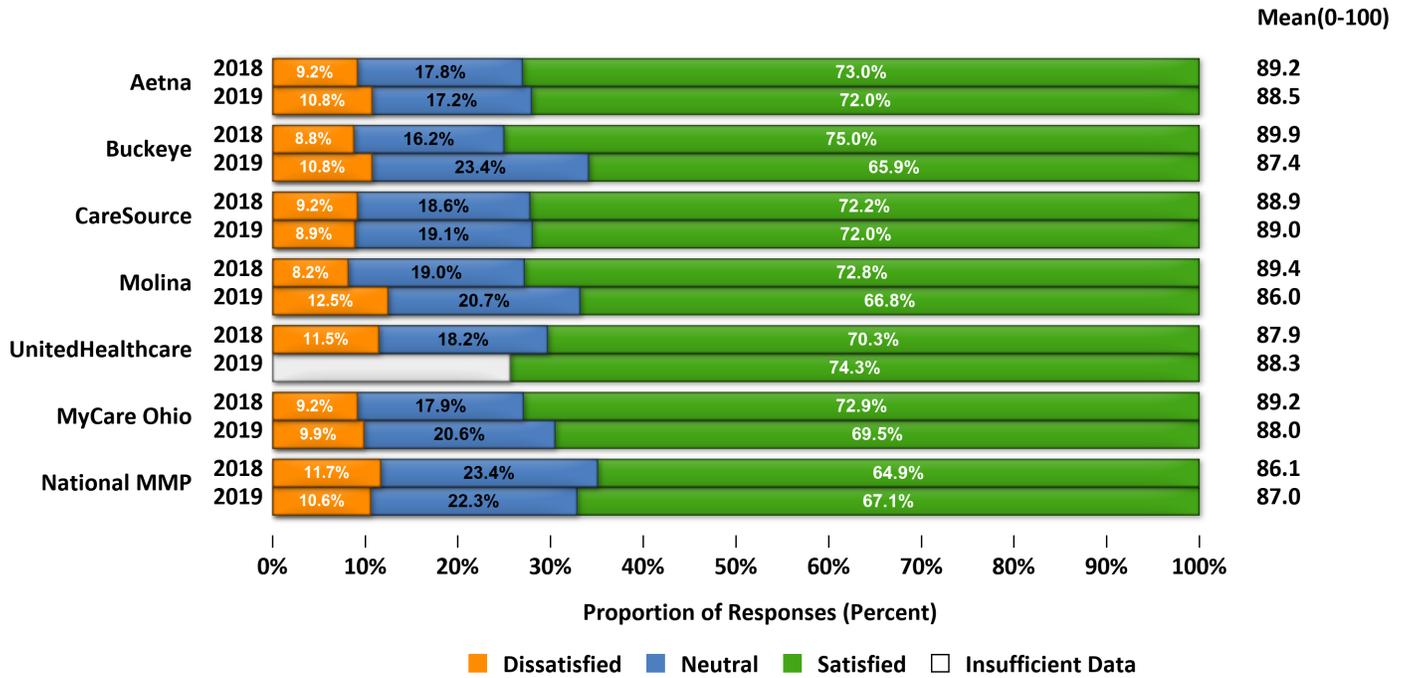
### Trend Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

### Rating of Drug Plan

Members were asked to rate their prescription drug plan on a scale of 0 to 10, with 0 being the “worst prescription drug plan possible” and 10 being the “best prescription drug plan possible.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 2-3 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-3: Rating of Drug Plan Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

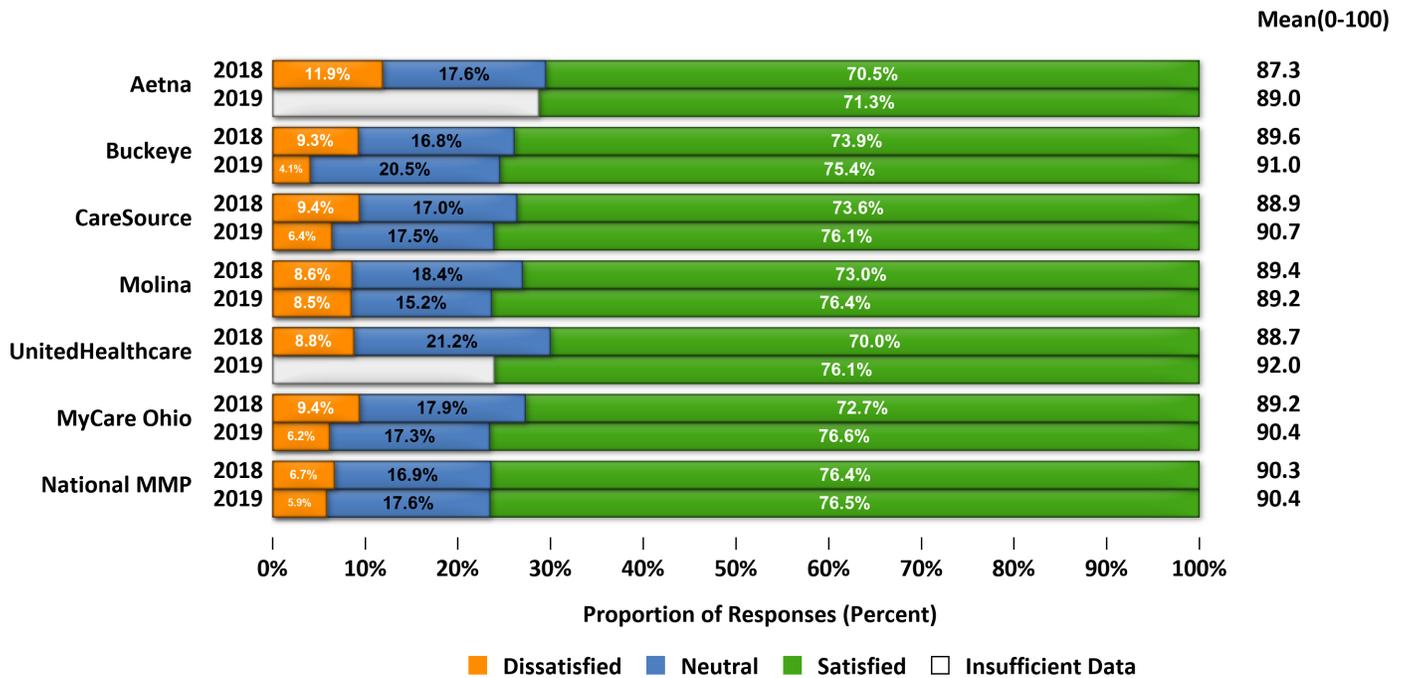
### Trend Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Rating of Personal Doctor

