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Evaluation of Iowa's Medicaid Managed Care Plans: The Consumer Perspective. Results of the 2005 Survey of Iowa Medicaid Managed Care Enrollees. Final Report to the Iowa Department of Human Services

Margaret C. Tyler
University of Iowa

Peter C. Damiano
University of Iowa

Elizabeth T. Momany
University of Iowa

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Evaluation of Iowa's Medicaid Managed Care Plans: The Consumer Perspective

Results of the 2005 Survey of Iowa
Medicaid Managed Care Enrollees

**Final Report to the
Iowa Department of Human Services**

Margaret C. Tyler, MA, MSW
Research Assistant

Peter C. Damiano, DDS, MPH
Professor and Director

Elizabeth T. Momany, PhD
Assistant Research Scientist

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Preface

This report presents the results of a study of how Iowa Medicaid managed care enrollees rated the health plans in which they were enrolled during 2005. It was conducted at the request of the Iowa Department of Human Services as part of their continuing quality assurance activities with health plans participating in Medicaid.

The foundation for the survey instrument is the Consumer Assessment of Health Plans Survey (CAHPS), which is part of a national effort to develop a standardized method to provide consumers and purchasers with information about the quality of health plans.

CAHPS is sponsored by the Agency for Health Care Research and Quality. The three primary developers of the CAHPS survey and report are Harvard University, RAND and the Research Triangle Institute. The surveys and aspects of the reporting format used in this project were modified by researchers at the University of Iowa Public Policy Center in collaboration with the Iowa Department of Human Services and researchers at RAND who are a part of the CAHPS team. The core CAHPS survey instrument was modified to include additional questions about access to care, dental care and how respondents received information if they had questions about their health plan.

Researchers at The University of Iowa Public Policy Center conducted this study with funding provided by the Iowa Department of Human Services and the US Department of Health and Human Services Center for Medicare and Medicaid Services (CMS). Researchers from RAND also collaborated and provided technical assistance with this project.

Information and conclusions presented in this report are the responsibility of the authors and do not represent the views of the Iowa Department of Human Services, the CMS, the health plans or the University of Iowa.

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**Evaluation of Iowa's Medicaid Managed Care Program:
The Consumer Perspective
Results of the 2005 Survey of Iowa
Medicaid Managed Care Enrollees**

RESULTS SUMMARY

As part of the ongoing quality assurance activities of Iowa's Medicaid Managed Care Program, the Iowa Department of Human Services contracted with researchers at the University of Iowa Public Policy Center to carry out a survey of adults and children enrolled in the program. As of February 1, 2005, the State of Iowa maintained a contract with only one private managed care company, Coventry Health Care, to provide payment for Medicaid health care services. The Coventry health plan was available in two counties, Black Hawk and Butler. Medicaid Managed Care enrollees in the rest of the state were covered by the state's own primary care case management (PCCM) program, MediPASS.

Random samples of adult and child enrollees were drawn from each of the two health plans from Medicaid enrollment data current as of March 1, 2005. The samples were comprised of 1,600 children (800 each from MediPASS and Coventry) and 1,284 adults (800 from MediPASS and 484 from Coventry).

The 2005 survey questionnaire was developed in collaboration with the CAHPS team at RAND. This year's survey was part of the piloting of the most recent version of the CAHPS survey (CAHPS® 4.0H) that was in the final stages of development at the time this instrument was being developed. It included a number of items from the CAHPS® 4.0 Plan and the CAHPS® 4.0H (HEDIS) questionnaires, as well as other questions addressing respondents' perceptions of their access to medical, dental and behavioral health care, and the quality of their care and their health plans. Respondents also provided demographic information and reported on current health status and chronic health conditions. The CAHPS® 4.0H instrument retains much of the content of earlier versions. However, it is designed to obtain more detailed and specific information regarding patients' interactions and experiences with their primary care providers.

Survey instrument

The 2005 Survey of Iowa Medicaid Enrollees included items about the following.

- Perceived access to and utilization of health care services, including:
 - Primary and specialty medical care
 - Dental care
- Behavioral and emotional health care
- Perceptions of health care delivery, including:
 - Ratings of overall care, doctors, and specialists
 - Communication with personal doctor
 - Preventive counseling or guidance
 - Treatment by office staff
- Perceptions of the health care plan, including:
 - Overall rating of the health plan

- Customer service experiences
- Experience obtaining information about the plan and how it works
- Enrollees' current health status, including:
 - General ratings of current physical, dental and mental health
 - Screening for special health care needs
 - Checklist of chronic health conditions

Data were tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using Stata version 9. CAHPS® ratings and reports were analyzed using the SAS macro developed by the CAHPS® team. The CAHPS® 3.5 program tests for differences between health plans using case mix adjusters such as age, education and health status.

This report provides a summary of findings from the 2005 survey. Differences between plans and comparisons of Iowa's results with available national figures are noted where applicable.

Child Survey Results

Response rate

Responses were received for 830 children (52%).

Demographics of 830 child enrollees

- 48% female
- Average age: 7 years
- Race / ethnicity: 80% Caucasian, 19% African American, 6% Latino or Hispanic, 2% Asian, 2% American Indian, 0.2% Native Hawaiian or Pacific Islander, and 3% other
- In school or daycare: 75%
- Primary language other than English: 3%

Children's health status

- Global health rating: 47% excellent, 37% very good, 14% good, 2% fair / poor
- Children with a special health care need: 27% met screening criteria
- Five most common chronic physical health conditions (lasting 3 months or longer):
 - Asthma: 12%
 - Allergies or sinus problems: 12%
 - Skin problems: 9%
 - Dental, tooth or mouth problems: 8%
 - Frequent ear infections: 7%
- Five most common chronic *behavioral and emotional* health conditions (lasting 3 months or longer):
 - Attention problems: 10%
 - Learning disabilities: 5%
 - Emotional problems (other than anxiety or depression): 4%
 - Depression: 4%
 - Anxiety: 3%

- Need or wear glasses or contacts: 20%

Access to care and use of services

In the last six months...

- Easy to get needed health care for child: 54% always, 28% usually, 19% sometimes/never
- Care provided quickly: 65% always, 24% usually, 10% sometimes/never
- 5% of children had an unmet need for health care in the last six months
 - Most common reasons: trouble finding a doctor who accepts Medicaid (14%), needed service not covered by Medicaid (11%)

Personal doctor

- Have a personal doctor (PCP): 92%
 - 82% of these visited their personal doctor at least once in the last 6 months
- 75% had made an appointment for non-acute health care for their child

Specialty care

- 21% of all children visited a specialist in the last 6 months
 - Of those who saw a specialist, 32% saw more than one
- 4% had an unmet need for specialty care in the last 6 months
- 22% of parents had tried to make an appointment for their child with a specialist
 - Of these, 53% said it was *always* easy to get specialist appointments

Preventive care

- Last preventive health care visit: 43% within last 6 months, 76% within the last year
- Unmet need for preventive care: 2% of all children

Emergency room care

- 26% of children had been treated in an emergency room at least once in the previous 6 months

Use of health care services

- 47% of children had needed care for an illness, injury or condition
- 83% of children had at least one outpatient visit in the last six months
- 38% of all children had three or more outpatient visits
- 56% of respondents had called a doctor's office or clinic *during* office hours for help or advice regarding their child
 - 69% of these *always* got needed help when they called
- 16% called the doctor's office for help or advice *after* regular hours
 - 69% of these *always* got the help they needed

Behavioral and emotional health care

In the last six months...

- 13% of children needed treatment or counseling for a mental or emotional health problem

- 80% of children who needed care received at least some mental health care
 - Children who received mental health care were helped: "a lot" (41%) "somewhat" (32%), a little (19%), and not at all (9%)
- 15% reported an unmet need for mental health care

Prescription medication

In the last six months...

- 60% of children needed prescription medication
 - Of these, 83% reported they were *always* able to get this medicine through the child's Medicaid plan; 5% *sometimes* or *never* could
 - 9% reported an unmet need for prescription medicine

Dental care

Among all children...

- 35% needed dental care in the last 6 months
 - Type of care needed: 80% checkup / cleaning, 8% emergency, 48% other treatment (e.g., fillings)
 - 21% had an unmet need for dental care in the last 6 months
 - Most common reason: could not find a dentist who accepts Medicaid (90%)

Of children age 3 and older...

