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

Executive Summary of the Results of the 2005 Survey of Iowa Medicaid Managed Care Enrollees

Final report to the lowa 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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# **EXECUTIVE SUMMARY**

# Introduction

As part of the ongoing quality assurance activities of Iowa's Medicaid Managed Care Program, the Iowa Department of Human Services (IDHS) contracted with researchers at the University of Iowa Public Policy Center to conduct a survey of adults and children enrolled in Medicaid through the State's Temporary Assistance for Needy Families (TANF) program, also known as the Family Investment Program (FIP). As of February 1, 2005, the vast majority of Medicaid Managed Care enrollees in Iowa were covered through the state-administered primary care case management (PCCM) program, MediPASS. In addition, the IDHS maintained a contract with a private managed care company, Coventry HealthCare, to provide services for Medicaid health enrollees in two counties: Black Hawk and Butler.

Random samples of adult and child enrollees were drawn from each of the two health plans from Medicaid enrollment data. The samples were comprised of 1600 children (800 each from MediPASS and Coventry) and 1284 adults (800 from MediPASS and 484 from Coventry.) Mailed surveys with telephone follow-up calls were conducted from April 15 through August 24, 2005. Response rates were 47% for the adult survey and 52% for the child survey.

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 CAHPS surveys, versions 4.0 and 4.0H, which were still in the final stages of development at the time this survey was fielded. The new CAHPS surveys have retained much of the content of earlier versions but are now available in modules specifically designed to provide information at the health plan and/or clinician or practice level.

Survey data were tabulated and significance tests conducted using Stata 9.1 CAHPS composites and global ratings were analyzed with version 3.5 of the CAHPS scoring program<sup>2</sup> using SAS/STAT software, Version 9.1 of the SAS System for Windows.<sup>3</sup>

<sup>&</sup>lt;sup>1</sup> StataCorp. 2005. Stata statistical software: Release 9. College Station, TX: StataCorp LP.

<sup>&</sup>lt;sup>2</sup> Available for download at <u>www.cahps.ahrq.org</u>. Last accessed 10 January 2006.

<sup>&</sup>lt;sup>3</sup> Copyright<sup>©</sup> 2002-2003 SAS Institute Inc. SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc., Cary, NC, USA.

# Key findings from the 2005 survey

## Main conclusions

- Medical care was usually or always easy to access for most children and adults
- Nearly two thirds of children and half of adults "always" received care as soon as they wanted
- Enrollees' personal doctors received high ratings, particularly for children
- Dental care access continues to be a major concern
- Access to prescription medication is becoming more problematic

# Significant differences between health plans

- Adults enrolled in Coventry rated their personal doctors and the helpfulness of this doctor's staff more highly than did MediPASS enrollees
- Among children, MediPASS received higher overall plan ratings
- Among children, doctor communication and office staff helpfulness were rated better in Coventry, although average overall personal doctor ratings were not significantly different

# Changes since the 2003 report

- Less reported need for dental care for both adults and children
- More difficulty with access to prescription drugs
- Lower rating of all health care (children)
- Higher rating of personal doctor (children)
- Higher rating of specialists (adults)

# Differences from National CAHPS Benchmarking Database (NCBD) 2005 Medicaid figures<sup>4</sup>

- Higher ratings of personal doctor (children)
- Lower ratings of all health care (children and adults)

<sup>&</sup>lt;sup>4</sup> Westat and Shaller Consulting. 2005. 2005 CAHPS health plan survey chart book. U.S. Agency for Healthcare Research and Quality.

# Child 2005 Results

# **Demographics**

■ Survey data were obtained for 830 child enrollees (52% response rate)

Half of the responses were about girls. The children ranged in age from 6 months to 18 years, with an average of 7 years. Three quarters of the children were currently enrolled in school or day care.