Members were asked to rate their 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.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 2-4 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-4: Rating of Personal Doctor Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.

↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.

▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.

▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.

An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.

Response category percentages may not total 100.0% due to rounding.

## Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

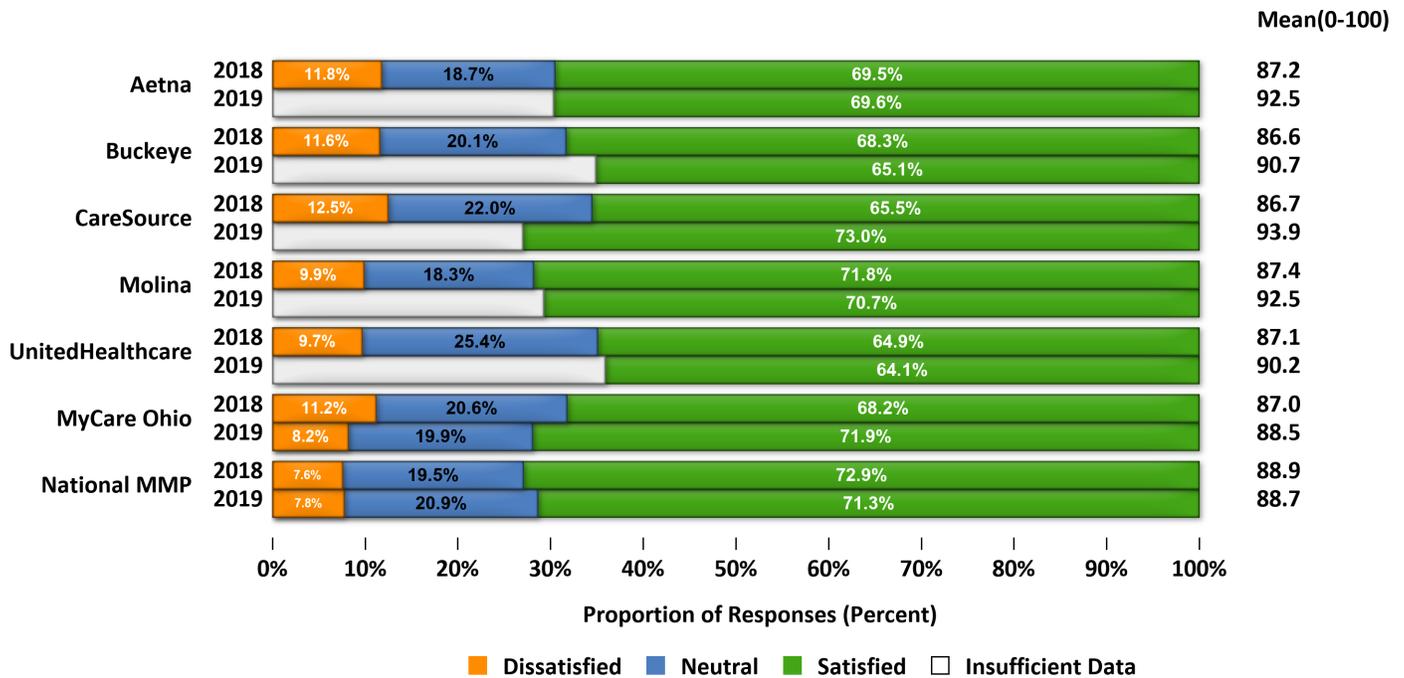
## Trend Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Rating of Specialist

Members were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Responses were classified into three categories: Dissatisfied (0–6), Neutral (7–8), and Satisfied (9–10). Figure 2-5 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-5: Rating of Specialist Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.

↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.

▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.

▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.

An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.

Response category percentages may not total 100.0% due to rounding.

## Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

## Trend Analysis

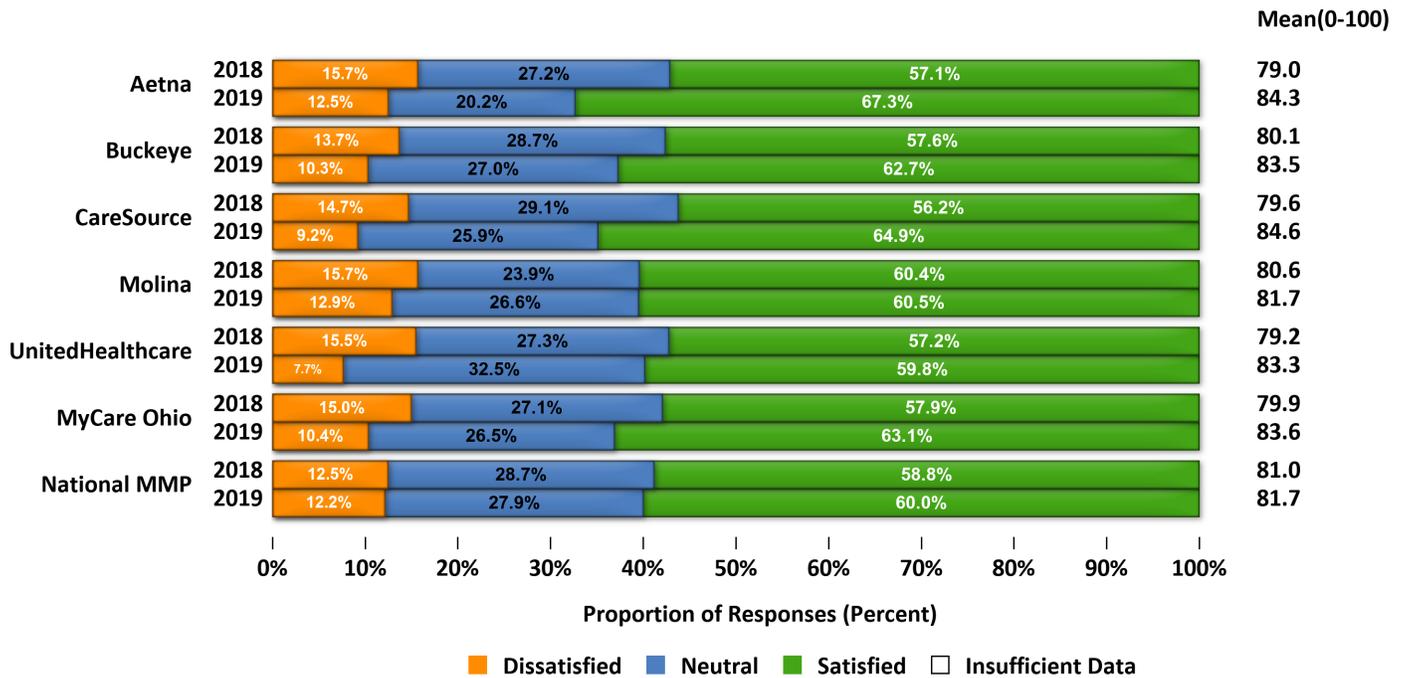
Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Composite Measures and Composite Items

### Getting Needed Care

Two questions were asked to assess how often it was easy to get needed care and get appointments with specialists (questions 10 and 29 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 2-6 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-6: Getting Needed Care Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.

↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.

▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.

▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.

An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.

Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

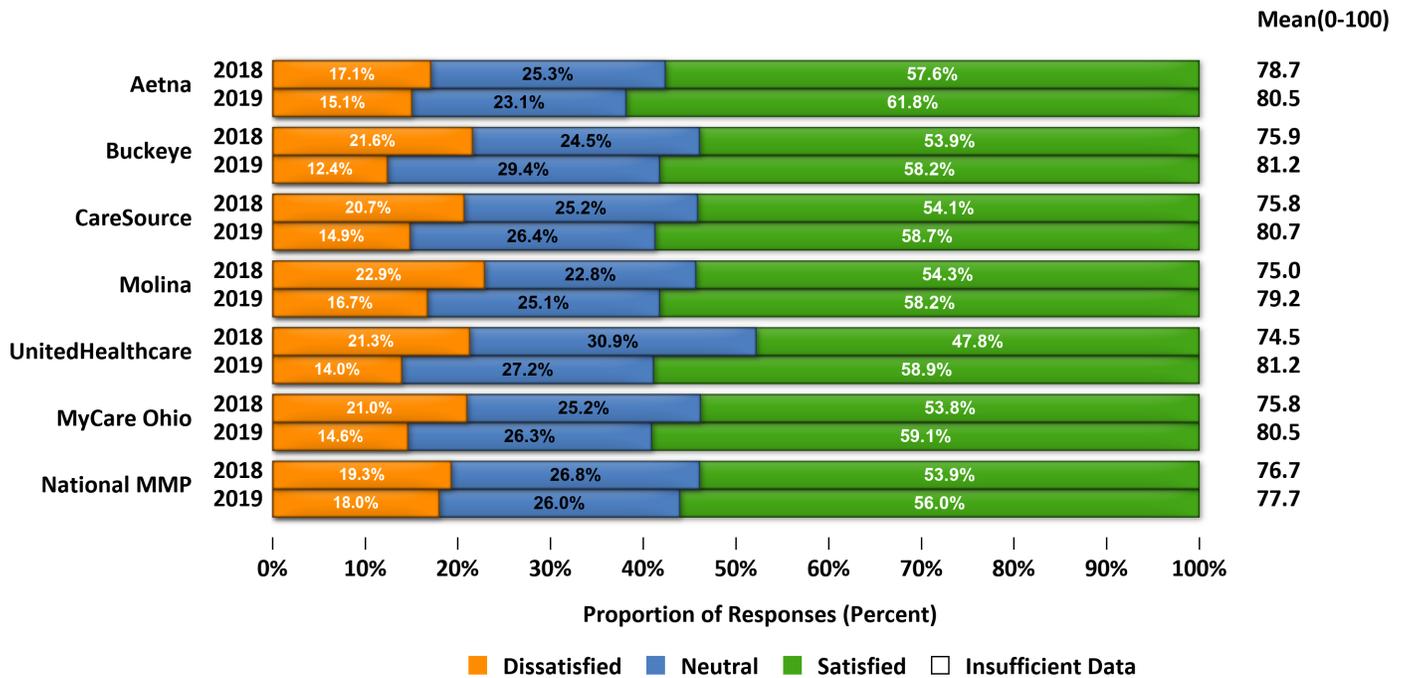
### Trend Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