- 76% saw a dentist in the last year
- 8% had never been to a dentist
- 90% were reported to have a single source of dental care

Quality of children's health care

Care delivery

- Average overall rating of child's health care: 8.5 on 0-10 scale
 - 0-4: 3%, 5-7: 18%, 8-9: 37%, 10: 42 %
- Average overall rating of child's personal doctor: 9.0 on 0-10 scale
 - 0-4: 2%, 5-7: 12%, 8-9: 36%, 10: 50%
 - Doctor communicates well: 75% always, 16% usually, 9% sometimes/never
 - Doctor talks with parent about health promotion and prevention: 59%
 - Doctor gives clear treatment instructions: 81% always, 14% usually, 5% sometimes/never
 - Would *definitely* recommend child's personal doctor: 70%
 - Office staff courteous and helpful: 71% always, 19 % usually, 9% sometimes/never
 - Coventry higher than MediPASS
- Average overall rating of child's specialist: 8.3 on 0-10 scale, 37% rated specialist a 10, 0-4: 7% , 5-7: 17%, 8-9: 40 %, 10: 37%
 - Would *definitely* recommend the specialist: 57%

Health plan

- Average rating of health plan: 8.4 out of 10
 - 0-4: 4% , 5-7: 21%, 8-9: 38%, 10: 38%
 - Average MediPASS plan rating was significantly higher than Coventry (8.5 vs. 8.2)
 - 51% said they would *definitely* recommend their child’s health plan, while another 35% said they *probably* would
- 69% of those who tried to get care for their child through their health plan said it was “always” easy to get the care they wanted
- 8% tried to find a *new* Medicaid-participating personal doctor for child in last 6 months
 - Of these, 36% had a problem finding a personal doctor they liked who was part of their child’s health plan
- 24% reported needing health plan approval for the child’s care, tests or treatment in the last 6 months
 - Of these, 38% said it was “always” easy to get this approval
- 45% were aware of the Medicaid helpline
 - 11% had called the helpline in the last 6 months
 - Of those who called, 42% said they *always* got the help they wanted
- 9% had tried to find information about how their plan works through written materials, phone calls or the internet
 - Of these, 28% were *always* able to find the information they needed
 - Most helpful sources: written plan materials (25%), DHS caseworkers (25%) and the Medicaid helpline (20%)
- 17% had received paperwork from their health plan
 - Of these, 36% said the forms were *always* easy to fill out

Adult Survey Results

Response rate

Responses were received for 597 adults (47%).

Demographics

- 87% female
- Average age: 30.5 years
- Race / ethnicity: 83% Caucasian, 13% African American, 5% Latino or Hispanic, 2% American Indian or Alaskan Native, less than 1% each: Asian, Native Hawaiian or Pacific Islander, and “other”
- Completed high school or GED: 84%
- Some college or 2-year degree: 38.3%
- Completed college: 5%

Health status

- Global health rating: 43% excellent or very good, 39% good, 18% fair to poor
- Adults with a chronic health condition: 46% met screening criteria
- Five most common chronic *physical* conditions (lasting three months or longer)
 - Allergies or sinus problems: 26%

- Back or neck problems: 23%
- Migraine headaches: 20%
- Dental, tooth or mouth problems: 16%
 - Somewhat more common in MediPASS than Coventry (185 vs. 12%, p=.051)
- Asthma: 15%
- Most common chronic *behavioral or emotional* conditions (lasting three months or longer)
 - Depression: 30%
 - Anxiety: 20%
 - Other emotional problems: 8%

Access to care and use of services

- Easy to get needed care: 42% always, 35% usually, 24% sometimes/ never
- Got care quickly: 52% always, 31% usually, 16% sometimes/ never
- 13% of adults had an unmet need for health care in the last six months
 - Most common reasons: needed service not covered by Medicaid (46%), trouble finding a doctor who accepts Medicaid (28%), distance or transportation problems (26%)

Personal doctor

- 90% of adult respondents had a personal doctor
 - 47% had seen the same personal doctor for at least 3 years
- 86% had visited their personal doctor at least once in the last 6 months
- 62% had called their personal doctor's office during regular hours for help or advice
 - 52% of these *always* got needed help when they called

Preventive care

- 32% had received preventive health care within the last 6 months, 60% within the last year
- 7% had an unmet need for preventive care in the last 6 months

Specialty care

- 35% of adults had tried to make an appointment for specialty care
- 33% visited a specialist doctor
 - Of these, 36% received care from 2 or more different specialists
- 12% had an unmet need for specialty care

Emergency room care

- 39% of adults had been treated in an emergency room at least once in the last 6 months

Use of health care services

- 82% had made an appointment for routine health care
- 54% of adults had needed care for an illness, injury or condition
- 88% of adults had at least one outpatient visit
- 41% of all adults had three or more outpatient visits

Behavioral and Emotional Health Care

- Self-rated mental health status: 50% excellent/very good, 30% good, 20% fair/poor

In the last six months...

- 25% of adults needed behavioral/emotional health care
 - 83% of these received behavioral/emotional care
 - Adults who received mental health care were helped: a lot (44%), somewhat (31%)
- 20% of those who needed mental health care were stopped from getting it at some point in the last 6 months
 - More likely in MediPASS than in Coventry

Prescription medication

In the last six months...

- 79% of adults needed a new prescription medication or a refill
- Of these, 32% reported an unmet need for prescription medicine

Dental care

- 44% needed dental care in the last 6 months
 - Of those who felt they needed dental care:
 - Care needed: 67% checkup/cleaning, 21% emergency, 60% other treatment (e.g., fillings)
 - Unmet need for dental care: 31%
 - Common reasons: Could not find a dentist who accepts Medicaid (54%), needed service not covered by Medicaid (40%), could not afford it (36%)
- Self-rating of dental health: 37% excellent/very good, 33% good, 30% fair/poor
 - Dental health was rated significantly worse than physical health (30% fair/poor vs. 18% fair/poor)
- Last dental checkup: 51% within the last year, 27% over 2 years ago
- Dental care seeking: 37% visit the dentist regularly (at least once a year), 28% only go "when they have a problem"
- 72% reported a single source of dental care
- Average rating of dental care: 7.2 out of 10
 - 0-4: 15%, 5-7: %, 8-9: % 10: 26% 10
 - Significantly worse than rating of health care

Quality of health care delivery

- Average rating of all health care: 8.0 out of 10 (CAHPS® 4.0H)
 - 0-4: 6%, 5-7: 27%, 8-9 36%, 10: 30%
- Average rating of personal doctor: 8.3 out of 10, 0-4: 4%, 5-7: 18%, 8-9: 36%, 10: 42%
 - Coventry had significantly higher personal doctor ratings than MediPASS
 - 64% would *definitely* recommend their personal doctor, another 22% *probably* would
 - Personal doctor communicates well: 71% always, 20% usually, 9% sometimes/never
 - Personal doctor gives clear instructions: 69% always, 20% usually, 10% sometimes/never
 - Personal doctor talked about prevention: 78%

- Personal doctor's office staff is helpful and courteous: 56% always, 31% usually, 14% sometimes/never
 - Coventry scored better than MediPASS on this composite
- Average rating of specialist: 8.1 out of 10, 40% gave a rating of 10
 - 58% would *definitely* recommend the specialist they saw most often, another 23% *probably* would

Quality of health plan

- Overall rating of health plan: 7.8 out of 10 (CAHPS® 4.0H)
 - 0-4: 8%, 5-7: 26%, 8-9: 38%, 10: 28%
- 47% would *definitely* recommend their Medicaid health plan, and another 34% *probably* would
- 58% tried to get care, tests or treatment through their Medicaid health plan in the last 6 months
 - 54% of these said it was *always* easy to get this care, 39% said it *usually* was
- Information and paperwork (CAHPS® 4.0H)
 - How often it was easy to get information and do paperwork for the health plan:
 - 35% always, 27% usually, 38% sometimes/never
 - 49% were aware of the Medicaid helpline
 - 17% of these had called for information or help
 - 30% always got the help they wanted, 20% usually did
 - Coventry enrollees were more likely to know about the helpline
 - 12% had tried to find information about how their plan works
 - 22% were *always* able to find information they needed, 25% *usually* were
 - Most helpful information sources: Medicaid helpline (19%), DHS caseworker (19%), others in same plan (19%), and written plan materials (15%)
 - 24% had received paperwork from their health plans in the last 6 months
 - More likely in MediPASS
 - 40% said it was *always* easy to do the paperwork, another 40% said it *usually* was

Readers who would like to see the tabulated results for each of the questionnaire items are directed to the appendices. Results from the 2005 Child Medicaid Survey are located in Appendix A, while Appendix B contains results from the Adult Medicaid Survey. Descriptions of the CAHPS® composite scales and the chronic condition screener are presented in Appendix C.

