



Department of  
Medicaid

**2018 MyCare Ohio Program CAHPS®  
Member Experience Survey  
Executive Summary Report**

*March 2019*



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## 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 2018. 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 2018 survey.
- The standardized survey instrument administered in 2018 was the Medicare Advantage and Prescription Drug Plan (MA & PDP) Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) Survey.<sup>1-1</sup>
- 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 2018.
- 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>1-2</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 12, 2018).
  - 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.

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

<sup>1-2</sup> Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*. November 2017.

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**

	Total Completed Surveys	Total Response Rate
<b>MyCare Ohio</b>	<b>1,841</b>	<b>28.38%</b>
Aetna	239	28.55%
Buckeye	414	26.32%
CareSource	471	30.19%
Molina	489	28.17%
UnitedHealthcare	228	29.19%

- The MCOPs’ 2018 MA & PDP CAHPS Survey data were analyzed for this report following CMS’ MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0.<sup>1-3,1-4,1-5</sup>
- 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 Health Services Advisory Group, Inc. (HSAG) using CMS’ methodology, with some modifications; therefore, the results should not be compared to other reports presenting the same data. For example, CMS uses national data for case-mix adjustment, while the results in this report only include Ohio MMP data for case-mix adjustment. Also, CMS’ specifications for the MA & PDP CAHPS Survey provide guidelines for calculating a response rate as a close approximation only. While HSAG followed CMS’ specifications for calculating response rates, the response rates presented may not match the response rates presented in the MCOP reports produced by CMS. In addition, CMS applies weighting. For purposes of this report, HSAG did not apply weighting when calculating the measure results as the state average results are representative of the population. 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

<sup>1-3</sup> CMS applies an interunit reliability (IUR) threshold of “very low reliability” for reporting measure results; however, for purposes of this report, HSAG 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>1-4</sup> CMS applies weighting when calculating results. For purposes of this report, HSAG 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.

<sup>1-5</sup> Centers for Medicare & Medicaid Services. *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0.* November 2017.

survey results and should be used for QI purposes only. For more information on the methodology utilized please see the Methodology Report.