### Getting Appointments and Care Quickly

Three questions were asked to assess how often members got appointments or received care quickly (questions 4, 6, and 8 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 2-7 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-7: Getting Appointments and Care Quickly Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

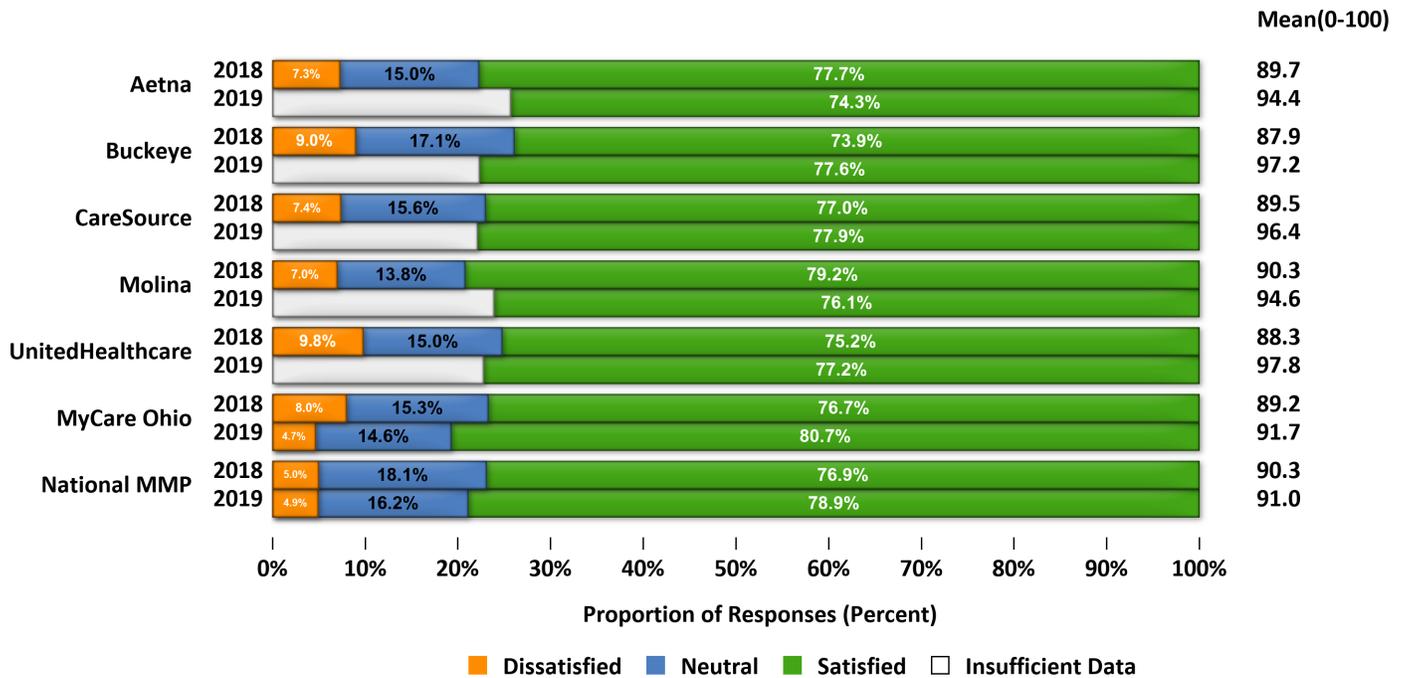
### Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

### Doctors Who Communicate Well

A series of four questions was asked to assess how often doctors communicated well (questions 13, 14, 15, and 16 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 2-8 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-8: Doctors Who Communicate Well Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