CHAPTER 1

Introduction and Survey Methodology

As part of the ongoing quality assurance activities of Iowa’s Medicaid Managed Care Program, the Iowa Department of Human Services contracted with researchers at the University of Iowa Public Policy Center to carry out a survey of adults and children enrolled the program. As of February 1, 2005, the State of Iowa maintained a contract with only one private managed care company, Coventry Health Care, to provide payment for Medicaid health care services. The Coventry health plan was available in two counties, Black Hawk and Butler. Medicaid Managed Care enrollees in the rest of the state were covered by the state’s own primary care case management (PCCM) program, MediPASS. Results from the 2005 survey are presented and summarized here. They include data on enrollees’ current health status, perceived need for health services, and access to and use of medical, dental, and mental health care. Respondents also reported on how they obtain needed information about their health plans and their overall rating of their care, their doctors and their plans.

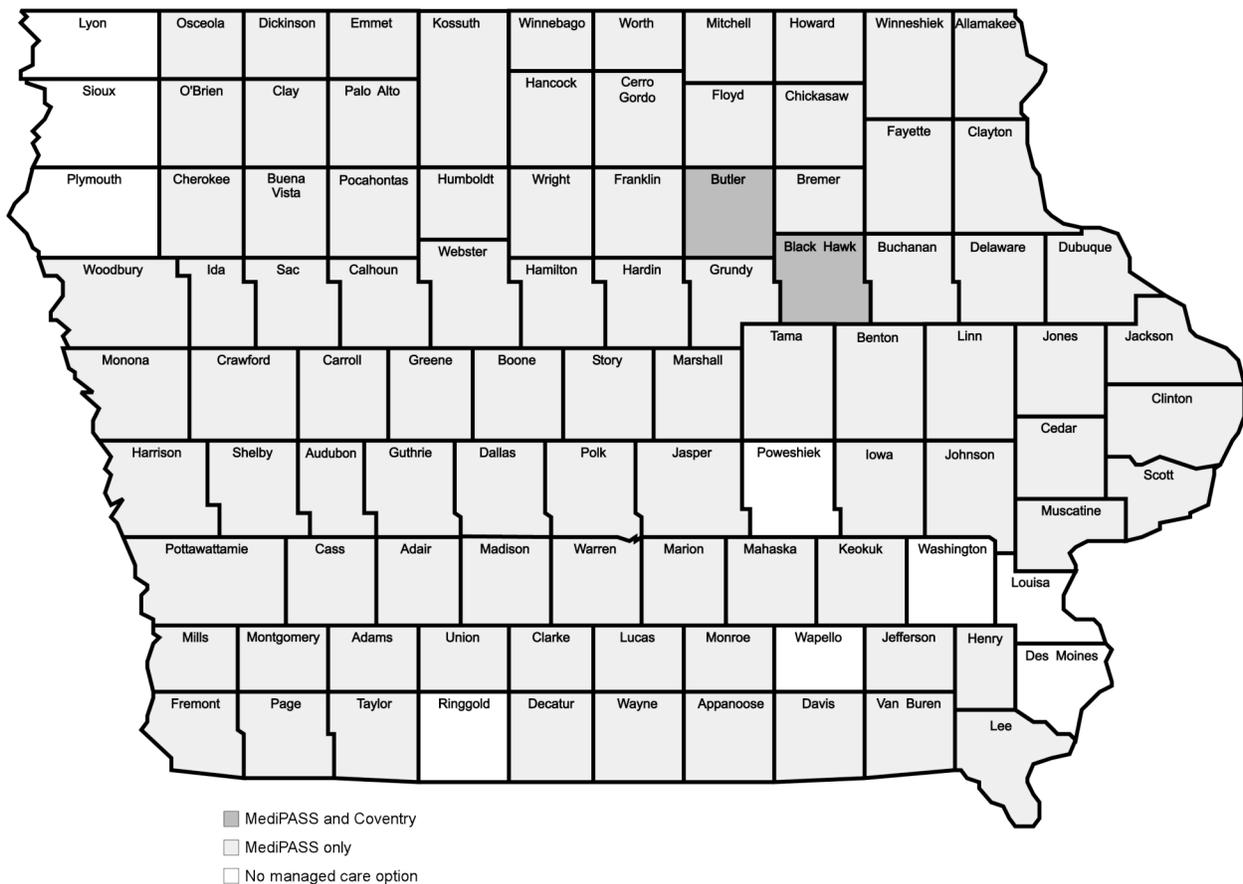


Figure 1-1. Medicaid managed care plans by county, May 2005

Survey Methodology

The 2005 Survey of Iowa Medicaid Managed Care Enrollees was conducted during the spring and summer of 2005 using a mixed-mode mail and telephone methodology. Questionnaires were mailed to plan-stratified random samples of Medicaid enrollees who had been in their current plan for at least the previous six months. Random samples of adult and child enrollees were drawn from each of the two health plans from Medicaid enrollment data current as of March 1, 2005. Only one person was selected per household to reduce the relatedness of the responses and respondent burden. The samples were comprised of 1,600 children (800 each from MediPASS and Coventry) and 1,284 adults (800 from MediPASS and 484 from Coventry). The number of adults in Coventry was smaller because only persons from only 1,284 households were enrolled in Coventry, thus there were only 484 adults left after the child sample was selected.

For the child sample, in households with more than one child enrolled in Medicaid, one child was selected at random as the "target child." The survey was addressed to the parent or guardian with instructions to complete the survey based on their experiences obtaining health care for this child only. The initial mailing was sent to 1,285 adult and 1,600 child enrollees, followed by a reminder postcard ten days later. A second survey packet was sent to non-respondents two weeks following the reminder card mailing.

In an effort to maximize response rates for the mailed survey, both a premium and an incentive were used during the first mailing. Each survey packet included a 20-minute long-distance phone card (a \$1.50 value), which the recipient could use whether or not he or she chose to fill out the survey. In addition, ID code numbers of respondents who completed and returned the questionnaire within the first two weeks of the study were entered into a random drawing for one of three \$100 Wal-Mart gift cards. The three winners were contacted by phone and the cards were mailed to them in October, 2005.

The Public Policy Center contracted with the University of Iowa's Center for Law, Health Policy and Disability to conduct telephone surveys with enrollees who had not responded to either of the two mailings. The telephone interview script was essentially identical to the mailed survey. Overall, the telephone survey accounted for 16% of the total number of completed surveys.

Survey data were obtained for 830 children and 597 adults, for unadjusted response rates of 52% for children and 46% for adults. Final response rates were 52% for the child survey and 47% for the adult survey (Table 1-1).

Table 1-1. Sampling and response rates

Children

<i>Plan</i>	<i>Number Sampled</i>	<i>Number of Respondents</i>	<i>Response Rate</i>
Coventry	800	372	47%
MediPASS	800	458	57%
Total	1600	830	52%
<i>Adjusted Total*</i>	<i>1587</i>	<i>830</i>	<i>52%</i>

Adults

<i>Plan</i>	<i>Number Sampled</i>	<i>Number of Respondents</i>	<i>Response Rate</i>
Coventry	484	200	41%
MediPASS	800	397	50%
Total	1284	597	46%
<i>Adjusted Total*</i>	<i>1281</i>	<i>597</i>	<i>47%</i>

* Adjusted for ineligibles.

Description of the Survey Instrument

The survey instrument used in this study was based on the most recent version of the Consumer Assessment of Health Plan Study (CAHPS®) 4.0H, available as of December, 2004 (see Appendix C for details about the CAHPS Survey). The use of CAHPS in Iowa is part of a national demonstration of the instrument, an effort to develop and implement standardized measures for assessing the quality of health plans from the consumer perspective. The instrument also included items from National Health Interview Survey (NHIS). The Special Health Care Needs screening instrument was developed by the Child and Adolescent Health Measurement Initiative (CAHMI). To better define the types of chronic conditions experienced by children and adults in Medicaid, we also included checklists of chronic physical and mental health conditions.