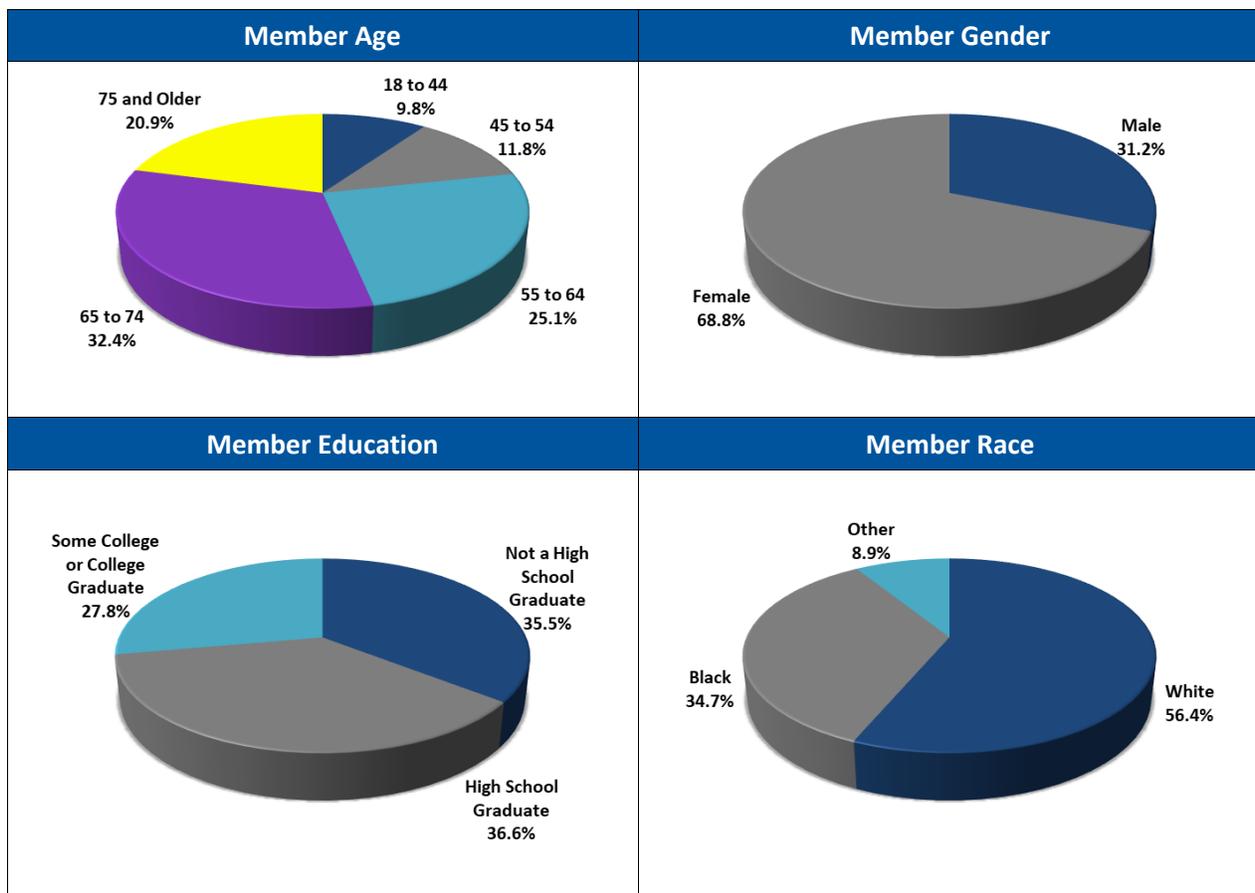
## Summary of Findings

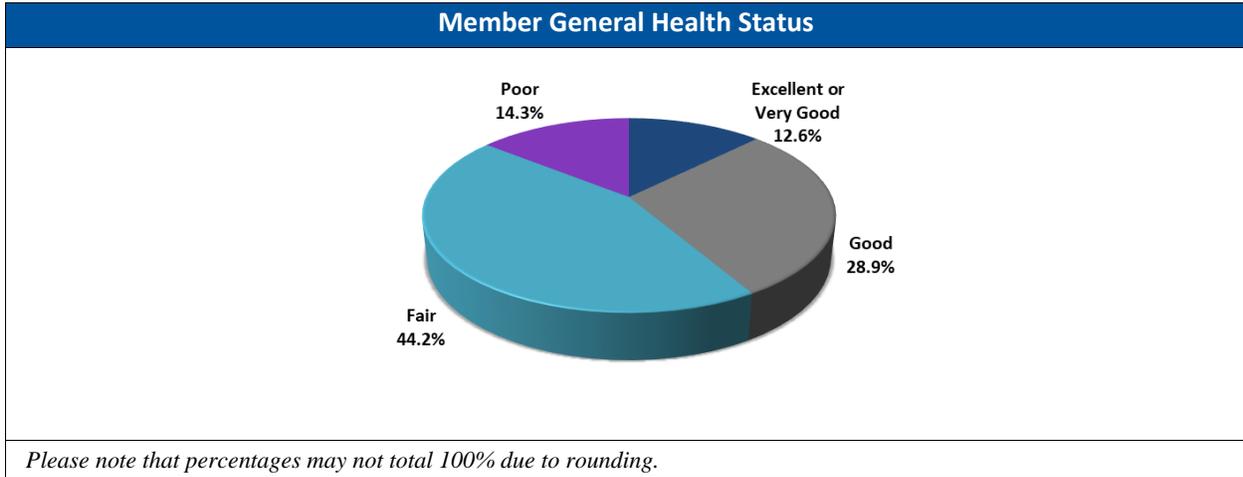
This section provides high-level results from the MyCare Ohio program analyses.

### 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.

**Table 1-2—Member Demographics**





## 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 measure:

#### Rating of Health Plan

- UnitedHealthcare

#### Rating of Drug Plan

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

#### Getting Needed Prescription Drugs

- Aetna

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 Care Quality
- Rating of Personal Doctor
- Getting Needed Care
- Getting Appointments and Care Quickly
- Doctors Who Communicate Well
- Customer Service
- Care Coordination

### Statewide Comparisons

There were no statistically significant differences in the MCOPs’ mean score results compared to the MyCare Ohio program average.

Table 1-3 highlights the statistically significant findings of the trend analysis of the MCOP-level mean scores and the MyCare Ohio program (program average) mean scores for the global ratings and composite measures.

**Table 1-3—MyCare Ohio Trend Results**

MyCare Ohio	Aetna	Buckeye	CareSource	Molina	UnitedHealthcare
—	▼ <b>Rating of Specialist</b>	—	—	—	—
—	—	—	—	▲ <b>Doctors Who Communicate Well</b>	—
—	—	—	—	▲ <b>Care Coordination</b>	—
▲ 2018 mean statistically higher than 2017 mean ▼ 2018 mean statistically lower than 2017 mean — 2018 mean was not statistically higher or lower than 2017 mean					

### Priority Areas for Quality Improvement

HSAG 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 HSAG refers to as “priority areas,” have the greatest potential to affect 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 1-4—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						
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						

- = Rating of Health Plan
- = Rating of Health Care Quality
- = Rating of Drug Plan

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
Q32. Care Coordination—Doctors are Informed about Specialist Care						
						
Q34. Customer Service—Give Information Needed						
						
						
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan—Reminders to Take Medications						
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, HSAG calculated the linear means for four global ratings (Rating of Health Plan, Rating of Health Care Quality, Rating of Drug Plan, and Rating of Personal Doctor) 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) using CMS’ scoring methodology.<sup>2-1</sup>

HSAG 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>2-2</sup>

**Table 2-1—Star Ratings**

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

<sup>2-1</sup> Results for the Rating of Specialist measure could not be presented for this analysis. The national MMP benchmarks for this measure came from only one contract; therefore, comparisons to benchmarks could not be performed.

<sup>2-2</sup> HSAG used a different methodology to determine star ratings than is specified in the *MA & PDP Quality Assurance Protocols & Technical Specifications, V8.0*.

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

**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	★★★ 86.5	★★ 85.5	★★★ 87.2	★★ 86.1	★★ 85.8	★★★★ 88.6
Rating of Health Care Quality	★ 82.3	★ 82.6	★ 81.7	★ 82.1	★ 82.7	★ 82.7
Rating of Drug Plan	★★★★★ 89.2	★★★★★ 89.2	★★★★★ 89.9	★★★★★ 88.9	★★★★★ 89.4	★★★★★ 87.9
Rating of Personal Doctor	★ 89.0	★ 87.3	★ 89.6	★ 88.9	★ 89.4	★ 88.7
<b>Composite Measures</b>						
Getting Needed Care	★★ 79.9	★★ 79.0	★★ 80.1	★★ 79.6	★★ 80.6	★★ 79.2
Getting Appointments and Care Quickly	★★ 75.8	★★★ 78.7	★★ 75.9	★★ 75.8	★★ 75.0	★★ 74.5
Doctors Who Communicate Well	★ 89.2	★ 89.7	★ 87.9	★ 89.5	★ 90.3	★ 88.3
Customer Service	★★ 89.0	★★ 89.4	★★★ 89.6	★★ 89.3	★★ 88.4	★ 87.1
Getting Needed Prescription Drugs	★★ 89.9	★★★★ 91.9	★★ 89.7	★★ 89.3	★★ 89.3	★★★ 90.8
Care Coordination	★★★ 84.7	★★★ 84.6	★★ 84.0	★★★ 85.1	★★★ 86.3	★ 81.6

## Statewide Comparisons

Linear mean scores and response category percentages were calculated for the MyCare Ohio program (program average) and each MCOP for each global rating and composite measure. Two types of analyses are presented in this section: (1) a comparison of each MCOP's 2018 case-mix adjusted scores to the MyCare Ohio program's 2018 case-mix adjusted scores and (2) a comparison of each MCOP's and the MyCare Ohio program's 2018 scores to its 2017 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, HSAG 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 than the MyCare Ohio program average. Statistically significant differences between the 2018 MCOP-level mean scores and the 2018 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 2018 were compared to the mean scores in 2017 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 2018 and overall mean scores in 2017 are noted with triangles. Scores that are statistically significantly higher in 2018 than in 2017 are noted with upward (▲) triangles. Scores that are statistically significantly lower in 2018 than in 2017 are noted with downward (▼) triangles. Scores in 2018 that are not statistically significantly different from scores in 2017 are not noted with triangles.