Table C-1. Demographics of children in the Medicaid sample

	Iowa Medicaid 2005	Iowa Medicaid 2003	State of Iowa 2000
Female	48%	49%	48%
Average age	7 years	7 years	9 years
Race			
Caucasian	80%	79%	94%
African American	19%	16%	2%
Latino or Hispanic	6%	9%	3%
Asian, Pacific Islander	$2^{0}/_{0}$	2%	2%
American Indian	2%	2%	1%
Other	3%	6%	n/a
In school or daycare	75%	73%	

# Health status & special needs

Children in Iowa's Medicaid Managed Care had lower health status and were more likely to have a Special Health Care Need than Iowa's overall child population.

Iowa's Medicaid Managed Care

program has
a higher
percentage of
children of color
than the state as a

whole.

As in 2003, 47% of children in the 2005 survey were reported to be in "excellent" health. Compared with available figures for children in Iowa as a whole,<sup>5</sup> however, those in the Medicaid Managed Care program had lower health status scores. Over one quarter of children in Medicaid met screening criteria as Children or Youth with Special Health Care Needs, compared to 17% statewide. Overall, the health status and special needs profile was similar to that observed in 2003. Although the population in managed care qualifies for Medicaid on the basis of income rather than medical need,

<sup>&</sup>lt;sup>5</sup> Damiano PC, Willard JC, Momany ET, et al. (2001). The 2000 Iowa Child and Family Household Health Survey: Statewide results. The University of Iowa: Public Policy Center. Available at: <a href="http://ppc.uiowa.edu/health/iowachild2000/index.html">http://ppc.uiowa.edu/health/iowachild2000/index.html</a>.

as a whole they were less healthy and more likely to have special needs than the general population of children in Iowa.

Table C-2. Health status of children

	Medicaid 2005	Medicaid 2003	State of Iowa 2000
Global health rating			
Excellent	47%	47%	66%
Very good	37%	32%	25%
Good	14%	18%	8%
Fair/poor	2%	2%	1%
Special health care need	27%	25%	17%

# Access to care & use of services

# ACCESS TO CARE

Overall access to health care for children was evaluated by two CAHPS composite measures:

- How often was it easy to get care for the child?
- How often was care provided quickly?

Over 80% reported that it was "usually" or "always" easy to get care for their child, and nearly two thirds "always" got care quickly. MediPASS and Coventry did not differ on these measures.

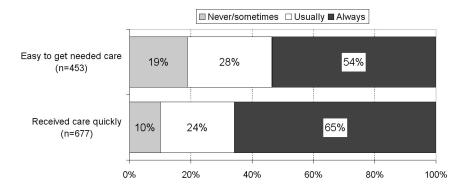


Figure C-1. Access to care (CAHPS measures)

Note: The 2005 CAHPS measures for access to care were not directly comparable with those for 2003 due to changes in the questions.

Over 8 out of 10 parents reported that it was usually or always easy to get the care their child needed.

#### UNMET NEED FOR CARE IN THE LAST 6 MONTHS

Nine percent of children ages 3 and older had an unmet dental care need in the 6 months prior to the survey.

Overall rates of unmet need for various types of health care among children in Medicaid Managed Care ranged from 1% for mental health care to 9% for dental care. These rates were fairly consistent with 2003 figures for this population. Although the rate of unmet dental need appears lower in 2005, it should be noted that the percentage indicating need for dental care was only 44% in 2005, compared to 67% in 2003.

Table C-3. Unmet health care needs among all children\* (percent of all respondents)

	M-4::4 2005	M-4::4 2002
	Medicaid 2005	Medicaid 2003
Care, tests or treatment	5%	4%
Preventive health care	2%	2%
Specialty medical care	4%	4%
Dental care (all ages)	7%	11%
Dental care (age 3 and up)	9%	13%
Mental health care	1%	3%
Prescription medication	5%	4%

<sup>\*</sup>Unmet need was defined as not being able to get needed care at some point in the previous 6 months

Most common reasons for unmet dental needs:

- inability to find a dentist who accepts Medicaid (51%),
- trouble getting appointments (25%), and
- needing services not covered by Medicaid (20%).