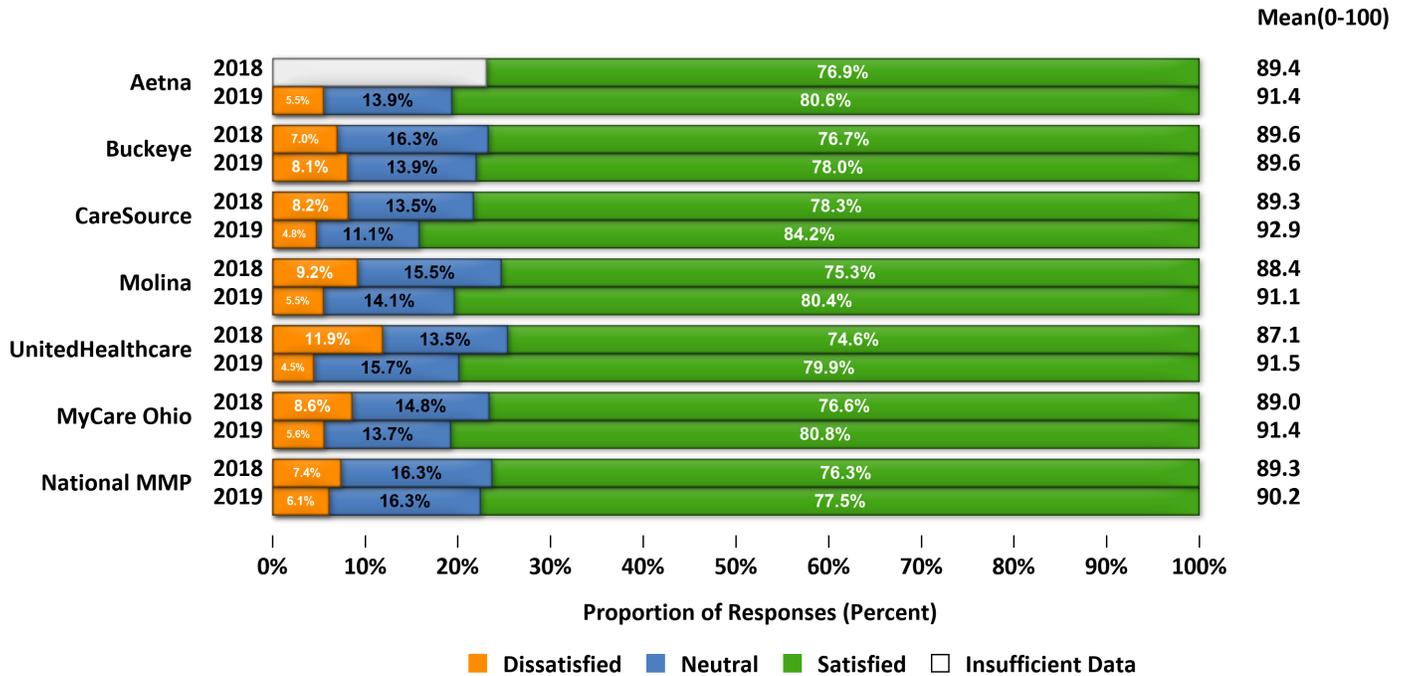
### Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Customer Service

Three questions were asked to assess how often members were satisfied with customer service (questions 34, 35, and 37 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 2-9 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-9: Customer Service Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

## Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

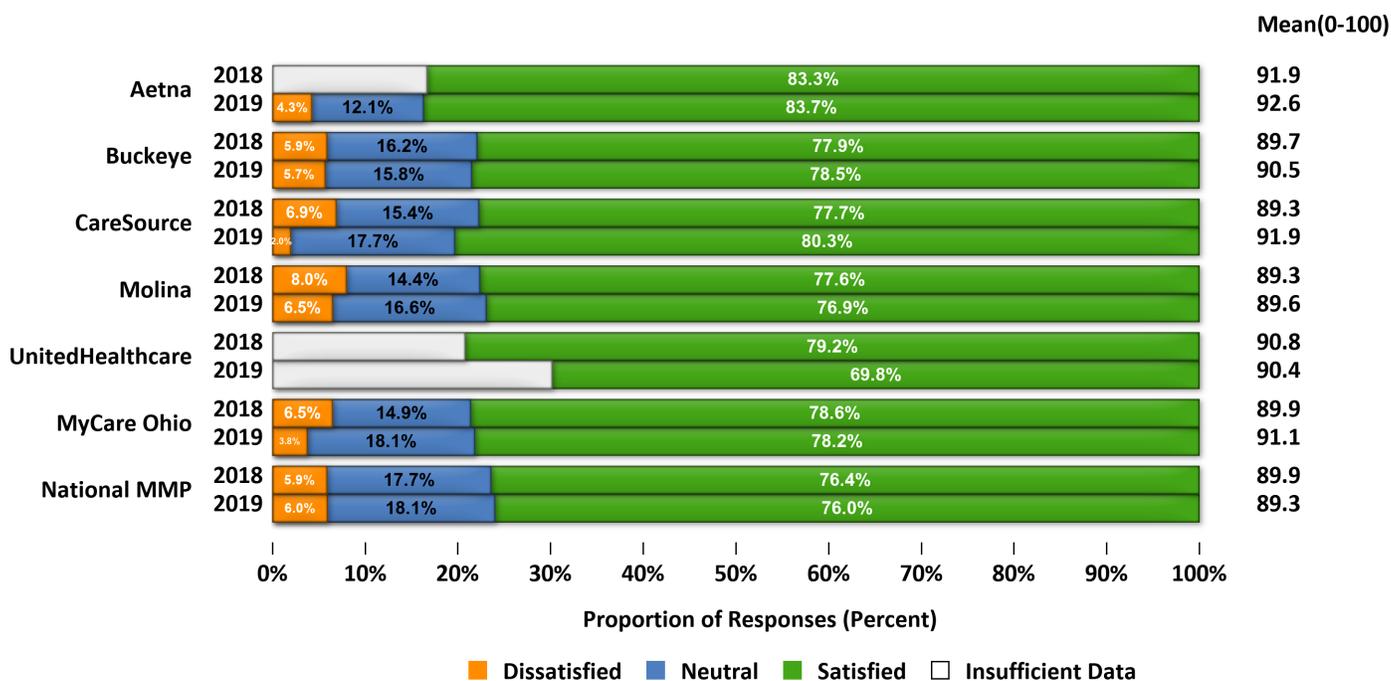
## Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