The 2005 Survey of Iowa Medicaid Enrollees included items about the following.

- Enrollees' current health status, including:
 - General ratings of current physical, dental and mental health
 - Special health care needs
 - Chronic physical or mental health conditions
- Perceived access to and use of health services, including:
 - Personal doctors or primary care providers
 - Medical specialists
 - Dental care
 - Behavioral and emotional health care
- Perceptions of health care delivery, including:
 - Ratings of overall care, personal doctors, and specialists

- Communication with personal doctors
- Receipt of preventive counseling or guidance
- Treatment by office staff
- Perceptions of the health care plan, including:
 - Overall rating of the health plan
 - Customer service experiences
 - Experience getting information about the plan

Data were tabulated and bivariate analyses (i.e., chi-square, t-test and nonparametric tests for group differences) were conducted using Stata version 9 for the Macintosh. CAHPS[®] 4.0 ratings and CAHPS[®] 3.0 and 4.0H reports were analyzed with a SAS macro program specifically developed for this purpose by the CAHPS[®] team. This program generates CAHPS[®] results adjusted for case-mix variables such as age, education and health status. More detail about the CAHPS[®] data is presented in Appendix E. The macro and accompanying programs and documentation are available for download from the CAHPS[®] Survey Users Network web site.

This report is intended to provide a summary of findings from the 2005 survey. Differences between plans and comparisons with findings from the 2003 survey are noted where available and applicable.

CHAPTER 2

Child Survey Results

The following is a summary of results from the 2005 Survey of Iowa Medicaid Enrollees: Child Survey. Responses to each item in the questionnaire are in Appendix A.

Demographics

Overall, boys and girls were roughly equally represented in the survey responses; however, Coventry had proportionally more girls than MediPASS (Table 2-1). Overall, nearly 80% of child enrollees were Caucasian. Coventry had a significantly higher proportion of African American children than MediPASS. Children ranged in age from 6 months to 18 years, with an average of 7 years. Children in Coventry were slightly younger (6.6 vs. 7.4 years).

Table 2-1. Child enrollee characteristics

<i>Variable</i>	<i>Coventry</i>	<i>MediPASS</i>	<i>Total</i>
Percent female*	52.7%	45.0%	48.4%
Mean age in years [†] (Standard deviation)	6.6 (5.3)	7.4 (5.4)	7.0 (5.3)
Race (marked one or more)			
% Caucasian*	69.7%	88.1%	79.9%
% African American*	30.9%	8.6%	18.5%
% Latino/a or Hispanic	5.0%	7.3%	6.2%
% Asian	0.8%	2.2%	1.6%
% Pacific Islander/ Native Hawaiian	0.3%	0.2%	0.2%
% American Indian/ Alaska Native	1.1%	2.9%	2.1%
% Other race	3.3%	2.2%	2.7%
Percent currently in school or daycare	75.5%	73.7%	74.7%
<i>Total N</i>	372	458	830

* $p < .050$, † $p = .051$

The vast majority of respondents to the child survey were female. Eighty-five percent of all respondents were the child's mother, and 5% were the child's father (Table 2-2). One out of five was under age 25; three out of five were under 35. Over half of the children (56%) had been in their current Medicaid health plan for two years or more.

Table 2-2. Respondent characteristics

<i>Variable</i>	<i>Coventry</i>	<i>MediPASS</i>	<i>Total</i>
Percent female	93.4%	93.6%	93.5%
Age of parent or guardian			
% 18-24	18.7%	20.7%	19.6%
% 25-34	38.8%	43.5%	40.9%
% 35-44	26.0%	22.3%	24.4%
% 45-54	11.7%	8.5%	10.3%
% 55 and older	4.9%	5.0%	4.9%
Relationship to child			
% mother or father	89.3%	92.1%	90.8%
% grandparent	7.1%	5.1%	6.8%
% other relative	1.4%	1.3%	1.3%
% legal guardian or other	2.2%	1.5%	1.8%
<i>Total N</i>	372	458	830

Children’s Health Status

Children’s health status was evaluated in several ways: (1) using a global rating scale (excellent to poor), (2) using the special health care needs screening instrument, and (3) asking about any chronic health conditions that have lasted for at least three months.

Global health rating

Respondents rated their child’s current health status on a one-to-five scale where 1 = excellent and 5 = poor health (Table 2-3). Nearly half were in excellent health, while 8 out of 10 were in very good or excellent health.

Table 2-3. Health status of child as reported by parent/guardian

<i>Health Status</i>	<i>Percent</i>
Excellent	47%
Very Good	37%
Good	14%
Fair	2%
Poor	0%
<i>Total N</i>	825

Special health care needs

Children and youth were classified as having a special health care need (CYSHCN) based on a series of 14 screening questions. Children met criteria as CYSHCN if their parents indicated that one of the conditions listed in Table 2-4 was the result of a health condition that had lasted at least 12 months. Based on this instrument, 27% of children in this survey had special care needs. This is similar to the 2003 figure of 25%.

Table 2-4. Children and youth with special health care needs ¹

<i>For a health condition that has lasted or is expected to last at least twelve months...</i>	<i>Percent*</i>
Needs or gets prescription medication	21.1%
Needs or gets more medical, educational or other services than others	10.6%
Has functional limitations, i.e., difficulty with daily tasks	5.5%
Needs specialized therapy such as physical, occupational or speech	2.8%
Has a mental health issue expected to last 12 months or more	8.6%
Meets CYSHCN Criteria	27.0%

** Of the 825 who responded to these questions*

Chronic health conditions

Respondents were given a list of chronic health conditions that can affect children and were asked to identify which, if any, their child had experienced for three months or more. Forty-five percent indicated that the child had at least one chronic physical health condition, while 19% had a behavioral or emotional health concern. The most common chronic physical conditions, affecting between seven and 12 percent of children, were asthma, allergies, skin problems, ear infections and dental problems (Table 2-5). Twenty percent of all children needed or wore eyeglasses or contact lenses. Children in Coventry were significantly more likely than those in MediPASS to suffer from chronic skin problems (11% vs. 7%), while those in MediPASS were more likely to need corrective lenses (25% vs. 14%).

¹ Child and Adolescent Health Measurement Initiative, January 2000.

Table 2-5. Chronic physical health conditions

<i>Physical condition (in order of prevalence)</i>	<i>Percent of children</i>
Asthma	12.1%
Chronic allergies or sinus problems	12.1%
Skin problems*	8.7%
Dental, tooth or mouth problems	7.7%
Frequent ear infections	7.2%
Speech or language problems	4.1%
Migraine headaches	3.6%
Chronic back, bone, neck or muscle problems	3.0%
Frequent stomach or bowel problems	2.9%
Developmental delays or mental retardation	1.8%
Frequent bladder problems	1.3%
A physical disability	1.1%
Hearing impairment or deafness	0.8%
Diabetes	0.0%
Any other chronic physical condition	7.4%
Needs or wears glasses or contacts**	20.0%
Other eye problems	0.5%

* Coventry 11.3%, MediPASS 6.6%, $\chi^2(1)=5.8$, $p=.016$

** Coventry 14.0%, MediPASS 24.9%, $\chi^2(1)=15.3$, $p=.000$

Nineteen percent of all children were reported to have at least one behavioral or emotional health condition lasting three months or more. Attention problems were the most common, affecting 10% of all children and half of those with a behavioral or emotional condition (Table 2-6).

Table 2-6. Chronic behavioral and emotional health conditions

<i>Behavioral and emotional health conditions lasting 3 months or longer</i>	<i>Percent of children</i>
Attention problems	9.8%
Learning disability	5.4%
Emotional problems other than depression or anxiety	4.3%
Depression	4.1%
Anxiety	3.2%
Drug or alcohol-related problems	0.4%
Other chronic emotional or mental health condition	2.5%

Access to Care and Use of Services

Two of the CAHPS® 4.0H composites, getting needed care and getting care quickly, are general or global measures of access to care. Getting needed care reflects the parent’s report of how often it was easy to get care for the child, get approval for care from the plan, and make appointments with specialists if needed. Over half said it was *always* easy to get health care for their child, while another 28% said it *usually* was (Table 2-7). Scores for Coventry and MediPASS were not significantly different from each other.