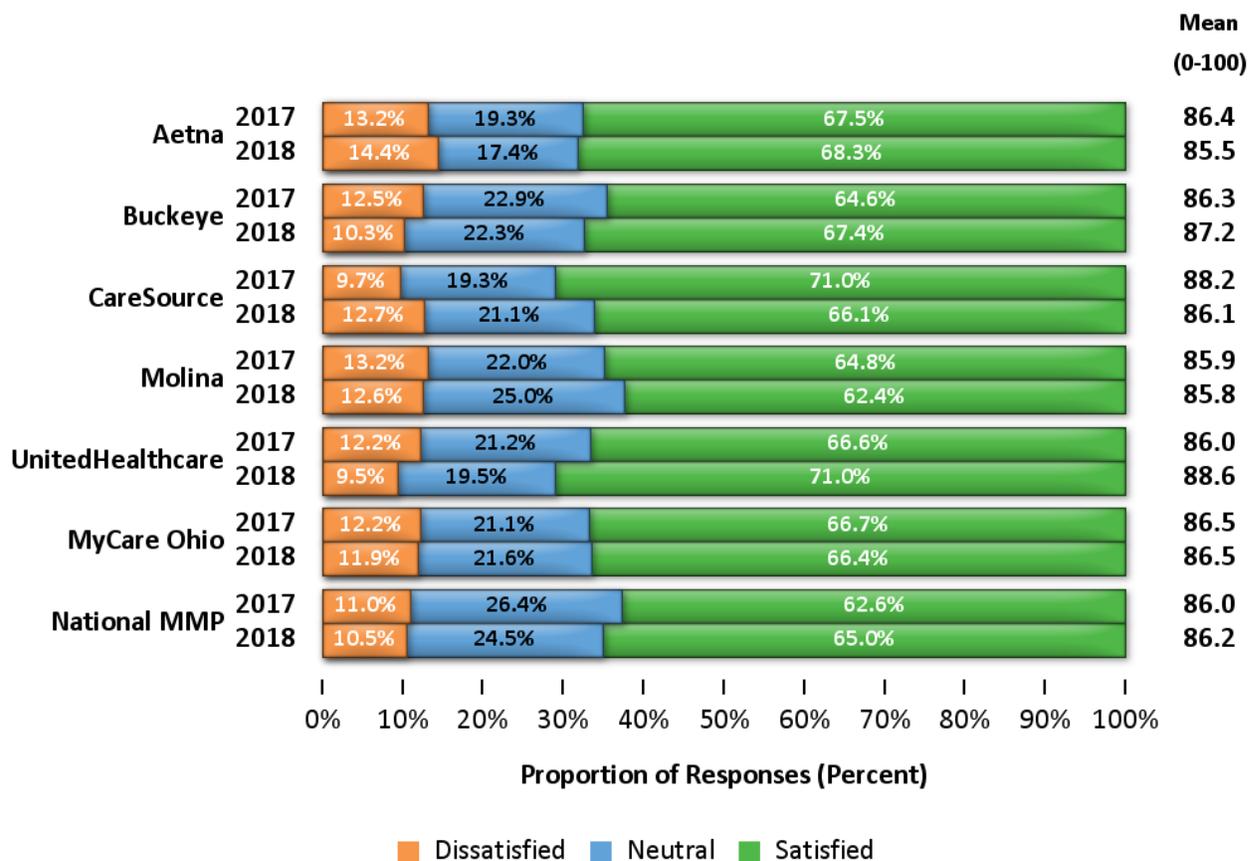
The national MMP averages are presented for each measure for comparison purposes. Please note that statistically significant results for response category percentages are described in the text below the figures (i.e., arrows are not displayed in the figures). The text below the figures provides details for all statistically significant differences for each measure.

## 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

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

### *Comparative Analysis*

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

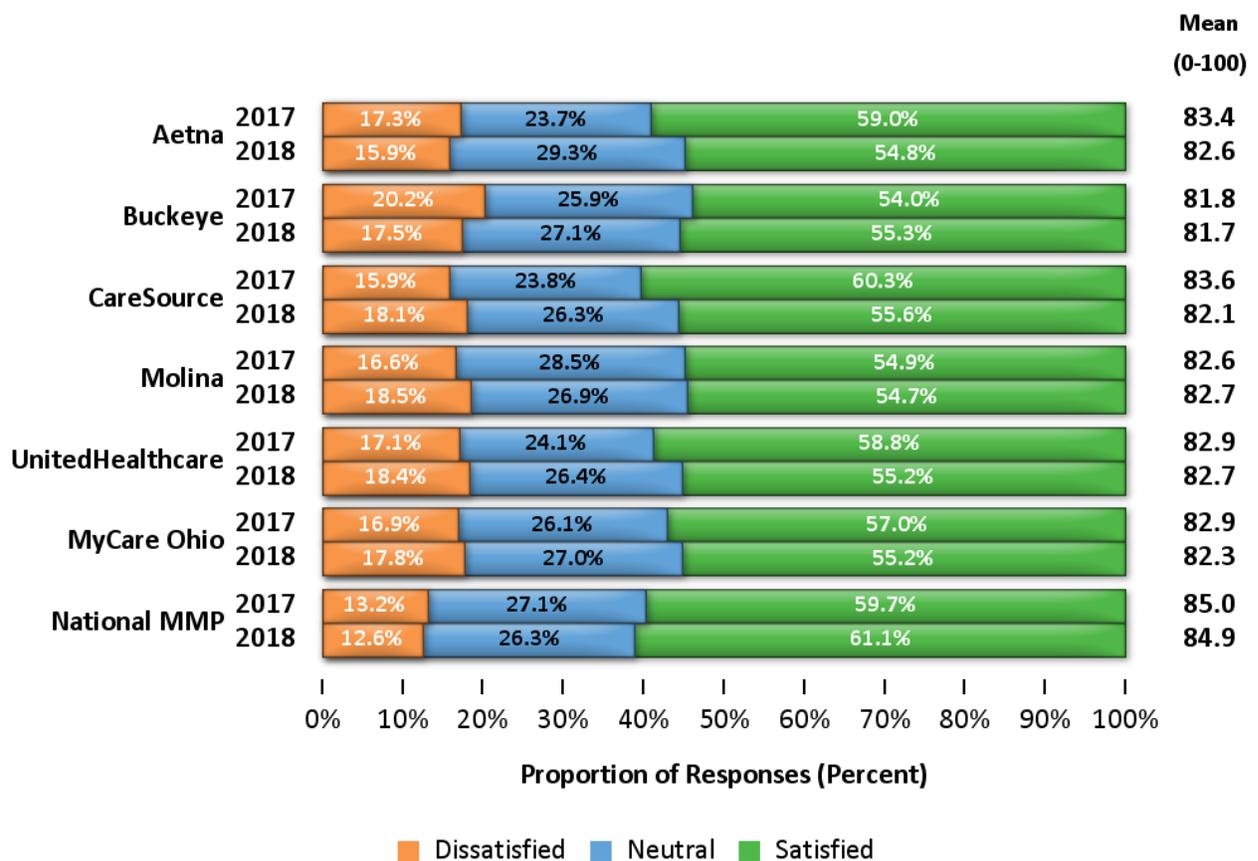
### *Trend Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.  
 Response category percentages may not total 100.0% due to rounding.