#### DOCTORS AND VISITS

- 92% of children were reported to have a personal doctor<sup>6</sup>
- Of these, 82% visited their personal doctor in the last 6 months.
- More than 80% of all children had at least one visit to a doctor's office or clinic in the 6 months prior to the survey.
- About one fourth visited a hospital emergency department

One quarter of children had an emergency room visit in the last 6 months.

<sup>&</sup>lt;sup>6</sup> The percentage of children in the 2005 Medicaid survey whose parents reported that the child had a personal doctor increased somewhat from 2003 (86% to 92%). This may be due in part to the fact that MediPASS, which places enrollees with a primary care physician, represented a greater percentage of the 2005 sample since John Deere and Iowa Health Solutions were no longer participating health plans.

Three fourths of children had a preventive health care visit in the last 6 months.

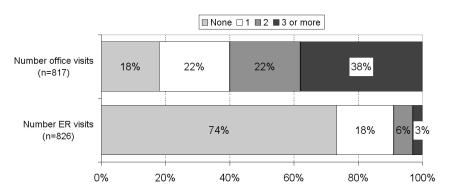


Figure C-2. Outpatient and emergency room visits in the last 6 months

In addition,

- Three quarters of children had a preventive health visit within the last year—forty percent within the previous 6 months
- Twenty-one percent had visited a specialist in the last 6 months

#### BEHAVIORAL AND EMOTIONAL HEALTH CARE

- Thirteen percent of children were reported to need mental health counseling or treatment
  - Of these, 80% received at least some mental health care in the previous 6 months

# PRESCRIPTION MEDICATION

- 60% of children needed a prescription medication in the previous 6 months
  - Nine percent of children who needed prescription medicine had been unable to get it at some point in the previous 6 months

# DENTAL CARE (CHILDREN AGES 3 AND OLDER)

- Forty-four percent of children ages 3 and older needed dental care in the previous 6 months.
  - Of these, 81% needed checkups and cleanings, 50% needed other dental treatment such as fillings and 8% needed emergency care.
- Ratings of children's dental health were significantly worse than ratings of general physical health. (Table C-4)
- Three quarters had a dental visit in the last year, but 8% had never been to a
  dentist.

Six out of 10 children needed a prescription medicine in the last 6 months—9% of these had been unable to get their medication.

Table C-4. Children's dental health and visits (children age 3 and older)

Parents rated children's dental health lower than their physical health.

	Medicaid 2005
Rating of child's dental health	
Excellent	30%
Very good	34%
Good	26%
Fair/poor	10%
Last dental visit	
Within the last year	76%
1-2 years ago	12%
More than 2 years ago	3%
Never	8%

# Quality of health care

Parents rated their child's health care, personal doctor and specialist (if applicable) on the CAHPS global rating scale, where 0=worst possible and 10=best possible.

# RATING OF ALL CHILD'S HEALTH CARE

Overall ratings of child's health care, on a 0-10 scale, showed a statistically significant drop from 2003 and are lower than the 2005 National CAHPS Benchmarking Database figures.

Overall ratings of children's health care were lower than in 2003 and lower than for children nationally.

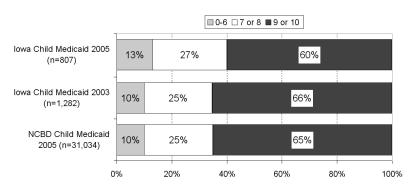


Figure C-3. Rating of all child's health care

# RATING OF CHILD'S PERSONAL DOCTOR

Ratings of the child's personal doctor were significantly higher in 2005 than in 2003, and were better among Iowa children than among Medicaid children nationally.

Ratings of the child's personal doctor were higher than in 2003 and higher than for children nationally.