Table 2-7. How often easy to get needed health care for child (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	202	21%	30%	49%	Plans not significantly different
MediPASS	251	17%	26%	57%	
<i>Total</i>	453	19%	28%	54%	

Half (51%) tried to get care for their child through the child’s health plan. Of these, 69% of those who tried to get care for their child through their health plan said it was *always* easy to get the care they wanted. Nearly one quarter (24%) reported needing health plan approval for the child’s care, tests or treatment in the last 6 months. Of these, 38% said it was *always* easy to get this approval.

The CAHPS® 4.0H getting care quickly composite combines responses to items regarding phone calls to the personal doctor’s office and getting acute care and routine appointments as soon as wanted. Nearly two thirds reported that their child *always* received needed care quickly, while another one fourth *usually* did (Table 2-8). Again, the two health plans had very similar distributions on this measure.

Table 2-8. How often got health care quickly (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	306	11%	21%	68%	Plans not significantly different
MediPASS	371	10%	27%	63%	
<i>Total</i>	677	10%	24%	65%	

Note: adjusted for child age and health status

Personal doctor

Ninety-two percent of children were reported to have a personal doctor (Table 2-9). Most (81%) had seen the same doctor for at least a year. Over three quarters (79%) had a personal doctor visit at least once in the previous six months.

Table 2-9. Visits to personal doctor

	<i>Percent</i>
Have a personal doctor	92%
At least 1 visit in last 6 months	79%
Talked about symptoms	81%
Received clear treatment instructions	
Never / sometimes	5%
Usually	14%
Always	81%
Talked about prevention*	59%

* p < .01

Over 80% of respondents who had spoken with the doctor about health concerns regarding the child said the doctor *always* gave clear treatment instructions. Nearly 60% indicated that their child’s personal doctor talked with them about specific ways to prevent illness or injury and improve the child’s health, such as wearing helmets, using car seats or supervising eating habits. Respondents from Coventry were more significantly likely than those from MediPASS to report getting such prevention advice from their child’s doctor (65% vs. 55%, $\chi^2(1)=6.98$, $p=.008$).

Forty-three percent of respondents had called their child’s personal doctor’s office during regular hours for help or advice. Nearly 70% said they *always* got the help they needed when they called during regular hours, while another 23% *usually* did. Sixteen percent had called the office after regular hours; of these 64% *always* and 23% *usually* got the help they needed.

Delays in the start of appointments caused by having to wait in the waiting room and/or exam room are the subject of a new composite in CAHPS® 4.0 (Table 2-10). About 35% of respondents *always* had brief waiting times, whereas a quarter (24%) *never* or only *sometimes* waited less than 15 minutes.

Table 2-10. Short waits in child’s personal doctor’s office (CAHPS 4.0)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	269	22%	39%	39%	Plans not significantly different
MediPASS	336	26%	43%	32%	
<i>Total</i>	605	24%	41%	35%	

Note: adjusted for child age and general health rating.

Routine and preventive health care

Sixty-five percent of respondents had made an appointment for their child to get routine health care (such as vaccinations or checkups) in the previous six months. Nearly three-fifths (58%) of those who made appointments said they *always* got these appointments as soon as they wanted, and another 30% *usually* did. Twelve percent said they *sometimes* or *never* got routine appointments as soon as they wanted.

Over three quarters (76%) reported that their child had had some type of preventive visit during the previous year. Another 16% had a preventive visit between one and two years ago, and 7% more than two years ago. Two percent indicated their child had needed a preventive visit within the last six months but was unable to get one.

Specialty care

Twenty-one percent of all children had seen a specialist in the last 6 months. Of these, over two-thirds (68%) saw only one specialty doctor, while another 22% saw two different specialists.

About 1 out of 5 respondents (22%) had tried to make an appointment with a specialist in the previous six months. Over half (53%) said it was *always* easy to get an appointment, and another 25% said it was *usually* easy.

Illness or injury care

Nearly half (47%) of children in Medicaid had needed care right away for an illness or injury in the six months prior to the survey. Nearly three quarters (72%) of these respondents said their child *always* got this care as soon as they wanted, and another 21% said they *usually* did. Seven percent *never* or only *sometimes* got acute care as soon as they wanted it. In 78% of cases, acute care was provided the same day, 14% waited one day, and 7% waited two days.

Office visits and emergency room visits

Eighty-four percent of children had at least one visit to a clinic or doctor's office in the last six months. Of those who had an office visit, over half (54%) had only one or two visits, while 15% had five or more.

About one fourth of the respondents (26%) indicated their child had visited a hospital emergency room (ER) in the last six months. Of those who used an ER, over two thirds (68%) had only one visit, another 22% had two, 6% had three and 4% had four or more visits.

Unmet need for health care

Overall, 4.6% reported that their child had experienced an unmet need for medical care (i.e., had been stopped from receiving care) at some point in the previous six months. This rate did not differ significantly by plan.

Behavioral and emotional health care

A little over half (51%) said their child's current emotional health was excellent, and another 26% rated it as very good. Six percent were in poor or only fair emotional health. Children's emotional health was rated significantly worse than their general health ($t[815]=3.20, p=.0014$). Thirteen percent of respondents indicated that their child had needed behavioral or emotional

health care in the last six months. Of these, 80% had received treatment or counseling for mental health problems in the last six months. Most believed the child received at least some benefit from the mental health care. Forty-one percent thought the counseling or treatment helped *a lot*, 32% *somewhat*, 19% *a little* and 9% *not at all*. Ten percent of the children who needed mental health care were unable to receive it at some point in the previous six months.

Prescription medications

Sixty percent of children in Medicaid needed a prescription medication at some point in the six months prior to the survey. Of these, 83% said they were always able to get the child's prescriptions through his or her Medicaid health plan, and another 13% usually were. Nine percent had been unable to get a needed prescription at least once during the last six months.

Dental care

Ratings of children's dental health were significantly worse than ratings of their general physical health ($t[754]=-10.27, p=.0000$). Only 30% thought their child had *excellent* dental health, compared to 47% with *excellent* physical health. Eighty-eight percent of all children were reported to have a usual source of dental care. Sixty-one percent had a dental checkup within the last year. More than a quarter (27%) had never been to a dentist; however, 77% of these were under age 3.

The remaining dental questions were only analyzed for children age 3 and over. While many professional dental associations recommend that children see a dentist earlier, the utilization of dental services among Medicaid-enrolled children under age 3 is so low that it is more relevant from a program evaluation perspective to focus the evaluation of access and use of dental services for children age 3 and over. Among children age three or older at the time of the survey, 90% had a usual source of dental care (Table 2-11). Overall, 44% had needed some type of dental care within the previous six months. Of these, more than 1 out of 5 (21%) had been unable to get the care they needed. There were often several different reasons for this, but the most commonly cited reason for unmet need was the inability to find a dentist who accepts Medicaid (90%). Other common problems with access to dental care included needing care not covered by Medicaid (73%), other problems getting appointments (74%), and cost (70%).

Children age 3 and older were more likely to have unmet dental needs (21%) than medical (5%) or mental health (10%) needs. Children in MediPASS were more likely to have an unmet dental care need than those in Coventry.

Table 2-11. Dental care for children age 3 and older

	<i>Coventry</i>	<i>MediPASS</i>	<i>Total</i>
Last dental visit			
Within the last year	77%	76%	76%
1 to 2 years ago	11%	13%	12%
More than 2 years ago	3%	3%	3%
Never	9%	8%	8%
Regular source of dental care	90%	90%	90%
Needed dental care in last 6 months	43%	44%	44%
Type of dental care needed			
Cleaning and checkup	80%	81%	81%
Emergency	9%	7%	8%
Other treatment (e.g., fillings)	48%	51%	50%
Unmet need for dental care* (% of children who needed it)	15%	25%	21%
Overall dental health			
Excellent	31%	30%	30%
Very good	33%	34%	34%
Good	23%	29%	26%
Fair	12%	7%	9%
Poor	1%	2%	1%

* $\chi^2(1)=4.22, p=.040$

About three quarters of children age three or older (76%) had a dental visit within the last year and another 12% last saw a dentist between one and two years ago. Eight percent of children age three and older had never been to a dentist.