### *Comparative Analysis*

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

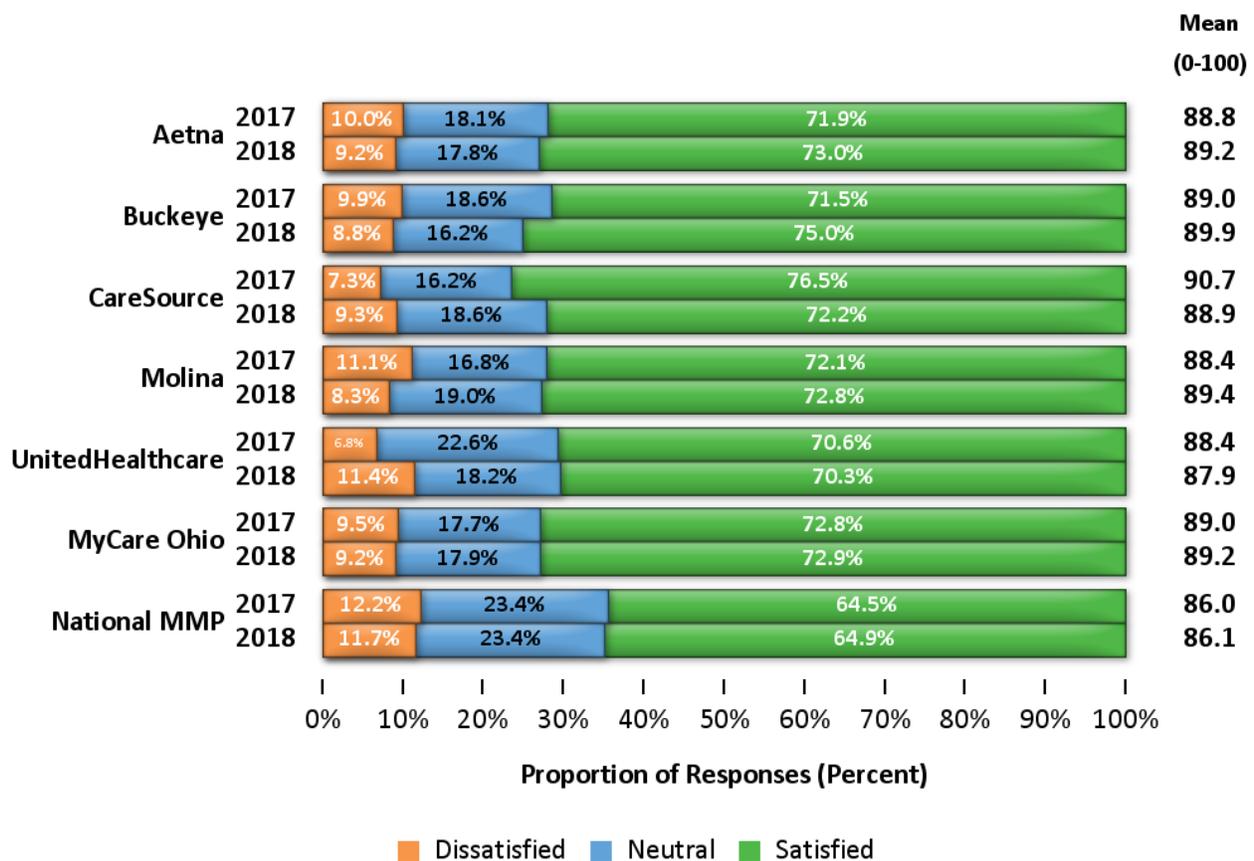
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

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

### *Comparative Analysis*

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

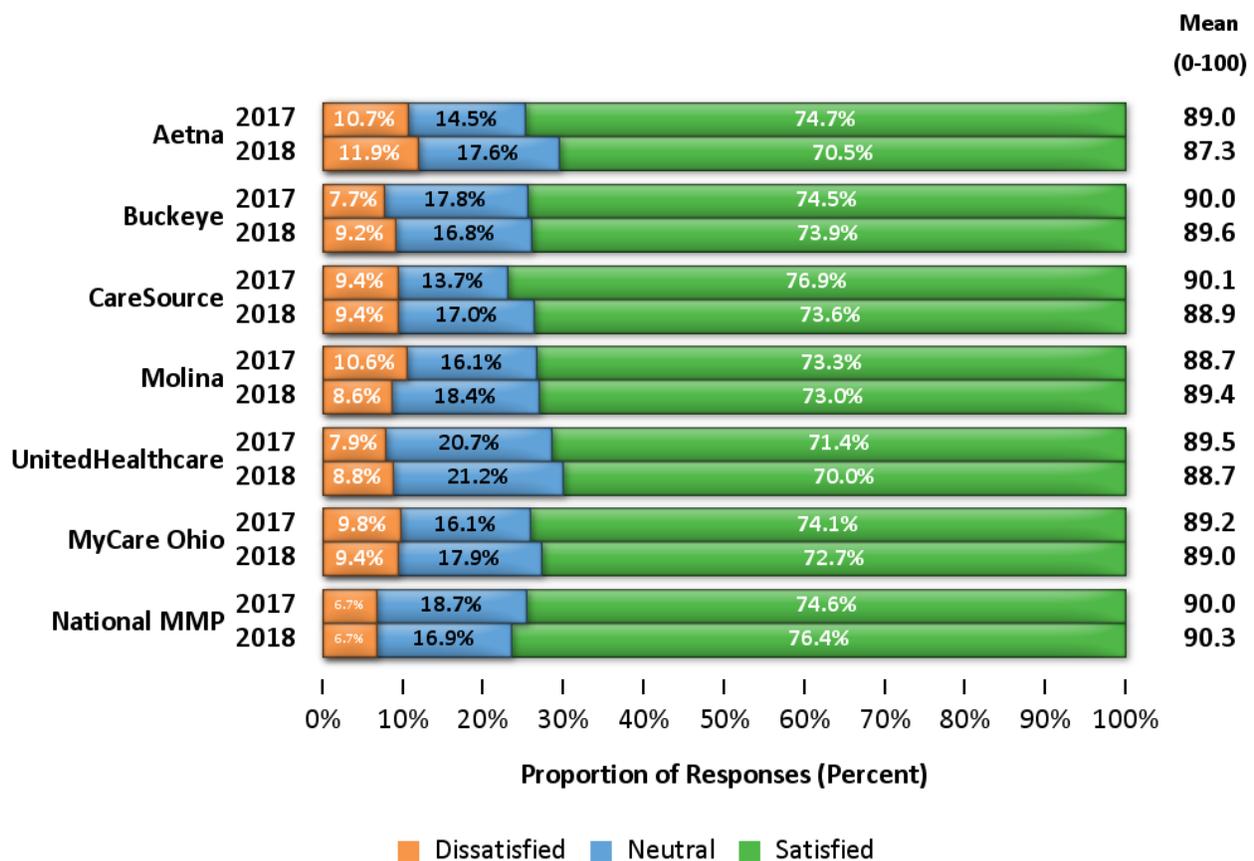
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