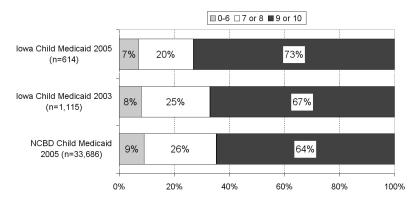


Figure C-4. Rating of child's personal doctor

#### RATING OF SPECIALIST CHILD SAW MOST OFTEN

The specialist ratings for children who saw a specialist were essentially unchanged from 2003 and were very similar to the national 2005 figures for children in Medicaid.

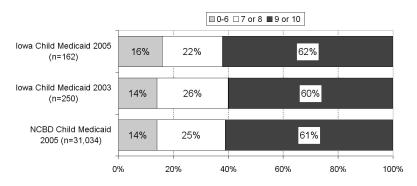


Figure C-5. Rating of child's specialist

#### EXPERIENCE WITH CHILD'S PERSONAL DOCTOR

As mentioned, 92% of children had a personal doctor, and 82% had visited him or her in the last 6 months. During these visits:

- 81% of respondents talked with the doctor about specific symptoms the child was having
  - Of these, 81% said the doctor "always" gave clear treatment instructions
- 59% said the child's doctor talked with them about preventing illness or injuries

About three quarters felt that the child's doctor always communicated well and the staff were always helpful and courteous. (CAHPS composite measure)

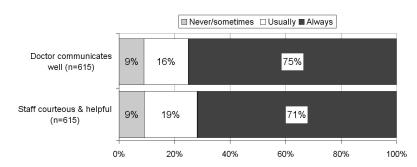


Figure C-6. Child's personal doctor visits (CAHPS measure)

Note: The CAHPS composite measures for 2005 are not directly comparable with 2003 because of changes in the questions.

# Quality of health plan

#### RATING OF MEDICAID HEALTH PLAN

Child health plan ratings for 2005 were similar to both 2003 ratings and the 2005 national figures. Fifty-eight percent rated their child's health plan a 9 or 10.

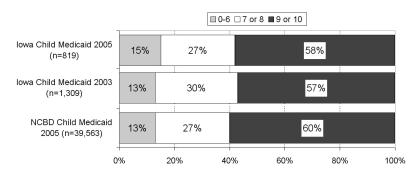


Figure C-7. Rating of child's health plan

#### PLAN CUSTOMER SERVICE & INFORMATION

- 45% of respondents were aware of the toll-free Medicaid helpline
  - 11% of these had called for help or information
- 17% had to complete plan-related paperwork in the last 6 months
- 9% had looked for information about how their child's Medicaid plan works and indicated the most helpful source of information
  - Best information sources:

Consistent with 2005 national figures, about 60% rated their child's lowa Medicaid Managed Care plan a 9 or 10.

- 1. Written materials from the plan (25%)
- 2. DHS caseworkers (25%)
- 3. Medicaid helpline (20%)

The CAHPS plan information and customer service composite showed that while 39% thought it was "always" easy to get information and do paperwork, over a quarter had problems with this.

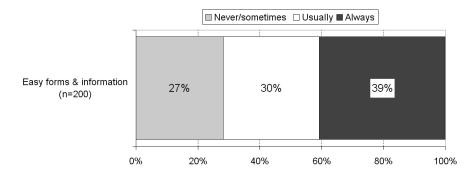


Figure C-8. How often was it easy to get plan information and do paperwork?

Note: The CAHPS composite measures for 2005 are not directly comparable with 2003 because of changes in the questions.

# **Adult 2005 Results**

# **Demographics**

■ Survey data were obtained for 597 adult enrollees (47% response rate)

Nearly 9 out of 10 respondents were women. Overall, 83% were Caucasian. They ranged in age from 19 to 56, with an average age of 30 years. Although over 40% had some post-high school education, only 5% had completed 4 years of college.

Adults had lower general health ratings than children.