Quality of Health Care Delivery

Respondents rated overall the quality of their child’s care and doctors using the CAHPS® 0-10 scale. They also reported on experiences and interactions with the child’s doctors and plan. Each of the CAHPS® composite scales are comprised of a combination of two or more items reflecting these experiences and interactions.

The average rating on the 0-10 scale for overall health care was 8, with over 40% rating care a 10. The two health plans had very similar distributions on this score (Table 2-12).

Table 2-12. Overall rating of child’s health care (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	346	3%	21%	34%	42%	Plans not significantly different
MediPASS	443	3%	16%	39%	42%	
<i>Total</i>	789	3%	18%	37%	42%	

Note: adjusted for child age and health status

Among those children who visited their personal doctor in the last 6 months, the average personal doctor rating was 9.0 out of 10 (Table 2-13). Half the respondents in each plan gave their child’s personal doctor a rating of 10.

Table 2-13. Average overall rating of child’s personal doctor (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	272	1%	12%	36%	51%	Plans not significantly different
MediPASS	342	2%	11%	37%	49%	
<i>Total</i>	614	2%	12%	37%	50%	

Note: adjusted for child age and health status

The “doctor communication” composite represents how often the respondent felt the child’s personal doctor listened carefully, spent enough time with the child, showed respect for the parent and provided understandable explanations for the parent and child. Overall, three quarters of respondents felt their child’s personal doctor *always* communicated well. Coventry had significantly higher scores on this composite than MediPASS (Table 2-14).

Table 2-14. Child’s personal doctor communicates well (CAHPS® 4.0H)*

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	272	5%	16%	79%	Coventry better
MediPASS	343	7%	21%	72%	
<i>Total</i>	615	6%	19%	75%	

* F(1,611)=5.65, p=.0178

Note: adjusted for child age and general health rating

Over 70% reported that the staff in their child’s personal doctor’s office were *always* helpful and treated them with respect and courtesy, while 9% said they *never* or only *sometimes* had this experience (Table 2-15). Respondents enrolled in Coventry gave significantly higher scores on this measure than those in MediPASS.

Table 2-15. Personal doctor's office staff helpful and courteous (CAHPS® 3.0)*

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	273	6%	16%	72%	Coventry better
MediPASS	342	13%	22%	65%	
<i>Total</i>	615	9%	19%	71%	

* F(1,611)=18.56, p=.0001

Note: adjusted for child age and general health rating

Respondents were asked if they would recommend their child's personal doctor to friends or relatives with children. Seven out of 10 said they would definitely recommend him or her, and another 21% probably would. Only 3% would not recommend their child's doctor.

Specialty care

If the child had seen a specialist within the previous six months, the respondent rated the specialist their child seen most often. Average rating of the specialist the child saw most often was 8.3 on 0-10 scale. Thirty-seven percent of those who rated a specialist gave him or her a 10 (Table 2-16).

Table 2-16. Rating of specialist child saw most often (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	70	4%	19%	33%	43%	Plans not significantly different
MediPASS	92	9%	15%	44%	33%	
<i>Total</i>	162	7%	17%	40%	37%	

Note: adjusted for child age and health status

When asked if they would recommend this same specialist to others with children, 57% said they definitely would, while another quarter probably would. On the other hand, ten percent would not recommend this specialist.

Quality of Health Plan

Overall, respondents rated their child health plan an average of 8.4 on the 0-10 scale, with nearly 40% rating it a 10 (Table 2-17). MediPASS had significantly higher mean scores than Coventry.

Table 2-17. Rating of child's health plan (CAHPS® 4.0H)*

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	363	5%	24%	33%	39%	MediPASS higher
MediPASS	453	3%	19%	42%	37%	
<i>Total</i>	816	4%	21%	38%	38%	

* F(1,812)=4.97, p=.0261

Note: adjusted for child age and general health rating

Plan information and paperwork

The CAHPS® 4.0H information and paperwork composite reflects how often the respondent thought it was easy to get plan information and fill out forms, as well as the quality of the toll-free Medicaid help line (Table 2-18).

Table 2-18. Plan information and paperwork (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	85	26%	30%	44%	Plans not significantly different
MediPASS	105	31%	32%	37%	
<i>Total</i>	200	27%	30%	39%	

Note: adjusted for child age and general health rating

About one fourth of all respondent had experience trying to find information or completing paperwork regarding their child’s health plan in the previous six months. Of these, nearly 40% said they *always* had an easy time doing these things, while over one quarter *never* or only *sometimes* thought these were easy. Average plan scores were not significantly different.

Less than half (45%) of respondents were aware of the toll-free Medicaid helpline. Of these, 11% had called the helpline in the last 6 months. Of those who called, 42% said they *always* got the help they wanted.

Nine percent had tried to find information about how their plan works through written materials, phone calls or the internet. Of these, 28% were *always* able to find the information they needed. Written plan materials (25%), DHS caseworkers (25%) and the Medicaid helpline (20%) were most frequently cited as the best sources of information. Fewer than one out of five respondents (17%) had needed to complete paperwork for their child’s health plan within the previous six months. Of these, 36% said the forms were *always* easy to fill out.

Over half (51%) said they would definitely recommend their child’s health plan to friends or relatives who have children, while another 35% said they probably would. Only four percent would not recommend their child’s health plan. Respondents with children in MediPASS were more likely to say they would *definitely* recommend the child’s health plan (t[822]= -2.34, p=.019).

CHAPTER 3

Adult Survey Results

The following is a summary of results from the 2005 Survey of Iowa Medicaid Enrollees: Adult Survey. Responses to each item in the questionnaire are in Appendix B.

Demographics

A total of 597 adult Medicaid enrollees completed the 2005 survey (Table 3-1). Respondents ranged in age from 18 to 55, and were primarily female and Caucasian. Eighty-four percent had at least a high school diploma, but only 5 percent had a bachelor's level degree or higher. Over half (56%) had been in their current health plan for two years or longer.

Table 3-1. Adult enrollee characteristics

<i>Variable</i>	<i>Coventry</i>	<i>MediPASS</i>	<i>Total</i>
Percent female	88.5%	86.4%	87.1%
Mean age in years (Standard deviation)	30.0 (8.1)	30.7 (8.2)	30.5 (8.1)
Race (marked one or more)			
% Caucasian*	73.3%	87.0%	82.5%
% African American**	24.1%	7.9%	13.3%
% Latino/a or Hispanic	4.6%	5.1%	4.9%
% Asian	0.0%	0.8%	0.5%
% Pacific Islander/ Native Hawaiian	0.5%	0.3%	0.3%
% American Indian/ Alaska Native	1.5%	2.0%	1.9%
% Other race	0.5%	1.0%	0.9%
Highest education level			
% Less than high school graduation	17.9%	14.8%	15.8%
% High school graduate or GED	34.2%	43.7%	40.6%
% Some college or 2-year degree	39.3%	37.9%	38.3%
% Four-year college graduate	7.1%	2.3%	3.9%
% More than 4-year degree	1.5%	1.3%	1.4%
<i>Total N</i>	200	397	597

* $\chi^2(1)=16.79, p=.000$

** $\chi^2(1)=29.64, p=.000$

Adults' Health Status

Current health status of the adults was measured in several ways: (1) a five-level global rating scale (excellent to poor), (2) the Special Health Care Needs screening instrument, and (3) checklists of chronic health conditions—defined as conditions that had lasted or were expected to last for at least three months. In addition, female respondents were asked whether they had been pregnant or given birth within the previous six months, and if so, if they were currently pregnant.

Global health rating

Respondents rated their overall health status on a one-to-five scale where 1 = excellent and 5 = poor health (Table 3-2). Twelve percent rated their health as excellent, and 43% rated their health as either very good or excellent. Nearly one fifth (18%) rated their health as only fair or poor.