### Getting Needed Prescription Drugs

Three questions were asked to assess how often it was easy for members to use their prescription drug plan (questions 42, 44, and 46 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes), Neutral (Usually), and Satisfied (Always). Figure 2-10 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-10: Getting Needed Prescription Drugs Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.  
 ▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.  
 An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.  
 Response category percentages may not total 100.0% due to rounding.

### Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

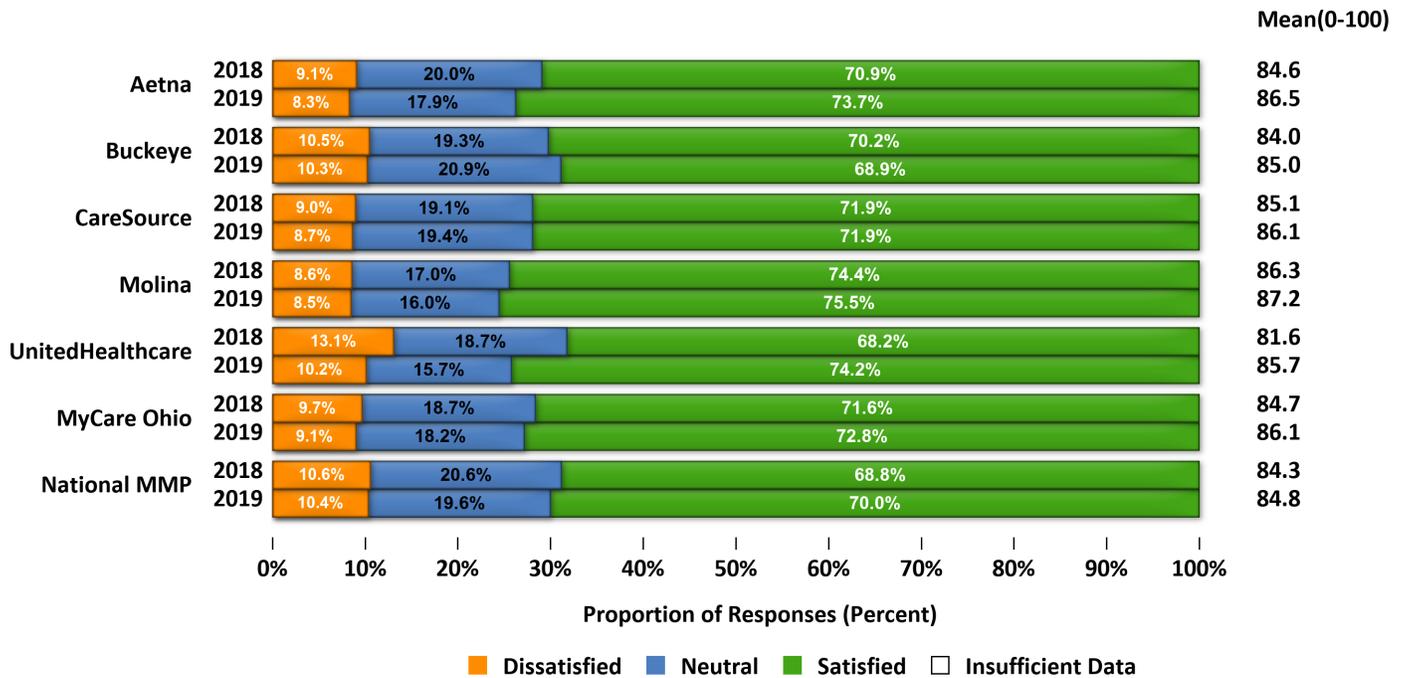
### Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Care Coordination

Six questions were asked to assess how often members were satisfied with their personal doctor’s care coordination (questions 18, 20, 21, 23, 26, and 32 in the MA & PDP CAHPS Survey). Responses were classified into three categories: Dissatisfied (Never/Sometimes/No), Neutral (Usually/Yes, somewhat), and Satisfied (Always/Yes, definitely). Figure 2-11 depicts the overall mean scores and percentage of respondents in each of the response categories for the MyCare Ohio population. The MMP national average is presented for comparative purposes.