Table A-1. Demographics of adult Medicaid sample

Table 11 1. Demographics of addit Medicald Sample		
	Iowa 2005	Iowa 2003
% female	87%	87%
Average age	30 years	30 years
Race		
Caucasian	83%	88%
African American	13%	8%
Latino or Hispanic	5%	3%
Asian	< 1%	< 1%
American Indian	2%	< 1%
Other	< 1%	< 1%
Education		
Did not graduate from high school	16%	17%
High school or GED	41%	42%
Some college or 2-year degree	38%	36%
4-year college graduate or more	5%	5%

# Health status and special needs

Nearly half of adults in Medicaid Managed Care had chronic health conditions resulting in special health care needs.

Self-reported health status for adult Medicaid enrollees was virtually unchanged from the 2003 survey. About 12% reported excellent health, while 18% felt they were in only fair or poor health. Over a quarter (28%) of female respondents were pregnant during the survey field period. It is noteworthy that although the population in Medicaid managed care are eligible for Medicaid on the basis of income rather than medical need, nearly half (46% in 2005, 47% in 2003) meet population screening criteria for special health care needs due to a chronic health condition.

28% of female respondents were

pregnant at the time they

completed the

survey.

Table A-2. Health status of adults

Medicaid 2005 Medicaid 2003 Global health rating 13% Excellent 12% Very good 31% 31% Good 39% 38% Fair/poor 19% 18% Currently pregnant 28% n/a Special health care need 46% 47%

Note: information on pregnancy status not requested in 2003 survey

# Access to care & use of services

#### ACCESS TO CARE

Overall access to health care for adults was summarized by two CAHPS composite measures:

- 1. How often was it easy to get care in the last 6 months?
- 2. How often was care provided quickly?

About three quarters of adults reported that in general, it was "usually" or "always" easy to get needed health care, and 84% usually or always got care quickly. Coventry and MediPASS did not differ on these measures.

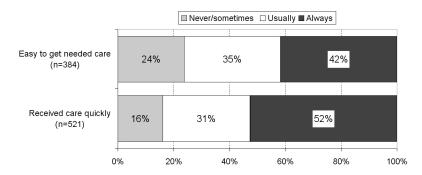


Figure A-1. Access to care (CAHPS measures)

Note: the 2005 CAHPS measures for access to care were not directly comparable to those for 2003 due to changes the questions.

#### UNMET NEEDS FOR CARE IN THE LAST 6 MONTHS

Rates of unmet need among adults in Medicaid Managed care ranged from 4% for mental health care to 25% for prescription medications. The rate of unmet need for prescription medication was up significantly from 2003 (14%), although reported need remained steady at 79%. Although the proportion of all respondents reporting an unmet need for dental care was 10% lower than in 2003, it should be noted that reported need for dental services had also declined substantially, from 60% to 44% of all adult respondents. Thus, although fewer reported unmet need, fewer believed they needed dental care to begin with.

Table A-3. Unmet health care needs among all adults\* (percent of all respondents)

	Medicaid 2005	Medicaid 2003
Care, tests or treatment	13%	10%
Preventive health care	7%	6%
Specialty medical care	12%	9%
Dental care	13%	23%
Mental health care	4%	4%
Prescription medication	25%	14%

<sup>\*</sup> Unmet need was defined as not being able to get needed care at some point in the previous 6 months.

The most common reasons reported by adults for unmet needs for care, tests or treatment were:

- 1. needing a service not covered by Medicaid (46%)
- 2. inability to find a doctor who was accepting Medicaid patients (28%)
- 3. distance or transportation problems (28%)

The most common reasons reported for unmet dental care needs among adults were:

- 1. inability to find a dentist who accepts Medicaid (54%)
- 2. needing a service not covered by Medicaid (40%)
- 3. inability to afford the service (36%)

Thirteen percent of adults had unmet need for medical and dental care.