Table 3-2. Self-reported health status of adults

<i>Health Status</i>	<i>Percent</i>
Excellent	12.3%
Very Good	30.6%
Good	39.0%
Fair	14.3%
Poor	3.9%
<i>Total N</i>	595

Chronic health condition

Adults are classified as having a chronic health condition based on a series of 14 screening questions, similar to the CSHCN screening instrument. Chronic health needs criteria are met if the respondent indicates that one of the conditions listed in Table 3-3 was the result of a health condition lasting at least 12 months. Based on this instrument, 46% of adults in this survey had chronic care needs. This is somewhat higher than the 40% identified in the 2003 survey.

Table 3-3. Adults with chronic health care needs

<i>For a health condition that has lasted or is expected to last at least twelve months...</i>	<i>N</i>	<i>Percent*</i>
Needs or gets prescription medication	243	40.8%
Needs or uses medical, mental health or other services on a regular basis	181	31.8%
Has functional limitations, i.e., difficulty with daily tasks	70	11.8%
Needs specialized therapy such as physical, occupational or speech	29	5.1%
Has a mental health issue expected to last 12 months or more	128	22.1%
Meets ASHCN criteria	274	46.0%

**Of the 596 who responded to these questions*

Respondents were also given a list of chronic health conditions common among adults and were asked to identify which, if any, they had experienced for three months or more. Sixty-two percent reported at least one chronic physical health problem, while 39% had a chronic mental health concern (Table 3-4). The five most common chronic physical conditions, affecting between 15 and 26 percent of adults, were allergies or sinus problems, back or neck problems, migraine headaches, dental problems, and asthma. In addition, three out of five respondents needed or wore eyeglasses or contact lenses. MediPASS enrollees were more likely than those in Coventry to have chronic oral health problems, while those in Coventry were more likely to report diabetes. Coventry enrollees were also somewhat more likely to suffer from lung problems, however this difference was not significant at the .05 level.

Table 3-4. Chronic physical conditions (lasting 3 months or more)

<i>Condition</i>	<i>Percent of adults</i>
Any chronic physical condition	62.3%
1. Allergies or sinus problems	26.0%
2. Back or neck problems	22.6%
3. Migraine headaches	19.9%
4. Dental, tooth or mouth problems ^a	15.6%
5. Asthma	14.7%
6. Arthritis, rheumatism, bone or joint problems	12.7%
7. Recurrent indigestion or heartburn	11.1%
8. High blood pressure	7.9%
9. Bronchitis, emphysema or other lung problems ^b	7.2%
10. Gynecological problems	6.9%
11. Diabetes ^c	5.2%
12. Bladder problems	4.7%
13. Bowel problems	4.4%
14. Stomach ulcers	3.5%
15. Hearing, speech or language problems	3.2%
16. A physical disability	3.2%
17. Chronic fatigue syndrome or fibromyalgia	3.0%
18. High blood pressure	2.7%

^a More common in MediPASS than in Coventry (17.6% vs. 11.5%, $\chi^2(1)=3.80$, $p=.051$)

^b More common in Coventry than in MediPASS (10.0% vs. 5.8%, $\chi^2(1)=3.52$, $p=.061$)

^c More common in Coventry than in MediPASS (8% vs. 3.8%, $\chi^2(1)=4.81$, $p=.028$)

Nearly two in five (39%) adult respondents indicated they had at least one chronic behavioral or emotional condition (Table 3-5). Depression and anxiety were the most common, affecting 30% and 20% of all adults, respectively, and 76% and 51% of those with a behavioral or emotional health condition.

Table 3-5. Chronic mental health conditions (lasting 3 months or longer)

<i>Mental health conditions</i>	<i>Percent of adults</i>
Depression	29.8%
Anxiety	20.4%
Emotional problems other than depression or anxiety	7.7%
A learning disability	5.9%
Attention problems	5.5%
Drug or alcohol related problems	2.2%
Other chronic emotional or mental health condition	6.5%

Pregnancy

Twenty-one percent of female respondents had been pregnant or given birth in the previous six months. Of these, 28% were pregnant at the time they completed the survey.

Access to Care and Use of Services

The two CAHPS® 4.0H general access to care composites measure how often respondents were able to get needed care easily and quickly over the previous six months. Coventry and MediPASS did not differ from each other on either of these measures. Forty-two percent in both plans reported it was *always* easy to get the care they needed (Table 3-6).

Table 3-6. How often easy to get needed health care? (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	123	20%	38%	42%	Plans not significantly different
MediPASS	261	25%	33%	42%	
<i>Total</i>	384	24%	35%	42%	

Note: adjusted for respondent age, education and global health rating

Over half of adult enrollees in both Coventry and MediPASS said they had *always* gotten health care quickly when they needed it, and another third (31%) *usually* did (Table 3-7).

Table 3-7. How often got health care quickly (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	171	13%	32%	55%	Plans not significantly different
MediPASS	350	18%	31%	51%	
<i>Total</i>	521	16%	31%	52%	

Note: adjusted for respondent age, education and global health rating

Personal Doctor

Ninety percent of adult Medicaid respondents had a personal doctor. Most (79%) had seen the same doctor for at least a year, while nearly half (47%) had seen the same doctor for three years or more.

More than 4 out of 5 (85%) adult respondents had visited their personal doctor at least once in the previous six months (Table 3-8). During these visits, 85% talked to their doctor about health problems or symptoms, and 76% said the doctor spoke with them about prevention.

Table 3-8. Personal doctor visits

	<i>Percent</i>
Have a personal doctor	90%
At least 1 visit in last 6 months	85%
Talked about symptoms	85%
Received clear treatment instructions	
Never / sometimes	10%
Usually	19%
Always	71%
Talked about prevention	76%

Of those who talked with their doctor about symptoms, 71% said he or she *always* gave clear treatment instructions. Of the 85% who had a personal doctor visit, 76% said the doctor talked with them about how to improve their health or prevent illness. Of those whose doctors talked about this subject, 84% said the doctor *usually* or *always* talked about prevention.

Sixty-two percent had called their doctor's office during regular hours in the last six months. About half (52%) of those who called said they *always* got the help they needed, and another third (33%) said they *usually* did.

A new composite introduced with CAHPS® 4.0H indicates how often respondents felt they had reasonably brief (i.e., less than 15 minutes) waiting times in the clinic waiting room and in the exam room prior to seeing their doctor. About a quarter *always* had short waiting times, while 30% *never* or only *sometimes* got to see their personal doctor without long waits (Table 3-9). These did not differ by plan.

Table 3-9. Short waits in personal doctor's office (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	139	28%	44%	28%	Plans not significantly different
MediPASS	303	32%	43%	25%	
<i>Total</i>	442	30%	44%	26%	

Note: adjusted for respondent age, education and global health rating

Routine and preventive health care

Eighty-two percent of adults had made an appointment for routine (non-acute) health care in the previous six months. About half of those who had made appointments said they always got these appointments as soon as they wanted, and another third usually did. Eighteen percent said they sometimes or never got routine appointments as quickly as they wanted.

Sixty percent reported having a preventive visit such as a check-up, exam, mammogram or Pap smear within the last twelve months. Another 27% had a preventive visit between one and three years ago, while 11% had not had one in the last 3 years. Seven percent said they'd needed preventive care within the last six months but were unable to get it.

Specialty care

Overall, a third of adult Medicaid respondents had seen a specialist in the last 6 months. Most of those who did saw only one specialist (64%), while another 28% saw two different specialists.

Over a third (35%) had tried to make an appointment to see a specialist in the last 6 months. Of these, 42% said it was *always* easy to get these appointments, a third (34%) said it was *usually* easy. Nearly a quarter (24%) said it was *sometimes* or *never* easy to get specialist appointments.

Twelve percent said that at some point in the previous six months they had needed to see a specialist but were unable to do so.

Illness or injury care

Over half (54%) of the adult respondents had needed care right away for an illness, injury or condition in the last 6 months. Of these, two thirds reported getting in for illness or injury care the same day, 17% waited one day, 12% waited 2 to 3 days, and 4% waited 4 to 7 days.

Office visits and emergency room visits

Eighty-eight percent of adults had at least one visit to a clinic or doctor's office in the last six months. Of those who did visit a doctor, 54% had only one or two visits, while 15% had five or more.

Thirty-nine percent had visited a hospital emergency room (ER) in the previous six months. Of those who used the ER, 68% had one visit, another 22% had two, 6% had three, while less than 4% had four or more visits.