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

### *Comparative Analysis*

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

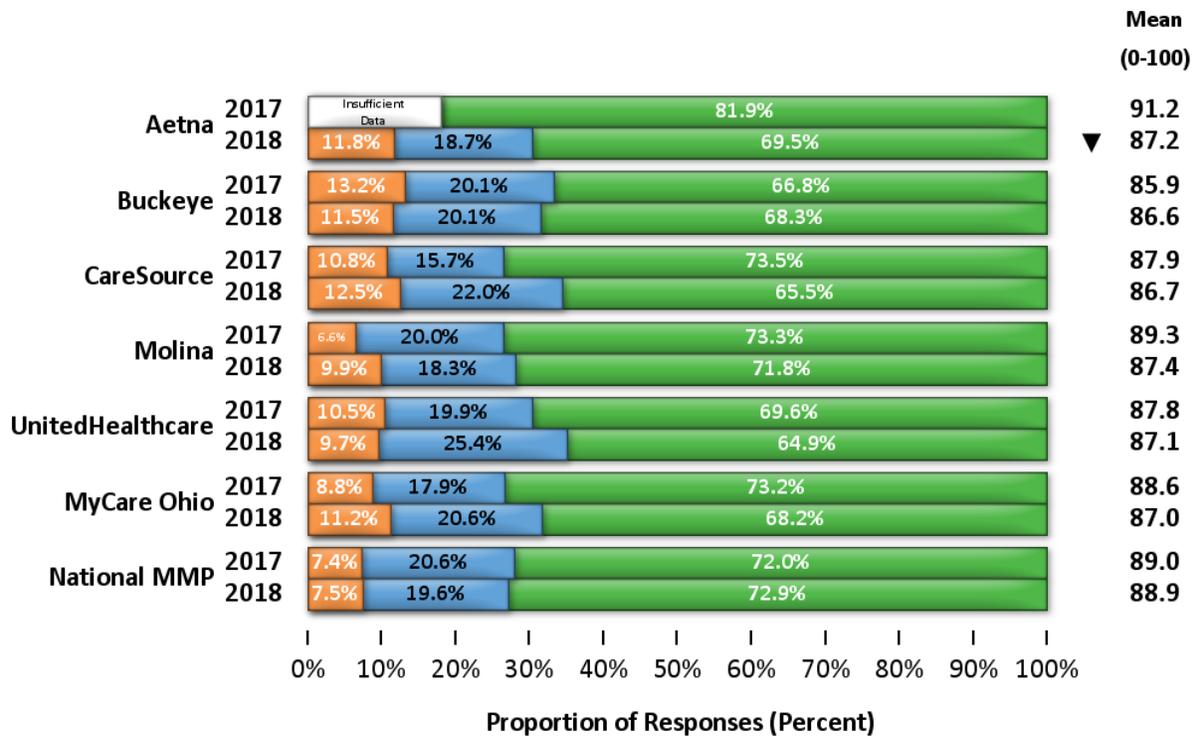
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the 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 five *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

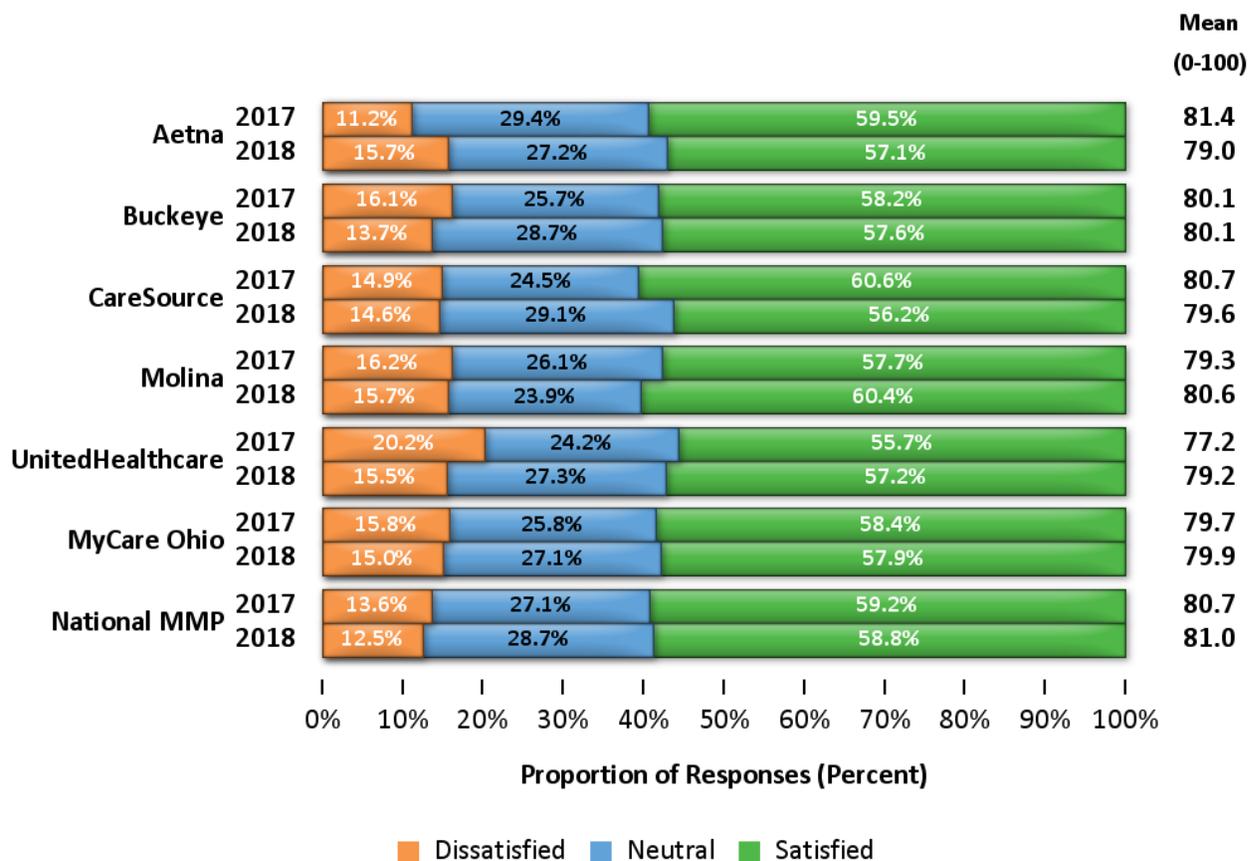
- The percentage of CareSource and MyCare Ohio's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.
- Aetna's overall mean was significantly lower in 2018 than in 2017. Furthermore, the percentage of Aetna's respondents who gave a response of Dissatisfied was significantly higher in 2018 than in 2017, whereas the percentage of Aetna's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

## Composite Measures

### 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's mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.  
 Response category percentages may not total 100.0% due to rounding.