#### DOCTORS & VISITS

- Nine out of 10 adult respondents indicated they had a personal doctor<sup>7</sup>,
- Of these, 86% had visited their personal doctor in the last 6 months.
- Nearly 90% of adults had at least one visit to a doctor's office or clinic in the 6 months prior to the survey. Over half had three or more outpatient visits.
- Nearly 40% visited a hospital emergency department at least once in the last 6 months.

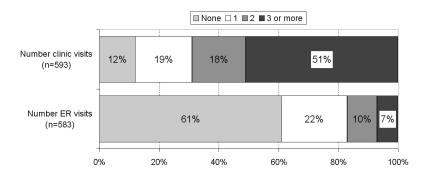


Figure A-2. Adult outpatient and emergency room visits in the last 6 months

- 60% reported that they had a preventive visit, such as a physical exam or mammogram, within the last year (down from 71% in 2003)
- One third of adults had visited a specialist in the last 6 months

#### BEHAVIORAL AND EMOTIONAL HEALTH CARE

- 25% of adults reported a need for mental health treatment or counseling
  - Of these, 83% received at least some mental health care in the last 6 months

1 in 4 adults reported a need for mental health care in the previous 6 months.

Forty percent of

visit in the previous

adults had an emergency room

6 months.

<sup>7</sup> The percentage of adults in Medicaid who reported that they had a personal doctor increased from 79% in 2003 to 90% in 2005. This may be due in part to the fact that MediPASS, which places its participants with a primary care physician, represented a larger proportion of the 2005 sample since John Deere and Iowa Health Solutions were no longer participating in Iowa's Medicaid Managed Care program.

# PRESCRIPTION MEDICATION

Unmet need for prescription medication was substantially higher in 2005 than it had been in 2003.

- 79% of adults needed a prescription medication in the previous 6 months
  - 32% of those who needed it reported an unmet need for prescription medicine in the last six months. This is much higher than the 2003 figure of 18%.

#### DENTAL CARE

- 44% of adults reported a need for dental care in the previous 6 months.
  - Of these, 67% needed checkups and cleaning, 21% needed emergency care and 60% needed other dental treatment, such as fillings.
- Respondents rated their dental health significantly worse than general physical health.
- About half of adults had seen a dentist in the previous year.

Table A-4. Adults' dental health and visits

	Medicaid 2005
Self-rating of dental health*	
Excellent	14%
Very good	23%
Good	33%
Fair	21%
Poor	9%
Last dental visit	
Within the last year	51%
1-2 years ago	22%
More than 2 years ago	27%

<sup>\*</sup> Dental health ratings were significantly worse in MediPASS than in Coventry (p< .05).

# Quality of care

Adult Medicaid enrollees rated their health care, personal doctor and specialist (if applicable) on the CAHPS global 0-10 rating scale, where 0=worst possible and 10=best possible.

Adults rated their dental health much worse than their physical health, and over 25% had not seen a dentist for over 2 years.

#### RATING OF ALL HEALTH CARE

The overall rating of health care for adults on a 0-10 scale was similar to 2003. Iowa's 2005 rating was lower than the National CAHPS Benchmarking Database (NCBD) figure—Iowa adults were less likely to rate their care a 9 or 10 than adults in Medicaid nationally.

Overall rating of health care for adults was similar to 2003 but was lower than for care in Medicaid programs nationally.

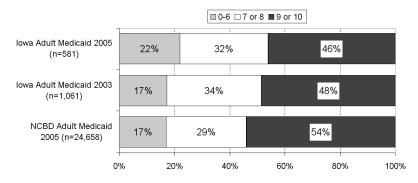


Figure A-3. Rating of all health care for adults

#### RATING OF PERSONAL DOCTOR

2005 ratings of personal doctors showed no significant change from 2003, and were similar to the national figures. About 60% rated their personal doctor a 9 or 10.