Figure 2-11: Care Coordination Response Category Percentages and Means



Statistical Significance Note: ↑ Indicates the MCOP mean is statistically significantly higher than the MyCare Ohio mean.

↓ Indicates the MCOP mean is statistically significantly lower than the MyCare Ohio mean.

▲ Indicates the 2019 mean is statistically significantly higher than the 2018 mean.

▼ Indicates the 2019 mean is statistically significantly lower than the 2018 mean.

An 'S' or 'Insufficient Data' data label indicates fewer than 11 responses and results were suppressed.

Response category percentages may not total 100.0% due to rounding.

## Comparative Analysis

Overall, there were no statistically significant differences observed for this measure.

## Trending Analysis

Overall, there were no statistically significant differences between scores in 2019 and scores in 2018 for this measure.

## Priority Areas for Quality Improvement

A priority areas analysis was performed at the MyCare Ohio program and MCOP levels that focused on three global ratings: Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan. IPRO evaluated these global ratings to determine if particular MA & PDP CAHPS items (i.e., questions) have a high problem score (i.e., the MyCare Ohio program/MCOP has demonstrated poor performance) and are strongly correlated with one or more of these measures. These individual CAHPS items, which IPRO refers to as “priority areas,” have the greatest potential to effect change in overall satisfaction with the global ratings and, therefore, are areas of focus for possible QI efforts.

Table 2-3 presents a list of the individual survey questions evaluated for each global rating (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan) to determine priority areas for QI for the MyCare Ohio program and each MCOP.

Table 2-3: Correlation Matrix

Question	Rating of Health Plan <sup>1</sup>	Rating of Health Care Quality	Rating of Drug Plan
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away	✓	✓	
Q6. Getting Appointments and Care Quickly—Getting Appointments	✓	✓	
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	
Q18. Care Coordination—Doctors Have Medical Records	✓	✓	
Q23. Care Coordination—Doctors Discuss Taking Medicines	✓	✓	
Q26. Care Coordination—Getting Help to Coordinate Care	✓	✓	
Q29. Getting Needed Care—Getting Appointments with Specialists	✓	✓	
Q32. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	
Q34. Customer Service—Give Information Needed	✓	✓	✓
Q35. Customer Service—Courtesy and Respect	✓	✓	✓
Q41a. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Fill Prescription			✓
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan— Reminders to Take Medications			✓
Q42. Getting Needed Prescription Drugs—Ease of Getting Prescribed Medicines		✓	✓
Q44. Getting Needed Prescription Drugs—Ease of Filling Prescriptions at a Pharmacy		✓	✓
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail			✓

<sup>1</sup>A checkmark (✓) indicates that the question was used in the priority areas analysis for the specified global rating.

### Summary Tables

The summary tables below provide a crosswalk of the priority areas for each global rating evaluated (i.e., Rating of Health Plan, Rating of Health Care Quality, and Rating of Drug Plan) for the MyCare Ohio program and each MCOP. A checkmark (✓) indicates that the item is a priority area.

Table 2-4: Priority Areas Analysis—Rating of Health Plan Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away				✓	✓	
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	✓	✓	✓	
Q29. Getting Needed Care—Getting Appointments with Specialists						✓
Q32. Care Coordination—Doctors are Informed about Specialist Care	✓	✓	✓		✓	✓
Q34. Customer Service—Give Information Needed	✓		✓			

Table 2-5: Priority Areas Analysis—Rating of Health Care Quality Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q4. Getting Appointments and Care Quickly—Getting Care Needed Right Away				✓	✓	✓
Q6. Getting Appointments and Care Quickly—Getting Appointments			✓			
Q10. Getting Needed Care—Getting Needed Care, Tests, or Treatment	✓	✓	✓	✓	✓	✓
Q23. Care Coordination—Doctors Discuss Taking Medicines		✓			✓	
Q29. Getting Needed Care—Getting Appointments with Specialists	✓		✓	✓	✓	✓
Q32. Care Coordination—Doctors are Informed about Specialist Care	✓		✓	✓	✓	
Q34. Customer Service—Give Information Needed			✓			

Table 2-6: Priority Areas Analysis—Rating of Drug Plan Summary Table

Priority Areas	MyCare Ohio	Aetna	Buckeye	CareSource	Molina	United-Healthcare
Q41a. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Fill Prescription		✓				✓
Q46. Getting Needed Prescription Drugs—Ease of Filling Prescriptions by Mail	✓		✓	✓	✓	✓

### 3. Conclusions and Recommendations

#### Conclusions

A comparison of the MyCare Ohio program’s overall mean scores to the MMP national averages from the 2019 MA & PDP CAHPS Survey revealed that the MyCare Ohio program scored the same or higher than the MMP national average on eight of the survey’s 11 core measures (Rating of Health Care Quality, Rating of Drug Plan, Getting Needed Care, Getting Appointments And Care Quickly, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, and Care Coordination). Additionally, the MyCare Ohio program’s performance did not change significantly from the prior year, as none of the MyCare Ohio program’s mean scores were statistically significantly higher or lower in 2019 than 2018.