### *Comparative Analysis*

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

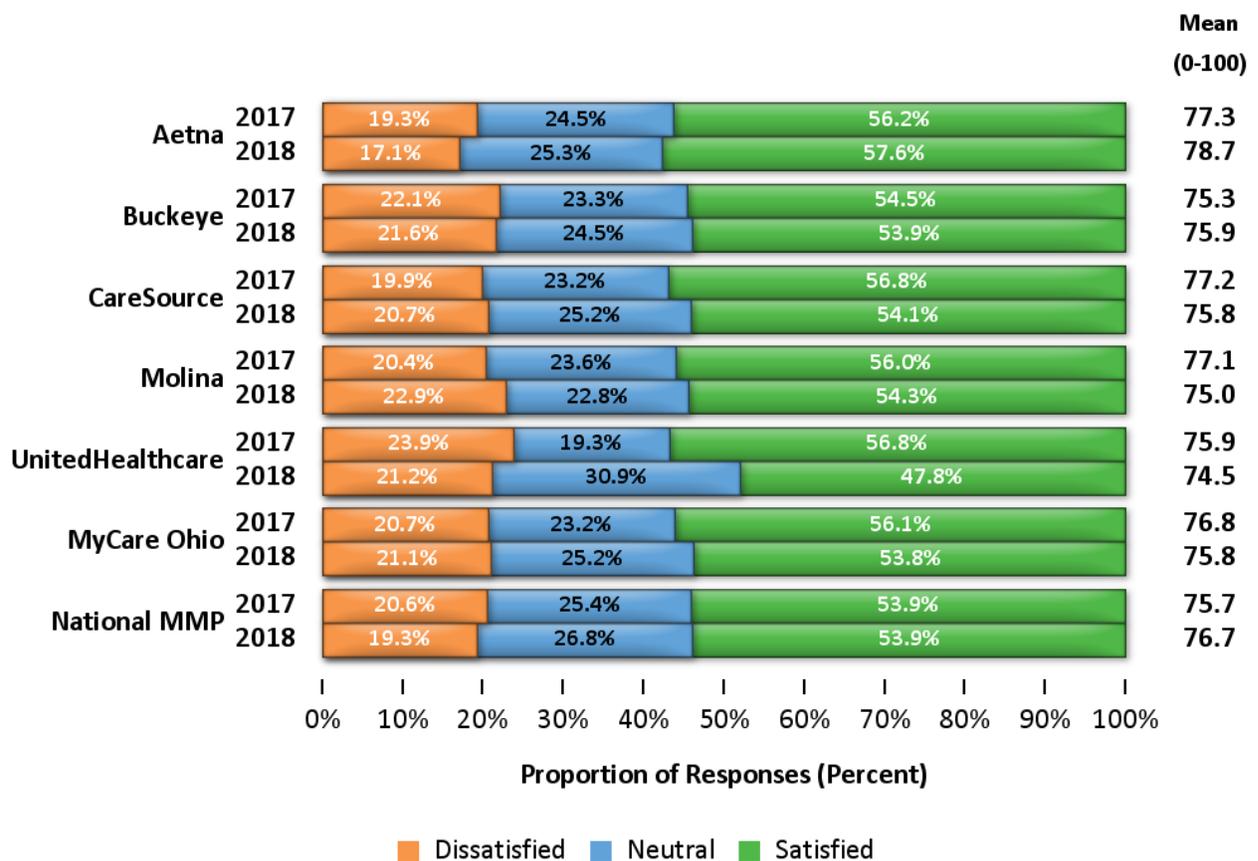
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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's mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP's mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

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*

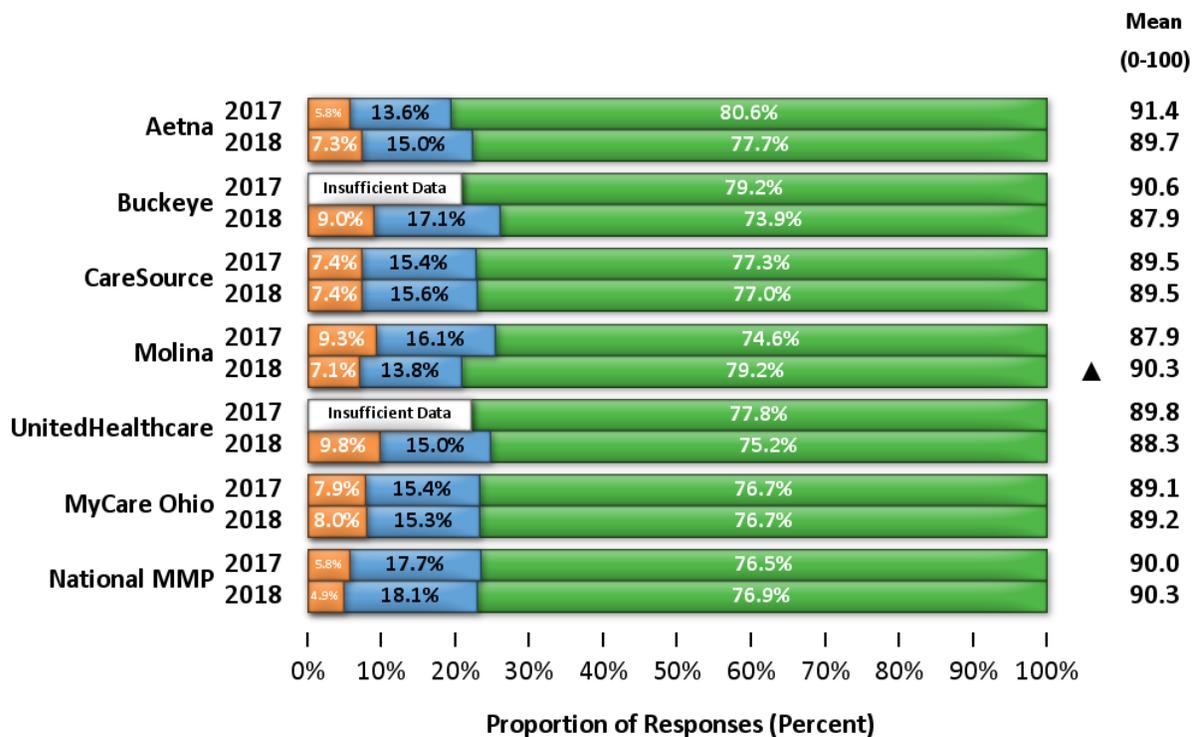
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- The percentage of UnitedHealthcare's respondents who gave a response of Neutral was significantly higher in 2018 than in 2017, whereas the percentage of UnitedHealthcare's respondents who gave a response of Satisfied was significantly lower in 2018 than in 2017.