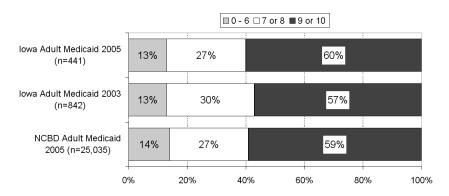


Figure A-4. Rating of adult's personal doctor

## RATING OF SPECIALIST ADULT SAW MOST OFTEN

Iowa's specialist ratings were similar to national ratings among adult Medicaid enrollees. Although a larger proportion of Iowa Medicaid adults rated their specialists a 9 or 10 in 2005 than in 2003, this difference was not statistically significant at the p=0.05 level.

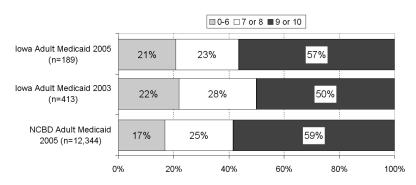


Figure A-5. Rating of adults' specialist

#### EXPERIENCE WITH PERSONAL DOCTOR

Of the 90% of adults who had a personal doctor, 85% had visited him or her in the last 6 months. During these visits:

- 85% talked with their doctor about specific symptoms
  - Of these, 71% said the doctor "always" gave clear treatment instructions
- 76% said their doctor talked with them about specific ways to prevent illness or improve their health
- About 70% thought their doctor "always" communicated well, though only 56% thought office staff were "always" helpful and courteous. (CAHPS composite measures)

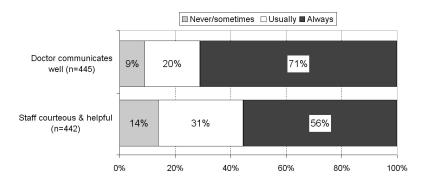


Figure A-6. Adults' personal doctor visits (CAHPS measures)

Note: the CAHPS composite measures for 2005 are not directly comparable with 2003 because of changes in the questions.

In general, adults

thought their personal doctors communicated well

but were less

staff.

happy with how

they were treated by other office

# Quality of health plan

#### RATING OF MEDICAID HEALTH PLAN

Iowa's 2005 overall health plan ratings for adult Medicaid enrollees were consistent with the 2003 ratings and similar to 2005 national figures. Approximately half rated their plan a 9 or 10.

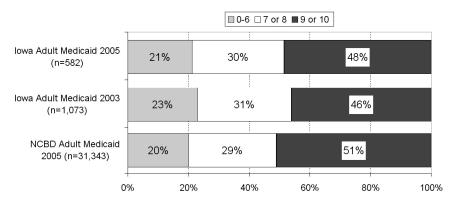


Figure A-7. Rating of adult's health plan

#### PLAN CUSTOMER SERVICE AND INFORMATION

- 49% of adults knew about the Medicaid helpline
  - Of these, 17% had called for information or help
- 24% had to complete plan paperwork in the last 6 months
- 12% of adults had looked for information on how their health plan works and indicated which information source they found most helpful
- Best information sources:
  - 1. Medicaid helpline (19%)
  - 2. DHS caseworker (19%)
  - 3. Other people in the same plan (19%)

The CAHPS plan information and customer service composite showed that while 35% of adult enrollees thought it was "always" easy to get information and complete forms, 38% never or only sometimes had an easy time with this.

Half of adults rated their health plan a 9 or 10, which was consistent with 2003 lowa ratings and current national ratings.

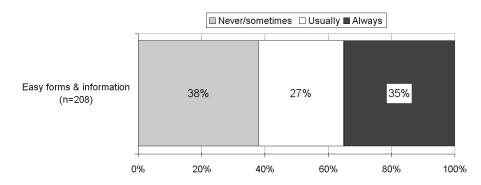


Figure A-8. How often was it easy to get information and do paperwork?

Note: the CAHPS composite measures for 2005 are not directly comparable with 2003 because of changes in the questions.