The MyCare Ohio program scored at or between the 75th and 89th percentiles for one measure (Getting Appointments and Care Quickly), and at or between the 50th and 74th percentiles for eight measures (Rating of Health Care Quality, Rating of Drug Plan, Getting Needed Care, Doctors Who Communicate Well, Customer Service, Getting Needed Prescription Drugs, Care Coordination, and Pneumonia Shot). Conversely, the MyCare Ohio program scored at or

between the 25th and 49th percentiles for three measures (Rating of Health Plan, Rating of Personal Doctor, and Influenza Vaccination), and below the 25th percentile for one measure ( Rating of Specialist).

The priority areas analysis identifies aspects of care that can be focused on to potentially improve performance. Several survey questions were identified as priority areas for the Rating of Health Plan, Rating of Health Care Quality, and/or the Rating of Drug Plan scores for the MyCare Ohio program and/or the MCOPs. These questions address access issues (e.g., getting needed care, tests, or treatment; getting appointments with specialists), coordination of care (e.g., doctors informed about specialist care), health plan customer service (e.g., receiving needed information), contact from the doctor's office, pharmacy, or drug plan (e.g., reminders to fill prescriptions), and getting needed prescription drugs (e.g., ease of filling prescriptions by mail).

## Recommendations

The MA & PDP CAHPS findings in this report examine members' experiences with their MCOPs, healthcare, and services. The results identify MyCare Ohio program and plan strengths and weaknesses, highlight areas for performance improvement, and track performance over time. Ohio's MCOPs conduct the survey annually using the MA & PDP CAHPS survey, a standardized and validated instrument, with national MMP benchmarks. As such, this information is a rich source of data on patient experience the state may use to inform efforts to achieve excellence in patient-centered care and outcomes.

IPRO recommends that ODM leverage the MA & PDP CAHPS survey data and report findings to support the development of relevant initiatives, quality improvement strategies and interventions, and performance monitoring and evaluation activities. For example, MA & PDP CAHPS data may be analyzed to identify potential focus areas for Ohio based on the priority areas analysis or trend analysis. This information could be used to inform key areas of the MyCare Ohio program, such as the MyCare Ohio care delivery model. This report's findings establish priority areas for targeting quality improvement efforts in order to improve MA & PDP CAHPS ratings of drug plan, health plan, and health care quality. Separate findings are provided for the MyCare Ohio program and each plan. A review of the MA & PDP CAHPS measure results (e.g., getting needed care, customer service, care coordination) may impact the development of related quality improvement strategies, performance measurement and accountability systems, and program monitoring activities. In these and other ways, MA & PDP CAHPS data are valuable resources for patient-centered approaches to population health management and improving health outcomes.

## Cautions and Limitations

The findings presented in the 2019 MyCare Ohio MA & PDP CAHPS reports are subject to some limitations in the survey design, analysis, and interpretation. ODM should carefully consider these limitations when interpreting or generalizing the findings. The limitations are discussed below.

### Case-Mix Adjustment

While the data for the statewide comparisons analysis were case-mix adjusted for age, education, self-reported general health status, self-reported mental health status, proxy assistance, proxy completion of the survey form, Medicaid dual eligibility, low-income subsidy eligibility, and completion of the survey in the Chinese or Vietnamese language, it was not possible to adjust for differences in member and respondent characteristics that were not measured. These characteristics include employment or any other characteristics that may not be under the MCOPs' control.

### Non-Response Bias

The experiences of the survey respondent population may be different from those of non-respondents with respect to their health care services and may vary by MCOP. Therefore, the potential for non-response bias should be considered when interpreting the MA & PDP CAHPS results.

### Causal Inferences

Although the MA & PDP CAHPS reports examine whether members of various MCOPs report differences in experience with various aspects of their health care, these differences may not be attributed solely to the MCOP. The analyses described in the CAHPS reports identify whether members have different experiences with their MCOPs. The surveys by themselves do not reveal why the differences exist.

## Survey Vendor Effects

The MA & PDP CAHPS surveys were administered by multiple survey vendors. CMS developed its Survey Vendor Certification Program to ensure standardization of data collection and the comparability of results across health plans. However, due to the different processes employed by the survey vendors, there is still potential for minor vendor effects. Therefore, survey vendor effects should be considered when interpreting the MA & PDP CAHPS results.

## Methods for Analysis

It is important to note that the CAHPS results presented in this report for the MyCare Ohio program and all MCOPs represent the survey results calculated by CMS and IPRO. They are not official survey results and should be used for QI purposes only. To provide ODM with more information regarding MCOP and program performance, IPRO did not apply CMS' interunit reliability threshold (IUR) of "very low reliability" for reporting measure results.<sup>6</sup> For purposes of this report, IPRO evaluated measure scores for small cell size criteria only (i.e., minimum of 11 responses); all MCOPs' results are reported for each item, regardless of the IUR reporting scoring. Given these differences, the results presented in this report for MCOPs will not entirely match the results presented in the MCOP reports produced by CMS. For the calculation of the national MMP benchmarks, 42 MMPs were used to produce these benchmarks; therefore, caution should be exercised when interpreting these results.

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<sup>6</sup> CMS defines "very low reliability" as measure scores with an IUR of less than 0.60. However, the specifications also indicate that no more than 12 percent of plans (those with the lowest IUR on the corresponding measure) are flagged as low reliability for a given measure, after excluding scores based on fewer than 11 responses.