### 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the 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*

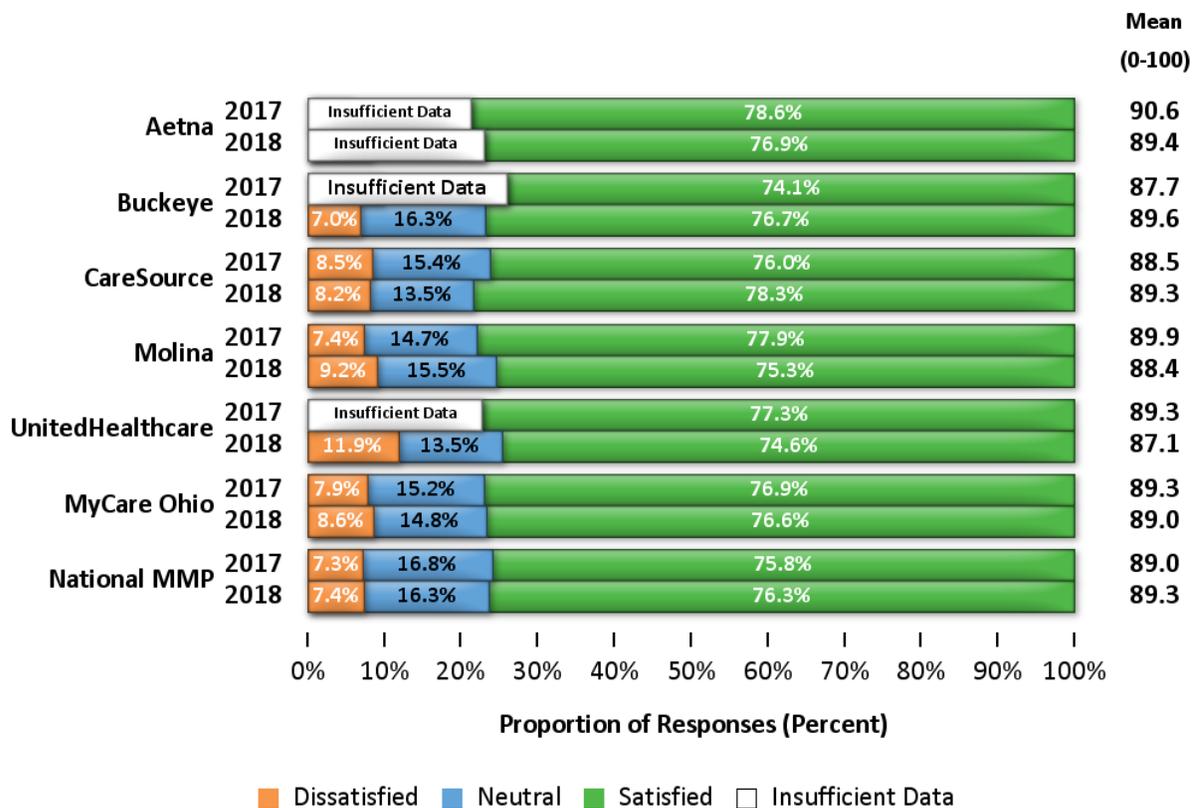
Overall, there were two *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Molina's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

### 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the 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.

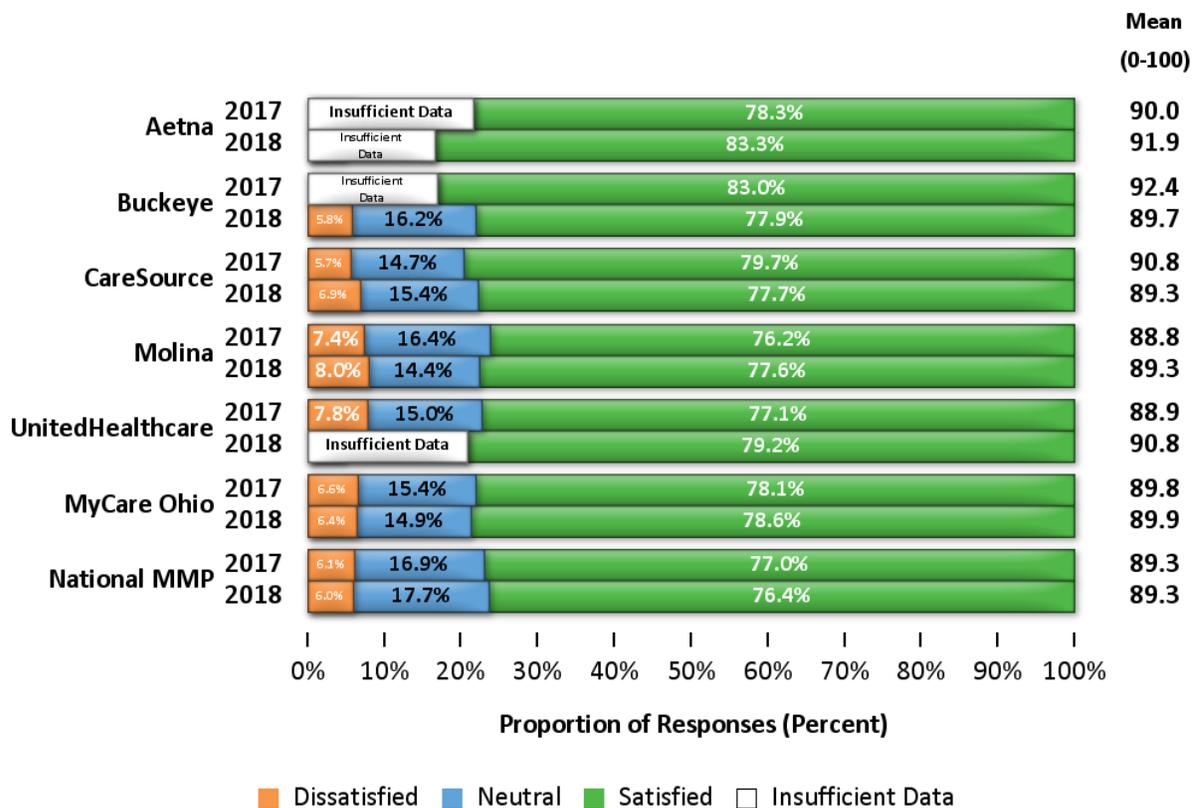
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the 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.