Unmet need for health care

Overall, 13% had experienced unmet need for medical care (i.e., had been stopped from receiving care, tests or treatment) at some point in the previous six months. The most common reason for this (46%) was needing care not covered by Medicaid. Trouble finding doctors who accept Medicaid was a problem for 28% of those with unmet needs, and distance or transportation problems were a concern for 26%.

Behavioral and emotional health care

One out of five respondents felt their mental health was currently only fair or poor, while half thought it was very good or excellent. Self-ratings of current mental or emotional health were significantly better than physical health ratings ($z=-3.17$, $p=.0002$).

Twenty-five percent had needed behavioral or emotional health care in the last six months. Of these, 83% did get counseling or other treatment. Seventy-five percent thought it helped somewhat or a lot. One fifth of those who needed it had been unable to get mental health care at some point.

Prescription medications

Seventy-nine percent of respondents had needed a prescription medication at some time in the six months prior to the survey. Of these, 38% had an unmet need for prescription medicine during this time.

Dental care

Self-rated dental health was significantly worse than physical health ($z=-4.17$, $p=.0000$). Only 14% rated their dental health *excellent* and 23% rated it *very good*. Nearly a third (30%) said their dental health was *fair* or *poor*. Adult MediPASS enrollees reported significantly worse dental health than their counterparts in Coventry ($t=2.23$, $p=.0264$).

Only half (51%) had a dental checkup in the last year, while 27% had not had one in over 2 years (Table 3-10). Only 37% said they visited the dentist regularly (i.e., at least once per year) and 28% reported that they only go to the dentist when they have a problem.

Overall, 44% of adults reported needing some type of dental care within the previous six months. Of these, two thirds (67%) needed routine care (cleaning and checkup), 21% needed emergency dental care, and 60% needed other dental treatment such as fillings. Of those who had needed it, 31% had been unable to get dental care at some point in the last six months. The most common reason for this (54%) was the inability to find dentists who accept Medicaid. Needing care not covered by Medicaid (40%) was another problem leading to unmet dental care needs.

Table 3-10. Dental care for adults

	<i>Coventry</i>	<i>MediPASS</i>	<i>Total</i>
Last dental visit			
Within the last year	56%	49%	51%
1 to 2 years ago	21%	23%	22%
More than 2 years ago	23%	29%	27%
Regular source of dental care	75%	71%	72%
Needed dental care in last 6 months	38%	45%	42%
Type dental care needed			
Cleaning and checkup	68%	66%	67%
Emergency	14%	24%	21%
Other treatment (e.g., fillings)	55%	62%	60%
Unmet need for dental care* (% of those who needed it)	14%	38%	31%
Overall dental health**			
Excellent	19%	11%	14%
Very good	21%	25%	23%
Good	35%	32%	33%
Fair	21%	21%	21%
Poor	6%	11%	9%
Use of dental services			
Regularly	38%	36%	37%
Occasionally	25%	22%	23%
Rarely	14%	12%	13%
Only if I have a problem	23%	30%	28%

* $\chi^2(1)=14.94, p=.000$

** $t=2.23, p=.0264$

Quality of Adult Health Care

Care delivery

Respondents rated the overall quality of their care and their doctors using the CAHPS® 0-10 rating scale (Table 3-11). They also reported on their experiences interacting with their doctors.

Adult respondents rated their health care an average of 8 on the 0-10 scale. The two plans did not have significantly different average scores.

Table 3-11. Overall rating of health care (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	193	5%	25%	44%	26%	Plans not significantly different
MediPASS	388	6%	29%	33%	31%	
<i>Total</i>	581	6%	28%	36%	30%	

Note: adjusted for respondent age, education and global health rating

The average rating for personal doctors was 8.3, with 42% rating him or her a 10 (Table 3-12). Adults in Coventry rated their personal doctors significantly higher than those in MediPASS.

Table 3-12. Rating of personal doctor (CAHPS® 4.0H)*

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	141	1%	16%	37%	47%	Coventry significantly higher than MediPASS
MediPASS	305	6%	19%	35%	40%	
<i>Total</i>	446	4%	18%	36%	40%	

* F(1,436)=7.15, p=.0078

Note: adjusted for respondent age, education and global health rating

Respondents who had visited their personal doctor in the previous 6 months reported on how well their doctor communicated with them. Seventy-one percent said their personal doctor always communicated well (Table 3-13). The two health plans had similar distributions of scores on this measure.

Table 3-13. Doctor communicates well (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	139	7%	21%	72%	Plans not significantly different
MediPASS	306	10%	20%	69%	
<i>Total</i>	445	9%	24%	71%	

Note: adjusted for respondent age, education and global health rating

Respondents indicated how often the office staff at their personal doctor's office or clinic were as helpful and courteous as they expected them to be. This composite was included in CAHPS 3.0 but is not part of 4.0 or 4.0H. Based on this measure, adult Coventry enrollees reported significantly better by office staff than did those in MediPASS (Table 3-14).

Table 3-14. Office staff helpful and courteous (CAHPS® 3.0)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	139	9%	30%	61%	Coventry better
MediPASS	303	16%	31%	53%	
<i>Total</i>	442	14%	31%	56%	

* F(1, 437)=6.50, p=.0111

Note: adjusted for respondent age, education and global health rating

Nearly two thirds (64%) said they would definitely recommend their personal doctor, and another 22% probably would. Although doctor ratings were higher in Coventry, respondents in the two plans were equally likely to say they would recommend their doctor.

Specialists

The 33% of enrollees who saw a specialist in the previous 6 months were asked to rate the specialist they saw most often. The average rating was 8.3, and 37% gave a rating of 10 (Table 3-15). Average ratings were not significantly different between the two plans.

Table 3-15. Rating of specialist seen most often (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	65	7.7%	28.2%	32.1%	32.1%	Plans not significantly different
MediPASS	124	7.2%	24.5%	28.1%	40.3%	
<i>Total</i>	181	7.4%	25.8%	29.5%	37.3%	

Note: adjusted for respondent age, education and global health rating

Over half (54%) would definitely recommend the specialist they saw most often, and another 25% probably would.

Quality of Health Plan

The average overall rating for the health plan as a whole was 7.8, with 28% rating it a 10. The mean 0-10 ratings were not significantly different by plan (Table 3-16).

Table 3-16. Rating of health plan (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>0-4</i>	<i>5-7</i>	<i>8-9</i>	<i>10</i>	<i>Comparison</i>
Coventry	192	11.5%	22.9%	43.2%	22.4%	Plans not significantly different
MediPASS	390	6.9%	27.2%	35.1%	30.8%	
<i>Total</i>	582	8.4%	25.8%	37.8%	28.0%	

Note: adjusted for respondent age, education and global health rating

Overall, 58% reported that they tried to get health care through their Medicaid plan in the previous 6 months. Of these, 54% of these said it was *always* easy to get the care they wanted,

while another 39% *usually* had an easy time getting care. Forty-one percent reported needing health plan approval for care, tests or treatment in the last 6 months. Of these, 29% said it was *always* easy to get approval from their health plan, and another 39% said it *usually* was.

Overall, about half (49%) the respondents knew about the Medicaid helpline. Coventry enrollees were more likely than MediPASS enrollees to know about the helpline. Seventeen percent of those who knew about it had called the helpline in the last 6 months.

Twelve percent had tried to find information about how their plan works through written materials, phone calls or the Internet. Of these, 22% were *always* able to find the information they needed (Table 3-17). Written plan materials (25%), DSH caseworkers (25%) and the Medicaid helpline (20%) were most frequently cited as the most helpful sources of information. Seventeen percent had needed to complete paperwork for their health plan. Of these, 36% said the forms were *always* easy to fill out.

Table 3-17. Plan information and paperwork (CAHPS® 4.0H)

<i>Plan</i>	<i>N</i>	<i>Never/ sometimes</i>	<i>Usually</i>	<i>Always</i>	<i>Comparison</i>
Coventry	59	32%	29%	39%	Plans not significantly different
MediPASS	149	40%	26%	34%	
<i>Total</i>	208	38%	27%	35%	

Note: adjusted for respondent age, education and global health rating

Nearly half (47%) said they would definitely recommend their health plan to friends or relatives, while another 34% said they probably would. Those in MediPASS were significantly more likely to say they would *definitely* recommend their health plan to others (t[591]=-3.45, p=.0006).