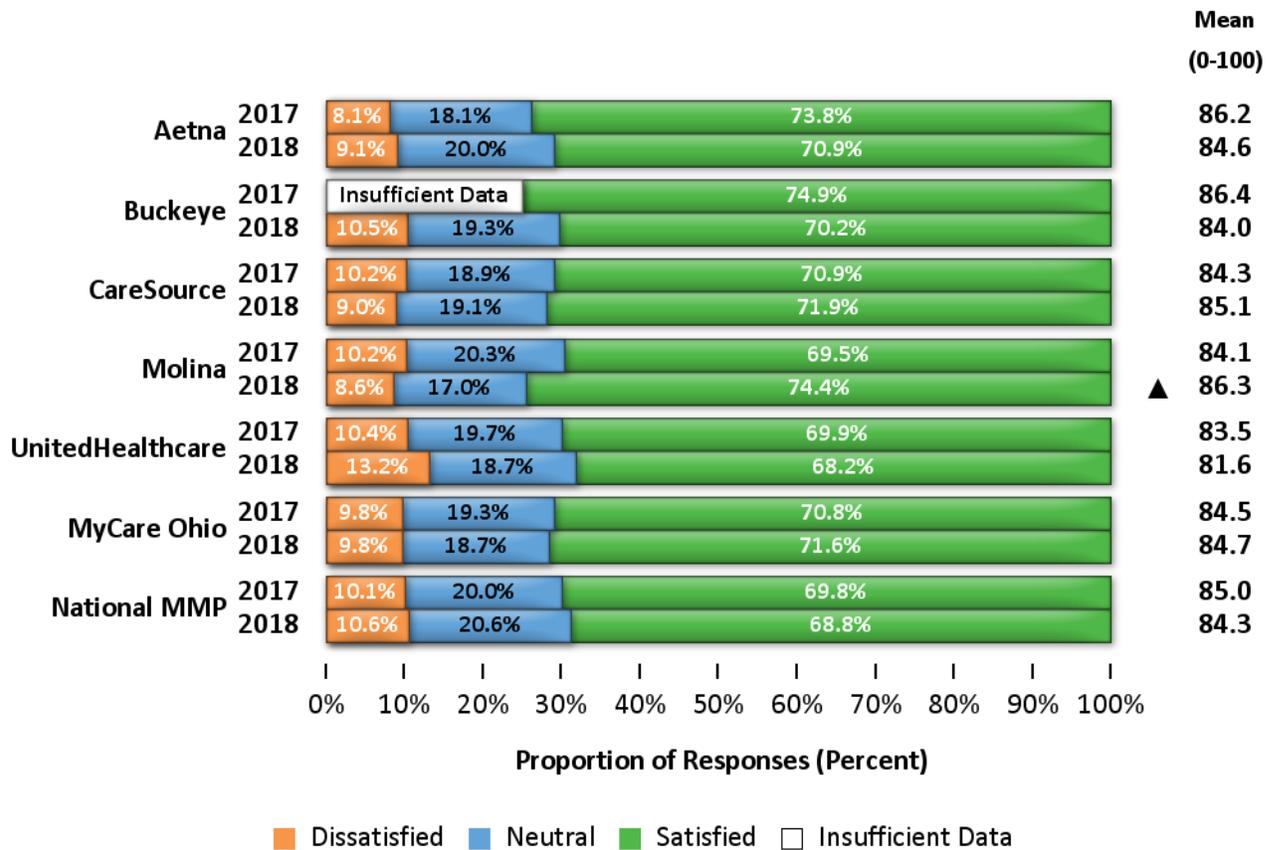
### *Trending Analysis*

Overall, there were no *statistically significant* differences between scores in 2018 and scores in 2017 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’s mean is statistically significantly higher than the MyCare Ohio mean.  
 ↓ Indicates the MCOP’s mean is statistically significantly lower than the MyCare Ohio mean.  
 ▲ Indicates the 2018 mean is statistically significantly higher than the 2017 mean.  
 ▼ Indicates the 2018 mean is statistically significantly lower than the 2017 mean.

An “S” or “Insufficient Data” data label indicates that there were fewer than 11 responses; therefore, the 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 three *statistically significant* differences between scores in 2018 and scores in 2017 for this measure.

- Molina's overall mean was significantly higher in 2018 than in 2017. Furthermore, the percentage of Molina's respondents who gave a response of Neutral was significantly lower in 2018 than in 2017, whereas the percentage of Molina's respondents who gave a response of Satisfied was significantly higher in 2018 than in 2017.

## 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. HSAG 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 HSAG refers to as “priority areas,” have the greatest potential to affect 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**

	Rating of Health Plan	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			✓
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	✓	✓	✓	✓	✓	✓
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 2-5—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	✓	✓	✓	✓	✓	
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
Q34. Customer Service—Give Information Needed	✓	✓	✓			
Q41b. Contact from Doctor’s Office, Pharmacy, or Drug Plan— Reminders to Take Medications			✓			✓
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 2018 MA & PDP CAHPS Survey revealed that the MyCare Ohio program scored the same or higher than the MMP national average on four of the survey's 11 core measures (Rating of Health Plan, Rating of Drug Plan, 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 2018 than 2017.

The MyCare Ohio program performed well on the Rating of Drug Plan measure, scoring at or above the 90th percentile compared to national MMP benchmarks. The MyCare Ohio program scored at or between the 50th and 74th percentiles for two measures (Rating of Health Plan and Care Coordination). Conversely, the MyCare Ohio program scored at or between the 25th and 49th percentiles for four measures (Getting Needed Care, Getting Appointments and Care Quickly, Customer Service, and Getting Needed Prescription Drugs), and below the 25th percentile for three measures (Rating of Health Care Quality, Rating of Personal Doctor, and Doctors Who Communicate Well).

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 appointments and care quickly; getting needed care, tests, or treatment; getting appointments with specialists), coordination of care (e.g., doctors discussing taking medications, 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 take medications), 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.

HSAG 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 2018 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 than 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 HSAG. 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, HSAG did not apply CMS' interunit reliability threshold (IUR) of "very low reliability" for reporting measure results.<sup>3-1</sup> For purposes of this report, HSAG 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. Additionally, results were not weighted. Given these differences, the results presented in this report for MCOPs will not match the results presented in the MCOP reports produced by CMS. For the calculation of the national MMP benchmarks, 41 MMPs were used to produce these benchmarks; therefore, caution should be exercised when interpreting these results.

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<sup>3-1</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.